



MANUAL ON HOW TO USE THE STRONG TEETH SUPPORT PACKAGE

Welcome to the Strong Teeth support package and resources. These have been developed for you, to help your dental team provide effective oral health advice to parents and their young children. We have worked closely with dental teams like yours, as well as parents and children from various backgrounds and communities, to develop the resources. We have also used psychological theory and research to develop evidence-based materials, in order to maximise the chance that parents of young children will adopt your advice and establish protective home-based oral health habits for life. You can read more about the background to the project in Appendix 1. You can also see details of the specific techniques we have used to prompt behaviour change in each of the resources in Appendix 2.

We hope the resulting Strong Teeth resources, training manual and videos will help you to have effective oral care conversations with parents of young children in your practice, and help you to take part in a wider campaign aimed at achieving a decay free childhood for children in the UK.



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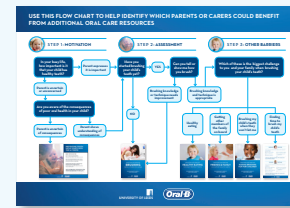
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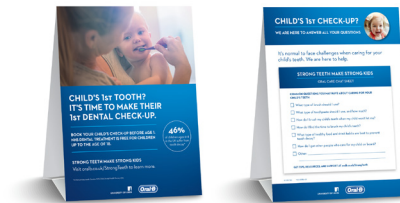
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LIST OF RESOURCES

1. Dental professional Oral Health Conversation Flow Chart



2. Waiting room tent card (with Oral Health Care Chat Sheet)



3. Motivational Laminate



4. Oral Health Care Leaflets and videos:

- *Brushing from 1st tooth to 5 years*
- *Making brushing fun for children*
- *Healthy eating can help protect teeth*
- *Friends & family can support healthy habits*
- *'Make brushing part of the daily routine' prompt*



These resources support the oral health conversation you will have with parents, with this structured conversation being the skeleton on which the rest of the resources hang.

1. DENTAL PROFESSIONAL ORAL HEALTH CONVERSATION FLOW CHART

Parents of young children face many challenges in achieving healthy mouths and teeth. Developing protective home-based oral health habits from a young age is critical for lifelong oral health. The best age to start these habits is in early childhood, as soon as the first tooth erupts. For healthy eating choices these behaviours start even earlier during weaning. Our research has identified how parents would prefer to initiate good habits from the start rather than have the more difficult challenge of correcting bad habits.

The flow chart is designed to help guide and structure the conversation between you and the parent during the appointment. It aims to help you to identify the specific barriers to good oral health care faced by each family. By identifying these barriers, you can concentrate on these pertinent issues and direct the parent to appropriate resources to help improve oral health care and healthy eating practices for the child. When undertaking these preventive behaviour change conversations it is essential to develop a good rapport with the parent, thus increasing the chances that your advice will be taken on board.

Here are some guiding principles:



LISTEN WITHOUT JUDGEMENT

It is extremely important to listen and allow the parent to talk and identify the oral health challenges their family faces and ideally allow them, with some guidance, to find their own solutions. Use an accepting and respectful manner, and try not to show any outward shock no matter what the parent reveals about the child's oral health practices (being careful not to condone the behaviour). This will encourage the parent to see the practice as a safe space to discuss their child's oral health.



SHOW EMPATHY

Make an effort to see things from the parent's point of view. Caring for young children is challenging, so show the parent that you understand this.



TRY NOT TO APPEAR RUSHED

Although the appointment may need to follow a set time scale, try not to appear rushed, and allow the parent sufficient time to talk to you about any concerns they have about their child's oral health.



