NICE National Institute for Health and Care Excellence

Oral health in nursing and residential care

Consultation on draft guideline
Stakeholder comments table

04/12/15 to 19/01/16

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Organisation name	Document	Page No	Line No	**Comments** Please insert each new comment in a new row	**Developer's response** Please respond to each comment
The Patients Association	Full	10	Gen	The Patients Associations welcomes the opportunity to comment on this draft guidance and strongly agrees that good oral health is important for everyone's health and wellbeing. The NHS and Public health services have a duty of care to ensure that oral health needs of all patients are met. Care homes present unique challenges and involve a variety of user groups that have different and varied needs. The Patients Associations national helpline regularly hears from care home residents relatives concerned about poor oral health for adults in care homes as well as wider concerns of access to dentists and dental charges. The Patients Association believes that oral health has often suffered due to issues of accessing dentists and the huge range of inequalities that exist in the provision of dental health care for older adults.	Thank you for your response. The committee shared your concern and agreed there was confusion around identifying need, access to dental treatment, services and costs. They took this into account when making their recommendations. Your organisation may also be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
British Dental Association	Full	Gen	Gen	Dentists have encountered problems in relation to the exemption from NHS dental charges system. Carers who are asked to bring patients to dental clinics often do not know the financial status of their residents, and there have been instances of care home managers refusing to tell carers of a patient's financial status for confidentiality reasons. The guideline should include a recommendation that care homes maintain a record of patients' statuses in regard to the dental patient charge requirements, and, where charges are applicable, the name and address of the person responsible for administering payment of those charges. The Mental Capacity Act sets out clear procedures for making best interests decisions on behalf of those who do not have the capacity	Thank you for your response. The committee agreed there was confusion around access to dental treatment, services and costs, and took this into account when making their recommendations. The committee considered your suggestion about recording personal financial, but agreed this detail was outside the scope of the current work. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.

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				to make them themselves, and there is national consent documentation to record these decisions. There is no equivalent with financial decisions, so a dentist is left with a FP17 or PR form with nobody with the authority to sign it.	.
British Dental Association	Full	Gen	Gen	**Question 1:** We consider that the introduction of mouth care assessments using the OHAT, daily support for residents to meet their mouth care needs and the regular assessment of the oral health knowledge and skills of all care home staff will have a significant, positive impact on the oral health of care home residents. **These initiatives would also have cost implications**. The provision of routine, regular dental care or treatment for adults in care home settings would require commissioning of care by NHS England. It might be useful for NICE to consider the needs assessments and interventions put in place in care homes in Islington (https://www.gov.uk/government/publications/oral-health-needs-of-vulnerable-groups-in-camden-and-islington).	Thank you for your response and link to an example of good practice. We will pass this information to our local practice collection team. More information on local practice can be found here
British Dental Association	Full	Gen	Gen	**Question 2:** Obtaining informed consent from residents may prove challenging for residential and nursing care home staff and people who provide oral health services to care homes. We would suggest the involvement of residents' families and friends in more than the initial assessment only. Care home staff and dental professionals providing care need to ensure that they have detailed knowledge of the Mental Capacity Act (2005) in relation to consent. Ensuring the regular assessment of the oral health knowledge and skills of all care home staff may prove challenging to implement, especially given the high staff turnover in some care homes and the lack of dedicated OHP teams in some areas or lack of capacity of existing teams. Additional resources may be required to implement regular mouth care routines; as was pointed out on page 22, it is impossible, under the current Gen dental services (GDS) contract, for Gen	Thank you for your response. The committee shared your concerns, and were aware of the confusion around identifying treatment need, access to dental treatment and costs for residents living in care homes. They took these issues into account when considering the evidence and making recommendations. Implementing and understanding informed consent within the boundaries of the mental capacity act are standard legal requirements for any care home or service provider to a care home. It would be expected as standard practice that any registered practitioner would be aware of the needs of their patients. The committee also had to take into account the heterogeneity of the population of adults over 18 years living in care homes, many with complex physical or mental health needs and the fact that

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				dental practitioners to make routine visits to care homes as part of their GDS contracts, as domiciliary care is not part of the mandatory services described in the contract. In addition, such care requires additional time and specialist equipment. This would need to be funded.	some have lost contact with family or friends. Your comments will be considered by NICE where relevant support activity is being planned.
British Dental Association	Full	Gen	Gen	**Question 4:** We consider the Residential Oral Care Sheffield (ROCS) scheme to be an excellent example of good practice. As part of the scheme, dentists in Sheffield provide a free oral health needs assessment screening for all consenting clients in care homes. Dentists provide treatment for the patients and work with the care home staff to develop oral health promotion in care homes. The objectives of this domiciliary oral healthcare service are as follows: • Establish a system that will identify individuals in the community who have an oral healthcare need and for whom domiciliary provision is the only reasonable option. • Provide an oral healthcare service to address patients' needs, taking into account their personal circumstances and their wishes, consistent with the most appropriate use of resources. • Deliver high quality oral healthcare in a person-centred way that respects the dignity of the individual receiving it (http://www.smile-onnews.com/news/view/pilot-scheme-improves-domiciliary-dental-care). • ROCS is funded on a sessional payment basis. The scheme is cost neutral in that an agreed number of Units of Dental Activity (UDAs) are converted into ROCS sessions to cover an agreed number of 'beds' in an agreed number of care homes. The Gen dental practitioner does not increase his or her contract value but just works in a different way to fulfil the contract. Any advanced work/complex medical histories (for example, hoist pts/Warfarin checks) are referred to the Specialist in Special Care; the work is done and the patient is then referred back for routine care. It fits	Thank you for your response and the link to an example of good practice. We will pass this information to our local practice collection team. More information on local practice can be found here

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				well with the model for new commissioning guidelines. The amount paid per session was based on an average UDA rate of 15 per session. The Gen dental practitioner is not disadvantaged nor is he or she going to make extra profits out of the system. Out of this comes all the usual practice expenses: payment for the nurse, materials, laboratory bills and travelling time. The screening is free to the patient but any care carried out is charged for under the usual banding arrangements. The usual forms are submitted to the NHS Dental Services with a suffix to the practitioner's number (these are 'virtual' UDAs so the system does not double count work done).	
British Dental Association	Full	Gen	Gen	We consider that the expectations of residential and nursing home care staff in terms of knowledge and skills are legitimate, but we are concerned that they could be unrealistic (that is, the expectation that they carry out all elements of providing residents with daily support to meet their mouth care needs and preferences and correct use of the Oral Health Assessment Tool (OHAT)). It is a matter of concern if staff are assumed to have knowledge and do not receive sufficient training. We support the use of the OHAT.	Thank you for your response. The committee agreed there was variation in practice and training for care homes around the delivery of daily mouth care. They were also aware that care staff are currently required to support residents with all aspects of personal care needs which includes daily mouth care. Evidence about care home staff knowledge of the importance of oral health was varied, therefore the committee took training needs into account when making their recommendations and the use of the oral health assessment tool.
British Society for Disability and Oral Health (BSDH)]	Full	18	Gen	Some of the links in the main draft document go to NHS Choices (page 18) and if such oral care is not forthcoming or commissioned for people with complex needs, this could lead to inequity in care and complaints.	Thank you for your response. The committee were aware of areas of good practice that ensured access to services and treatment as needed, but that good practice varied across the country. The aim of these guidelines is to reduce that variation and ensure adults are not disadvantaged because they live in a care home.
British Society for Disability and Oral	Full	Gen	Gen	We are concerned about the difficulty identifying the financial status of patients without capacity. Carers who bring residents to clinics have no idea. We need guidance to care homes on the requirements and the need to have a record of each individual	Thank you for your response. The committee agreed there was confusion around access to dental treatments, services and costs and took this into account when making their

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Health (BSDH)]				available to dentists and / carers bringing residents so PR forms/ FP17s can be completed	recommendations. The committee considered the wording in the recommendations would cover access to information about local service provision and how to access treatments. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
British Society of Gerodontology	Full	Gen	Gen	**Question 1**. Which areas will have the biggest impact on practice? Please say for whom and why. Strategies/programmes to support training of care home staff and implementation of oral health policy, tested oral health risk assessment tool with outcomes that lead to creation of an individual oral health care plan that requires daily documentation of oral health interventions by care staff will have a positive impact for residents and care staff. With these recommendations and care homes taking responsibility for ensuring that this takes place by having robust monitoring/evaluation systems in place that are reviewed internally and externally by local and national inspection teams. Referrals for dental treatment/ care should follow a robust care pathway so the right dental teams in the right care setting is ensured. Oral risk assessments used must be tested, evidence based oral health risk assessment tool and link directly to oral care plans and be client group specific.	Thank you for your response. The committee took these issues into account when considering the evidence and making their recommendations about mouth care needs and access to dental treatments and services. The committee agreed and carefully considered the evidence evaluated for the oral health assessment tool before including this in the guideline. They took into account that the OHAT had been standardised and validated for use by care staff (as well as nursing staff) in a care home for adults with a range of mouth care needs. Your comments will be considered by NICE where relevant support activity is being planned.
British Society of Gerodontology	Full	Gen	Gen	Question 2. Which areas will be challenging to implement? Please say for whom and why. The current provision of NHS dental services including domiciliary dental care (DDC) must be recognised by commissioners and	Thank you for your response. The committee agreed there was confusion around access to dental treatments, services and costs and took this into account when making their recommendations. They were also aware of the

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				adequately financed. Some areas in England (Wales and Scotland have continued to invest) have seen a decrease in OHP teams that are available to train care home staff requiring reinvestment and resources. The oral health and dental services are often not included in local and national strategies and therefore Health and Wellbeing boards and GP commissioning groups must be well informed. Some care homes adopt and implement their own oral health risk assessments that are not evidence based, tested and the outcomes are not linked to the individual care plans so OHP teams will need to have to try and convince care homes to use tested tools – this may be difficult when care homes belong to a national company of care homes that have adopted a single OHRA. Training of carers for many reasons as recognised in the document – including that improved knowledge does not equate to change in behaviour of carers.	limitations of the current general dental contract and scope of practice for the dental team. Your comments will be considered by NICE where relevant support activity is being planned. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
British Society of Gerodontology	Full	Gen	Gen	Question 3. Would implementation of any of the draft recommendations have significant cost implications? The information given above has indicated that financial support would be required in some areas of the country that have disinvested in OHP activities and NHS domiciliary dental care. If robust oral health care (OHC) pathways are imbedded so that DCPs and GDPs carry out training/preventive/routine dental care and refer the more difficult /time consuming work to CDS/ special care Dentistry specialist as described in DH 'Commissioning Guide for Special Care Dentistry Services' 2014. By using specifically trained DCPs (dental therapists, hygienists, dental nurses, OH Improvement practitioners, clinical dental technicians) with extended skills as OH care facilitators would be	Thank you for your response. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline. The committee noted different local arrangements were in place across the country, they were also aware of different titles for similar services and the fact that there may have been some disinvestment these types of services. However, they agreed to keep the title of the service as it was in the recommendation and acknowledge there were different local arrangements. The committee have linked to the GDC website and current scope of practice document.

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				more cost effective.	
British Society of Gerodontology	Full	Gen	Gen	**Question 4.** What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) National strategies to ensure that OH is included in health promotion programmes in care homes. Contracts for care home services should have assurances that health care promotional plans includes oral health. That NHS care home nurse assessors are trained in OH and check/encourage homes to participate. That UK Healthcare Inspectors should be asked to monitor whether or not the homes are participating in health promotional/assessment activities that includes mouth care. Qualified nurses that work within care homes must have had OHC training and regular updates - the same for the care staff. The cost effective use of staff skill mix, financial help, resources and robust oral health care pathways eg GDPs adopt a local care home and support it by providing mixed dental care approach urgent/routine/oral health prevention and referral to CDS/Special Care Dentistry teams when necessary. Use of OH facilitators link with GDS/CDS/Care home and provide the OH education/training and support of carers. National Training programme – similar to Caring for Smiles Scotland should be used for training health care support workers/ care staff at 2-3 levels and be accredited and validated. At present OH is given low priority in care homes because of lack of validated training. The ROCS scheme in Sheffield is an example of good practice of integrated working with GDS and CDS. The other example is Aneurin Bevan University Health Board	Thank you for your responses and suggestions. The committee shared some of your concerns and agreed there was confusion about access to dental treatments and services for adults in care homes, and costs. Their discussions around the evidence and these issues are summarised in the committee discussion section of the guideline. National strategies are not within the remit of NICE however, the committee have made a number of evidence based recommendations about care staff training and access to dental treatments and services. Thank you for these resources and examples. We will pass the information you provide to our local practice collection team. More information on local practice can be found here. Information you've sent through about resources will be passed to our resource endorsement team. More information on endorsement can be found here'. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.

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				(ABUHB) use of O H Improvement Practitioner employed by the CDS but works with local NHS domiciliary GDPs to ensure that patients in care homes have continuing preventive oral care that include training, high fluoride varnish/toothpaste, denture marking etc. The 1000 Lives plus Mouth care for Adults in Hospital is an IQT tested OHRA with outcomes that that leads to individual care plans and can be adapted for care homes.	
County Durham & Darlington Foundation Trust , Community Dental Service	Full	Gen	Gen	We would like to see included a clear statement that edentulous patients still require input from a dentist in order to screen for oral cancer to help make it clear to care providers have a duty of care to ensure that edentulous residents are offered the opportunity to attend the dentist.	Thank you for your response. The committee considered that all residents should have access to dental treatment and services as needed. They considered your point, but agreed the needs of edentulous residents are sufficiently reflected in the recommendations. Screening people in care homes is outside the remit of NICE and falls to the national screening committee in PHE.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	Gen	Gen	We would like to see more emphasis given to the fact that care homes have a duty of care to maintain and promote good oral health and to help residents make sensible dietary choices which support this. It would be helpful to make the point that, once service specs include recommendations for oral health, contracts will be reviewed against these standards. Our service has recent experience of helping our local county council to write service specs. Contact Julie King for more details.	Thank you for your response. The committee took into account there was confusion around access to dental treatments and services. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	Gen	Gen	Dental visits: Scheduled visits by a dental professional (Oral Health Care For Older People, 2020 Vision) should be eluded to more clearly.	Thank you for your suggestion. The committee agreed there was confusion about access to dental treatments and services for adults in care homes, and costs. But disagreed adding this detail to guideline would add clarity.

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Denplan Ltd	Full	Gen	Gen	Due to the high turnover of staff in care homes it is impractical to continuously train all staff in the areas covered by the guidance. It would be more effective to have a long-standing staff member that is well trained. It should also be standard practice to have regular contact with dental professionals who can undertake the majority of care swiftly.	Thank you for your response. The committee were aware there was confusion around how to access dental treatment and costs, and took these issues into account when drafting their recommendations (see committee discussion section in the guideline). The committee deliberated how best to address the actions in this set of recommendations, but had to take into account that practice and staff turnover varied considerably across the country so there was a need to reflect this variability.
Denplan Ltd	Full	Gen	Gen	**Question 4:** These recommendations must be accompanied by an explicit recognition that they require a wholesale partnership across the professional landscape in order to be delivered. The responsibility to deliver recommendations cannot solely rest with care homes. It should therefore include guidance for a formalised partnership and fully integrated planning between oral health services, Gen practice, and social care services. Care homes are already overstretched with carrying out medical elements for residents.	Thank you for your response. The committee shared your concern and took these issues into account when making their recommendations. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Department of Health	Full	Gen	Gen	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your response.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	9		Comments in response to the specific questions on page 9 1. **Question 1 Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.** Raising the awareness of carers in terms of the importance of daily mouth care is likely to have the biggest impact on the oral health of residents. This has the potential to lead to better assistance from carers and better oral health outcomes for residents. Ensuring that the guidance is followed. 2. **Question 2 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)**	Thank you for your response. The committee agreed there was confusion around access to dental treatments, services and costs. They considered evidence that reiterated many of the points you make here and agreed they are reflected in the content of the recommendations. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline. In addition, the analysis of cost effectiveness included estimates of the costs of training, provision of support for daily

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				The most challenging area will be to implement the routine oral health assessments and ensure these are updated on a regular basis. Regulatory bodies may have a role in this. This must be tied into mandatory training for all carers on oral health. There will be costs associated with the implementation of these guidelines in homes but it is important to have the evidence that the time required to support residents in their daily oral care would be of set by the improvements in the oral health and Gen health of the individuals such that this is seen to represent best value. The issue may be though who has the added cost (care home) versus who stands to gain most benefit (state health service e.g. NHS). 3. **Question 3 Would implementation of any of the draft recommendations have significant cost implications?** It is not clear how 'significant' would be assessed but: • (1.1) 1.1.3 may result in more referrals as patients with unmet need are identified. • (1.2) 1.2.1-1.2.3 would require some form of monitoring and assurance to "ensure" included in care home policies – not clear if this might represent an additional extra cost to any existing arrangements • (1.3) if care homes are not already providing and reviewing mouth care assessments and personal care plans this would require an extra staff resource – also training costs for care homes to train staff – cost of delivering training should also be assessed (falling to dental services or achieved through reprioritisation of existing work streams) • (1.4) if care homes are not already supporting residents with daily mouth care this would require an extra staff resource – also training costs for care homes to train staff – cost of delivering training should also be assessed (falling to dental services or achieved through reprioritisation of existing work streams) • (1.5) would require some form of monitoring and assurance to "ensure" care home staff knowledge and skills is appropriate – not clear if this might represent an additional	oral care and monitoring. The committee recognised that practice varies locally making it difficult to determine whether any additional costs would be incurred. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.

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				extra cost to any existing arrangements – but likely to require some professional dental expertise. • (1.6) provision of oral health educational materials and training would incur a cost • (1.7) not clear if Gen dental practitioners would deliver significant volumes of care. If not other services likely to have a higher cost implication. 1.7.2 may result in more referrals as patients with unmet need for specialist dental care are identified. • (1.8) may create extra demand upon community dental services, with potential for extra cost or reprioritisation of existing work streams. 1.8.2 may result in more referrals as patients with unmet need for specialist dental care are identified. • (1.9) might increase cost of developing local oral health needs assessment or the joint strategic needs assessments if these have not previously considered the needs of those living in care homes. **4. Question 4 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)** Realisation that helps residents' health and well-being would incentivise. Making available training packages for staff and in appropriate format should reduce training costs and reduce need for dental professional input.	
Department of Health, Social Services and Public Safety - Northern Ireland	Full	Gen	Gen	GAIN guidance has been previously developed in NI (Guidelines for the Oral Healthcare of Older People Living in Nursing and Residential Homes in Northern Ireland - October 2012 – http://www.gain-ni.org/images/Uploads/Guidelines/9159_-_GAIN_Oral_Health_WEB.pdf). This is also referred to in recently revised Care Standards for Nursing Homes (DHSSPSNI April 2015).	Thank you for your response. The committee were aware of this guidance and it was reviewed by the independent academic review team who undertook the evidence reviews. GAIN is referenced in Evidence Review 3.

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				Similarities exist in the guidance and the Community dental services already endeavour to ensure compliance which is similar to these NICE recommendations.	
Department of Health, Social Services and Public Safety - Northern Ireland	Full	Gen	Gen	**Pleased that guidance is focusing on** ▫ The central role of the care home manager ▫ The OHA providing the gateway to ensure that unmet treatment needs are identified ▫ The economic considerations ▫ Recommendations for research.	Thank you for your response. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	Gen	Gen	Staff require practical training in relation to the provision of daily mouth care and experience has shown that staff under-estimate the degree of manual dexterity required to maintain a healthy mouth and do not always provide assistance when required. Also, that many care home staff do not know how to respond to a resident who does not want daily mouth care or have their dentures removed. There needs to be a practical element to the training of care home staff that should be lead by experienced dental staff.	Thank you for your response. The committee agreed and took staff training about daily mouth care needs and the role of oral health when making their recommendations.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	Gen	Gen	The main challenge to this is the large turnover of carers in homes. It is often difficult to keep staff updated because with staff shortages in a home it can prove difficult to release staff for training even when offered within the premises. It is also often difficult to provide training for night staff. They have a very important role in the oral care of residents and yet they are difficult to target because of the hours they work. There is a need to incorporate oral health care into the training carers receive at both induction and on an ongoing basis. A high quality programme should be developed to support the training. This training should be mandatory for all staff who work in care homes.	Thank you for your response. The committee agreed and took these issues into account when making their recommendations. They were aware that making training mandatory for all care home staff was outside the remit of the institute and the scope of this work. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Department of Health, Social Services and	Full	Gen	Gen	There is increasing workload for dentate older people in care homes and in their own homes. The issues and problems encountered seem to be the same everywhere and early intervention in terms of prevention is key to managing the	Thank you for your response. The committee shared your concern, but agreed that on balance improving access to dental treatments and services would address the needs of individuals

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Public Safety - Northern Ireland				increasing needs of these vulnerable individuals.	and changing cohorts.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	6	1.4	Daily mouth care' only mentions fluoride toothpaste as a preventive measure, not fluoride mouthwash, or fluoride varnish. Also, P20-21, Section 1.4 'Daily Mouth Care' offers mention of the use of high strength fluoride toothpaste, daily fluoride rinse or twice yearly application of fluoride varnish. Delivering Better Oral Health 3rd edition (to which the NICE guidance cross references its recommendations), recommends these interventions for adult patients with active caries, dry mouth, other predisposing factors and those with special care needs. Many patients in residential and nursing homes would fall in to these categories.	Thank you for your response. The committee had to consider addressing the needs of all residents aged 18 and over. To do this effectively, it was necessary to ensure recommendations would address identifying and meeting any dental treatment needs, including advice and support about any prescribed dental products. It was evident there was some misunderstanding about the examples of products on prescription and this has been clarified. The recommendations are clear that the detail of what products should be used for which residents would have to be taken in conjunction with advice from dental practitioners registered with the GDC and within their scope of practice document.
Faculty of General Dental Practice (UK)	Full	Gen	Gen	Although dentists are mentioned frequently, the roles of dental therapists, dental hygienists, clinical dental technicians and suitably-trained dental nurses receive little if any recognition. All these practitioners can play important roles in the provision of oral care for adults in care homes, and dental therapists and dental hygienists may soon be allowed to diagnose and plan treatment, so we recommend that these roles receive greater consideration in the final guidance.	Thank you for your response. The committee agreed and have amended. The recommendations have been amended and now link to the current scope of practice document on the GDC website.
Faculty of General Dental Practice (UK)	Full	Gen	Gen	**Consultation Question 4:** **What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)** There are examples of good practice in Denmark and Sweden. These are taxpayer-funded, but are expensive. If the Care Quality Commission were to require high standards of	Thank you for your response. The committee were aware the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. We hope this helps. NICE recommendations into account during their inspection processes. Your organisation may be interested to know that

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				oral care for elderly adults living in residential homes, and monitor homes to ensure that they were being met, this would help. Innovative training programmes to help carers provide good day-to-day help with residents' oral hygiene would also be beneficial.	NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Although dentists are mentioned frequently, the roles of dental therapists dental hygienists, clinical dental technicians and suitably trained dental nurses receives little if any recognition. As all can play important roles in the provision of oral care for adults in care homes and dental therapists and dental hygienists may be allowed to diagnose and treatment plan in the foreseeable future, this was a surprising omission.	Thank you for your response. The committee agreed this was an omission and have amended the wording, this recommendation links to the current scope of practice document on the GDC website.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	In Gen, the December 2015 draft is a good start which highlights many of the issues relating to the provision of oral health care for adults in care homes. However, some important points have either been missed or not given sufficient prominence	Thank you for your response.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Included in dental services should be hospital dental services that may provide care for patients	Thank you for your response and suggestion, but hospital dental services is outside the scope of work for this guideline.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 1 Having consistent guidance/a training package used across all homes would be excellent. Good mouth care is essential for all, but is essential for those with dysphagia, which is hardly mentioned in this guidance.	Thank you for your response. The committee had to consider addressing the needs of all residents aged 18 and over. To do this effectively, recommendations focus on access to dental services and advice from practitioners which would address individual needs. Your comments will be considered by NICE where relevant support activity is being planned.
Health Education England	Full	Gen	Gen	Question 1: Capacity within Gen practice to treat these patients as they may require more time to complete treatment, may require	Thank you for your response. The committee had to consider addressing the needs of all residents aged 18 and over many with a

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(Kent, Surrey and Sussex)				additional administration time i.e. to complete consent, consulting family members etc. Not currently factored into the existing NHS contract. Emergency dental services: patients who are on polypharmacy and require more time to treat are currently not considered as such in relation to the length of the appointment provided- emergency dental services should have policies in place that allow clinicians to have extra time when they have patients with mobility/physical/social/medical problems. Access; not all practices have access for people with mobility issues/ people who use a wheelchair etc.…	range of complex oral health needs. To do this effectively, recommendations focus on access to dental services and advice from practitioners but not on particular conditions or treatment needs. They also considered that many care homes already provide good quality oral health care on a daily basis and have access to dental practitioners, but this varies across the country. They hoped these recommendations would reduce that variation.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 1**: cost of the provision of oral health care for adults in care homes and the availability of suitably trained oral healthcare personnel to provide it. To what extent can these costs be borne by the public sector (NHS and Social Care)? At present, they seem to have a low priority and Gen dentists and their teams are financially discouraged from providing such care. There is limited and variable capacity to provide dental care in a care home setting. Patients and their relatives are frequently unable or unwilling to pay private fees for its provision. Training oral healthcare workers in the skills required to treat elderly patients, many of whom are demented or physically handicapped, or both, and carers in the homes to provide day to day help with oral hygiene, will also have a significant cost, but is probably the most cost effective process. Could Residents and Relatives associations, be provided with training programmes so that they can assist? This would have an added benefit for those cared for in their own homes.	Thank you for your response and suggestions. The committee shared your concerns and agreed there was confusion around access to dental treatments, services and costs. Identifying treatment needs and access to dental treatments, and the training needs of care staff are covered by the recommendations and within the scope of the current work. Your comments will be considered by NICE where relevant support activity is being planned.
Health Education England	Full	Gen	Gen	Question 1: Training carers: to be aware of need for dental examinations, To be aware of the need to observe for the possibility of pain, To understand signs of poor health, To give the oral	Thank you for your response. The training needs of care staff are reflected in the recommendations.

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(Kent, Surrey and Sussex)				hygiene care necessary	Your comments will be considered by NICE where relevant support activity is being planned.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 2. The use of chlorhexidine is mentioned several times, there should be clarification that this should only be used under the direction of a dental professional to minimise the risk of it being used instead of regular tooth brushing. Chlorhexidine should be alcohol free	Thank you for your response. The committee have not recommended the general use of chlorhexidine. The evidence about chlorhexidine is discussed in the committee discussion section and it was given as an example only, but has since been removed. Your comments will also be considered by NICE where relevant support activity is being planned.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 2: A rapid increase of potentially complex patients to Gen practice- consider Increase in referrals to community dental services and request for domiciliary visits, not all CDS offers domiciliary services, the document and links may mislead homes that domiciliary visits are possible for all residents in all areas.	Thank you for your response. The committee noted your concern, but agreed that on balance ensuring vulnerable groups accessed identified dental treatment when needed was emphasised within the recommendations appropriately. Your comments will also be considered by NICE where relevant support activity is being planned.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 2: basically anyone with complex morbidities and /or communication difficulties will find it difficult to follow an oral hygiene programme together with being supported to do so– will there be material provided in the training to support working with those with communication difficulties e.g. picture books etc. and homes would not have the capacity to develop their own packs.	Thank you for your response. The committee had to consider addressing the needs of all residents aged 18 and over, many with a range of complex oral health needs. To do this effectively, recommendations focus on access to dental services and advice from practitioners but not on particular conditions or treatment needs. Your comments will also be considered by NICE where relevant support activity is being planned.

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Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 2: The majority of people in care have some degree of dementia. Severe mental impairment makes support of OH difficult and is very challenging for all concerned including the dentist – all need additional training	Thank you for your response. The committee shared your concern, and discussed the fact that many care home staff already provide personal care to adults with a range of complex physical or mental health needs. They also understood that good practice around oral health and access to treatment and services is varied. Training needs of care home staff who deliver daily personal care are reflected in the recommendations.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 3.** There are potential cost implications for homes that may be implementing oral hygiene routines as a result of the extra time required with each resident and whilst this may be small , when homes are already under considerable resourcing constraints the resources implications may present a cost pressure and therefore the requirement to undertake/ provide an oral hygiene routine should be factored into the contracting and commissioning process by Local Authorities (LA's) and CCG's	Thank you for your response, the committee took these issues into account when making their recommendations but understood there was confusion about access to dental services, treatments and costs. They also considered that many care homes already provide good quality oral health care on a daily basis and have access to dental practitioners, but this varies across the country. We have also passed your comment on to the NICE resource impact assessment team to inform their support activities for this guideline. In addition, the analysis of cost effectiveness included estimates of the costs of training, provision of support for daily oral care and monitoring. The committee recognised that practice varies locally making it difficult to determine whether any additional costs would be incurred.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 3:** **Any proper plan will cost because the provision of care is very poor at present**. There are 850,000 suffering from dementia and large numbers of other seriously ill or disabled elderly. Treatment planning is essential at an early stage. There is no focus or understanding of this problem. The cost will be great. The most cost effective approach that would have the greatest impact would be	Thank you for your response, the committee took these issues into account when making their recommendations but understood there was confusion about access to dental services, treatments and costs. Concern about lack of knowledge by care home staff was taken into account when making recommendations about

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				education in oral healthcare at source to help prevent acute episodes	training and daily mouth care needs. We have also passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 4: A National initiative is necessary but must learn from current good practice. It should not be an over prescriptive plan before the problem is understood.	Thank you for your response. Although guidelines from NICE technology appraisals are mandatory, national initiatives are outside the remit of the institute. However, we will pass this comment to our local practice collection team. More information on local practice can be found here.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 4: -Mandatory OH training policy for care homes. Staff could be given paid leave to attend training. Training sessions/support should be available free of charge to care home providers and their staff where possible, provided by LAs and CDS. -HEKSS Improving the Oral Health of Older People initiative guidance and good practice. Residents and Relatives Keep Smiling Oral Health book for care homes considered as a practical resource – provided for all homes? - QOF Specific OH markers for inspection	Thank you for your response. The committee took the training needs of care staff into account when making their recommendations. However, NICE Public Health recommendations are not mandatory. We will pass your comment on to our local practice collection team. More information on local practice can be found here.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Question 4: There are examples of good practice in Denmark and Sweden. However, they are expensive and are funded by taxes in countries with far higher tax levels than the UK. If the Care Quality Commission were to require high standards of oral care for elderly adults living in residential homes and monitor homes to ensure that they were being met, this would help. Innovative training programmes to help carers provide good day to day help with residents' oral hygiene would also help.	Thank you for your response. The committee took into account there was confusion around access to dental treatments. We will pass your comment on to our local practice collection team. More information on local practice can be found here. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Health Education England (Kent,	Full	Gen	Gen	Question 4: A basic dysphagia awareness training package for nursing homes linking in with the national patient safety agency – there would be value of a study day that linked these two topics. It can be easier to release staff for a whole training day rather than a	Thank you for your suggestion. The specific detail you suggest around training and specific conditions is out of scope for this guideline.

