



SCOTLAND'S CHARTER FOR A TOBACCO-FREE CHARTER DENTISTRY PILOT PROJECT

Impact through the dental team

Abstract

As a low cost, minimal effort intervention by health promotion, it was well received and there is enough evidence from this small study to commend the use of Charter advocacy as a means to engage dental teams in strengthening their efforts to reduce smoking prevalence amongst their patients.

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Scotland's Charter for a Tobacco-free Charter Dentistry Pilot Project

Aim

The aim of this project was to stimulate greater effort by practice dental teams in Scotland in signposting patients who smoke to cessation support and to help raise awareness of the need to protect children from tobacco.

Objectives

- To encourage dental practices to make use of a stop smoking advice card tailored for dental settings;
- to demonstrate that the Charter can be effective in stimulating additional public health supporting actions within a dental health care setting.

Overview

The Making Every Contact Count Short-life Working Group of the Scottish Tobacco-free Alliance identified dentistry as a setting from which relatively few referrals to stop smoking services are made when considering the opportunity presented by 6 monthly oral health checks.

Research involving site visits, informal questioning of dental team members and dental school staff confirmed that although dental health professionals are aware of their duty of care to patients who smoke, they do not universally provide brief advice to stop smoking or have established referral pathways and sometimes no supportive literature to support an intervention.

Scotland's Charter for a Tobacco-free Generation is a public health tool developed by ASH Scotland to encourage actions by organisations and health supporting bodies that will help reduce the uptake of smoking by children and seek to encourage adults to minimise their exposure to smoking and smoking imagery. The Charter does however often generate action by signatory organisations to encourage adult cessation.

The Charter was used to generate an activity around which dental teams could participate and raise awareness of the need and utility of signposting adults towards support to quit. An advice card was developed with support from the British Dental Association, Oral Health Foundation and NHS Inform Scotland (Quit Your Way) to allow dental team members to make an intervention that supported their role as providers of oral health advice.

The project was modestly funded and did not purport to be a public health research study that would require rigorous adherence to fixed protocols or follow up of the effects of the intervention on patient outcomes. No financial support was available for practices to become involved or to gather data. Rather, it was an informal study designed to indicate the benefits of supporting the Charter as a means of delivering useful public health actions by the dental team.

Therefore, feedback from dental practices could not be expected to involve a great amount of time or effort and would be focused on non-burdensome actions and information provision that would not require recording or research on the part of the dental team.

The spirit of Charter support is one of care and altruism and dentists were approached in a manner broadly similar to that of other groups and professionals.

Methodology

A form of words was devised to provide dental teams with an inducement to endorse Scotland's Charter for a Tobacco-free Generation. Teams would be provided with a pack containing:

In the A4 envelope labelled: with the practice address

Introduction Letter (on headed paper double sided)
The Dentistry Advice Cards 10 (elastic banded)
Charter Dental Project Newsletter double sided in colour
Charter Principles Poster (A4)
The A5 envelope with the Charter info inside

In an A5 envelope labelled: CHARTER MATERIALS

Charter Supporters Guide (A5)
Charter Pledge Sheet (A4)
Charter registration sheet
DL Envelope addressed to ASH Scotland paperclip to reg sheet
Fast Facts – Smoking in Scotland
Fast Facts - Oral health
Fast Facts – E-cigarettes
ASHS Services Leaflet
Discussing second hand smoke with families (orange booklet)
Charter certificate (printed in colour on quality A5 paper – smaller than usual)

It was envisaged that the large envelope with a basic message and samples of the stop smoking advice card could trigger an interest in endorsing the Charter and lead to an examination of the details held in the second envelope.

