

The Dental Health Barometer

Insights from UK-wide dental professional
focus groups, convened by the College of
General Dentistry and Haleon



Background

About Haleon

Haleon is a global leader in consumer health, with a purpose to deliver better everyday health with humanity. Haleon's product portfolio spans five major categories - Oral Health, Pain Relief, Respiratory Health, Digestive Health, and Vitamins, Minerals and Supplements (VMS). Its long-standing brands - such as Sensodyne, Panadol, Voltarol, Aquafresh, Otrivine, Corsodyl and Centrum - are built on trusted science, innovation and deep human understanding.

About the College of General Dentistry

The College of General Dentistry (CGDent) is the first and only membership College dedicated to the general dental professions. Engaging the whole dental team, it enables structured professional development, provides recognition of skills, knowledge and experience, sets standards for the delivery of general dental care and leads thought on the future of primary care dentistry. A registered charity serving the public interest in oral health, it is the successor to the former Faculty of General Dental Practice UK (FGDP) and has a vision to achieve Royal College standing.

Acknowledgements

Haleon and the College of General Dentistry would like to take the opportunity to thank everyone who offered insights as part of the focus groups. These invaluable first-hand accounts have provided us with the tools to develop actionable and realistic recommendations to improve the state of preventative oral healthcare and the nation's oral health.

Foreword

Bas Vorsteveld

Vice President and General Manager Great Britain and Ireland, Haleon

Dental deserts, long waiting lists, DIY dentistry and oversubscribed practices are just some of the many challenges facing oral health professionals and their patients in the UK right now.

As a business, Haleon has always been dedicated to improving oral health by championing the role of self-care in establishing good oral health habits. We believe prevention is the key to avoiding long-term oral health issues and the associated strain these can place on the wider healthcare system. However, we know that preventative oral healthcare is not always easily accessible, because of the challenges in dental healthcare provision.

That's why our partnership with the College of General Dentistry is so important. Working together, we set about to better understand the attitudes of oral health professionals and broader society to preventative oral healthcare, and how we can unlock its benefits across the UK.

Through quantitative research undertaken in 2023, we sought to understand the perspectives of consumers and dental professionals, assessing the 'state of the nation' in relation to prevention and oral healthcare. But we knew there was more work to be done to understand how to overcome some of the barriers this research identified. We wanted to understand from oral health professionals first-hand how they felt about prevention, why it is important to them, and what support they need to better provide effective preventative oral healthcare. To do this, we supported the College of General Dentistry in organising a series of focus groups with oral health professionals. The insights from these focus groups are at the heart of this report.

Our research and discussions have unearthed some thought-provoking insights into the role and importance of preventative oral healthcare, as well as some opportunities for change that could help improve it in the UK. From revised NHS contracts to tackling misinformation, this report highlights why it is a timely moment to redefine the standard of preventative oral healthcare and safeguard the future of our nation's oral health.

Only by working together can we help deliver better everyday healthcare to all.



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Foreword

Roshni Karia

President, College of General Dentistry

We have long known that preventative oral healthcare must play a central part in any national approach to oral healthcare: crucial, but sadly seldom perceived as critical. As pressures increase in the service to our patients, and particularly as health inequalities become starker, it has never been more important to redress the balance.

There is a widespread consensus that the contract for provision of NHS dental services in England in particular is in need of urgent reform, and we hope that the new contract, when it arrives, will place prevention at its very heart – allowing oral health professionals to implement our recommendations.

The College of General Dentistry is well placed to harness the passion of the professional community for preventative oral healthcare. We embrace the whole team in oral healthcare, across the UK, and across NHS and private provision. We are a committed and caring community of professionals, and we know we can make a big difference when working together.

We are delighted to work with Haleon to take a fresh look at the challenge for the professional community – examining current practice and understanding what really works. This is a project which highlights the contribution of each and every member of the oral healthcare team, and its conclusions will be central in our own vision for the future of dentistry and oral health.



We are a committed and caring community of professionals, and we know we can make a big difference when working together.

Executive summary

This document brings together the findings of a qualitative research exercise, carried out on behalf of the College of General Dentistry, with the support of Haleon. This took the form of a series of structured 90-minute discussions with groups of oral health professionals in eight UK-wide locations.

From the start, the research groups expressed a universal sense that improving preventative oral healthcare is far more important to the nation's health (and not just oral health) than the public and, in their view, the National Health Service and regulating health bodies recognise. Respondents

acknowledged that there are widespread attitudinal trends – such as the now conventional expectation among patients that they will keep their own teeth for life and a keener, post-Covid interest in oral appearance – which provide a more productive context for preventative oral healthcare advice.

The research also identified several systemic barriers to improving preventative oral healthcare. These included:

- Competing narratives around oral health, diet and appearance from social media and some food and drink brands.
- The erosion of the long-term patient relationships which provide an effective platform for sustained oral health advice – perhaps as a result of the pandemic.
- A continuing professional skew, in some dental practices, towards clinical treatments, which may diminish the role of dental hygienists and oral health educators.
- A tendency in the wider health and care community to leave even simple oral health advice messages entirely to oral health professionals.

Those systemic barriers are then made more acute by attitudes and behaviours which oral health professionals perceive in some patients. This includes low awareness of oral healthcare techniques, entrenched anxiety about visiting the dentist; confusion about oral health products, such as mouthwash; a growing snacking culture which increases the negative effects of sugary food and drink; and a corresponding “quick fix” attitude which militates against adopting good oral health habits over time. In deprived communities, people's commitment to preventative oral healthcare can be limited by the pressures of low incomes, disrupted lifestyles, and lower health literacy.

Effectively, many oral health professionals feel that they are conducting a lonely battle against entrenched habits around oral healthcare in the public. They are doing so within NHS contracts, which are unfavourable to preventative oral healthcare advice. This pessimism is most acute in NHS-only practices in deprived areas. The more optimistic narratives come from oral health professionals operating primarily in the private sector who have successfully built a commercial model around continuing preventative oral healthcare for their patients, and from mixed practices in more settled communities where long-term patient relationships offer opportunities for sustained monitoring of patients' oral health routines.

Opportunities for change

The research points to key areas where change could lead to better preventative oral healthcare:

- Reforming the NHS contract to better support oral health professionals in delivering preventative oral healthcare, building on existing foundations but introducing a concerted redirection of energy and constructive stakeholder engagement to provide for time spent on preventative oral healthcare activity.
- Raising the status of prevention in the dental profession.
- Ensuring dental professionals receive sufficient training in delivering preventive oral healthcare.
- Providing practices with updated tools for conveying preventative oral healthcare advice embedded with evidence-based information, such as digital tools.
- Guiding oral health professionals on the best messaging techniques for preventative oral healthcare advice, from the use of memorable “factoids” to developing an accessible and collaborative tone of voice.
- Providing consistent, nationwide oral health interventions (such as supervised tooth brushing) at early years and primary school to instill behaviour change.
- Launching a national communications campaign around good oral health habits, working collectively with other dental health bodies to develop and deliver.
- Harnessing the wider health and care community to convey preventative oral healthcare messages.



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Introduction

In November 2023, Haleon and the College of General Dentistry launched the Dental Health Barometer, a project to better understand the role that preventative oral healthcare plays in routine dental visits across the UK. The project was initiated with a research survey of dental professionals and consumers, the results of which were aired via a webinar aimed at oral health professionals.