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Surrey and Sussex)				couple of hours.	
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**We have not seen a list of references reviewed by the Guideline team.** Two systematic reviews on the role of carers in preventing oral disease for adults in care homes have been published recently. They are: Wang T.F., Huang C.M., Chou C., Yu S. Effect of oral health education programs for caregivers on oral hygiene of the elderly: A systematic review and meta-analysis. Int J Nurs Stud 2015;52 :1090 - 1096. de Lugt-Lustig K.H., VanobberGen J.N., van der Putten G.J., De Visschere L.M., Schols J.M., de Baat C. Effect of oral healthcare education on knowledge, attitude and skills of care home nurses: a systematic literature review. Community Dent Oral Epidemiol 2014; 42: 88 -96. It is possible that the guideline team may not have read Wang et al. (2015) as it has been published recently	Thank you for your response and submissions, the full evidence reviews were available on the NICE website during the guideline consultation and will also be available when the guideline is published. We have passed these references through to the academic units who were commissioned to conduct the original reviews to ensure transparency. They confirmed that in some cases the systematic reviews had already been used for citation chasing and the primary studies extracted, they also confirmed anything not included already due to later publication than the search dates and call for evidence would not have altered the review outcomes.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	Would be good to have more included on integrated working with other healthcare teams involved in the care of adults in care homes- such as the link with nutrition and the link with speech and language to ensure that our messages are consistent – it is also useful for those working in oral care to know what advice treatment and support Speech and Language Therapists /dieticians, pharmacists etc. also provide. There is historically no communication between these groups although the areas of work cross over- in our experience this joint working is working really well	Thank you for your suggestion. The committee shared your concern however, there was no evidence showing the benefits of a link across these groups in improving oral health for adults in care homes.
Health Education England (Kent, Surrey and	Full	Gen	Gen	The role of family has insufficient emphasis within the document	Thank you for your response. The committee took into account that the recommendations are aimed primarily at care home managers and dental teams, also that some residents may not be in contact with family and

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Sussex)					friends.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	There should be more information about why the emerging evidence shows that good oral health is important for good Gen health as there is terrific pressure on resources so this may be seen a as very low priority	Thank you for your response. The committee considered that the main issue was about parity of access to treatment when needed. They also recognised there was considerable confusion about access to dental treatments and services and costs.
Knowsley Council	Full	Gen	Gen	A common issue in care homes appears to be the loss or misplacing of dentures of people with dementia - guidelines could include the requirements for daily checks recorded within care plan/needs assessment so that if missing dentures were identified earlier there may be more chance of finding them minimising the distress for the resident.	Thank you for your response. The committee considered your suggestion and agreed that the recommendations around daily mouth care plans would reasonably cover this particular issue. The wording has been expanded.
Knowsley Council	Full	Gen	Gen	A further concern would be that if standard procedures were in place to improve oral care practice and encourage a consistent approach there would be an impact on staff time and I am aware of very few local providers who have more staff capacity at busy morning times to meet the needs of residents with personal care, dressing and breakfast etc.	Thank you for your response. The committee were aware there was variation in practice and quality of meeting daily mouth care needs for residents in care homes. They took these issues into account when making their recommendations, but were also aware that NICE guidelines were not mandatory.
Knowsley Council	Full	Gen	Gen	Consider including in the guidance information on mouth care for when a resident is unwell and not able to be supported as detailed in normal care plan process. E.g. cleaning lip and mouth area /moisturising mouth and lips (this might be something that nursing homes should be doing anyway but not sure residential staff would all be aware of what they can do, what is available to assist etc. what is seen as safe practice for people with swallowing difficulties/gag reflex problems).	Thank you for your response. This type of detail is out of scope for this guideline. However, the recommendations that cover daily mouth care needs have amended to include noting when mouth care is not accepted by a resident.
Knowsley Council	Full	Gen	Gen	If this is an area that research shows requires improvement then providers care plan documentation will need to be suitable to include enough detailed information around the oral care required for each individual resident.	Thank you for your suggestion, the committee considered this would be up to care home managers to decide following advice from practitioners and depending on the individual needs of residents.

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Knowsley Council	Full	Gen	Gen	Providers to draw up referral route process for staff to follow but this may need some support i.e. referrals initially through dentist for obvious dental problems such as tooth pain or new dentures etc.	Thank you for your suggestion, the committee considered this would be up to care home managers to decide.
Knowsley Council	Full	Gen	Gen	Suggest standard procedures for care homes including initial assessment to include good practice guidance i.e. Copy of assessment to have relevant related information included and detailed into care plan.	Thank you for your suggestion, the committee took this into account when making their recommendations about daily mouth care needs to be included in the care plan and an initial oral health assessment.
Knowsley Council	Full	Gen	Gen	Would suggest some audits within provider services of referrals made, timescales on responses.	Thank you for your suggestion, this is not within the scope of this current work.
NHS England	Full	Gen	Gen	Add a link to the resource – Guidance – Commissioning excellent nutrition and hydration 2015-2018	Thank you for your response. We will pass this information to our resource endorsement team. More information on endorsement can be found here
NHS England	Full	Gen	Gen	There seems to be a part lacking about providing oral care with **dysphagia and managing toothpaste/saliva etc. by using a suction machine**, quite a key factor within nursing homes in particular?	Thank you for your response. This detail is out of scope for this guideline which is aimed at all adults, aged 18 years and over, living in care homes.
NIHR Devices for Dignity HTC	Full	Gen	Gen	Q1. Which areas will have the biggest impact on practice? Please say for whom and why. Assessment of oral health in a standardised way within a set time of admission to care homes. This will be an extra duty, but one that is important to do.	Thank you for your response. The committee agreed and took this into account when making their recommendations about assessing daily mouth care needs and the use of the Oral Health Assessment tool. However, they were aware that NICE public health guidelines are not mandatory. Your comment will also be considered by NICE where relevant support activity is being planned.
NIHR Devices for Dignity HTC	Full	Gen	Gen	Q2. Which areas will be challenging to implement? Training for staff on best practice when giving mouth care – particularly for patients at risk of aspiration. This is because there is no agreed guidance on what constitutes best practice, frequency of mouth care per day, or the best equipment to use.	Thank you for your response. The committee agreed and took this into account when making their recommendations about assessing daily mouth care needs and the use of the Oral Health Assessment tool. However, they were aware that NICE public health guidelines are not

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					mandatory. Your comment will also be considered by NICE where relevant support activity is being planned.
NIHR Devices for Dignity HTC	Full	Gen	Gen	Q3. Would implementation of any of the draft recommendations have significant cost implications? Yes, if care homes are to be responsible for funding additional training (which will be required) and for providing specialist equipment such as suction toothbrushes, low foaming toothpaste, artificial saliva products etc. This however is not an acceptable reason for not improving standards of mouth care which are, in many places of extreme concern.	Thank you for your response. The committee agreed and have took this into account when making their recommendations about assessing daily mouth care needs and the use of the Oral Health Assessment Tool. However, they were aware that NICE public health guidelines are not mandatory. Your comment will also be considered by NICE where relevant support activity is being planned. In addition, the analysis of cost effectiveness included estimates of the costs of training, provision of support for daily oral care and monitoring. The committee recognised that practice varies locally making it difficult to determine whether any additional costs would be incurred.
NIHR Devices for Dignity HTC	Full	Gen	Gen	Q4. What would help users overcome any challenges? Agreement on protocols of equipment required, frequency required (linked to the severity of teeth/soft tissue health) and help with funding for this. Linking good oral care to risk management (e.g. reducing risks of infection, low mood and increased risks of development of aspiration pneumonia) may help residential home staff prioritise this aspect of care better than they do currently.	Thank you for your response and suggestion. We will pass this information to our local practice collection team. More information on local practice can be found here'.
Parkinson's UK	Full	Gen	Gen	We think that implementing comprehensive daily mouth care regimes for all care home residents will be challenging as there are many other elements of care required and mouth care can be easily overlooked. We also think that ensuring all staff have the required knowledge and skills regarding residents' mouth care regimes will be challenging due to the regular turnover of care home staff.	Thank you for your response. The committee were aware there was variation in practice across the country in the delivery of good quality oral health in care homes. They took the varied training needs of care staff into account when drafting recommendations and were aware of the confusion about identifying treatment needs, access to dental treatment and services, and costs. We have passed your comment on to the NICE

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					resource impact assessment team to inform their support activities for this guideline.
Public Health England (PHE)	Full	Gen	Gen	Q1.Which areas will have the biggest impact on practice? Please say for whom and why. The following areas will have the biggest impact on practice; (1.3) mouth care assessments and personal care plans will impact on the work of care home staff, in terms of the need for training in the use of the assessments and regularly updating them. (1.4) Daily mouth care and (1.5) knowledge and skills will require individual attention from care home staff for each resident as well as training and regular updating.	Thank you for your response. The committee agreed practice and access to practitioner advice was varied across the country. They took these issues into account when considering the evidence and drafting recommendations. Your comments will be considered by NICE where relevant support activity is being planned.
Public Health England (PHE)	Full	Gen	Gen	Question 2. Which areas will be challenging to implement? Please say for whom and why. 1.3 Using the OHAT (Oral Health Assessment Tool) and integrating oral health into personal care plans. Staff turnover means ongoing training will be required this may be challenging to care home staff in terms of accessing training and time to carry out 1.4 Hands on provision of oral care including tooth brushing, a move from perhaps assisting to providing personal oral hygiene to residents, will be challenging to care home staff in terms of skills and confidence to do so 1.7 Providing care home residents with preventive care and treatment, this may be challenging as many practitioners are not commissioned to provide such care on a domiciliary basis. In addition care models are often based on providing screening, preventive and denture care in care homes with other clinical care provided on referral. There needs to be consideration of the **changing needs of adults in care homes** who are more likely to be dentate, perhaps with	Thank you for your response. The committee shared your concern about integrating daily mouth care needs into care plans and the issue of care staff turnover but agreed that on balance identifying treatment needs and improving access to services would address the detail of individual or changing cohort needs. Your comments will also be considered by NICE where relevant support activity is being planned.

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				dementia and with a shorter length of stay.	
Public Health England (PHE)	Full	Gen	Gen	**Q4.What would help users overcome any challenges?** (For example, existing practical resources or national initiatives, or examples of good practice.) The development of **national on-line training resources with an accessible platform for care workers, national commissioning standards and model service specifications.** Development of an OHAT that includes not only clinical elements but dental quality of life elements and dental history.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
RCGP	Full	Gen	Gen	**Diet** needs to be considered, ease of mastication as well as nutritional content in a population at risk of iron and vitamin deficiency. Sweets and chocolates should ideally follow meals. (PS)	Thank you for your response. The committee disagreed that this level of detail would add value to the recommendations.
RCGP	Full	Gen	Gen	**Frail elderly people usually do not want, do not require or would tolerate complex dental intervention.** The emphasis is on comfort, appearance and a healthy mouth and tissues. Oral hygiene is important and in particular the problem of chronic candida albicans infection with angular cheilitis and inflamed palatal tissues. (PS)	Thank you for your response.
RCGP	Full	Gen	Gen	Ideally a dentist should visit the home at least annually and check dental health and perform simple remakes, religns, extractions and occasional fillings with scaling and polishing as appropriate. Portable dental units are available for this purpose as it may not be possible to transport the patient to a fully equipped surgery. This could be a task of the Community Dental Service or part of the Gen dental practitioner contract. (PS)	Thank you for your response and suggestions. The committee noted your concern but agreed the current recommendations would cover some of the issues you raise here within the current scope of work.
RCGP	Full	Gen	Gen	It does not reflect any evidence that links better oral health to a reduction in stay in secondary care or an improvement in tissue health. (JD)	Thank you for your response. No evidence was submitted that directly linked better oral health with length of stay in care homes.
RCGP	Full	Gen	Gen	Making any required training part of a **NVQ in care** may be a helpful strategy. (JD)	Thank you for your response. This is outside the current scope of work.
RCGP	Full	Gen	Gen	Many elderly will have had full dentures for long periods and little dental contact for years. Ideally dentures need to be reviewed for	Thank you for your response. The committee noted your concern but agreed the

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				occlusion and fit, they may need regular relining and occasional remaking. Remakes need to imitate closely existing dentures even if they are not ideal from a prosthetic viewpoint, as the elderly will otherwise find wearing them difficult. They have become adept at managing this particular set of now ill- fitting dentures over the years. (PS)	current recommendations would cover some of the issues you raise here within the current scope of work.
RCGP	Full	Gen	Gen	Oral hygiene may be helped by sucking fresh pineapple or mango. Oral care in dying patients is particularly important and care staff should be trained to provide this service. (PS)	Thank you for your response. The committee recognise there may be particular needs for different population groups but were unable to make recommendations with this particular level of detail..
RCGP	Full	Ge	Gen	**The guidelines are helpful and emphasise appearance**, **function and human dignity.** Oral health should be seen as part of Gen health and carefully maintained and monitored as part of the patient health record. (PS)	Thank you for your response. The committee agree and a recommendation on care plans is included
RCGP	Full	Gen	Gen	The NICE oral dental guidelines for adults in care home are welcome but have several omissions and need contain practical advise. The omissions include 1. The daily use of interdental brushes and dental floss 2. The recognition and treatment of oral thrush 3. Adults on long term alendronic acid 4. Adults with a learning disabilities in care homes. A considerable number are in long term residential and other care homes. There is some sensible guidance and advice contained in 2012 Faculty of Dental surgery Royal college of Surgeons (MH) www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/BSD%20Guidelines%20(Web).pdf	Thank you for your response and suggestions. The committee agreed there was confusion around identifying need, access to dental treatment, services and costs. They took these issues into account when making their recommendations to meet the mouth care needs of all adults in care homes. Thank you for this information, we will pass this link to our resource endorsement team. More information on endorsement can be found here'.
RCGP	Full	Gen	Gen	The oral healthcare assessment is quite detailed and would require a relatively high level of skill to complete. Care home providers may not be able to fund or allow staff time for adequate training. The recommendations regarding mouthwashes and the using of chewing gum will lead to primary care providers being asked to prescribe and endorse their use which will have an effect on workload in primary care. (JD)	Thank you for your response. The committee were aware that good practice was varied across the country, and took training needs into account when drafting recommendations. The use of the OHAT was considered to be useful to suggest if care homes do not have anything already in place. The committee have not recommended any

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					particular products unless people express a preference for them, taking into account the range of people living in residential care.
RCGP	Full	Gen	Gen	This recommendation will be challenging to implement in a constrained healthcare environment. (JD)	Thank you for your response.
RCGP	Full	Gen	Gen	Question 3 (?) There will be cost implications for care home providers in terms of staff training and time to access this training. There will be cost implications for prescriptions. (JD)	Thank you for your response. The committee took these issues into account when considering the evidence and making their recommendations about training needs for care home staff. We have also passed your comment on to the NICE resource impact assessment team to inform their support activities for this guideline.
Royal College of Nursing	Full	Gen	Gen	The opportunity for ensuring oral health care is imbedded in pre-registration training seems to have been overlooked in these guidelines. It would be helpful to include some guidance on this.	Thank you for your response. Training for clinicians is outside the scope of this guideline.
Royal College of Nursing	Full	Gen	Gen	The Royal College of Nursing welcome these draft guidelines.	Thank you for your response.
Royal College of Nursing	Full	Gen	Gen	The ways in which transport services might be used to take people to dental appointments appears to be missing in these guidelines. Many patients in residential care homes have specialised moving and handling needs and this needs to be recognised in the guidelines to ensure safe care.	Thank you for your response. This detail is not within the current scope of the work, but would be picked up by local arrangements.
Royal College of Nursing	Full	Gen	Gen	We are unable to locate guidelines on issues for managing fear or phobia about dental appointments. It is important to address this as we aware that that such fear sometimes puts people off from seeking and / or maintaining good oral care.	Thank you for your response. This issue is not within the current scope of work.
Scottish Consultants in Dental Public Health	Full	Gen		Improving trends in population oral health mean that in 2009 72% of people aged 75-84 had retained some natural teeth and for those over 85 the figure was 53% (Fuller et al 2011). These figures are only likely to increase making mouth care for care home residents even more challenging, supporting the case of investment in this	Thank you for your response and suggestion. The committee took these issues into account when making their recommendations.

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				area. Introduction of an effective training and support programme to care homes will have significant up-front cost implications. However, work to embed oral health education within mandatory or required care sector staff training (e.g. accreditation of courses, introduction of a UK-wide National Occupational Standard) could result in training resources being better utilised in time.	
Scottish Consultants in Dental Public Health	Full	Gen	Gen	The Public Dental Service within all Scottish health boards have experience of delivering oral health care training and support to the care sector in Scotland . We have a well-established national programme and a number of best practice and information guides (which address issues such as those in 1.1.4 and 1.2.2) which are endorsed by the Scottish care sector regulator. We have recently worked with the Scottish Qualifications Agency to credit-rate Caring for Smiles training, making this accredited training more relevant to the educational needs of care sector staff. We would be willing to submit our experiences to the NICE shared learning database. It is important that we invest in the area of training and support for care homes workers, following the findings of a Fatal Accident Inquiry. The determination can be found here: http://www.scotcourts.gov.uk/search-judgments/judgment?id=d2aa8aa6-8980-69d2-b500-ff0000d74aa7	Thank you for your response and suggestion. The committee were aware of the case you cite, and took care staff training needs into account when drafting their recommendations. We will pass this information to our resource endorsement team. More information on endorsement can be found here.
Scottish Consultants in Dental Public Health	Full	Gen	Gen	We have some concerns over the issue of terminology, **i.e. 'mouth care' when** referring to assessments. Good oral health is the result of good mouth care. Mouth care is the 'practice', oral health is the 'status' (see page 9, line 8-10, which implies this). What should be assessed on or soon after admission is the oral health status and any risk to the resident from previously unidentified problems such as broken dentures, dry mouth, untreated decay. From this process results a care plan describing the daily mouth care each individual resident requires. We feel that	Thank you for your response. The committee agreed some clarification was needed and have amended the wording of the title. They agreed to keep the term 'mouth care' as they understood this was a term commonly used in the majority of care homes.

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				when referring to the assessment process, the term used should be either oral health assessment or oral health risk assessment. The authors who developed and tested the recommended tool use the term oral health assessment tool (OHAT). We would prefer to see 1.3 entitled 'Oral health assessments and personal mouth care plans', and any reference to the assessment throughout the document as suggested.	
Solihull special care dental service	Full	Gen	Gen	I think these guidelines when refined and published will be a great support for the dental teams and the care staff working with the care homes as they support the importance of this area of work. my personal opinion of the most important improvements would be 1. **introduction of national qualification in oral care** for carers with 2-3 levels 1.basic mandatory oral care 2. oral healthcare for nurses /senior carers including use of oral Health assessment tools. An dental nurse extended duties role in the salaried SCDS to educate/support and co-ordinate between care home Gen dental Service and Special Care dental service My responses to this document relate mainly to care homes for older people although much of it is relevant to younger adults also	Thank you for your response and suggestions. The issue of a national qualification or any occupational standard is outside the remit of NICE and not within the current scope of work.
Solihull special care dental service	Full	Gen	Gen	Q 2. Which areas will be challenging to implement? Please say for whom and why. The provision of appropriate care for residents .needs to be commissioned and financed .Currently very few GDP's are involved since the change in dental contract in 2006 as they feel they are not paid for this work	Thank you for your response. The committee shared your concern and agreed there was confusion about identifying treatment need, access to dental treatment and services, and costs. They took the issue of the role of GDPs into account when drafting their recommendations within the current scope of the work.
Solihull special care dental service	Full	Gen	Gen	Q 3.Would implementation of any of the draft recommendations have significant cost implications? 1.&2. above would have significant cost implications initially but if care pathways are used so that GDPs do the basic work under NHS regulations and refer the more difficult /time consuming work to special care dental service By using dental therapists and DCPs	Thank you for your response. In addition, the analysis of cost effectiveness included estimates of the costs of training, provision of support for daily oral care and monitoring. The committee recognised that practice varies locally making it difficult to determine whether any additional costs would be incurred.

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				with extended skills eg Oral health education/application of fluoride varnish/management skills as oral health facilitators would be more cost effective	
Solihull special care dental service	Full	Gen	Gen	4. **Question 4** What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) **Correct use of staff skill mix and following care pathways** eg GDP adopt a local care home either screen annually or see residents by request treat what is reasonable for their skill level economically as several residents seen at once and ref to Special care dental service when necessary .Use of oral health faciitators as described above to co-ordinate between GDS/SCDS/Care home and provide the oral health education and support of carers . We need **a National Training course for care staff which could be based on the Scottish 'Caring for Smiles"** needs to have 2-3 levels and be accredited and validated. At present Oral health is given low priority in care homes because of lack of validated training. The ROCS scheme in Sheffield is an example of good practice	Thank you for your response and suggestions. The committee agreed there was confusion about identifying treatment need and access to dental treatments and services, however some of the detail you suggest here is not within the current scope of work. We will pass the example of ROCS Sheffield to our local practice team. More information on local practice can be found here.
Solihull special care dental service	Full	Gen	Gen	**Q1 Which areas will have the biggest impact on practice? Please say for whom and why.** Training of care home staff and implementation of oral health policy, assessment, oral health care plans and documentation of oral health interventions. Impact for residents land care staff. If these are implemented the referrals for dental treatment will follow	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.
The Borrow Foundation	Full	Gen		The Borrow Foundation fully supports the move to develop a NICE guideline on Oral health for adults in care homes and as a registered stakeholder welcomes the opportunity to participate in the consultation. **Q2 Which areas will be challenging to implement? Please say for whom and why.**	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.

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				• Oral health assessments • Staff may be reluctant to or find it difficult to carry out toothbrushing • There may be a lack of resource e.g. staff may not be available to carry out daily mouth care	
The British Association for the Study of Community Dentistry	Full	Gen		**Q 1. Which areas will have the biggest impact on practice? Please say for whom and why.** Having clear guidance for vulnerable older people in care homes which includes an oral health assessment tool 1.3 Mouth care assessment and personal care plans 1.4 Daily mouth care 1.5 Care home staff knowledge and skills 1.6 Oral health promotion services These will have impact on: • Residents by improving their oral health which in turn will have an impact on their Gen health and quality of life • Care home staff by increasing their own knowledge and skills on oral health and improved oral health should reduce need for access to urgent dental care for residents • Dental services by reducing impact of having to deal with urgent care for this group of patients which can be complicated and expensive The oral health promotion services may not be commissioned to provide training and oral health educational materials in all areas.	Thank you for your response. The committee considered your suggestions and took these into account when drafting their recommendations. They noted the limitations you point out with regard to oral health promotions services and recognised there were limitations and variation in practice and service provision. They have amended some of the wording in the recommendations to reflect this and local arrangements. Your comments will be also considered by NICE where relevant support activity is being planned.
The British Association for the Study of Community	Full	Gen		**Q2. Which areas will be challenging to implement? Please say for whom and why.** • Oral health assessments – there may be issues in providing training for care home staff. There is a fast turnover of staff	Thank you for your response. The committee considered your suggestions and took these into account when drafting their recommendations. Your suggestions will be also considered by NICE

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Dentistry				which can make it difficult to sustain training. Providing on line training can help with this issue • There may not be services commissioned who have the capacity to deliver oral health training to such large numbers of staff. • The oral health assessment tool may be difficult for care homes to fill in and is very clinical, would suggest a simpler oral health assessment tool such as the one in Appendix 4 of Brit. Soc.of oral health and disability. Oral health for people with mental health problems. • Guidelines and recommendations which can be viewed at: http://www.bsdh.org/userfiles/file/guidelines/mental.pdf • • Staff may be reluctant to carry out oral mouth care e.g. toothbrushing • There may be staff capacity issues which could make it difficult to carry out daily mouth care and/or mouth care assessments • Oral health promotion service for care homes if this has not been commissioned • Obtaining informed consent from residents may be a challenge. It is important that care home staff and dental professionals providing care need to ensure that they have detailed knowledge about the Mental Capacity Act in relation to consent.	where relevant support activity is being planned. Thank you for submitting these additional resources, we will pass this information to our resource endorsement team. More information on endorsement can be found here.
The British Association for the Study of Community Dentistry	Full	Gen		Q 3. Would implementation of any of the draft recommendations **have significant cost implications**? Needs assessment of this vulnerable group has been limited (Moore & Davies, 2016) and there is very little information on the costs which could be incurred. **Work in Wales has demonstrated there is unmet need;** much of this requires routine dental treatment accompanied by extra time to meet the complexities of treating this vulnerable group (Karki et al 2015, Morgan et al 2015, Johnson et al 2015). This unmet need and accompanying time has	Thank you for your response. For information, the analysis of cost effectiveness included estimates of the costs of training, provision of support for daily oral care and monitoring. The committee recognised that practice varies locally making it difficult to determine whether any additional costs would be incurred.

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				cost implications. Colleagues in Wales have suggested that taking advantage of Direct Access could be more cost effective than traditional dentist led treatment, but there is no evidence to demonstrate this, therefore it should be piloted and evaluated (Monaghan and Morgan 2016). There may be cost implications in delivery of training to care home staff. Additional capacity may need to be commissioned to meet this requirement. There may be insufficient capacity in clinical services to meet oral health needs identified by care home staff. Additional capacity may need to be commissioned.	
The British Association for the Study of Community Dentistry	Full	Gen		Question 4. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) • Involving regulatory bodies such as CQC / CSSIW • Oral health needs to be included in specifications when commissioning adult social care • NICE guidance doesn't link into social care guidance • No mention of impact of Direct access and its impact • Requirement to meet oral health needs to be included in specifications for care homes	Thank you for your response. The CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. We hope this helps. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The British Association for the Study of Community Dentistry	Full	Gen		BASCD as a registered stakeholder organisation are pleased to be given the opportunity to comment on the draft guidance.	Thank you for your response.
The British Association for the Study of	Full	Gen		There needs to be some description on dental diseases and the risk factors.	Thank you for your response. The committee considered your suggestion but disagreed this detail would add value to the current guideline, nor would it be appropriate.

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Community Dentistry					
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	Gen		We recognise that due to cuts in budgets that services are not as available as they once were but now the dental team has expanded and dental hygienists and DHT can offer these services to care homes. Use of the skill mix will result in reduced costs and streamline the "triage service" whilst removing some of the burden of assessment from the care homes. Care staff would still need to be trained in basic oral hygiene procedures. For further research on the use of Dental Hygienists and DHT please read ***Brocklehurst P**, Pemberton MN, Macey R, Cotton C, Walsh T, Lewis M. (2015).* *Comparative accuracy of different members of the **dental team in detecting malignant and non-malignant oral lesions**. Br Dent J, 218(9), 525-529. eScholarID:264366 | DOI:10.1038/sj.bdj.2015.344* ***Macey R,** Glenny A, Walsh T, Tickle M, Worthington H, Ashley J, Brocklehurst P. (2015).* *The **Efficacy of Screening for Common Dental Diseases by Hygiene-Therapists: A Diagnostic Test Accuracy Study. J D R, eScholarID:256049***	Thank you for your response and for these references. The committee agreed and have amended the wording in the recommendations where mentioned and linked to the GDC and current scope of practice document on the GDC website. Thank you for these references, but they not within the scope of work of this current guideline.
The Residents & Relatives Association	Full	Gen		The Residents & Relatives Association : In the light of our experience working with residents in care homes and their family and friends, we should be happy to provide any further help if required. We are currently seeking funding to update and reprint our publication 'Keep Smiling' along with producing an accompanying DVD,	Thank you for your response and suggestions. When these resources are completed, it may be helpful to consider sending them through to the resource endorsement team. More information on endorsement can be found here'.
The Residents & Relatives Association	Full	Gen	Gen	A Gen point we would like to raise is the low level of training amongst care home managers as well as care staff Gen. According to the NMDS-SC Workforce Estimates (Skills for Care) 2013-14, 45% of the adult social care workforce providing direct care held no qualifications, of those who had qualifications 30%	Thank you for your response. The committee agreed and share your concerns, they took the training needs of care staff into account when making their recommendations.

