



**Translation Research
in a Dental Setting**



**Scottish Dental
Clinical Effectiveness Programme**

Prevention and Treatment of Periodontal Diseases in Primary Care Guidance Implementation Summary

For Scottish Dental Clinical Effectiveness Programme (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 *Prevention and Treatment of Periodontal Diseases in Primary Care* guidance recommendations, information on how these influenced the first and second editions of the guidance and updates on any developments since publication of the guidance that may affect implementation.

Potential Barriers/Facilitators	Pre-and post-publication Activities/ Developments – 1st edition (2014) (e.g. changes made to the guidance, provision of implementation tools, educational activities)	Pre-and post-publication Activities/ Developments – 2nd edition (2024) (e.g. changes made to the guidance, provision of implementation tools, educational activities)
Service provision		
<p>Some practitioners reported concerns that the existing dental contract in Scotland did not fully support the time required for a full periodontal assessment and treatment, especially for patients with more severe disease.</p> <p>This was still considered to be a potential barrier to implementation of the guidance advice in the second edition, although it was acknowledged that the system for dental remuneration in Scotland was undergoing reform.</p>	<p>For the first edition of the guidance, the Guidance Development Group (GDG) acknowledged that the current dental system might be perceived by some dentists as a barrier to implementation of the guidance but considered that the terms and application of the dental contract was outside the remit of the guidance producers.</p> <p>The group judged that the guidance should be evidence-based and its recommendations should support best clinical practice. 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 preventive care.</p> <p>Following publication, concerns raised by practitioners about service provision within the existing dental contract were reported to the National Dental Advisory Committee (NDAC).</p> <p>In 2018, the Scottish Government published the Oral Health Improvement Plan (OHIP), which prioritises a preventive system of care for adults and would include a revision of remuneration for dental care.</p>	<p>SDCEP and members of the GDG were involved in discussions with the group responsible for reforming the statement of dental remuneration (SDR) in Scotland regarding the updated guidance and how this could fit with the new SDR.</p> <p>The updated SDR was applied in November 2023. The chair of the GDG and a group member (a General Dental Practitioner, GDP) presented a webinar to over 1300 participants that covered the main points of the updated guidance and how this could be implemented under the new payment system.</p> <p>SDCEP will liaise with the Scottish Government if further amendments to the SDR are intimated.</p>

Awareness		
<p>Promoting awareness of the guidance and understanding of the importance of the subject for all members of the dental team was identified as important for implementation.</p> <p>This lack of awareness was still considered to be a potential barrier to implementation of the guidance advice in the second edition.</p>	<p>SDCEP undertake various dissemination approaches at the launch of the guidance to raise awareness. These include notifying all dentists and hygienists/therapists in Scotland of the guidance publication, press releases, newsletter and magazine articles and the use of social media.</p> <p>Following publication, the GDG chair promoted the guidance through presentations at various locations in Scotland.</p> <p>In March 2017, SDCEP participated in a ‘Perio Roadshow’ which further promoted the guidance amongst dentists and hygienists/therapists in Scotland.</p> <p>In 2019, the guidance was included as a toolkit within SDCEP’s Dental Companion smartphone and desktop app. This presents information in a layered format, allowing the user to decide how much depth to explore a particular topic of interest. The content is also searchable, facilitating rapid access to information of interest.</p>	<p>Similar dissemination approaches as described for the first edition were carried out at publication.</p> <p>Prior to publication, the chair of the GDG and a group member (a GDP) presented a webinar to over 1300 participants that covered the main points of the updated guidance and how this could be implemented under the new Scottish payment system.</p>
Training		
<p>The need for training on the topic was identified as a possible barrier to implementation of the guidance.</p> <p>Areas highlighted included:</p> <ul style="list-style-type: none"> • what information on periodontal disease assessment and diagnosis should be included in patient records 	<p>In response to these needs, various tools were introduced with the first edition of the guidance to aid with implementation of the recommendations. These included:</p> <ul style="list-style-type: none"> • a chapter on record keeping; • advice on how to communicate with patients on lifestyle issues including smoking cessation and oral hygiene; 	<p>Following feedback from practitioner interviews and consultation, the guidance was amended to address potential barriers to implementation. A tool to facilitate periodontal risk assessment was developed and included as an appendix. Specific advice on assessing plaque and bleeding was also added. An expanded section on behaviour change was included, as was a</p>

