

# Oral health in community pharmacy

**Raising awareness  
of oral health and pain  
management for children  
and young people**



November 2016

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A public health campaign and audit for community pharmacies. A joint project between Healthy London Partnership, Barts and the London School of Medicine and Dentistry

# **Community Pharmacy Public Health Campaign and Additional Audit**

**Raising awareness about the oral health and oral pain management of children and young people in London**

**Guidance:** November 2016

## **Community Pharmacy Public Health Campaign and Additional Audit**

**Raising awareness about oral health and oral pain management in children and young people in London: Guidance**

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# 1 Executive Summary

**“There is an opportunity to change the future for our children and a welcome appetite from a number of organisations who want to work together to improve oral health in children. Improving oral health is everyone’s business.”**

*Dr Sandra White, National Lead for Dental Public Health, Public Health England, September 2016*

Even though there have been vast improvements in children’s oral health over the past five decades, almost a quarter (24.7%) of five-year-olds still experience tooth decay in their primary (baby) teeth.<sup>1</sup> Tooth decay causes pain, discomfort, sleepless nights and time off school. It has far-reaching impacts on families and it is the number one reason why children aged five to nine years-old are admitted to hospital in England costing the NHS in the region of £30 million.<sup>2</sup>

Community pharmacies have a major role to play because they could be the first health professionals that parents and carers contact if their child has tooth decay causing pain that leads them to purchase over-the-counter medications, obtain a prescription analgesic or seek associate advice from the pharmacy team and/or the pharmacist. The public health campaign and audit aims to harness the existing interaction between community pharmacies and parents and carers of children and young people (CYP) to deliver an oral health public health campaign and an audit focused on the oral pain management of children.

This public health campaign specifically aims to raise awareness about oral health in children and young people in London. The audit is voluntary and will help community pharmacies to signpost CYP to their local dentist whilst gathering invaluable population data to support Healthy London Partnerships (HLP), Queen Mary University of London and NHS England in understanding the types of dental and oral problems that CYP experience that make parents seek help and advice from community pharmacies.

Early in 2015, NHS England and London’s 32 Clinical Commissioning Groups (CCGs) launched a plan to make London the world’s healthiest global city. This followed on from the work of the London Health Commission; an independent review of health established by the Mayor, Boris Johnson and led by Professor the Lord Darzi. The Commission’s report (Better Health for London) contained 10 aspirations for London and over 64 recommendations on how to make London the world’s healthiest city. The Healthy London Partnership (HLP) was established to take forward these aspirations (<https://www.myhealth.london.nhs.uk/healthy-london/about-healthy-london-partnership>). It is focused on 13 transformation programmes. Each programme aims to solve a different health and care challenge faced by the capital. The Children and Young People’s (CYP) programme vision is of an integrated system for health and care that can be easily navigated by CYP, their families and health professionals delivering their care. The aim is to achieve the best outcomes for London’s CYP and HLP has previously utilised community pharmacy in asthma management.

This campaign and audit also aims to build on the enormous success of the Healthy London Partnerships’ asthma management in CYP campaign and audit in pharmacies,

1. Public Health England, National Dental Epidemiology Programme for England: Oral health survey of five year-old children 2015. A report on the prevalence and severity of dental decay. 2016.

2. The state of children’s oral health in England, RCS <https://www.rcseng.ac.uk/fds/policy/documents/fds-report-on-the-state-of-childrens-oral-health>

which was co-created and administered by NHS England in the summer of 2015. This utilised all community pharmacies around London in a campaign to raise awareness about asthma in CYP and invited parents/carers and adolescents to participate in a voluntary audit to further understand “real world” issues in asthma. Sixty-eight percent of pharmacies participated in the audit and gathered data on over 9500 CYP with asthma in just 10 weeks. This data is now being utilised by London CCGs and NHS England. It has been used to commission an e-learning hub to support community pharmacists in delivering inhaler technique assessment in CYP. The success of the asthma audit has gained national recognition and the same approach is being taken with oral health: an equally important public health issue in CYP across London using the community pharmacy network.

This audit is centred around the **ASK** flowchart: **A**ssess, **S**ignpost, and use your **K**nowledge to give parents the appropriate advice ([Appendix 1](#)). This flowchart has been designed to help community pharmacies to signpost CYP to dental services and to use their knowledge and skills to give parents and carers self-care advice about managing dental pain. It adopts the successful format of previous campaigns developed by Healthy London Partnerships using an online survey tool accessible on any web-based device (e.g. pharmacy PC, smartphone, tablet, laptop, or smart watch).

The campaign and additional voluntary audit will run for four weeks from 1<sup>st</sup> November to 30<sup>th</sup> November 2016. During this time, community pharmacies across London are asked to encourage any parents/carers of CYP (aged between 0-19 years of age) or adolescents to take part in the audit if they are collecting an oral analgesic prescription for the CYP or are purchasing or are asking for advice about over-the-counter pain medication for CYP including any Paracetamol or Ibuprofen paediatric oral suspension, sachets or tablets.

The public health campaign is part of the Community Pharmacy Contractual Framework (CPAF) essential service 4, and participation will support community pharmacies in delivering this essential service. NHS England is providing funds to support pharmacies to deliver the voluntary audit to complement the health promotion campaign.

At the end of the campaign and audit, pharmacies will be surveyed to establish any learning and development needs as a legacy of their participation.

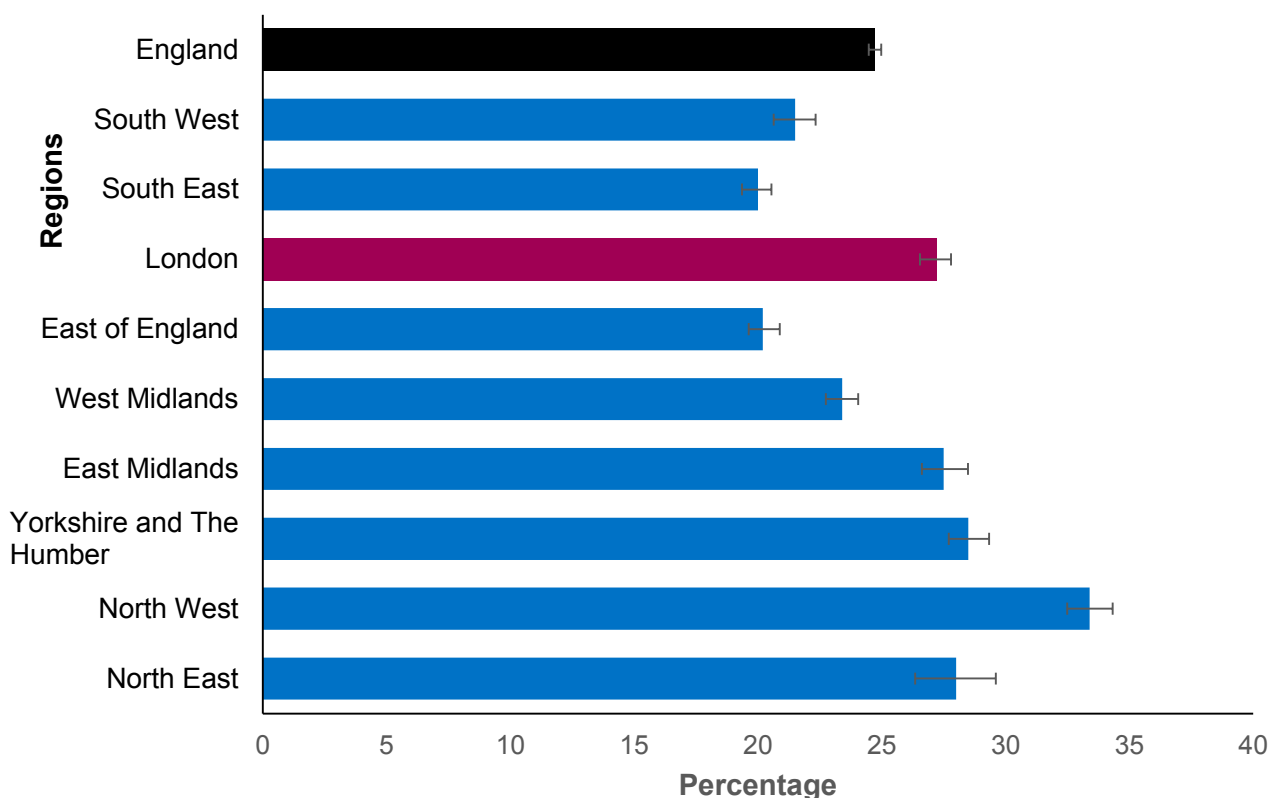
## 2 Background

### 2.1 Introduction

Even though there have been vast improvements in children's oral health over the past five decades, almost a quarter (24.7%) of five year-olds still experience tooth decay in their primary (baby) teeth<sup>1</sup> and approximately one in five (21%) 12-year-olds have tooth decay in their adult teeth.<sup>2</sup> Tooth decay was the number one reason for hospital admissions in five to nine-year-olds in England in 2013/14.<sup>3</sup> The NHS spends approximately £3.4 billion on dental services every year.<sup>4</sup>

There are inequalities in oral health across England with the most deprived areas displaying the highest levels of tooth decay. Children in London have higher levels of tooth decay experience (27.2%) compared to the national average (24.7%) shown in a recent survey of five-year-olds (Figure 1).

