Public Health Guidelines

Oral health promotion approaches for dental health practitioners - Consultation on Draft Scope
Stakeholder Comments Table

18 March - 15 April

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Dental Association	General		Overall the key questions cover all the relevant areas and should identify the literature needed to support the synthesis of the evidence and the writing of the guideline.	Thank you for your comment.
British Dental Association	2	1	Include the latest versions of DBOH and the revised versions of 'Smokefree and Smiling'. The recent guidance on behavioural change should be made more prominent.	Thank you for your comment, we have amended the scope so it lists the latest version of 'Smokefree and smiling' and we await the publication of the third version of DBOH. Thank you for your comment, the scope has been amended accordingly.
British Dental Association	4.3	7	Question 1: Consider the full range educational events in the widest possible range of settings.	Thank you for your comment; the questions in the scope are intended to be overarching and will be further refined when the protocol for the review of evidence is developed. We anticipate that the committee will explore the issues you raise when developing the guidance.
British Dental Association	4.3	7	Question 2: Evaluate the unique potential of dentists as the sole regular contact for a cohort of predominantly male healthy patients who are likely to	Thank you for your comment. Please see our response

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			have limited contacts with other healthcare professionals.	above.
British Dental Association	4.3	7	Question 3: Design effective training programmes built on the established skills of the dental team.	Thank you for your comment. Please see our response above.
British Dental Association	4.3	7	Question 5: Specifically include anxiety management	Anxiety management is beyond the remit of this guidance.
British Dental Association	4.3	7	Expected outcomes should include fewer patients reporting anxiety and fewer complaints	The scope has been refined to clarify that the guidance will include positive experience in relation to approaches to promoting positive oral health behaviour. Anxiety management or patient experience beyond that of oral health promotion is beyond the remit of this guidance.
British Dental Association	4.3	7	Consider specific public health outcomes like the level of tooth decay in 5 year olds	Thank you for your comment; the outcomes listed in the scope are intended to be overarching and will be further refined when the protocol for

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				the review of evidence is developed.
British Dental Health Foundation	2d	2	British Dental Health Foundation strongly supports the proposals for Guidance for local authorities on oral health needs assessments and community oral health promotion programmes, and Guidance for carers working in health and social residential care settings (including nursing homes, residential care homes).	Noted, thank you.
British Dental Health Foundation	3	2 - 5	The wording around many of the statistics (tooth decay in children for example) implies only good news. They may have improved significantly over the last few decades but they remain appalling for a preventable disease.	Thank you for your comment, the scope has been amended accordingly.
British Dental Health Foundation	3	2 - 5	British Dental Health Foundation strongly supports the details given by NICE under the need for guidance.	Noted, thank you.
British Dental Health Foundation	3a	2	British Dental Health Foundation would like to add that in addition tooth decay being one of the most common dental problems in the UK; it is also one of the world's largest NCDs, particularly in children. Here, educating children, parents, care workers and teachers about diet and good daily oral hygiene routines play a pivotal role.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
British Dental Health Foundation	3b	2	Oral cancer is one of the UK's fastest growing cancers, increasing by 40% in the last decade. Guidance on risk factors and lifestyles (smoking, alcohol), along with the importance of dental visits for early detection is of significant value.	Thank you for your comment, the scope has been amended accordingly.
British Dental Health Foundation	3b	2	Regarding the increase of natural teeth found in the Adult Dental Survey 2009 when compared to 1978. The single most important factor in this development	Our understanding is that it is access to fluoride products,

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			has been the introduction of water fluoridation, yet only 11% of the UK currently benefit from this.	such as toothpaste that have had the single biggest impact on dental caries. Please note that water fluoridation is beyond the remit of this guidance.
British Dental Health Foundation	4.2.1	6	Whilst the scope takes into account those from different backgrounds and ethnicities, there seems a clear lack of opportunity for non-English speakers, of which there are increasing many in the UK. Do we have the provisions within dentistry to offer verbal communication to non-English speakers and/or provide them with written information in their language? The scope omits this scenario.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. Appendix B of the scope notes that the committee will consider whether effectiveness and cost effectiveness varies according to the diversity of the population (for example, in terms of age, gender, ethnicity, religion, education level, fluency in English, physical or mental disabilities) Please note that the guidance will be subject to an equality impact assessment.
British Dental Health Foundation	4.2.1a	6	British Dental Health Foundation supports verbal information to patients as an	Thank you for your comment;

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			approach; however this must be supplemented with written information for the patient to take away. Research has shown that patients forget the majority of information they are told during a consultation, so simplified and easy-to-understand guidance in the form of leaflets is vital for a positive experience. These will not only ensure the patient leaves with the correct information, it will also save the dental professional time during consult.	we anticipate that the committee will explore these issues when developing the guidance.
British Dental Health Foundation	4.3	7	British Dental Health Foundation applauds the key questions and expected outcomes of the Guidance to help dental health practitioners and to help create a positive experience for patients, with an ultimate aim of creating a positive change in the behaviours and attitudes towards oral health, improving the health of their mouth, general health, quality of life and overall wellbeing.	Noted, thank you.
British Dental Health Foundation	General		Whilst being covered by other work, there is not enough mention in the scope of the elderly population: both those in residential care and care in the community and at home. The scope also omits how to go about creating a positive environment for those with learning difficulties and/or special needs.	Appendix B of the scope notes that the committee will consider whether effectiveness and cost effectiveness varies according to the diversity of the population (for example, in terms of age, gender, ethnicity, religion, education level, fluency in English, physical or mental disabilities). Please note that the guidance will be subject to an equality impact assessment. Residential care settings care

