

NHSBSA Dental Services

In the spotlight Article 6: Children's dentistry November 2019

This article is intended to raise awareness of preventative treatment in line with current guidelines, to reinforce understanding and to clarify current regulations in order to facilitate claiming in line with the current regulations. Full details of the NHS Regulations can be found in Article 1 of this series '[A course of treatment and examination](#)'.

Guidance on Preventative treatment

The primary guidance regarding the actions a dental team should take to ensure patients (both children and adults) receive the appropriate preventative treatment is "Delivering Better Oral Health: an evidence-based toolkit for prevention, Third edition"⁽¹⁾ [DBOH].

As an adjunct to the guidelines a summary document⁽²⁾ is available which the dental team may find useful as it provides a summary of recommended steps to be implemented in order to protect and improve children's oral health.

Caries prevention for children

The advice and professional intervention, as recommended in DBOH, to be provided to child patients varies. It is dependent on the individual child's age and caries risk.

In brief the guidance for professional intervention includes (but is not restricted to):

- a) For all children aged 3 to 6 years
 - Apply Fluoride Varnish to teeth two times a year (2.2% NaF⁺), or more often for those giving concern.

- b) Children aged from 7 years to young adults
 - Apply Fluoride Varnish to teeth two times a year (2.2% NaF⁺)
 - For those giving concern to their dentist, fissure seal permanent molars with resin sealant, and apply Fluoride Varnish to teeth two or more times a year (2.2% NaF⁺).

For further details the reader is kindly advised to review the full guidelines within DBOH documents.

Claiming for fluoride, fissure sealant and sealant restoration

Fluoride varnish application is appropriate to Band 1 treatment.

A 'fissure sealant' is a Band 1 surface application as a primary preventive treatment item.

A fissure sealant should not be confused with the term 'sealant restoration' which is appropriate to Band 2. A 'fissure sealant' is where fissure sealant alone is used.

A 'sealant restoration' is a filling where tooth tissue has been removed due to caries and restored with composite or glass ionomer and sealed with a fissure sealant.

Bitewing radiographs are usually considered a prerequisite to sealant restorations and diagnosis of treatment need.

As with any Band 1 or Band 2 claim, an examination and completion of planned treatment (that the patient is willing to undergo) is a requirement.

I wish to apply Fluoride Varnish to a patient using laboratory constructed Fluoride trays. Please clarify what band of treatment is the construction of trays for the application of medicaments like fluoride?

The schedules in the Dental Charges Regulations ^(3, 4) only describe definitive elements of dental care.

Trays (such as fluoride trays) aren't defined as an item of care in the Dental Charges Regulations, they're effectively a form of tool used to deliver care.

As such, they're not a 'treatment' and no UDA are appropriate with regard to the provision or use of these trays. The UDA is actually credited for the treatment being carried out (such as the application of the fluoride varnish itself).

Can a practice claim UDAs if they have a dental care professional (DCP) providing Fluoride Varnish to patients?

Only a dentist (clinician) who has a Performer number may submit claims for treatment provided. An appropriately qualified DCP may apply Fluoride Varnish if prescribed by a Performer. The DCP works under the direction of the prescribing dentist and the DCP may only do what he/she is competent (i.e. qualified) in, and appropriate to that role.

For example, a Performer can open a Course of Treatment, provide an examination and prescribe for the DCP to apply Fluoride Varnish within a single claim.

For further information please refer to the "Scope of Practice" guidelines published by the General Dental Council ⁽⁵⁾. The "Scope of Practice" sets out the actions, procedures and processes that a DCP is permitted to undertake.

References:

- (1) Department of Health; Public Health England and British Association for the Study of Community Dentistry Third Edition 12 June 2014; Gateway number 2016224 Updated 22 March 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

- (2) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601833/delivering_better_oral_health_summary.pdf
- (3) The National Health Service (Dental Charges) Regulations 2005
- (4) The National Health Service (Dental Charges) (Wales) Regulations 2006
- (5) https://www.gdc-uk.org/docs/default-source/scope-of-practice/scope-of-practice.pdf?sfvrsn=8f417ca8_4