**Figure 1: Percentage of five-year-olds who have had tooth decay experience in England in 2014/15 by region**



Source: Public Health England (2016). National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay

1. Public Health England, National Dental Epidemiology Programme for England: Oral health survey of five year-old children 2015. A report on the prevalence and severity of dental decay. 2016.

2. Pitts, N., B. Chadwick, and T. Anderson, Children's Dental Health Survey 2013 Report 2: Dental Disease and Damage in Children England, Wales and Northern Ireland. 2015, Health and Social Care Information Centre

3. Royal College of Surgeons, Faculty of Dental Surgery (2015). The State of Children's Oral Health in England

4. NHS England (2014). Improving Dental Care and Oral Health - A Call for Action. 2014.

# Facts about Children's Oral Health

- Tooth decay is the most prevalent and largely preventable oral disease affecting children in the UK <sup>1</sup>
- 63,196 children aged 0-19 years were admitted to hospitals for tooth extractions in England in 2014/15 <sup>2</sup>
- The NHS spent £35 million on extracting multiple teeth in children under 19 in 2014/15 <sup>3</sup>
- Almost one in five 12-year-olds and 15% of 15-year-olds in England had a toothache in the previous three months <sup>1</sup>
- An estimated 1,500 five-year olds and 600 three-year olds in London had a dental abscess <sup>4</sup>
- 148,415 NHS 111 callers in London were advised to visit a dental practitioner or pharmacy in March 2016. Some of these callers would have been parents or carers calling for advice about their children's oral health <sup>5</sup>

## 2.2 What are the impacts of tooth decay?

A tooth may need to be treated with a filling or extracted if the decay progresses further into the tooth. Some children might be too young to cooperate with treatment at their local dentist and may need a general anaesthetic, which has obvious higher risks.

Tooth decay can also cause pain, discomfort, distress and sleepless nights if infections and dental abscesses develop when the decay reaches the pulp and nerve tissue of the tooth. Dental abscesses can cause extreme pain and facial swellings. Dental abscesses can also damage and/or discolour the adult (permanent) tooth developing underneath the primary (baby) tooth. Even though adult teeth replace primary teeth, primary teeth are still important because they help to ensure that adult teeth erupt in their correct position, preventing overcrowding.

Tooth decay can have far-reaching impacts on families if parents need to take time off from work to care for children with toothache or to visit a dentist.<sup>6</sup> As many as one in five parents of 12 and 15-year-olds in the UK took time off from work because of their child's oral health.<sup>6</sup>

## 2.3 How can you prevent tooth decay?

Tooth decay is a largely preventable disease. The massive decline in tooth decay over the last 30 years has been the result of the widespread availability of fluoride, in particular fluoride toothpaste, which is a relatively simple and affordable measure to prevent tooth decay.

1. Health and Social Care Information Centre (2016) Child Dental Health Survey 2013, England, Wales and Northern Ireland,

2. Public Health England (2016). Admission to hospital for extraction of one or more primary or permanent teeth 0 to 19 year olds, 2011/12 to 2014/15

3. National Schedule of Reference Costs 2014-15 Data for NHS trusts and NHS foundation trusts .

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/477262/3.\\_National\\_schedule\\_of\\_reference\\_costs\\_-\\_spell\\_costs.xlsx](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477262/3._National_schedule_of_reference_costs_-_spell_costs.xlsx)

4. Public Health England, Dental public health epidemiology programme. Oral health survey of three-year-old children 2013; Public Health England, National Dental Epidemiology Programme for England: Oral health survey of five year-old children 2015. A report on the prevalence and severity of dental decay. 2016.

5. NHS England (2016) NHS 111 Minimum dataset data to March 2016

6. Tsakos, G., et al., Children's Dental Health Survey 2013 Report 1: Attitudes, Behaviours and Children's Dental Health England, Wales and Northern Ireland 2013. 2015, Health and Social Care Information Centre.



There are many opportunities and strategies that all health professionals (including Community Pharmacists) can adopt to prevent tooth decay:

- **Making every contact count:** Families may have multiple contacts with health care professionals and each of these encounters can be an opportunity to deliver advice and to promote good oral health
- **Providing consistent evidence based advice:** National guidance exists so that we can all provide the same oral health messages<sup>1</sup>
- **Acting holistically:** The mouth is attached to the body, which means that healthy lifestyles and healthy eating advice will not only protect children's oral health but also improve their general health and wellbeing

## 2.4 What advice should we give to prevent tooth decay?

There is a wealth of evidence supporting different preventive approaches in dentistry collated in national guidance in the "Delivering Better Oral Health" toolkit.<sup>1</sup> Figure 2 summarises the key messages.

**Figure 2: Summary of Recommendations for Children from the Delivering Better Oral Health toolkit<sup>1</sup>**

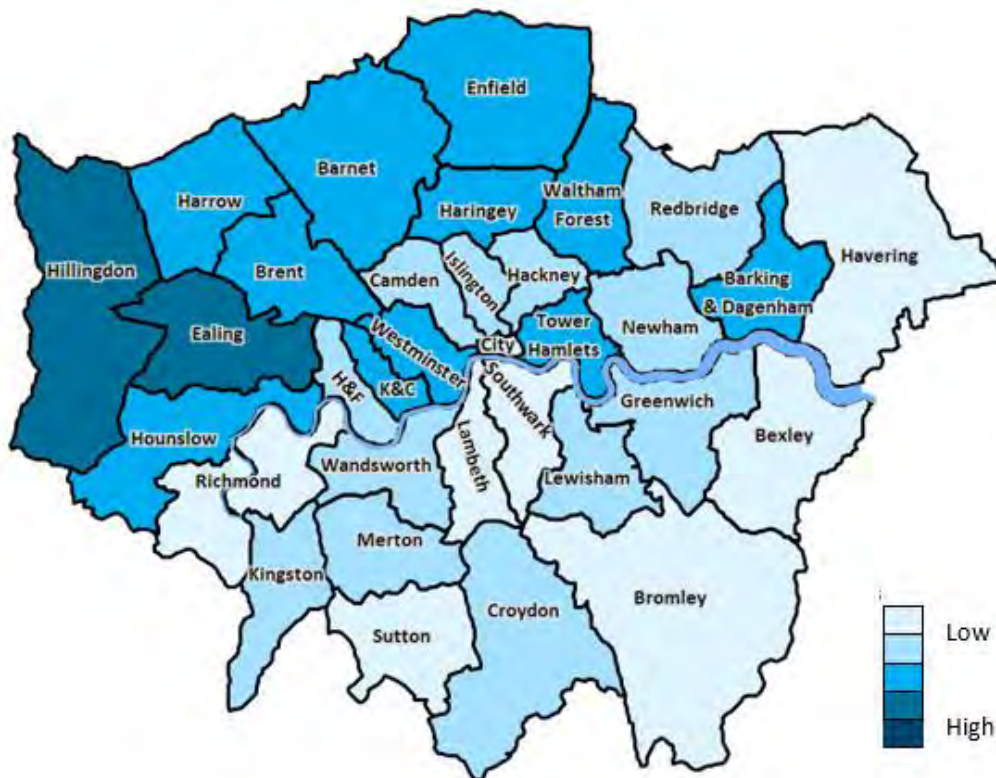
- Breast feeding provides the best nutrition for babies
- Infants should be introduced to drinking from a free-flow cup from six months of age; feeding from a bottle should be discouraged from age one year
- Do not add sugar to weaning foods or drinks
- Reduce the frequency and amount of sugary food and drinks
- Recommend sugar-free medicines
- Parents and carers should start brushing their children's teeth as soon as their teeth erupt; twice daily with a smear of toothpaste containing no less than 1,000 ppm fluoride
- Brushing should occur last thing at night and on one other occasion
- Children under three years should use no more than a smear of toothpaste (a thin film of paste covering less than three-quarters of the brush) and children should not eat or lick toothpaste from the tube

1. Public Health England, Delivering better oral health: an evidence-based toolkit for prevention. Third Edition. 2014.

## 2.5 What is the picture across London?

Tooth decay is a particular problem for children and young people in London. There are clear differences across London with more five-year-old children experiencing tooth decay in North West and North East London compared to other areas (Figure 3).