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				beyond the remit of this guidance; guidance is currently in development on oral health in nursing and residential care see: http://guidance.nice.org.uk/PHG/62
			There is very little about the role of smoking and alcohol and oral health tooth loss and gum disease and also with mouth cancer, of which rates in the UK have been steadily rising for decades.	Section 3 of the scope notes that smoking and alcohol and risk factors for poor oral health. Greater prominence is now given in section 3 to the rising rates of mouth cancer.
			British Dental Health Foundation also questions a scope that aims to address equal opportunity in healthcare on the one hand while then assessing the will to help those diverse groups (ethnicity/disability) against cost effectiveness on the other. *On a practical level, the British Dental Health Foundation does acknowledge this balance is difficult.*	Please note that the guidance will be subject to an equality impact assessment.
Cheshire West and Chester Council	GENERAL		It would be very helpful if the review did not consider dentistry in isolation to other health and social care providers or oral health in isolation to other health issues. In order to ensure joined up health and social care, we need to find means by which every aspect of service provision plays a part in overall health care. For example, how can dentists and dental practices link into Making Every Contact Count? How can dentists treat/support the whole person rather than simply their teeth?	The scope for the guidance is restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health

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				behaviour, including a positive patient experience of attendance at the dentist.' However, the guidance will consider whether oral health promotion messages are more likely to have an impact if they are linked with wider health outcomes, such as heart and lung disease or diabetes.
Cheshire West and Chester Council	4.3	7	In response to Q2: This would be a very helpful area in which to understand the supporting evidence. In some areas there is a drive to deliver the NHS Health Checks through dentists (as well as other providers). It would be useful to know if this is likely to be effective – are people who attend dentists likely to be within the eligible cohort and more receptive to accept a NHS Health Check (as a result of engaging with this aspect of health and social care provision?)	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Cheshire West and Chester Council	4.3	7	Another issue not covered in these questions would be how to encourage people to access dentists. This scoping document is focusing on those already accessing dentistry – how do we encourage them to attend in the first place, sustain engagement (why do people stop attending dentists – do additional visits to the dental hygienist reduce people's motivation to attend?) Or will this be covered in the other documents?	We note that encouraging people to access dentists is an important issue, however, the scope for the guidance is restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health

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				behaviour, including a positive patient experience of attendance at the dentist.' Forthcoming NICE guidance, 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' will cover community-based oral health promotion programmes and interventions including those that aim to increase access to dentists.
Cheshire West and Chester Council	GENERAL		How will all of the guidance documents link together? Is it planned that there will be a pathway approach – those who don't engage, engagement with dentistry, sustaining use of dental health?	Forthcoming NICE guidance will address the following areas: • 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' – this will cover community-based oral health promotion programmes and interventions including those that aim

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				to increase access to dentists. • Oral health in nursing and residential care' homes – this will cover promoting oral health, preventing dental health problems and ensuring access to dental treatment: http://guidance.nice.org.uk/PHG/62 • Oral health promotion approaches for dental health practitioners' – this will cover effective approaches to promoting positive oral health behaviour.
Department of Health	General		Department of Health has no substantive comments to make, regarding this consultation	Noted, thank you.
Friends, Families and Travellers	3.c)	3	Significant ethnic inequalities in oral health are experienced by Gypsy and Traveller communities. From research conducted by FFT in conjunction with oral health promotion team in 3 Primary Care Trusts, the determinants of poor oral health were identified as:	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. Appendix B of the scope notes that the

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			• Lack of accessible, culturally appropriate information. • Distrust and negative attitudes – both population and professional. • A historical neglect of dental health services in reaching out to the Travelling community. • Raised levels of fear and anxiety about visiting the dentist. • A transient population.	committee will consider availability and accessibility for different groups as well as whether effectiveness and cost effectiveness varies according to the diversity of the population (for example, in terms of age, gender, ethnicity, religion, education level, fluency in English, physical or mental disabilities). Please also note that that the guidance will be subject to an equality impact assessment.
Friends, Families and Travellers	3. f)	4	Health promotion advice delivered verbally at dental appointments is especially important for Gypsies and Travellers as health literacy is poor due to low literacy levels. Information delivered verbally is most effective.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Friends, Families and Travellers	5.	4.1.2	What Guidance is available for encouraging adults and children who do not visit the dentist to engage with dental services? If health promotion delivered by dental practitioners is improved there is a risk of intervention based inequality if those groups who are not engaged with dental services (predominantly people from lower socioeconomic groups and ethnic minorities) are not linked into dental surgeries.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. We note that encouraging

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				people to access dentists is an important area, however, the scope for the guidance is restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health behaviour, including a positive patient experience of attendance at the dentist.' Forthcoming guidance, 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' will cover community-based oral health promotion programmes and interventions including those that aim to increase access to dentists. Please note that the guidance will be subject to an equality impact assessment.