One of the key findings of the research was the gap between the intentions of dental professionals to provide preventative oral healthcare and the delivery of this care. The majority of dental professionals (87%) believed that preventative action on oral healthcare is beneficial for patients, while 49% of consumers were of the same opinion. Both audiences saw a great deal of room for improvement in actually delivering it.

Now the College, with Haleon's support, is working towards closing the gap. During March 2024 the College of General Dentistry's research partner, Denhams, conducted a series of focus group discussions with oral health professionals, across all roles, up and down the UK.

This report pulls together practical recommendations emanating from this research and identifies areas where the College, Haleon and others, including Government, industry and the NHS, can help to improve preventative oral healthcare across the UK.

Anonymised insights quoted directly from focus group participants have been included throughout this report.

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Background

This report is published at a moment of considerable reflection and change in the provision of dentistry and preventative oral healthcare in the UK. The College of General Dentistry – recently constituted as a body separate from the Royal College of Surgeons – is taking the lead in reviewing and codifying both professional standards and career pathways for all dental team roles and in giving oral health a voice at the healthcare policy “top table”.

As the sector grapples with a workforce crisis, and the absence of NHS dental practices accepting patients, patients are struggling to afford dental visits, with many missing out on routine care and preventative oral healthcare advice. Alarmingly, more than eight in ten dentists have treated DIY dentistry cases in the years since the Covid-19 lockdowns took place¹. Many patients are struggling to access NHS dental healthcare, with well reported “dental deserts” appearing across the UK².

The challenges in accessing NHS dental care are having a notable impact on the wider healthcare system. Tooth decay was the most common reason for hospital admission in children aged between 5 and 9 years in 2022³, which can in the majority of cases be prevented through good dental hygiene practices. In fact, the cost to the NHS is estimated at £81 million for all tooth extractions and £50.9 million for caries-related tooth extractions⁴. In a context where NHS budgets are stretched, preventative oral healthcare represents one way of helping to reduce this pressure.

Poor oral health can lead to pain and discomfort for patients, as well as disruption to education or working practices, and negative impacts on confidence and self-esteem.⁵ In addition, poor oral health can be linked to a range of healthcare conditions, including heart disease, strokes, and diabetes⁶.

It is therefore crucial for preventative oral healthcare to be offered to patients to help alleviate this strain on the stretched NHS budget, while supporting improved health outcomes.

A note on terminology

Professional roles involved in preventative oral healthcare go by a number of different names in different practices. This report uses the term “oral health professional” to apply to all the roles represented in the focus groups. We refer to qualified and registered dental practitioners as “dentists”. We also draw on insights from key members of the dental team involved in preventative oral healthcare, including dental hygienists, dental therapists, oral health educators, dental nurses, and dental technicians.

Tooth decay was the most common reason for hospital admission in children aged between 5 and 9 years in 2022³



Research objectives

The specific objectives of the research can be defined as follows:

- To explore the behaviour of a wide range of dental practices with regard to preventative oral healthcare, and the obstacles they face when communicating with patients.
- To investigate patients' attitudes and behaviours, and the barriers to adopting a more proactive attitude towards prevention.
- To identify opportunities and ideas for conveying preventative oral healthcare advice more widely and effectively.
- To highlight strategic or system-wide changes which have the potential to improve the provision of preventative oral healthcare.
- To provide the evidence for prioritising clear actions and next steps which the College, Haleon and others, including Government, industry and the NHS, can adopt.

For the College of General Dentistry, the research – delivered in partnership with Haleon - represents an important platform for reiterating the dental profession's commitment to better preventative oral healthcare. It also gives practising dental professionals a voice in this important area, and takes a leadership role in driving improvements across the system.

Method	Location	Characteristics	Participants
<p>Following the College's call for research contributors in Autumn 2023, groups were assembled by active College of General Dentistry members in 8 different regions. They included colleagues of the member's practice and, in many cases, representatives of the wider local community of dental professionals.</p> <p>The 90-minute, early evening focus groups were then conducted face-to-face during March 2024, largely in dental practice settings. Participants included dentists and different dental health practitioners including dental hygienists, oral health educators, oral health therapists, dental technicians, dental nurses, practice managers and lecturers.</p>	Great Torrington, Devon	Moderate affluence, rural and market town, mix of private and NHS	8
	Martock, Somerset	High affluence, rural, private only	10
	Swansea, S Wales	Deprived catchment, urban, NHS only	7
	Stanley, Co Durham	Deprived catchment, community practice, NHS only	8
	Canterbury, Kent	Practitioners from across the region, covering deprived and moderate affluence settings, including prisons, private and NHS work	14
	Glasgow	Practitioners from a number of practices in deprived catchments, NHS only	8
	Rochdale, Lancs	Medium deprivation, urban, largely Asian-origin catchment, primarily private	7
	Downpatrick, NI	Practitioners from practices across the region, moderate affluence, suburban and rural, mix of private and NHS	15

The challenges facing oral healthcare professionals



Social context drives preventative oral healthcare provision

The wide variety of participating practices enables a vivid picture of the contrasting views of preventative oral healthcare in different communities. While many of the systemic and attitudinal barriers to progress were cited in all the group sessions, social context made a marked difference to the confidence of oral health professionals that those barriers could be overcome.



In private practices, in more affluent areas, the model of nurturing patient loyalty and offering a wide variety of oral health services coincides happily with a key condition of delivering successful preventative oral healthcare: a sustained relationship of trust between oral health professionals and their patients. It also ensures that employing and training dental hygienists and oral health educators becomes a commercial imperative, as well as a commitment to provide the best care. Above all, the patients themselves – often the affluent and educated “worried well” – are prepared to make time and pay for the necessary preventative oral healthcare activity.

Responses from dentists working primarily within the NHS system in more deprived areas look very different. Here, the combination of restrictive NHS contracts, crowded schedules and a transient and economically challenged patient community, makes preventative oral healthcare very hard to deliver. Dental professionals are fatalistic about their chances of changing that.



Somewhere in between, it is notable that in more settled communities, oral health professionals persevere with a commitment to preventative oral healthcare in spite of the way the NHS contracts militate against it. Long term relationships with patients, across the generations, provide a natural context for providing continuous advice and monitoring, and a spur for getting out into the community with those messages too.

Minimal provision of preventative oral healthcare advice

Opportunistic provision of preventative oral healthcare advice

Whole-hearted and systematic provision of preventative oral healthcare advice



NHS –only, urban, transitory or infrequent patients, no dental hygienist support

Mixed NHS/Private, community-minded, suburban or rural, some dental hygienist support

Private-only, long-standing patient relationships, affluent or moderately affluent, rural or suburban, integrated dental hygienist/dentist teams

NHS contracts

Almost all contributors in this research exercise, and particularly those representing NHS-only practices, were quick to cite the limitations of NHS contracts in delivering preventative oral healthcare. As the contracts stand (with some differences between England, Scotland, Wales and Northern Ireland), they are designed primarily to reward dental professionals for time spent on clinical interventions and militate against the sustained and careful education and monitoring which effective preventative oral healthcare depends on.