**Figure 3: London wide map showing the proportion of decayed, missing (due to decay) or filled teeth in those children with decay experience**



Source: Public Health England (2016). National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay

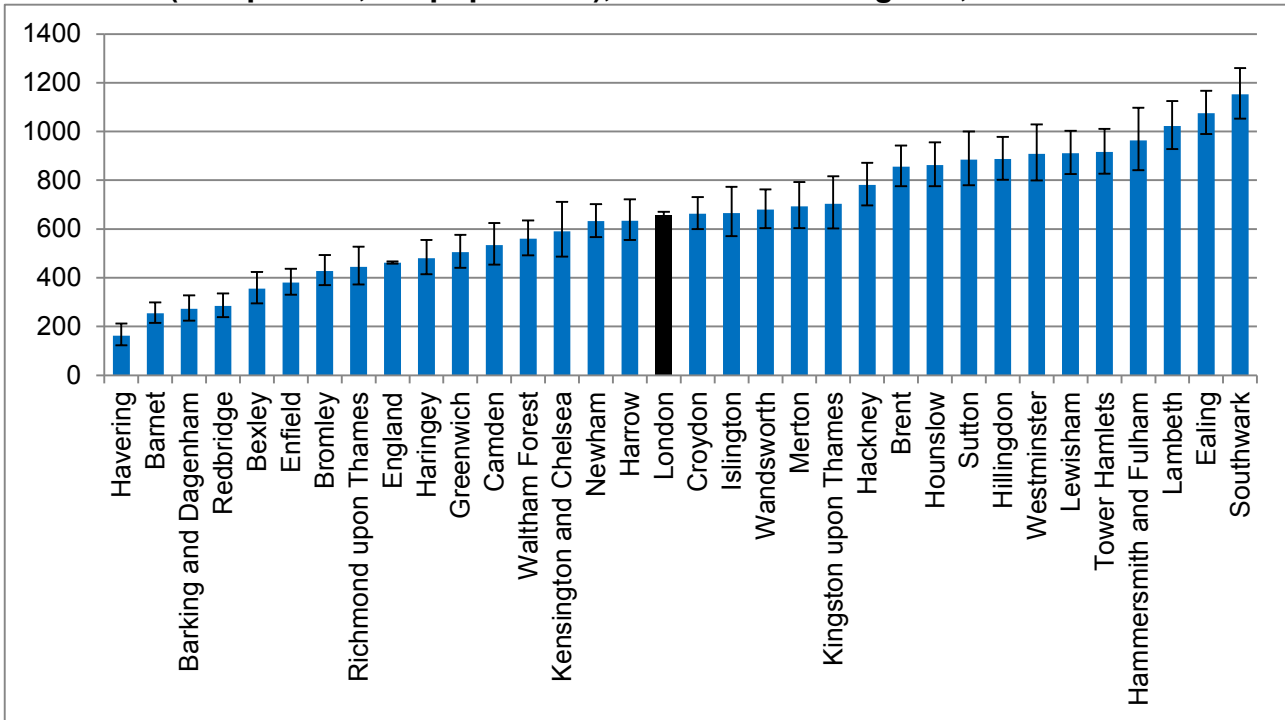
These high decay rates have led to over two-thirds of the 33 boroughs in London having higher numbers of children than the national average being admitted to hospitals for tooth extractions<sup>1</sup> (Figure 4). This could be related to the low dental attendance figures in London with only 63% of 0-17 year-olds having visited a dentist in the past 24 months compared to 70% of children in England <sup>2</sup> (Figure 5). Signposting to promote regular dental attendance is important because it provides an opportunity for CYP to receive preventive advice and early treatment of tooth decay at their local dentist.

Community pharmacies have a key role to play because they may be the first point of contact for the parents and carers of CYP who visit pharmacies seeking advice or analgesics to manage dental pain. This public health campaign and audit gives community pharmacies the opportunity to promote oral health in CYP in London by giving advice and by signposting.

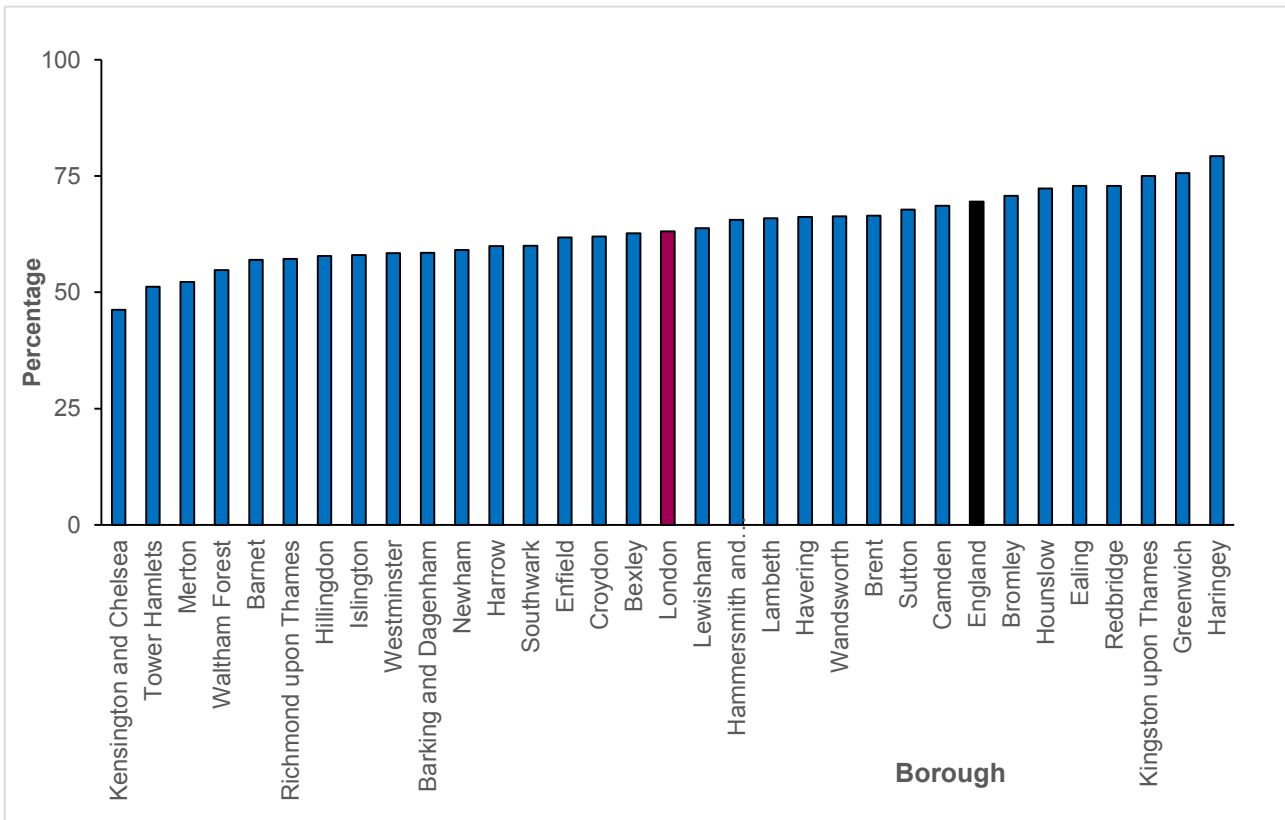
1. Public Health England (2016). Admission to hospital for extraction of one or more primary or permanent teeth 0 to 19 year olds, 2011/12 to 2014/15.

2. Health and Social Care Information Centre. Dental Visits for Children Aged 0-18 years in London in 2015 Health and Social Care Information Centre. NHS Dental Statistics 2015

**Figure 4: Tooth extractions due to decay – child hospital admissions, aged 10 years and under (rate per 100,000 population), Public Health England, 2016<sup>1</sup>**



**Figure 5 Percentage of children aged 0-17 years who have visited a dentist in the previous 24 months in 2015<sup>2</sup>**



## 3 About the Public Health Campaign and Audit

### 3.1 Introduction

Early in 2015, NHS England and London's 32 Clinical Commissioning Groups (CCGs) launched a plan to make London the world's healthiest global city. This followed on from the work of the London Health Commission; an independent review of health established by the Mayor, Boris Johnson and led by Professor the Lord Darzi. The Commission's report (Better Health for London) contained 10 aspirations for London and over 64 recommendations on how to make London the world's healthiest city. The Healthy London Partnership (HLP) was established to take forward these aspirations. <https://www.myhealth.london.nhs.uk/healthy-london/about-healthy-london-partnership>. It is focused on 13 transformation programmes. Each programme aims to solve a different health and care challenge faced by the capital.

The Children and Young People's (CYP) programme vision is of an integrated system for health and care that can be easily navigated by CYP, their families and health professionals delivering their care. The aim is to achieve the best outcomes for London's CYP and HLP has previously utilised community pharmacy in asthma management and wishes to do so in oral health.

