

Public Health Guidelines

Oral Health Promotion Approaches for Dental Teams - Consultation on Draft Guideline Stakeholder Comments Table

29 May – 10 July 2015

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Stakeholder Organisation	Section Number	Page No.	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association for the Study of Community Dentistry	General	N/A	<p>BASCD as a registered stakeholder organisation are pleased to be able to comment on the draft guideline. Oral health promotion: general dental practice</p> <p>The draft guideline focuses on downstream interventions however; evidence suggests that the greatest impact on health comes from upstream interventions.</p> <p>Any guidance for the dental team should therefore consider how the dental team can influence upstream approaches, (e.g. by acting as advocates for change nationally and engaging with community level approaches)</p>	<p>Thank you for your comment.</p> <p>The committee recognised these concerns, but upstream interventions aimed at influencing national policy are outside the scope of this work. The draft guideline has been further edited for readability and clarity, additional relevant guidelines including oral health: approaches for local authorities and their partners to improve the oral health of their communities are now at the front of the document. Also of interest, guidance in development about oral health in residential and nursing care.</p>
British Association for the Study of Community Dentistry	General	N/A	<p>There is a lot of repetition in the guideline and it would benefit from editing. Also some of the paragraphs need to be simplified.</p> <p>There needs to be consistency in terminology used e.g. tobacco and smoking and also some reference to Smokefree and Smiling.</p>	<p>Thank you for your comment.</p> <p>The guideline has been edited further from the draft version published for consultation. We hope this has improved readability and clarity of the guideline. The resource highlighted has been flagged to the implementation team at NICE. Additional resources may be listed in challenges to implementing recommendations or could be endorsed by NICE through the endorsement programme on the NICE website.</p>
British Association for the Study of Community Dentistry	Title	1	<p>We would suggest changing the title to Oral Health Improvement for dental teams rather than Oral health promotion: general dental practice as in title, as the recommendations also apply to the</p>	<p>Thank you for your comment.</p> <p>The committee recognised your concerns but NICE were unable to change the title</p>

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			salaried dental services and some to secondary care practitioners.	of the guideline as 'promotion' better reflects the recommendations and the intention of the original referral. We have added a phrase at the start of the document to clarify that although the the guidance is aimed at general dental practice teams, recommendations may be of interest of other dental practitioners in other settings.
British Association for the Study of Community Dentistry	What is guideline about	1	The aim is not precise enough as not all the population attends the dentist. Instead of 'people' could use practice population	Thank you for your comment. The committee considered your suggestion but agreed the wording should remain the same.
British Association for the Study of Community Dentistry		1	In first bullet point suggest changing to appropriate fluoride products	Thank you for your comment. The committee considered this suggestion but decided not to narrow the reference to fluoride by adding 'appropriate'.
British Association for the Study of Community Dentistry		1	What is the evidence that improving oral health will help reduce risk of rheumatoid arthritis?	Thank you for your comment. The aim of this wording was to draw attention to additional potential health benefits by considering a common risk factor approach, but this sentence has been removed to avoid confusion. The evidence reviews and other relevant documents to inform this guideline are here and the NICE methods manual for guideline development may be found here .
British Association for		1	If advice is given to those attending dental practice alone then this	Thank you for your comment. Although

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the Study of Community Dentistry			will increase inequalities between those that do and those that don't attend dental practice. Also when used on its own this guidance may not change patient behaviour; there is a need for a suite of interventions aimed at improving oral health for the whole population.	the committee recognised these concerns, people who do not attend the dentist are outside the scope of this work. Other guidelines published by NICE concern improving community oral health and address some of these issues. Please see oral health: approaches for local authorities and their partners to improve the oral health of their communities . Also of interest, may be guidance in development about oral health in residential and nursing care .
British Association for the Study of Community Dentistry	Definitions	1/2	This title does not reflect section as they are statements and not definitions. It would be helpful to give a definition of good oral health such as that of World Health Organisation.	Thank you for comment and suggestion. The wording in this section has been amended and a glossary section, based on the WHO definition, is now included.
British Association for the Study of Community Dentistry		2	Would suggest rewording description of tooth decay and gum disease. Would suggest wording in scientific basis of dental health education.	Thank you for your suggestion. The committee agreed and have amended some of the wording, but are unable to use the entire definition suggested.
British Association for the Study of Community Dentistry	Rec 1	4	In first bullet point would suggest it reads 'use of appropriate fluoride products'	Thank you for your comment. The committee considered this suggestion, but decided not to narrow the reference to fluoride by adding 'appropriate'.
British Association for the Study of Community Dentistry		4/5	In second bullet point it should state that advice is tailored according to risk assessment of patient. Also on first sub-bullet suggest replacing 'be based on' to 'should take into account'	Thank you for your comment. The committee considered these suggestions but felt this change would not enhance understanding of the recommendation. The intention was to