Some respondents mentioned previous NHS pilots of a more prevention-friendly contract, which was initiated in 2011 and phased out because of the lack of hard evidence that prevention can save costs to the NHS from dental interventions further down the line. Very few were able to comment on the NHS’s Dental Recovery Plan (announced just before the focus group activity), on its potential to create a more positive context for preventative oral healthcare. They were also unable to comment on emerging initiatives with specific payments now being made to dental professionals for preventative oral healthcare.



🗨️
In France, early evening TV only promotes healthy eating – no sugary food and drink. It’s very noticeable.
 🦷

🗨️
The NHS needs to offer paid sessions with oral health educators.
 🦷

🗨️
We were a pilot practice for the prevention-led NHS contract from 2011. Patients did benefit, but prevention is a long-term thing, so performance data was problematic and it wasn’t seen as cost-effective.
 🦷

🗨️
The NHS has never made proper provision for preventative oral healthcare; they’ve never funded it.
 🦷

Competing narratives

In a noisy, 24/7 media culture, oral health professionals frequently feel that their individual preventative oral healthcare messages are drowned out by bigger, more commercially driven voices.

Respondents invariably call out social media in general – and especially influencers on TikTok – for a general rise in the level of self-consciousness around oral appearance, and for a corresponding explosion of tips, ideas and urban myths about oral health. Most of these are focused purely on appearance, and many of them related to dubious quick fixes and to achieving the “Hollywood smile”.

At the same time, oral health professionals are concerned about the lack of understanding of the effects of sugary food and drink, and the growing habit of continuous snacking, which prevents the mouth recovering as it would normally do in the gaps between regular mealtimes. Oral health professionals advocate for more restrictions on when and where sugary foods and drinks are advertised, particularly to young people. During the focus groups, the consumption of energy drinks, in particular, was called out as problematic. Respondents also expressed concern about the messaging around products promoted as health-giving, but which nevertheless have a high sugar content.

Professional barriers

The oral health professionals involved in the focus groups were unanimous in their commitment to preventative oral healthcare and passionate about overcoming the barriers to improving it. But they also acknowledged that there are some barriers to progress, which are inherent in parts of the dental profession.

While the importance of seeing dental practices as 360-degree, multi-skilled operations is a key priority for the College of General Dentistry, traditional hierarchies in some practices still tend to be geared around the primacy of clinical treatments delivered by dentists. The voice of other practitioners such as dental hygienists, oral health educators, dental nurses and clinical dental technicians – all integral to the prevention narrative – is not always heard.

That focus on clinical interventions also means, in some cases, that dentists themselves are not always equipped with the soft skills around education and relationship-building, which are key to successful preventative oral healthcare. Some respondents saw this as a question of temperament – in the sense that a “bedside manner” does not always come hand in hand with clinical expertise. Others felt that, while preventative oral healthcare does occupy a significant place in initial dental training, there is more to be done around continuous professional support and training in this area. Significantly, since it was first deployed in 2007, the Department of Health’s Delivering Better Oral Health (DBOH) Toolkit is only sparingly used by the dental professionals involved in the research and then only by those who have relatively recently been introduced to it at university.

Siloed attitudes to oral health elsewhere in the healthcare system

There was a widespread feeling, especially among those respondents with a “system” perspective, that, while dental professionals are clear-headed about the mouth’s importance to the patient’s good health, other health and care professionals are inclined to refer all considerations around oral health, including preventative oral healthcare advice, to dental professionals. Opportunities to convey the preventative oral healthcare message at key patient touchpoints – such as care homes and pharmacies – are being missed because of a siloed attitude to oral healthcare.

Erosion of the long-term dentist/patient relationship

Preventative oral healthcare thrives when it is based on a programme of repeat visits to dental professionals, which allow for continuous personalised education and monitoring. For some of the dental professionals involved in the research, the tradition of patients making regular visits to the same dental practice, sometimes over several generations, persists. But in many instances, these sustained relationships now seem to be more vulnerable to disruption. This may be due to structural issues, where – for example – a patient is unable to follow a practice that has turned private. Or, there may also be new attitudinal barriers as communities become more transitory and the perceived scarcity and high cost of oral healthcare discourage visits to the dentist. This negative effect on preventative oral healthcare was accelerated – in the view of respondents – by the effects of lockdown.

Low access to oral health education in deprived areas

Respondents point out that attitudinal barriers to better preventative oral healthcare (see below), which operate in every socio-economic setting are more acute in areas of high deprivation.

Several factors play into a picture of lower health literacy and poor access to health education messages. A lack of awareness of good oral health derives from a dearth of good examples set by parents and peers, and from patchy cover of oral health interventions in schools. A higher prevalence of smoking, and drugs and alcohol dependency puts more people at risk of poor oral health. Above all, low incomes can often lead to poor diets and disrupted lifestyles which can get in the way of regular mealtimes or oral healthcare routines. They also mean a reluctance to incur the costs of regular visits to the dentist or in purchasing oral healthcare products such as electric toothbrushes, floss or inter-dental brushes. Counterintuitively, they also make patients more susceptible to investing in potentially damaging quick fixes – such as so-called “Turkey Teeth” – which are mistakenly seen to obviate the need for long term preventative oral healthcare.



Barriers for patients in embracing preventative oral healthcare

Respondents were asked to describe the behavioural and attitudinal characteristics of their patients which stand in the way of good preventative oral healthcare. Some of these were described as long-standing attitudes and habits, others are manifestations of new social trends. All of them provide clues to communications and behaviour change techniques, which could make a difference in the future. The barriers include:

Low health literacy

Patients do not often make the connection between the everyday routines of oral healthcare and the potentially serious, whole-body consequences of poor oral hygiene and the effects of a sugary diet. That tendency to underestimate the importance of oral healthcare can be made worse by the fact that neglecting teeth can take years to show detrimental effects. Similarly, adopting a more preventative oral healthcare approach can take time to show obvious benefits.

Low awareness of preventative oral healthcare techniques

Simple and fundamental techniques – such as brushing twice a day for two minutes or “spit, don’t rinse” – are clearly not every day, universally followed habits despite oral health professionals expecting them to be. This seems to be especially true among older patients, those who were born overseas, or in cultural groups with potentially different oral health habits.

Reluctance to visit the dentist

Traditional “dental anxiety” is still a deterrent which has a clear knock-on effect on preventative oral healthcare. This is compounded by a widespread sense that oral healthcare is expensive and hard to access – a trend which respondents feel is exacerbated by intensive and over blown media coverage.

Resistance to preventative oral healthcare advice

Even when patients visit the dentist, there are some frequently observed barriers to engaging with dental hygienists or oral health educators or to receiving preventative oral healthcare advice. They may be intolerant of the time and expense involved in preventative oral healthcare, afraid of being “told off”, mindful of previous experience of patronising dental professional attitudes, or are not clear that the value of the dental hygienist’s role extends far beyond teeth cleaning.

Confusion about oral healthcare products

A number of respondents pointed out that patients often find it difficult to navigate the very wide range of different

products on offer on supermarket shelves. This can lead to misunderstandings about where those products fit into a sensible preventative oral healthcare regime.