This campaign and additional audit focuses on children's oral health and the oral pain management of children and young people (CYP) by community pharmacies in London. It is based on previously successful NHS England pharmacy public health campaigns on flu and Chronic Obstructive Pulmonary Disease (COPD) and on a highly successfully campaign and audit developed by Healthy London Partnerships on the asthma management in CYP. Community pharmacies regularly give their patients advice about oral health and oral pain management through Essential Service 4, 5 and 6 and advanced services.<sup>1</sup> This campaign and audit aims to harness this expertise. It is the first step in raising the awareness of community pharmacy in helping to improve the oral health and well-being of CYP in London with the support of Healthy London Partnerships, NHS England, community pharmacists and dental colleagues at Queen Mary University of London

This campaign and audit has been developed by Healthy London Partnerships, NHS England London Region team and Barts and the London School of Medicine and Dentistry, Queen Mary University of London. It is supported by Local Pharmaceutical Committees (LPCs) in London and community pharmacist have participated in the design process.

The public health campaign and voluntary audit builds on the common interface where community pharmacies provide over-the-counter analgesics and dispense prescriptions for oral analgesics to manage oral pain in CYP. These patient encounters also provide opportunities to encourage signposting to local dentists so that CYP receive appropriate and timely dental treatment.

The voluntary audit activity incorporates an eight-question audit delivered using an online survey tool to help pharmacies to collect information specifically about oral pain in children. Community pharmacies can use these questions to engage with parents and carers to gather information about the current management of oral pain in CYP across

<sup>1</sup><http://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made>

London. This will also help Healthy London Partnerships and Queen Mary University of London to collect population-based health data to understand the health needs of the CYP in London. It can also support commissioners in future service design.

### 3.2 Aim

“Every child grows up free from tooth decay as part of every child having the best start in life”...the purpose of the Children’s Oral Health Improvement Programme Board (COHIPB) launched by Public Health England, September 2016

The aim of this public health campaign is to raise awareness about the oral health of children and young people in London.

The public health promotion activity incorporates an additional voluntary audit, which involve community pharmacies collecting information from parents and carers who purchase over-the-counter pain medications or collect a prescription for oral analgesia to manage their children’s oral pain. This will provide more information about the types of dental and oral problems that CYP experience that make parents/carers seek help and advice from community pharmacies.

The audit is also designed to help community pharmacies to signpost parents and CYP to their local dentist and to use their knowledge and skills to give parents and carers self-care advice on oral pain management using the ASK flow chart: [ **A**ssess, **S**ignpost, and use your **K**nowledge] ([Appendix 1](#)). This also provides an excellent opportunity for CPD for the pharmacy team.

### 3.3 Scope

This campaign and voluntary audit targets parents and carers of children and young people aged 0-19 years seeking advice and support from community pharmacies in London.

### 3.4 Timeframes

The campaign and audit will run for four weeks from Friday 1<sup>st</sup> November to Friday 30<sup>th</sup> November 2016. This timeframe reflects the period when sales of over-the-counter analgesics and dispensing activity for analgesics are generally high. Monthly England community dispensing drug data provided by the NHS Business Services Authority (BSA) during November 2015 showed that 205,893 items of Paracetamol paediatric suspension (generic and proprietary) were dispensed during this month.<sup>1</sup>

### 3.5 What are pharmacies asked to do

**The campaign and audit aims to capitalise on the existing interactions between community pharmacies and parents and carers of CYP who are collecting oral**

**analgesic prescriptions for their child or who are purchasing or seeking advice about over-the-counter pain medicines.**

**Participation in the public Health Campaign is mandatory under Essential service 4 of the Community Pharmacy Contractual Framework:**

### **3.5.1 For the public health campaign**

Community pharmacies are required to inform their teams of the campaign, utilise NHS England (London Region) leaflets distributed to pharmacies in July/August 2016 on access to local dental services and encourage signposting to local dentists. They are also required to complete a declaration as evidence of participation (See section 5.1).

### **3.5.2 For the voluntary audit**

Community pharmacies are asked to encourage any parents/carers of CYP (aged between 0-19 years of age) or adolescents to take part in the audit if they are collecting a prescription for an oral analgesic for a child or who are purchasing or asking for advice about over-the-counter pain medication for children including any:

- Paracetamol paediatric oral suspension, sachets or tablets
- Or Ibuprofen paediatric oral suspension, sachets or tablets

#### **Examples of brand names:**

- Calpol (paracetamol)
- Disprol (paracetamol)
- Fennings children's cooling powders (paracetamol)
- Medinol (paracetamol)
- Calpol (Infant Suspension Sachets)
- Calprofen (ibuprofen)
- Cuprofen for children (ibuprofen)
- Mandafen for children (ibuprofen)
- Nurofen for children (ibuprofen)
- Orbifen for children (ibuprofen)

Participation in the audit is voluntary and will attract an additional participation fee.

### **3.5.3 Voluntary Audit Questions**

In order to focus the health promotion activity on the management of pain from oral conditions, pharmacies are requested to ask parents and carers collecting prescription oral analgesics or purchasing over-the counter-pain medications these eight questions during the audit period

1 Scottish Dental Clinical Effectiveness Programme (2013). Management of Acute Dental Problems. Guidance for Healthcare Professionals. <http://www.sdcep.org.uk/wp-content/uploads/2013/03/SDCEP+MADP+Guidance+March+2013.pdf>  
Scottish Dental Clinical Effectiveness Programme (2016). Drug Prescribing for Dentistry. Dental Clinical Guidance. <http://www.sdcep.org.uk/wp-content/uploads/2016/03/SDCEP-Drug-Prescribing-for-Dentistry-3rd-edition.pdf>  
<http://cks.nice.org.uk/analgesia-mild-to-moderate-pain#!scenario:1>

### Eight Audit Questions:

Does the child have pain in their mouth and/or a tooth?

Does the child have swelling around their throat or eye, signs of systemic disease (e.g. rash, high temperature (fever), loss of appetite), uncontrolled bleeding, or trauma to their teeth and jaws?

Has the child already seen a dentist about their pain?

Does the child have a regular dentist?

Has the child seen another health professional or health service about their dental pain?

Does the child have: A toothache?

Does the child have: Pain from a newly erupting tooth?

Does the child have: A painful ulcer?

The audit should take approximately five minutes to complete using the online survey tool. <https://nhslondonpharmacy.typeform.com/to/zplcoF>

Every contact counts and contributes to the evidence base for analysing the impact of community pharmacy in health promotion.

### 3.6 Ways to Participate

It is up to community pharmacies to decide on how to carry out the audit. NHS England suggests the audit can be delivered:

- Directly to the patient or a parent/carer or with both parties present in the pharmacy
- Outside of the pharmacy as part of a telephone or online consultation
- By any member of the pharmacy team.

Responses are recorded using an online survey tool to make data collection as easy and quick as possible for the pharmacy and patients. The online survey tool is accessible on any web-based device e.g. pharmacy PC, smartphone, tablet, laptop, smart watch, accessed here:

<https://nhslondonpharmacy.typeform.com/to/zplcoF>

### 3.7 Opportunities for CPD

The audit is also structured to help community pharmacies give advice and to signpost patients to other health services and provides significant CPD opportunities.

The ASK flow chart has been developed from NICE guidelines and guidelines from the Scottish Dental Clinical Effectiveness Programme<sup>1</sup> to support pharmacies to give advice and to signpost parents and carers based on their responses to the seven questions (Appendix 1).

Three factsheets are provided for Community Pharmacies giving more detailed information about dental abscesses, over the counter analgesics and managing ulcers with links to evidence-based recommendations ([Appendix 2](#)). These have been designed with the help of colleagues in the Barts and the London School of Medicine and Dentistry, Queen Mary University of London with input from community pharmacists. They are intended to be a value resource and legacy for pharmacy teams and to support individual's CPD.

### 3.8 Legacy of participation

At the end of the campaign and audit, pharmacies will be surveyed to establish any learning and development needs as a legacy of participation. Example questions are provided in Appendix 5.

This has been introduced after feedback and learning from the asthma a management audit in 2015; this audit indirectly established a need for additional training and development for community pharmacists and resulted in Healthy London Partnerships funding an on line training solution which was co-created with London community pharmacists.

Current pathway designs for oral pain management in children and young people rely on a significant proportion of referrals for self-care into pharmacies therefore the results of this voluntary audit will provide valuable information to access any training and development needs of community pharmacies in oral pain management.