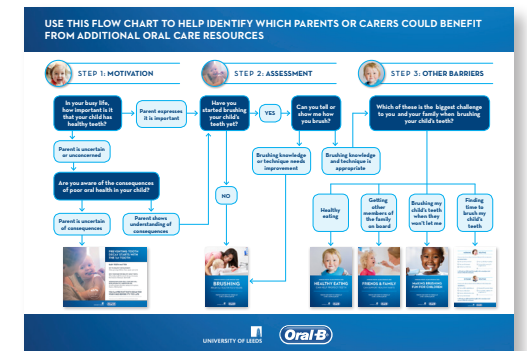
USE POSITIVE AND OPEN BODY LANGUAGE

Try to maintain eye contact when the parent is talking to show that you are listening. Use open body language (i.e., no crossed arms).



PERSONALISE THE CONVERSATION

Listen to the parent, and work together with them to identify the specific barriers they face, to ensure the advice and resources they receive is relevant to their family.



GUIDE TO USE OF DENTAL PROFESSIONAL ORAL HEALTH CONVERSATION FLOW CHART

The flow chart is to help you to structure the conversation, please use its outline and the suggested questions as a baseline from which you can personalise to your own style. The conversation is broken down into three steps, which can be followed from left to right:

1. Check motivation—Why is oral health important?
2. Check brushing technique—How to brush
3. Identifying other barriers to oral health (e.g., healthy eating, influence of family and friends)—How to overcome these barriers

Behaviour change is challenging so we suggest that you discuss no more than one or two barriers at any appointment.

STEP 1—MOTIVATION

It is important to address and increase motivation (i.e., the why) before moving onto the detail of caring for the child's teeth (i.e., the how). The flow chart has been carefully designed so that you can initially assess the parent's level of motivation to care for their child's oral health. You can do this with the opening question 'In your busy life, how important is it that your child has healthy teeth?'

If the parent says this is not important to them, this clearly suggests you will need to spend some time discussing the 'why'. If the parent expresses that their child having healthy baby teeth is important to them, you can ask them why they think this, and probe whether they know the potential consequences of poor oral health care for their child. If they do not seem aware of the consequences (despite saying that baby teeth are important), this also suggests you should spend some time discussing the 'why'.

If you have identified that the parent needs support in prioritising better oral health care for their child (i.e., the why), you can use the 'Motivational Laminates' to help outline the prevalence and consequences of tooth decay in young children.

It is our experience from the preliminary research and in the clinic, that almost all parents want the best for their child. It is however important to emphasise the role of parents and their responsibility in looking after their child's oral health. This engagement is critical.

Once 'motivation' has been targeted (or you have identified that the parent is already motivated and aware of the potential consequences of poor oral health care), the subsequent questions (moving from left to right) allow you to identify which barriers are most important for the parent. This information will help you decide which key issues you need to spend more time talking about during the appointment, and allows you to direct the parent to the relevant leaflet.

STEP 2—TOOTHBRUSHING

Step 2 explores the parents brushing habits and techniques. You can start with the first question 'Have you started brushing your child's teeth yet?' If the parent says they have not started brushing, you should emphasise that this is one of the main habits they can undertake to prevent tooth decay. You can then use the 'Brushing from 1st tooth to 5 years' leaflet to go through the correct products to use, and how to do the brushing effectively.

If the parent has started brushing, where appropriate, you should ask the parents to show how they brush their child's teeth. This provides you with an insight into what is happening at home. It is often best to say as little as possible when observing and to try and see the process from start to finish. From this observation, you will be able to assess whether the parent needs further advice and coaching on toothbrushing (for instance, if they leave their child to brush on their own, using too much toothpaste or not brushing all areas of the child's mouth).

If you are not able to observe brushing during the appointment, you can use a simple model of teeth and toothbrush to ask the parent to demonstrate toothbrushing to get an idea of the parent's technique. If the parent's brushing knowledge or technique needs further attention or advice, you can use the 'Brushing from 1st tooth to 5 years' leaflet to discuss this. Moreover, this leaflet has an action plan at the end of it where parents can identify an oral health behaviour that is important to them and they wish to work on. This can then be followed up at the next appointment to assess progress and identify where further support is needed. Further information on how to use the action plan is at the end of Step 3.