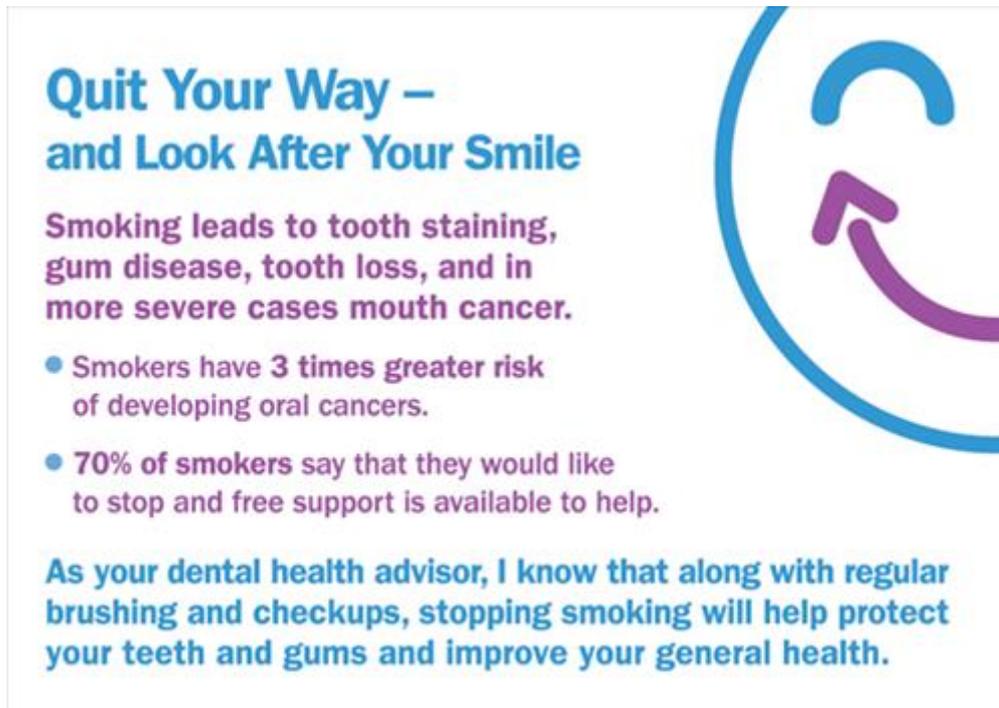
Initially around 70 packs were dispatched to dental practices in health board areas where QYW managers had agreed to cooperate with the pilot. The postal route, effectively cold calling, produced a modest number of registrations (5). By enlisting the support of QYW in NHS Grampian a member of their staff was tasked with telephoning dental practices to encourage engagement with the packs. This produced a much larger response as did site visits by QYW staff in NHS Greater Glasgow and Clyde. Over a 6-month period 42 practices endorsed the Charter and made a pledge to make use of the advice cards. NHS Grampian staff contacted approximately 80 practices by telephone with a success of 26. NHS Greater Glasgow and Clyde visited 8 practices and recruited 5 of them.

The BDA and OHF ran newsletter articles encouraging sign ups, there was a BDA conference insert and an article in Scottish Dental Magazine and this also generated registrations. The value of health promotion staff in recruiting and developing a relationship with the practices was demonstrated.

When signatories posted back their registration forms (streamlined to be quick and easy to complete) they were sent a welcome email followed by 300 advice cards. In Grampian, advice cards

were sent by post. In Glasgow they were delivered by a Stop Smoking Adviser during a site visit at which the potential for direct referrals was discussed.

The advice card:



**Quit Your Way –
and Look After Your Smile**

**Smoking leads to tooth staining,
gum disease, tooth loss, and in
more severe cases mouth cancer.**

- Smokers have **3 times greater risk** of developing oral cancers.
- **70% of smokers** say that they would like to stop and free support is available to help.

As your dental health advisor, I know that along with regular brushing and checkups, stopping smoking will help protect your teeth and gums and improve your general health.



0800 84 84 84

Phone or chat online with a trained advisor
Monday to Friday, 8am to 10pm
Saturday and Sunday, 9am to 5pm

Find out the approach that could work
for you and see the free help available at
www.quityourway.scot

**QUIT
YOUR
WAY**
with our
support

Supporting
Scotland's
journey towards
a tobacco-free
generation

BDA
British Dental Association

 **Oral Health
Foundation**
Better oral health for all

ash
scotland
Taking action on smoking and health

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711). The registered office is 8 Frederick Street, Edinburgh EH2 2HB.

Advice cards were based on a previous version for optometrists which were endorsed by NHS Inform Scotland and the Royal National Institute for the Blind.

Three months after receiving the advice cards a short eSurvey was sent to the practice contact and after collecting these over a period of four months they were analysed to determine whether the objectives of the pilot study had been achieved.