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GSK Consumer Healthcare	**Question 1:** What are the most effective and cost-effective approaches that dental health practitioners and their teams can use to convey oral health promotion messages?		We welcome the opportunity to comment on the draft scope. We would acknowledge that health promotion messages can and should be delivered by the whole of the dental team and should not just be limited to those who have clinical facing roles. For example, stop smoking advice and support can just as easily be delivered by members of the wider team such as practice managers and reception staff. Acknowledging that it is the joint responsibility of all team members ensures that oral health promotion messages are reinforced at every touch point a patient may have within the practice.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
GSK Consumer Healthcare			Having clear, consistent and agreed oral health messages within the practice is a key component of an effective approach.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
GSK Consumer Healthcare			Practices should also be able to ensure that their message and guidance on oral health can be fulfilled at the time it is delivered. If the recommendation is to use a particular oral health product, these should be available within the practice either to purchase, provided as a sample or available for prescription.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
GSK Consumer Healthcare	**Question 2:** Are oral health promotion		Whilst the data on oral systemic health are interesting and continuing to develop, a prevention message for those diseases may be too stretching given the current evidence base.	Thank you for your comment; we anticipate that the committee will explore these

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	messages more likely to have an impact if they are linked with wider health outcomes, such as heart and lung disease or diabetes?		However, for those who have the disease, a message that links good oral hygiene to better management of their chronic condition could be engaging.	issues when developing the guidance.
GSK Consumer Healthcare	**Question 3:** What helps dental health teams to deliver oral health promotion messages?		Clear consistent evidence based guidance is essential. Whilst DBOH provides this in a number of key areas there are conditions and therapy areas that may not be covered.	We anticipate that the committee will explore these issues when developing the guidance and will develop evidence based guidance to help dental team to deliver oral health promotion messages to their patients. Just to note that the guidance will refer to the oral health promotion messages set out in the forthcoming 3rd edition of Delivering better oral health: an evidence-based toolkit for prevention. The guidance will not cover the evidence base underpinning positive oral health behaviours (to prevent tooth decay, gum disease and

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				oral cancers) or clinical dental treatment.
GSK Consumer Healthcare	**Question 4:** What can help people to understand and act on oral health promotion messages?		Whilst patients receive information in a variety of ways in the digital environment, oral health messages still broadly rely on a leaflet and verbal endorsement. Ensuring that videos and apps are available supporting the guidance from the team in practice is critical to compliance, particularly for younger patients.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
GSK Consumer Healthcare	**Question 5:** How can a visit to the dentist be made into a more positive experience?		With the new prevention agenda, it is vital that all advice provided can be delivered within the practice. Removing 'hand-offs' to other providers and practitioners is key as is relying on patients fulfilling recommendations on their own initiatives.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Public Health England	General	N/A	PHE as a registered stakeholder organisation are pleased to be given the opportunity to comment on the draft scope. We welcome this short guidance to support dental teams in affecting behaviour change. This will be a helpful way to support teams in the implementation of Delivering Better Oral Health. However it should be acknowledged within the background of the scope that the document focuses on downstream interventions and the evidence suggests that the greatest impact on health comes from upstream interventions. Any guidance for the dental team should therefore contextualise these interventions and consider how the dental team can influence upstream approaches, (e.g. by acting as advocates for change nationally and engaging with community level approaches), as well as	Thank you for your comments. The scope for the guidance is restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health

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			considering how they can affect behaviour change at the individual level.	behaviour, including a positive patient experience of attendance at the dentist.'
			In order to successfully improve the oral health of their communities dental teams need guidance that addresses the needs of their patients within the context of the community served by the practice. This guidance should complement the guidance being developed for local authorities on oral health – both by NICE and by PHE – which will acknowledge the inequalities in oral health and the need to address these through tackling the social determinants of diseases.	Forthcoming guidance, 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' will cover community-based oral health promotion programmes and interventions that aim to increase access to fluoride, improve oral hygiene, improve diet and improve access to dentists.
			The draft scope emphasises the impact of dental treatment on oral health however; while dental treatment and clinical prevention is crucial at an individual level it has a limited impact on the incidence of oral diseases at a population level. As a result, the importance of people engaging in self-care (reduced sugar intake, good oral hygiene and regular use of fluoride toothpaste) should also be accentuated.	Clinical treatment is beyond the remit of this guidance, instead approaches that will be covered concern oral health promotion, for example, verbal information and practical demonstrations to aid people in engaging in self-care behaviours.
Public Health England	1.1	1	The short title could be interpreted as referring only to dentists the term 'dental	Thank you for your comment,

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			teams' would be more explicit.	the scope has been amended accordingly.
Public Health England	3a + 3b	2 + 3	Background This section should give more emphasis on the impact of poor oral health e.g. pain, compromising school attendance and school readiness, time off work and hospital admissions. Also the cost impact, NHS dental services in England cost 3.4 billion annually	Thank you for your comment, the scope has been amended accordingly.
Public Health England	3	2-5	Although dental caries and periodontal disease is covered reasonably, there is very little reference to oral cancer and the risk factors that should also be considered/	Thank you for your comment, section 3 of the scope has been amended and now gives greater prominence to oral cancer.
Public Health England	3c	3	The need for guidance This section would benefit from discussion of the importance of self care (reduced sugar intake, good oral hygiene and regular use of fluoride toothpaste). Risk factors should also refer to lack of access to fluoride i.e. delayed commencement of tooth brushing, reduced frequency of brushing or using a low fluoride toothpaste (these issues are raised in 3g and should therefore be within the introductory list within this section). The relationship between ethnicity and oral health is discussed however; it would be helpful to draw a conclusion to this section, for example, to emphasise that dental teams should be aware of the need to be culturally sensitive and to adjust their advice accordingly.	Thank you for your comment, the scope has been amended accordingly. Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

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Public Health England	3d	4	<u>The need for guidance</u> There is a section on dental attendance which does not seem to be clearly linked to the need for the guidance. The guidance is considering patient experience which is perhaps why this section is included it would seem appropriate to combine section d and e.	Thank you for your comment; the scope has been amended and now links data on dental attendance with the opportunity this presents for dental teams to provide advice on modifiable risk factors and self-care approaches that are common to both oral disease and many other chronic non-communicable diseases, for example, tobacco use, alcohol consumption and diet.
Public Health England	3f	4	Statistic on anti-smoking advice from dentists needs a reference or further clarification	Thank you for your comment, the scope has been amended accordingly.
Public Health England	3g	5	<u>The need for guidance</u> This section highlights those who have adopted good self-care practices perhaps it should focus on those who attend the dentist regularly but have not done so. This is the group that the guidance would be supporting dental teams to influence. Clarification regarding what is meant by ‘high’ or ‘medium’ strength fluoride toothpaste would be useful.	Thank you for your comment, the scope has been amended accordingly. Thank you for your comment, the scope has been amended accordingly.

