

Gateway Approval Reference Number: 15654

*New Kings Beam House
22 Upper Ground
London
SE1 9BW*

24 March 2011

Information: all NHS dentists

Dear Colleague

National Institute for Health and Clinical Excellence (NICE) guidelines on dental recall

The NICE guidelines on dental recall were published in 2004 and have formed a statutory part of the NHS dental contract since 2006.

The initial results of the 2009 adult dental health survey confirm that oral health is continuing to improve, with 70% of adults having no active caries, and other indicators improving.

This makes it clear that NHS dentistry needs to become a health service, offering preventive care and maintenance to the majority, while still providing treatment to those who need it.

Since the publication of the NICE guidelines a great deal of work has been done by the NHS on how to put the guidelines into practice effectively, and it is important that this is shared more widely with colleagues.

Today, we are publishing a briefing, see annex attached, which summarises the evidence and work that has been done in various parts of the country.

It has been produced by the recall reference group, chaired by Professor Martin Tickle of the University of Manchester, and has been consulted upon with national stakeholder organisations who have advised on its content.

I hope you will take the time to read the briefing and follow up some of the links and develop your own practice where appropriate.

It is very important that we all work to improve the oral health of patients and offer the best possible NHS service to them and this is important guidance.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Barry Cockcroft', written in a cursive style.

Barry Cockcroft
Chief Dental Officer - England

NICE recall intervals and oral health

A briefing for dentists and practice teams

March 2011

Ensuring patients are given an appropriate dental recall interval is a professional and ethical requirement for dentists and helps patients to maintain good oral health.

NICE published its [guideline](#) on dental recall intervals in 2004 and many dentists and their teams are already implementing it within the current contractual system.

The lengthening of recall intervals can allow NHS dentists and their teams to tackle health inequalities through having more time and resources to focus on providing access to new patients and prevention.

The NICE guidelines

The GDS and PDS regulations say dentists are expected to deliver care to patients in accordance with the NICE guidelines:

- For adult patients, NICE recommends a recall between three months and two years, based on a risk assessment, taking into account a checklist of risk factors, such as alcohol and tobacco use.
- The recommended interval for children is between three and 12 months.
- The actual interval should be a clinical decision by the dentist based on the patient's needs.

Since April 2010, dentists have been required to record the recommended recall interval on the FP17 form.

Oral health assessment and recall

Oral health assessment guidance that supports recall has already been published by NICE – see [Appendix G](#) - to ensure dentists are clear about the recommended process for identifying those who are at risk of oral cancer and other dental diseases, such as caries and periodontal disease.

The standardised oral health assessment will be a fundamental tool within the reform of the dental contract and will be piloted and evaluated from April 2011.

The new dental contract, which will be based on registration, capitation and quality, and remove the need to meet a UDA allocation, is likely to make implementation of the NICE guideline easier.

Implementation: the current situation

When recall intervals are reviewed at PCT or SHA level for all patients, the rates are:

- For under 3 months - 13%
- For 3-9 months - 58%.

Which means that 71% of people are re-attending within a 9 month period.¹

Within that headline figure there is a huge variation between providers and, in some instances, there is good evidence that some patients are being recalled more frequently than necessary.

New patients

Dentists and their teams are sometimes unsure about implementing the NICE guidelines because they fear an influx of high need new patients that may destabilise their business model. A [study](#) of nearly 10,000 new patients by NHS Manchester in 2007-08 showed that their needs were not significantly different from the existing caseload.

Good practice

Often the move to implementation of the guidelines requires other changes, such as the introduction of a greater use of [skill mix](#), which can be the key to increased cost-effectiveness while maintaining clinical effectiveness.

In the West Midlands, the SHA has worked with dentists to successfully improve recall rates. The approach it took was to use a clinical audit and to introduce progressive changes to recall intervals. [Resources](#) include a sample practice clinical policy; a model scheme for a clinical audit project; a patient information sheet; and a template practice implementation plan.

Patient communications

It is important to communicate any change to recall intervals to patients so they understand that NICE recommends the setting of a recall interval based on clinical and risk factors, that it can be varied over time, and that the dentist will take their views on board before reaching a final decision. Where the dentist and patient disagree on an appropriate recall interval this should be recorded.

Other recommendations to help improve patient communications include:

1. Educate the whole dental team about the change – associates, reception team, hygienists, and technical staff. See West Midlands' [practice clinical policy](#).
2. Make leaflets available in your practice so patients have information to take home. Options are:
 - [NHS patient leaflet](#)
 - [NICE patient leaflet](#).
3. Make sure patients are offered appropriate appointment reminders – text, email, or phone.
4. Advertise for new NHS patients – the most effective publicity is a simple sign or banner outside your practice and recommendations from your existing patients.

For further information: www.dh.gov.uk/dentistry and www.pcc.nhs.uk/dentistry

¹ Source: NHS Dental Services

Note: These figures are for the 6 months ending September 2010 and look at previous complete courses of treatment and current courses of treatment which contain Bands 1, 2 and 3 only. This excludes any urgent or non-banded treatments from both previous and current courses of treatment and additionally excludes incomplete treatments from previous courses of treatment.