Mouthwash, in particular, is often misused, most commonly as the final stage in the twice-daily brushing routine, and sometimes as a replacement for brushing altogether. However, despite people’s perceptions on its use, mouthwash should not be used straight after brushing teeth. This can wash away the concentrated fluoride in the toothpaste left on teeth, and should therefore be used at different times, such as after lunch. It still forms an important part of a preventative oral healthcare regime as it can help prevent tooth decay and certain types of mouthwash, if used regularly, can provide anti-cavity, germ-killing or have plaque-prevention benefits.



New expectations of oral health

The observation is that, in a world of ubiquitous solutions, short attention spans and rapid responses, the public's expectations of "quick fixes" now extend to oral health too. Patients are less tolerant of considered, long term education messages and more inclined to measure their dental appointments in terms of interventions, not advice. Meanwhile social media-driven interest in the "Hollywood smile" distracts patients from the value of a sustained, hard-working commitment to looking after their teeth.

“*For some reason people seem to care less about their teeth than other parts of their body.*”

“*I think people know what they should be doing – but they always look for excuses.*”

“*They say: "it's what my Mum did, and she's ok."*”

“*There's a feeling that dentists can fix anything...it's their responsibility not yours.*”

“*A lot of people we see don't even brush their teeth.*”

“*Yes, there's a quick fix culture: a lot of people go the Hygienist with a "Get on with it. Clean my teeth and I can get out of here."*”

“*People don't get that poor oral hygiene can cause other diseases. In fact, sometimes people see it the other way round.*”

“*I've got a patient who says he can't spare the time to brush his teeth properly – but I know he takes an ice bath every morning now, it's a wellbeing thing.*”

“*80% of our patients are "red" – a high level of decay from smoking, drinking and not brushing.*”

“*It's the perceived cost. People assume it's all about us making money. When I say I'm a dentist, people assume we are loaded.*”



Overcoming the barriers to better preventative oral healthcare

Ensuring that the NHS recognises and acts on the value of preventative oral healthcare

The challenge

As this report has already made clear, the widespread view is that the NHS contract rewards by interventions, not advice – so there is no incentive or commercial model for NHS practices to provide preventative oral healthcare. It is left to oral health professionals – and their professional commitment to provide the best care for patients – to do what they can.

The contracts also make it uneconomic for NHS practices to employ dental hygienists or oral health advisors.

Although the Dental Recovery Plan has set out to make adjustments to contracts which will benefit preventative oral healthcare, the respondents in this exercise were not aware of any changes at the time of the research.

Suggested approaches

Respondents call unanimously – but with a degree of doubt that change will be forthcoming – for adjustments to the NHS contract. They suggest:

- Looking again at the approach of the 2011 prevention pilot.
- Exploring opportunities for research, identifying available evidence and gathering new evidence to establish measurable connections between preventative oral healthcare advice, better oral health and wider wellbeing. This will help to make a return-on-investment case to policymakers based on a long-term reduction of costly remedial treatment and hospital visits.

The need for consistent initiatives to reach children in school

The challenge

Good oral health habits are formed at early years and primary school age – and anecdotal evidence from other health campaigns is that children take the good practice home. Through the Child Smiles programme in Scotland and Designed to Smile in Wales, there is now robust evidence that consistent oral health interventions at early years and primary school have highly positive long-term effects on preventative oral healthcare. Elsewhere in the UK, oral health interventions of this sort are delivered only on a patchy basis.

At the same time, the consensus among respondents is that good tooth brushing habits can be easily cancelled out by poor diet, especially energy drinks, at early secondary school stage. Parents may not be on the same page as some prevention-aware children, and may not always have the time and persistence to support the good habits children have learned at school. It is a cause for concern for College of General Dentistry Council members that in some schools and in breakfast clubs children are encouraged to consume sugary puddings and cereals.

Suggested approaches

The research groups were supportive of oral health intervention measures advocated by different political parties and, although no specific mention was made of it, would no doubt welcome the previous Government's "Smile for Life" announcement made alongside the Dental Recovery Plan.

They advocate a thorough review of the evaluation of Child Smiles in Scotland and of what does and does not work in primary school settings (oral health advice in school assemblies, for example, is much less effective than supervised tooth brushing programmes).

Resources and practical toolkits (PowerPoint slides, films/animations, leaflets, goodie bags, stickers) for community-minded practices to take into schools and other educational settings would also be welcomed. These could:

- Link resources both to early years/primary/secondary curriculum and guidance for parents who need to reinforce messages at home.
- Tie in with wider wellbeing messages.
- Feature myth busting, like demystifying the dentist.

Respondents also mentioned a number of specific ideas for connecting with school-age children, many of them tried and tested by their own practices. These included:

- Games.
- Scientific demos – e.g. egg in cola.
- Introduction of a national one-week of project work on oral health in schools.
- Packed lunch review groups – to convey basics about sugars and diet.

- A recommendation to work more closely with industry bodies such as Haleon to roll out literacy programmes.
- Taking oral health into “safe spaces” for children – dental practices can be intimidating.
- Offering “party bags” after appointments.

Through the Aquafresh Shine Bright School campaign, Haleon provides ready-to-go curriculum-linked resources for teachers that enable a fun and engaging way to teach pupils about oral hygiene. In 2022/23, 2381 educators, including 1822 primary schools, registered for the programme. Haleon is committed to continue working with schools to ensure teachers are given the resources to provide education on oral health.



The need to train and support dental professionals to communicate preventative oral healthcare more effectively

The challenge

Respondents acknowledge that, while preventative oral healthcare is an absolute professional priority during training and beyond, the art of communicating preventative oral healthcare is not necessarily part of a dentist's training or CPD. Dental surgeries do not always provide an easy setting for two-way conversations with patients, while dentists themselves may often be more comfortable delivering clinical interventions than providing education. Meanwhile, dental hygienists and oral health educators, who are trained and selected as communicators, seem to be only viable in some practices.

It is also notable that many of the oral health professionals included in the research have a settled and fatalistic view of their patients' low understanding of the importance of good oral healthcare. This mindset may itself make it harder for practitioners to commit to giving preventative oral healthcare advice.

Finally, it appears that the Department of Health's Delivering Better Oral Health Toolkit is widely recognised and used at universities but referred to very little by some practitioners – because it can at times be perceived as somewhat complex.



Training standards in this area are unequal across practices. We need consistent standards.



My wife teaches piano teachers to teach. They're often technically brilliant at playing the piano, but they can't teach. Same with dentists!



Suggested approaches

The research groups suggested several routes to improvement here, including:

- Repackaging the DBOH toolkit to make it less cumbersome, more “bite-sized” and more patient-focused.
- Adjusting the NHS contract to make Dental hygienists and oral health educators more viable in NHS-only practices.
- Encouraging the College of General Dentistry and professional bodies to upweight prevention communications training as a key CPD standard, and building an understanding of the barriers that patients face in adopting good habits into that training.
- Designing cross-practice training packages focused on all staff which would aim at integrating prevention across the patient experience.

Time for a consistent national communications campaign focused on the prevention story

The challenge

Research participants agree that the message which members of the public need to understand about looking after their oral health is notably simple, but that few people – including dental professionals themselves – are conveying consistently and prominently. In part it is clear that, in their lonely battle to convey the prevention story, oral health professionals would benefit from the authority and morale-boost of a national voice. But the more urgent challenge is counteracting the growing chorus of competing narratives, which confuse patients or run counter to the best interests of their oral health.