STEP 3—OTHER BARRIERS

Step 2 and Step 3 are interchangeable depending on previous conversations and whether the parents have already identified what barriers they want to discuss (for example, from the waiting room tent card called the 'Oral Health Care Chat Sheet').

Step 3 explores with parents whether brushing or healthy eating is more of a challenge for their family. You can ask the parent whether, for their family, toothbrushing or healthy eating is more of a challenge to help them keep their child's teeth healthy.

Once a particular issue has been identified, the relevant leaflet, resource or video can be used to support the behaviour change conversation. In addition to toothbrushing and healthy eating, parents may face other challenges such as when their child is in the care of another adult, or they may find it difficult to remember to brush their child's teeth twice a day. You can explore with the parent whether they face any of these other challenges, and use the relevant leaflet to talk through this barrier. Each leaflet finishes with an action plan, which you can complete with the parent to encourage them to commit to taking one positive action towards improving their child's oral health care.

Each of these resources are supported by videos. Our preliminary research has identified that many parents prefer this style of learning. You can give the parent the option of accessing the videos at home or use the video as part of your consultation (Available at oralb.co.uk/StrongTeeth). The video can be used as a starting point for further discussions about each specific barrier.

STEP 3—OTHER BARRIERS (CONTINUED)

It is anticipated that a maximum of two barriers (and a maximum of two leaflets) will be discussed at each appointment. This will ensure that parents are not overwhelmed with too many messages at one time, thus increasing the likelihood that key messages are clearly communicated and understood. If you identify families with multiple barriers, further preventive visits may be needed. The frequency and timing of these preventive visits is a clinical decision based on the needs of the family and the current NHS contract. However, preventive visits within a few weeks of each other allow messages to be reinforced while still fresh in the parent’s memory and allows new barriers to be addressed.

At the end of each appointment, the parent can choose one or more actions to work on and will fill in the action plan in the ‘Tips’ section of the chosen leaflet. The action/s chosen will be informed by the discussion that has taken place during the appointment, and the resources used. This ‘Tips’ section will be completed by you and the parent together. Being part of this decision process will encourage the parent’s commitment to taking at least one positive action for their child’s oral health before the next appointment. Ensure that the parent takes an active role in choosing the positive action, as this is more likely to be adopted than if you simply prescribe an action for them to work on.

You can record which barriers were identified and/or resources used and the action chosen in the patient’s notes. This will allow for tailored discussions at subsequent appointments, and prevent unnecessary repetition of advice given. Research shows that behaviour change conversations involving health professionals where they remember what was discussed especially personalised details is important and so will help to start the conversation at the next visit. It is therefore important to record personal information in the clinical notes as well as the barriers discussed.

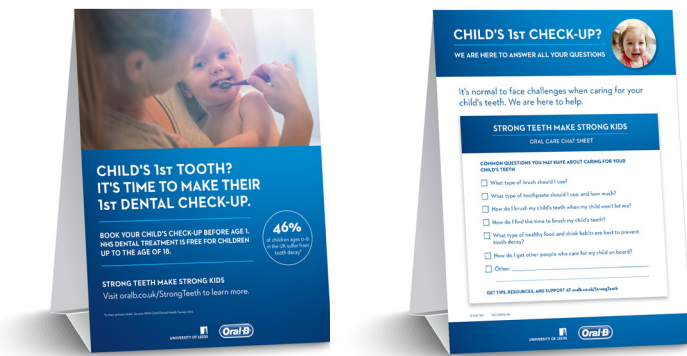
At the beginning of the subsequent appointment, you can base discussions around the following open questions:

- 1. How did you manage with... (action/s chosen from action plan at end of last appointment)?
- 2. What has changed since we last spoke (toothbrushing/healthy eating)?
- 3. Is there anything that is still challenging?

You will then be able to continue working through the flowchart from where you left off at the last appointment. Alternatively, you may feel that motivation has been lost since the last appointment, and so further emphasis on this may be needed at the start of the subsequent appointment. See Appendix 3 for a clinical record template for you to copy into your electronic patient record system.