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			The two sub-bullets should be combined into one paragraph.	encourage establishing positive relationships and base advice on a good understanding of the patient.
British Association for the Study of Community Dentistry		5	Third bullet suggests considering use of a variety of formats, but later in guideline it says that the evidence to do this is not there, so unclear why this is advised in recommendation	Thank you for your comment. There was no direct evidence of the effectiveness of a range of formats to improve oral health. This is appropriately reflected in the wording of this recommendation where 'consider' reflects uncertainty in the evidence. The evidence reviews and other relevant documents to inform this guideline are here and the NICE methods manual for guideline development may be found here .
British Association for the Study of Community Dentistry		5	Within the section on asking, advising, alcohol should also be recorded, in line with recommendations in Delivering Better Oral Health 3rd Edition (DBOH v3). This section should have a reference to guidelines on record keeping.	Thank you for your comment. This suggestion was considered by the committee but they agreed not to amend as local services for alcohol misuse are not as well established in many areas as smoking cessation services. Your suggestion to refer to guidelines on record keeping has been highlighted to the NICE implementation team. DBOH is now referenced at the front of the document.
British Association for the Study of Community Dentistry		5	In last bullet would suggest changing 'provide details' to 'signpost' It would be helpful to have some examples	Thank you for your comment. The committee agreed this bullet in this recommendation was unclear and

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				rephrased with examples.
British Association for the Study of Community Dentistry	Rec 2	5	The first bullet point needs to be linked to a patient being risk assessed and advice being based on DBOH v3 and customized to patient's individual needs.	Thank you for your comment. The committee considered your suggestion, but agreed the original wording in the recommendation should remain. The aim was to encourage dental teams to establish positive relationships and base advice on a good understanding of the patient. Delivering Better Oral Health is referred to at the front of the guideline.
British Association for the Study of Community Dentistry	Rec 2	5	In bullet 2 the guidance assumes patients all use fluoride toothpaste which is not the case. There are fluoride free toothpastes on market which patient may be using or they may not be using toothpaste at all. The dentist would need to check if they are using a fluoride toothpaste and also to check they are using a fluoride toothpaste with appropriate level of fluoride	Thank you for your comment and suggestion. The committee considered this suggestion and agreed the wording in the recommendation referring to fluoride use should be rephrased.
British Association for the Study of Community Dentistry	Rec 2	6	In fourth bullet point, the sub-bullet ' links between poor oral health and socioeconomic deprivation' should quantify that this relates to populations and not individuals, as this could be seen as repetition of the content on page 5	Thank you for your comment. The draft version has been further edited to improve readability and clarity. The committee recognised these concerns about socioeconomic deprivation, and ethnicity and context. They agreed these were complex issues and could be misinterpreted, so have amended recommendations. The background and context sections have also been rephrased and edited further to improve readability and clarity.
British Association for	Rec 2	6	This recommendation should advise and reference use of Making	Thank you for your comment and