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			The last sentence in this section has a typographical error, a missing word.	Noted, this has now been corrected.
Public Health England	4.2.1. 4.2.1 (a)	5 6	<u>Approaches that will be covered</u> This guidance will provide useful support to dental teams who are not always clear on how to achieve behaviour change. There is a need to acknowledge the evidence base that shows that increasing knowledge is not enough to cause changes in behaviour. We support the need for guidance in relation to verbal information. Particularly what makes motivational interviewing and brief interventions more and indeed less effective in the dental setting.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Public Health England	4.2.1b 4.2.1c 4.2.1d	6 6 6	Whilst considering practical demonstrations consideration should be given to skill mix and surgery time constraints Throughout England there is a plethora of oral health information in various formats it would be helpful to know what format is the most effective. It would be useful to include what media should be used, and in what way, to support the face to face interventions delivered by dental teams, e.g. apps,	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

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			websites, SMS, twitter, Facebook etc. Dental teams and oral health promotion teams would benefit from knowing how best to utilise these methods to facilitate behaviour change.	
Public Health England	4.2.2b	6	Clinical dental treatment should be considered in conjunction with preventative modalities as the two are synergistic. A comprehensive review would add more useful detail to the overall programme	Clinical dental treatments are beyond the remit of this guidance.
Public Health England	4.2.2c	6	In clinical terms, it is often the anxious patients who have poor levels of oral health. Therefore, to exclude this area will detract from the overall programme.	The management of dental anxiety is beyond the remit of this guidance.
Public Health England	4.2.2e	6	Community based programmes are often run conjointly with clinical programmes in general dental practice. It would be very beneficial to identify how one impacts on the other. Therefore, the exclusion of the community based programmes may detract from the overall picture.	Community based programmes and clinical dental treatments are beyond the remit of this guidance.
Public Health England	4.2.2f	7	Unless oral health promotion in residential or care settings is to be covered in subsequent guidance PHE would support its inclusion in the scope, where that oral health promotion is being delivered by dental teams. This is a high need and vulnerable group and therefore a high priority for any behaviour change or preventive intervention.	Residential care settings care beyond the remit of this guidance; guidance is currently in development on oral health in nursing and residential care see: http://guidance.nice.org.uk/PHG/62
Public Health England	4.3	7	Key questions and outcomes Question 1: when measuring effectiveness and cost effectiveness what	Thank you for your comment; the questions in the scope are

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			outcome measures will be used, change in knowledge or behaviour or alternative outcomes this needs to be clarified. Question 3: This question lacks clarity, is this about what helps the process or helps effectiveness? Question 4 again could be made more explicit. Question 5: could be supported by explaining what is meant by a positive experience. This depends on numerous factors, some of which are outside the control of the dental team. Expected outcomes: Some of these outcomes require complex actions across multiple partners this guidance may not have sufficient impact to address them e.g. outcomes 2, 5 and 6 which require a whole system approach. The outcomes should be measureable and could be more closely focused on the purpose of the document, e.g. focusing on changing the techniques and media employed by dental teams when delivering OHP interventions	intended to be overarching and will be further refined when the protocol for the review of evidence is developed. However, we have made small amendments to help clarify the questions. The outcomes of interest are listed separately from the key questions; please note outcomes of interest are wide-ranging and, for example, cover both knowledge and behaviour. We have made small amendments to the wording of the outcomes of interest to clarify that these outcomes relate to those people who have attended the dentist rather than outcomes in the wider population.
Public Health England	Appendix B	10	<u>Potential considerations</u> Suggest consideration of skill mix under critical elements section. Consideration of what outcome is to be measured, knowledge gain, behaviour change etc.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. Appendix B now lists 'skills mix' as one of the

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				critical elements that we anticipate the committee considering when developing the guidance.
Public Health England	Question 1	7	It will be important to identify how the answer to this question will be quantified as review of the evidence base on this subject is equivocal at the very least.	Thank you for your comment; the questions and outcomes detailed in the scope are intended to be overarching and will be further refined when the protocol for the review of evidence is developed. The evidence will be assessed for validity, reliability and bias. However, the evidence review is not the sole determinant of the content of recommendations which are developed using a range of scientific evidence and other evidence – such as expert testimony, stakeholder and practitioner views, committee discussions and debate.