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				were at Level 2. 48% of care workers had no training in food safety and catering; or infection control. 56% had no training in medication safe handling and awareness; 66% had no training in dementia and 89% had no training in nutrition. In addition to this, less than half of all social care managers hold an equivalent to NVQ Level 4 qualification. We think that it is therefore important that the guidance for managers and staff should take on board their potential lack of knowledge.	
The Residents & Relatives Association	Full	Gen	Gen	Another important Gen point is that we believe the document underestimates the number of people who may be without mental capacity. According to the Alzheimer's Society approximately 80% of older people living in care homes have dementia or memory problems. We are concerned that the guidance assumes too much that residents will have mental capacity.	Thank you for your response. The context section has been further edited and clarified.
The Residents & Relatives Association	Full	Gen	Gen	It would be helpful to separate guidance to care home managers from that addressed to care home staff.	Thank you for your response and suggestion. Decisions about further guideline referrals or changing the audiences for the current guideline are not within the remit of NICE.
The Residents & Relatives Association	Full	Gen	Gen	The guidance is aimed a wide audience, some with a professional background in oral health and some will have little or no knowledge about the topic. The introduction to the recommendations states that the guidelines should be considered alongside others including, Delivering Better Oral Health. Our concern is that these documents are unlikely to be read by care home managers or care staff, as they seem to be aimed at health care professionals rather than care home staff. We, therefore, think it is unrealistic to expect for staff and managers to be familiar with these documents.	Thank you for your response. The committee shared your concerns and took these issues into account when making their recommendations, but disagreed that the recommendations in the current guideline needed to change. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The Residents & Relatives Association	Full	Gen	Gen	The guidelines do not appear to mention the important role of the Essential Standards (formerly The Care Home Regulations) in promoting good care or the role of CQC in monitoring oral health care.	Thank you for your response. The committee shared your concerns about the variation in treatment and practice for this particular area in care homes. Members hoped this guideline would reduce

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				We are concerned about the Gen neglect of this topic and in particular, the woefully inadequate mention of mouth and teeth care in CQC regulatory reports.	variation in access to dental treatment and services for this population. Taking into account your concern, the guideline now links 'duty of care' in 1.1.2 to the local government briefing document on the NICE website. The CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. We hope this helps. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Wakefield Council	Full	Gen	Gen	It is important that information re/Policies are given to all residents, families and carers	Thank you for your response.
Wakefield Council	Full	Gen	Gen	It would be useful to include who would be responsible for **transporting residents** as this could be a barrier for care homes due to the costs involved	Thank you for your response. The committee shared your concern about transport arrangements and responsibility, but considered this would be covered by local arrangements for access or transport arrangements to any health or treatment services.
British Dental Assoc.	Full	Gen	Gen	It is **not clear at whom many of the recommendations** in the guideline are aimed (for example, care home managers, residential and nursing home care staff, community dental services). It would be easier to respond to the consultation if this was made clearer. It is also not clear whether this guideline applies to England only or England and Wales.	Thank you for your response. This partly reflects recent editorial changes in how NICE guidance is structured and presented across all guidelines. Who each recommendation is aimed at has been added back in for this particular guideline, we hope this helps. Recommendations in NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
Health Education England (Kent, Surrey and	Full	1	Gen	Extend guidance to care home **owners** – many care homes are owned privately hence care home owners should be involved.	Thank you for your response. The guideline now links 'duty of care' in 1.1.2 to the local government briefing document on the NICE website, which refers to privately owned care homes. The CQC use NICE recommendations and relevant NICE quality

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Sussex)					standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Public Health England (PHE)	Full	1	4	In the section on who is the guideline for, it would be helpful if the fourth bullet included **local authority and NHS commissioners who** commission oral health programmes and dental care for those in care homes In addition the guideline is relevant for the **Care Quality Commission (CQC)** who regulates and develops lines of enquiry for care homes.	Thank you for your response. The guideline is primarily aimed at care home managers and oral health services in line with local arrrangements. We have added and updated links throughout the document, for example, 1.5.1 links to NICE's guideline 'approaches for local authorities to improve the oral health of their local communities'. 1.1.2 'duty of care' links to the local government briefing document on the NICE website. The CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The British Association for the Study of Community Dentistry	Full	1	Gen	The list of who the guideline is for does not **include NHS England** who has responsibility for commissioning all dental services in England. The guidance **may be of interest to CQC /CSSIW** as a regulator	Thank you for your response. The CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
British Dental Association	Full	Gen	Gen	**Question 5:** Robust evidence showing the effectiveness of access to dental treatment and the delivery of daily mouth care for adults in care homes would provide a convincing case for money to be invested in improving oral health in residential care homes. The success of pilot schemes such as ROCS helps to make such a case. We share NICE's hope that this guideline will raise the national profile of oral health in care homes.	Thank you for your response. The robustness of an evidence base can be assessed in different ways. It would be really helpful for us to hear more about what you would consider 'robust' evidence. Similarly, we would be very interested to hear your thoughts on approaches to assessing the effectiveness of access to dental treatment.

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British Dental Association	Full	Gen	Gen	**Question 6:** It is not clear whether this question is a hypothetical example or is based on a real case. No source has been cited. The BDA would consider that the scenario described constitutes good value for money.	Thank you for your response. Just to clarify, the question is based on the results reported in the economic analysis. The analysis used estimates of effectiveness obtained from published studies and the costs were based on estimates of the resources needed to deliver the interventions.
British Society for Disability and Oral Health (BSDH)]	Full	15 Gen	Gen	In terms of cost, the recommendations in the main draft document must be able to be provided (Section 1.4) on daily mouth care, and that there are mechanisms in place to ensure that the 'duty of care' that Care Managers have, are met (page 15)	Thank you for your response. The committee agreed and took into account the confusion around access to dental treatment in care homes when making their recommendations. We have passed your comment on to the NICE resource impact assessment team to inform their support activities for this guideline.
British Society of Gerodontology	Full	Gen	Gen	BSG are delighted that NICE are producing these guidelines and look forward to them being published which will be a great support for the dental teams and home care staff. Further improvements such as the introduction of national qualification in oral care for carers with different levels of attainment, basic mandatory oral care training for all social/health care support workers and oral healthcare training for nurses /senior carers including use of oral health assessment tools and care planning should be considered. **DCPs including dental nurse with extended duties role in the CDS to educate/support and co-ordinate between care home GDS/CDS and Special Care Dentistry services should be explored and cost effective**.	Thank you for your response. The committee shared your concerns, but making recommendations about a national qualification for care staff is outside NICE's current remit. However, your organisation may be interested to note know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
British Society of Gerodontology	Full	Gen	Gen	Question 5.What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes? What is important to the residents – they need to be asked? Quality of life measures for residents based on the ability to eat speak and socialise without pain or embarrassment and end of life	Thank you for your response. The committee agreed that residents should be asked about what aspect they value. This is a core principle of person centred care and was a central consideration of the committee when making their recommendations. The committee agreed this was a significant gap in the evidence and developed a

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				oral care that enables a person to die with dignity. Oral care in the older age group should be pragmatic not perfection and not necessarily dental treatment based. Research on the relationship between oral health and systemic illness such as cardiovascular disease, aspiration pneumonia, poorly controlled diabetes etc. Must acknowledge that younger adults in care homes should have a different approach to oral healthcare.	research recommendation in the guideline. The scope of the work included a wide range of adults living in care homes, including younger adults and those who may stay for short periods of time or adults with complex needs and long term conditions.
British Society of Gerodontology	Full	Gen	Gen	**Question 6.** An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not? Plaque indices and gingival scores are not an appropriate measure of oral health in older people (see 5.above) as they represent one point in time and don't correlate with pain or comfort. Patient reported experience measures should be used not just clinical measures.	Thank you for your response. The committee shared your concern around the use of clinical indices and made a statement about their limitations which is set out in the committee discussion section of the draft and final guideline.
Denplan Ltd	Full	Gen	Gen	**Question 3:** **For care homes that are currently not providing daily care, these recommendations will have that additional cost attached as well as the cost of using a professional**. There will also be increasing costs over time which these recommendations do not account for. The cohort in care homes in 5-10 years' time will require highly complex care as they will increasingly have implants. Current cost assumptions only consider dentures or natural teeth. The **economic assessment assumes 5 minutes per day to deliver oral health care**. More detail is required on what constitutes daily oral health care. It is also unclear whether 5 minutes is deemed enough for all patients. For example, for the 45 per cent of people in care homes with some form of dementia, it will	Thank you for your response. The committee recognised the variation in current practice, and access to dental treatments and services, they took these issues into account when considering the evidence and making their recommendations. Full details of the assumptions and estimated costs can be found in the economic modelling report available on the NICE website.

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				take much longer to deliver care safely and effectively. More detail is also needed on how the costs have been calculated. The recommendations assume that community dental can absorb the cost and demand, however this is highly unrealistic given the scale of the challenge and the resource and capacity implications it will have.	
The British Association for the Study of Community Dentistry	Full	Gen		**Question 5.** What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes? • Need to know how demographics of population will change over the next 20-30 years • Need to know what predicted oral health status of each age cohort will be over this time • Need to know what Gen health of each age cohort will be • Use above to estimate oral health needs of residential care home population • Look at cost of different models of care for provision of dental services and oral health promotion going forward • Look at work done in Wales as to normative versus perceived need in care homes • Also need to look at oral health impact such as dignity and quality of life • Evidence of benefits of improving oral health e.g. improved behaviour, reduced incidence of pneumonia etc	Thank you for your response. Our searching of the evidence very much reinforces the areas you've highlighted. We found little reliable data about the current oral health needs and access to dental treatment for residents living in care homes. These gaps have been highlighted in the reviews and are captured where possible in the areas of research prioritised by the committee.
Denplan Ltd	Full	Gen	Gen	**Question 5:** More thorough research is required in order to understand the scale of the challenge and in turn how much additional investment is needed. The complaint made throughout the guidance is that there is inadequate research on the issue. This is also echoed in the Public Health England summary of the oral health surveys of older people in England and Wales that was published on the 6th January.	Thank you for your response The search for evidence identified significant gaps in the published literature. The inclusion of research recommendations within the guideline is intended to stimulate future research to fill these gaps.

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				There is however sufficient evidence to conclude that significant detriment to the individual's health and wellbeing is caused by a lack of oral health care. The cost incurred by not caring efficiently will also disproportionately affect the health service.	
Denplan Ltd	Full	Gen	Gen	Question 6: Given the comments in the draft guidance regarding the utility of fractional clinical indices, and the lack of contextual information, it is not possible to draw any clear economic (cost/benefit) conclusions from the given scenario.	Thank you for your response.
Department of Health, Social Services and Public Safety - Northern Ireland	full	9		**Q5 What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes?** Good evidence of cost benefits in terms of improvements to residents' health and well-being **QUESTION 6. An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not?** It is not clear if these costs would be considered typical or exceptional. It would depend what the scores and costs of a control group were. The cost benefits of non-clinical impacts would also have to be assessed to inform full consideration. This appears to be the first intervention referred to on page 24 of the draft guideline document, which appears to represent better value than the second intervention listed on that page.	Thank you for your response. The committee were similarly concerned about the narrow set of outcomes reported in the published effectiveness studies. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps. Q6. The committee were mindful of many limitations in the data including significant variations in local practice which would impact both costs and benefits and the narrow range of benefits assessed and reported in published studies. Just to clarify the present economic analysis, the estimates of effectiveness were taken from published studies. The resource costs were based on standard sources and discussions with the committee which includes practitioners, topic experts and commissioners.
Faculty of General	Full	Gen	Gen	Consultation Question 1: Which areas will have the biggest impact on practice? Please say	Thank you for your response.

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Dental Practice (UK)				for whom and why, and Consultation Question 2: Which areas will be challenging to implement? Please say for whom and why, and Consultation Question 3: Would implementation of any of the draft recommendations have significant cost implications? The areas in which there will be the greatest impact on practice will be the cost of the provision and the availability of suitably-trained oral healthcare personnel to provide it. It may be challenging for these costs to be met by the NHS and/or publicly-funded social care, as at present they seem to have a low priority. The salaried dental services do not currently have the capacity to provide much care in care homes, the basis by which Gen practice dentists are remunerated does not encourage provision of such care, and patients and their relatives are frequently unable or unwilling to pay private fees for its provision. Training oral healthcare workers in the skills required to treat **elderly** patients - many of whom are demented, physically handicapped or both - and training care home staff to provide day to day help with oral hygiene, would also carry significant costs, and it is unclear who will meet these.	The scope of the work included a wide range of adults (aged 18 years and over) living in care homes, including younger adults and those who may stay for short periods for respite care or for rehabilitation. Taking the range of needs for adults into account, the committee agreed that residents should be able to access dental treatment if needed regardless of where they lived.
Faculty of General Dental Practice (UK)	Full	Gen	Gen	Consultation Question 5: **What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes?** The consequences of poor oral health for the elderly can be expensive, as the diseases which are more likely to arise as a result of poor oral hygiene and health - such as acquired pneumonia - can be very expensive to treat, as they generally require patients to be hospitalised. **Although the number of patients dying annually from hospital-**	Thank you for your response. The committee were also mindful of the lack of relevant data. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps.

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				acquired pneumonia has been quantified, we are not aware of any assessment of how many adults die from this disease in care homes, or in hospital following admission from care homes. A survey of the causes that lead adults in care homes to be hospitalised would therefore be useful, as it should then be possible to assess how many of these causes were directly or indirectly due to poor oral health, and to quantify consequential costs with a view to assessing the return-on-investment of properly funding the guidance's recommendations.	
Faculty of General Dental Practice (UK)	Full	Gen	Gen	**Consultation Question 6:** An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not? Yes, when viewed in the context of the prevention of diseases which can lead to hospitalisation – as well as the maintenance of the quality of life for care home residents - **we would consider this good value for money.**	Thank you for your response.
The British Association for the Study of Community Dentistry	Full	Gen		**Q 6.** An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not? • Issue of quality of life. All residents should have help to maintain reasonable standard of oral hygiene if they cannot do this for themselves. • This does not provide information on cost of treatment for this group of patients • How do you get people trained and how can you get care	Thank you for your response. The committee was also concerned about QoL and the narrow range of outcome measures reported in published studies. These gaps are and the inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps.

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				home residents to agree for carers to help • The national programme starting in Wales is intended to train and support care home staff. This scheme costs £250,000 p.a. for a country of 3 million population. • Improvements in plaque index does not demonstrate improvement in health – would need to know the impacts of these changes on wider health before could say if programme was good value for money	
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 5 :** We support the use of research to establish the link with Aspiration Pneumonia	Thank you for your response.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 5:** from 1 provider of domiciliary care - There are approximately 1000 patients in my 'catchment' of care homes. There is not enough funding to provide examinations for all of these. But more significantly, there is so much demand that we need most of our fund to cater for requested help rather than carrying out even an annual examination for our patients. If there is a serious intention to understand the problem there must be readiness to accept the cost. All trainees should have at least one visit to a care home in their training programme, so that they understand the issues.	Thank you for your response. Just to note, the committee were mindful of significant variations in practice making it difficult to determine whether additional costs would be incurred. We have passed your comment to the NICE impact resource assessment team to inform their support activities for this guideline.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 5:** The consequences of poor oral health for the elderly are expensive as the diseases, such as acquired pneumonia, which are more likely to arise as a result of poor oral hygiene and health, can be resource intensive as they often require hospitalisation and can result in extended length of stay. Although the number of patients dying annually from hospital acquired pneumonia has been quantified, we are not aware of research to assess how many adults die from this disease in care homes or in hospital after admission from a care home. A survey of the causes that lead	Thank you for your response. The committee were also mindful of the lack of relevant data. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps.

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				adults from care homes to be hospitalised would be a useful first step as it should then be possible to assess how many of these causes were directly or indirectly due to poor oral health and to quantify the cost.	
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 6 : Yes** – the education component at £7.50 per resident is excellent value and if good oral health can be achieved at a cost of under £400 per resident it is money well spent; particularly if it saves money providing complex dental treatment and reduces complications to existing medical problems which in turn increases NHS and care costs . No person reliant on the care of others should ever suffer the multiple consequences of oral ill health caused by the absence of the provision of oral care.	Thank you for your response.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 6: We consider this good value for money and could potentially reduce hospital admission and improve the quality of life of a resident,** but the weekly income that a nursing home gets per week per patient can be limited, whereas for learning disability it can be considerably more.	Thank you for your response.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 6:** NHS dental commissioners should have systems in place to gain a better understanding of the needs of this population and the costs of service provision in order to provide acceptable domiciliary services. If an education programme for carers was provided and oral health was a compulsory component of the Care Certificate this would help. Dental providers could, through their contract be required to look after care facilities near to their practice, in a similar way to Gen medical practitioners.	Thank you for your response.
Health Education England (Kent, Surrey and Sussex)	Full	Gen	Gen	**Question 6:** Would like to know how sustainable this programme is- If the reduction in plaque was only relevant when the programme was ongoing or whether this was sustained after the programme ended after 2 years? The programme could potentially be rendered more cost effective	Thank you for your response, we have added duration of effect to the research questions in the guideline. The committee debated at length about making a recommendation to appoint an 'oral health champion'. They were aware of the variations in current practice and agreed that this should be left

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				for example by the training of care champions and not every member of staff within a home directly, by providing training for large care organisations to a wider audience, by using dental care professionals in the training and delivery	up to care home managers to decide, depending on local practice.
NIHR Devices for Dignity HTC	Full	Gen	Gen	**QUESTION 5.** What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes? Evidence on links between poor mouth care and risks of infection eg development of chest infections and aspiration pneumonia in those who may aspirate during mouth care practice which is not tailored to meet their specific health requirements. Evidence of improvement in overall health outcome (infection, nutrition and hydration) in homes with exemplary oral hygiene practices.	Thank you for your response. The committee were also mindful of the lack of relevant data. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps.
NIHR Devices for Dignity HTC	Full	Gen	Gen	**QUESTION 6.** An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money? If yes, why? If not, why not? A better measure should be used – soft tissues and chest health are also important indicators.	Thank you for your response. The economic analysis was limited by the outcome measures reported in the effectiveness studies. However, we note your suggestion about other important outcomes. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill some of the gaps
Public Health England (PHE)	Full	Gen	Gen	**Q3.** Would implementation of any of the draft recommendations have significant cost implications? From the analysis presented by NICE this would seem to be the case however the analysis does not include information regarding the costs of the consequence of not providing such care which may include the need for complex care that may require hospital admission.	Thank you for your response. One of the difficulties encountered in developing the guideline is that lack of data on current practice. The committee were certainly very mindful of significant variations in local practice. Nevertheless, a research study designed to assess the benefits of oral care compared with do nothing would be problematic for obvious reasons. One alternative could be to collect observational data over time across a range of service provisions to provide the kind of information you've highlighted.

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					Such an exercise is outside the scope and resources of the current guideline.
Public Health England (PHE)	Full	Gen	Gen	**Question 5.** What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes? Evidence of improved Quality of Life for residents, modeling data of the changing needs in care homes with regard to patients that are dentate and have complex needs. Analysis to include costs involved of not providing such care. To have a clean mouth is a basic right just like other aspects of personal hygiene when an adult becomes frail and vulnerable and unable to do this for themselves. It is a basic right that they have help and support to do so..	Thank you for your response. The committee shared your concern, but agreed that on balance improving access to dental treatments and services would address the detail of individual or changing cohort needs. In addition, the committee were mindful of the lack of relevant data. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps.
Public Health England (PHE)	Full	Gen	Gen	**QUESTION 6.** An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money? If yes, why? If not, why not? It is not possible to make a judgement on the data presented since they show point reduction and the mean level of plaque, after the improvement, is unknown. More meaningful would be some sort of estimation of potential treatment costs avoided over a time period. These costs may be considerable, involving dental treatment for a medically complex patient under Gen Anesthesia (GA) and post-operative care in a high dependency unit. The costs are measured here in clinical terms which mean little to residents it is important to consider benefits that are meaningful and also the consequence and cost of not providing such care. The oral care costs presented are not broken down, preventive care provided by care home staff or DCPs (Dental Care Professionals) may provide better value for money and return on investment.	Thank you for your response. The committee shared your concern around the use of clinical indices and made a statement about their limitations which is set out in the committee discussion section of the draft and final guideline.

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Public Health England (PHE)	Full	Gen	Gen	**Question 3.** Would implementation of any of the draft recommendations have significant cost implications? **From the analysis presented by NICE this would seem to be the case however the analysis** does not include information regarding the costs of the consequence of not providing such care which may include the need for complex care that may require hospital admission.	Thank you for your response. If we haven't misinterpreted your question, potentially modelling the costs of the consequence of not providing such care are that this would be difficult to achieve. From a modelling perspective the following occurs: 1. We don't know how much daily oral care is provided in care homes. The economic model assumed this was zero (not as an indictment of the care home system but in order to reflect the full cost of an acceptable volume of care, expressed as care staff time). It could be that care homes may be doing a very good job of daily oral care which actually prevents an unknown amount of deterioration that we never see. 2. We have no evidence from a study that neglects oral care then measures the subsequent need for dental treatment, for obvious reasons. 3. We couldn't find evidence supporting the idea that residents' oral health deteriorates rapidly after admission to care although studies suggest that oral health in care homes is poor. 4. The problem is a lack of data linking daily preventive oral care activity to 'reactive' activity....restorations & pain relief triggered by toothache or by planned check-ups
RCGP	Full	Gen	Gen	**Question 3** There will be cost implications for care home providers in terms of staff training and time to access this training. There will be cost implications for prescriptions. (JD)	Thank you for your response. The committee took these issues into account when considering the evidence and making their recommendations about training needs for care home staff.
RCGP	Full	Gen	Gen	**Question 5** The cost of the 2 year programme at £371 for 2 years would appear poor value compared with primary care coverage for	Thank you for your response. It would be useful to know more about what is provided per patient given

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				a care home resident at a capitation rate of £75 per patient per annum. (JD)	the capitation rate.
Solihull special care dental service	Full	Gen	Gen	**QUESTION 5.**What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes? What is important to the residents? Quality of life measures for residents 'based on the ability to eat speak and socialise without pain or embarrassment. and end of life oral care that enables a person to die with dignity **Oral care in the older age group should be pragmatic not perfection. Research on the relationship between oral health and aspiration pneumonia**	Thank you for your response. The committee were mindful of the lack of relevant data and were particularly concerned about QoL. The inclusion of research recommendations within the guideline is intended to stimulate future research to help fill these gaps. The scope of the work included a wide range of adults living in care homes, including younger adults and those who may stay for short periods. Taking the range of needs for adults into account, the committee agreed that residents should be able to access dental treatment if needed regardless of where they lived.
Solihull special care dental service	Full	Gen	Gen	**Q 6. An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not?** Plaque indices and gingival scores are not an appropriate measure of oral health in older people(see 5.above)as they represent one point in time and don't correlate well with pain or comfort.	Thank you for your response. The committee shared your concern around the use of clinical indices and made a statement which is set out in the committee discussion section of the draft and final guideline. The research recommendations also highlight the need for broader outcome measures in this topic area.
Royal College of Physicians and Surgeons of Glasgow	Full	Gen		Value for money/ outcomes: patient centred measures – oral comfort, ability to eat, how they feel about their appearance, speech	Thank you for your suggestion. The committee shared your concern around the use of clinical indices and made a statement which is set out in the committee discussion section of the draft and final guideline. The research recommendations also highlight the need for broader outcome

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					measures in this topic area.
Faculty of Dental Surgery, Royal College Of Surgeons of England	Full	4 10 11	1.1.5 8,15,22 11	**Question 3 implementation question:** Although use of the Oral Health Assessment Tool as part of the first Health Assessment could be delivered relatively **cost effectively as a combined assessment**, we recommend commissioners consider the following in relation to the cost implications of the draft recommendations: • The cost of providing emergency care is significant in terms of unplanned domiciliary visits. • Provision of domiciliary care, both planned and emergency needs to be costed into commissioning packages. • Commissioners should be aware that only Gen Dental Practitioners can only provide basic care packages and will need to refer on patients with complex needs to community dental services for access to specialist care and specialist equipment. • The Oral Health Education packages should be commissioned from a dental source, ideally from the local Community Dental Service, or from a group Gen dental practice with the relevant experience. • Systems should be in place for enabling the reporting of concerns regarding dental services and protection of residents. They can be very vulnerable both in their own homes, and also within nursing and residential care and there are examples of expensive private but basic or poor quality care being provided. • Further cost implications**:** There are currently 11 million over 65's in the UK, a figure that is set to increase by to 14 million by 2032. [i].This means that there will be an increasing number of factors to consider when addressing the oral care and needs of older people: • **There will be more people retaining their teeth**, who will therefore be more likely to **require complex restorative** care	Thank you for your response. The committee agreed, and took these issues into account when considering the evidence and making their recommendations within the scope of the current work. Little evidence around effective interventions to meet the oral health needs of younger residents was found, despite a call for evidence issued in late 2014. However, expert testimony ensured their needs were taken into account as far as possible within the scope of the work. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.'

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				in order to maintain them. • They will experience more pain and active decay, with periodontal problems more common. • They will need more help in maintenance and recognition of oral problems • They will have more long term medical conditions which could affect delivery or treatment such as dementia, diabetes etc. As a result, they will experience other problems such as dry mouth (e.g. side effects resulting from medication) which will impact on maintenance and delivery of good oral care. • There has been a rapid increase in the prevalence of oral cancer, with numbers increasing in the UK by a third in the last decade. • **Younger adults living in residential care due to physical or mental health problems and /or learning disabilities which prevent them from living independently. These also need to be addressed with regard to their oral care needs.** •	
Faculty of Dental Surgery, Royal College Of Surgeons of England	Full	25 10	14 3	**Faculty of Dental Surgery, Royal College Of Surgeons of England** **Question 6:** We believe the case study represents excellent value for money. A total cost of £379 for a resident to have daily oral care for a 2 year period, which includes the educational cost for the staff, equates to £189.50 annually. The cost of NHS Band 3 is more than this amount. The cost of one emergency NHS domiciliary visit to include nurse, dentist, administrative, material and equipment costs would be a similar amount. However, more importantly, appropriate quality of life outcome measures should be developed including absence of pain, infection, ability to smile, eat and communicate effectively, reduced life expectancy etc.	Thank you for your response. The committee shared your concern around QoL and resulted in the committee developing a statement about the wider range of benefits that would be expected to arise from improving oral health. This statement is set out in the committee discussion section of the draft and final guideline. There is also a research recommendation which highlights the need for broader outcome measures for oral health.
Faculty of Dental Surgery,	Full	26 33	16, 17 8	**Question 5:** We suggest the following information could help to make a convincing case for money to be invested in improving oral health in residential care homes:	Thank you for your suggestions. Some of the points you have made were noted as gaps in the evidence which have been captured in the research

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Royal College Of Surgeons of England				• Present the cost of a domiciliary visit and the cost of hospital care for a resident who acquires aspiration pneumonia as a result of choking. These calculations can then be used as part of a formal cost benefit analysis to review the options. • Research to show how poor oral health is linked with other medical conditions. • Development of appropriate validated quality outcomes related to the care of older adults. • Research on quality outcomes and effectiveness of regular application of Fluoride Varnish	recommendations.
British Society for Disability and Oral Health (BSDH)]	Economic report	25 and 26		In the conclusion page 25 –it is surely the case that that oral health care and support should be provided twice daily (DBOH 2014) and compliance checking should be part of the standard of care. Also that NICE recall is followed. Even though on P 26 it is stated in this economic report 'that care homes that already achieve this level of care, the costs of delivering oral care would not apply as absorbed within the care home's expenditure'. This must be stringently quality assured to ensure that this care is actually delivered appropriately and resources are provided for oral care within the care costing framework. Agree with Section 1.9 that 'commissioners of NHS and public health services have a duty of care to ensure those needs are met'. Concerns on costing analysis as above	Thank you for your comments. We have clarified in the report of the economic analysis that the time estimated for oral health care and support is twice daily. In addition, a sensitivity analysis has been run to show the effect of increasing the amount of time spent on providing oral health care and support.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	2	5	Department of Health, Social Services and Public Safety - Northern Ireland: 1.2.1 States **"**Be clear that only dentists registered with the Gen Dental Council may diagnose and treat dental disease or refer someone for specialist care." However, other categories of GDC registrant can do so e.g. Dental Hygienists scope of practice (GDC	Thank you for your response. The committee agreed and now link scope of practice document on the GDC website.

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				30/09/13) allows them to "diagnose and treatment plan within their Competence", can carry out a range of preventive and periodontal treatments, and "if necessary, refer patients to other healthcare professionals."	
British Society of Gerodontology	Full	4	1	Recommendations only recognise English documents	Thank you for your response. Recommendations in NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
The Residents & Relatives Association	Full	4	1.1	We think it would be helpful for the guidance to state who is responsible for this, particularly as the document states later that many care home managers are unsure about oral health care. It may be useful to be aware of this throughout.	Thank you for your response. The committee have strengthened the recommendations and wording throughout to ensure it is clear 'who' should take 'what' actions and 'when'.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	4	1.1.5	Refers to English organisations e.g. 'NHS Choices', Healthwatch' and 'Health and wellbeing board'. As NICE will know that guidance is invariably adopted in other regions there might be merit in adding "...or equivalent organisations in other regions." in the narrative. Alternative is that each issue requires a cover letter in each UK region setting out that other organisations apply, and potentially naming each one.	Thank you for your response. Recommendations in NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
Health Education England (Kent, Surrey and Sussex)	Full	4	3	The addition of the word daily is important as it emphasises the continuity rather than one-off dental interventions	Thank you for your response. Daily mouth care was covered in recommendation 1.4 (now 1.3). The committee considered there was sufficient detail in these recommendations not to repeat in section 1.1.
Public Health England	Full	4	3	States 'be clear about your duty of care' it is not clear who the 'you' is or indeed what the duty of care may be. It would seem helpful to clarify both as detailed on page 15 line 25.	Thank you for your response. This partly reflects recent editorial changes in how NICE guidance is structured and presented across all

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(PHE)					guidelines. Who each recommendation is aimed at has been added back in and clarified, we hope this helps. With regard to adding additional text explaining what the duty of care should be, the committee disagreed. Duty of care is covered by existing legal requirements and standards for Care homes.
The British Association for the Study of Community Dentistry	Full	4	3 4 5, 6 6 14	- Does not give clarity on whose duty of care is it referring to? - The statement should include that dental care professionals can diagnose and treat dental disease within their scope of practice (Monaghan and Morgan, 2016). - Need to define which specialists this refers to - The list does not include urgent care. Emergency dental care would be sought from secondary care services.	Thank you for your response. This was mainly an editorial issue about who should take action and the structure of the guideline, but we have included a sub-title stating that who should take action. The committed have included a link to the scope of practice document on the GDC website. They have also clarified wording around urgent out of hours care as suggested in relevant recommendations. With regard to adding additional text explaining what the duty of care should be, the committee disagreed. Duty of care is covered by existing legal requirements and standards for Care homes and outside the scope of this work.
Health Education England (Kent, Surrey and Sussex)	Full	4	4	The words access to dentistry should have" when indicated" added	Thank you for your response, The committee considered your suggestion but disagreed this further detail was needed.
Public Health England (PHE)	Full	4	5	This statement would seem to be inconsistent with GDC (2013) "Scope of practice." The GDC guidance states that hygienists and therapists may "diagnose and treatment plan within their competence, carry out oral cancer screening and if necessary, refer patients to other healthcare professionals". Two recent studies have shown the potential for a screening role for	Thank you for your response and amendment. The committee agreed and have amended the wording in this recommendation and others where appropriate. The recommendation now links to the scope of practice document on the GDC website.