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the Study of Community Dentistry			Every Contact Count (MECC) and importance of dental teams using MECC. All dental staff should be trained in MECC and should be using this approach with all patients.	suggestion. The committee considered adding the reference to 'Making Every Contact Count', and agreed that the current guideline should remain focussed on oral health advice.
British Association for the Study of Community Dentistry	Rec 3	6	Dentists and their teams should learn about the links between oral health and general health	Thank you for your comment. This is now referred to in the section about challenges to implementing the recommendations. Please see sections 1 & 2: <i>The challenge: delivering patient-centred oral health advice</i> ; 2 <i>The challenge: developing new incentives for general dental teams to improve people's oral health.</i>
British Association for the Study of Community Dentistry	Rec 3	7	Dental teams should learn about the links between, diet, alcohol and smoking. It should not be assumed that dental teams are aware of these links	Thank you for your comment. Please see the implementation sections 1 & 2: <i>The challenge: delivering patient-centred oral health advice</i> ; 2 <i>The challenge: developing new incentives for general dental teams to improve people's oral health.</i>
British Association for the Study of Community Dentistry	Rec 4	8	Instruction in the prevention of oral diseases and dental hygiene instruction as well as application of topical fluoride preparations is part of Band 1 care. What is the evidence that providing dental practices with incentives to encourage patients to look after their own health?	Thank you for your comment. The committee recognised your concern and have amended and clarified the draft version of the guideline around this issue. The topic of incentivising dental teams has moved to the section within the guideline about challenges for implementing the guidance: 2 <i>The challenge:</i>

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			Before including this recommendation NICE should assure themselves that with a national dental contract incentives are contractually possible.	<i>developing new incentives for general dental teams to improve people's oral health.</i> The evidence supporting recommendations are set out in the evidence statements and these in turn link to the evidence reviews on the NICE website . The committee recognised these concerns and took into account that the dental contract was in development and likely to be rolled out around 2018.
British Association for the Study of Community Dentistry		8	What data is the second bullet point referring to?	Thank you for your comment. The committee agreed this was unclear and have amended. This text has been moved to a new section within the guideline concerning challenges to implementing guidance: <i>2 The challenge: developing new incentives for general dental teams to improve people's oral health.</i> The intention was to encourage dental practices to compare their performance on prevention against similar dental practices.
British Association for the Study of Community Dentistry		8	Please can you clarify what is meant in the last bullet point about aligning services with local and national oral health activities? Also with the current commissioning responsibilities how achievable would this be?	Thank you for your comment. The draft version has been further clarified and amended. The intention was to highlight national initiatives by Public Health England (Delivering Better Oral Health) and the published NICE guideline for local authorities - oral health and local authorities: oral health: approaches for

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				local authorities and their partners to improve the oral health of their communities . Also of interest, may be guidance in development about oral health in residential and nursing care .
British Association for the Study of Community Dentistry	Who should take action?	8	Should the guideline also include the community (salaried) dental service, dental specialties and dental teams in secondary care?	Thank you for your comment. The referral from the Department of Health for this guideline was to cover only general dental practice teams. However, this does not preclude other audiences from considering the guidance. We have added a phrase to the front of the guidance to highlight this.
British Association for the Study of Community Dentistry	Context - Background	9	Unclear when 2009 dental survey is discussed why reference is NHS Choices – we would advise that the primary references are cited instead. This paragraph ends with sentence 'Left unchecked, it can be expensive to treat' it is unclear whether this refers to dental caries, gum disease or both. If referring to dental caries it should also be stated that restoration require long term maintenance	Thank you for your comment. This has been amended, the reference to NHS choices remained in the text in error from an earlier version of the document. The draft version has been further edited for clarity and readability.
British Association for the Study of Community Dentistry		9	'But there is growing evidence that oral human papilloma virus (HPV) is also a factor (Potentially HPV-related head and neck cancers National Cancer Intelligence Network)'. BASCD is not sure that the evidence base is strong enough to state this. Also the guidelines do not provide any advice to the dental teams on how to tackle this risk factor with patients.	Thank for your comment. This reference to human papilloma virus (HPV) was within the context section of the guideline and there were suggestions about a range of issues, but this has particular point about HPV now been removed to avoid confusion. The draft version has since been further edited to improve readability and clarity. We have