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Public Health England	Question 2	7	The document should refer to Call To Action and relate back to evidence from this as the impact of oral diseases and prevention messages on general health is a key area of this consultation.	Noted, thank you. We will ensure that the team commissioned to undertake the review of evidence is made aware of this document.
Public Health England	Questions 3,4 and 5	7	Clarification is required as to the involvement of dental teams in this consultation as an accurate answer to these questions can only be gained by involving a significant cohort or sample size.	A review of evidence will be commissioned to look at both evidence of effectiveness and barriers and facilitators to effectiveness. The recommendations will be developed using a range of scientific evidence and other evidence – such as expert testimony, stakeholder and practitioner views, committee discussions and debate.
Public Health England	Questions 1-5	7	There is no reference in the document to the contract reform pilots that are currently taking place. These are piloting an entirely different way of working in general dental practice that is predicated on prevention. Therefore, experiences gained from these pilots are likely to be key to answering all of these questions.	Thank you for your comment; section 2 included a reference to 'NHS dental contract: proposal for pilots December 2010' (DH 2010) however, the scope has been amended and now makes further reference

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				to these changes in section 3.
Royal College of Paediatrics and Child Health	General		We have not received any responses for this consultation	Noted, thank you.
Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow	General		This is a well-considered document that addresses an area of significant concern and potential health gain	Noted, thank you for your comments.
Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow	General		NICE has asked specifically whether the scope could be changed to better promote equality of opportunity relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status. We feel that the scope does not need to be changed but the guideline will need to address that challenges raised in 3 (c) of the document	Noted, thank you.
Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow	General		We suggest that the advice sheet referenced below may may useful to include in the reference list, as the scope mentions oral cancer, and this document goes into detail regarding the role of the dental practitioner Speight P, Warnakulasuriya S, Ogden G (Editors) Early detection and prevention of oral cancer: a management strategy for dental practice. British Dental Association 2010 ISBN978-1-907923-00-5 (* see below for web-link) Web-link: http://www.exodontia.info/files/BDA_2011._Early_Detection_of_Oral_Cancer._A_Management_Strategy.pdf	Thank you for alerting us to this resource.
Royal National Institute of Blind People	General		As the largest organisation of blind and partially sighted people in the UK, RNIB is pleased to have the opportunity to respond to this consultation.	Thank you for your comments.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We are a membership organisation with over 10,000 members who are blind, partially sighted or the friends and family of people with sight loss. 80 per cent of our Trustees and Assembly Members are blind or partially sighted. We encourage members to be involved in our work and regularly consult with them on government policy and their ideas for change. As a campaigning organisation of blind and partially sighted people, we fight for the rights of people with sight loss in each country of the UK. Our priorities are to: • Stop people losing their sight unnecessarily • Support independent living for blind and partially sighted people • Create a society that is inclusive of blind and partially sighted people's interests and needs. We also provide expert knowledge to business and the public sector through consultancy on improving the accessibility of the built environment, technology, products and services	
Royal National Institute of Blind People	4.3.1 c	6	People with communication barriers, such as sight loss, often miss public health posters and leaflets which are in dental surgeries because they cannot see them or read the small font size. There are two million people living with sight loss and one in five people aged 75 and over are living with sight loss so this issue would affect a significant minority of patients. The developing Accessible Information Standard aims to ensure that the NHS captures and records disabled people's preferred communication format so that they can be sent information in a format that they can understand and read, for example large print, braille, email, easy read etc. The Accessible Information Standard	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			should be incorporated into this work to ensure that people with communication barriers are contacted in the correct way. Dental practices should be able to alert patients with sight loss and other communication barriers to important public health material and messages in their preferred format rather than relying on them to see inaccessible posters. In addition, personal health information and appointment times should be given in an accessible format. Font size, type and colour contrast on leaflets and posters is also very important; using appropriate font size and type, such as Ariel 16 will mean that leaflets are much more accessible to a wider audience. See RNIB's website for more information: http://bit.ly/1itOwh4	
Royal National Institute of Blind People	4.3: Question two	7	RNIB agrees with relating oral hygiene messages to wider health issues. For example, research in Australia has demonstrated that advertising the link between smoking and blindness in Australia and New Zealand has increased the number of people calling smoking cessation help-lines. [i] The link between smoking and sight loss would appear to be a powerful incentive for people to wish to stop smoking. As such it would seem that being able to understand the wider implications of smoking on the body - and not just on teeth - would help people to stop smoking. The link between smoking and the UK's leading cause of sight loss, age related macular degeneration (AMD) is as strong as the link between smoking and lung cancer. A study on smoking and AMD published in the 'British	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

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			Journal of Ophthalmology' in 2005[ii] of more than 4,000 Britons aged 75 and older showed that those who smoked were twice as likely to have age-related macular degeneration as those who did not. Other studies have found that the relative risk may be as high as three to four times that of a non-smoker. Importantly, a review of the association between smoking and age-related macular degeneration in Eye in September 2005[iii] that examined the results of 17 relevant studies found robust and consistent evidence that smoking causes visual impairment through age-related macular degeneration. Another study [Khan et al][iv] showed that the risk is not limited to smokers but also applies to those exposed to passive smoke; their exposure means they have almost twice the risk of developing AMD as a non-smoker. Treatment options for AMD are limited and, where available, costly. Stopping smoking can reduce the risk of macular degeneration developing.	
Royal National Institute of Blind People	4.3: Question two (continued from previous page)	7	Smoking can make diabetes related sight problems worse Smoking also is linked to the development of cataracts, and although they are treatable and therefore do not lead to blindness, they remain a major cause of sight loss in the UK.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Royal National Institute of Blind People	4.3: Question 5	7	RNIB and its supporters have produced some “top tips” for health care professionals which bring together key recommendations aimed at improving care services for people with sight loss. See www.rnib.org.uk/toptips	Thank you for alerting us to this resource.