Please note that a shortened version of the flow chart is also available for receptionists with accompanying guidance on how to spot opportunities to start the oral health conversation.

This oral care tent card has been developed to promote and draw attention to the Dental Check by 1 campaign (<http://bspd.co.uk/Resources/Dental-Check-by-One>) and should be placed in the waiting room of the practice. This aims to encourage parents/carers of young children to book an appointment for their child. It is also hoped that individuals who know parents/carers of small children will pass on information about the campaign, thus prompting further promotion of the campaign and supporting the uptake of dental attendance by young children.



Examples of good practice from research have also identified a key role for dental receptionists to support the campaign. Often adult patients will ask them about the campaign and this allows them to initiate conversations about booking children in for their first or next dental visit. Their questions can also help to start oral health conversations.

For parents/carers attending the appointment with their children, the ‘Oral Health Care Chat Sheet’ can be used to encourage them to think about the specific barriers they face to good oral care for their child, or any specific questions they would like to ask the dental team during the appointment. Tearing off the ‘Oral Health Care Chat Sheet’ and taking it into the appointment could provide a starting point for tailoring the oral health conversation to a topic that the parent identifies as important.

The oral health questions on the ‘Oral Health Care Chat Sheet’ each refer to a specific barrier that parents have identified as an important issue. For each of these questions, leaflets and accompanying videos have been specifically developed, as shown below:

- **‘BRUSHING FROM 1ST TOOTH TO 5 YEARS’ LEAFLET (with ‘Make brushing part of the daily routine’ prompt)**
 - What type of brush should I use?
 - What type of toothpaste should I use, and how much?
 - How should I brush my child’s teeth to make sure they are properly clean?
- **‘MAKING BRUSHING FUN FOR CHILDREN’ LEAFLET**
 - How do I brush my child’s teeth when they won’t let me?
- **‘HEALTHY EATING CAN HELP PROTECT TEETH’ LEAFLET**
 - What types of food and drinks are safer for teeth?
- **‘FRIENDS & FAMILY CAN SUPPORT HEALTHY HABITS’ LEAFLET**
 - How do I get other people who care for my child on board?
- **‘MAKE BRUSHING PART OF THE DAILY ROUTINE’ PROMPT**
 - How and when can I brush my child’s teeth?

3. MOTIVATIONAL LAMINATE



Our previous research suggests that many parents have the misplaced belief that as baby teeth will eventually fall out and be replaced with new adult teeth, they do not need to care for their child’s baby teeth. This laminate highlights the importance of baby teeth (i.e., there is no second chance) and has the aim of engaging the parent/carer in prevention strategies for their child and their personal responsibility as a parent to ensure these protective oral health habits are developed. Depending on the parent and their motivation you can choose either side of this laminate. One side provides positive messages about good oral health for young children. The other side describes the impact of tooth decay for young children and their families. This laminate can also be used with the accompanying motivational video resource available at oralb.co.uk/StrongTeeth.

4. ORAL HEALTH CARE LEAFLETS AND VIDEOS

Leaflets and supporting videos have been developed for each specific barrier that parents have identified as an important issue (Motivation to look after oral health, Toothbrushing knowledge and technique, Managing children’s behaviour when brushing, Healthy Eating, Friends and Family, and Remembering to brush and making it part of their daily routine). Each leaflet can be combined with the video resources to help support the messages.

The leaflets/videos target the following barriers:



‘BRUSHING FROM 1ST TOOTH TO 5 YEARS’ LEAFLET

This leaflet provides information around toothbrushing (i.e., how often, which toothbrush and toothpaste to use, how to do the brushing) and provides tips on different toothbrushing positions. We would recommend that you use the leaflet to reinforce your advice and highlight the supportive video resources which parents can watch. The leaflet provides parents with a written copy of the advice rather than relying on memory of the conversation. Moreover, they can share the leaflet with other adults who take care of the child.



