



Department  
of Health

# Dental contract reform:

**Clinical guidance relating to assigning  
risk, interim care and prevention**

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Dental contract reform clinical guidance relating to assigning risk, interim care, prevention and advanced care

## **Clinical guidance relating to assigning risk, interim care, prevention and advanced care**

The purpose of this advice note is to provide a reminder about how the prototype software works, and to emphasise that the software is a support for, not a substitute for, clinical judgement.

It also explains how the matrices work in terms of aggregating risk, as well as some of the key functions of the software namely:

- Interim care
- The prevention codes (ie the codes with a 38 prefix that were 'consider' actions or references to Delivering Better Oral Health (DBOH) relating to either patients or dental teams)

### **How the prototype software works**

The software summarises and links relevant factors relating to a patient's oral health to provide suggested risk scores (RAG), interim care and recall intervals and preventive actions / advice for both dental teams and the patient.

It does this by following a set of rules ("the matrices") - it is important to remember that a clinician can (and should) apply clinical judgement in each case and amend the software recommendations when clinical circumstances dictate.

### **Aggregating risk**

For each of the four clinical domains, the software combines the disease and/or clinical factors relating to a particular patient with the patient's modifying factors to produce a RAG score:

### **Disease / clinical factors + patient factors = RAG score**

The table below summarises the various possible combinations and the resultant RAG score that would be generated by the software.

DISEASE OR CLINICAL FACTORS PRESENT	ARE PATIENT RISK FACTORS PRESENT?	SUGGESTED RAG SCORE GENERATED
No disease or clinical factors	No	Green
No disease	Yes	Yellow
Risk of disease or clinical factors	Yes*	Yellow
Disease present	No	Red
Disease present	Yes	Red

Remember: clinical factors “trump” patient factors, with one exception (see asterisk\* in table above). This single exception is in the soft tissue domain, where presence of lesion in a high risk site triggers a red RAG.

Example: at oral health assessment, a patient is assessed as:

- green in tooth surface loss and soft tissue domains
- red in perio domain
- amber in caries domain

The RAG (and recommended recall intervals) default to the highest need: The patient’s RAG is therefore RED.

Annex 1 shows how the matrices work in relation to the four clinical domains.

### Self-care plans

Self care plans are a tool that can support the patient in understanding what is required of them to maintain or improve their oral health. The self care plan which can be given to patients is generated by the software. The patient actions will be generated by the matrices and will automap to the self care plan. Even though these plans will be pre-populated, they will have additional space for free text to be provided eg for oral hygiene instruction  
You should use it where you think it will be of most benefit individual patients

### Preventative care and advice - Interim Care

Preventative care and advice should be given as needed at oral health assessment and review stages of the pathway. As part of the care pathway you will also be asked at the oral health assessment and review stage if further, interim care, prevention and advice is

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required. If the answer is “no” then the system simply moves on to the next question / section.

If however, interim care is suggested by the software a proposed interval will be generated based on the risk matrices. The clinician may decide whether or not this IC course of treatment is needed or re-set the proposed interval as they consider to be clinically appropriate.

Interim care courses of treatment are for the provision of preventive treatment, and/or tailored preventive advice only. IC's form a course of treatment in their own right – Band 1A and include the following:

- Oral health promotion/advice
- Checking patient compliance
- Preventive treatments
- Scaling and polishing and follow up root surface debridement
- High fluoride toothpaste/mouth rinse prescription (when delivered together with one or more of the above)

An FP17 should be opened at the start of an IC CoT and closed at the end.

The patient charge is band 1A unless the CoT is advice only. There is no patient charge in this case.

### **Prevention Codes**

The preventive actions and codes are generated by the matrices. The prevention codes relate to 3 different areas:

- **actions for the dental team** (eg “advice re tobacco / smokeless tobacco and signposting to cessation services as required”)
- **actions for patients** (eg “comply with tobacco / smoking cessation advice”)
- **guidance for clinicians** (eg “consider referral to .....”).

Advice on dental team and patient action can be found in Delivering Better Oral Health.

Annex 1 : Domain modifying factors and how they drive the matrices

## Domain: Caries

Modifying factors	Risk	Interim care (IC)	Oral health review (OHR)
High sugar and high frequency sugar in diet	<b>Green</b> = Free of caries	ICs at clinician discretion  Suggested ICs for all children aged 3+ < 18 years consider need to apply fluoride varnish 2-4 times yearly in according to Delivering Better Oral Health (DBOH)  For amber and red adults consider the need for an IC	For children: 3-12 months  For adults: 12-24 months
Unsatisfactory plaque control	<b>Green</b> = Arrested caries (1 or more teeth)		
Sibling with caries (child patient)	<b>Amber</b> = Early caries (1 or more teeth)		
History of previous caries (<18 years)	<b>Red</b> = Caries (1 or more teeth)		
History active caries last 2 years (adult)			
Age	Note: Where modifying factors are present with a green clinical factor (free of caries or arrested caries) risk status moves to amber		
Presence orthodontic appliance (7-18years)			
Does not use fluoride toothpaste			

## Domain: Perio

Modifying factors	Risk	Interim care (IC)	Oral health review (OHR)
Age	<b>Green</b> = No sextant BPE 2 or more except lower anterior sextant	ICs at clinical discretion/ Can consider 3-6 month appointments for amber and red patients	12-24 months
Plaque control unsatisfactory	<b>Amber</b> = 1 or more sextant with BPE 2 (excluding lower anterior sextant) or 1 sextant BPE 3		
Smoker			
Diabetes	<b>Red</b> = 1 or more BPE of 4, or 2 or more BPE 3		
Ortho appliance (7-18 years old)	Note: If green clinical risk but any modifying factor present excluding age then risk moves to amber		

## Domain: Soft Tissue

Modifying factors	Risk	Interim care (IC)	Oral health review (OHR)
High risk site (lateral border tongue or FOM)	<p><b>Green</b> = no lesion present</p> <p><b>Amber</b> = lesion present</p> <p><b>Red</b> = lesion requiring referral</p>	ICs at clinicians discretion	12-24 months depending on patient's age
Alcohol above safe limit (>14 units weekly women and >21 units weekly men)	<p>Notes:</p> <p>1. If the clinical risk is <b>green</b> and any modifying factors are present then risk becomes <b>amber</b></p>		
Tobacco or smokeless tobacco use	<p>2. If the clinical risk is <b>amber</b> and lesion is in a high risk site (eg lateral border of tongue or floor of mouth), this is a case where a modifying factor does change risk status to <b>red</b></p>		
Symptoms			

## Domain: Tooth Surface Loss

Modifying factors	Risk	Interim care (IC)	Oral health review (OHR)
Unsatisfactory tooth brushing technique	<b>Green</b> = Tooth wear normal	ICs at clinicians discretion	12-24 months depending on patient's age
Parafunction	<b>Amber</b> = Tooth wear moderate		
Gastric reflux / eating disorder	<b>Red</b> = Tooth wear excessive		
Fizzy / acidic diet	Note: Any modifying factor for a green clinical risk moves the risk to amber		

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