Healthy London Partnerships, LPCs and NHS England urge every pharmacy to participate in this additional survey to access any training and development needs as a legacy of their participation

<sup>1</sup> Scottish Dental Clinical Effectiveness Programme (2013). Management of Acute Dental Problems. Guidance for Healthcare Professionals. <http://www.sdcep.org.uk/wp-content/uploads/2013/03/SDCEP+MADP+Guidance+March+2013.pdf>  
Scottish Dental Clinical Effectiveness Programme (2016). Drug Prescribing for Dentistry. Dental Clinical Guidance. <http://www.sdcep.org.uk/wp-content/uploads/2016/03/SDCEP-Drug-Prescribing-for-Dentistry-3rd-edition.pdf>  
<http://cks.nice.org.uk/analgesia-mild-to-moderate-pain#!scenario:1>



## 4 Contractual responsibility

Community pharmacies must participate in up to six public health campaigns in each calendar year as instructed by NHS England.<sup>1</sup> Participation is mandatory under Essential Service 4 of the Community Pharmacy Contractual Framework. NHS England will provide pharmacies with a mechanism of providing evidence of their participation in the campaign (see section 5.1). Pharmacies who do not participate may be in breach of their contractual agreement with NHS England.

Participation in the audit using the survey tool is voluntary. However, London LPCs and NHS England urge every pharmacy to participate and maximise every opportunity for data collection.

**NHS England is funding pharmacies to participate in the audit to emphasise the importance of delivering the health promotion activity**

## 5 Frequently-asked questions

### 5.1 How do pharmacies demonstrate participation in the public health campaign?

A pharmacy is required to demonstrate that they have taken part in the public health campaign as part of their contractual responsibility (see section 4). A declaration of participation has been design to make this an easy and quick task for the pharmacy to complete. The declaration requires the pharmacy to answer 5 questions as evidence of participation (see box below). Estimated answers are acceptable.

Declaration of participation:

Did the pharmacy participate in the campaign? ... *Yes/No*

Did the pharmacy participate in the audit? ... *Yes/No*

No.of patient(s) given advice/leaflets? ...*Enter an estimated number.*

No. of patients requesting further information?...*Enter an estimated number.*

No. of patients signposted/referred into other relevant services? ...*Enter an estimated number.*

Declarations will be gathered from pharmacies electronically at the end of the campaign using a separate survey tool.

For the avoidance of doubt, all pharmacies are required to respond to the declaration.

### 5.2 How do pharmacies participate in the voluntary audit?

All responses to the audit should be recorded in an online survey accessed from any web-based device here: <https://nhs londonpharmacy.typeform.com/to/zplcoF>

Pharmacies can record their responses in real time during the parent/carer encounter or retrospectively. It is up to the pharmacy to decide what works best in their team and in their particular setting. Pharmacies can submit their data up to seven days after the end of the campaign (ie up to seven days after Friday 30<sup>th</sup> November 2016) (see [Appendix 3](#) for information on data collection).

NHS England expects an average of 15 patient entries per pharmacy based on previous audits and public health campaigns. In anticipation of reaching this target, pharmacies will receive a fixed payment of £75.00 for a minimum of six patient entries using the survey tool.

Please refer to [Appendix 3](#) for guidance on recording and submitting the data.

### **5.3 Are responses required to all the questions in the voluntary audit?**

Ideally yes, but if a parent/carer is unable to answer every question then the responses for only those questions answered should be submitted. The data collection web tool allows for this scenario and the submission will still count as a part of the audit..

Every contact counts and contributes to the evidence base for analysing the impact of community pharmacy in health promotion

### **5.4 Will pharmacies receive any payment for participation?**

The public health campaign is covered under the community pharmacy contractual framework and therefore attracts no additional payment.

Participation in the audit using the survey tool will attract a fixed payment of £75.00 per pharmacy

### **5.5 How does the pharmacy receive payment?**

NHS England will be able to monitor data collection remotely through the online survey tool for each individual pharmacy. Separate information on the payment process will follow from NHS England.

### **5.6 How long will the campaign run?**

This campaign will run for four weeks from Friday 1<sup>st</sup> November to Friday 30<sup>th</sup> November 2016.

### **5.7 Is patient identifiable data being collected?**

No, pharmacies should assure patients if they have any concerns that no patient identifiable data will be collected. All data will be anonymised at the London borough level.

### **5.8 Do I need to tell local dentists about this audit?**

You can tell dentists in your local area about this audit. However, NHS England has a communications strategy to support the audit that will inform dentists, CCGs, Public Health England, and acute trusts. There will also be a press release and social media feeds.

### **5.9 Why should pharmacies participate in this campaign and audit?**

There is a contractual requirement for community pharmacies to participate in up to six public health campaigns per year as instructed by NHS England; this is one of the campaigns for 2016.

There is also the opportunity for a £75.00 payment if the pharmacy participates in the audit.

This audit relies on the communication skills of community pharmacists and their support staff to advise parents and carers about managing dental pain and to signpost to local dentists to receive appropriate dental care.

This audit will collect valuable public health information about the oral health needs of CYP across London and has the potential to inform the future commissioning of support services for CYP in London including services from pharmacies.

### **5.10 Who can I contact in NHS England if I have any questions?**

Pharmacies can submit their questions or queries about the campaign and the audit to the following email: [england.londonpharmacy@nhs.net](mailto:england.londonpharmacy@nhs.net) (**please note that this email is for the health promotion queries and pharmacies should submit any other queries to the generic inbox as normal**). Please ensure that you write “Public Health Campaign”, your pharmacy name, ODS code and Borough in the subject line of your email. The NHS England London Region Team will monitor the emails on a daily basis on Monday to Friday.

### **5.11 What resources are available to support the campaign?**

Leaflets were distributed to pharmacies in London in July/August 2016 by NHS England (London Region) on access to local dental services.

Pharmacies should direct children and young people, or their parents/carers to the following websites, if they ask for more information about oral pain management or need to find a NHS dentist:

#### NHS Choices

<http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3>

<http://www.nhs.uk/Conditions/dental-abscess/Pages/Introduction.aspx#symptoms>

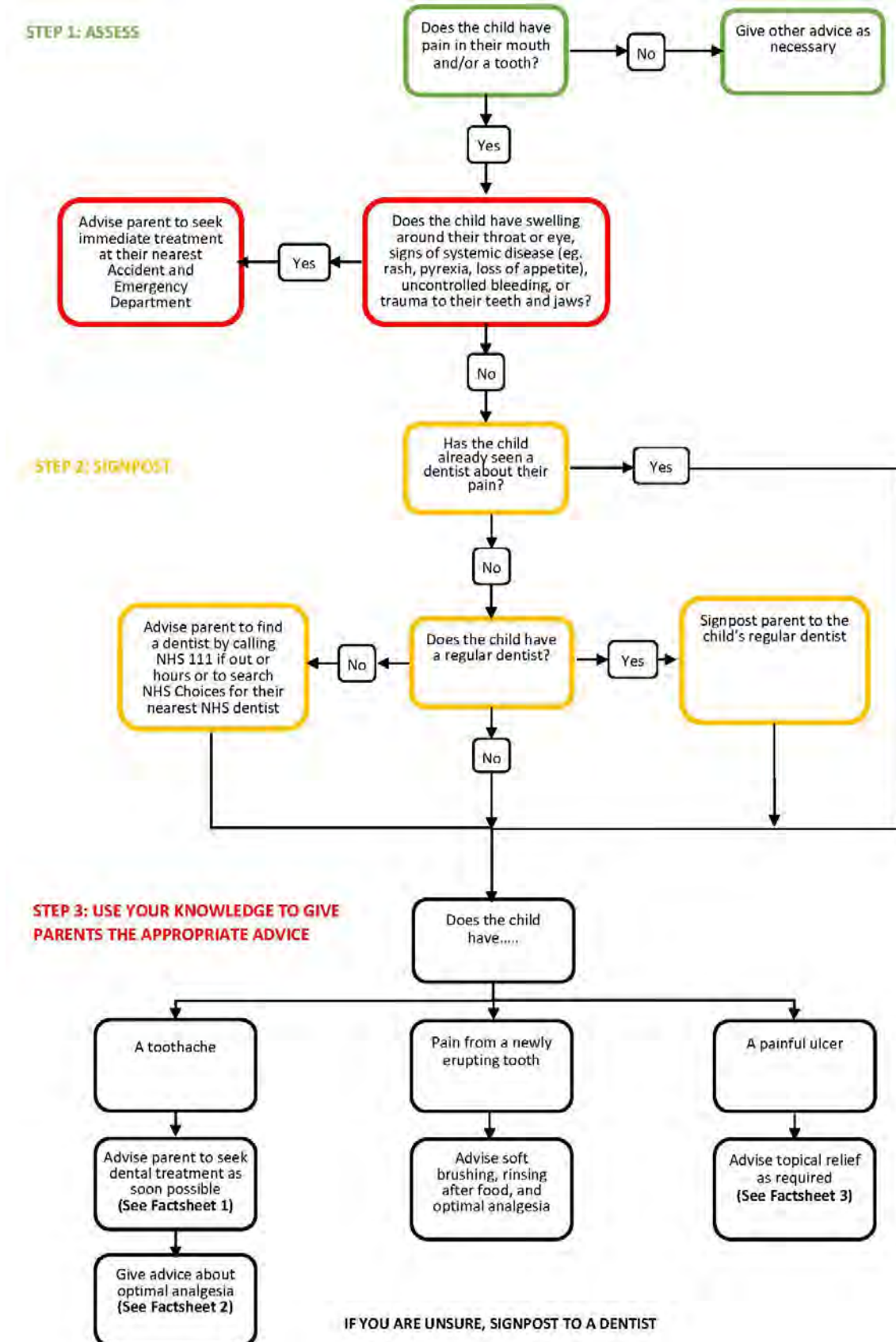
<http://www.nhs.uk/conditions/Toothache/Pages/Introduction.aspx>

Community pharmacists are health professionals and should consider their own individual competence in their ability to demonstrate appropriate advice and signposting to a parent or carer of CYP. To support their educational needs, this campaign also provides an opportunity for continuing professional development (CPD) in oral health promotion and oral pain management using the ASK flow chart (Appendix 1) and factsheets (Appendix 2).

