

Appendix B: Stakeholder consultation comments table

2018 surveillance of NG30 [Oral health promotion: general dental practice](#) (2015)

Consultation dates: 29 March to 13 April 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	No comments provided	Thank you for your response.
British Dental Association	No	<p>NG30 Oral health promotion: General dental practice</p> <ul style="list-style-type: none"> - NICE should give consideration to the meso and macro factors, such as the social, economic and public policy context, that play a significant role in determining oral health 	<p>Thank you for your comments.</p> <p>During this surveillance review, a search for relevant policy and guidance was conducted. Relevant policy has been summarised in Appendix A: summary of new evidence, however it is anticipated that this has no impact on the guideline, as it supports the current recommendations. It is recognised that there are social and economic factors which can influence oral health outcomes. NICE guideline PH55, Oral health: local authorities and partners, includes recommendations for local authorities which aim to reduce</p>

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		<p>outcomes¹. A national oral health prevention strategy would enable and support dentists to deliver the micro level interventions to support patients to improve and maintain their oral health. This is particularly important in the context of the phase-down of amalgam, which will require a national prevention plan to be successful</p> <ul style="list-style-type: none"> - On page 12, the guidance states it stated that “a new NHS contract for general dental practice is expected by 2018”. This will not be the case. Any implementation of a reformed contract will not take place before 2020. - On page 13, the guidance states that that recommendations were produced on the basis of a reformed dental contract. Given that the implementation of a reformed contract will not take place for at least two years, we believe NICE should reconsider this guidance in that context. - On page 20, the language used in the final paragraph is not helpful. Practices can deliver preventive dentistry successfully, even if the patient demographics are such that it does not deliver the same oral health outcomes that it would elsewhere. It is not appropriate for 	<p>inequalities in oral health outcomes. For example, recommendation 2 in PH55 describes carrying out an oral health needs assessment for the local population, which covers access to services for groups at high risk of poor oral health. This is emphasised in recommendation 3, which describes how high risk groups should be identified and recommendation 4 suggests that a strategy should be made locally to address oral health needs of groups at high risk of poor oral health. It is not within NICE’s remit to provide a national oral health prevention strategy, however, it is felt that the current guidance can help local authorities consider how to best achieve good oral health for their population.</p> <p>Thank you for highlighting the committee discussion on the proposed NHS dental reforms which were considered when writing the recommendations, as well as the statement in the guideline that the reforms were expected by 2018. It is appreciated that the recommendations were written on the understanding that these reforms would be implemented by 2018. However, it is thought that this will not impact the current recommendations, which still reflect the committees view on what are the most effective methods of oral health promotion. The delay to the reforms of the NHS general dental practice contract will be noted and considered at the next surveillance review of this guideline.</p>
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		<p>NICE to assert that some practices are 'struggling' to deliver this.</p> <p>Baker et al, 2018, 'Structural Determinants and Children's Oral Health: A Cross-National Study', <i>Journal of Dental Research</i></p>	<p>Thank you for your comments regarding the language used in a research recommendation. The rationale provided for this research recommendation reflects the views of the committee during development. As we have not identified any evidence through a literature search which addresses this research recommendation, it is not appropriate to make changes to the rationale provided by the committee. In any future updates, the wording of this research recommendation will be evaluated and reworded as appropriate.</p> <p>Please see below for the consideration of reference provided: Baker et al, 2018, 'Structural Determinants and Children's Oral Health: A Cross-National Study', <i>Journal of Dental Research</i> <i>This has not been included in the summary of new evidence as it is not an intervention based study.</i></p>
NHS England	Yes	No comments provided	Thank you for your response.
Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	No	No comments provided	Thank you for your response.
British Dental Association	No	No comments provided	Thank you for your response.

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NHS England	No	No comments provided	Thank you for your response.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	No	No comments provided	Thank you for your response.
British Dental Association	No	No comments provided	Thank you for your response.
NHS England	No	No comments provided	Thank you for your response.

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