



# Surveillance report 2018 – Oral health: local authorities and partners (2014) NICE guideline PH55

Surveillance report

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# Surveillance decision

This 2018 surveillance review has taken into account 4 NICE guidelines on the theme of oral health:

- [Dental checks: intervals between oral health reviews](#) (2004) NICE guideline CG19
- [Oral health: local authorities and partners](#) (2014) NICE guideline PH55
- [Oral health promotion: general dental practice](#) (2015) NICE guideline NG30
- [Oral health for adults in care homes](#) (2016) NICE guideline NG48

We will not update the guideline on [oral health: local authorities and partners](#) at this time.

During surveillance editorial or factual corrections were identified. Details are included in [appendix A](#): summary of evidence from surveillance.

## Reason for the decision

### The evidence

We found 34 studies through surveillance of this guideline.

This included evidence on sugar and oral health, general oral health education, oral health promotion in pregnancy and for children, a whole school approach to oral health, supervised toothbrushing, and fluoride varnish. This new evidence was considered to support current recommendations.

We found evidence on fissure sealants as an alternative to fluoride varnish and the use of high dose xylitol, which was not covered in the guideline. This evidence was considered to be insufficient to add new recommendations on these interventions at this time.

We did not find any evidence related to the following areas: oral health needs assessments and data sources, oral health strategies, oral health as a key health and wellbeing priority and oral health promotion in existing services for all at risk of poor oral health.

## Equalities

No equalities issues were identified during the surveillance process.

## Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

## How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of NICE's guideline on [oral health: local authorities and partners](#) (NICE guideline PH55) in 2014.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence

We found 34 studies in a search for randomised controlled trials and systematic reviews published between 1 May 2013 and 31 December 2017.

From all sources, we considered 34 studies to be relevant to the guideline.

We also found relevant ongoing research, which will be added to the tracker and evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

## Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Two topic experts responded, 1 agreed with the decision not to update the guideline and the other disagreed. Concerns raised included the new guidance on alcohol from the chief medical officer and more detailed information regarding health inequalities and sugar. The views of topic experts were considered during the surveillance review however no evidence was found to support the prioritisation of these areas for an update.

## Views of stakeholders

One stakeholder provided comments for this guideline. They agreed with the decision not to update the guideline. See [appendix B](#) for the full comment and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

The NICE project team would like to thank the topic experts who participated in the surveillance process.

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