Base-line information

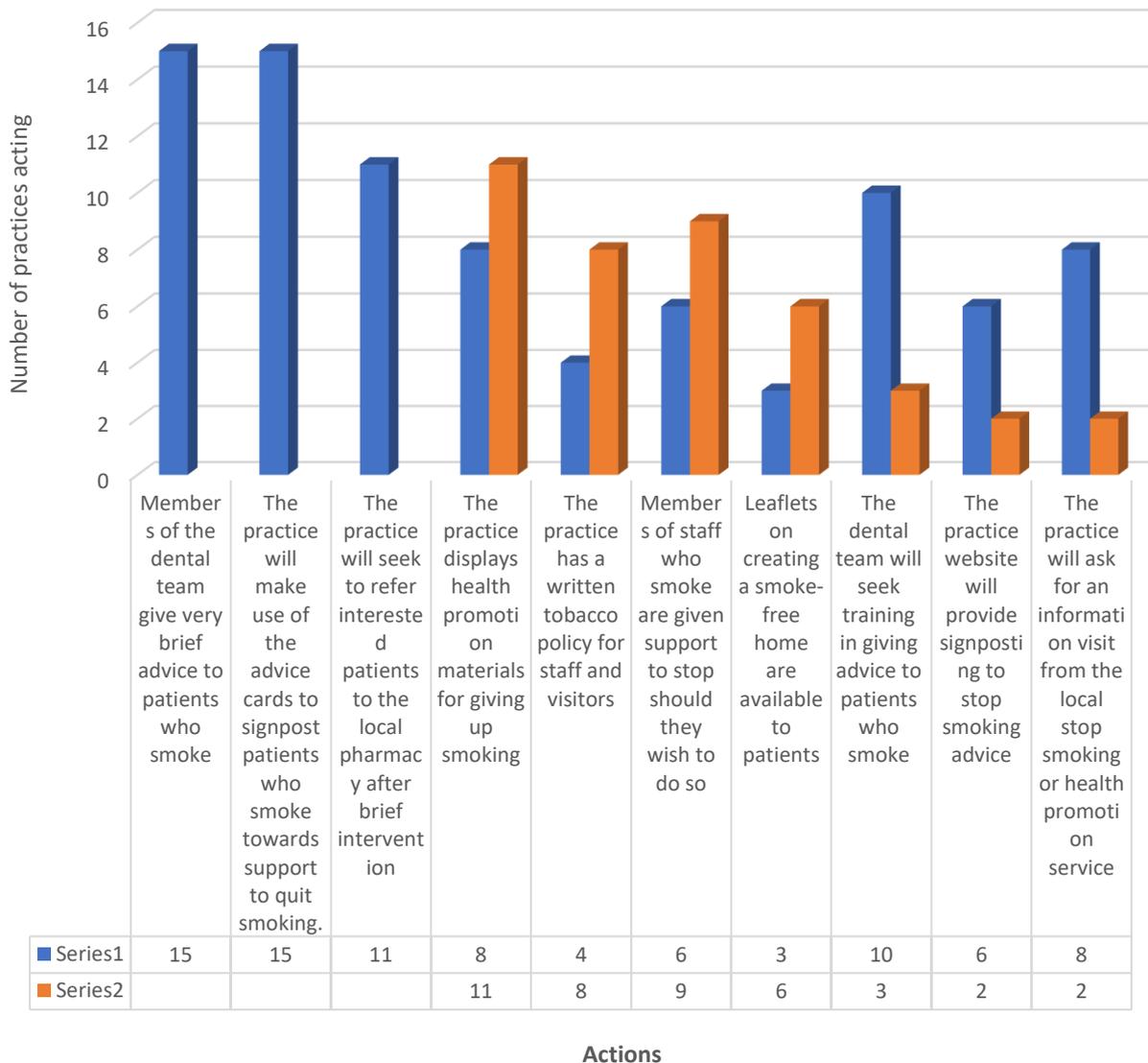
Data gathered on registration and asked again at 3 months

Members of the dental team give very brief advice to patients who smoke
The practice displays health promotion materials for giving up smoking
The practice has a written tobacco policy for staff and visitors
Members of staff who smoke are given support to stop should they wish to do so
Leaflets on creating a smoke-free home are available to patients
The dental practice has undertaken a review of tobacco policy
The dental team has sought training in giving advice to patients who smoke
The practice website provides signposting to stop smoking advice
The practice refers interested patients to the local pharmacy after brief intervention
The practice asked for an information visit from the local stop smoking or health promotion service

Additional questions may be viewed in the results tables below.

Results

Pre and post pilot outcomes



Note that series 1 is **pre** and series 2 is **post** pilot. The first three questions have no post pilot analogue because in effect, taking part in the pilot will accomplish each of them.