These include misinformed or misleading influencers, sometimes promoting cosmetic “quick fixes” on social media. It also includes mainstream media stories which dwell primarily on the politics and costs of dental provision and – the respondents’ biggest concern – the prominence of some food and drink brands which point consumers towards snacking and a sugary diet. Respondents also express the hope that clear and consistent preventative oral healthcare messaging could alleviate the confusion patients experience when presented in supermarkets and the media with the very wide range of commercial oral health products now available.

Suggested approaches

Respondents aspire to the kind of prominent TV advertising campaign which, in past years, has successfully changed attitudes and behaviours around. For example, drink driving or wearing a seat belt: a simple and unforgettable take on good preventative oral healthcare, which provides dental professionals and their patients with a clear mutually understood “bottom line” on the subject. Some respondents suggested that the message could major on the “I wish I knew what I know now” message. Such a campaign would involve:

- Inhabiting the media environments where the misinformation exists, including national television, social media and supermarkets/point of sale.
- Leveraging the authority and access opportunities of complementary stakeholders such as schools, GPs, pharmacies and national disease centres, e.g. diabetes.
- Working alongside Haleon and other major oral health brands with a science-led and evidence based communications agenda aligned with the Government’s DBOH toolkit, including preventative oral healthcare messages across products to help synthesise good oral healthcare routines, and make confusing messaging in retail environment simpler and clearer.
- Working with businesses: dental pain are a frequent cause of lost working days, so it is worth encouraging employers to get behind good oral health messaging as part of EAPs and wellbeing policies.
- Working with the College of General Dentistry and major bodies to call out and refute misinformation – e.g. in connection with “Turkey Teeth” or the misuse of mouthwash.



We need a national, wholesale re-education of the British public.



There needs to be single consistent message out there, on television that everyone’s watching – so everyone gets the basics. No excuses.



Measures to raise the status of oral health in the healthcare landscape

The challenge

By tradition the mouth is “siloed”. GPs refer much oral advice to oral health professionals, and it is largely (but not always) the case that other health professionals have minimal oral health knowledge or training.

So, although they are well placed to do so, other healthcare professionals, such as midwives, nurses and pharmacists, and individuals involved in the patient care journey play little or no role in promoting good oral health.

This is not just a missed opportunity to convey the preventative oral healthcare message. It also risks depriving people of essential advice, which could impact on their wider health at moments of greater vulnerability. Contributors particularly cited elderly and frail patients in care homes or being looked after at home.

Whilst other initiatives do exist, such as the Personal Child Health Record commonly referred to as the Red Book, there is a need to improve recognition of the channels where these initiatives are hosted. The general public may not be aware of what is available to them, and it is therefore important to solve the barriers in accessing information, whilst thinking collaboratively in order to achieve this change.

There is also a wider messaging problem here. There is currently minimal public awareness of the risk factors for oral cancers or of the links between oral health and major systemic diseases like heart disease and diabetes. If oral healthcare remains in its professional silo, it accentuates the public misconception that oral disease is less serious than disease in other parts of the body.

Suggested approaches

Respondents pointed to various examples of a more integrated approach to oral healthcare in both parts of the UK system and overseas (in Washington State, for example). They suggested some key routes forward:

- Find and train “Oral Health Champions” in non-dental health environments, including GPs, health visitors, pharmacists, care homes, schools, and for home-based carers.
- Harness key primary care touchpoints with preventative oral healthcare messages and advice – e.g. QR codes on pharmacist shopping bags or in-store posters; information in GP surgeries; oral health advice in the Red Book to support Health Visitors.
- Work with the College of General Dentistry to accentuate the preventative oral healthcare voice at the healthcare top table and in strategic decision making at Integrated Care System level.
- Encourage more integration and communication between oral health professionals and GPs, such as providing dentists with more access to patients’ primary care records.

Accentuating the key role of dental hygienists and other dental health practitioners

The challenge

The specialist knowledge and communications skills of dental health practitioners – a group which includes dental hygienists, oral health educators and a number of other related professionals dedicated to prevention – are often the key to proactive healthcare in practices. But NHS contracts often make it commercially difficult to employ them and, as we have seen, in traditional-minded practices their work is sometimes seen as less important than clinical interventions carried out by dentists. Patients too are sometimes dismissive of the dental hygienists' role – because it does not appear to involve serious interventions, and many do not understand the true nature of their expertise.

Respondents were also under the impression that training for dental hygienists and other dental health practitioners is not available evenly across the UK.

Suggested approaches

It is a policy priority for the College of General Dentistry to continue to build the notion of a multi-skilled, 360-degree practice. To complement that work, the research groups advocated other possible interventions:

- Explore a media campaign, highlighting the roles of dental hygienists alongside other oral health professionals.
- Listen to, and publicly celebrate, the key skills and insights of dental hygienists and other professionals.
- Encourage practices to promote their own wider teams of oral health professionals.
- Enable dental hygienists to be deployed within NHS contracts in a financially viable way.



Supporting oral health professionals in communicating with their own patients

Focus group participants provided a rich variety of ideas for effective communication. It is worth emphasising that many contributions came from colleagues in practices – in community and more affluent settings – with empowered dental hygienists and oral health educators and a strong culture of preventative oral healthcare.

Key suggestions included the following:

Prevention Toolkit

Some practices are already providing patients with complimentary “toolkits” consisting of oral hygiene aids alongside personalised advice. These “toolkits” seem to be a very effective way of encouraging patients to rethink their oral health routine, take the key steps more seriously and adopt new practices. Some respondents advocated, in effect, a more digestible and engaging patient-focused version of the DBOH toolkit.

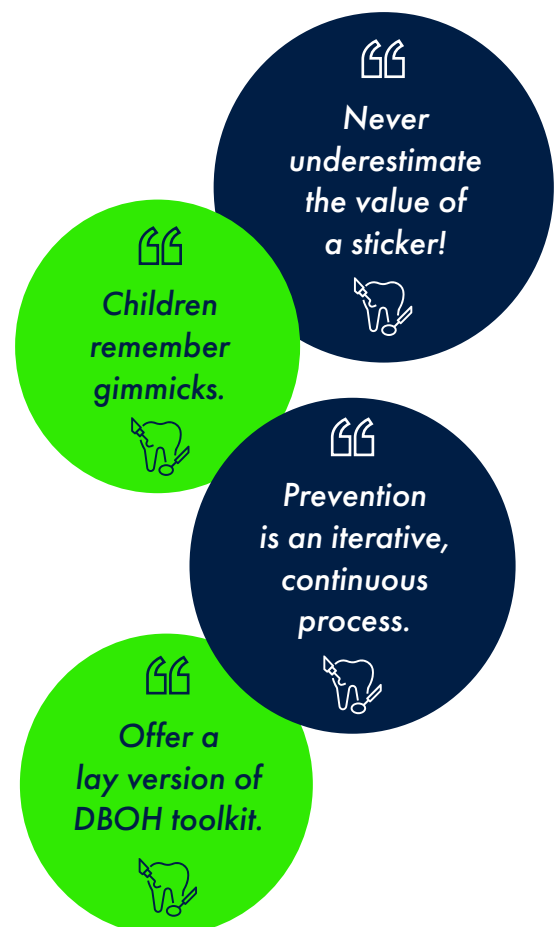
The DBOH toolkit should remain the platform upon which best practice is developed and should reflect current evidence-based guidance in oral preventative healthcare. It is therefore crucial to consider translating its contents into tools that increase applicability in everyday professional practice. This will involve an exercise in challenging the complexity of the preventative pathways presentation, the language used to engage in behaviour change, the need for patient facing materials for oral healthcare preventative advice, ongoing awareness building in dental professionals in all stages of their careers, and continuous review of user experience and evidence.