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				hygiene-therapists. One trial in Gen dental practice found that hygiene-therapists could be used to screen for dental caries and periodontal disease with acceptable sensitivity and specificity (Macey et al, 2015). A trial of the use of hygiene-therapists in care homes in Wales showed that they could provide a significant proportion of the care needed and proposed piloting a model of care of examinations undertaken by hygiene-therapists with onward referral to a dentist if required (Monaghan et al, 2015). Given the potential for improved efficiency it may be appropriate to mention this as a topic for further research. In addition GPs also refer patients for specialist care. References GEN DENTAL COUNCIL. (2013) Scope of practice. Available from: http://www.gdc-uk.org/dentalprofessionals/standards/documents/scope%20of%20practice%20september%202013%20(3).pdf MACEY, R., GLENNY, A. W., T., TICKLE, M., WORTHINGTON, H., ASHLEY, J. & BROCKLEHURST, P. (2015) The Efficacy of Screening for Common Dental Diseases by Hygiene-Therapists: A Diagnostic Test Accuracy Study. Journal of Dental Research, 94, 70S-78S. MONAGHAN, N. P. & MORGAN, M. Z. (2015) What proportion of dental care in care homes could be met by direct access to dental therapists or dental hygienists? British Dental Journal, 219, 531 – 534.	
Scottish Consultants in Dental Public Health	Full	4 7	5 6	Points **1.1.2 and 1.5.2** Due to the recent changes in guidance from the Gen Dental Council with regard to 'direct access' it may be worthwhile checking this statement with the GDC to ensure accuracy of this comment. See: http://www.gdc-uk.org/Newsandpublications/factsandfigures/Documents/Direct%20Access%20guidance%20UD%20May%202014.pdf	Thank you for your response and link. The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.

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British Society of Gerodontology	Full	4	5	Rec 1.1.1 Only dentists registered with GDC – this does not recognise that DCP who provide Direct Access and trained in providing dental care for care home residents can diagnose and treat dental disease (GDC Standards)	Thank you for your response. The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.
Faculty of General Dental Practice (UK)	Full	4	5	*Rec 1.1.2 Faculty of Gen Dental Practice (UK)* Section 1.1.2 says that only Gen Dental Council-registered dentists may diagnose and treat dental disease or refer someone for specialist care. We disagree; a Gen Medical Practitioner can surely make a referral to a specialist in certain circumstances.	Thank you for your response. The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.
British Dental Association	Full	4	5-6	Rec 1.1.1 This recommendation does not take dental care professionals (DCPs) such as dental therapists and dental hygienists into account, or extended duty dental nurses. While dentists must perform the initial dental examination and treatment planning, DCPs treat disease and may refer for specialist dental care or assessment, and should form an integral part of the provision of oral care and advice in residential settings.	Thank you for your response. The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.
Denplan Ltd	Full	4	5-6	Rec 1.1.2 This is incorrect. Dental hygienists and therapists are also qualified to make referrals for specialist care. These dental care professionals can also treat dental disease within their scope of practice. There is an absence of reference to the wider dental team beyond just dentists throughout the guidance.	Thank you for your response. The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	4	5 -6	1.1.2 & 1.5.2 Therapists can also treat dental disease, not just dentists!	Thank you for your response. The committee agreed and amended the wording in this recommendation and links to the scope of practice document on GDC website have been added throughout where appropriate.
Health	Full	4	5	Rec 1.1.2	Thank you for your response and amendment.

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Education England (Kent, Surrey and Sussex)			6	These two lines (5 and 6) are misleading and are not in line with the legislative changes issued by the Gen Dental Council in 2013. Please see http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Scope%20of%20Practice%20September%202013%20(3).pdf This lists the defined **Scope of Practice of Practice** of each member of the dental team as set out by the Gen Dental Council. In relation to adults in residential care, they can be seen and appropriate treatment carried out by Dentists, Clinical Dental Technicians (the provision of complete dentures and partial dentures on the prescription of a dentist) and Dental Hygienist and Therapists without the need for the resident to see a dentist first. All these members of the dental team also carry out and define individual oral health care plans for residents. This may include directing Dental Nurses to work with a carers of an individual patient, or carrying out training to residential care staff in giving oral; health advice. In terms of referral for specialist care or advice, all members of the dental team have a mandatory requirement to as set out in Standards for the Dental Team (page 56) – Gen Dental Council (2103) available at http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Standards%20for%20the%20Dental%20Team.pdf Please also note the comments given in expert testimony http://www.nice.org.uk/guidance/GID-PHG62/documents/expert-testimony-2 The recent NICE guidance on Oral Health Promotion: Gen Dental Practice amplifies that the provision of oral health advice is the responsibility of the dental team, Dentists and Dental Care Professionals. https://www.nice.org.uk/guidance/ng30	The committee amended the wording in line with your suggestion and links to GDC website and scope of practice document have been added throughout where appropriate.
Public Health	Full	4	14	Rec 1.1.4 Throughout the document emergency dental care is referred to but	Thank you for your response. The committee have amended and clarified wording

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England (PHE)				not urgent care. It would be helpful to define both and be clear which is being referred to.	around urgent out of hours dental care as suggested throughout relevant recommendations.
British Society of Gerodontology	Full	4	15	Rec 1.1.4 Specialist home care? What does this mean Specialist in Special Care Dentistry teams or CDS?	Thank you for your response. The committee have amended the wording and a definition has been included in the guideline.
Scottish Consultants in Dental Public Health	Full	4	15	Rec 1.1.4 We feel the term 'specialist home care' is not the most effective way to signpost care homes to the most appropriate services. We feel it would be helpful to replace '– specialist home care' with two bullets, i.e. - domiciliary dental care (which could have explanation in brackets that this is care provided in a person's home, including care homes, not always specialist and can be CDS or GDS) - Specialist dental care (again a bracket with a short description, and most likely CDS) -	Thank you for your response. The committee agreed this was unclear and have amended, but could not use the detailed wording you suggest. A definition has been added to the guideline.
British Society of Gerodontology	Full	4	16	Rec 1.1.4 Refers only to England NHS structures	Thank you for your response. Recommendations in NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
Faculty of General Dental Practice (UK)	Full	4	16	**Section 1.1.5** recommends telling "local directors of public health, healthwatch and the health and wellbeing board about any concerns you have about local dental service provision". This recommendation is vague and needs considerable work to flesh out exactly which sorts of concerns should be reported, to whom and by whom. For instance, surely care home staff should be guided to report concerns to care home managers, not directly to Healthwatch or a	Thank you for your response. The committee agreed some clarification to the recommendation would be helpful. The recommendation has been amended to emphasise the concern is not about the quality of a dental service but availability of dental services. The committee heard expert testimony that availability is a potential gap. They agreed it was important that care home managers should be able to report

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				Health and Wellbeing Board.	concerns about either the availability of or access to dental services to provide treatment for their residents.
British Dental Association	Full	4	16-18	1.1.5 Advice should **include alerting commissioners regarding** concerns about local dental services – currently this group is excluded from the list.	Thank you for your response. The committee disagreed this detail was needed here. Commissioners of services are mentioned in the section setting out audiences for the guideline.
Health Education England (Kent, Surrey and Sussex)	Full	4	16 17 18	1.1.5 Concerns should be raised to **NHSE** as they are in general the commissioner of services.	Thank you for your response. The committee disagreed this detail was needed in this particular recommendation. Commissioners of services are mentioned in the section setting out audiences for the guideline.
Health Education England (Kent, Surrey and Sussex)	Full	5	Gen	**1.2.3** **Denture cleaning solutions are mentioned.** They have their place but mechanical cleaning of dentures with a brush is more important and if denture cleaning solutions are used, they should be seen as an adjunct to brushing and not an easy alternative. Furthermore, it should be stressed that dentures should not be soaked in denture cleaning solution for more than 10 - 15 minutes and that at night dentures should be stored in cold water and not denture cleaning solution.	Thank you for your response. The committee agreed and have clarified wording around denture solutions and tooth brushing.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	5-6	Gen	**1.2, 1.3** The care home manager is key to ensuring that these are implemented. The OHAT appears to be simple and easy to complete, which is important. All staff need to be trained on their use.	Thank you for your response. The committee agreed and considered care staff training needs when making their recommendations.

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The British Association for the Study of Community Dentistry	Full	5	1 8 – 21	1.2, 1.3 Need to take steps to address any barriers to provision of oral care Mouth care policies should include guidance on what staff should do if a patient refuses to co-operate with mouth care, and should be treated in same manner as other hygiene measures, e.g. refusal by resident to changing soiled clothes i.e. refusal by patient should not mean that it is not carried out. There is no comment on when or how frequently these plans should be reviewed and updated.	Thank you for your response. The committee agreed and have clarified wording around refusal of care, but did not agree it was appropriate to add the level of detail about what to do, given the different needs of the population.
Health Education England (Kent, Surrey and Sussex)	Full	5	6	**1.2.2** Care home policies (including those relating to mouth care) should form part of new manager/ carer induction so that health care needs are not missed.	Thank you for your response. The committee disagreed this level of detail was needed, but were aware that the CQC use NICE recommendations and quality standards into account during to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Denplan Ltd	Full	5	7-15	Guidelines **1.2.3** should be **1.2.1** to ensure priority is given to oral health and that it is included in the care home's policy. This is due to the high risk it can pose to these patients. Mouth care as a term is too simplistic. We provide further detail on the definition of mouth care in comment 22.	Thank you for your response. The committee agreed to change the order of these recommendations but disagreed that mouth care should be redefined. They agreed to keep 'mouth care' as a recognised term for within many care homes.
British Dental Association	Full	5 and Gen	7-15	**Section 1.2** Information regarding diet and lifestyle factors (for example, consumption of sugar, smoking, sweetened medicines) should be included in care home policies setting out plans and actions to promote and protect residents' oral health. Oral healthcare is very important for patients in a care home setting, but **prevention of oral disease** should be a primary objective, for example, by ensuring that patients' sugar intake is not increased.	Thank you for your response. The committee considered your suggestions and did not disagree with your concerns, but believed many of these issues were already covered by other documents referenced in the recommendations (DBOH, Mental capacity etc.). Please see the committee discussion section for further detail.

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				Care homes should have food policies that promote oral and Gen health, for example, 5 portions of fruit and vegetables a day, and limiting consumption of free sugars. Mouth care policies should include guidance on what staff should do if a patient refuses to co-operate with mouth care. Mouth care should be treated in the same way as other hygiene measures, for example, the changing of soiled clothes (that is, refusal by a patient does not mean that it should not be carried out). Oral health assessments should not be one-off procedures. The oral health needs of the patient should be reassessed at regular intervals so that changes can be noted and support put in place if necessary.	
Public Health England (PHE)	Full	5	9	1.2.3 Emergency care - does this mean urgent and emergency care?	Thank you for your suggestion. The committee agreed and have amended the wording around urgent/ out of hours dental care as you suggest.
Faculty of General Dental Practice (UK)	Full	5	14	1.2.3 **mentions denture cleaning solutions.** While they have their place, mechanical cleaning of dentures with a brush is more important, and if denture cleaning solutions are used, they should be seen as a complement to brushing and not a substitute. It should also be stressed that dentures should not be soaked in **denture cleaning solution for more than 10-15 minutes**, and that at night dentures should be stored in cold water**, not denture cleaning solution.**	Thank you for your response. The committee agreed and have clarified wording around denture solutions and tooth brushing. However, they did not agree that the level of detail suggested was appropriate for this guideline, but have agreed further reference to DBOH which does provide this detail should be added.
Health Education England (Kent, Surrey and Sussex)	Full	5	14-15	**1.2.3** **Delete reference to denture cleaning solutions**, dentures are best cared for by simple mechanical action e.g. brushing with unperfumed soap, washing up liquid, or proprietary denture cleaning foams. See http://gerodontology.com/resources/denture-care/	Thank you for your response and suggestions. The committee agreed and have clarified wording around denture solutions, but could not add the detail you suggest. The committee have added wording about ensuring access to basic resources (such as a toothbrush or

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				The suggestion for this line is the provision of mouth care products relative to the resident's needs, including who supplies them. (As part of the HE KSS Improving Oral Health in Older Peoples initiative (IOHOPI), nearly 500 carers have been trained over the last year. **We have discovered that there is no consistent approach to whom provides a toothbrush etc. I**n many homes **it is up to relatives or friends to provide them.eg in one home visited, a lady with dementia threw her toothbrush down the toilet, the home did not supply toothbrushes, so she had to wait for over a week for her daughter to visit and then supply a toothbrush!!!** All too often it is simply not clear where responsibility lies therefore this should be included within the para 1.2.3	toothpaste). However, they did not agree that the level of detail suggested about type or content of cleaning solutions was required for this recommendation. Further reference to DBOH has been added as a link throughout the recommendations.
Faculty of General Dental Practice (UK)	Full	5	14	Section 1.2.3 **mentions denture cleaning solutions.** While they have their place, mechanical cleaning of dentures with a brush is more important, and if denture cleaning solutions are used, they should be seen as a complement to brushing and not a substitute. It should also be stressed that dentures should not be soaked in denture cleaning solution for more than 10-15 minutes, and that at night dentures should be stored in cold water, not denture cleaning solution.	Thank you for your response and suggestions. The committee agreed and have clarified wording around denture solutions and have added wording about ensuring access to basic resources (such as a toothbrush and toothpaste). However, they did not agree that the level of detail suggested about type or content of cleaning solutions was appropriate for this recommendation. Further reference to DBOH will be added (link).
British Society of Gerodontology	Full	5	10	1.2.3 Should mention dental care professional teams within CDS or private ones that support care homes	Thank you for your response. The committee agreed and have amended this wording. The document refers to the GDC and scope practice document.
Knowsley Council	Full	5	12	1.2.3 Assessment to include identification and recording of crowns, veneers, implants not just natural teeth or dentures full or partial.	Thank you for your response. The committee disagreed this level of detail was appropriate.
The British Association	Full	5	1	1.2.3 These should be included in commissioning standards and specifications	Thank you for your response. Commissioning standards and specifications are not

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for the Study of Community Dentistry				Should this read **urgent dental services? As emergency dental care would be accessed through A and E**	within the current scope of this work. Thank you for your suggested amendments, the committee have amended and clarified wording around urgent out of hours dental care as suggested throughout relevant recommendations.
British Society for Disability and Oral Health (BSDH)]	Full	5	16	1.2.3 Add in Consultants in Dental Public Health and NHS Area Teams (as defined by NHS Choices) see http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/find-an-NHS-dentist.aspx	Thank you for your response. The committee considered your suggestion, but disagreed adding CDPH and NHS area teams would help care managers further in this particular recommendation.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	5 *Not6*	14, 15	**1.2.23** **Delete reference to denture cleaning solutions**, dentures are best cared for by simple mechanical action e.g. brushing with unperformed soap, washing up liquid, or propriety denture cleaning foams. See http://gerodontology.com/resources/denture-care/	Thank you for your response and suggestions. The committee agreed and have clarified wording around denture solutions and tooth brushing.
NHS England	Full	5 (-6)	Gen	1.3.3 ? Should be a section on specific mouth care needs when the person's functional state changes – specific requirements for effective mouth care at end of life/when the person cannot take food/fluids. An accompanying recommendation for education and training is required.	Thank you for your response. The committee recognised your concern, but noted the detail you suggest were not within the scope of this particular guideline.
NHS England	Full	5	Gen	1.3. The link for the oral health assessment tool does not take you straight through to the tool. Is it worth just referring to appendix pg. 32?	Thank you for your response. NICE will amend for the final version of the guideline.
The Residents & Relatives Association	Full	5	16	1.3 It is clearly important to have an oral health assessment, but it is not clear who will have the skills to carry it out and, of course, include it	Thank you for your response. The committee noted your concerns as is reflected in their discussions on pages.

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				in the care plan.	
Faculty of Dental Surgery, Royal College Of Surgeons of England	Full	6 5 29 14 7	1.3.2 1.2.1 Point 6 10	Question 4: We suggest users would be able to overcome any challenges through the following: • An example of existing practical resources is the use of **family and friends** who are willing and able to support oral care. This is a system which is already in place in Europe. Clearly, this is not available for all residents **but by changes in cultural practices, it would be possible to reduce the input required for at least a percentage of residents**. There are other benefits in that the person receiving the oral care will often be more receptive to familiar faces. • Using current examples of good practice, i.e. standard templates of policies, oral care plans. • Including individual oral health information on the Health Passport would be incredibly beneficial for sharing information concisely and effectively when a resident is transferred, for example from hospital to residential home or within a dental team (dentist/hygienist) or when referred in from a GDP for specialist care. • The way in which the training package is developed and delivered is critical to how effective it will be and how the challenges will be overcome. • Training to include how to use 'Active Support' (see point 2 above) which would help staff in the delivery of oral care for residents who are less co-operative. • Training to include information on what signs to look for which might indicate presence of pain or infection. • Perhaps involving staff in planning a training programme would create ownership and ensure all relevant areas are covered and addressed. • Collaboration with other services (e.g. social services and education) and integration wherever possible with Gen medical care should be considered. • Local clinical network for Special Care Dentistry to develop	Thank you for your responses and suggestions. The committee considered your suggestions, but were mindful of the complexity and range of needs or circumstances of adults currently living in care homes and of existing local arrangements. The committee were also aware some may have lost contact with family or friends, but have amended the recommendations where appropriate. The committee were aware that the CQC uses NICE recommendations and any relevant NICE quality standard to inform their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.

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				local oral health strategy for oral of residents in care homes • **Development of a CQUIN to ensure the implementation and monitoring of oral care for residents in care homes**	
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	5	16	1.3 Add in Consultants in Dental Public Health and NHS Area Teams (as defined by NHS Choices) see http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/find-an-NHS-dentist.aspx	Thank you for your response and suggestion. The committee agreed these areas were sufficiently covered in 1.1.
Knowsley Council	Full	5	18-20	1.3 Guidance would need to be provided for care home staff required to undertake the assessment and some auditing of this by health/local authority reviewing and or contracting service officers.	Thank you for your response. The committee took the training needs of care staff into account when making their recommendations. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	5	18	1.3.1 Department of Health, Social Services and Public Safety - Northern Ireland Is it appropriate that an individual in care might have to wait up to a week before their mouth care needs are assessed? There is the potential to significantly adversely impact on quality of life, ability to function, or Gen health sooner than that. Should this timescale not be reduced?	Thank you for your response. The committee agreed and have amended the wording. The original draft wording was misunderstood and caused some confusion. The committee discussion section sets out their consideration of the evidence and deliberations in more detail.
Public Health England (PHE)	Full	5	18	1.3.1 We support the OHAT being carried out within a week of admission however it also needs to be updated at regular intervals. It would be useful to add this statement re updating**.**	Thank you for your response. The committee agreed and have added additional wording to the recommendation, although there was some confusion from stakeholders about the length of time before the oral health assessment could be implemented by care staff.
The British Society of Dental Hygiene and	Full	6 (5?)	18	1.3.1 Amend this line to read: Assess the mouth care needs of all residents on admission. Many older people move into residential care straight from hospital or are placed into care by social services, with little notice. This can	Thank you for your response. The committee have amended the wording in this draft recommendation. The original draft was misunderstood and caused some confusion, so has

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Therapy (BSDHT)				result in them arriving in residential care without a toothbrush or paste, or if they have these basic items, it needs to be accessed quickly that they can in fact use them correctly. Therefore, an initial assessment of oral care needs as defined in para 1.4 is best undertaken on admission to residential care, and not left for upwards of a week. BSDHT would recommend that any further assessment and oral hygiene plan should be carried out by a dental professional as soon as reasonably possible. It should be policy for all new patients to have their basic oral hygiene needs met morning and night until they are assessed professionally.	been clarified. The committee also agreed to the inclusion of additional wording about basic resources, but believed the remaining issues you highlight were sufficiently covered in other recommendations. The committee discussion section sets out their considerations of the evidence and deliberations in more detail.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	6 (5?)	18	1.3.1 Amend this line to read: Assess the mouth care needs of all residents on admission. Many older people move into residential care straight from hospital or are placed into care by social services, with little notice. This can result in them arriving in residential care without a toothbrush or paste, or if they have these basic items, it needs to be accessed quickly that they can in fact use them correctly. Therefore, an initial assessment of oral care needs as defined in para 1.4 is best undertaken on admission to residential care, and not left for upwards of a week. BSDHT would recommend that any further assessment and oral hygiene plan should be carried out by a dental professional as soon as reasonably possible. It should be policy for all new patients to have their basic oral hygiene needs met morning and night until they are assessed professionally.	Thank you for your response. The committee have amended and clarified the wording in this draft recommendation. The original wording was misunderstood and caused some confusion. The committee also agreed to the inclusion of additional wording about basic resources, but believed the remaining issues were sufficiently covered in other recommendations so did not agree to further detail. The committee discussion section sets out their considerations in more detail.
Faculty of General Dental Practice (UK)	Full	5	18	Section 1.3.1 lists the questions staff should ask residents after carrying out an Oral Health Assessment. While we broadly agree with these questions, we recommend that the order in which they are listed is changed, so that enquiry into whether they are experiencing any problems, whether they have a dentist, when they last saw their dentist and whether they would like the care home to make arrangements for them to see their dentist, come at the top.	Thank you for your response. The committee disagreed, as the list was not intended to determine order of priority.

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Health Education England (Kent, Surrey and Sussex)	Full	5	18	1.3.1 Question 1: Assessing mouth care needs of residents: we believe a week is too long a time span and would prefer a 72 hour window even with taking into account the whole impact of form filling and assessments for residents arriving at a care setting. This will have a big impact on care managers and nursing staff as they will be responsible in the main for the assessments. The delivery of daily oral care in line with a care plan will impact care staff generally but would eventually become routine and accepted	Thank you for your response. The committee noted there was some confusion about this recommendation and have amended. The committee discussion section sets out their considerations around assessments in more detail.
Health Education England (Kent, Surrey and Sussex)	Full	5	18	1.3.1 Question 2 .We are concerned that the oral health tool is not practical for care homes. For example it advises that a referral is needed to a dentist in many instances including redness at the corners of the mouth, a white-coated tongue and dry sticky mouth. All these conditions could potentially be identified by a medical practitioner and and indeed many by care home staff. The incidence of dry mouth is so high that after appropriate training staff should be able to provide simple first line treatment without the need to refer. It would be better to use a tool that reflects the current service provision	Thank you for your response. The committee recognised these reservations, and were reassured by positive feedback within expert testimony from experienced care home managers. This is referred to in the final version of the guideline (EP3). The committee took the training needs of care staff into account when making their recommendations. The committee agreed that on balance the use of an evidence-based, standardised and validated oral health assessment tool for use in care homes would be beneficial for both residents and care staff. The committee were also aware the recommendations were not mandatory and did not exclude care home managers maintaining local practice tools if this was what they wished to do. The committee discussion section sets out their considerations of the evidence and their deliberations.
NHS England	Full	5	18	1.3.1 Oral health care is part of basic hygiene and for a week to go past without an assessment of oral healthcare needs seems too long. It may need a statement to say that oral hygiene should commence from admission with a full assessment within a week. Preferably a full assessment within 2 days	Thank you for your response. The committee agreed there was some confusion about the wording of this recommendation and have clarified. The committee discussion section sets out their review of the evidence and deliberations in more detail.

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NIHR Devices Dignity HTC	Full	5	18	1.3.1 We would recommend that assessment of mouth care of residents should be made within 24 hours of admission, (rather than allowing up to 1 week), given that recommendations are for daily mouth care. This would avoid risks associated with poor mouth care practice potentially persisting for the first week of a resident's stay.	Thank you for your response. The committee agreed and have amended the wording in this recommendation.
Health Education England (Kent, Surrey and Sussex)	Full	5	20	1.3.1 Question 1 Use of an Oral Health Assessment Tool (OHAT): there is no indication of triggers for immediate intervention with high scores above 8. Could this mean a high score would be recorded but no actual actions taken? The OHAT is only the beginning of the process with a further recording tool for daily mouth care required. With the development of the electronic health record, the recording of the oral health assessment should be incorporated into these electronic tools which will help improve the continuity of care for these patients as they move through the health and social care system	Thank you for your response. The committee have amended the wording in this recommendation to reflect timing of the assessment, but disagreed that this further detail would be helpful for care home staff. The committee discussion section sets out their considerations of the evidence and deliberations.
Knowsley Council	Full	5	20	1.3.1 Suggest a **standard assessment form be devised** so that there is some consistency in areas covered in the assessment which would make it easier for any visiting professionals to follow. This form would also be available and useful for dentists or specialist oral services staff referred to and involved with the resident.	Thank you for your response. The committee agreed that on balance the use of an evidence-based, standardised oral health assessment tool would be beneficial for residents and staff in care homes, as well as reducing variation in practice. The committee were also aware the recommendations did not exclude maintaining or developing local practice tools if this was what care homes wished to do. The committee discussion section sets out their considerations of the evidence and concerns
Royal College of Nursing	Full	5	20	The link in the document does not appear to lead to an oral assessment tool?	Thank you for your response, we will ensure this is corrected for publication.
Parkinson's UK	Full	5	20	1.3.1 We welcome the development of an oral health assessment tool however we would recommend that amendments are made to it	Thank you for your response and suggestions. The heterogeneity of the population living in care

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				to reflect the issues people with **Parkinson's face.** These include: • Gums: In advanced Parkinson's the gums recede rapidly and this should be noted. • Saliva: As highlighted in comment 3 above, people with Parkinson's have difficulties with saliva and swallowing and this should be reflected in the assessment tool. • Dentures: As noted in comment 9 below we recommend the tool includes something about regular denture assessments for people with Parkinson's. • Dental pain: As noted in comment 12 below people with Parkinson's may not be able to move their face or show pain due to a loss of muscle tone in the face. However they may still be in pain so it is important a professional asks them to clarify if they are in pain.	homes aged 18 years and over means it is not feasible within the scope of this work to focus on any specific disease condition, nor to alter a standardised and validated assessment tool to fit particular complex needs. However, the emphasis on person centred care, and developing personalised mouth care plans should address some of the concerns you raise.
Parkinson's UK	Full	5	20-21	1.3.1 We would expect to see a person's long term condition with their specific care needs referenced in their personal care plan. Therefore if Parkinson's is referenced in their care plan the necessary checks around oral health should be included and completed regularly. We know that people with Parkinson's often find it more difficult to clean their teeth. There are common problems people with Parkinson's experience regarding oral health, they include: • Difficulty swallowing due to the muscles in the person's jaw and face weakening. This affects the person's ability to chew and swallow and also may also reduce their ability to close their lips, which can make it difficult to swallow. • Dry mouth due to some Parkinson's drugs reducing the flow of saliva to their mouth. Some of the drugs can also lead to taste disturbances. Also dry mouth can lead to higher rates of tooth decay and gum disease and an increased risk of getting decay in the exposed roots of teeth. Also importantly for people in care homes it may cause dentures to become loose and hard to control, or mean that people with Parkinson's are unable to eat with the dentures they	Thank you for your response and suggestions. The committee considered your suggestion but agreed the wording in the recommendations was sufficient, as it emphasises person-centred care.