# Appendix 1: ASK flow chart

The **ASK** flow chart is designed to offer guidance in how to perform the health promotion activity and audit

Pharmacies' should use their own discretion and professional practice when managing patients. The flowchart offers guidance about providing the health promotion activity and audit



## Appendix 2: Factsheets - Quick reference guides for Community Pharmacists

### Factsheet 1: Dental Abscesses

#### What is a dental abscess?

A dental abscess is a sign of an infection commonly from a decayed tooth in children. Tooth decay occurs when the bacteria in plaque that forms on the surfaces of teeth breaks down dietary sugars to produce acid. This acid demineralises the hard tooth surfaces creating a cavity or hole. Tooth decay that progresses deeper into the tooth to the part that contains the blood and nerve supply (dental pulp) can cause severe pain and irreversible damage. The tooth can eventually die; the tissue inside the tooth becomes necrotic. This necrotic tissue (trapped inside the tooth) tries to escape and the collection of pus appears as an abscess.



Tooth decay in primary (baby) teeth



Tooth decay in primary (baby) teeth

#### Signs and symptoms of a dental abscess

- A raised swelling on the gum close to the tooth
- A cream colour pit (sinus) where pus can be squeezed out
- Pain often located to a single tooth
- Pain that is worse on chewing or on touch
- A bad taste in the mouth



Dental abscess on the gum



Dental abscess on the gum

#### Toothache symptoms:

- Pain from a tooth that occurs spontaneously for no reason
- Lingering pain that lasts for hours
- Pain that is often worse after eating hot foods and drinks
- Pain that disrupts sleep
- Pain that radiates, moving between the top and bottom jaws

## Signs and symptoms that need immediate attention

- High temperature (fever)
- Children feeling generally unwell
- Loss of appetite
- Difficulty opening their mouth fully
- Difficulty swallowing or breathing
- Facial swelling spreading to the eye and/or throat



**A facial swelling caused by a spreading dental infection**

**Children who show these signs and symptoms should be immediately referred to their local Accident and Emergency department**

## What community pharmacies can do?

- Dental abscesses need to be treated; they will not resolve by themselves
- Children should be signposted and be advised to seek dental treatment to drain the abscess through the tooth if possible
- Recommend optimal analgesia - Analgesic may be effective but only for very short time (See Factsheet 2: Analgesics)
- Antibiotics should not have been prescribed unless there are signs of spreading infection (i.e. facial swelling, systemic infection or an immunocompromised child)

## Useful Resources

National Institute of Health and Care Excellence (NICE) Clinical Knowledge Summaries: Management of dental abscess <http://cks.nice.org.uk/dental-abscess#!scenario>

Scottish Dental Clinical Effectiveness Programme (2016). Drug Prescribing for Dentistry. Dental Clinical Guidance.

<http://www.sdcep.org.uk/wp-content/uploads/2016/03/SDCEP-Drug-Prescribing-for-Dentistry-3rd-edition.pdf>

## Factsheet 2: Giving advice about over the counter analgesics for managing dental pain in children

### Toothache

An inflamed pulp (the nerve and blood supply tissue in a tooth) or an inflammation related to a dental abscess can cause dental pain in children. Removing the cause of the inflammation or the tooth is usually the best way to manage dental pain (see Factsheet 1: Dental Abscesses). Community pharmacy staff should advise parent/carers with children experiencing dental pain to visit their dentist even if analgesics are successful in the short term.

### Suggested analgesics for managing oral and dental pain in children

<b>Paracetamol Tablets or Soluble Tablets: 500 mg; or Oral Suspension: 120 mg/5 ml or 250 mg/5 ml</b>	
<b>6 months – 2 years</b>	120 mg four times daily (max. 4 doses in 24 hours)
<b>2 – 4 years</b>	180 mg four times daily (max. 4 doses in 24 hours)
<b>4 – 6 years</b>	240 mg four times daily (max. 4 doses in 24 hours)
<b>6 – 8 years</b>	240-250 mg four times daily (max. 4 doses in 24 hours)
<b>8 – 10 years</b>	360-375 mg four times daily (max. 4 doses in 24 hours)
<b>10 – 12 years</b>	480–500 mg four times daily (max. 4 doses in 24 hours)
<b>12 – 16 years</b>	480-750 mg four times daily (max. 4 doses in 24 hours)
<b>16 – 18 years</b>	500 mg - 1g four times daily (max. 4 doses in 24 hours)

<b>Ibuprofen Oral Suspension: 100 mg/5 ml; or ibuprofen tablets: 200 mg</b>	
<b>6 months – 1 year</b>	50 mg four times daily, preferably after food
<b>1 – 4 years</b>	100 mg three times daily, preferably after food
<b>4–7 years</b>	150 mg three times daily, preferably after food
<b>7–10 years</b>	200 mg three times daily, preferably after food
<b>10–12 years</b>	300 mg three times daily, preferably after food
<b>12–18 years</b>	300–400 mg four times daily, preferably after food

<b>Aspirin Dispersible Tablets, 300 mg</b>	
<b>&lt;16 years</b>	Do not recommend for children because of the risk of Reye's syndrome (rare)
<b>&gt;16 years</b>	2 tablets four times daily, preferably after food

### Ulcer pain

Parents can apply local analgesics to relieve the pain caused by ulcers in children on a short-term basis only to help with eating and tooth brushing (See Factsheet 3: Giving advice about managing ulcers).

<b>Benzydamine Mouthwash, 0.15% (e.g. Difflam)</b>	
<b>&lt;12 years</b>	Not recommended because of its local anaesthetic properties
<b>≥12 years</b>	Rinse or gargle using 15 ml every 1½ hours as required (Maximum 7 days)
<b>Benzydamine Oromucosal Spray, 0.15% (e.g. Difflam spray)</b>	
<b>6 months – 6 years</b>	1 spray per 4 kg bodyweight (max. 4 sprays) every 1½ hours
<b>6–18 years</b>	4 sprays every 1½ hours
<b>Lidocaine Ointment, 5%</b>	
<b>All children</b>	Rub sparingly and gently on affected areas (send: 15g tube)



## Pain caused by a newly erupting tooth

The following guidance for community pharmacies is adapted from the NICE's Clinical Knowledge Summary on Teething:

- **Offer reassurance:** teething is a normal process and not an illness. Most symptoms are generally mild and self-limiting
  
- **Give advice on self-care measures to relieve teething symptoms:**
  - Gently rubbing the gums with a clean finger
  - Allowing their child to bite on a clean and cool object, such as a chilled teething ring or a cold wet flannel
  - Consider using chilled fruit or vegetables (e.g. bananas or cucumber) under parent supervision for weaned children. Use sugar-free products to prevent tooth decay
  - Avoid eating objects that can easily be broken into hard pieces because of the risk of choking
  
- **Consider Paracetamol or Ibuprofen suspension** to relieve teething symptoms and discomfort in children aged three months or older. Recommend Paracetamol for asthmatic children (See guidance above under "Toothache")
  
- **Advise parents not to use choline salicylate gels** (e.g. Bonjela) because of the risk of Reye's syndrome
  
- **Current guidance does not recommend topical anaesthetics and complementary therapies (e.g., herbal teething powder).**
  - There is no good evidence to support using teething gels. However, if parents decide to use teething gels, advise them to follow the manufacturers' dosage recommendations
  - Reports document severe adverse effects following the inappropriate use of topical anaesthetics
  
- **Advise parents to seek medical advice if their child becomes systemically unwell** (e.g. high fever). This could indicate an underlying condition not related to teething

## Pain caused by traumatised teeth and soft tissues injuries

Community pharmacies should advise parents/carers that they should visit a dentist as soon as possible for the initial management when children's teeth are fractured or injured. The upper front teeth are the most commonly traumatised teeth.