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BASCD	General	N/A	BASCD as a registered stakeholder organisation are pleased to be able to comment on the draft scope and welcome the opportunity to meet with NICE as detailed in the proposed schedule for the development of the guidance. We welcome this work to support dental teams in affecting behaviour change. This will be a helpful way to support teams in implementation of Delivering Better Oral Health. The draft scope focuses on downstream interventions however; evidence suggests that the greatest impact on health comes from upstream interventions. Any guidance for the dental team should therefore consider how the dental team can influence upstream approaches, (e.g. by acting as advocates for change nationally and engaging with community level approaches), as well as considering how they can affect behaviour change at the individual level. Any guidance on health promotion for dental practitioners should emphasise that upstream approaches are most effective and should be a prioritised in any strategy to improve oral health. The draft scope emphasises the impact of dental treatment on oral health however poor oral health has a negative impact on general health and this impact should also be emphasised.	Thank you for your comments. The scope for the guidance is restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health behaviour, including a positive patient experience of attendance at the dentist.' Forthcoming guidance, 'Oral health: local authority strategies to improve oral health particularly among

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				vulnerable groups' will cover community-based oral health promotion programmes and interventions that aim to increase access to fluoride, improve oral hygiene, improve diet and improve access to dentists.
			Importance of people engaging in self-care (reduced sugar intake, good oral hygiene and regular use of fluoride toothpaste) should also be accentuated to have an impact at the population level.	Thank you for your comment, the scope has been amended accordingly.
			In order to successfully improve the oral health of their communities dental teams need guidance that addresses the needs of their patients within the context of the community served by the practice. This guidance should complement the guidance being developed for local authorities on oral health – both by NICE and by PHE – which will acknowledge the inequalities in oral health and the need to address these through tackling the social determinants of diseases.	Noted, thank you.
			We suggest change in terminology from 'oral health promotion' to 'oral health improvement' as this is terminology now being adopted in many places and specifies what aim is. This is also the terminology used in guideline 'oral health: local authority oral health improvement strategies' that is out for consultation.	Thank you for your comment, after consideration we have decided to keep the term 'oral health promotion' rather than 'oral health improvement' – this more closely aligns with the referral received from the

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				Department of Health and, in our opinion, more closely aligns with the downstream activities to be covered by this guidance.
	1.1	1	We suggest title is changed to 'oral health improvement approaches for dental teams', as this can be provided by other members of the dental team as well as the dentist	Thank you for your comment, the title now refers to 'dental teams'.
	2c	2	Where there is a lack of strong evidence, the guideline should provide recommendations based on good practice as described in Delivering Better Oral Health or other evidenced based guidelines.	Just to note that the guidance will refer to the oral health promotion messages set out in the forthcoming 3rd edition of Delivering better oral health: an evidence-based toolkit for prevention. The guidance will not cover the evidence base underpinning positive oral health behaviours (to prevent tooth decay, gum disease and oral cancers) or clinical dental treatment.
	3a	2	Background The draft scope describes the prevalence of oral diseases in England. This could be supported by greater emphasis on the multiple impacts and consequences of oral diseases on the individual and their families. The link between oral disease and other diseases should also be emphasised, for	Thank you for your comment, the scope has been amended accordingly.

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			example the link between poor diabetes control and periodontal disease.	
	3c	3	This section would benefit from discussion of the importance of self care (reduced sugar intake, good oral hygiene and regular use of fluoride toothpaste). The relationship between ethnicity and oral health is discussed however; it would be helpful to draw a conclusion to this section, for example, to emphasise that dental teams should be aware of the need to be culturally sensitive and to adjust their advice accordingly. There is an association of poor oral health with other ethnic groups and this should be discussed as it is not only those from Asian background that are at higher risk. The association of the risk factors and other general health problems should be highlighted.	Thank you for your comment, the scope has been amended accordingly. Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. Thank you for your comment, the scope has been amended and now refers to the fact that certain types of oral disease are also known to be higher among some black and minority ethnic groups accordingly. Thank you for your comment, the scope has been amended accordingly.
	3d	4	It is not clear why there is a focus on dental attendance here. It may be more useful to include upstream actions to improve oral health here, and recommend how dental teams can support these.	Thank you for your comment; the scope has been amended and now links data on dental attendance with the

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			Dental attendance alone will not improve oral health; practices need to focus more on prevention from an early age. It is unlikely that oral health can be improved at population level, or inequalities reduced if the only actions taken relate to individuals dental patients and their self care. Social and economic risk factors also need to be tackled and community and population level programmes are required.	opportunity this presents for dental teams to provide advice on modifiable risk factors and self-care approaches that are common to both oral disease and many other chronic non-communicable diseases, for example, tobacco use, alcohol consumption and diet. Community and population level programmes are beyond the remit of this guidance. Forthcoming guidance, 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' will cover community-based oral health promotion programmes and interventions that aim to increase access to fluoride, improve oral hygiene, improve diet and improve access to dentists.
	3g	5	It is not clear what is meant by 'high' or 'medium' strength fluoride toothpaste. Dental teams should be advising use of fluoride tooth pastes containing levels	Thank you for your comment, the scope has been amended

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			of fluoride as advised in Delivering Better Oral Health. The section discusses how certain population groups attend more regularly and are more likely to engage in oral hygiene practices. It is not clear however; what inference the reader is to take from this in the context of practice based oral health promotion (OHP). It would be helpful to be explicit to avoid misinterpretation (e.g. a team member may consider it less important to support a woman with their oral health promotion as they are more likely to brush regularly and attend he dentist often. This could lead to increase in inequalities). The second last line contains a typo (missing word “use”?) between ‘to’ and ‘other’. We suggest the removal of the reference to mouthwash in the final line as there is some debate about its use as an oral health aid, e.g. using mouthwash after brushing will rinse away the toothpaste and minimise the benefit of the fluoride in the toothpaste. It also conflicts with the ‘spit don’t rinse’ advice in Delivering Better Oral Health.	accordingly. Thank you for your comment, the scope has been amended accordingly. Thank you for your comment, this has been corrected. Thank you for your comment, the scope has been amended accordingly.
	4.1.1	5	The guideline should give advice on age children should be attending dental practice from. Getting mothers to bring their children to the practice when teeth first erupt has a number of benefits. Firstly it allows the dental team to provide preventive advice before teeth become carious, provides parent with information to establish good oral hygiene practice with child from early age and also can help children acclimatise to dental surgery environment.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. In addition, forthcoming guidance, ‘Oral health: local