After three months not all practices had started to display health promotion materials on stopping smoking, had developed a tobacco policy, provided support to staff who may smoke or displayed smoke-free homes leaflets but there was a 40% or 50% improvement on these measures following the trial. This demonstrated that taking part in the trial did generate additional awareness-raising activity by practices in a manner that potentially can be sustained.

Pledges to undertake training, put information on the website and ask for an information visit from QYW were not met in the majority of instances, though some practices did make progress.

It could be argued that three months may not be long enough for a busy dental practice to carry out those tasks that saw least improvement. Seeking training may take longer and will depend on whether there is local capacity to provide it quickly. Making an addition to a website may be beyond

the control of some practices, either because they did not have one or because it had a generic format provided by a provider unable to make additions out with a simple template.

What happened after the cards arrived in the practice?

All or most of the dental team were made aware of the commitment made by the practice to the Charter – 79%

The team agreed a plan of how to deploy the advice cards – 42%

A record of advice given was entered in the patient notes – 57%

There was an opportunity for the team to discuss the use of the cards after a few weeks – 0%

(From 14 responses)

Most practices seem to have had some dialogue over the practice taking part in the initiative which would have helped to raise awareness of the Charter and the issues it covers.

Only a minority of practices seem to have agreed how to go about deploying the card. The assumption might be that the senior dentist or practice manager led on the initiative and imposed a requirement to make use of the cards.

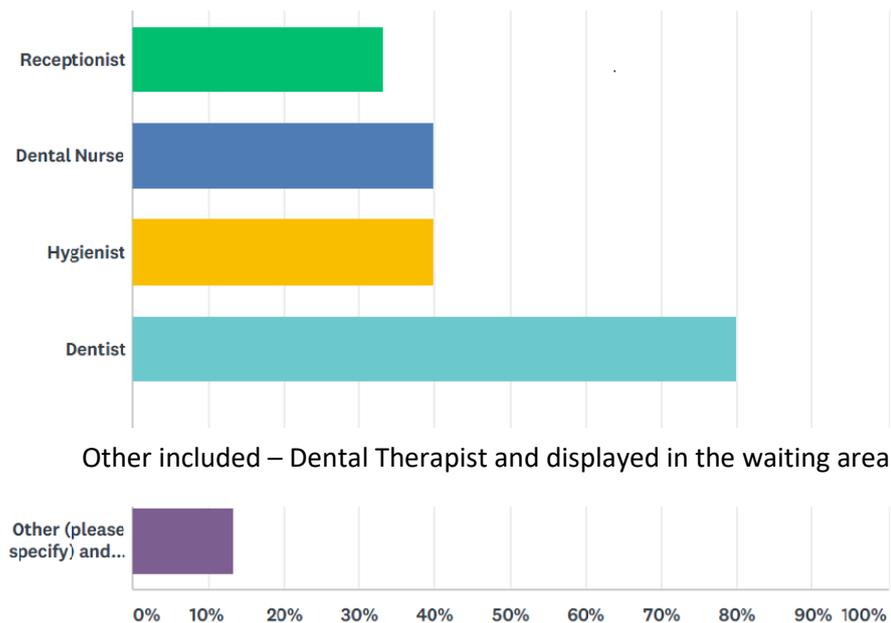
Over half recorded advice given in patient notes. This is a very useful measure as it tells us that smoking status is being recorded and also that at the next appointment the patient may be asked whether they took any action to stop smoking.

None of the practices reported a staff discussion about the use of the cards. The question itself was a prompt that may stimulate such a response. It was disappointing that the dental teams did not feel the need to discuss the use of the cards, but 3 months may simply not have been enough time to arrange such a discussion, or perhaps confidence was such that it was not deemed necessary.

Who made use of the cards in the dental practice?