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				have. • Burning mouth. Some people with Parkinson's complain of a burning mouth sensation possibly due to a dry mouth and or taking Levodopa. • Drooling. This is common for people with the condition and may be in part due to them not being able to swallow as well as they used to. If someone swallows less, saliva pools in the mouth and instead of being swallowed it overflows from the corners of their mouth. Drooling or dribbling can lead to sores or cracks developing. This can make everyday activities such as talking, eating or having a drink difficult or embarrassing. Some people with Parkinson's also find their posture may add to the problems as some are unable to sit up straight and stoop or sit in a head-down position. Some may also find it hard to seal their lips, which will make it harder to control the saliva flowing from their mouth. Information about oral health and eating, swallowing and saliva control can be found in our information sheets (www.parkinsons.org.uk) which have all been information standard accredited. We would recommend NICE reference the need for relevant information on oral health is included in an individuals' care plan.	
Denplan Ltd	Full	5	22-28	1.3.1 Access to the patient's history is critical. This will be more important as in future residents' will increasingly have had highly complex dentistry undertaken. For example, care home staff will not be able to ascertain whether complex bridgework or implants are present. They also make not recognise dentures. There should also be a simple questionnaire for new residents.	Thank you for your response. The committee considered your suggestions but agreed this type of detail was not appropriate in this particular guideline. The committee also noted that the current recommendations did not prevent care homes from developing simpler questionnaires if this better suited the needs of their residents.
Public Health England (PHE)	Full	5	27	1.3.1 Suggest in addition to document the availability of safe storage of dentures when not worn to avoid loss. Dentures are often left on bedside cabinets where they are easily lost.	Thank you for your response. The committee believed that this detail could be covered in any training provided, so did not require a recommendation.
Health	Full	6	2	1.3.1 Question 1 : include record of unknown /no available	Thank you for your response. The committee agreed

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Education England (Kent, Surrey and Sussex)				information on dental visits/dentist	this was already covered in recommendation 1.1.3, which is now recommendation 1.2.1
The Residents & Relatives Association	Full	6	4	1.3.2 We know from the research that we have carried out that something like 10% of residents have no kith or kin or have any other visitors and this is a very vulnerable group who may need help with such assessments but not have anyone available to them or have anyone aware of their history or needs.	Thank you for your response and suggestions. The committee agreed and shared your concerns, they have amended recommendation 1.1.1 (last bullet point) and added wording about ensuring access to basic resources (such as a toothbrush). We hope this helps.
NIHR Devices for Dignity HTC	Full	6	6	1.3.2 We would recommend adding a requirement to record where relevant any swallowing difficulties and subsequent aspiration risks which should entail adaptations to standard mouth care practices in order to avoid aspiration of debris, water, toothpaste, mouthwash etc. This could be linked to a recommendation for consideration of involving Speech & Language therapy staff and/or dental staff in advising on safe mouth care practice for residents who are vulnerable to aspiration.	Thank you for your response. The committee did not agree this level of detail was appropriate for these particular recommendations.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	6	7 8	1.3.3 We would like to see added "...record and act upon obvious or suspected changes in oral health, problems or complaints"	Thank you for your response. The committee shared your concerns, but considered the current recommendations taken together covered concerns raised sufficiently.
Health Education England (Kent, Surrey and Sussex)	Full	6	7	1.3.3 'regularly review' should this be a specific time interval as regularly can mean any length of time with the risk of reviews being omitted if there is no time scale to guide change it in relation to their individual needs see 1.4.3 in line with what they do with anything else responding to changes to residents needs 1.4.3. amend	Thank you for your response. The committee considered your suggestions, but agreed the current recommendations taken together covered concerns raised sufficiently. They disagreed specifying a timescale would be helpful given the heterogeneity of the population, however a link to NICE guidelines on intervals for dental recall has been included.
Knowsley	Full	6	7	1.3.3	Thank you for your response and suggestions.

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Council				Reviews to be regular but staff to have awareness of factors that might indicate problems in the mouth such as abscesses, sore gums, badly fitting dentures that may lead to irritation, e.g. A resident with poor communication skills or dementia has started to refuse to eat or drink, communicate, not wanting to be involved in normal day to day activities but is unable to tell you why this could be due to a problem in their mouth or with their teeth which needs to be explored even if to rule out. Another indication of a problem could be a reluctance of a resident to eat food they have usually eaten and start to only accept soft food, or food that has cooled.	The committee noted your concerns, but considered the current wording in 1.4.3 (now 1.3.3) and all recommendations taken together reflected the heterogeneity of the population living in care homes.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	6 (5?)	18	1.3.1 Amend this line to read: **Assess the mouth care needs of all residents on admission.** Many older people move into residential care straight from hospital or are placed into care by social services, with little notice. This can result in them arriving in residential care without a toothbrush or paste, or if they have these basic items, it needs to be accessed quickly that they can in fact use them correctly. Therefore, an initial assessment of oral care needs as defined in para 1.4 is best undertaken on admission to residential care, and not left for upwards of a week. BSDHT would recommend that any further assessment and oral hygiene plan should be carried out by a dental professional as soon as reasonably possible. It should be policy for all new patients to have their basic oral hygiene needs met morning and night until they are assessed professionally.	Thank you for your response. The committee agreed and have amended and clarified the wording in this recommendation. The committee have included additional wording about basic resources, but believed the remaining issues raised were sufficiently covered in other recommendations. The committee discussion section sets out their consideration of the evidence and deliberations in more detail.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	5 *Not6*	18	1.3.1 Amend this **line to read: Assess the mouth care needs of all residents on admission.** Many older people move into residential care straight from hospital or are placed into care by social services, with little notice. This can result in them arriving in residential care without a toothbrush or paste, or if they have these basic items, it needs to be accessed quickly that they can in fact use them correctly. Therefore, an initial assessment of oral care needs as defined in para 1.4 is best undertaken on admission to residential care, and not left for upwards of a week.	Thank you for your response. The committee have clarified and amended and the wording in this recommendation. The committee have included additional wording about basic resources, but believed the remaining issues raised were sufficiently covered in other recommendations. The committee discussion section sets out their consideration of the evidence and deliberations in more detail.

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				BSDHT would recommend that any further assessment and oral hygiene plan should be carried out by a dental professional as soon as reasonably possible. It should be policy for all new patients to have their basic oral hygiene needs met morning and night until they are assessed professionally.	
Health Education England (Kent, Surrey and Sussex)	Full	6	Gen	The need to prevent dehydration should also be stressed along with the fact that many medications can lead to xerostomia	Thank you for your response. The committee disagreed adding additional detail was needed.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	6	9	Daily mouth care' doesn't mention in respect of brushing; need for 2 minutes duration; importance of not rinsing with water after using fluoride toothpaste; and need to regularly change toothbrush after 3 months. These are important messages that carers need to be aware of to make tooth brushing effective. Products other than 'standard' toothbrushes might also be appropriate for particular individuals e.g. interdental brush. Consider additional line, similar to one on cleaning products for dentures, e.g. "using their choice of cleaning products for natural teeth if possible	Thank you for your response. The committee noted your but concerns but felt this detail was sufficiently covered in other guidelines such as DBOH.
The Residents & Relatives Association	Full	6	9-29	There is an assumption that care workers have received the appropriate training, as some training would be required to understand guidelines.	Thank you for your response. The committee agreed training needs, and good practice, were varied across care homes. They took this into account when making their recommendations.
Public Health England (PHE)	Full	6	9	Under Daily Mouth care it would be helpful to refer here to DBOH (Delivering Better Oral Health, PHE 2014) evidence based actions although referred to earlier in the guidance it would seem helpful to include at this point.	Thank you for your response. This has been added here and in other recommendations. We hope this helps.
The British Association for the Study of	Full	6	9 15	There is no mention of delivering better oral health which provides evidence-based advice on daily mouth care. Advice should include safe storage of dentures when they are not worn.	Thank you for your response. Links to DBOH are now referenced in recommendations throughout the guideline. Specific detail about particular conditions is out of scope for

Organisation name	Document	Page No	Line No	**Comments** Please insert each new comment in a new row	**Developer's response** Please respond to each comment
Community Dentistry			28 - 29	A large number of these patients will suffer from xerostomia (dry mouth), so there should be advice on daily mouth care for those with xerostomia. Care home staff should check soft tissues for abnormalities. Need for staff to be trained in/understand behaviour management and understanding challenging behaviour especially when care home residents have communication difficulties	this guideline.
Royal College of Physicians and Surgeons of Glasgow	Full	6	9 - 27	Practical resources: http://www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf	Thank you for your suggestion and links which we will pass on to our resource endorsement team. More information on endorsement can be found here'.
Faculty of General Dental Practice (UK)	Full	6	10	The daily support activities listed in section 1.4.1 should be expanded to include the provision of readily available drinking water at all times, not in this section rather than liquids containing sugar, in order to help avoid xerostomia (dry mouth). The need to avoid dehydration should also be stressed along with the fact that many medications can lead to xerostomia.	Thank you for your suggestions. The committee agreed the current wording in the recommendations was sufficient for the population the guideline was intended to cover, all adults aged 18 years and over. They considered that implementing the recommendations ensured that the particular needs of all adults living in residential care, including any specific conditions, would be addressed.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	6	10 11.	1.4.1 We would like to see added, "The level of support that residents require will vary but carers should be able and prepared to carry out toothbrushing for an individual who is unable to do so". Our experience is that many carers are really reluctant to perform brushing for their clients even when it is evident that they struggle to do so effectively for themselves.	Thank you for your response. The committee shared your concerns, but did not agree that adding this additional level of detail would add value to this recommendation.
Denplan Ltd	Full	6	11	Oral care must be embedded in an individual's personal care plan. This is crucial to this guidance being delivered and should be stipulated more clearly. This will also help inform government and NICE's understanding of the scale of the undiagnosed dental disease in this population.	Thank you for your response. The committee shared your concerns and this is reflected in the guideline. The committee agreed that implementing the recommendations ensured that the needs of all adults living in residential care, including any

Organisation name	Document	Page No	Line No	**Comments** Please insert each new comment in a new row	**Developer's response** Please respond to each comment
					undiagnosed dental diseases, would be addressed.
Denplan Ltd	Full	6	13	We are confident that a large percentage of these patients will be relatively high risk. Therefore high fluoride toothpaste (on prescription) should be used twice daily as opposed to 'family' fluoride toothpaste until a risk assessment has been conducted. A high fluoride toothpaste should be used to manage their risk in the interim.	Thank you for your response. The committee considered your suggestion, but agreed the detail about prescription fluoride was already sufficiently covered by the recommendations. The level of fluoride in toothpaste was outside the scope of this work.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	6	13	Department of Health, Social Services and Public Safety - Northern Ireland perhaps we should amend to "brushing natural teeth twice a day with fluoride toothpaste with at least 1350ppm fluoride.	Thank you for your response. This detail is covered in DBOH, which is now referenced throughout the guideline.
Health Education England (Kent, Surrey and Sussex)	Full	6	13-22		Double Checked against version from QA team, appears to be an empty cell.
British Society of Gerodontology	Full	6	15	'Recommending' the removal of dentures overnight as some patients refuse due to dignity issues to take them out at night	Thank you for your response. The committee agreed and have amended the wording in the recommendation to reflect individual preferences.
British Dental Association	Full	6	17	'Electronic' should read 'electric'.	Thank you for your response. The wording has been amended.
British Society of	Full	6	17	Generally known as 'powered' toothbrush rather than electronic (maybe battery or electric) – no mention of interdental brushes or	Thank you for your response. The wording has been amended.

Comment [RK1]: Blank cell to be cifrmed andn deleted by QA team at end

Organisation name	Document	Page No	Line No	**Comments** Please insert each new comment in a new row	**Developer's response** Please respond to each comment
Gerodontology				floss?	
Solihull special care dental service	Full	6	17	Generally known as powered toothbrush rather than electronic	Thank you for your response. The wording has been amended,
Health Education England (Kent, Surrey and Sussex)	Full	6	18	The term dental clinicians is not one often used, not consistent with the usual terminology	Thank you for your response. The wording has been amended.
Solihull special care dental service	Full	6	19	Chlorhexidine gel preferable to mouthrinse in frail older people applied direct to gums with toothbrush	Thank you for your response. The committee considered your suggestion but agreed this would be covered by the current wording which is about individual preference.
British Society of Gerodontology	Full	6	19	Chlorhexidine gel preferable to mouthrinse in frail older people / PMLD with dysphagia applied direct to gums with toothbrush – so should say 'mouth rinse or gel'	Thank you for your response. The committee considered your suggestion but agreed this would be covered by the current wording about taking into account individual needs and preferences..
Health Education England (Kent, Surrey and Sussex)	Full	6	21	The evidence for the use of over the counter products such as chlorohexidine and chewing gum, - has this been checked by a dietician- as there is concern with using chewing gum due to reducing an older person's appetite, and excessive use can lead to diarrhoea.	Thank you for your response. The committee have amended the examples given in 1.4.1 now 1.3.1 to avoid confusion. Please see the committee discussion section on page 18 for their consideration of the evidence about Xylitol and the heterogeneity of the population this guideline covers.
Public Health England	Full	6	21	This statement would seem to be supporting the daily routine use of chlorhexidine mouthwash which would seem to be in conflict with the position of the committee on page20 where they agree that it	Thank you for your response. The committee have clarified the examples in recommendation 1.4.1 (now 1.3.1) to avoid

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(PHE)				may be part of a residents care after assessment and its use in isolation would be unlikely to be the most effective intervention and not a substitute for effective tooth brushing.	confusion. The recommendation is about ensuring the individual needs and preferences of residents are appropriately met and supported.
Scottish Consultants in Dental Public Health	Full	6	21	We are concerned that by recommending daily or regular use of over-the-counter products such as chlorhexidine mouth rinses or xylitol gum (as opposed to on prescription by dental clinicians) without a caution alongside may mean these products could be given inappropriately to residents with dementia or swallowing difficulties, or imposed on those who do not find them acceptable or palatable.	Thank you for your response. The recommendation is about ensuring the personal needs and preferences of residents are appropriately met and supported. The committee have not recommended the daily use of chlorhexidine, this was included as an example, but this has been amended and the wording in this recommendation to avoid confusion. Please see the committee discussion on page 18 and the evidence statements referred to in that section.
NIHR Devices for Dignity HTC	Full	6	22	1.3.3 Could the panel advise on specialist products for patients at risk of aspiration – for example suction toothbrushes, low foaming toothpaste, and equipment for cleaning the soft tissues? There are a range available but these are not used – D4D recently conducted a survey on mouth care practice (in acute setting) and found no staff were aware of, or used suction toothbrushes or low foaming toothpaste with patients with high risk of aspiration – they were also unsure about procedures for cleaning soft tissues. This also links to recommendations on page 8, line 13.	Thank you for your response. The committee shared your concerns, but a review of the evidence around specialist equipment was outside the current scope for this particular guideline. However, the committee agreed that the recommendations would help and encourage care home managers to access dental services for the type of detailed advice and support you suggest here.
Public Health England (PHE)	Full	6	22	1.4.1 There is no mention of the care of dry mouth a common complaint of residents in care homes.	Thank you for your response. The committee shared your concern but disagreed including this particular condition in this recommendation would be helpful. Members agreed that on balance implementing the recommendations ensured the particular needs of any adult living in a care home, regardless of length of stay, would be addressed.
British Society of Gerodontology	Full	6	23	1.4.2 'know which member of staff' – this is very vague	Thank you for your response. The committee choice of wording was deliberate in this particular recommendation. They discussed this issue at length but agreed, given the variation in local practice, it should be left to care home managers to decide.

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					Please see the committee discussion section for their consideration.
Denplan Ltd	Full	6	23-25	As referenced on page 17 (lines 14-17), having an **oral health champion** as a member of care home staff is inappropriate. 1.4.2 However guidelines does place significant responsibility on an individual to perform such a role. We know from our work in this area that care homes are reluctant to have yet another 'champion'. NICE should consider recommending that a member of staff or a professional in a dental team be assigned to this role. This would help encourage the partnership approach discussed in comment 3.	Thank you for your response. The committee debated this issue during meetings (Please see the committee discussion section). The committee agreed there was sufficient flexibility in the recommendations to encourage care home managers to make decisions, reflecting any local arrangements.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	6	23, 24 25.	1.4.2 The impact upon the oral cavity regarding multiple medications when providing dental treatment or managing common oral conditions should be mentioned	Thank you for your response. The committee considered your suggestion but agreed this level of detail was outside the scope of this current guideline. They considered that the concerns you raise here should be directed to dental professionals, and if access to dental services is improved, this particular type of advice will be available. A link to NICE guidelines about managing medicines in care homes has been included and may help address some of these concerns.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	7 (6?	24	Use of "any" mouth care products – not just prescribed	Thank you for your suggestion. The committee agreed and have amended.
Denplan Ltd	Full	6	26	1.4.3 This should be amended to: "Ensure care home staff know how to recognise and how to respond". Recognising a change in a resident's needs is important as a first step.	Thank you for your suggestion. The committee agreed and have amended.
British Society of Gerodontolo	Full	6	26	1.4.3 Know how to respond to changes in resident's mouthcare needs – they should be advised to complete OHRA again and then change	Thank you for your suggestion. The committee considered your suggestion, but agreed this was sufficiently covered in recommendations 1.2.4 and

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gy				the care plan.	1.3.3.
Parkinson's UK	Full	6	26-27	1.4.3 We welcome this statement as it is important that people with **Parkinson's** have regular oral assessments to ensure they are not having problems swallowing, or with their saliva and that their dentures fit properly.	Thank you for your response.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	7 (6?)	27	1.4.3 How and who to contact for advice on a change.	Thank you for your response and suggestion. The committee disagreed this detail was required.
British Dental Association	Full	6	28-29	1.4.4 We consider that it should be made explicit exactly how care home staff should respond if a resident does not want daily mouth care or have their dentures removed. There is no indication in the guideline as to how staff should respond in these instances. BDA research shows that resistance from residents in care homes in regard to mouth care can be a significant issue ('Resistance from residents was the most commonly cited problem with regards to daily oral hygiene and was often the only problem that managers reported' (Dentistry in care homes research – UK (2012)). The guideline should therefore clarify exactly what is expected of staff when encountering resistance.	Thank you for your response. The committee shared your concerns, but this particular type of detail you request was outside the scope of this guideline. However the recommendations have been amended where feasible and include links to the code of practice for the mental capacity act and duty of care for care home managers. The overarching aim of this guideline is to improve access to dental services, where care homes would get the advice and support they needed from dental practitioners.
Knowsley Council	Full	6	28	1.4.1 Is there a particular reason why people should take their dentures out at night which could affect their health? Some people may not choose to do this as they may find it undignified.	Thank you for your response. The committee discussed your concern about the dignity of individuals, but believed the current wording covered personal preferences. There were concerns about promoting best practice where people rely on others for all or some of their personal care needs. The recommendations are focused around the core principle that all decisions about

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					personal care take into account personal preferences and needs of individuals.
British Society of Gerodontology	Full	6	28	1.4.4 Must ensure they document that a resident has refused mouthcare	Thank you for your response. This is covered in the recommendations.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	6	28 29.	1.4.1. We would like to see included "staff should document evidence of all mouth care practices being delivered-or attempted-on a daily basis."	Thank you for your response. The committee discussed your suggestion, but agreed to keep the wording as it is.
The Residents & Relatives Association	Full	7	Gen	Guidance on page 7 implies that the knowledge exists or is easily accessible. It is not clear who will do the assessments and who will provide the training.	Thank you for your response. The committee shared your concerns, but recognised that there were variations in service provision depending on local arrangements.
NHS England	Full	7	1-21	1.5.2 It is clear that the knowledge and skills of the care home staff are paramount in ensuring good oral health for adults in care homes but ensuring that there is minimal variation in the quality of oral care is a challenge. A training standard and an oral care policy needs to be developed and implemented for care homes. It would seem that there is sufficient evidence already to develop this and that this would be cost effective.	Thank you for your response. The committee agreed and hope the development of this evidence based guideline will ensure a reduction in current variations in practice.
The Residents & Relatives Association	Full	7	Gen	Perhaps it would be helpful to provide tips and hints about what to look for.	Thank you for your response. The committee noted your suggestion, but this approach was outside the scope of this current work.

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The Residents & Relatives Association	Full	7	Gen	We are concerned about the general lack of expertise in care homes to recognise and identify oral health problems sufficiently in order to know when to make appropriate referrals. As stated above, we have issued very clear and basic information sheet on this issue that has been very popular http://www.relres.org/images/Keyn-Mouth-050615.pdf	Thank you for your response and link to resources. We will pass this information to our resource endorsement team. More information on endorsement can be found here'.
Royal College of Physicians and Surgeons of Glasgow	Full	7	1 - 19	Practical resources: http://www.bsdh.org/w_PDF/pBSDH_Clinical_Guidelines_PwaLD_2012.pdf - oral healthcare for people with learning disabilities http://www.bsdh.org/userfiles/file/guidelines/longstay.pdf - oral healthcare for long stay patients and residents http://www.bsdh.org/userfiles/file/guidelines/physical.pdf - oral healthcare for people with a physical disability http://www.bsdh.org/userfiles/file/guidelines/mental.pdf - oral healthcare for people with mental health problems	Thank you for your response and links to practical resources. We will pass this information to our resource endorsement team. More information on endorsement can be found here'.
British Society of Gerodontology	Full	7	2	Assess and record	Thank you for your response. The committee agreed and have amended.
Royal College of Physicians and Surgeons of Glasgow	Full	7	2	Impact on practice: care managers - regular monitoring and peer/ management review of coral health care practice and knowledge of staff	Thank you for your response and suggestion.
Health Education England (Kent, Surrey and Sussex)	Full	7	2	**Question3:** Assessing OH knowledge and skills of all staff – would this be mandatory training and how regularly? Many care staff are not paid to undertake training so even with free sessions or provision of care homes web or hard copy training the cost of training hours would impact many providers. This should be explicit in the Care Certificate, which should be a	Thank you for your response. The committee shared your concerns and discussed the impact on service providers. The draft recommendations have been amended taking into account the response of stakeholders. However, altering the requirements of the care certificate are outside the scope of NICE guidelines.

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				minimum mandatory requirement for all Care Workers.	The committee were aware that the CQC would take NICE recommendations and any relevant quality standards into account during their inspection processes.
Parkinson's UK	Full	7	2-3	We welcome this and think the guideline should reflect the need for awareness of changes with specific long term conditions like **Parkinson's,** or at least make reference to the specific NICE guidelines (Parkinson's – CG35). Parkinson's UK also provides training for care home professionals about all aspects of the condition and we would be happy for this to be referenced.	Thank you for your response. The committee considered your suggestion but disagreed a change in the wording would be appropriate given the heterogeneity of the population (aged 18 years and over) living in care homes.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	7	4	1.5.2 Ensure care home staff who provide daily personal care to residents: Understand the importance of residents' oral health" suggest add at end and potential impact on Gen health and well being, to emphasise critical importance.	Thank you for your response. The committee agreed with your suggestion and have included this wording.
Health Education England (Kent, Surrey and Sussex)	Full	7	4-21	Direct access to hygienist/therapist/ clinical dental technician services should be included here	Thank you for your response. The committee considered your suggestion, but disagreed this could be included, there was insufficient evidence of the costs or effectiveness of including direct access to dental professionals in England.
Health Education England (Kent, Surrey and Sussex)	Full	7	4-21	Include something about aides for people with restricted abilities or swallowing difficulties e.g. non-foaming toothpaste	Thank you for your response. This was outside the current scope of work for this guideline.
Public Health	Full	7	4-21	There is no mention in this section of training to develop skills. This is in the oral health promotion services section however such	Thank you for your response. The committee considered your suggestions and

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England (PHE)				training and skills may be accessed elsewhere, for example, on line. Suggest should also include • know oral effects of common medications including dry mouth and how to alleviate this • know how to access routine, urgent and emergency care for those who need it	have amended the section where urgent care is mentioned. The suggestion about including information of common side effects is out of scope for this guideline, but we have included a link to NICE guidance on managing medicines in care homes.
Faculty of Dental Surgery, Royal College Of Surgeons of England	Full	7	4, 10, 14, 27	1.5.2 1.6.2 **Question 1: The areas which will have the biggest impact will be:** • Provision of oral health care education for the care staff which will raise/increase awareness of the need to address oral health issues • Provision of adequate and effective daily oral care by staff and family, which will help to reduce the risk of caries, periodontal disease, pain and infection for residents. • Use of a standardised, validated oral care assessment tool as part of the initial health assessment by staff which will identify issues/concerns at an early stage • Each residential home to have a designated contact and commissioned service with one dental practice and community dental service for provision of specialist care, which should enable easy access to emergency care and continuity of care with regular oral/dental reviews.	Thank you for your response. The committee broadly agreed and hoped this would be the case. The final point you highlight is not within the scope of this NICE guideline, but represents a future ideal (for example having a designated contact).
Faculty of General Dental Practice (UK)	Full	7	5	The first bullet under section1.5.2, on the knowledge and skills of care home staff, should be expanded to read "understand the importance of residents' oral health, and its influence on Gen health".	Thank you for your response. The committee agreed and have amended the wording.
Health Education England (Kent,	Full	7	5	the words " and its influence on general health" should be added to the first bullet	Thank you for your response. The committee agreed and have amended the wording.

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Surrey and Sussex)					
County Durham & Darlington Foundation Trust , Community Dental Service	Full	7	5 10 11 12 13	We would like to see more emphasis placed on good oral health as an integral part of Gen health and wellbeing: gives care providers context for the guidance.	Thank you for your response. The committee agreed and have amended the wording.
Knowsley Council	Full	7	5	Staff to understand the impact on residents well being and dignity of not supporting them with good oral care.	Thank you for your response. The committee agreed and have amended the wording.
The British Association for the Study of Community Dentistry	Full	7	6 -9 16 -19	Care home staff should know how to contact/find a dentist when needed for both routine and urgent dental care. What is meant by Specialist care In England, not all dentists will be commissioned to provide domiciliary care. Also oral health screening can be carried out by other healthcare professionals such as resident's GMP who can onward refer for treatment. This may be additional need for help with oral care, input from a dental professional or onward referral.	Thank you for your response. The committee noted your suggestion, and have amended or clarified where needed. They noted that the guideline is aimed at care home managers and they felt that was appropriate. The committee considered the other points you raise are already reflected throughout the recommendations.
Denplan Ltd	Full	7	6-9	See comment 7 on the other professionals able to treat disease and make referrals.	Thank you for your response. The committee agreed and have amended where appropriate in the recommendations.
British Dental Association	Full	7	6-9	This recommendation needs to include DCPs, with an explanation of what they are and are not permitted to do. The roles of members of the dental team other than dentists require acknowledgement in the guideline.	Thank you for your response. The committee agreed and have corrected the recommendations.
Public Health England	Full	7	6-9	See comment above page 4 line 5	Thank you for your response. The committee agreed and have corrected this section of the recommendations.

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(PHE)					
British Society of Gerodontology	Full	7	7	Dental Care Professionals can also diagnose and treat dental disease as per GDC Direct Access??	Thank you for your response. The committee agreed and have corrected this section of the recommendations.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	7 (6?)	7	This again should be under the advice of a dental professional.	Thank you for your response. The committee agreed there was confusion around access to advice from practitioners and different local arrangements to address care home needs.
British Dental Association	Full	7	10-13	Care home staff should be able to recognise that certain changes in behaviour may be a result of oral health problems, for example, toothache.	Thank you for your response. The committee agreed and have amended the wording in the recommendation, but not used the example you suggest.
Health Education England (Kent, Surrey and Sussex)	Full	7	12	**Question 11.** Assessing competency for care home staff would be an excellent means of improving mouth care but maybe difficult to achieve due to the transient nature of staff. How would this be carried out and by whom?	Thank you for your comment. The committee took training needs of care staff into account when drafting their recommendations.
Denplan Ltd	Full	7	14-15	This assumes staff will know when a re-assessment should take place. An initial risk assessment and risk score needs to have been conducted for them to be able to know when to re-assess.	Thank you for your response. The committee considered your query, but agreed that taken as a whole, the recommendations in the guideline addressed the point you raise about measurements and reassessments.
British Society of Gerodontology	Full	7	15	Must ensure that they know to follow the oral care plan not just risk assess	Thank you for your response. The committee agreed and believed that the recommendations taken together emphasise the importance of oral health care and treatment when needed.
Denplan Ltd	Full	7	20-21	The guidance makes no reference to how a dental professional	Thank you for your response, the committee noted

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				would advise on denture marking. NICE must clarify with the Gen Dental Council (GDC) who is qualified to carry out denture marking in a non-dental context.	your concern but believed this detail was outside the scope of the current guideline.
British Dental Association	Full	7	23-24	Dental nurses are permitted to lead group education sessions, so could perhaps be mentioned here.	Thank you for your response. The committee noted your suggestion, but agreed adding this detail may inadvertently narrow the recommendation.
British Dental Association	Full	7	22	The heading 'Oral health promotion services' suggests universal availability of dedicated oral health promotion services. Such services do not exist in all parts of the country.	Thank you for your response. The committee noted different local arrangements were in place across the country, they were also aware of different titles for similar services and reluctant to inadvertently add to confusion by changing the title in this recommendation. However, they amended the wording to align with local arrangements.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	7	22 23 24	1.6.1. Locally, care home training is shared between the Community Dental Service Oral Health Promotion team and a Domiciliary Dental Team. The document could give some recognition to the role of domiciliary providers (and other agencies) in training care staff.	Thank you for your response. The committee noted different local arrangements across country. With this variation in mind, they did not feel it appropriate to specify beyond what is already in the recommendations.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	7	23 24.	1.6.1 We would like to see a recommendation that training providers should use an accredited training programme/package and that training should be delivered by an appropriately trained oral health care professional (i.e. suitably qualified , holding a recognisable teaching certificate). One of the biggest barriers to good quality care in our region is the fact that training in oral health has, thus far, not been mandatory and, therefore, many care providers give oral health low priority and care staff attitudes towards oral health are poor. Recommending that training in oral health (which includes practical training in oral hygiene) should be made mandatory for all frontline care staff on induction and at regular intervals would help to give training the emphasis it deserves.	Thank you for your response. The committee noted your suggestions and shared your concern about good quality oral health care and training. However, they agreed that the current wording in the recommendations was sufficient to cover training needs of care staff where training was needed. Please see the committee discussion for their consideration of this issue.
Denplan Ltd	Full	7	22	Clarity is needed on who exactly 'oral health promotion services'	Thank you for your response. The committee noted

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				are and what their responsibilities are.	different arrangements in different parts of the country, and were also aware of different titles for similar services, so disagreed it would help to add this particular detail.
Knowsley Council	Full	7	22	Not all boroughs have or commission oral health promotion services, therefore it may be difficult for settings to gain easy access to resources and quality training.	Thank you for your response. The committee shared your concerns and noted different local arrangements in different parts of the country. The wording in the recommendation has been amended to reflect aligning with local arrangements.
The Residents & Relatives Association	Full	7	22	Oral health promotion needs to be in appropriate language for care workers who may have no health care qualifications of any kind and are not always at ease with written material.	Thank you for your response. The committee noted your concerns.
The British Association for the Study of Community Dentistry	Full	7 8	22 1 - 3	Heading suggests universal availability of dedicated oral health promotion services, this is not the case. Oral health promotion services for this group of patients in England will only exist where they have been commissioned by local authorities. What does this mean? In England, oral health promotion services should link with NHS Commissioners and local professional networks to advocate for dental services for care home residents. Oral health promotion teams should also advise care homes on food policies.	Thank you for your response. The committee shared your concern, and noted different local arrangements were in place across the country, they were also aware of different titles for similar services. They did not agree changing the title of would add clarification, but amended the wording in the recommendation.
Knowsley Council	Full	7	23-26	Introducing standard guidelines will start to improve the quality of service provision in this area, and staff skills and knowledge if training was given. However there is concern about the cost implication and how this cost could be met.	Thank you for your response. The committee shared your concerns, but the evidence showed on balance that oral health training for staff would be a low cost intervention with good effectiveness as you state below. Their considerations of the issues are set out in the committee discussion section in the guideline. This takes into account their deliberations about health inequalities, inequity, the cost consequence analysis and economic report all of which set out more detail

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					about costs.
Knowsley Council	Full	7	23-26	1.6.1 The biggest impact will be in the commissioning of training and the expectation of funding and provision.	Thank you for your response. The committee shared your concerns, but the evidence showed that on balance oral health training for care staff would be a low cost intervention with good effectiveness as you state in your previous comments. The committee considerations of the issues are set out in the committee discussion section in the guideline which takes into account their deliberations about health inequalities, inequity, the cost consequence analysis and economic report all of which set out more detail about costs.
Knowsley Council	Full	7	23-26	The Oral Health training for staff is a clear need and is shown to be a low cost, high effectiveness intervention.	Thank you for your response. The committee agreed and that is further demonstrated by the cost consequence analysis and economic report.
Knowsley Council	Full	7	23-26	Training for some staff would be required whilst others may benefit from awareness sessions – suggest providers have a mechanism for auditing care is being delivered as per care plan and that staff competence is also monitored.	Thank you for your response. This committee agreed and this is already covered in their recommendations. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Knowsley Council	Full	7	23-26	Training of staff is important. It would be good to link to a quality e-learning pack.	Thank you for your response. The committee agreed staff training was extremely important. However, the evidence reviews did not identify reliable research that demonstrated the effectiveness of a particular e-learning pack to recommend.
Public Health England (PHE)	Full	7	23-29	These will only happen if Local Authorities or NHS England commission oral health promotion services. This is not always the case.	Thank you for your response. The committee shared your concern.
Health Education England (Kent, Surrey and	Full	7	25	**Question 3 :** has cost implications to human resources of LA's and /or CDS	Thank you for your response. The committee agreed.