Community pharmacists can recommend analgesics listed under the toothache section for bruised and painful gums and injured teeth. Advise parents that a traumatised tooth can also be sensitive if the child loses a piece of the tooth.

Community pharmacies can use the guidance below to advise parents if their child's tooth has completely come out of their mouth, while still directing parents to seek emergency dental treatment.

Advice for parents/carers	
Baby tooth	<ul style="list-style-type: none"> <li>• Keep the tooth for the dentist to check</li> <li>• Get the child to bite on a clean handkerchief for several minutes to stop the bleeding</li> <li>• Take their child to the dentist or Accident and Emergency with the tooth</li> </ul>
Adult (permanent) tooth	<p><b>Put the tooth back in their child's mouth if they feel comfortable doing this <sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Lightly rinse the tooth in cold water but <u>do not</u> scrub the tooth</li> <li>• Put the tooth back into the space in the mouth where it came out from</li> <li>• Ask their child to bite <u>lightly</u> on the tooth</li> <li>• Go to see a dentist IMMEDIATELY</li> </ul> <p><b>If they do not feel comfortable to put the tooth back into the mouth<sup>1</sup>:</b></p> <ul style="list-style-type: none"> <li>• Do not rinse the tooth in tap water</li> <li>• Safely store the tooth in milk</li> <li>• Go to the dentist IMMEDIATELY</li> </ul>

<sup>1</sup> Dentists can re-implant adult teeth back into the mouth within six hours in patients under 16 years with a better prognosis than teeth that are kept out of the mouth for longer periods or in older patients.

## Links to recommendations and guidance

Scottish Dental Clinical Effectiveness Programme (2013). Management of Acute Dental Problems: Guidance for Healthcare Professionals. <http://tinyurl.com/SDCEP-acute-dent-probs>

National Institute for Health and Care Excellence (2014). Clinical Knowledge Summaries: Teething – scenario: management. <http://tinyurl.com/NICE-teething>

BNF for children: <https://www.evidence.nhs.uk/formulary/bnfc/current/4-central-nervous-system/47-analgesics>

Dental Trauma Guide <http://www.dentaltraumaguide.org/>

Dental Trauma App for parents: <https://www.iadt-dentaltrauma.org/for-patients.html>

## Factsheet 3: Giving advice about managing ulcers in children

### What are mouth ulcers?

Mouth ulcers are quite common in children. They occur when the full thickness of the mouth's epithelial (inner) covering is breached. There are a variety of causes for ulcers. They are often painful.

### Recurrent episodes of oral ulceration

Most cases of recurrent oral ulceration (ROU) have no obvious cause, then known as recurrent aphthous stomatitis (RAS). Up to 40% of children may have RAS. ROU can also occur in children who have vitamin B12, folate or iron deficiencies or in children who have malabsorption problems (e.g., in Crohn's disease or coeliac disease). Some people with ROU associate their ulcers with stress, food triggers or soap in toothpastes.

### Single episodes of oral ulceration

Some viral infections cause single or isolated episodes of oral ulceration. Ulcers can appear in varying degrees during the initial infection with the cold sore virus (Herpes Simplex) or in glandular fever. Viral infections can cause lesions to appear in other parts of the body (e.g. hand foot and mouth disease). Lip biting or trauma can also cause single episodes of ulcers especially in special needs children or after a child has had a local anaesthetic injection for dental treatment.

### Ulcers associated with an underlying health condition

Children who are immunosuppressed for a variety of reasons and who have poor oral hygiene can develop a bacterial infection of the gums called acute ulcerative gingivitis. The gums become very painful and the child may have bad breath. The infection can destroy the soft tissues of the face ('Cancrum Oris') if the child is malnourished, and lead to severe disability and death. You might see this very rare condition in recent migrants from underdeveloped countries.

### Signs and symptoms in children

#### Minor ulcers in RAS

- Round ulcers with a yellowy-grey base and a surrounding reddish halo (less than 10 mm diameter)
- Involve the lip, tongue, floor of mouth or inside the cheek
- Adjacent ulcers can group or coalesce together
- Painful to touch causing a child to refuse food or have difficulty talking

#### Major ulcers in RAS

- Much less frequent in children
- Round or oval shaped ulcers sometimes with a raised margin
- Larger than minor ulcers (greater than 1 cm diameter)
- Often more painful than minor ulcers with a longer duration
- May take over a month to heal and heal with scarring



Ulcer on inner surface of the mouth



Ulcer on inner surface of the lip

### Ulcers associated with infections

- Ulcers often appear as a large numbers of small pinhead-sized ulcers on the gums and in the mouth during the Initial infection with the cold sore virus (Herpes Simplex)
- The child may feel unwell; have a temperature, enlarged neck glands, a poor appetite and can drool (often mistaken for teething).



### What advice can community pharmacies give to parents and carers?

- The majority of mouth ulcers affecting children are likely to be minor RAS. They are often self-limiting and will usually resolve over seven to 10 days but will recur.
- Major ulcers or ulcers caused by an underlying health condition could take several weeks to heal (10-40 days).
- In all cases, parents should keep their child well hydrated and encourage soft foods. Using a straw to drink fluids might make drinking less painful.
- Children who can rinse their mouths can use a warm salt-water rinse or an antiseptic mouthwash (0.2% chlorhexidine gluconate) to keep their mouth clean and to reduce super-infection of the ulcer.
- Children should use a toothpaste that does not have a strong minty flavour or sodium lauryl sulphate (soap).
- Parents and older children can apply an over-the-counter protective paste to the ulcer to relieve the pain and discomfort. Popular pastes include *Orabase* (carmellose), *Gengigel* (hyaluronate), or *Gelclair* (hyaluronate). *Alocclair* is available as a mouthwash or spray.
- Topical analgesics can be helpful for some oral ulcers. Options include 0.15% benzydamine hydrochloride (Difflam) and 5% lidocaine as mouthwashes or sprays. Topical analgesics only act for a short time period but can help the child to eat and brush their teeth while they have the ulcer (See Factsheet 2: Analgesics).
- Advise parents if the child is unwell, has high temperature and other systemic features (e.g. a rash) suggesting a viral cause for their ulcers to prevent the spread of infection to other family members. Parents in these cases should seek immediate advice from their child's GP or dentist.
- Give advice about the appropriate doses of Paracetamol or Ibuprofen (See Factsheet 2: Analgesics) should be recommended provided that there is no contraindication
- Choline Salicylate Dental Gel (Bonjela sugar free) should only be used in children over 16 years and in adults (½-inch of gel with gentle massage not more often than every 3 hours)
- Parents of children with frequent oral ulcers affecting their quality of life should be advised to see a dentist who may prescribe a topical corticosteroid preparation and refer the child to be seen at a specialist Oral Medicine or Children's Dentistry clinic.

### Useful resources

#### Links to recommendations guidelines

National Institute of Health and Care Excellence (NICE) Clinical Knowledge Summaries:

Management of aphthous ulcers <http://cks.nice.org.uk/aphthous-ulcer#!scenario>

<https://www.evidence.nhs.uk/formulary/bnf/current/12-ear-nose-and-oropharynx/123-drugs-acting-on-the-oropharynx/1231-drugs-for-oral-ulceration-and-inflammation/salicylates/choline-salicylate/choline-salicylate-dental-gel-bp>

<https://www.evidence.nhs.uk/formulary/bnf/current/12-ear-nose-and-oropharynx/123-drugs-acting-on-the-oropharynx/1231-drugs-for-oral-ulceration-and-inflammation>

<http://www.nhs.uk/Conditions/Mouth-ulcer/Pages/Introduction.aspx>

## Appendix 3: Recording Data for the Audit

An online survey tool has been designed to support pharmacies to record the activity. The tool is free to use and open to all pharmacies across London. The pharmacy will need to enter their ODS code **each time** an entry is made to identify the data as coming from your particular pharmacy.

On submitting an entry , the pharmacy will receive an email confirmation of their entry.

The survey is accessible on any web-based device (e.g. pharmacy PC, smartphone, tablet, laptop, smart watch) accessed here:

<https://nhslondonpharmacy.typeform.com/to/zplcoF>

Most responses can be recorded using the drop down menus or by selecting answer options to make recording quick and easy.

The audit comprise 15 questions, with questions 1-6 relating to the setting and questions 7-15 relate to the interaction with the patient/parent or carer. Ideally a response is required to all questions. but if a parent/carer is unable to answer every question i.e questions 7-15 then the responses for only those questions answered should be submitted. The survey tool allows for this scenario

Every contact counts and contributes to the evidence base for analysing the impact of community pharmacy in health promotion

### 1. London borough

**This is a mandatory field.** A drop down menu will be available. This only relates to the location of the pharmacy and NOT to where the patient lives.