In the interests of equity, this toolkit could be targeted at individuals identified as being at high risk of disease. To truly deliver systemic behaviour change, consumer facing information needs to be delivered as a result of collective effort between government, the profession and industry.

Suggested newly developed prevention toolkit contents might include the following:

- Disclosing tablets
- Dental mirror
- Brush, interdental brushes (correct size)
- Toothpaste
- Stickers
- Leaflet
- Letter for Doctor

While it is clear and understandable that many practices would only have the time and capacity to introduce patients to this resource, the toolkits could also form the first element of a 12-week behaviour-change programme, with regular visits to the practice to check progress and give positive feedback. They could be supported by personalised online content around different symptoms of poor oral health and might even be tailored for different media channels to suit patients’ preferences. Phone and text reminder messages could also be delivered between oral health appointments.



Video series

Video is viewed as a particularly powerful, flexible and contemporary medium, although costs are inhibiting practices from doing more on this front. Some practices (not all) approve of screens in waiting rooms; others refer frequently to helpful video content on YouTube.

At a time when social media influencers are playing such a powerful role in conveying oral health advice – not all of it helpful – one key approach to video could involve selecting influencers and channels for education and empowering them with evidence-based information.



The research groups came up with a wide range of possible content formats:

- Simple “How to guides” – brushing, interdental brushing, flossing, etc.
- “Consequences”: what starts as tartar/plaque, leads to... calculus, bleeding, receding gums, bone loss, tooth loss.
- Side by side comparisons.
- Exposé – the dangers of “Turkey Teeth”.
- Oral hygiene on a budget – a focus on the oral healthcare products that are most beneficial to your teeth.

Smartphone app

Although a number of respondents were doubtful about preventative oral healthcare technology, largely because of the perceived cost and complexity for patients, an equal number approved of the idea of a new smartphone app. Many respondents spoke of the potential of technology to help communicate oral healthcare messages, with even one practice involved in the research group going so far as to already have their own app in development.

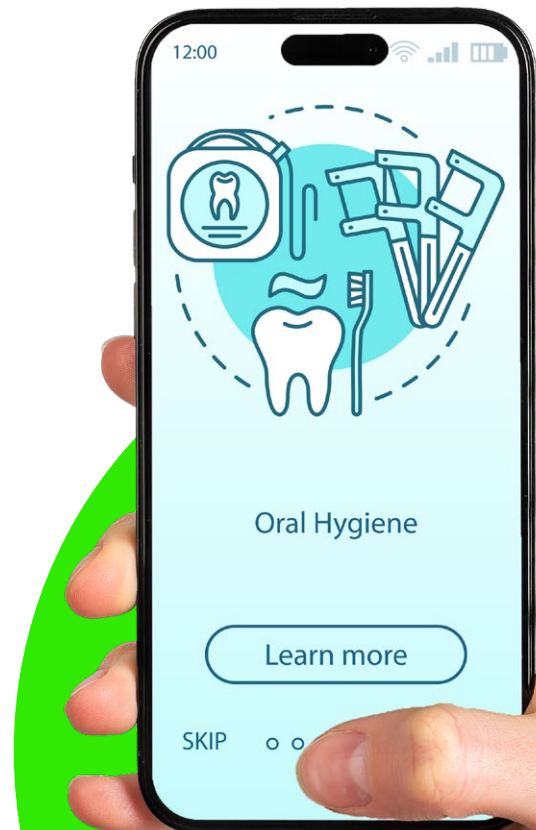
Respondents cite a wide range of possible benefits:

- Content can be tailored to individual patients.
- Push notifications to provide regular reminders/tips.
- Progress markers/badges to reward the user.
- Facility for rich media/video to enhance the user experience and educate.
- Direct messaging facility for practice-patient communication/consultation.

Despite an array of existing options available already based on DBOH guidelines, there is limited evidence of widespread successful uptake of these according to respondents. There is a need to undertake further research to identify the reasons as to why these are not more effectively taken up - perhaps due to user experience design or lack of awareness of their existence.

Until we understand the underlying reasons for this lack of uptake in more depth, respondents discussed that a potential solution would be to integrate good oral health guidance with an existing trusted platform that people already access for other health information, such as the NHS app. In

parallel, some respondents suggested making oral health a part of holistic wellbeing and nutrition apps that are focused on rewarding people for positive health and wellbeing actions, combined into the Apple Health app, for example. A new preventative oral healthcare app could join the growing field of tech options which personalise, measure and reward your wellbeing, fitness and health journeys.



Messaging tone

When it comes to messaging, respondents are pointing us towards an approach which is patient-centred in the way it tackles those everyday routines - which may sometimes seem trivial and dispensable. To counteract that sense of over-familiarity, we need to learn from and adopt the communications techniques used by successful dental hygienists and oral health educators and apply them to broadscale communications.

The key is making brushing your teeth more interesting!

Traditional approach

Instructional:

"You need to brush twice a day"

New approach

Collaborative:

- Creating understanding
- Memorable "factoids"
- Authoritative tone of voice
- Tailored solutions

Respondents stressed the importance of a fresh, less instructional and more consultative tone of voice in delivering effective communication that leads to behaviour change.

They are looking for:

- New authority – with oral health on a par with treatment, rather than an afterthought.
- Respectful/not patronising; 'we should all...'
- Avoiding the "telling off" tone which patients are clearly afraid of.
- A move on from the childish illustration styles/old fashioned look and feel so common in patient material.



People say to dental hygienists:
"You're going to tell me off, aren't you?"



A good rapport with the patient is the best way to influence them. Be nice, chat, take an interest, smile. Don't be surly and too businesslike.



Some people bury their heads in the sand, but others say: "no-one's ever explained it properly to me before."



Improving understanding

Dental hygienists and oral health educators were at pains to stress the importance of building understanding, rather than imparting instructions, as a motivator to change behaviour. This means making advice...

Evidence based: Key statistics and information to back up recommendations and give the "reasons why".

Simple and easy to understand: Messaging set out as a series of building blocks that are assimilated over time.

Multi-channel: Using conversations, mouth models, literature and imagery to improve comprehension and memorability.

Comprehensive: Taking time to explain the full picture; giving the topic the time and attention it deserves.



“**I keep it simple: teeth + sugar + bacteria = gum disease**”

“**I spend 15-20 minutes just listening to patients before I start. It has to be a two-way conversation when it comes to good oral healthcare. For that you need time.**”

“**Focus on just changing one thing at a time. Maybe get a bit of food to show them as an example.**”

Memorable “factoids”

All practitioners had a repertoire of impactful and memorable phrases – based on sound evidence – which are designed to stick in the mind of patients and act as a lever for change. Indeed, some can have a social media currency in their own right:

- “Poor oral health is associated with 57 different diseases.”
- “You have your teeth for life. They are the only ‘non-shedding’ part of the body. Every other part of your body is replaced every 10 years.”
- “Brush for two minutes, twice a day.”
- “Spit don’t rinse.”
- “The mouth is the gateway to the rest of the body.”
- “You’ve got a plaque score of 80%; (let’s see if we can get it down).”