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Sussex)					
Parkinson's UK	Full	7	25-26	We believe the guideline could also reference those professionals who specifically support those with the condition, **like Parkinson's nurses**. They are experienced working as part of a multi-disciplinary team and bring specialist knowledge about Parkinson's that could improve the outcomes for people with the condition, while also striving to reduce the costs to health and social care.	Thank you for your response. The committee understood your concerns, but the aim of this guideline was to promote equity and access to good oral health for all adults in care homes.
Royal College of Physicians and Surgeons of Glasgow	Full	7	26	Impact on practice: oral health promotion services – ensure knowledge of/ access to advice re of needs of residents with complex needs. May require liaison with other healthcare professionals eg Speech and Language Therapy, Dietician	Thank you for your response and suggestion. The committee agreed there was confusion around access to dental treatments, services and costs and took this into account when making their recommendations. The aim of the guideline is to ensure access to the dental team and dental treatments to meet the needs of all residents including those with complex needs.
Denplan Ltd	Full	7	27-29	1.6.3 This requires significant joined-up working across a number of sectors and this point must be emphasised much more throughout the guidance. The guidance in its entirety will not be effective if left to one body. Responsibility to enact the guidance and support care homes must also rest with local oral health promotion services. Care home managers must be empowered through the guidance to insist on services being provided. The guidance should facilitate specific pathways for care homes to access care for residents.	Thank you for your response. The committee shared your concerns and believed that these evidence based recommendations would assist that process.
The Residents & Relatives Association	Full	7	27	1.6.3 It also not clear whose responsibility is it to provide the help to the managers	The committee agreed there was confusion around access to dental treatments, services and costs and took this into account when making their recommendations, which may help care home managers access the help and advice they require.
Wakefield Council	Full	8	1	1.6.4 This recommendation would be difficult for oral health promotion teams to do as it falls outside their role	Thank you for your response. The committee agreed and have amended the wording.
British Society of	Full	8	1	OHP should also link with local dental services GDS/CDS etc	Thank you for your response. The committee agreed and believed that the

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Gerodontology					recommendations reflected this.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	8	*1-3*	We would like to see added "Be able to act in an advisory capacity when local authority care home service specifications are written or amended". Our service has assisted in writing local authority service specs and our experience is that previous specs often contained little or no mention of oral health.	Thank you for your response. The committee considered your suggestion, but disagreed this detail would clarify the recommendation.
Public Health England (PHE)	Full	8	1-3	This paragraph does not seem clear. Are care home managers advocating on residents' behalf with NHSE, the commissioner of dental services?	Thank you for your response, the committee agreed this was unclear and amended the wording.
British Dental Association	Full	8	1-3	Oral Health Promotion (OHP) services should link with NHS commissioners and local professional networks to advocate for dental services for care home residents. OHP teams should also advise homes on food policies.	Thank you for your response. The committee believed that the wording in the recommendations reflected this and that no further detail was required.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	8	1.7	Gen Dental Practice'. The way the narrative is currently written does not reflect that GDPs may choose not to provide this service and if they do they may provide the service under private contract. The impression given is that all GDPs provide this service and provide under the health service. An alternative wording could be 'May provide residents in care homes with routine preventive care and treatment as necessary. This may be provided under the health service or under private contract depending on local arrangements'. In Northern Ireland, and Scotland, patients can be registered with a health service dentist and that dentist would then be required to provide dental care and treatment for that patient if they moved into a care home. There would otherwise be no obligation on a Gen dental practitioner to care and treat patients in care homes. There are however challenges in GDPs offering domiciliary visits as even	Thank you for your response. The committee agreed and have clarified the wording in the recommendations to reflect local arrangements and variation in service provision. The committee shared your concerns, and the issues you outline here were debated at length during their meetings. Their debates and consideration of the evidence are set out in the committee discussion section of this guideline.

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				though there are additional payments it necessitates leaving the practice; travelling; only having access to a limited range of diagnostic tests and treatments to offer: and the patients in such care homes often have complex needs such that it takes longer to manage and treat them. It also often requires liaison with other professionals such as hospital consultants, GMPs and family members. Some community dental clinics do not have full disability access and this increases the amount of domiciliary visits required. Lack of suitable domiciliary equipment and the need for regular updated training for dental staff can be a challenge. An anecdotal view reported from the Community Dental Service is that corporates, which are increasingly buying over traditional dental practices, are not as keen to offer domiciliary services in their business model.	
Public Health England (PHE)	Full	8	4-15	1.7, 1.8 The proposed model of care is not clear throughout. Increasingly adults in care homes are dentate with complex needs and have a shorter length of stay. Therefore the need for care, what is appropriate care and where this is best provided needs to be considered.	Thank you for your response. The committee shared your concern, but agreed that on balance improving access to dental treatments and services would address the detail of individual or changing cohort needs.
Royal College of Physicians and Surgeons of Glasgow	Full	8	4 - 15	Impact on practice: Reisdents may require support with payment for treatment which will require organisation by the care home staff 1.7	Thank you for your response. The committee shared your concerns and agreed this was an area of confusion for care home staff and took this issue into account when making their recommendations. We will pass your comment onto the NICE resource impact assessment team.
Royal College of Physicians and Surgeons of	Full	8	4 - 15	1.7 Practical resources: http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding_Guideline_Jan_2010.pdf - intervention for people unable to comply with routine dental care http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding	Thank you for suggesting links to these resources, we will pass these on to our resource impact team to inform their support activities for this guideline.

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Glasgow				_Guideline_Jan_2010.pdf - clinical holding guidelines	
The British Association for the Study of Community Dentistry	Full	8	4 - 15	1.7 1.8 With regards to safeguarding need to ensure care home staff document relevant information of dental teams seeing residents. This should include the names and roles of each dental team member that visits the home, practice/service details and contact details.	Thank you for your response. The committee noted your suggestion, but agreed this detail would be covered by legal requirements enforced by regulators. .
British Society of Gerodontology	Full	8	5-8	1.7 Gen dental practitioners will only do this if is within their contract .Few have a domiciliary contract	Thank you for your response, the committee noted variation in practice and local arrangements for service provision.
Knowsley Council	Full	8	5	1.7.1 One challenge may be the capacity of the dental workforce as Gen Dental Services are already quite heavily committed.	Thank you for your response, we will pass this information on to our resource impact team.
Faculty of General Dental Practice (UK)	Full	8	5	Section 1.7.1 says Gen dental practice should "provide residents in care homes with routine preventive care and treatment as necessary". However, under certain circumstances it is not possible to provide care, and care home staff should be advised to liaise with dental practices to check that they can provide care in a patient's individual circumstances, and given the facilities available at the practice in question. If a practice is unable to provide care in a particular set of circumstances, care home staff must then find suitable alternative provision. The guidance should be amended to make this clear.	Thank you for your response. The committee agreed and have amended some of the wording in these recommendations to reflect variation in practice and local arrangements for service provision.
Solihull special care dental service	Full	8	5-8	Gen dental practitioners will only do this if it is in their contract .few have a domiciliary contract	Thank you for your response. The committee discussed and have amended some of the wording in these recommendations to reflect variation in practice and local arrangements for

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					service provision.
Public Health England (PHE)	Full	8	5	It should be made explicit that preventive care should follow evidence based guidelines Delivering Better Oral Health (PHE 2014) All dentures made in practice should be marked for ALL patients (if all dentures are marked when they are first made the identification of dentures in care homes will be alleviated).	Thank you for your response. The committee agreed with your suggestion and have amended the wording in this recommendation. Links to DBOH 2014 are made throughout the guideline.
The British Association for the Study of Community Dentistry	Full	8	5 - 6	There should be a reference to delivering better oral health guidance. Provision of realistic treatment. All dentures should be marked with patients details when they are made. There needs to be recommendation to HEE to provide training on how to treat this group of patients.	Thank you for your response. The committee agreed and have amended the wording in this recommendation they have also referred to DBOH throughout the guideline. Making recommendations to HEE are outside the remit of the institute.
Wakefield Council	Full	8	5	1.7.1 This recommendation needs to be more explicit as routine preventive care is open to different interpretations	Thank you for your response. The committee disagreed any further detail was required they agreed routine care & complex care are recognised terms.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	8	6,7,8	Please see comment 1. Since 2013 Dental Hygienists and those dually qualified in dental hygiene and therapy (DHT) can access patients directly, diagnose and treat dental disease within their remit and refer for specialist care. This also includes recognition and referral for suspected mouth cancer. See reference at comment 17	Thank you for your response. The committee agreed and have corrected the wording in this guideline.
Denplan Ltd	Full	8	7-8	1.7.1 Much more detail is required for Gen dental practice. The current overly simplistic approach ignores the stringent compliance requirements of the CQC and other regulators, as well as regulations around infection control. Detail is required on protocols around what treatment can be	Thank you for your response. The committee did not agree that the detail you require safeguarding and treatment protocols are appropriate for these particular guidelines. They considered the detail you describe would be written into any contract specifications aligned with the legal

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				carried out in the care home. This is also where the greatest cost would be incurred should patients' need to be transported to Gen practice for treatment. Equally, carrying out treatments within the care home will require resource and equipment.	requirements of regulating bodies, and agreed within local arrangements. The recommendations now include links to NICE guidance for local authorities on promoting oral health which refer to this area. The committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes.
British Society of Gerodontology	Full	8	10	1.7.2 Referrals not just for cancer but to Special care dental service for complex medical or dental needs, sedation etc	Thank you for your response, noted. The links to other NICE guidelines were intended as an example, reference to special care dentistry is now included in recommendations 1.2 & 1.3
The Residents and Relatives Association	Full	8	1	1.8 Ditto *[refers to: It also not clear whose responsibility is it to provide the help to the managers]*	Thank you for your response. The committee discussed this and revised the recommendations accordingly
Wakefield Council	full	8	11	1.8 This recommendation would be challenging unless additional resources are forthcoming	Thank you for your response. The committee shared your concern but agreed the recommendations reflected what they consider should be available. We have passed your comment onto the NICE resource impact assessment team to inform their support activities for this guideline.
Denplan Ltd	Full	8	12-13	We would strongly question whether the current resource for community dental services is equal to this task. We do not believe that it is and that significant additional provisions will need to be made to enact this guidance.	Thank you for your response. The committee not your concern, but agreed the recommendations reflected what they consider should be available. We have passed your comment onto the NICE resource impact assessment team to inform their support activities for this guideline..
British Society of Gerodontology	Full	8	12	CDS have specialist/consultants in Special Care Dentistry which CDS staff may need to refer residents to	Thank you for your response. The committee agreed and have amended the wording in this and other recommendations as appropriate in the guideline.

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Knowsley Council	Full	8	12	One challenge may be the capacity of the dental workforce as the Community Dental Services are already quite heavily committed.	Thank you for your response your concern has been noted.
Public Health England (PHE)	Full	8	12	Should also include preventive care based on Delivering Better Oral Health (PHE, 2014) and also all dentures should be marked	Thank you for your response. Reference and link to DBOH was placed at the front of the guideline aligned with NICE house style, but committee agreed and have linked and referred to DBOH more frequently throughout the guideline where appropriate and strengthened wording around denture marking.
Solihull special care dental service	Full	8	10	1.9 Referrals not just for cancer but to Special care dental service for complex medical or dental needs or advanced dementia	Thank you for your response. Reference to special care dentistry is now included in recommendations 1.2 & 1.3
Wakefield Council	Full	8	16	1.9 Health and wellbeing strategies tend to be high level. This recommendation is too operational in tone	Thank you for your response. The committee have amended the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.
Wakefield Council	Full	8	16	1.9 This recommendation needs to include the CCG who is responsible for commissioning services for people with learning disabilities and mental ill-health	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.
Public Health England (PHE)	Full	8	16	1.9 This section could include the need for oral health commissioning standards in service specifications for care home commissioning, including the requirement for training of carers in oral health care for residents.	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.

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The British Association for the Study of Community Dentistry	Full	8	16	1.9 Need to ensure oral health is included in commissioning standards and specifications for Adult and Social Care procurements. Need to integrate with wider health and social care training for doctors and wider medical team.	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards. Although the committee shared your concerns about training for doctors and the wider medical team, they recognised this was outside the current scope of this guideline.
Parkinson's UK	Full	8	17-19	1.9.1 We fully agree with this recommendation; however we are aware that **Parkinson's** or even neurology appears very seldom in Joint Strategic Needs Assessments (JSNAs). Research from Sue Ryder (Forgotten Millions, 2011) demonstrated that only 5% of local authorities know exactly how many individuals with any neurological conditions they care for and showed that only 10% of responding local authorities have an agreed local commissioning strategy for people with neurological conditions. Therefore knowing that few local authorities have referenced neurology in their JSNAs we are concerned that they are not equipped to deal with the Gen health needs of their local populations with neurological conditions and especially their oral health.	Thank you for your response. The committee noted your concerns, but oral health for specific conditions was not within the scope of this guideline. The overarching aim of this guideline is to improve access to treatment and services for all adults in care homes. The committee have also clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.
Denplan Ltd	Full	8	17-21	1.9.1 We endorse this section of the guidance but remain concerned by the current lack of additional resource and structured guidance to ensure it is delivered. Strategic planning is also needed for all care services, not just care homes. For example, people in receipt of homecare services will also have high levels of unmet need.	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards. Homecare services for people living independently in the community are out of the current scope of work for this guideline.
The British	Full	8	22 – 28	1.9.2	Thank you for your response.

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Association for the Study of Community Dentistry			25	Need to include commissioning of appropriate training for dental teams There is no mention of NHS England or Welsh Government (CDO, National Oral Health Plan, 2013) who are responsible for commissioning all dental services in England and Wales respectively. In current commissioning arrangements in England, local authorities and NHS England need to work collaboratively to provide oral health services to this group of patients. Within Wales the postgraduate deanery is the main vehicle for training of dental teams. Not all Gen dental services are commissioned to provide domiciliary services	The committee shared your concerns, but some of your suggestions are not within the current scope of work. The committee have also clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.
Denplan Ltd	Full	8	25	1.9.2 Gen dental professionals are currently at risk if they deliver this care in this way as they must comply with CQC regulations.	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 which is addressed to health and wellbeing boards.
Health Education England (Kent, Surrey and Sussex)	Full	8	28	1.9.2 Add in a line 29 "commissioners of care home placements" NHS and local authorities when placing individuals in care, ensure that oral health care is defined in the home policies, especially related to personal care. Linked to this, **CQC** guidance needs to be reviewed to ensure that oral health care is embedded within the inspection routine	Thank you for your response. The committee considered your suggestion, but noted this was out of the scope of this particular guideline. The committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Health Education England (Kent, Surrey and	Full	8	28	1.9.2 Add in a line 29 "commissioners of care home placements" NHS and local authorities when placing individuals in care, ensure that oral health care is defined in the home policies, especially related to personal care. Linked to this, **CQC** guidance needs to be reviewed to ensure that oral health care is embedded within the	Thank you for your response. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6

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Sussex)				inspection routine	which is addressed to health and wellbeing boards. The committee were also aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The Residents & Relatives Association	Full	9	4	Terms we think would be better placed at the beginning as a point of reference.	Thank you for your suggestion, however NICE guidelines follow a standardised format to enable consistency across webpages as well as paper documents. We are unable to change the position of this section but will pass your suggestion to the editorial team.
NHS England	Full	9	Gen	Mouth care - could the definition of mouth care include something about maintaining oral health and hygiene? It could then go on to describe the activities listed e.g. tooth brushing which are included.	Thank you for your suggestion. The committee have amended the definitions provided, additional actions are covered in the recommendations
Health Education England (Kent, Surrey Sussex)	Full	9	8	Could the term "mouth care" also be extended to awareness and notification to appropriate person(s) if a dental problem is suspected	Thank you for your suggestion. The committee have amended the definitions provided and additional actions are covered in the recommendations.
Health Education England (Kent, Surrey Sussex)	Full	9	4	Definitions could be better placed elsewhere in the document	Thank you for your suggestion which will be passed to the editorial team. We are unable to change the position of this section. NICE guidelines follow a standardised format to enable consistency across webpages as well as paper documents.
Denplan Ltd	Full	9	8-10	Clarity is needed on the definition of mouth care. Are the example activities listed the responsibility of the resident, care home staff or dental professional? The duties of the dental professional should be clearly referenced in this definition. Furthermore, an assessment of	Thank you for your response. Responsibilities and activities are set out in the recommendations where appropriate. The committee have amended the definitions provided.

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				an individual's ability to eat, speak and socialise must be undertaken before the level of mouth care is established and progress can be measured.	
Public Health England (PHE)	Full	9	15	PHE is currently developing Commissioning Better Oral health for Vulnerable older people this will include examples of good practice that may be useful to reference here, depending on publication timings.	Thank you. We look forward to hearing when this publication is available and will update or include links to new PHE documents accordingly.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	9	28	Add in a line 29 "commissioners of care home placements" NHS and local authorities when placing individuals in care, ensure that oral health care is defined in the home policies, especially related to personal care. Linked to this reviewing the CQC guidance to ensure that oral health care is embedded within the inspection routine.	Thank you for your suggestion. The committee have clarified the actions that were originally in this recommendation. Reference to NICE guidelines for local authorities and promoting oral health is now referred to in recommendation 1.6 and addressed to health and wellbeing boards. The committee were also aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
County Durham & Darlington Foundation Trust , Community Dental Service	Full	10	Gen	We would like to see mention made in the 'context' section (page 10 onwards) of: The challenges or age- or lifestyle -related medical conditions, including dementia and physical impairments and diminishing capacity to consent and make informed choices about health The fact that people are generally living longer, retaining more natural teeth and their oral health needs are changing.	Thank you for your response and suggestions. The context section aims to briefly state the problem and why guidance may be needed. The template is limited for this section as the remit of the guideline is to focus on what the committee and NICE recommends
The Residents & Relatives Association	Full	10	Gen	Please check the statistics given here e.g. the number of care homes in the UK, There are approximately 10,000 care homes in England alone for older people with approximately 400,000 residents over 65. We would also question the percentage of residents who have dementia, please see our earlier point.	Thank you for your response and suggestions, the context section aims to briefly state the problem and why guidance may be needed. We have updated the statistics referenced.

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Health Education England (Kent, Surrey and Sussex)	Full	10	Gen	Context section: More could be made of the common risk factors for oral diseases and chronic diseases.	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. The template is limited for this section as the remit of the guideline is to focus on what the committee and NICE recommends
Health Education England (Kent, Surrey and Sussex)	Full	10	Gen	Context section: Direct access to hygienist/therapist/ clinical dental technician services should be included here	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed.
Faculty of General Dental Practice (UK)	Full	10	All	The section on "context" in pages 10-11 does not sufficiently articulate the common risk factors for oral diseases and chronic diseases.	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. The template is limited for this section as the remit of the guideline is to focus on what the committee and NICE recommends.
Denplan Ltd	Full	10	1	These draft recommendations were published prior to the Public Health England summary of the oral health surveys of older people in England and Wales was published on the 6th January. The survey results must be taken into account to ensure the guidance reflects current patient experience. Furthermore, the White Paper written by Laing & Buisson on stabilising the care home sector, published in November 2015 outlines the extreme market forces that will, in the short and medium term, be applied to this sector. The paper states the "Comprehensive Spending Review does not provide enough additional funding to resolve the care sector's financial problems." This must be factored in by NICE when considering additional investment to enact the guidance.	Thank you for your response and additional reference. The committee were aware of this survey, but it did not provide any further detail on effective and cost effective interventions to substantially alter the content of the recommendations in this guideline. The committee were also mindful of significant variations in local practice making it difficult to determine whether additional resources might be required to implement the recommendations in this guideline.

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The British Association for the Study of Community Dentistry	Full	10	8 (and 14)	Adult dental health survey did not include residents of care homes. The oral health of this group is likely to be worse than the Gen population.	Thank you for your response. The context section aims to briefly state the problem and why guidance may be needed. This section has been edited further following the consultation on the draft guideline.
Public Health England (PHE)	Full	10	9,10	Although the point is made that older adults increasingly are dentate and may have heavily restored dentitions the impact of this on care provision in a care home setting is not made explicit i.e. residents are likely to have complex care needs that may not be suitable to be provided in a care home environment. Also of note that the National Adult Dental Health Survey 2009 (http://www.hscic.gov.uk/catalogue/PUB01086/adul-dent-heal-surv-summ-them-exec-2009-rep2.pdf) did not include adults in care homes so it would be useful to use data from local surveys of care homes.	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. This section has been edited further following the consultation on the draft guideline. The committee shared your concern, but agreed that on balance improving access to dental treatments and services would address the detail of individual or changing cohort needs.
British Dental Association	Full	10	15-16	We consider that it needs to be made explicit that the risk of oral cancer increases with age.	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. This section has been edited further following the consultation on the draft guideline.
Public Health England (PHE)	Full	10	19	The context raises the issue of the number of adults in care homes with dementia and how this may impact on oral care and acceptance of treatment however the average length of stay that has also reduced in care homes and also limits the sorts of treatments that are appropriate but this is not raised in the context, although mentioned on page 12 line 9, 10 it does not relate these short stays to impact on appropriate treatment.	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. This section has been edited further following the consultation on the draft guideline.
Health Education England (Kent, Surrey and	Full	10	20	Bupa should be BUPA	Thank you for your response. We referred your naming convention query to the NICE editorial team who clarified that this style of reference to Bupa is used interchangeably and they would keep to the current style used in the guideline.

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Sussex)					
The British Association for the Study of Community Dentistry	Full	10 - 11		Role of CQC/CSSIW needs to be included in this section	Thank you for your response, the context section aims to briefly state the problem and why NICE guidance may be needed, explanation of the role of the CQC was not considered appropriate here. However, the committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The British Association for the Study of Community Dentistry	Full	10	1	Context needs to include something about the Steele review. This section does not highlight the different cohorts in the population identified in the Steele review which are: • The younger Generation which has good oral health • The older Generation who have no teeth • Generation who has teeth which are restored with complex restorations which will require on-going maintenance and who will be more difficult to treat as they get older and frailer. • The above will all have differing needs	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. This section has been edited further following the consultation on the draft guideline, but would not generally contain the detail you suggest.
The Patients Assoc.	Full	10	20	Improving oral health care for residents with dementia will have a significant impact as many residents with dementia find it difficult to manage good oral health and access dental services. Residents with dementia often struggle to communicate their oral health needs and whether they are in pain, which presents a key challenge to implementation.	Thank you for your response and suggestions. The context section aims to briefly state the problem and why guidance may be needed. The recommendations in the guideline aim to help care home managers access the dental care and treatments their residents may need and any further advice they may need about oral health.
The Residents & Relatives Association	Full	11	Gen	We entirely endorse the first three paragraphs on page 11 and the last paragraph. The last paragraph of page 11 highlights the care managers' role but it is not clear where and how they will acquire the expertise they need.	Thank you for your response. The context section aims to briefly state the problem and why guidance may be needed. The recommendations in the guideline aim to help care home managers access the dental care and

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					treatments their residents may need and any further advice care home managers may need.
The British Association for the Study of Community Dentistry	Full	11	1 - 5	Health of Older People in England and Wales - A review of oral health surveys of older people is relevant here (Moore and Davies, 2015)	Thank you for your response and additional survey reference. The context section aims to only briefly state the problem and why guidance may be needed.
Faculty of Dental Surgery, Royal College Of Surgeons of England	Full	11	3,6,7	**Question 2:** It will be challenging to implement the educational packages for the care staff due to current demands on their time, competing priorities, on costs of replacing staff whilst attending training and finally; rapid turnover of staff. Some staff may not be comfortable with touching/accessing the oral environment. It can be challenging to alter individual beliefs and perceptions, which may impact on how the assessment is carried out and on the effective delivery of daily oral care. Additional challenges could be faced by the staff when residents refuse to have daily oral care. This should be addressed within Care Home Policies. Oral care should be seen as part of the whole daily care package and should not be treated differently. This is one of the key parts of training, inclusive of respect and dignity, but recognising the importance of oral care and the consequences of lack of daily support. Training should encompass active support for care home staff) to enable effective cleaning of the oral cavity when a resident may be reluctant or resistant to receiving oral care.	Thank you for your response. The committee took these concerns into account when drafting their recommendations.
The British Association for the Study of Community Dentistry	Full	11	6 - 8	There are inconsistencies in document as to the relationship between **oral health and aspirational pneumonia**	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. This section has been further edited since the draft consultation, we hope this is clearer.
Public Health	Full	11	7	The association between oral and Gen health is mentioned in several places in the document however the relationship is not	Thank you for your response, the context section aims to briefly state the problem and why guidance

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England (PHE)				consistently described. It would be helpful to also include in the context section the influence of poor oral health on nutrition (briefly mentioned page 16 line 7 but would be helpful to describe this evidence) and quality of life.	may be needed. The template is limited for this section as the remit of the guideline is to focus on what the committee and NICE recommends
The British Association for the Study of Community Dentistry	Full	11	11 – 15	Need to mention diet and also residents may not alert staff to their problems therefore the need maybe greater than demand. There are nutritional guidelines for those living in care and residential homes and best practice guidance relating to malnutrition – which should inform the context section (Welsh Government 2013, Nutrition in Community Settings; FSA, 2007; http://www.malnutritiontaskforce.org.uk/)	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. Thank you for submitting this link which we will pass this information to our resource endorsement team. More information on endorsement can be found here'.
Health Education England (Kent, Surrey and Sussex)	Full	12	30	It should also be recognised, that there is a lack of understanding by care managers of the importance of a whole dental team approach to the management of both oral disease and its prevention. Extend to care home owners	Thank you for your response, the context section aims to briefly state the problem and why guidance may be needed. We hope the recommendations better reflect the importance of the whole dental team.
The Patients Association	Full	11	2	The provision of oral health care is inconsistent within care homes. This means that residents and their carers are often not aware of what best practice should look like. Changing this will have a significant impact but will be difficult to implement.	Thank you for your response. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
The Patients Association	Full	11	22	The Patients Association believes that residents oral health needs should be assessed on a regular basis. Raising the priority of oral health will have one of the largest impacts. In order to raise the profile of oral health the wider impacts of poor oral health on a patient's health generally should be stressed. Poor oral health has the ability to impact self-esteem, nutrition as well as causing pain and discomfort to a patient. Raising the profile of oral health may be difficult to achieve as it requires educating and informing a wide variety of stakeholders. The Patients Association welcomes these NICE guidelines as a means of raising the profile of oral health.	Thank you for your response.
The Patients Association	Full	12	1	The Patients Association agrees there is an urgent need for guidance on oral health within care homes. This would help to	Thank you for your response.

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				increase the confidence of care home staff in dealing with patient's oral health, there needs to be particular clarification around consent and patients' rights to refuse treatment even when a dentist or carer may consider the treatment in a residents best interests.	
The British Association for the Study of Community Dentistry	Full	12	16 - 21	This section should describe the changing demographics and their oral health needs. Only 6% of people are now edentulous. With time more residents will have teeth some of which will have complex restorations. The needs of this group will be very different to those who have no teeth. The model of care will also have to change. Residents where possible will need to attend dental surgery in order to have appropriate care which would not be possible in a domiciliary setting.	Thank you for your response and suggestions. The committee recognised your concerns, but agreed that on balance improving access to dental treatments and services would address the detail of individual or changing cohort needs.
Public Health England (PHE)	Full	12	19	The focus seems to be on edentate adults when this is increasingly going to be the exception rather than the norm.	Thank you for your response. The committee recognised your concerns, but agreed that on balance improving access to dental treatments and services would address the detail of individual or changing cohort needs.
Royal College of Physicians and Surgeons of Glasgow	Full	12	28 /29	Practice/ cost: making staff available to accompany residents to dentist - impact on hospital transport services	Thank you for your response. The committee shared your concern and discussed this issue when developing their recommendations, but this detail was outside the scope of the current work. We have passed your response to the NICE resource impact assessment team to inform their support activities for this guideline.
Public Health England (PHE)	Full	13	1,2,3	The committee acknowledges the lack of nationally agreed occupational standards for delivering oral health in care homes, but states this is outside the scope - recommendations regarding this would be a real lever for change. In addition local authorities or NHS commissioners who commission care could require that training for care home staff includes appropriate oral health training.	Thank you for your response, but this is outside the remit of NICE guidelines. The CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.

