

Oral health improvement for local authorities and their partners overview

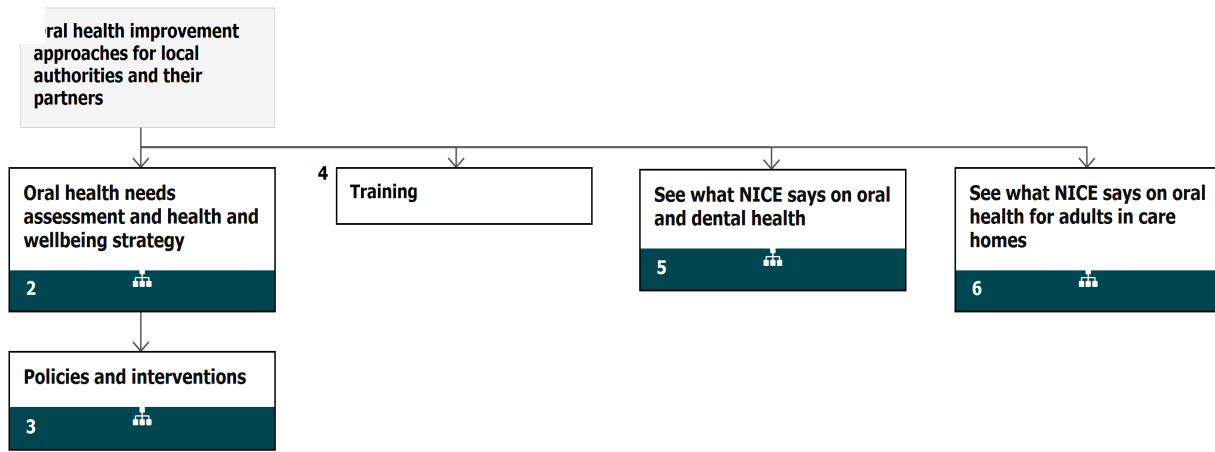
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<http://pathways.nice.org.uk/pathways/oral-health-improvement-for-local-authorities-and-their-partners>

Pathway last updated: 17 May 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Oral health improvement approaches for local authorities and their partners

No additional information

2 Oral health needs assessment and health and wellbeing strategy

See Oral health improvement for local authorities and their partners / Include oral health in joint strategic needs assessment and health and wellbeing strategy

3 Policies and interventions

See Oral health improvement for local authorities and their partners / Policies and interventions to improve oral health

4 Training

Ensure frontline health and social care staff can give advice on the importance of oral health

Local authorities and other commissioners and providers of public services should:

- Ensure service specifications include the requirement for frontline health and social care staff to receive training in promoting oral health. This should include:
 - the 'advice for patients' in delivering better oral health [See page 6]
 - the fact that tooth decay and gum disease are preventable
 - the importance of regular tooth brushing
 - links between dietary habits and tooth decay
 - how fluoride can help prevent tooth decay
 - links between poor oral health and alcohol and tobacco use including the use of smokeless tobacco
 - where to get advice about local dental services, including costs and transport links.
- Ensure staff understand the links between health inequalities and oral health and the needs of groups at high risk of poor oral health.
- Ensure frontline health and social care staff can advise carers on how to protect and improve the oral health and hygiene of those they care for.

Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health

Local authorities and health and wellbeing commissioning partners should:

- Commission regular, training for frontline health and social care staff working with groups at high risk of poor oral health. This should be based on 'advice for patients' in *Delivering better oral health*. The aim is to ensure they can meet the needs of adults, children and young people in groups at high risk of poor oral health. The training should include:
 - Basic assessment and care planning to promote and protect oral health.
 - How good oral health contributes to people's overall health and wellbeing.
 - The consequences of poor oral health, for example, dental pain and infection. (This can exacerbate symptoms associated with dementia and can also contribute to malnutrition among older people.)
 - How the appearance of teeth contributes to self-esteem.
 - Causes, symptoms and how to prevent tooth decay (including root caries in older people), gum disease and oral cancer, for example:
 - ◇ the role of plaque in gum disease and how it can affect the immunity of people with diabetes
 - ◇ the role of high-sugar diets
 - ◇ the link between the use of sugar-sweetened methadone and poor oral health
 - ◇ smoking and other tobacco products as a risk factor for oral diseases such as gum disease and oral cancer (see the NICE pathway on [smokeless tobacco cessation](#)).
 - Techniques for helping people maintain good oral hygiene (including the use of fluoride toothpaste).
 - Local pathways for accessing routine, urgent and home care and specialist services.
 - How to encourage and support people to register with a dentist and how to act as an advocate to ensure others can use services.
 - Entitlements to free dental treatment or help with costs.
 - Information on local voluntary sector organisations that may be able to offer additional advice, help or advocacy services.
 - What advice to give to carers.

5 See what NICE says on oral and dental health

[See Oral and dental health](#)

6 See what NICE says on oral health for adults in care homes

[See Oral health for adults in care homes](#)

Delivering better oral health

Below is an edited extract from: [Delivering better oral health: an evidence-based toolkit for prevention](#) (Public Health England 2014). This toolkit provides practical, evidence-based guidance to help dentists and their teams promote oral health and prevent oral disease among their patients.