“**You need consistency and repeatability.**”

“**I use one sentence stats. With X per cent gum scores like yours, you can expect to get X year less use out of your teeth!**”

“**I try to offer incentives. With children it’s linking to Father Christmas or the Tooth Fairy.**”

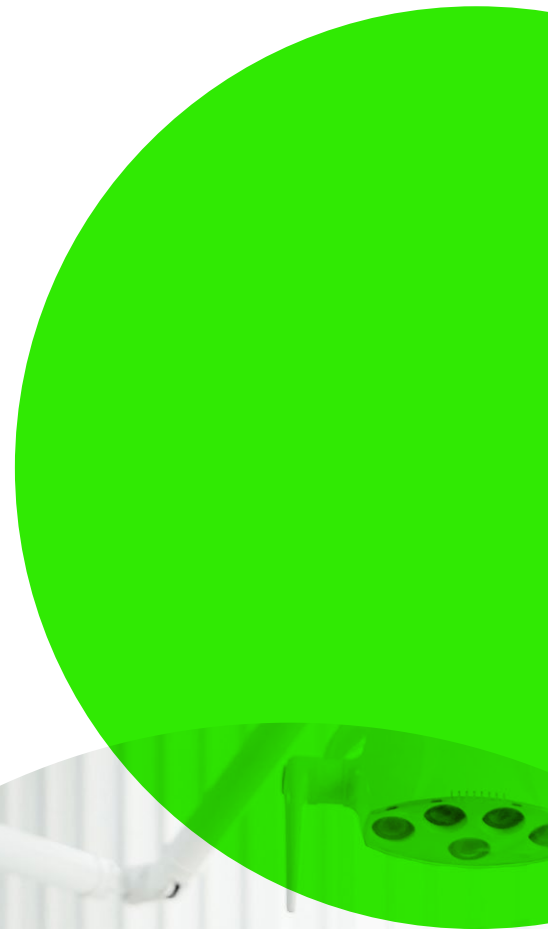
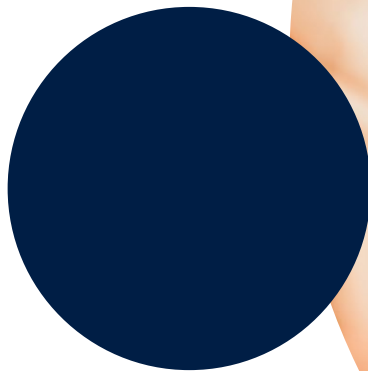
“**Sometimes it’s worth surprising people – that makes it really memorable.**”

Tailored messaging

Patients are already considered on a highly individual basis, with treatment plans driven by their personal circumstances and conditions. So, content too should strive to look as personalised as possible – an approach which digital platforms, such as an app, would certainly facilitate, albeit not universally accessible in the context of “digital poverty”.

In addition, all communications should be led by an understanding of patient priorities to create that sense of immediate recognition and engagement. Those ways-in might include:

- Appearance
- Stop bleeding
- Bad breath
- Pain
- Save money
- Children’s/baby toothcare
- Relevance to specific life stages when appearance is habitually more top of mind



Moving forwards

As we enter a new political era, it is imperative preventative oral healthcare is prioritised by all, and this is something the College of General Dentistry and Haleon are committed to supporting.

We have summarised the key opportunities below, and it will require a combined effort of Government, industry players and the oral healthcare profession to ensure that the provision and understanding of preventative oral healthcare improves in the UK.



Working with Government

With a new Government in place, there is a real opportunity to reflect on the profession, understand its struggles and identify where real improvement can be made. We firmly believe a focus on preventative oral healthcare will have a profoundly positive impact on the nation's oral health and must form a key part of discussions in this area.

We know that improving oral health is not just a priority for the healthcare system, but one for the nation's growth, as the health of the nation and the health of the economy are inextricably linked. Oral health issues can mean missed days of school and of work and can even lead to longer-term sickness. By improving the health of the nation, we can support the government's growth mission through getting people back to work and boosting the economy through the life sciences sector.

Encouragingly, the Secretary of State for Health and Social Care, Wes Streeting has already confirmed his focus on NHS dentistry by meeting with the British Dental Association within the first week of his appointment.

As outlined in the report, there are some clear areas where preventative oral healthcare provision can be improved through Government action.

NHS Contracts

Preventative oral healthcare needs to be an integral part of every NHS dental appointment, with brushing advice, lifestyle guidance and product recommendations a key part of each dental visit. However, a more concerted redirection of energy is required to make an impact nationwide. It is therefore critical that it is incentivised by NHS dental contracts. We need to see an expansion in the number of dental hygienists at NHS practices, as they play a central role in ensuring the delivery of best practice preventative oral healthcare, and contracts should be reviewed to support this to be embedded within them.

By engaging with relevant ministers and officials, we seek to encourage the inclusion of preventative oral healthcare within NHS contracts, making dental hygienists and oral health educators more viable in NHS-only practices. The Government

should consult across the dental industry on reforming of the dental contract to incentivise and prioritise prevention to create systematic change. We welcome the new Government's commitment to our shared vision to rebuild NHS dentistry for the long-term.

Updating the Delivering Better Oral Health Toolkit

The Government's Delivering Better Oral Healthcare guidelines provide invaluable evidence-based information for oral health professionals on a range of preventable oral health issues, such as dental caries, and in-depth detail on the factors contributing to these, such as smoking and fluoride. As evidence on the important role of prevention grows, the toolkit summarises this growing body of published research evidence to provide busy oral healthcare professionals with recommendations on high quality preventative oral healthcare advice and interventions.

However, despite many oral health professionals being aware of the DBOH toolkit, our focus groups have highlighted the need for a simpler, more user-friendly version that is more easily accessible to oral health professionals.

Working with Government, there is need to review, update and reform the toolkit, providing the most up-to-date information in bite-size portions, with regular updates that clearly and concisely address changes or developments within the industry.

The content requires an additional layer of interpretation for the target audiences to easily digest, positioning it to solve the communication challenge and bringing it to life so that every individual can interact with it and successfully learn from it. With the updated iteration due to be published in the next few years, it is important for the Government bodies responsible to consult and engage with the full dental profession and the wider healthcare industry to ensure that the resource is engaging and relevant. Together, we are committed to developing such approaches to engagement with the DBOH toolkit, drawing in skills to improve accessibility and interaction from oral health professionals as we look to the future.

Haleon partners closely with healthcare professionals through their [Haleon HealthPartner Portal](#). Through the portal, Haleon offers condition and product education, practical tools, and the latest on new initiatives, including awareness campaigns and community building efforts. In addition, the portal includes access to up-to-date CPD, research and science learning modules, and virtual access to an oral health consultant.

Greater Industry Collaboration

Consumer healthcare companies across the UK regularly launch new products and initiatives aimed at improving national awareness of good oral hygiene. It is time for the industry to ensure consistent messaging for consumers that clearly educates them and positively influences their behaviour.