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The British Association for the Study of Community Dentistry	Full	13	1 (- 30	Would suggest that commissioning of services includes appropriately trained staff to deliver oral health in care homes.	Thank you for your response. We have passed your response to the NICE resource impact assessment team to inform their support activities for this guideline.
Parkinson's UK	Full	13	2 (-23)	We fully support this element of the guideline and believe there should be regular assessments for people with **Parkinson's** and dentures, possibly even more regular than those without the condition (maybe every 2 months) due to the loss of muscle definition which will reduce the fit of the denture. There could also be issues with swallowing and drooling as outlined in comment 3 above.	Thank you for your response and suggestions. The committee shared your concern, but this detail about a particular condition was outside the scope of the current work.
British Society of Gerodontology	Full	13	9 (-23)	Strongly agree	Thank you for your response.
The Patients Association	Full	13	9	The Patients Association agrees that a reliance on clinical outcomes often leads to marginal improvements that have little meaning for patients. There should also be awareness from stakeholders that making changes to oral health can often require psychological adaption.	Thank you for your response.
Solihull special care dental service	Full	13	9-23	Strongly agree	Thank you for your response.
The Patients Association	Full	13	18	The Patients Association agrees that measures and study designs to capture the perspective of a full range of residents living in a care homes are important.	Thank you for your response.
British Society of	Full	14	20-24	Commissioning and funding is the biggest barrier	Thank you for your response.

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Gerodontology					
The Patients Association	Full	12	23	Care home managers need to be informed of local dentist services and how to obtain information regarding access to these services and how to register new patients. As well as being able to raise issues or concerns with confidence to the relevant party.	Thank you for your response. The committee agreed and this is reflected in the recommendations.
The Patients Association	Full	13	26	The Patients Association believes that there needs to be evidence on access to dental treatment and regular check-ups in care homes. Useful evidence could be obtained if residents were asked when they last had a dental check-up and any reasons for a long gap of time between check-ups as this may relate to issues of access and wider issues with dentists in the community.	Thank you for your response. The committee shared your concern and this is reflected in their recommendations.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	13	29	Add another point - It should also be recognised, that there is a lack of understanding by care managers of the importance of a whole dental team approach to the management of both oral disease and its prevention.	Thank you for your response. The committee shared your concern, but recognised the variation in practice and confusion about costs and access to dental treatment and this is reflected in their recommendations.
The Residents & Relatives Association	Full	14	1	In order for residents to have access to good dental care, it is crucial to provide adequate training and support directly to care workers in a format which they can easily absorb and understand.	Thank you for your response, we have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
Parkinson's UK	Full	14	5-7	We agree with this statement in the guideline and from our experience we recognise the value of working with a range of health and care professionals to ensure people with Parkinson's receive the high quality care they need. We would suggest that Parkinson's nurses are crucial to involve to deliver this co-ordinated care for people living with the condition in care homes.	Thank you for your response.
British Society of Gerodontology	Full	14	9	DCPs can also detect oral cancers and should be able to refer directly for specialist advice?	Thank you for your response. The committee have amended the recommendation in the guideline and link to the scope of practice document on the GDC website. The NICE guideline

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					on suspected cancer referrals is also linked in the guideline.
Parkinson's UK	Full	14	27 (-28)	We would suggest the guideline reflects the importance of improved health outcomes for adults living in care homes as well as cost savings for health and social care.	Thank you for your response. The absence of evidence on the wide range of benefits was of great concern to the committee and is reflected in the research recommendations in the guideline.
Solihull special care dental service	Full	14	20 (-24)	Commissioning and funding is the biggest barrier in our area	Thank you for your response. The committee agreed this is an important barrier and hoped recommendations to health and wellbeing boards would ensure access to services.
The Residents & Relatives Association	Full	15	Gen	We found this section confusing, because on the one hand it emphasises the central role of care home managers, but on the other, it stresses that dental practitioners were unwilling to provide services within homes. However, it goes on to say managers have a duty to meet oral health needs. It is not clear how they acquire the resources to do this adequately.	Thank you for your response. This section reflects the discussion of the committee, their debates around the evidence and how they came to make the recommendations. The committee shared your concern but considered there was sufficient information within the recommendations to allow care home managers to identify where they could go for information about access to treatment and services should their residents need treatment or help. The committee were aware of the variation in practice across the country, and noted that the reasons for gaps in services varied. They hoped that the recommendations in this guideline would help reduce this variation in practice and improve access to treatments when needed. We have passed your comment onto the NICE resource impact assessment team to inform their support activities for this guideline.
British	Full	15	Gen	**Question 3:** We have concerns regarding the funding of some of	Thank you for your response.

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Dental Association				the recommendations (for example, the provision of oral health educational materials and training, dentists' provision of routine dental care or treatment for adults in care homes). We agree that the limitations of the current dental contract may be part of the difficulty in England and Wales. We would like to know how the recommendations will be funded, as this is not clear.	The committee shared your concerns but recognised that making recommendations about funding are not within the remit of NICE. The committee were also mindful of significant variations in local practice making it difficult to determine whether additional resources might be required to implement the recommendations in this guideline.
The Patients Association	Full	15	1	The Patients Association strongly agrees that there needs to be Collaborative working between stakeholders. This would have a significant impact and enable shared knowledge.	Thank you for your response. We have passed your comment onto the NICE resource impact assessment team to inform their support activities for this guideline..
British Society of Gerodontology	full	15	1 (-9)	The dental services can be an initiating factor ,these guidelines should increase the interest/participation of the care homes who only seem to give importance to things they are checked on eg by the CQC	Thank you for your response. The committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Solihull special care dental service	full	15	1 (-9)	The dental services are the initiating factor ,these guidelines should increase the interest/participation of the care homes who only seem to give importance to things they are checked on eg by the CQC	Thank you for your response. The committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The British	Full	15	9,10	It should be the role of the dental team. As already mentioned	Thank you for your response, we have amended.

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Society of Dental Hygiene and Therapy (BSDHT)				dental hygienists and DHT can also recognise and refer for head and neck cancers.	
Denplan Ltd	Full	15	10 (-15)	It should also be noted that dental practitioners will be unwilling to provide services in care homes due to the compliance requirements of regulators, transport issues and infection control.	Thank you for your response. The committee took these concerns into account when drafting their recommendations, but did not agree these were insurmountable limitations to implementing the recommendations.
Royal College of Physicians and Surgeons of Glasgow	Full	15	10 (- 18)	Training needs/ peer review: when to treat and when not to treat. Remuneration for appropriate (sometimes "hands off") management	Thank you for your response. This section outlines the committee's consideration and discussion of the evidence. The committee have revised and clarified relevant issues raised.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	15	15	This is something that needs to be assessed by the dental team. Dental Hygienists and DHT are suitably placed to undertake this. Patients could be given an oral health programme and or referred to appropriate care then if needed. This profession can work independently of a practice, or as part of the local team to see patients directly. To work within the confines of the NHS would require the NHS contract to allow them to open a course of treatment.	Thank you for your response and suggestions. The recommendations have been amended.
British Society of Gerodontology	Full	15	16 (-18)	This is the major reason for lack of service by Gen dental practice which needs addressing in the contracting process	Thank you for your response. The committee hope the recommendations will help access to services.
Solihull special care dental service	Full	15	16 (-18)	This is the major reason for lack of service by general dental practice which needs addressing in the contracting process	Thank you for your response. The committee hope the recommendations will help access to services.

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The British Association for the Study of Community Dentistry	Full	15	16 (-18)	Need to look at most appropriate model of care to best suit the demographic changes, which is screening in care home and delivery of treatment at a clinical treatment site with appropriate facilities. In terms of collaborative working and models of delivering care Direct Access may have potential here and this should be piloted and evaluated (Monaghan and Morgan, 2015).	Thank you for your response and suggestions. The committee shared your concerns and took these concerns into account when drafting their recommendations. Screening people in care homes is outside the remit of NICE and falls to the national screening committee in Public Health England (PHE). Thank you for submitting this reference. There was no evidence of the effectiveness or cost effectiveness on direct access in England.
Public Health England (PHE)	Full	15	23	The committee acknowledges that making recommendations to regulators is outside their scope however the clarity regarding the duty of care for care home mangers on lines 25, 26 could be used to strengthen and clarify recommendation 1.1.1.	Thank you for your response and suggestion. The committee have clarified the recommendation 1.1. 1 about duty of care and have added a link to the NICE website where this is described further.
Parkinson's UK	Full	15	26 (-28)	We agree with this element of the guideline, however we are concerned that this does not reflect Parkinson's as some people with the condition have trouble communicating – low volume or slurred speech and so we recommend that the guideline is amended to reflect this.	Thank you for your response. This is the committee discussion section which sets out their considerations and debates. This guideline is aimed at a range of adults who live in care homes.
Solihull special care dental service	Full	15	27 (-28)	Frail older people with moderate /advanced dementia should be proactively screened for problems	Thank you for your response and suggestion.
British Society of Gerodontology	Full	15	27 (-28)	Frail older people with moderate /advanced dementia and PMLD should be clinically/orally checked for problems	Thank you for your response and suggestion.
The Residents & Relatives Association	Full	16	Gen	Details or examples are Generally helpful to care workers and managers, rather than non-specific statements.	Thank you for your response and suggestions. This is the committee discussion section which sets out their considerations and debates, actions are set out within the recommendations themselves in

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					guideline. We have passed your suggestion to the NICE resource impact assessment team.
The Residents & Relatives Association	Full	16	Gen	In relation to the committee's debate on creating an 'oral health champion'. We consider this to be a good idea. It could also be a role passed from worker to work after a limited time to spread and promote expertise. Very necessary due to turnover.	Thank you for your response, this was not taken forward by the committee for the reasons they state in this discussion section. However the recommendations allow flexibility should a champion or lead be currently in place, it is up to care home managers to decide.
The Residents & Relatives Association	Full	16	Gen	Page 16 identifies the need for care home managers to have better information, however, it is not clear who will deliver this to them or how?	Thank you for your response. This is the committee discussion section which sets out their considerations of the evidence and their debates. The recommendations set out more detail about who should take action and what action they should take.
The British Association for the Study of Community Dentistry	Full	16	4-8 9-10	Need to have greater emphasis on link between poor oral health and nutritious diet Care home managers need to be aware that residents may have to pay for dental treatment. Care home needs to ensure they have relevant medical history for residents to prevent delay in treatment.	Thank you for your response. There was a lack of evidence around the effectiveness and cost effectiveness of interventions about this particular area to form recommendations to meet the needs of this population, this is acknowledged in the committee discussion section. The committee were aware of the confusion about identifying dental needs, access to dental treatments and costs and provision of services, and took these issues into account when making their recommendations.
Knowsley Council	Full	16	9-11	Providers to be given contacts of local service providers including emergency/out of hour's services.	Thank you for your response and suggestion.
Knowsley Council	Full	16	12-15	Providers to be informed of the process to report difficulty in getting responsive services for residents so that commissioned services provide as their specification and where they fail to do this it is recorded so that action can be taken.	Thank you for your response, and suggestion
The Patients Association	Full	16	25	Care homes policies that include regular mouth care routines and dental check-ups will have a significant impact on practice. Family	Thank you for your response. The committee were aware of the confusion about

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				members of care home residents should be made aware of these procedures in every home and use this as a means of choosing a care home, this would incentivise care homes to develop good practice. Families and carers should be able to access clear information on the quality of oral healthcare in a home to enhance their choice.	identifying dental needs, access to dental treatments and costs and provision of services. They took these issues into account when making their recommendations, but recognised that some residents have lost contact with family and friends. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
The Residents & Relatives Association	Full	17	Gen	Again, it would be useful to care workers to give specific examples of the effects of poor oral care, as this makes the subject come alive for them.	Thank you for your response. The committee recognised your concern, but did not agree that this guideline was the appropriate place to do this.
Denplan Ltd	Full	17	6	We are of the view that significant extra resource will be needed in most instances.	Thank you for your response.
British Society of Gerodontology	Full	17	14-17	Leads/champions are beneficial for cascade training, taking responsibility for mouthcare evaluation and monitoring and a link for dental teams. They require specific training and recognition of their role – however BSG agrees the statement - if mouthcare is embedded in to care homes policy then there would be no need for a champion	Thank you for your response, the committee shared your concerns and agreed. They decided the recommendations should allow flexibility. If a champion or lead is currently- in place or if a care home manager wishes to appoint a lead the decision should be taken by care home managers.
Health Education England (Kent, Surrey and Sussex)	Full	17	17	A "champion" would be considered a lead within a particular setting. Champions would help co-ordinate and support the dental response.	Thank you for your response, the committee discussed this issue and agreed the recommendations should allow flexibility. If a champion or lead is currently in place or if a care home manager wishes to appoint a lead the decision should be taken by care home managers.
Public Health England (PHE)	Full	17	15	We agree with the committee that appointing a care home oral health champion may not be helpful however; what is key is that there is appropriate leadership, responsibility and accountability for the oral health of vulnerable adults within care homes.	Thank you for your response. The committee agreed, and discussed this issue, they decided the recommendations should allow flexibility. If a champion or lead is currently in place

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					or if a care home manager wishes to appoint a lead the decision should be taken by care home managers. Members hoped that the recommendations taken overall reflected the key themes you outline
Solihull special care dental service	Full	17	14-17	In my experience leads/champions are beneficial but need to have more than one particularly in larger care homes. they need specific training and recognition of their role	Thank you for your response, this was not taken forward by the committee for the reasons they state in the discussion section. However the recommendations allow flexibility should a lead or champion already be in place or if a care home manager wishes to appoint a lead, it is up to care home managers to decide.
The British Association for the Study of Community Dentistry	Full	17	14 - 17	Need appropriate good leadership and be clear on who is responsible for oral health improvement. It needs to be integrated into other care elements. The oral health champion should ensure systems in place to support oral health improvement.	Thank you for your response, the committee discussed this issue and agreed the recommendations should allow flexibility. If a champion or lead is currently in place or if a care home manager wishes to appoint a lead the decision should be taken by care home managers.
The British Association for the Study of Community Dentistry	Full	17	18 - 29	Inconsistencies in document with regards to aspirational pneumonia and poor oral health.	Thank you for your response, the draft document has been amended.
Parkinson's UK	Full	17	19-21	We wholeheartedly endorse this point in the guideline and recognise the low level of understanding about Parkinson's and the symptoms that could mean the oral health needs of people living with the condition in care homes are likely to be unmet which is a significant concern.	Thank you for your response.
Public Health	Full	17	27	Suggest replacing 'can lead to' with 'will lead to'.	Thank you for your suggestion, we have amended.

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England (PHE)					
Parkinson's UK	Full	17	26-28	We endorse this point in the guideline and believe this could be a hazard for people with Parkinson's who may already have issues swallowing and could therefore choke on debris not cleaned from dentures that are not removed. Also as highlighted in comment 9 regular assessments for the fit of dentures is important as otherwise people with the condition may not be able to eat. Also there could be additional problems with swallowing and drooling.	Thank you for your response .
British Society of Gerodontology	Full	18	8-9	Agree with assessment but follow up care difficult to arrange for short stay residents	Thank you for your response. This is the discussion section which sets out the committee's consideration and discussion around the evidence. The committee took this issue into consideration when developing the guideline but were unable to make a specific recommendation.
Solihull special care dental service	Full	18	8-9	Agree with assessment but follow up care difficult to arrange for short stay residents	Thank you for your response.
Parknson's UK	Full	18	10-16	We agree with this point in the guideline and recommend that any changes in oral health or the dentures are noted in the care plan.	Thank you for your response.
Public Health England (PHE)	Full	18	14-16	We agree with the committee statement that actions should be written into care plans, delivered, monitored and updated, but do not feel that this is sufficiently referenced in the recommendations.	Thank you for your response. The committee shared your concern, but are limited by the current available evidence to promote oral health and access to treatment for people who live in care homes.
The Patients Association	Full	18	14	The Patients Association agrees with members that any assessment was of little value unless it resulted in actions that were written into a care plan that is regularly monitored. This would have a significant impact on practice but care home managers and workers need to be equipped enough to do this.	Thank you for your response. The committee are limited by the current available evidence to promote oral health and access to treatment for people who live in care homes.
Cardiff & Vale	Full	18	14	Care home policies 1.2 – I would disagree with the recommendation by members not to appoint Oral Care Champions.	Thank you for your response and suggestion, this was not taken forward by the committee for the

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University Health Board				Following on from the advice given by the **Welsh Health Circular {dated February 2015) Improving Oral Health for Older People Living in Care Homes in Wales we are currently training and working with Oral Care Champions to be the link between the care home and the Community Dental Service.** They will be involved, post training, with the completion of oral health risk assessments and maintaining the daily oral care plans that we use. They are an important asset to the care home management staff by taking responsibility for maintaining and monitoring the daily oral care planning for the residents. We insist that they successfully complete a Qualification Credit Framework Level 2 course entitled "Supporting Individuals to Maintain Oral Health". This complies with the committee's recommendation that it is imperative that care home staff have the skills, knowledge and confidence needed to conduct a mouth care assessment. (Page 19 line10 of Full version).	reasons they state in this discussion section. However the recommendations allow flexibility should a champion or lead already be in place, or if a care home manager wishes to appoint a lead, it is up to care home managers to decide. The committee were aware that there were no national occupational standards currently in place in England.
The British Association for the Study of Community Dentistry	Full	18	14 - 16	The comment on how strongly members felt that assessment was of little value unless it resulted in actions is not conveyed in the recommendations.	Thank you for your response, The committee share your concern, but are limited by the current available evidence to promote oral health and access to treatment for people who live in care homes.
Solihull special care dental service	Full	18	15-16	Absolutely agree ,no point in paying lip service only	Thank you for your response .
British Society of Gerodontology	Full	18	15-16	Absolutely agree – but the risk assessment outcomes should form the basis of the resulting care plan. The OHAT on page 32 only uses a numerical score which does not help care home staff to formulate a care plan – it needs to indicate what should be done should a resident present with an increased risk and link to the care plan.	Thank you for your response. This has been clarified in the recommendations.
Denplan Ltd	Full	18	21-29	The Oral Health Assessments Tool (OHAT) modified from Kayser-Jones et al. (1995) by Chalmers (2004) offers a suitable means for	Thank you for your response. The committee considered your suggestion, but did

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				non-professional prioritisation of care, however it is recommended (as proposed for instance by https://www.healthcare.uiowa.edu/igec/tools/oralhealth/OHAT.pdf) that certain "trigger" conditions should be identified for urgent professional referral, particularly those which may be indicative of malignant or pre-malignant change or acute infection.	not agree a change in wording would clarify further.
Parkinson's UK	Full	18	22-23	As highlighted in comment 4 above we recommend there are amendments to the oral health assessment tool.	Thank you for your response. The committee are not able to make changes to a standardised evidence based assessment without primary research to develop it further, which is outside the current scope of this work.
Solihull special care dental service	Full	18	27	Havent seen BOHSE and ROHAG assessments OHAT seems ok agree with reasons on page 119-20	Thank you for your response.
British Society of Gerodontology	Full	18	27	BOHSE and ROHAG assessments must be tested for all patient groups residing in care homes not just older people need to ensure that the outcomes are recorded in the oral care plan. Too often OHRA are a list of tick boxes and numerical scores which do not reflect what is required for an oral care plan. The requirement of nursing skills to complete a risk assessment is not helpful for care homes for people with PMLD for example, as they often do not have carers from a nursing background.	Thank you for your response.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	19	Gen	BSDHT believe this should be carried out by a member of the dental team.	Thank you for your response.
British Society of Gerodontolo	Full	19	1-4	The OHAT (page 32) unfortunately is a clinical numerical scoring system which does not lead to the completion of a care plan from its outcomes. A highly trained carer would only be able to have the	Thank you for your response. THE OHAT has been included as an assessment that can be used by non-specialist care staff, across

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gy				skills to complete this form. The care plan must be included for completeness. There is no mention in the OHAT of support required for oral hygiene (dementia, PMLD, upper limb immobility),safety of the carer when providing oral healthcare (challenging patients), support for people with dysphagia, why a person is refusing a risk assessment, when to refer to the dental team, urgent dental referrals, the need for specialist hygiene aids/medicament, dry mouth products, lip salve etc	a range of residents.
British Dental Association	Full	19	22-24	There is an underestimation of how much time and resources would be required. Carrying out initial oral health assessments would require significant resources given the population numbers quoted within the consultation.	Thank you for your response. The committee was aware that good practice and access to treatment and services was in already in place in some parts of England, the aim of these recommendations is to reduce this variation.
British Society of Gerodontology	Full	19	26	OHAT must be modified to reflect younger adults who are in long term care (this is more for older people) and currently does not include certain aspects as discussed in above. The assessment tool used 1000 Lives plus Mouthcare for adults in hospital that has been tested by IQT approach and can be adapted for care homes and its outcomes leads to the completion of the care plan which the OHAT does not do at present.	Thank you for your response. The committee are not able to make changes to this assessment tool without primary research to develop it further. The intention was to offer a non-specialist assessment tool where care homes do not have anything in place. If care homes have something in place and it's meeting their resident's needs, there is no need for change.
NIHR Devices for Dignity HTC	Full	19	26	We welcome the committee's selection of a single tool for assessment of oral health. This is an easy to use tool and recommendation of an agreed tool will help reduce the current confusion expressed by staff about knowing which one to use.	Thank you for your response.
The Residents & Relatives Association	Full	19	26	We are not familiar with the OHAT guidance, and we are not clear that it is easily accessible and available to care staff. However, it does seem that the recommended assessment charts might be useful but it is not obvious that all staff could use them without training/instruction about what is 'normal'. It also seems sensible to promote its use and its importance by stressing the need for its use to be included in normal registration and inspection by CQC.	Thank you for your response. A copy of the OHAT was made available at consultation, and will be made freely available at publication. The OHAT was considered relevant to suggest for care staff as it does not require specialist medical knowledge or skills to administer. The committee were aware that the CQC use NICE recommendations and relevant NICE quality standards to inform the questions they ask during

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					their inspection processes. Your organisation may be interested to know that NICE is developing a quality standard about oral health promotion in care homes and hospitals.
Department of Health, Social Services and Public Safety - Northern Ireland	Full	20	1.4	Daily mouth care. This section focuses on chlorhexidine mouthwash and sugar-free chewing gum. Perhaps a more structured approach would be to look at mechanical cleaning methods (e.g. toothbrush, interdental brush); then pharmacologically therapeutic products that can be additionally prescribed to treat oral disease (e.g. chlorhexidine); then products that could be prescribed for preventive purposes (e.g. sugar-free chewing gum) but more importantly the range of fluoride products e.g. varnish, mouthwash, gel. The narrative states "One topic expert member pointed out that some service providers may find it difficult to get." but this is rather surprising as most corner shops, newsagents, garages etc would stock and as 'confectionary' the wholesalers who supply their other foodstuffs should be able to supply!	Thank you for your response. This is the committee discussion section which sets out their debates and consideration of the evidence. The wording used in the recommendations has been amended and the reference to chlorhexidine as an example of a mouth care product (not a recommendation) has been removed to avoid confusion.
Public Health England (PHE)	Full	20	6-28	This section on daily mouth care focuses only on chlorhexidine and sugar free gum. It might have been expected that reference would be made to Delivering Better Oral Health as an evidence-based and accessible guide that would be helpful for care home staff. With reference to daily tooth brushing with fluoride toothpaste and possible use of high fluoride toothpastes, fluoride varnishes. Over-the-counter products for daily mouth care (section 1.4) mention only "mouth rinses containing chlorhexidine, or sugar-free gum containing xylitol". This reflects a decision made by the committee to exclude studies of the "concentration of fluoride in fluoride products such as toothpastes and supplements". The rationale for this decision was not explained. It might have been because the literature was too great to handle; however only 2 papers seem to have been excluded on these grounds. It might have been because the effectiveness of high concentration fluoride	Thank you for your response. This is the committee discussion section which sets out their debates and consideration of the evidence. The wording used in the recommendations has been amended and the reference to chlorhexidine as an example of a mouth care product (not a recommendation) has been removed to avoid confusion. The scope sets out what the guideline will and will not cover within the time and resources available. This was available for consultation over a 6 week period late 2014 and the reasons for any limitations were given at that time. The committee had to take into account the heterogeneity of the population of adults in care homes (18years and over) and the range of complex

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				toothpaste is already accepted. If so that might have been stated more clearly in the recommendations. It might have been that the evidence is judged to be insufficient to recommend routine use of higher concentration fluoride toothpaste for at-risk dentate care home residents. Then, it would be appropriate to include a recommendation for further research, not only into the use of fluoride varnish, but also of fluoride toothpastes in this setting.	needs and conditions that this group may reflect.
The British Association for the Study of Community Dentistry	Full	20 -21	7	• Need section on diet and nutrition • Need to include reference to following delivering better oral health guidelines – NICE GDP guideline Chlorhexidine is only recommended for use in short term Not sure why this section concentrates on chlorhexidine and sugar-free chewing gum containing xylitol and does not mention any of delivering better oral health guidelines and diet, particularly sugar consumption This group of patients will be at greater risk of root caries but no mention of any preventive treatment for root caries. There will be a higher proportion of this group with dry mouths but no advice given about how to cope with a dry mouth. This group will be on a number of medications but there is no mention of considering sugar-free medicines.	Thank you for your response. This is the committee discussion section which sets out their considerations of the evidence and discussions during guideline development. The wording used in the recommendations has been clarified and amended and links to DBOH included throughout the document. The committee have to take into account the heterogeneity of the population of adults in care homes (18 years and over) and the range of complex needs and conditions, short & long stays that this group may experience.
British Dental Association	Full	20	7-28	Lines 8-10 state: ' The committee noted good quality evidence from 14 studies about the effectiveness of mouthrinse containing the antiseptic chlorhexidine alone, or compared with other types of mouth rinse.' However, this does not specify effectiveness for what, exactly (for example, halitosis, caries and gum disease). We are not convinced that there is sufficiently robust evidence to justify the singling out or promotion of chlorhexidine; see reviews by the Cochrane Oral Health Group.	Thank you for your response. The committee did not recommend Chlorhexidine. This section refers to their considerations of the evidence. They have been very clear here and in the recommendations where it was referred to as an example of a component in some mouth rinses. To avoid any further confusion, mention of Chlorhexidine has been deleted from the recommendation.
British Society of	Full	20	8-11	Chlorhexidine gel is more useful than rinse in frail older people/PMLD and those with advanced dementia and dysphagia,	Thank you for your response and suggestion. This inclusion was not agreed by the committee.

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Gerodontology				applied as a toothpaste but there is little evidence to support the use of gel.	
Solihull special care dental service	Full	20	8-11	Chlorhexidine gel is more useful than rinse in frail older people and those with advanced dementia ,applied as a toothpaste	Thank you for your response and suggestion. This inclusion was not agreed by the committee.
British Society of Gerodontology	Full	20	18	Chlorhexidine should only be used on prescription by dental team and not be given to all residents. A robust OHRA should indicate whether or not a resident requires chlorhexidine.	Thank you for your response. The committee did not recommend Chlorhexidine. This section refers to their considerations of the evidence. They have been very clear here and in the recommendations where it was referred to as an example of a component in some mouth rinses. To avoid any further confusion, mention of Chlorhexidine has been deleted from the recommendation.
Solihull special care dental service	Full	20	18	Chlorhexidine should only be used on prescription	Thank you for your response. The committee have been very clear they have not recommended the general use of chlorhexidine. It is given as an example of a prescribed product in a recommendation, and the interrogation and discussion of the evidence that was reviewed is set out in the committee discussion section. To avoid any further confusion, mention of Chlorhexidine has been deleted from the recommendation.
The Residents & Relatives Association	Full	21	Gen	The equivocal nature of the discussion about both mouth rinses and sugar-free gum makes it difficult for care home staff to take any effective action as a result, given the lack of capacity affecting so many care home residents.	Thank you for your response. This is the committee discussion section where they discussed the evidence around these particular products when they were developing recommendations. They agreed that any non-prescribed product use has to be made in line with the personal preferences of the resident or those acting in their best interests. Helping care home managers with advice and information on how to

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					access dental treatment for their residents would not only ensure access to treatment as required, but would also serve as the best source of advice to meet individual needs.
British Society of Gerodontology	Full	21	1-8	Older people do not usually have a gum chewing habit, it also sticks to dentures, and may be left in mouth for long periods. Chewing gum is not recommended for people with PMLD, dementia or dysphagia. Half of care homes residents will have cognitive impairment and 20% will have dysphagia. Carers will have to inspect mouths to ensure that the gum has been removed as there is evidence of death by aspiration of a care home resident who had a bolus of denture fixative left after removing dentures.	Thank you for your response. The committee agreed to clarify the wording in this recommendation and added wording to reflect residents' personal preferences. The scope of the work includes a broad range of adults living or staying in care homes, including younger adults (18 years onward), although the evidence behind this recommendation was conducted on older residents.
British Society of Gerodontology	Full	21	1-8	Older people do not usually have a gum chewing habit, it also sticks to dentures, and may be left in mouth for long periods. Chewing gum is not recommended for people with PMLD, dementia or dysphagia . Half of care homes residents will have cognitive impairment and 20% will have dysphagia. Carers will have to inspect mouths to ensure that the gum has been removed as there is evidence of death by aspiration of a care home resident who had a bolus of denture fixative left after removing dentures.	Thank you for your response. The committee disagreed but clarified the wording to reflect residents' personal preferences. The scope of the work includes a broad range of adults living or staying in care homes, including younger adults (18 years onward), although the evidence behind this recommendation was conducted on older residents.
Solihull special care dental service	Full	21	1-8	Older people do not usually have a gum chewing habit ,also sticks to dentures, and may be left in mouth for long periods	Thank you for your response. The committee disagreed but clarified the wording to reflect residents' personal preferences. The scope of the work includes a broad range of adults living or staying in care homes, including younger adults (18 years onward), although the evidence behind this recommendation was conducted on older residents.
British Dental Association	Full	21	1-13	We are not convinced that there is sufficiently robust evidence to justify the singling out or promotion of xylitol; see Cochrane review (http://www.cochrane.org/CD010743/ORAL_can-xylitol-used-in-products-like-sweets-candy-chewing-gum-and-toothpaste-help-prevent-tooth-decay-in-children-and-adults).	Thank you for your response. The committee discussed your concern, and have clarified the wording in the recommendation to reflect residents' personal preferences. The scope of the work includes a broad range of adults living or

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					staying in care homes, including younger adults (18 years onward), although the evidence behind this recommendation was conducted on older residents. The review you cite contained one good quality study with a low risk of bias and a good outcome for the adults involved (N 659). Other studies reviewed are reporting on outcomes of children and the conclusions for these were inconclusive. On balance this supports the decision to offering a range of choice to adults living in care homes, aligned with their personal preferences.
The Patients Association	Full	21	14	Awareness needs to be raised so families and carers of people in care homes are aware of the links between good quality daily mouth care and health and wellbeing. There needs to be a collective effort to achieve public awareness on this issue.	Thank you for your response. The committee agreed and were hopeful that this guideline, together with other NICE guidelines on oral health would help to raise awareness of the importance of good quality daily mouth care. We have passed it to the NICE resource impact assessment team to inform their support activities for this guideline.
British Society of Gerodontology	Full	21	18	OHRA should include whether or not a patient is currently or in the past a smoker, uses other substances or alcohol to inform carers that patients are higher risk for oral cancer. This is more beneficial younger adults in care homes rather than older people requiring end of life oral care	Thank you for your response. The committee considered your suggestion but disagreed the wording should be changed.
NIHR Devices for Dignity HTC	Full	21	28	We welcome this priority setting goal – D4D found similar needs for education following a review of mouth care practice in the acute setting. In addition to education regarding the importance of mouth care, there is a requirement for training on tools to use , frequency of use,and procedures for this. Ideally there would be a separate guide for procedures and equipment for residents at risk of aspiration and also those with behavioural difficulties who may be anxious, bite/refuse mouth care.	Thank you for your response and suggestion. The development of a separate guide as you suggest is unfortunately outside the scope of this current work.
British	Full	21	28-30	Improved knowledge does not necessarily lead to behaviour	Thank you for your response.