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				authority strategies to improve oral health particularly among vulnerable groups' will cover the role of frontline staff in early years services including education and health in working with families so parents, carers and other family members understand how good oral health contributes to children's overall health, wellbeing and development. This includes encouraging people to regularly visit the dentist from when a child gets their first tooth.'
	4.1.1	5	Although the primary recipient of this guidance is the dental team, any good practice advice or tools and resources could be used by community-based oral health promotion teams. As many people do not regularly attend a dentist, exclusion of them from the scope could increase the potential for this work to increasing oral health inequalities.	Noted, thank you. The guidance will be available online and can be utilised by community-based oral health teams. We note that encouraging people to access dentists is an important area, however, the scope for the guidance is

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				restricted by the referral received from the department of Health: 'Guidance for dental health practitioners on effective approaches to promoting positive oral health behaviour, including a positive patient experience of attendance at the dentist.' Forthcoming guidance, 'Oral health: local authority strategies to improve oral health particularly among vulnerable groups' will cover community-based oral health promotion programmes and interventions including those that aim to increase access to dentists. Please note that the guidance will be subject to an equality impact assessment.
	4.2.1.	5	We welcome the support to dental teams in achieving behaviour change that this guidance will provide. It will be useful to dental teams who are not always clear on how to achieve behaviour change.	Noted, thank you.

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			It would be helpful if this guidance could support dental teams to customise their behaviour change interventions in order to meet the needs of individuals or population groups, e.g. BASCD conference April 2014 included research on patients with learning disabilities who had preferences very different to those predicted by the dental professionals providing their service.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
			There is a need to acknowledge the evidence base that shows that increasing knowledge is not enough to cause changes in behaviour. Despite this, there is a need to empower patients and the public by increasing their awareness of dental issues and the treatments they are entitled to under the NHS and at what cost. The Ottawa charter supports the empowerment of communities in order to improve health and it would certainly be helpful for dental patients (or potential patients) to have sufficient knowledge to empower them in a dental setting.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
			The approach around conveying oral health messages is a large topic and it rather seems that addressing the positive experience element of dental visits is another large topic that may benefit from a separate guidance document. Given the complexities of the topic it may be difficult to address it fully here. It is likely to cover much more than how messages are conveyed, covering, for example, patient outcomes, waiting times, patient satisfaction, dignity and respect, access and car parking, etc.	The scope has been refined to clarify that the guidance will include positive experience in relation to approaches to promoting positive oral health behaviour. Anxiety management or patient experience beyond that of oral health promotion is beyond the remit of this guidance.
			We support the need for guidance in relation to verbal information. Ideally this	Noted, thank you; we

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	4.2.1a	6	would include: 1. How to increase effectiveness of brief advice 2. What interventions are needed to support brief advice, e.g. leaflet, follow up phone call? 3. When and how verbal messages should be given 4. Which approach(es) is most and least effective? 5. How should approaches be used in combinations? 6. It would be useful to include examples of good practice (or case studies) that are culturally sensitive to population groups/individuals, e.g. BME groups with poor literacy skills may not read in any language so written materials may be inappropriate. 7. How to evaluate interventions 8. How to share learning of good (and poor) practice from evaluations	anticipate that the committee will explore these issues when developing the guidance.
	4.2.1b 4.2.1c 4.2.1d	6 6 6	There is a need to be aware of pragmatic considerations for dental teams, e.g. time limitations, when recommending techniques for practical demonstrations. Ideally any resources would be developed once nationally rather than having numerous, locally developed resources. That way they could have a consistent look and feel and deliver the same messages in the most effective way. This would also allow OHP teams to use the resources as well as dental teams. It would be useful to include what media should be used, and in what way, to support the face to face interventions delivered by dental teams, e.g. apps, websites, SMS, twitter, Facebook etc. Dental teams and oral health promotion teams would benefit from knowing how best to utilise these methods to facilitate behaviour change.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

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			It would be useful to know which medium is best for a specific purpose and which is most effective overall (if possible). Also it would be good to stress which are least effective and not to be recommended.	
	4.2.2a	6	We suggest that the evidence base underpinning positive oral health behaviours does need to be covered. There is no need however; to cover the evidence base underpinning disease prevention (which is perhaps what is meant here?).	The guidance has been amended and now clarifies that it is the evidence base underpinning oral health advice for patients that will not be covered by this guidance.
	4.2.2f	7	We suggest that it would be useful to include OHP in residential or care settings in the scope, where that OHP is being delivered by dental teams. This is a high need and vulnerable group and therefore a high priority for any behaviour change or preventive intervention.	Residential care settings care beyond the remit of this guidance; guidance is currently in development on oral health in nursing and residential care see: http://guidance.nice.org.uk/PHG/62
	4.3	7	Agree that questions 1 and 2 are appropriate Question 3: could perhaps be more explicit, e.g. what techniques or support should dental teams utilise to effectively when delivering OHP messages? Question 4 again could be made more explicit, e .g. how can dental teams help patients and the public change their behaviour in order to improve their	Thank you for your comments; the questions in the scope are intended to be overarching and will be further refined when the protocol for the review of evidence is developed. However, we have made small