Across the sector, we need to work together with other professional industry bodies to ensure preventative oral healthcare forms a key part of future campaigns, providing consistent messaging across the board.

Tackling Misinformation

Misinformation in the media around oral healthcare and advice is an industry wide issue that needs addressing from both industry and professional perspectives. Communication in this industry is highly regulated, with brands and businesses having to adhere to strict rules in order to get their health claims accepted. Yet, there are still regular stories in the mainstream media sharing incorrect

information regarding the nation's oral health.

Haleon and other major oral health brands have the opportunity to positively influence the science-led and evidence-based communications agenda with a national media presence to help highlight preventative oral healthcare messages across products, cutting out the jargon with simple and clear communications that are aligned with the DBOH toolkit.

The authority of schools, GPs, pharmacies and other health bodies should also be leveraged to further enforce this evidence-based messaging. The College of General Dentistry seeks to work with other major bodies to call out and refute misinformation such as the "Turkey Teeth" phenomenon. The College is well placed to educate stakeholders, guiding patients toward trustworthy guidance and advice through authoritative information that is evidence-based, building from the DBOH toolkit.

New research conducted by Aquafresh as part of their 'Perfect Teeth are just Healthy Teeth' campaign has exposed the confidence crisis British children are suffering due to the pressure to have the "perfect" social-media smile. The study has revealed that nearly 1 in 2 kids have experienced low confidence because of how their teeth look.

Early Years Intervention

We know that reaching children at a young age is paramount to instilling good oral health routines that will last them a lifetime. More needs to be done across the industry to support this. The current Government recognises the importance of early intervention to instil behaviour change and has included supervised early years toothbrushing as part of their Dentistry Rescue Plan.

Utilising Digital Communication Streams

We understand that patients are increasingly spending more time online, with apps and online videos leading the way when it comes to easy to access educational materials. Already, there are a large number of tech options on the market that support consumer health, including apps that tie in with the use of digital toothbrushes. Companies such as Apple already have a good health function, which as yet it to include dental health – thereby being an opportunity to integrate oral health routines into such already established apps, including the NHS app.

Video streaming platforms such as YouTube are a great place for both patients and oral health professionals to access videos to improve education with regards to preventative oral healthcare. In turn, the waiting room environment at a dental practice is a great setting to show such videos.

Collectively, we must consider exploring the use of more digital tools to raise awareness of the simple preventative oral healthcare steps patients can implement into their daily routines outside of the dental practice.

Aquafresh has created the free, interactive Aquafresh Brush Time App, featuring the brand's mascots dancing for the duration of two minutes to reinforce the importance of looking after your teeth. Kids can choose their favourite character, colour backdrop, and different teeth brushing songs to help make brush time, play time.



Consumer Facing Resources

As identified in our focus groups, there is a need for more accessible materials to support the DBOH toolkit Toolkit. It is crucial to provide easy, relevant and accessible resources that can support oral health professionals in delivering preventative oral healthcare advice to patients. This could help encourage patients to take their tooth care routine more seriously and adopt new practices.

The tone of the messaging must be patient-centred and focussed on everyday routines – allowing consumers to begin to implement good oral health routines. By learning from dental hygienists and oral health educators, we can

make brushing your teeth more interesting, using memorable “factoids” based on sound evidence, designed to stick in patients’ minds.

Across the industry, we now have a chance to support both dentists and consumers in creating the range of tools that allow consumers to be educated on and take charge of their oral health to safeguard against future problems. This will also aim to encourage greater conversations to take place between relevant industry and government healthcare bodies to guide them through the evidence-based research developed by the College of General Dentistry.

Haleon has collaborated with Microsoft for its Seeing AI app, making everyday health more accessible for people who are blind, have low-vision or have difficulty with reading the labels of products due to low literacy. Through the app, patients are able to scan a product and have the label and usage instructions narrated to them. Haleon is dedicated to using innovation to explore new ways to assist consumers and improving accessibility to preventative healthcare products.

Working with Businesses

We know that dental pain is a frequent cause of lost working days, and for many employers, it can be as simple as including dental cover in their employee assistance programmes and wellbeing policies to help encourage employees to visit an oral health professional. For the College of General Dentistry, this provides an opportunity to encourage businesses that may not have considered oral health in their wellbeing policies to get behind good oral health messaging and foster their employees’ oral health.

Supporting the profession

Supporting Professional Development

Through professional bodies such as the College of General Dentistry, there exists an opportunity to support and offer professional development, ensuring that prevention remains at the heart of oral healthcare.

Continuous professional development (CPD) plays a vital role for oral health professionals, and bespoke courses focused on preventative oral healthcare will ensure all professionals are confident in delivering preventative oral healthcare advice to patients while staying updated with new industry insights and information. The College of General Dentistry is committed to ensuring that dental professionals have authoritative CPD readily accessible, equipping them with the skills and knowledge to make positive preventative oral health interventions.

In addition, cross-practice training packages focussed on all staff, from receptionists to dentists will help integrate preventative oral healthcare across the full patient experience.

Haleon learns from, and collaborates with, main national and international oral care professional societies and associations with the aim to further develop the profession through non-restricted grants, collaborative educational events, and research. To name a few partnerships, Haleon works with the British Society of Periodontology, the British Society of Dental Hygiene & Therapy, the British Society for Oral and Dental Research, the European Federation of Periodontology, the International Association of Dental Research, the International Federation of Dental Hygiene.

Celebrating the Profession

We know that there are many highly skilled professionals across the oral health industry, and many are underrepresented in the mainstream media. We must explore media campaigns that highlight the roles and publicly celebrate the key skills of oral health professionals, including dental hygienists – a role that is so critical to preventative oral healthcare but is often not considered. The College of General Dentistry are already working to build the professional profile and recognition of the whole team.

Alongside this, dental practices can explore using social media and video to promote their wider teams of oral health professionals, highlighting the full team involved in dental healthcare, and the specialisms that lie within their doors.

Oral Health Champions

Non-dental health professionals such as health visitors, midwives, care home workers, pharmacists and in some instances, GPs are all a key primary care touchpoint. We must harness these touchpoints with preventative oral healthcare messages and advice, using digital means such as QR codes, or more traditional leaflets.

The College of General Dentistry will work to strengthen the preventative oral healthcare voice at the healthcare top table, as a champion for the filtering down of these messages into the relevant healthcare domains. The College draws on the strength of the community of professional bodies and societies to build trust and confidence amongst all those touched by oral healthcare concerns.

Dementia-Friendly Dentistry: Good Practice Guidelines created by the College of General Dentistry, enables dental professionals to understand dementia and its implications for dental practice, and adapt their patient management and clinical decisions accordingly.

It has been estimated that around 5% of the UK population are living with dementia, and Dementia-Friendly Dentistry offers guidance on how to care for this significant patient group.

A pivotal moment

The coming months provide an ideal moment to shift focus toward prevention in oral healthcare. By aligning government policies, industry initiatives, and professional efforts, there is a unique opportunity to reshape the landscape of preventative oral healthcare.

It is time to champion proactive measures that safeguard consumer wellbeing and redefine the standard of preventative oral healthcare, for the benefit of all.

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