Q4 Which members of the team were provided with an opportunity to give stop smoking advice? Tick all that apply

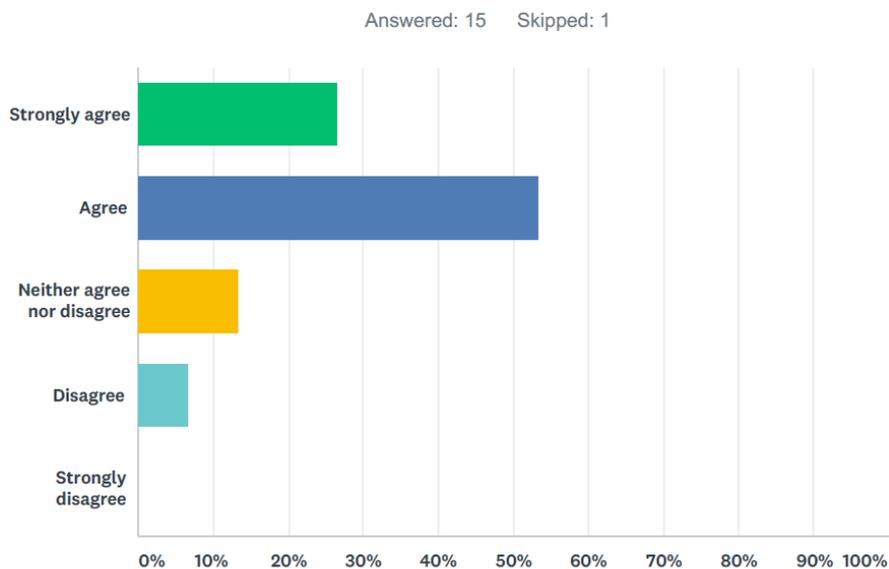
Answered: 15 Skipped: 1



In some practices, mainly but not only, dentists were involved in providing advice to get help to stop smoking. Without having been able to ask more detailed questions it is not clear how much planning or effort went into ensuring that each professional made use of the card in a manner that would achieve an impact. Clearly not all dentists do give advice on stopping smoking but they may have decided that the dental nurse or hygienist was better placed to take the time to discuss the issue with the patient.

Has the card made an impact on confidence to discuss?

Q5 As a result of becoming a Charter supporting dental practice, team members have become more confident in signposting smokers to support services.



If the provision of stop smoking advice was an everyday part of dental team practice it might be expected that more neutral responses would have been given. People may have felt that they did this already, it is not an issue and the cards whilst helpful, simply provided a new source of information.

What we find is that a large majority said that there was greater confidence in carrying out the task of providing stop smoking advice. That suggests that the card, because it gave a clear dental health message and referred to oral health advisers, was appreciated by the dental team and that they found it supported them well in the actual operation of making a brief intervention.

Other findings

Just under 50% of practices at three months said they would need more cards to be supplied; a good indication that the cards are being deployed and used.

When asked about the cards and the manner in which they were presented to practices (with minimal guidance on how to make use of them) nearly all were happy with the level of advice provided. This may suggest that dental team members are quite familiar with the concept of giving brief advice and feel knowledgeable enough to make their own arrangements for choosing who should issue it and how it should be handled in-house. However, a large proportion of those who said they would seek training or a visit from a health promotion professional did not do so. On the one hand practices expressed contentment that they could make use of the cards but on the other wanted but did not take up advice and training. This needs further research.

Where open ended comments were requested very few respondents made use of the opportunity. Responses included “excellent advice card no change required”, “make them smaller” and “give some explanation of the ill-effects of e-cigarettes as well”. Due to the large number of feedback requests that practices are assailed with, written responses were not expected and had been kept to a minimum. With this trial as a starting point it may prove useful to carry out more qualitative

research into the best ways to elicit support for stop smoking referral from dental teams and the resources required to maintain signposting to QYW.

Conclusions

With reference to the project aims and objectives it is possible to draw a number of conclusions from this limited study.

Scotland's Charter for a Tobacco-free Generation did indeed draw support from dental practices in a manner that some stop smoking services had not previously been able to achieve or maintain. The tailored advice card was deployed and whilst it is not clear how effective it has been in generating referrals to QYW or self- motivated quits, it was being used where no tailored advice card had been used before.

Positive outcomes included more action around raising the awareness of the Charter, stocking of smoke-free homes information for patients, creation of written tobacco policies where none previously existed and involvement of the dental team in the provision of stop smoking advice, not only dentists.

As a low cost, minimal effort intervention by health promotion, it was well received and there is enough evidence from this small study to commend the use of Charter advocacy as a means to engage dental teams in strengthening their efforts to reduce smoking prevalence amongst their patients.

Useful links

The Charter page for dental practices: <https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/sign-the-charter/charter-dental-practices/>

The eSurvey: <https://www.surveymonkey.com/results/SM-R3PGMRWPV/>



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