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			oral health? Question 5: could be supported by explaining what is meant by a positive experience. This depends on numerous factors, some of which are outside the control of the dental team. Overall we feel the 'positive experience' element of this guidance is a distinct and complex issue that would be best dealt with separately. Expected outcomes: Some of these are highly challenging and this guidance may not have sufficient impact to address them, particularly outcomes 2,5 and 6 which require a whole system approach. For example substantial changes to disease at a population level are not likely to be achieved without interventions that prevent disease in those who do not attend the dentist. We suggest instead that the outcomes should be less ambitious and more closely focused on the purpose of the document, .e.g focusing on changing the techniques and media employed by dental teams when delivering OHP interventions. They should also be measurable.	amendments to help clarify the questions. The outcomes of interest are wide-ranging and, for example, cover both knowledge and behaviour. We have made small amendments to the wording of the outcomes of interest to clarify that these outcomes relate to those people who have attended the dentist rather than outcomes in the wider population.
	Appendix B	10	Patient's experience – suggest this should be dealt with separately to OHP	The scope has been refined to clarify that the guidance will include positive experience in relation to approaches to promoting positive oral health behaviour. Anxiety management or patient experience beyond that of oral

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			Critical elements – suggest 'status' be changed to 'role' and 'way it is delivered' changed to 'techniques employed'. Should also include investigation of appropriate use of skill mix. Intensity of an activity – what is meant by this? Unclear Any factors that prevent or support effective implementation – suggest changing to 'any factors that act as barriers and enablers to effective delivery of practice-based OHP'	health promotion is beyond the remit of this guidance. Thank you for your suggestions, the scope has been amended accordingly.
Torbay and Southern Devon Health and Care NHS Trust	1		TIME. Properly allocated appointments with oral health educators who are trained to convey oral health messages Integrating oral health education into the school education system	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon Health and Care NHS Trust	2		Yes. As an oral health educator myself, I talk to patients about links to the body re oral health/diet choices. Many are unaware of the full impact.	Noted, thank you.
Torbay and Southern Devon Health and Care NHS Trust	3		Taking it seriously enough to warrant giving an oral health educator a suitable environment to work from with the equipment needed to do the job. Many OHE's are trying to work out of the equivalent of a broom cupboard with very little in the way of resources. The perception from this environment by the general public is that OHE is only an 'add on'.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon	4		All disciplines singing from the same hymn sheet. Other projects e.g.	Thank you for your comment;

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Health and Care NHS Trust			Change4life talk about lowering sugar by choosing one product rather than another. This may help with sugar consumption re general health but not dental health. Better TV promotion. Why are mouthwash ads advising rinsing after brushing while we are advertising spit not rinse??	we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon Health and Care NHS Trust	5		More time allowed for getting to know the patients rather than the working treadmill we all seem to be on at the moment. Nurseries/playgroups having 'play' equipment/age appropriate DVD's about a visit to the dentist to prepare them prior to attending.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon Health and Care NHS Trust	General		I am also qualified as a Level 2 smoking cessation advisor but due to 'contracts and commissioners and red tape'' I am unable to use this qualification.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon Health and Care NHS Trust			I am also qualified to apply fluoride varnish but due to lack of appropriate equipment am unable to use this qualification too. WHAT A WASTE!!!!	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Torbay and Southern Devon Health and Care NHS Trust			Until the role of an oral health educator is taken more seriously by the dental profession as a whole a valuable resource is not being fully utilised.	Noted, thank you.

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British Dental Association.doc	British Dental Association	8	
British Dental Health Foundation.doc	British Dental Health Foundation	10	
Cheshire West and Chester Council.doc	Cheshire West and Chester Council	4	
Department of Health.doc	Department of Health	1	
Friends, Families and Travellers.doc	Friends, Families and Travellers	3	
GSK Consumer Healthcare.docx	GSK Consumer Healthcare	7	
NHS England.doc	NHS England	0	
Public Health England.doc	Public Health England	20	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	1	
Royal College of Physicians and Surgeons of Glasgow.doc	Faculty of Dental Surgery, Royal College of Physicians and Surgeons of Glasgow	3	
Royal National Institute of Blind People.docx	Royal National Institute of Blind People	5	
The British Association for the Study of Community Dentistry.doc		14	
Torbay and Southern Devon Health and Care NHS Trust.doc	Torbay and Southern Devon Health and Care NHS Trust	8	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

[i] T. Carroll, B. Rock (2003) "Generating Quitline calls during Australia's National Tobacco Campaign: effects of television advertisement execution and programme placement." *Tob Control*. Sep;12 Suppl 2:ii40-4; Wilson, NA et al (2003) "Smoking and blindness advertisements are effective in stimulating calls to a national quitline." *BMJ*;328(7439)537-538.

[ii] G. McGwin, T. A. Hall, **A. Xie** C. Owsley, (2005) "The relation between Creactive protein and age related macular degeneration in the Cardiovascular Health Study". British Journal of Ophthalmology, September. 89(9):1166-1170.

[iii] J. Thornton, R. Edwards, P. Mitchell, R. A. Harrison, I. Buchan, S. P. Kelly (2005) "Smoking and age-related macular degeneration: a review of association" Eye,: Volume 19, 935–944.

[iv] J. C. Khan, D. A Thurlby, H. Shahid, D. G. Clayton, J R W Yates, M. Bradley, A. T. Moore, A. C. Bird (2006) "Smoking and age related macular degeneration: the number of pack years of cigarette smoking is a major determinant of risk for both geographic atrophy and choroidal neovascularisation" British Journal of Ophthalmology; 90:75-80.