Community Dental Health (2021) **38,** 224-225

doi:10.1922/CDH_Dec21BDOHeditorial02

Editorial

Delivering Better Oral Health 2021 – What's new and where next?

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Delivering Better Oral Health (DBOH) was first published in 2007 (Department of Health *et al.*, 2007) at the request of the Department of Health to the British Association of Community Dentistry (BASCD). It was led by Dr Sue Gregory, who was at that time President of BASCD; and, thereafter, appointed Deputy Chief Dental Officer for England. The purpose of the document was to support dental teams in a more preventive approach to dental care based on the best available evidence. Practitioners have access to an enormous amount of information, and it was intended that *DBOH* would provide a simple guide to the evidence, explaining what the research meant in practical terms for the preventive advice and treatment of their patients. The approach promoted preventive care for all patients and additional support for those most at risk of poor oral health. *DBOH* was to be a living document, regularly updated. It was revised in 2009 and 2014, when after the Health and Social Care Act (2012), Public Health England took on the leadership of its development. In 2017 revisions responsed to changes in guidance; the publication by the Scientific Advisory Committee on Nutrition of the Carbohydrates and Health Report (SACN, 2015) which led to a revised healthier eating section and the Chief Medical Officers' (2016) new guidelines on alcohol were also incorporated.

Impact

DBOH has had wide ranging impacts since its first publication, within dental teams, practices and the wider system and has been cited by the Platform for Better Oral Health in Europe (2015), as an example of good practice, to be replicated across Europe to improve oral health.

A significant impact has been the action taken by industry, specifically toothpaste manufacturers, which, in response to the statement that toothpaste needed to have 1000ppm fluoride to be effective in preventing tooth decay, reformulated their products. In addition, commissioned programmes such as NHS England's (2019) 'Starting Well Programme', have been based on *DBOH* with patient and practice level preventive interventions; promoting the attendance of young children, team training, the provision of a practice based oral health champion; and, the delivery of preventive care and advice- all based upon the guidance. *DBOH* has been incorporated within the education and training of dentists and dental care professionals (DCPs) and they in turn have been incorporating the advice and care into their everyday practice. Evidence shows that dental teams have changed their practice; with data collected on the application of fluoride varnish on child courses of treatment demonstrating that at a national level this continues to increase. Dental teamworking has been facilitated, harnessing the skills and expertise of DCPs, including extended duty dental nurses, in the delivery of oral health advice and fluoride varnish applications.

What's new?

Guideline development process

In 2019, the process of developing version four began. The first stage involved engaging with, and listening to, stakeholders, including frontline dental teams, dental and public health specialists, academics, third sector organisations and industry. Public Health England also reviewed the methodology for developing *DBOH*, to ensure that it followed best practice in guideline development and published this revised methodology in a guideline development manual (Public Health England, 2019). This manual has built on the work of previous iterations of *DBOH*, through the input of clinical stakeholders and key contributions from systematic review experts Cochrane Oral Health, and NICE-accredited clinical guidance development specialists the Scottish Dental Clinical Effectiveness Programme. In common with clinical guidelines worldwide, it has adopted the GRADE system (Guyatt *et al.*, 2011; PHE, 2019), to assess the certainty of the evidence and uses the AGREE II principles (PHE, 2019), as a code of conduct for the guideline development process.

UK wide collaboration

The 4th edition published on the 21st September 2021 (PHE, *et al* 2021), represents the work of a UK-wide collaboration of over one hundred well-respected experts and frontline practitioners, including patient representatives, and many BASCD members. For the first time *DBOH* has been issued jointly by the Department of Health and Social Care, the Welsh Government, the Department of Health Northern Ireland, Public Health England, NHS England and NHS Improvement and with the support of the BASCD. In

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Scotland the guidance will inform oral health improvement policy. It has been developed with the support of the four UK Chief Dental Officers to facilitate a consistent UK-wide approach to prevention of oral diseases.

Digital format

DBOHv4 has been published on gov.uk in a new digital format making it more easily accessible on mobile devices and to fulfil the accessibility requirements of publications by public sector bodies. This will continue to be the direction of travel and while some would still prefer a printed copy this option is unlikely to return. However, it is possible to download and print PDFs of each chapter for those who prefer to view them this way or would like a hard copy!

Content

Following an extensive review of the evidence it may be reassuring to note that there were relatively small changes made to the advice and professional interventions to prevent oral diseases (found in chapter 2). However, there has been additional content added to the summary guidance tables and substantial revision, additional content, and quality assurance of the narrative chapters. The review process has also highlighted significant gaps in the body of evidence, which researchers are encouraged to address.

The summary guidance tables (in chapter 2), will always form the key element of this guidance. However, stakeholders also emphasised the importance of effectively supporting behaviour change and this is acknowledged with this section (chapter 3) coming immediately after the summary guidance tables. Topic experts looked closely at the evidence on how to support behaviour change and summarise the latest guidance on approaches to supporting individuals to change their health behaviours and applied these to dental professionals and oral health behaviours. It shows how recent advances in behavioural science can be used by all dental team members, to enhance existing knowledge and skills. This includes an overview of important considerations when supporting individual patients through the process or cycle of change. In addition, the behaviour change chapter is supported with practical examples as clinical case studies.

DBOHv4 places greater emphasis on risk-based management, including monitoring through appropriate dental recall and across the life course. At our stakeholder events, dental teams wanted more advice about infant feeding, so in the prevention of dental caries table there is new content on breastfeeding and in the chapter on a healthier diet, a section on commercial baby food. In the prevention of oral cancer table there is new content on early detection and more detail on tobacco cessation and alcohol reduction. There is, for the first time, a summary guidance table on the prevention of tooth wear, focusing on the identification of accelerated tooth wear and the potential causes. There is a greater consideration of older people and other vulnerable groups throughout *DBOHv4*. The credit for this must be given to the topic experts in the guideline development groups and when evidence was not available or strong enough, good practice points were included in the guidance tables and/or evidence was included in the narrative sections.

DBOHv4 has been successfully published as a UK wide resource for prevention, to support both the oral and general health of the population. It provides all dental teams and the wider health and social care workforce with consistent evidence base messaging. However, the key challenge remains to support its implementation and the delivery of preventive care and effective behaviour change conversations. In *DBOHv4* this is supported with practical tools and links to resources (to support behaviour change in relation to tobacco, alcohol, fluoride, and healthier eating). Work is underway to support implementation across the UK with BASCD as a key partner.

DBOHv4 has been endorsed by over 24 specialist societies and organisations. BASCD and the dental public health community should be proud of their work from the development of the first edition to the recent publication of the fourth edition. BASCD members, past and current presidents and council members have all contributed having key roles in the process. It continues to be a living document and with each edition strives to maintain high quality standards and to be the go-to resource for prevention of oral diseases.

Finally, our work is not done, it is really just beginning, with the important task of supporting implementation as dental services become re-established in the context of the global pandemic. BASCD members and the dental public health community have an important role to play, raising awareness of and supporting the implementation of this tool nationally and regionally as we seek to support dental teams, patients, and the public, to improve their oral and general health and reduce oral health inequalities.

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