‘MAKING BRUSHING FUN FOR CHILDREN’ LEAFLET

This leaflet targets challenges that parents may have with their child allowing them to brush (e.g., closing their mouth, turning their head, refusing) and provides practical tips to encourage children to let them brush (e.g., singing a song, using lots of praise).



‘HEALTHY EATING CAN HELP PROTECT TEETH’ LEAFLET

This leaflet provides information on appropriate healthy eating habits to help avoid tooth decay. It outlines foods and drinks that are damaging for teeth and those that are safer for teeth. It also discusses the effects of hidden and natural sugars, tackles drinks and cups, and outlines the effect of frequency of eating and drinking on teeth. As part of this discussion you may want to review the child’s current eating and drinking habits. This can be achieved with either a 3 or 4 day diet diary or 24 hour recall activity (e.g. yesterday what did your child eat and drink?). A diet diary if completed accurately allows dental teams to provide personal advice.



‘FRIENDS & FAMILY CAN SUPPORT HEALTHY HABITS’ LEAFLET

This pamphlet is designed for parents who leave their child in the care of someone else some of the time, and want the other carer to follow the guidance on toothbrushing and/or healthy eating practices. It provides guidance on how to talk to other adults/carers about caring for your child’s teeth.



‘MAKE BRUSHING PART OF THE DAILY ROUTINE’ PROMPT (this is the tear off page at the back of the ‘Brushing from 1st tooth to 5 years’ leaflet)

This is aimed at parents that may forget to brush their child’s teeth due to their busy life/other children etc. This activity enables the parent to link toothbrushing with another activity that they already undertake with their child in the morning or in the evening. By linking toothbrushing to another activity that they already do, this will make the toothbrushing behaviour more automatic, and make it less likely that they will forget. Previous research suggests this technique to be effective for a range of health behaviours.

APPENDIX 1: BACKGROUND TO THE STRONG TEETH PROJECT

Tooth decay is the most prevalent childhood disease and a major public health priority.¹ Establishing appropriate home-based oral health habits and behaviours in childhood is a strong predictor of long-term oral health.² Current UK policy is to encourage all children to attend the dentist ideally before the age of one. However, to optimise these dental visits, dental teams require effective oral health promotion resources for use when providing oral health care advice to parents and young children. This is essential in order to facilitate the adoption of appropriate oral health behaviours from a young age.

Dental professionals and researchers at the University of Leeds have teamed up with Oral-B to develop interactive oral health promotion resources and accompanying training package. This is for use by dental teams when providing oral health care advice to parents and young children in a one-to-one general dental practice setting. The oral health promotion materials include both parent and child-facing resources to support the adoption and maintenance of essential oral health habits. The dental team training package is designed to guide and facilitate the dental team’s oral health conversations with parents and young children.

We have carried out extensive research in collaboration with dental professionals and their wider teams, and parents of small children from a variety of backgrounds and communities.³⁻⁶ Through this research, we have developed a thorough understanding of the specific barriers to parental supervised brushing and appropriate healthy eating behaviours faced by parents, and the barriers faced by dental professionals when providing oral care advice.

As well as taking on board the views and opinions of dental professionals and parents, throughout the development of the resources, we have also utilised psychological theory and research to design evidence-based resources with the best chance of helping parents and children develop healthy oral health habits from a young age. This involves research to understand the barriers to appropriate oral health behaviours in young children, identification of effective intervention methods (e.g., education, persuasion, modelling), identification of effective techniques to change behaviour (e.g., specific goal formation, verbal persuasion, monitoring of behaviour) and the choice of appropriate mode of delivery (e.g., leaflets, videos).

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6. E Aliakbari, K A Gray-Burrows, K A Vinall-Collier, Z Marshman, R R C McEachan, P F Day. (in prep). Systematic review of facilitators and barriers to home-based toothbrushing practices by parents of young children to reduce dental caries.

