



**Translation Research
in a Dental Setting**



**Scottish Dental
Clinical Effectiveness Programme**

Oral Health Assessment and Review Guidance Implementation Summary

For SDCEP guidance, information about potential barriers and facilitators for implementation is sought at various stages during the development process, such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. This may include financial and organisational barriers that operate at the policy-level in addition to practice- practitioner- and patient-level barriers. The impact of these potential barriers is considered during the development of the guidance and the guidance recommendations, content and format may be influenced or changed as a result.

Much of this work is carried out in collaboration with SDCEP's partner programme TRiADS (Translation Research in a Dental Setting), a multidisciplinary research collaboration which aims to develop and evaluate guidance implementation strategies to improve the knowledge-to-practice gap in primary care dentistry in Scotland. Reports of the results of TRiADS research are provided on its website (www.triads.org.uk).

This document provides a summary of the potential barriers and facilitators to implementation of the *Oral Health Assessment and Review (2011)* guidance recommendations, information on how these influenced the guidance and updates on any changes that have taken place since publication of the guidance that may affect implementation.

Potential Barriers/Facilitators	Pre-publication Actions/ Developments (e.g. changes made to the guidance, provision of implementation tools)	Post-publication Activities
Service provision		
<p>Some practitioners reported concerns that the existing dental contract in Scotland did not fully support carrying out a comprehensive oral health assessment (OHA) as recommended in the guidance.</p>	<p>The group acknowledged the concerns about the provision for OHA within the current dental contract but also considered the differing opinions on how the dental contract should be applied to support this activity.</p> <p>The option for a shorter <i>Focussed Oral Health Review</i> at risk-based intervals between comprehensive OHAs was introduced into the assessment and review cycle recommended in the guidance.</p> <p>It was acknowledged in the guidance that fully implementing the recommendations may represent a significant change to current practice and will take time but that aspects of OHAR could be adopted in stages.</p> <p>It was anticipated that the guidance would be influential in taking forward and informing policy initiatives for progression to a dental system that is more supportive of patient-centred preventive care.</p>	<p>Concerns raised by practitioners about the provision of a comprehensive oral health assessment within the existing dental contract were reported to the National Dental Advisory Committee (NDAC).</p> <p>Scottish Government published the Oral Health Improvement Plan (OHIP) in 2018 which states that an oral health risk assessment will be phased-in as part of a preventive system of care for adults and would include a revision of remuneration for dental care.</p> <p>TRiaDS carried out a diagnostic analysis in 2019 of dentists' current practice and beliefs relating to the OHAR guidance, which found that remuneration was still perceived as a factor influencing the provision of oral health assessments (www.triads.org.uk/in-development/oral-health-assessment-review-ohar/). A paper is in preparation for publication.</p>

Record Keeping and Practice Management Systems		
<p>The extent of record keeping recommended for a comprehensive OHA was considered a barrier.</p> <p>Practitioners reported that existing practice management systems and software were unsuitable for recording the outcomes of a comprehensive OHA.</p>	<p>Template forms for recording the results of each part of the OHA were provided with the published guidance to facilitate record-keeping. An assessment checklist to record which elements of assessment have been conducted and the outcomes was also provided.</p> <p>The guidance indicates that members of the dental team other than the dentist could be involved in recording assessment outcomes.</p> <p>Providers of dental software packages in Scotland were approached to discuss the development of more comprehensive record management but this was considered not financially viable at that time.</p>	<p>Further work to assess the capacity of current dental software options to record the information required for OHA is planned.</p> <p>A pilot of a Scottish Adult Oral Health Survey was conducted (2017-18). This may inform a means for recording routinely collected oral health assessment data when OHIP is implemented.</p> <p>In the diagnostic analysis carried out by TRiADS in 2019, almost all participants reported that their IT system influenced their ability to record all elements of OHA.</p>
Awareness and understanding		
<p>Lack of awareness of the OHA approach and a lack of understanding of how to apply the OHA processes in practice were identified as potential barriers.</p>	<p>SDCEP disseminate their guidance widely and carry out a variety of activities to raise awareness.</p> <p><i>Guidance in Brief</i> and <i>Quick Reference Guide</i> versions of the guidance were published to facilitate understanding and application of the OHAR guidance approach.</p>	<p>Various dissemination approaches were employed to raise awareness of the guidance. These included notifying all dentists and hygienists/therapists in Scotland, as well as dental educators, of the guidance publication; press releases, newsletter and magazine articles and the use of social media.</p> <p>A national, pre-approved online audit on OHA was developed in 2013. One of the aims was to support dentists to introduce OHAs into their routine practice. This audit was completed by ~1000 dentists in Scotland.</p>

Training/education		
<p>The need for training/education on how to adopt the OHAR approach described in the guidance was identified.</p> <p>Additionally, specific areas where a training need was identified were:</p> <ul style="list-style-type: none"> • risk assessment • assessment and/or recording of tooth surface loss, tooth abnormalities and caries progression • head and neck examination • discussion of lifestyle issues with patients (smoking cessation, alcohol consumption, healthy eating) 	<p>In response to these needs, tools were introduced with the guidance to aid with implementation of the guidance recommendations. These included:</p> <ul style="list-style-type: none"> • a decision-making flowchart explaining how to assign level of risk • a <i>Patient Review and Personal Care Plan</i> to help communicate the outcomes of the OHA to the patient • a full version of the guidance was provided with more comprehensive information on all aspects of an OHAR 	<p>NES CPD training events about OHAR, including information about adoption of the approach took place in 2012-14.</p> <p>A NES CPD training event about head and neck examination is conducted regularly.</p> <p>A CPD training package about detecting and diagnosing oral cancer was made widely available by NES in 2016 to dental professionals within Scotland and Northern Ireland.</p>