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				included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE's guideline on recognition and referral for head and neck cancers . Recommendations to dental teams on how to advise about HPV is outside the current scope of work for this guideline.
British Association for the Study of Community Dentistry		9	Each year the NHS in England spends around £3.4 billion on primary and secondary dental services (Improving dental care and oral health – call to action NHS England). This comment should be at the beginning of the background section. At the moment it doesn't read well where it is	Thank you for your suggestion. The draft version of the guidance has been edited further to improve readability and clarity.
British Association for the Study of Community Dentistry	Variations in oral health	10	In this section there appears to be a mix of social determinants and risk factors.	Thank you for your comment. The draft guideline has been edited further to improve readability and clarity.
British Association for the Study of Community Dentistry		10	What is meant by 'severe tooth decay'?	Thank you for highlighting this. The word 'severe' has been removed from this sentence.
British Association for the Study of Community Dentistry		10	The comment on 'belonging to a family of Asian origin' is misleading as it not ethnicity alone it is linked to deprivation. It also seems to imply that it is only this ethnic minority group at risk of dental decay. There are also other ethnic minorities which are at risk of decay. The guidance should also be clear about the link between levels of decay in Black, Asian and Minority Ethnic (BAME) groups and deprivation.	Thank you for your comment. The committee recognised these concerns about socioeconomic deprivation, ethnicity and context. They agreed these were complex issues and could be misinterpreted, so have amended recommendations. The background and context sections have

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				also been rephrased and edited further to improve readability and clarity.
British Association for the Study of Community Dentistry		10	The bullet on having a medical condition references a document relating to improving oral health of disabled children and adults. Disability in itself is not a chronic medical condition.	Thank you for your comment. This has been rephrased and reference to a chronic medical condition has been removed to avoid misunderstanding.
British Association for the Study of Community Dentistry	NHS dental services	10	The first paragraph states that in 2013, 52.5% of adults had seen a NHS dentist in the previous two years. That leaves 47.5% of adults, some of these will have seen a private dentist and may have not received evidence based oral health improvement advice. Some will not have attended a dentist at all. The guidance needs to make it clear that a number of different interventions are required to prevent increase in inequalities between those that have and those that have not attended a NHS dental practice. This guidance alone would not be enough.	Thank you for your comment. The committee recognised this concern and the need for separate activities for people who do not attend the dentist, but this is outside the scope of the current work. This is reflected in the committee considerations section which refers to separate activities to encourage people to attend the dentist. It may be of interest to see other guidelines published by NICE about improving community oral health. Please see oral health: approaches for local authorities and their partners to improve the oral health of their communities Also of interest, may be guidance in development about oral health in residential and nursing care .
British Association for the Study of Community Dentistry		10	'This means that dental practice teams are ideally placed to advise on how to prevent many chronic, non-communicable diseases – including oral health disease. (Risk factors include tobacco use, alcohol consumption and a poor diet.)' – Brackets and full stops in wrong place.	Thank you for your comment. Although the committee recognised this concern, people who do not attend the dentist are outside the scope of this work. Other guidelines published by

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			Also this advice will only be given to those that attend an NHS dentist.	NICE concern improving community oral health and address these issues. Please see oral health: approaches for local authorities and their partners to improve the oral health of their communities Also of interest, may be guidance in development about oral health in residential and nursing care .
British Association for the Study of Community Dentistry		11	The language is too complex and requires simplifying. But 66% of adults in the same survey had plaque on at least 1 tooth and 68% had calculus (tartar or hardened dental plaque) in at least 1 sextant ² of the dental arch. In addition, 37% of people who regularly go to the dentist said they do not use oral hygiene products such as dental floss and interspace brushes. Unclear as to why this paragraph is in this section. What is the relevance of these data? Is plaque on one tooth a major cause of dental problems?	Thank you for your comment. This was included in the background and context section of the draft guideline. The intention was to draw attention to the limitations of self-report versus clinical measures. The draft version has been edited further to improve readability and clarity.
British Association for the Study of Community Dentistry		11	Unclear as to why there is a paragraph on dental contract reform, as the program is still in prototype phase. Unsure why the reference to this paragraph is Commissioning Better Oral Health when there is a website for the prototype dental contract.	Thank you for your comment. At the time of developing this guideline the committee were informed that the Dental Contract was still in development, and took this into account when developing recommendations and referring to current documents. The information available at the time of drafting is that the dental contract is likely to be finalised and implemented around 2018.
British Association for	Delivering	13	Need to specify smear for up to 3 years and pea sized amount for	Thank you for your comment.