Select only one borough from the drop down list:

**Barking and Dagenham**  
**Barnet**  
**Bexley**  
**Brent**  
**Bromley**  
**Camden**  
**City of London**  
**Croydon**  
**Ealing**  
**Enfield**  
**Greenwich**  
**Hackney**  
**Hammersmith and Fulham**  
**Haringey**  
**Harrow**

**Havering  
Hillingdon  
Hounslow  
Islington  
Kensington and Chelsea  
Kingston upon Thames  
Lambeth  
Lewisham  
Merton  
Newham  
Redbridge  
Richmond upon Thames  
Southwark  
Sutton  
Tower Hamlets  
Waltham Forest  
Wandsworth  
Westminster**

**2. Pharmacy ODS code (formerly called a F-code)**

**This is a mandatory field.** Free text entry is required. The Pharmacy Manager/Owner will be aware of this code.

**Select only one entry per audit, space for characters numerical entry**

**3. Please add your email address to receive a confirmation email**

**4. What day of the week is it?** A drop down menu will be available, this relates to the contact with the child or young person/parent and NOT the data entry day.

**Select only one day from the drop down list:**

**Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
Sunday**

**5. What time of day is it?** A drop down menu will be available, this relates to the contact with the child or young person/parent and NOT the data entry time.

**Select only one time slot from the drop down list:**

**Morning: 08.00-13.00  
Afternoon: 13.00-18.30**

**Evening and overnight: 18.30-08.00**

**6. Age of the child**

**This is mandatory entry**

**Please write the child's exact age in years**

-----

For questions 7 to 15, select the appropriate answer:

**7. Does this relate to**

**Select only one response:**

- Over the counter purchase**
- Prescribed item or prescription**
- Don't know**

**8. Does the child have pain in their mouth and/or a tooth?**

**Select only one response:**

- Yes**
- Don't know**
- No**

**9. Does the child have swelling around their throat or eye, signs of systemic disease (e.g. rash, high temperature [fever], loss of appetite), uncontrolled bleeding, or trauma to their teeth and jaws?**

**Select only one response:**

- Yes**
- Don't know**
- No**

**A child with any of these signs and symptoms should be immediately referred to the Pharmacist for advice and consider referral to A&E**

**10. Has the child already seen a dentist about their pain?**

**Select only one response:**

- Yes**
- Don't know**
- No**

**11. Does the child have a regular dentist?**

**Select only one response:**

- Yes
- Don't know
- No

**12. Has the child seen another health professional or health service about their dental pain?**

**(TICK ALL THAT APPLY)**

- N/A
- GP
- Practice Nurse
- Health Visitor
- School Nurse
- A&E
- NHS 111
- Walk-in Centre/Urgent Care Centre
- GP Out of Hours Service
- Another Community Pharmacy
- Other

**13. Does the child have: A toothache? (Toothache is defined in Factsheet 1)**

**Select only response:**

- Yes
- Don't know
- No

**14. Does the child have: Pain from a newly erupting tooth?**

**Select only one response:**

- Yes
- Don't know
- No

**15. Does the child have: A painful ulcer?**

**Select only one response:**

- Yes
- Don't know
- No

**“Thank you for completing this audit form. Your entry has been logged”**



## **Some additional points to consider when recording data for the audit**

### **How do I submit the data?**

The online survey will be available seven days before the campaign starts and for seven days after the end of the campaign. Many pharmacies will submit data in “real time” as they progress with delivering the campaign and audit. Feedback from pharmacies indicated this would be the best solution for their working environment and the tool was designed with this in mind. Data can also be entered into the tool at the end of the working day as a single task. Pharmacies that choose to do this can use the template to record their patient encounters before entering the data into the survey tool at the end of each day ([Appendix 4](#)). Pharmacies should use whatever process works best in their individual setting.

No patient identifiable data will be entered as part of this campaign. NHS England will release anonymised London-wide activity data as the campaign progresses to LPCs to give an indication of how the audit is progressing on a weekly basis.

NHS England will use an emailing tool to liaise with pharmacies. This tool gives NHS England the ability to monitor when the pharmacy opens the emails, deletes the email or unsubscribes from the email. It is important that NHS England has up to date and appropriate email addresses for corresponding with the pharmacy.

### **Are there a minimum or maximum number of audit entries required as part of participating in the voluntary audit?**

There is no maximum number but a minimum of six entries is required in order to receive payment. NHS England, Healthy London Partnerships and QMUL would encourage pharmacies to engage with as many patients as possible. Every contact counts and contributes to the evidence base for analysing the impact of community pharmacy in health promotion. In the 2015 asthma management audit, pharmacies made an average of nine entries, 50% more entries than the required six entries with a significant proportion of pharmacies submitting more than 15 entries.

### **Does the pharmacy have to complete a spreadsheet as in previous campaigns?**

No. The online survey will do everything for you and is the only recording activity required for the campaign.

### **What happens if the survey tool does not work?**

Contact NHS England (London) on [england.londonpharmacy@nhs.net](mailto:england.londonpharmacy@nhs.net) for help and advice (See section 5.10).

**What happens if the pharmacy cannot engage parents/carers or patients to participate?**

The online survey provides the ability to record a contact, which did not result in any responses.

If this occurs, the pharmacy should enter responses for question 1 to 5 in the survey tool as proof of an attempt to engage and leave questions 6 to 12 blank or with no responses. Only four percent of all entries in the asthma management audit indicated non-engagement with patients. Most (96%) people who were approached were happy to participate.

This type of entry would count towards the minimum six entries to receive a £75 payment

**What happens if no relevant parents/carers or patients make contact with the pharmacy during the campaign?**

Parents and carers of CYP regularly use pharmacies. Approximately 90,000 paediatric analgesic items are processed monthly across England. It is therefore very unlikely that this scenario occurs. However, if it does, please contact NHS England (London) at the end of the campaign to discuss this further. NHS England (London Region) will agree with the pharmacy about how to acknowledge their participation in the campaign.

**Can we audit the same patient on more than one occasion?**

A patient can only be counted once in the audit.

**Can the public use the online tool to enter data?**

No. Only pharmacies should use the specially designed survey tool. Do not share the link with the public.

**Will the pharmacy receive confirmation of participation at the end of the campaign and Audit?**

NHS England will survey pharmacies after the audit to establish any learning and development needs as a legacy of their participation.

## Appendix 4: Optional template to record parent/carer encounters before entering data into the survey tool

Parent encounters	1. London borough	2. Pharmacy ODS code	3. Email Address	4. Day of the week: Mon-Sun	5. Time of day: Morning/Afternoon/Evening and overnight	6. Age of the child (years)	7. Does this relate to OTC/POM	8. Child has pain in their mouth and/or a tooth (Yes/No/don't know)	9. Child has a swelling around their throat or eye, signs of systemic disease (Yes/No/don't know)	10. Child has already seen a dentist about their pain? (Yes/No/don't know)	11. Child has a regular dentist? (Yes/No/don't know)	12. Has the child seen another health professional or health service about their dental pain? (N/A, GP Practice Nurse, Health Visitor, School Nurse, A&E, Walk-in Centre/Urgent Care Centre, GP Out of Hours Service, Another Community Pharmacy, Other)	13. Child has a toothache? (Yes/No/don't know)	14. Child has pain from a newly erupting tooth? (Yes/No/don't know)	15. Child has pain from an ulcer? (Yes/No/don't know)
1															
2															
3															
4															
5															
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8															
9															
10															
11															
12															
13															
14															
15															

## Appendix 5: Assessing Learning & Development Needs

### Example questions

**How confident do you feel about giving advice to parents and carers about managing their children's oral pain?**

**Select only one response:**

Not at all confident  
Somewhat confident;  
Moderately confident,  
Very confident,  
Completely confident

**How would you rate the previous training that you have received on....**

- a) Recommending the appropriate concentration of fluoride in toothpaste
- b) Prescription-only fluoride products
- c) Managing oral ulcerations
- d) Managing dental pain
- e) Managing dental trauma
- f) Alcohol and oral cancer
- g) Tobacco and oral diseases (gum diseases and oral cancer)

**Select one response for each question:**

No training received  
Poor  
Fair  
Good  
Very Good  
Excellent

**How interested would you be in receiving further training on...**

- a) Recommending the appropriate concentration of fluoride in toothpaste
- b) Prescription-only fluoride products
- c) Managing oral ulcerations
- d) Managing dental pain
- e) Managing dental trauma
- f) Alcohol and oral cancer
- g) Tobacco and oral diseases (gum diseases and oral cancer)

**Select one response for each question:**

Not interested  
Somewhat interested  
Interested  
Very interested

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