Summary guidance for primary care dental teams: advice for patients

Prevention of caries in children aged 0-6 years

Children aged up to 3 years:

- Breastfeeding provides the best nutrition for babies
- From 6 months of age infants should be introduced to drinking from a free-flow cup, and from age 1 year feeding from a bottle should be discouraged
- Sugar should not be added to weaning foods or drinks
- Parents or carers should brush or supervise toothbrushing
- 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 toothpaste containing no less than 1000 parts per million (ppm) fluoride
- It is good practice to use only a smear of toothpaste
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

All children aged 3-6 years:

- Brush at least twice daily, with a fluoridated toothpaste
- Brush last thing at night and on one other occasion
- Brushing should be supervised by a parent or carer
- Use fluoridated toothpaste containing more than 1000 ppm fluoride. It is good practice to use a pea-sized amount
- Spit out after brushing and do not rinse, to maintain fluoride concentration levels
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

Children aged 0-6 years giving concern (for example, those likely to develop caries, those with special needs). All advice as above, plus:

- Use fluoridated toothpaste containing 1350-1500 ppm fluoride
- It is good practice to use only a smear or pea-sized amount
- Where medication is given frequently or long term, request that it is sugar free, or used to minimise cariogenic effects.

Prevention of caries in children aged from 7 years and young adults

All children and young adults:

- Brush at least twice daily, with a fluoridated toothpaste
- Brush last thing at night and on at least 1 other occasion
- Use fluoridated toothpaste (1350-1500 ppm fluoride)
- Spit out after brushing and do not rinse, to maintain fluoride concentration levels
- The frequency and amount of sugary food and drinks should be reduced

Those giving concern (for example, those with obvious current active caries, those with ortho appliances, dry mouth, other predisposing factors, those with special needs). All the above, plus:

- Use a fluoride mouth rinse daily (0.05% NaF-) at a different time to brushing.

Prevention of caries in adults

All adults

- Brush at least twice daily with fluoridated toothpaste
- Brush last thing at night and on at least 1 other occasion
- Use fluoridated toothpaste with at least 1350 ppm fluoride
- Spit out after brushing and do not rinse, to maintain fluoride concentration
- The frequency and amount of sugary food and drinks should be reduced

Those giving concern (for example, with obvious current active caries, dry mouth, other predisposing factors, those with special needs). All the above, plus:

- Use a fluoride mouth rinse daily (0.05% NaF-) at a different time to brushing.

Prevention of periodontal disease – to be used in addition to caries prevention

All adults and children:

Self-care plaque removal

- Remove plaque effectively using methods shown by dental team. This will prevent gingivitis and reduce the risk of periodontal disease
- Daily effective plaque removal is more important to periodontal health than tooth scaling and polishing by the clinical team

Tooth brushing and toothpaste

Brush gum line and each tooth twice daily (before bed and at least on 1 other occasion). Use either:

- a manual or powered toothbrush
- small toothbrush head, medium texture.

All adults and ages 12-17

Interdental plaque control

Clean daily between the teeth to below the gum line before toothbrushing:

- For small spaces between the teeth use dental floss or tape
- For larger spaces use interdental or single tufted brushes
- Around orthodontic appliances and bridges use kit suggested by the dental professional.

Risk factor control

Tobacco

All adults and adolescents:

- Do not smoke
- Smoking increases the risk of periodontal disease, reduces the benefits of treatment and increases the chance of losing teeth.

Diabetes

Patients with diabetes should try to maintain good diabetes control as they are:

- At greater risk of developing serious periodontal disease
- Less likely to benefit from periodontal treatment if the diabetes is not well controlled.

Medications

Some medications can affect gingival health.

Prevention of peri-implant disease

All adults with dental implants:

- Dental implants require the same level of oral hygiene and maintenance as natural teeth
- Clean both between and around the implants carefully with interdental kit and toothbrushes
- Attend for regular checks of the health of gum and bone around implants

All adolescents and adults:

Tobacco use, both smoking and chewing tobacco, seriously affects general and oral health. The most significant effect on the mouth is oral cancers and pre-cancers.

- Do not smoke or use shisha pipes
- Do not use smokeless tobacco (such as, paan, chewing tobacco, gutkha)

If the patient is not ready or willing to stop they may wish to consider reducing how much they smoke using a licensed nicotine-containing product to help reduce smoking. The health benefits to reducing are unclear but those who use these will be more likely to stop smoking in the future.

All adolescents and adults:

- Drinking alcohol above the recommended levels adversely affects general and oral health with the most significant oral health impact being the increased risk of oral cancer.
- Reduce alcohol consumption to low risk (recommended) levels.

Recommended levels (May 2014)

- Men should not regularly consume more than 3 to 4 units per day
- Women should not regularly consume more than 2 to 3 units per day
- All drinkers should avoid alcohol for 2 days following a heavy drinking session to allow the body to recover
- Pregnant women or women trying to conceive should avoid drinking alcohol but if they choose to drink they should limit this to no more than 1 to 2 units once or twice a week and avoid getting drunk.

All ages:

- The frequency and amount of consumption of sugars should be reduced
- Avoid sugar containing foods and drinks at bedtime when saliva flow is reduced and buffering capacity is lost.

Health inequalities

the result of a complex and wide-ranging set of factors including material disadvantage, poor housing, low educational attainment, insecure employment and homelessness; people who experience 1 or more of these factors are more likely to have problems with their health and are also likely to die earlier than average for the rest of the population

High risk

people at high risk of poor oral health generally live in areas that are described as socially and economically disadvantaged; local authorities (and other agencies) define disadvantaged areas in a variety of ways, an example of which is the government's Index of Multiple Deprivation 2010 (ID 2010) which combines economic, social and housing indicators to produce a single deprivation score (see 'Indices of English deprivation 2010' Department for Communities and Local Government, 2011)

Parenting programmes

teach parents and carers how to set effective boundaries and how to reward and praise children and young people in a way that promotes positive relationships and self-esteem; the aim is to improve children and young people's behaviour

Sources

[Oral health: local authorities and partners](#) (2014) NICE guideline PH55

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are

reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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