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Society of Gerodontology				change by carers for oral health improvement and referral for dental care. This must be acknowledged	The committee agreed and took this into account when making their recommendations which also refer to access to dental treatment and services.
Parkinson's UK	Full	21	28-30	We believe the skills and knowledge of care home staff is crucial to ensuring residents get the care they require. As highlighted in comment 6 we also provide training to professionals on all aspects of Parkinson's and would encourage the guideline highlights this.	Thank you for your response. The committee agreed but making recommendations for a single condition was outside the scope of this work. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.
Solihull special care dental service	Full	21	28-30	This is the major route to oral health improvement and referral for dental care	Thank you for your response.
Knowsley Council	Full	22	1 (to 8)	The guidance has the Gen Dental Service as primary point of contact and the tacit acknowledgement that Community Dental Service providers may offer limited care on a domiciliary basis but rather should provide in a clinical setting. It should be clarified that Gen Dental Service practitioners can adopt the same approach as the Community Dental Service in this respect.	Thank you for your response, this section has been amended.
The British Association for the Study of Community Dentistry	Full	22	1 9	There are two sections numbered 1.7	Thank you for your response and pointing this out, we have amended.
Department of Health, Social Services and	Full	22	1.7	Gen Dental Practice (NB think this should be 1.6 as there is a 2nd 1.7 listed 'Oral health promotion services) and 1.8 Community Dental Services. It is not clear why Gen Dental Practice may make it more difficult to	Thank you for your response and for pointing this out, we have amended the numbering. This section sets out the committee discussion when considering the evidence and drafting their

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Public Safety - Northern Ireland				"maintain appropriate levels of infection control, which may lead to safety issues" but not to Community Dental Services. Also, current infection and decontamination guidance is about reducing the risk of patient-to-patient cross-infection rather than environmental contamination and instruments would either be pre-sterilised and packed in closed containers, or would be disposable. Important to point out that Community Dental Services would be more likely to have access to portable domiciliary equipment than the average dental practice – a matter of economy of scale.	recommendations. The committee considered these issues when developing their recommendations.
The British Association for the Study of Community Dentistry	Full	22	2 - 3	Not all dental practices are commissioned to provide domiciliary care. This section needs to be clearer on how dental services are currently commissioned and what is expected of a dental practitioner if he/she wishes to carry out domiciliary care. This section should include something about training for dental teams on how to look after this group of patients. To inform proper planning and needs assessments, more information is required on the oral health of the household resident elderly population – as these are the potential care home residents of the future. The residential and nursing care population is already smaller than the numbers of people receiving 'care in your home' or supported living services, yet we know much less about their oral health, their levels of dependency, and the likely complexity of providing treatment for them (Moore and Davies, 2015).	Thank you for your response. The committee agreed and amended the wording in these recommendations to include aligning with local arrangements. Unfortunately it was not within the scope of this guideline to review the evidence around training needs of the dental team. With regard to adults living independently in the community, again the committee recognised this as an area of concern, but it was not within the scope of the current work to examine evidence to improve or maintain the oral health of this particular population.
Royal College of Physicians and Surgeons of Glasgow	Full	22	6	Case for investment: impact of poor oral health on Gen health – diabetic control; rheumatoid disease and effect on mobility and dexterity; admissions for chest infection QoL measures	Thank you for your response and suggestions.
Solihull special care dental service	Full	22	7	Infection control is as achievable as in a surgery. to a trained team with the correct equipment domiciliary work should be as safe and effective as in a surgery	Thank you for your response.

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British Society of Gerodontology	Full	22	7	Infection control on a domiciliary basis as as achievable as in a surgery for a trained dental team with the correct equipment, domiciliary care should be as safe and effective as in a surgery. GDPs/CDS need to be trained and have appropriate remuneration to provide domiciliary care	Thank you for your response.
Public Health England (PHE)	Full	22	9	This section should be numbered 1.8. There are 2 section 1.7's so numbering out from this one on.	Thank you for your response and for pointing this out, we have corrected.
Solihull special care dental service	Full	22	10-13	A link person based in Special care dental service as a health improvement facilitator/oral health co –ordinator ie a Dental nurse/therapist with OHE/F- application/ training is the ideal coordinator /support for care home staff GDS/SCDS . An inexpensive solution	Thank you for your response and suggestion.
British Society of Gerodontology	Full	22	10-13	OHP programmes should not be in isolation of other public health programmes or other dental services such as GDS/CDS. A link person based in CDS/Special Care Dentistry dental services – an oral health improvement facilitator/oral health coordinator who is a DCP with OHE training is the ideal coordinator /support for care home staff GDS/SCDS An inexpensive solution and one used in Wales.	Thank you for your response. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.
Knowsley Council	Full	22	14-25	The guidance has the Gen Dental Service as primary point of contact and the tacit acknowledgement that Community Dental Service providers may offer limited care on a domiciliary basis but rather should provide in a clinical setting. It should be clarified that Gen Dental Service practitioners can adopt the same approach as the Community Dental Service in this respect.	Thank you for your response. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.
British Society of Gerodontology	Full	22	19	The patients seen within the CDS is more wide ranging than that listed and should include sedation services for anxious etc There is no mention of Specialist services – Special Care Dentistry specialists/consultants in this section who treat vulnerable patients requiring sedation from care homes	Thank you for your response. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline, and refer to special care dentistry team in the recommendations.

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The British Association for the Study of Community Dentistry	Full	22	23	Salaried dental services/dental practices need to be commissioned to treat these groups of patients. Care should be commissioned in line with recent NHS England commissioning guides, special care guide is probably the most relevant	Thank you for your suggestion. We have passed your comment to the NICE resource impact assessment team to inform their support activities for this guideline.
NIHR Devices for Dignity HTC	Full	22	23	We suggest inclusion of "who have swallowing problems and are at risk of aspiration during mouth care" and "who have poly medication, oxygen therapy or other factors which may cause dry mouth "to the list of conditions which result in "complex oral health needs"	Thank you for your suggestion. Although the committee recognised the concern, focus on complex long term conditions are outside the scope of this work.
Parkinson's UK	Full	22	27-29	We agree with the committee's statement that local commissioners have a duty of care to ensure the oral health needs of people in care homes are met. We are however concerned about whether these commissioners understand neurology and Parkinson's in particular as highlighted in comment 8. We would recommend that the guideline clearly outlines the requirements around improving oral health and this is linked in with specialists for long term conditions, including Parkinson's nurses.	Thank you for your response. Although the committee recognised the concern, focus on complex long term conditions are outside the scope of this work.
NIHR Devices for Dignity HTC	Full	23	3	We welcome the linkage with guidance for local authorities and their partners, in order to facilitate strategic support is in place to support changes in practice.	Thank you for your response.
The British Association for the Study of Community Dentistry	Full	23	6	Economic evaluation, this section should include the cost of doing nothing which will lead to poor oral health and need for dental treatment possibly in secondary care setting. There is no mention of Direct Access as a model of care which could be tested as an alternative to doing nothing and also as an alternative to traditional dentist led care (Monaghan and Morgan 2015).	Thank you for comment and also the reference. For economic evaluations the NICE method favours comparison with current (best) practice. This allows an assessment of any additional benefits against the (potential) extra costs. One of the difficulties encountered in developing the guideline is that lack of data on current practice. The committee were certainly very mindful of significant variations in local practice. A research study designed to assess the

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					benefits of oral care compared with do nothing would be problematic for obvious reasons. One alternative could be to collect observational data over time across a range of service provisions to provide the kind of information you've highlighted. Such an exercise is outside the scope and resources of the current guideline.
The British Association for the Study of Community Dentistry	Full	23	1 - 2	There is a collaborative commissioning landscape between local authorities and NHS England. In Wales, this involves Welsh Government, NHS Wales, PHW and Local Health Boards.	Thank you for your response and suggestions.
British Society of Gerodontology	Full	24	8-25	The amount of time to complete OHRA/care plans by a senior member of staff for each resident and reviews plus the completion of daily monitoring check lists is not included in this the list but discussed in 23-25. The use of OHRA/care plan plus daily monitoring is essential to ensure that OH programmes are embedded.	Thank you for your response, noted. The economic model estimated the costs and consequences of two different approaches. The second included care plans. Based on the literature it was estimated that the development of a generic care plan would take 2 hours and the time taken to complete the assessment 20 mins per resident. Full details can be found in the modelling report on the NICE website when the final guideline is published.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	24	Gen	BSDHT are at present putting together a teaching package for care homes staff on oral health.	Thank you for your response. Please send through any resources when completed if you think they would be helpful, these could be passed on to our resource endorsement team. More information on endorsement can be found here'.
British Society of Gerodontology	Full	25	7	Use of QOL measurements, reduction of deaths by aspiration pneumonia, reduced number of residents requiring dental care by a dentist?	Thank you for your response and suggestion.

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British Society of Gerodontology	Full	25	29	Older people/dysphagia/medication – due to increased number on nutritional supplementation, thickeners, dry mouth etc so are at increased risk for caries so high fluoride toothpaste/varnish is advised as per DBOH 2014.	Thank you for your response and suggestion. DBOH is referenced throughout the document.
Faculty of General Dental Practice (UK)	Full	26	13	It is clear from the separately-published documents listing the evidence considered, that the timing of the guideline's development has precluded consideration of a recently published systematic review: **Wang T.F., Huang C.M., Chou C., Yu S. Effect of oral health education programs for caregivers on oral hygiene of the elderly: A systematic review and meta-analysis. Int J Nurs Stud 2015;52 :1090 - 1096.**	Thank you for your response and the reference. We have passed these references through to the academic units who were commissioned to conduct the original reviews to ensure transparency. They confirmed that in some cases the systematic reviews had already been used for citation chasing and the primary studies extracted, they also confirmed anything not included already due to later publication than the search dates and call for evidence would not have altered the review outcomes
Department of Health, Social Services and Public Safety - Northern Ireland	Full	Gen	Gen	There was agreement with the research needs identified.	Thank you for your response.
British Society for Disability and Oral Health (BSDH)]	Full	27		Research section is good in setting out a forward path for further studies.	Thank you for your response.
NIHR Devices for Dignity HTC	Full	27 -30	GEN	We welcome these research priorities and suggest that research priority. Could the research also inform guidance on the best practice for moth care procedures and also suggested frequency per day – this	Thank you for your suggestion. The committee considered, but agreed this detail would be not be excluded from the research recommendations.

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				could perhaps be linked to the severity grading of oral health identified by use of the Oral health Assessment Tool – e.g. residents with scores of 7 or above should be offered moth care no less than "X" times per day	
Public Health England (PHE)	Full	27	16	As treatment needs and demography of adults in care homes changes there is a need for research to consider which models of dental care produce the best outcomes for residents? Increasingly dental care professionals (DCP's) are being used to provide screening and preventive care whilst any active treatment is provided on specialist referral.	Thank you for your response. The committee considered this would be not be excluded by the research recommendations in the final version of the guideline.
The British Association for the Study of Community Dentistry	Full	27	16 - 18	Research rec 1 It doesn't necessarily follow that access to dental services improves oral health. Also oral health improvement programmes are now responsibility of local authorities in England. With changes in demographics of population, there is a need to look at different models of care such as screening by appropriately trained DCPs, and the use of new technology such as digital cameras. Need to look at how screening has evolved in other parts of healthcare and see if similar methods can be employed for oral health. Of relevance here – is Wales' recent initiative "Improving Oral Health for Older People Living in Care Homes in Wales", which involves local collaborative action to deliver effective mouth care encompassing: - Local policies on mouth care in care homes - Training for care home staff in mouth care - Oral care champions in care homes - Risk assessment of residents leading to development of individual care plans - Identified local dental care services available to care for residents - Food/meal/snack policies in homes	Thank you for your response. Suggestions were discussed by the committee who considered this would be not be excluded by the research recommendations in the final version of the guideline.
Parkinson's	Full	27	17-18	We agree that research on this area needs to be completed and	Thank you for your response, the committee agreed

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UK				would suggest there is a focus on people with long term complex conditions, such as **Parkinson's** to understand the impact on oral health in care homes.	that research into long term complex conditions would not be excluded by the current wording.
British Society of Gerodontology	Full	27	25	A robust oral health care pathway will indicate who should see care home patients (DCPs/GDS/CDS/Specialist in SCD) and where an individual should be seen (domiciliary/surgery GDS/CDS/hospital) and therefore will more cost effective – following the Commissioning Guide for Special Care Dentistry Services DH 2014	Thank you for your response and suggestion. Suggestions were discussed by the committee who considered that this would be not be excluded by the research recommendations in the final version of the guideline.
Health Education England (Kent, Surrey and Sussex)	Full	28	2	Res Rec 1 Add in to this section that in terms of research, "what effect could a whole dental team approach with them all working collaboratively, have on the effectiveness of meeting the oral health care needs of adults in residential care".	Thank you for your response and suggestion. Suggestions were discussed by the committee who considered that this detail would be not be excluded by the research recommendations in the final version of the guideline.
British Society of Gerodontology	full	28	4-6	Res Rec 2 Very difficult to balance cost effectiveness and quality of life. Dental screening of care home residents was stopped as it was not cost effective in terms of cancer detection. However detection of traumatic ulceration, candidal infections, sharp teeth causing trauma, pain and infection all which have a huge impact on QoL and can be treated easily – a robust OHRA and skilled carers will be able to detect this for residents rather than an annual screening programme.	Thank you for your response.
Parkinson's UK	Full	28	4-6	We agree that research on this area needs to be completed and would suggest there is a focus on people with long term complex conditions, such as **Parkinson's** to measure the improvements in care homes residents' oral health.	Thank you for your response, the committee agreed that research into long term complex conditions would not be excluded by the current wording.
Solihull special care dental	full	28	4-6	Res Rec 2 Very difficult to balance cost effectiveness and quality of life .Dental screening of care home residents was stopped as it was not	Thank you for your response. The economic analysis conducted for this guideline explored two approaches. In one, an education and

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service				deemed to be cost effective in terms of cancer detection. for every cancer detection there were scores of traumatic ulceration, Thrush, sharp teeth, pain and infection all which have a huge impact on Quality of life and can be treated easily	oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The analysis estimated the education component cost £7.50 per resident and the cost of providing oral care £371 per resident. The committee considered both training and oral care to be relatively low cost but was reluctant to make any judgments about whether the interventions represent good value for money. This was partly because the committee considered that the use of clinical indices in studies of oral health was a serious limitation. But also partly because many of the benefits that might be expected to accrue from improved oral health could not be included in the economic analysis due to a paucity of data.
The Patients Association	Full	28	11	The Patients Association agrees that clinical dental indices to provide a measure of statistical relevance fails to recognise the difference between what clinicians value in research and what patients or carers value. Understanding what patient's value is vital for improving practice.	Thank you for your response.
British Society of Gerodontology	Full	28	16-18	Res Rec 2 These are more important measures than plaque and bleeding indices – QOL etc	Thank you for your response.
Solihull special care dental service	Full	28	16-18	Res Rec 2 These are more important measures than plaque and bleeding indices	Thank you for your response.
The British	Full	28	17 - 19	Res Rec 2	Thank you for your response.

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Association for the Study of Community Dentistry				This would be very helpful especially where patients are no longer able to provide this information. The new dental contract will be electronically based and will give a better understanding of what treatment needs are for this population. Traditional epidemiological measures are not always appropriate to assess need for interventional dental care. It would be better to engage and listen to care home residents for their priorities for research. To understand better what adds value to their lives and what impacts adversely. To influence services to address these issues - through development of networks, guidance, contracts and quality improvement work (Monaghan, N – oral presentation, PER Dubrovnik, 2014)	
Parkinson's UK	Full	28	22-23	Res Rec 2 We agree that research on this area needs to be completed and would suggest there is a focus on people with long term complex conditions, such as Parkinson's to understand the effectiveness of oral health interventions for care homes residents'.	Thank you for your response, the committee considered that research into term complex conditions would not be excluded by the current wording.
The Residents & Relatives Association	Full	28	24-29	Res Rec 3 Although it is clear that research may help in data collection, there is little evidence that such data collection will influence practice. Care homes are fragile institutions, losing 50% of workers in their first year and with a 'normal' turnover of 20-30%. Perhaps there could instead be action/research evaluations of what kind of training/input worked best in changing practice?	Thank you for your response and suggestion. This was discussed by the committee who considered that this detail would be not be excluded by the research recommendations in the final version of the guideline.
Parkinson's UK	Full	29	2-4	Res Rec 4 We agree that research on this area needs to be completed and would suggest there is a focus on people with long term complex conditions, such as Parkinson's to understand the impact of daily mouth care for care home residents.	Thank you for your response, the committee agreed long term complex conditions would not be excluded by the current wording
The British Society of	Full	29	2	Res Rec 4 Add to this section, that research in how a whole dental team	Thank you for your response, the committee agreed this activity would not be excluded by the current

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Dental Hygiene and Therapy (BSDHT)				working collaboratively could have on meeting the oral health care needs of adults in residential care.	wording.
British Society of Gerodontology	Full	29	6	Res Rec 4 Nigel Monaghan& Maria Morgan Welsh Care home studies that linked with ADH survey?	Thank you for your response and reference.
British Society of Gerodontology	Full	29	11-16	Res Rec 5 An oral risk assessment should take into account life expectancy. A simple but effective pragmatic palliative oral care is easy and relatively cost effective but very important to support end of life care for residents	Thank you for your response, the committee noted life expectancy would not be excluded by the current wording.
Solihull special care dental service .	Full	29	11-16	Res Rec 5 The assessment needs take into account life expectancy . simple but effective pragmatic palliative care is easy and relatively cost effective but very important to support end of life care	Thank you for your response, the committee agreed life expectancy would not be excluded by the current wording.
Parkinson's UK	Full	29	11-12	Res Rec 5 We agree that research on this area needs to be completed and would suggest there is a focus on people with long term complex conditions, such as Parkinson's to understand the if different groups in different settings get different benefits from oral health interventions.	Thank you for your response, the committee agreed residents with long term conditions would not be excluded by the current wording.
Parkinson's UK	Full	29	18-19	Res Rec 6 We agree that research on this area needs to be completed and would suggest there is a focus on the importance on care plans as well as health passports to understand the impact on oral health in care homes. It is crucial that personalised health information is accurately recorded, updated regularly and is easy to access by all professionals who are responsible for an individuals' care. This is essential for both the care home the individual is living in and also any future homes the person could be moved to.	Thank you for your response. The committee were limited in the number of priority research recommendations and agreed the final research recommendations would not exclude this type of research.

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The British Association for the Study of Community Dentistry	Full	30	6 - 16	Res Rec 8 This section should be expanded to how to apply fluorides in whatever form and its cost – effectiveness	Thank you for your response. The committee were limited in the number of priority research recommendations they could make, and agreed the final wording in the research recommendations would not exclude this type of research.
Public Health England (PHE)	Full	30	6	Res Rec 8 It would be useful to also include high fluoride toothpaste as well as fluoride varnish and to include cost effectiveness	Thank you for your suggestion. The committee were limited in the number of priority research recommendations they could make, and did not agree high fluoride toothpaste could be added as a high priority research recommendation.
The Borrow Foundation	Full	30	8	Res Rec 8 It is noted that the guideline committee has recommended research into 'Offering fluoride varnish to adults in homes'. The daily consumption of fluoridated milk in care homes could be viewed as a more 'automatic' mode of delivery for increasing fluoride uptake in older adults because: • Fluoridated milk looks, tastes and smells the same as non-fluoridated milk and should therefore be acceptable • As outlined above milk is one of the most nutritionally complete foods available on the food market • Fluoridated milk is usually provided at the same cost as non-fluoridated milk • The target group would not be at risk of fluorosis • Fluoridated milk could simply be used to replace the milk currently consumed in the care homes.	Thank you for your response and suggestion. The committee were limited in the number of priority research recommendations they could make, and did not agreed fluoridated milk could be regarded as a high priority given issues around consent for the population concerned.
Solihull special care dental service	Full	30	10-16	There is published research supporting this	Thank you for your response.
The Borrow	Full	30	14	Res rec 8 It is acknowledged that this group of patients will be at	Thank you for your response and these references,

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Foundation				greater risk of root caries but there is no mention of any **preventive treatment for root caries.** Several reviews have highlighted the unique role of fluoride in preventing and remineralising primary root caries lesions. **Heijnsbroek M.*et al* Fluoride interventions for root caries: a review. Oral Health Prev Dent 2007; 5: 145–152.** **Griffin SO, *et al*. Effectiveness of fluoride in preventing caries in adults. J Dent Res 2007; 86:410–5.** Furthermore a double-blind randomised controlled trial conducted in Sweden concluded that the **daily intake of milk (200ml) supplemented with fluoride (1mg) and/or probiotic bacteria may reverse soft and leathery primary root caries lesions in older adults.** Petersson LG, et al. **Reversal of primary root caries lesions after daily intake of milk supplemented with fluoride and probiotic lactobacilli in older adults**. Acta Odontologica Scandinavica, 2011; 69: 321–327.	which were through to the external academic review team for consideration. Unfortunately these were out of scope for the current piece of work.
Parkinson's UK	Full	31	6-10	As highlighted in comment 4 above we recommend there are amendments to the oral health assessment tool.	Thank you for your response. The committee considered your suggestion but were unable to alter the wording in this document.
The Borrow Foundation	Full	31	4	The Borrow Foundation fully supports the move to develop a NICE guideline on Oral health for adults in care homes and as a registered stakeholder welcomes the opportunity to participate in the consultation. Enamel caries also affects older adults. A randomised controlled study in Sweden concluded that daily consumption of milk (150 ml)	Thank you for your response. Thank you for submitting this reference about fluoridated milk for children, but this group were out of scope for this guideline.

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				containing probiotic bacteria and fluoride (0.25 mg) reduced enamel caries in preschool children with a prevented fraction of 75%. Additional beneficial health effects were also evident. Stecksén-Blicks C et al 'Effect of Long-Term Consumption of Milk Supplemented with Probiotic Lactobacilli and Fluoride on Dental Caries and Gen Health in Preschool Children: A Cluster-Randomized Study' Caries Res 2009;43:374–381	
British Society of Gerodontology	Full	32	OHAT	The OHAT is not ideal and many local ones used by CDS for care homes are better but not appropriately tested or published so cannot be considered by NICE - OHAT issues have already noted such as only uses numerical scores, no outcome measures that link directly to the care plan, no associated care plan, no mention of past social history smoker/alcohol etc, dysphagia, upper limb immobility, advanced dementia, end of life, uncooperative for mouthcare, refusal and reason why, challenging behaviour, self/supported/dependent mouthcare required, how many carers required to support mouthcare, etc (1000 Lives plus Mouthcare for Adults in Hospital OHRA/Care plan is a good example)	Thank you for your response. The intention was to suggest a standardised oral health assessment tool that could be used by non-medical care staff should they wish to, the reasons supporting this are set out in the committee discussion section.
Faculty of General Dental Practice (UK)	Full	32	All	If the Oral Health Assessment Tool (OHAT) is to be recommended as the best means of assessing residents' oral health, we believe that a further category on "head, neck and face" should be added. Assessors should be looking for any rashes, scabs or bleeding areas, including on the scalp. Assessors should also be looking for any suspected Squamous Cell Carcinoma (SCC) or Basal Cell Carcinoma (BCC), and images of examples of these, protected by a clear, wipe-over, plastic cover should be provided. Staff should also assess residents for dry mouth, and could do so using the Challacombe Scale of Clinical Oral Dryness, which contains clear descriptions and images. The results of both assessments should be recorded and shared with a resident's dentist and Gen Practitioner, and staff should be advised clearly the criteria by which further referral should be made.	Thank you for your response and suggestion. As a standardised, validated assessment, the committee are not in a position to make changes. The intention was to suggest a standardised oral health assessment tool that could be used by non-medical care staff should they wish to.

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NHS England	Full	32	Gen	Oral Health Assessment Tool - would it be worth developing/including an outcome plan related to the risk scores in the assessment. This would be a prompt for staff and would hopefully ensure that they take action and initiate appropriate interventions and treatment after completing the assessment.	Thank you for your response and suggestion. We have passed your suggestion to the NICE resource impact assessment team to inform their support activities for this guideline.
The British Society of Dental Hygiene and Therapy (BSDHT)	Full	33	Gen	The emphasis should be on making sure the patient has their basic oral hygiene needs met, their homecare provided for them by residential staff if needed. Care-staff don't need to be trained to recognise disease but how to carry out a daily care plan. Although this is a basic exam there is still a need to recognise decay and gum disease, not to mention implant retained dentures etc. A proper professional assessment needs to be carried out to create a treatment plan for each patient that the care staff can work to.	Thank you for your response. The committee considered the use of the oral health assessment tool to be part of a series of activities set out across all the recommendations to improve oral health for vulnerable populations, which also included a care plan. The OHAT was not intended to be an end in itself.
British Society for Disability and Oral Health (BSDH)]	Exp test. 1	Gen		**Expert testimony Ben Squires on NHS Dental Services Commissioning** https://www.nice.org.uk/guidance/GID-PHG62/documents/expert-testimony Concerns that on page 2 it is stated that any 'new'/reformed contracts would not be feasible until 2018/19 . What will happen to this vulnerable population in the meantime?	Thank you for your response. The question of the dental contract is not one the committee or NICE can answer directly. However, the overarching aim of this guideline is to ensure access to treatment and services for all adults living in care homes.
British Society for Disability and Oral Health (BSDH)]	Exp test 2	Gen		**Expert Testimony 2 –Vicki Jones and Sue Greening** Example of an integrated service very useful and the use of innovative Oral Health Improvement Practitioners to support Gen Dental Service domiciliary providers https://www.nice.org.uk/guidance/GID-PHG62/documents/expert-testimony-2	Thank you for your response.
Solihull special care dental service	OHAT			I have seen better OHAT than this closer to home!	Thank you for your response. The intention was to suggest a standardised oral health assessment tool that could be used by non-medical care staff should they wish to, taking into account that care home staff may already have

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					something in place and some may not. There was call for evidence between October and November 2014, for any published or unpublished papers (including any assessments or tools etc). No additional resources were submitted at that time.
The Borrow Foundation	ER1	Gen		The Borrow Foundation fully supports the move to develop a NICE guideline on Oral health for adults in care homes and as a registered stakeholder welcomes the opportunity to participate in the consultation. Aim of the review To review the evidence about approaches, activities and interventions that promote oral health, prevent dental problems and ensure access to treatment for adults in care home settings. We note that the following study was not included in the review of effectiveness: • Petersson LG, *et al.* Reversal of primary root caries lesions after **daily intake of milk supplemented** with fluoride and probiotic lactobacilli in older adults. Acta Odontologica Scandinavica, 2011; 69: 321–327	Thank you for your response and reference, which were through to the external academic authors for consideration. Fluoridated milk products were out of scope for this particular piece of work.
British Society for Disability and Oral Health (BSDH)]	ER4	Gen	SURE	https://www.nice.org.uk/guidance/GID-PHG62/documents/evidence-review-4Evidence Reviews : Effectiveness and Barriers and Facilitators- all very useful. Very good reviews using a comprehensive search strategy.	Thank you for your response we will pass this on to the external review team.

1 f/note Public Health England, Oral health of older people in England and Wales, January 2016