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APPENDIX 2: DETAILS OF DELIVERING BETTER ORAL HEALTH (DBOH) MESSAGES AND SPECIFIC BEHAVIOUR CHANGE TECHNIQUES USED IN THE STRONG TEETH RESOURCES*

DBOH messages	Oral Health Care Leaflets				
	Motivational laminate	'Brushing from 1st tooth to 5 years'	'Making brushing fun for children'	'Healthy eating can help protect teeth'	'Friends & family can support healthy habits'
Brushing upon tooth eruption		✓			
Brushing frequency		✓			✓
Toothbrush size	✓		✓		✓
Toothpaste amount		✓			
Toothpaste type		✓	✓		
Toothpaste consumption		✓	✓		
Parental supervised toothbrushing	✓	✓	✓		✓
Toothbrushing duration		✓			
Rinsing		✓			
Drinking cups and bottles				✓	
Sugar reduction				✓	✓
General dietary guidelines				✓	✓

APPENDIX 2: DBOH MESSAGES AND SPECIFIC BEHAVIOUR CHANGE TECHNIQUES USED IN THE STRONG TEETH RESOURCES* (CONTINUED)

WAITING ROOM TENT CARD (WITH ORAL HEALTH CARE CHAT SHEET)

- **Anticipated Regret**

Urging parents to book their child's first check up before it's 'too late'

- **Problem Solving**

Prompting parents to think about the barriers they face and the questions they want to ask the dental team

** This can only be coded as problem solving if it is together with the solutions to the problem provided by the dental team.

MOTIVATIONAL LAMINATE

- **Information about Health Consequences**

'Sets the stage for healthy adult teeth'

- **Information about Social and Environmental Consequences**

'Helps growing toddlers chew, speak and smile'

- **Anticipated Regret**

Urging parents to prevent tooth decay before it is 'too late'

'BRUSHING FROM 1ST TOOTH TO 5 YEARS' LEAFLET

- **Action Planning**

Advising parents to brush their child's teeth 'in the morning and last thing at night'

- **Instruction on how to perform the behaviour**

'3 simple brushing rules' and 'How to brush step by step'

- **Demonstration of the behaviour**

Images of different brushing positions

- **Habit Formation**

Prompting parents to pair brushing with another activity they do as part of the daily routine

'MAKING BRUSHING FUN FOR CHILDREN' LEAFLET

- **Distraction**

Suggesting that parents distract their child during brushing with their favourite song

- **Identification of self as a role model**

Prompting parents to 'lead by example' and let the child see them brushing their own teeth

- **Social Reward**

Prompting parents to give lots of praise and encouragement to the child for good behaviours like opening their mouth

- **Restructuring the physical environment**

Prompting parents to find a brush featuring a character their child loves

'HEALTHY EATING CAN HELP PROTECT TEETH' LEAFLET

- **Information about health consequences**

Explaining that foods with hidden sugars can harm teeth

- **Credible Source**

'Public Health officials say no to fizzy drinks' and 'Doctors, dentists, and public health officials recommend only milk and water for children'

- **Action Planning**

Prompting parents to stick to '3 meals and 2 healthy snacks' each day

'FRIENDS & FAMILY CAN SUPPORT HEALTHY HABITS' LEAFLET

- **Social Support (Practical)**

Prompting parents to talk to the child's other carer and ask them to brush their child's teeth and help them eat well to prevent tooth decay

- **Information about health consequences**

'Tooth decay causes pain and discomfort'

- **Information about social and environmental consequences**

'Can also impact adult teeth and speech development'

- **Restructuring the physical environment**

Prompting parents to give the carer an extra tube of toothpaste, an extra toothbrush and some healthy snacks

- **Action Planning**

Prompting parents to speak to the child's other carer 'by the end of the week'

*Behaviour change techniques coded are those delivered to the parent or the child.