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the Study of Community Dentistry	better oral health toolkit – Box 1		children aged 3-6 years. It would also be useful to have pictures to show what smear and pea sized amount look like	The information given in Box 1 of the draft guideline was taken from Delivering Better Oral Health (DBOH) 2014. However, to improve the clarity of the guidance and avoid confusion, we have removed this text box and now link to the DBOH document directly instead.
British Association for the Study of Community Dentistry		15	For periodontal disease risk factors, get rid of lines between risk factors, and need to expand on how some medicines are risk factor by providing some examples	Please see previous response regarding DBOH.
British Association for the Study of Community Dentistry		16	Need to put title of what advice is for each bit, e.g. top box is evidence-based advice and professional intervention about smoking and other tobacco use	Please see previous response re DBOH.
British Association for the Study of Community Dentistry		16	Need to include very brief advice to advice on tobacco	Please see previous response re DBOH.
British Association for the Study of Community Dentistry		16	Need to add very brief advice to advice on alcohol	Please see previous response re DBOH.
British Association for the Study of Community Dentistry		16	Need to add wording re use of diet diary on section on advice on healthier eating	Please see previous response re DBOH.
British Association for the Study of Community Dentistry		16	Advice for prevention of oral cancer missing	Please see previous response re DBOH.
British Association for the Study of Community Dentistry	Considerations Backgrnd	17	4.1 The guideline should focus on one to one oral health improvement advice	Thank you for your comment. This section reflects the discussions and considerations of the committee during guideline development.

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British Association for the Study of Community Dentistry		17	4.2 and 4.3- As the NHS dental contract reform pilot is only just starting to test prototype dental contracts, not sure these assumptions can be made. The Dental Quality and Outcomes Framework based on percentage of dental contract is unlikely to be accepted by dental practitioners before new dental contract is introduced	Thank you for your comment. This section reflects the discussions of the committee during guideline development. The committee recognised these concerns and took into account that the dental contract was still in development and likely to be rolled out around 2018.
British Association for the Study of Community Dentistry		18	4.4 mention of advice on alcohol appears in some sections when advice to be given on smoking and not in others. Last statement about dentists being reluctant to offer advice on health promotion such as stop smoking appears to be based on hearsay rather than being based on evidence.	Thank you for your comment. This section reflects the discussions and considerations of the committee during guideline development.
British Association for the Study of Community Dentistry		18	4.6 - There should be a reference to DBOH here as it is very clear on behavior change.	Thank you for your comment. This section reflects the discussions and of the committee during guideline development.
British Association for the Study of Community Dentistry		19	4.11 - The example given is not a good one.	Thank you for your comment. This section reflects the discussions and considerations of the committee during guideline development.
British Association for the Study of Community Dentistry		19	4.13 - It is not clear what is meant by this statement	Thank you for your comment, this section has been clarified and rephrased. This was referring to the research identified in the evidence reviews.
British Association for the Study of Community Dentistry		20	4.16 - On page 5 of the guideline it states: Consider delivering oral health promotion messages in a variety of formats and using different media to meet the needs of different groups. For example, in addition to brief verbal advice, this could	Thank you for your comment. The recommendation begins with 'consider' to reflect the uncertainty in the range of evidence the committee

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			include telling people about other suitable resources. But here notes lack of formal evaluation of their effectiveness therefore unsure why it is advised on page 5.	considered that related to oral health and oral health outcomes. The evidence reviews and other relevant documents to inform this guideline are here . Further information about NICE methods and processes for guideline development may be found here .
British Association for the Study of Community Dentistry		20	4.17 – Cost of toothbrushes and toothpastes causing inequalities is an oversimplification; Inequalities are multifactorial and are linked to social determinants of health e.g. education, housing. Supplying free toothbrushes and toothpastes would not be enough to change behavior or reduce inequalities	Thank you for your comment. The draft guideline has been further edited and rephrased. The committee recognised concerns about socioeconomic deprivation, ethnicity, and the context of health inequalities. They agreed these were complex issues and could be misinterpreted, so have amended or rephrased sections of the guideline.
British Association for the Study of Community Dentistry		20	4.18 - Surprised that when talking about health inequalities, the guidelines have not referenced the Marmot review. Also it is important to highlight the importance of early life interventions in improving health (including oral health) and reducing avoidable health inequalities across the life course. Also key in improving health outcomes is approach of universal proportionalism	Thank you for your comment. Please see previous responses about the purpose of this section of the document, which reflects the committee. Additional relevant NICE oral health guidelines refer to early interventions: oral health: approaches for local authorities and their partners to improve the oral health of their communities published in 2014 and guidance in development about oral health in residential and nursing care .
British Association of	General		I am unsure where and who to respond to, but in the absence of	Thank you for your comments. The

