

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

England.cdoexecutive@nhs.net

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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://dhss.delaware.gov/dph/hsm/files/ohpfskneetokneeeexam.pdf>

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>

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>

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>

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
Chief Dental Officer England
BDS (UBrist), MFGDP (UK), MSc (UCL), MA (King's), FDSRCS, psc(j)

Useful references

1. 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>

2. 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>

3. How to undertake knee to knee exam

<http://dhss.delaware.gov/dph/hsm/files/ohpfskneetokneeexam.pdf>

4. Scope of Practice; General Dental Council

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

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

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

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

Publications Gateway Reference 07250