APPENDIX 3: PREVENTIVE RECORDS TEMPLATE

EXTENT OF DENTAL EXAMINATION POSSIBLE AND HOW CHILD WAS EXAMINED:

- Good / Limited / None
- Dental Chair / Knee to knee / Other

DENTAL FINDINGS:

- Insert standard records template (including teeth present, caries status)

CARIES RISK, FLUORIDE VARNISH APPLICATION, RECALL INTERVAL:


- High Risk—Fluoride varnish applied (or justification why it was not applied), recall 3/12
- Low Risk—Fluoride varnish applied (or justification why it was not applied), recall 6/12

PREVENTIVE ADVICE GIVEN:

- STEP 1—Identify relevant Barriers to parent/family
 - Motivation
 - Toothbrushing knowledge and/technique
 - Managing behaviour during brushing
 - Healthy Eating
 - Managing Friends and Family
 - Remembering to brush and making it part of their daily routine
- STEP 2—Which resources did you use to help the conversation to address this family’s barriers?
Delivering Better Oral Health [7] messages in each resource are coded and available in Appendix 2.
 - Waiting Room Tent card (with Oral Health Care Chat Sheet)
 - Motivational laminate +/- video
 - ‘Brushing from 1st tooth to 5 years’ leaflet +/- video
 - ‘Making brushing fun for children’ leaflet +/- video
 - ‘Healthy eating can help protect teeth’ leaflet +/- video
 - ‘Friends & family can support healthy habits’ leaflet +/- video
 - ‘Make brushing part of the daily routine’ prompt +/- video
- STEP 3—Action plan - what action was decided upon by parent
 - Determine what action plan was agreed upon and insert here
- STEP 4—Specific information to enable a personal discussion next time
 - Insert specific information that can help with a personal discussion at your patient’s next visit

APPENDIX 4: LETTER FROM CHIEF DENTAL OFFICER—
FOR THE AVOIDANCE OF DOUBT

OFFICIAL



Chief Dental Officer - England
NHS England
Skipton House
80 London Road
London
SE1 6LH

England.cdoexecutive@nhs.net

25th September 2017

Dear Dental Professional

Re: Avoidance of Doubt: Dental visits for children under the age of 3 years

Please find details of this *avoidance of doubt* notification to provide clarity on Dental visits for children under the age of 3 years.

It is recognised that early visits for children under the age of 3 years are vital for delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry.

What needs to be delivered during a visit?

- Children under the age of 3 years are usually termed “pre-cooperative” – they are unlikely to sit still and have a check-up – so be prepared. Undertake a clinical examination if it will not result in undue anxiety for the child. They can be examined in a parent’s arms, or on a parent’s lap, or you can use a knee to knee posture¹.
- Reassure parents that it is normal for children to be uncertain and possibly a little worried – after all it is a new experience. Explain that things will improve with familiarisation and regular attendance.
- Prevention messages and intervention should be in line with Delivering Better Oral Health² as per the tables overleaf:

¹ How to undertake knee to knee exam <http://healthyteethhealthykids.org/knee-to-knee-exam/>

² Delivering Better Oral Health – an evidence-based toolkit for prevention – Summary Guidance Tables – third edition <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

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Table 1 - Prevention of caries in children aged up to 3 years of age

Advice to be given
• Breast feeding provides the best nutrition for babies
• From six months of age infants should be introduced to drinking from a free-flow cup, and from aged one year feeding from a bottle should be discouraged
• Sugar should not be added to weaning foods or drinks
• Parents/ carers should brush or supervise tooth brushing
• As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
• Brush last thing at night and on one other occasion
• Use fluoridated toothpaste containing no less than 1,000 ppm fluoride
• It is good practice to use only a smear of toothpaste
• The frequency and amount of sugary food and drink should be reduced
• Sugar free medicines should be recommended

Table 2 - Children aged 0-6 years giving concern (e.g. those likely to develop caries, those with special needs)