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Dental Nurses			<p>this I would like to provide our feedback. I have been asked to read not only the consultation, but the associated papers and also gather thoughts from our wider council.</p> <p>In general the association fully support the initiative, but disagree with the idea of grabbing a 5 minute chat at the end of a treatment session and recognising there is an existing workforce trained specifically to do this would hope skill mix would come into play.</p> <p>The emphasis for the whole team to be trained or retrained is vital. Inevitably the issue will arise about remuneration and chair time and BADN feel that as long as UDAs are the currency and that dentists are the only ones who can earn UDAs there will be a problem. It is easy to see this from a population level and indeed a dental public health perspective, but more difficult to see how it will unfold in dentistry as a business. Perhaps if there was some way of rewarding those in areas with a high dmft the incentive would drive the workload.</p>	<p>concerns raised were discussed by the committee. The recommendations suggest advice is given during treatment, as there was insufficient evidence about the cost effectiveness of offering extended sessions.</p>
British Association of Dental Nurses	General		<p>There are a huge amount of dental nurses who are trained and qualified to undertake much of this work and for that reason alone BADN have an interest. One of the main concerns is about creating a greater inequality if those who attend the practice receive this service, yet the hard to reach members of the population continue to miss out on the service.</p>	<p>Thank you for your comment. The committee recognised there would need to be separate activities to encourage people to attend the dentist and that this was not within the current scope of work. Other guidelines published by NICE concern improving community oral health and address these issues. Please see oral health: approaches for local authorities and their partners to improve the oral health of</p>

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				their communities
British Association of Dental Nurses	General		<p>Many Thanks for the opportunity to feedback, being so general did mean that the comments were not specific enough to enter on to the grid.</p> <p>I do hope you can accept this and in future I will ensure that feedback comes in much earlier.</p>	Thank you for your comments.
British Dental Association	General: What this guideline is about	1	<p>The aim should refer to fluoride-containing products not just fluoride.</p> <p>NICE should make clear the evidence base for the statement that improving oral health will reduce someone's risk of rheumatoid arthritis, as this is not an oft cited disease but has risk factors in common with poor oral health.</p> <p>It is important for dental teams to understand that the link between socio-economic deprivation and poor oral health is only applicable at a population level. It does not necessarily apply to individuals. The guideline does not make this clear.</p>	<p>Thank you for your comments. The committee considered this suggestion but decided not to narrow the reference to fluoride.</p> <p>The aim of this wording was to draw attention to additional potential health benefits by considering a common risk factor approach, so by addressing some of the risks associated with poor oral health there may also be a benefit to general health or other particular health conditions. The guideline has since been further edited and amended for clarity and readability, the sentence mentioning arthritis has now been deleted to avoid confusion.</p> <p>The committee recognised the concern about socioeconomic links and poor health but decided further explanation was not needed. The draft guideline has since been further edited and amended for clarity and readability. The evidence reviews and other relevant documents to</p>