<ul style="list-style-type: none"> • how to explain the meaning of periodontal disease assessment to patients before treatment • how to discuss lifestyle issues (smoking cessation, alcohol consumption, healthy eating) with patients • how to provide oral hygiene advice. <p>During development of the second edition, interviews with stakeholders (dentists, hygienists) prior to publication investigated their beliefs about risk assessment and whether additional resources would be required in the guidance. The findings suggested that this would be beneficial.</p> <p>Other potential barriers to implementation of the guidance advice identified included:</p> <ul style="list-style-type: none"> • plaque and bleeding assessment; • behaviour change; • management of patients with additional care needs. 	<ul style="list-style-type: none"> • a visual aid for use when discussing the results of assessment; • a video demonstrating how to carry out an oral hygiene consultation with a patient to help meet training needs on this aspect of the guidance; • patient education leaflets to aid communication. <p>The requirement for further training was assessed during the TRiaDS implementation process.</p> <p>Following publication, NES held a Dental Team CPD symposium on the topic in May 2014.</p> <p>Surveys: TRiaDS carried out pre- and post-publication surveys of dental practice to monitor levels of adherence to guidance recommendations and assess and inform any training requirements (https://www.triads.org.uk/projects/periodontal-care/). A paper describing this work is available (Forbes et al., British Dental Journal 218: 387-391 (2015)).</p> <p>Research Audit: In 2015, dentists participating in both surveys were invited to undertake related quality improvement (QI) activities. These included self-reflection and reporting on any gap between their provision of periodontal care and guidance recommendations, and the development and implementation of action plans for improvement. Research audit hours were made available as an incentive and more than 50% of survey participants completed these QI activities.</p>	<p>specific section on managing patients with additional care needs.</p> <p>Following publication, there is an intention to provide continuing professional development (CPD) sessions related to the guidance.</p>
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	Following publication, NHS Education for Scotland has offered regular courses that address learning outcomes associated with the guidance recommendations.	
Patient education and motivation		
<p>Patient motivation to improve and maintain oral hygiene was perceived by practitioners as a barrier to implementation.</p> <p>This was still considered to be a potential barrier to implementation of the guidance advice in the second edition.</p>	<p>Oral hygiene TIPPS, a behavioural change strategy aimed at improving oral hygiene behaviour was developed and included in the first edition of the guidance.</p> <p>A patient information leaflet explaining the symptoms of periodontal disease and advice on plaque removal was developed. A leaflet relevant to patients with diabetes was also produced. Both of these leaflets were available on the SDCEP website with the published guidance.</p> <p>Oral hygiene TIPPS and associated video were cited in the updated version of Public Health England’s <i>Delivering Better Oral Health V4</i> toolkit, which was published in 2021.</p> <p>The patient leaflet was used by the GUIDE project, a citizen science participatory research study. Participants generated ideas for improvement and the findings were used to inform the patient leaflets developed to accompany the second edition of the guidance.</p>	<p>Before publication of the second edition, the Oral hygiene TIPPS strategy was updated to reflect current best practice. Further information on behaviour change strategies was also added to the guidance.</p> <p>New information leaflets for patients with a diagnosis of periodontal health, gingivitis and periodontitis were developed, based on feedback from the GUIDE project and a patient focus group.</p> <p>A patient glossary was also developed.</p>
Dental team		
Practitioners reported that having a dental hygienist associated with the practice would	To try to encourage practitioners without a dental hygienist to engage in periodontal disease assessment and treatment, the guidance was presented according to the aspects of the	No further action was taken prior to publication of the 2nd edition of the guidance.

<p>facilitate implementation of the guidance recommendations.</p>	<p>management of the condition rather than in sections targeted at individual dental team members.</p>	
<p>Practice management systems</p>		
<p>Having a computerised system to prompt recording of BPE scores was considered a facilitator for carrying out a basic periodontal examination.</p>	<p>This is beyond SDCEP’s influence and no action taken to date.</p>	<p>This is beyond SDCEP’s influence and no action taken to date.</p>