Advice to be given
• Breast feeding provides the best nutrition for babies
• From six months of age infants should be introduced to drinking from a free-flow cup, and from aged one year feeding from a bottle should be discouraged
• Sugar should not be added to weaning foods or drinks
• Parents/ carers should brush or supervise tooth brushing
• As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
• Brush last thing at night and on one other occasion
• Use fluoridated toothpaste containing 1,350 to 1,500 ppm fluoride
• It is good practice to use only a smear of toothpaste
• The frequency and amount of sugary food and drink should be reduced
• Where medication is given long term - request that it is sugar free , or used to minimise cariogenic effects

Table 3 - Children aged 0-6 years giving concern (e.g. those likely to develop caries, those with special needs)

Professional intervention
• Apply fluoride varnish to teeth two or more times a year (2.2% NaF-)
• Reduce recall interval
• Investigate diet and assist adoption of good dietary practice in line with the Eatwell Guide ³
• Where medication is given frequently or long term, liaise with the medical practitioner to request that it is sugar free, or used to minimise cariogenic effects

³ The Eatwell Guide <https://www.gov.uk/government/publications/the-eatwell-guide>

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What needs to be documented?

- That an exam was achieved/attempted and if not, why not e.g. limited examination performed with verbal consent - record notation of teeth actually visualised (which may not be all teeth present in the mouth) and whether caries free etc.
- Advice given e.g. advised brush twice daily with fluoridated toothpaste, not just "prevention given". Ensure all preventive messages are aligned with Delivering Better Oral Health.
- A decision on recall interval in line with NICE guidance⁴ and Delivering Better Oral Health.

What can be claimed?

- Where a reasonable attempt has been made to **undertake an examination in a dental surgery setting**⁵ and the records are kept as noted above then claims can be submitted. This includes prevention and advice which must be noted.

Can I claim for Band1 even if I have not been able to complete a full examination?

- Yes you can, as it is recognised that these early visits for children under the age of 3 years are about delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry. Where you tick exam undertaken on the FP17 claim submission, please ensure you record in the clinical notes the attempt made and whatever aspects of the examination you did manage to undertake, the preventive messages given / other advice given. Please ensure the parent / guardian has been made aware of the limitation of the exam undertaken where a full examination has not been possible.

Who can undertake the assessment?

- At present, to be able to make a claim for a NHS course of treatment then the assessment would have to be undertaken/ attempted by the dentist (Performer attached to the contract). There will be aspects of the care and prevention that can be delegated to dental care professionals as long as they are working within their scope of practice as set out by the General Dental Council⁶ and have had appropriate training.

⁴ Dental checks: intervals between oral health reviews; The National Institute for Health and Care Excellence (NICE) <https://www.nice.org.uk/guidance/cg19>

⁵ Setting should be aligned to where you currently provide NHS services (dental surgery address) as specified within your contractual agreement with the NHS

⁶ Scope of Practice; General Dental Council <https://www.gdc-uk.org/professionals/standards/st-scope-of-practice>

APPENDIX 4: LETTER FROM CHIEF DENTAL OFFICER—
FOR THE AVOIDANCE OF DOUBT (CONTINUED)

OFFICIAL

Recalls

- These should be in line with the assessment and documentation of caries / dental disease risk in line with NICE guidance and Delivering Better Oral Health.

Yours faithfully



Sara J Hurley
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Useful references

1. How to undertake knee to knee exam

<http://healthyteethhealthykids.org/knee-to-knee-exam/>

2. Delivering Better Oral Health: an evidence based tool kit. Third Edition, 2014 updated March 2017

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

3. A quick guide to a healthy mouth in children – Public Health England

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

4. The Eatwell Guide

<https://www.gov.uk/government/publications/the-eatwell-guide>

5. Dental checks: intervals between oral health reviews; The National Institute for Health and Care Excellence (NICE)

<https://www.nice.org.uk/guidance/cg19>

6. Scope of Practice; General Dental Council

<https://www.gdc-uk.org/professionals/standards/st-scope-of-practice>

(Please note the above links are to external websites and so links may change and documents may be updated)

Publications Gateway Reference 07250

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