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				inform this guideline are here and the NICE methods manual for guideline development may be found here .
British Dental Association	General: Who the guideline is for	2	This guideline should not be restricted to only those in general dental practice. It should be applicable to all dental teams working on a 1:1 basis with patients, i.e. should encompass secondary care and community dental services. The name should be changed to reflect this, e.g. <i>Oral health improvement: dental teams</i> . In addition, the title of this response form does not match the title on the draft guidance document and makes reference to dental teams, not general dental practice.	Thank you for your comment. The committee discussed this concern but these groups of practitioners were outside of scope of this current work. The referral from the Department of Health for this guideline was to cover only general dental practice. However, this does not preclude other dental practitioners from considering the guidance and we have added a phrase to the front of the document to clarify. The draft guideline has been further edited to improve clarity and readability.
British Dental Association	General: Who the guideline is for	2	We appreciate that oral health education is a valuable tool for dentists and dental teams, but we would like to caution that the contract reform process is being trialled only in a few general dental practices (in England) and is not widespread across all sites and settings for dental practice, such as the community (although there were three pilot community sites but none going forward in prototype stage) service or secure or residential settings. Therefore, we would urge caution at making mandatory guidance for all dentists and their teams in general dental practice when implementation is not possible in some settings.	Thank you for your comment. The committee recognised these concerns and took into account that the dental contract was still in development and likely to be rolled out around 2018. NICE public health guidelines are not mandatory.
British Dental Association	General: Who the	2	Contract reform is not expected to be rolled out on a widespread basis until 2018 at the earliest. Only a few practices are involved	Thank you for your comment. Thank you for your suggestion. The

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	guideline is for (continued)		and have the infrastructure at this stage to implement standardised patient self-care plans, follow a care pathway approach and have routine data collected for benchmarking purposes. Most practices will not be able to meet all the criteria in this guideline without additional time and remuneration afforded to support this approach and this won't be available (if at all) for some time. The aim of the guideline should be more specific about the population it is applicable to. As not all people attend the dentist, the aim should reflect this and should refer to the practice population not "people".	committee recognised these concerns and took into account that the dental contract was still in development and likely to be rolled out around 2018. The committee also recognised there would need to be separate activities to encourage people to attend the dentist and that this was not within the current scope of work. Other guidelines published by NICE concern improving community oral health and address some of these issues. Please see oral health: approaches for local authorities and their partners to improve the oral health of their communities and guidance in development about oral health in residential and nursing care .
British Dental Association	General		The inclusion of some case studies would be a useful addition, to help dental teams understand how this guidance might be applied in practice. Scenarios could include an example of how to use behaviour change techniques effectively when a patient presents with poor oral hygiene.	Thank you for your comment and suggestion. If your membership has any relevant case studies please encourage them to send them through the NICE website here .
British Dental Association	Rec 1: Offer brief oral health advice during	4	Brief oral health advice should not be restricted to those patients undergoing routine examinations, who are already exhibiting health-seeking behaviour. Such a restriction would result in dental teams missing the opportunity to give advice to those with arguably the greatest need, namely those attending for urgent care, and could potentially serve to increase oral health	Thank you for your comments. The sentence has been amended and 'routine' has been deleted. The intention of the recommendation was to encourage general dental practices to be more welcoming to a range of people

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	all routine examinations Final bullet		inequalities. The final bullet includes “physical and mental ability” in the list. It would be more accurate to include part of the definition of special care dentistry: “people who are unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors” (see Speciality Training Curriculum for Special Care Dentistry).	who live independently in the community. Other guidelines published by NICE concern improving community oral health and may be of interest. Please see oral health: approaches for local authorities and their partners to improve the oral health of their communities and NICE guidelines in development about oral health in residential and nursing care .
British Dental Association	Rec 1, First bullet Penultimate bullet	5	This mentions “delivering oral health in variety of formats and using different media to meet needs of different groups”. Some examples may be useful, e.g. easy read versions, large font, different languages. The BDA supports the Smokefree and smiling guidance from PHE recommending that dentists offer only “very brief advice” (30 seconds), which may include a mention of harm reduction approaches if appropriate plus referral to specialist services.	Thank you for your comment. The committee considered this suggestion but decided not to add further examples at the risk of limiting the recommendation. The resource highlighted has been flagged to the implementation team at NICE. Additional resources may be listed in challenges to implementing recommendations or could be endorsed by NICE.
British Dental Association	Rec 1, Final bullet	5	Smoking cessation is a large part of the care pathway/oral health assessment approach of contract reform but only in England in a few general dental practices and not expected to be rolled out until 2018 at the earliest. We suggest the bullet should include the insertion of the phrase “where available”: “Provide details, where available , of other local services that can help improve their general health and wellbeing, as appropriate”.	Thank you for your comment. The committee recognised these concerns and clarified these recommendations. They recognised these concerns about the dental contract and took into account that it was in development.
British Dental	Rec 2,	5	An acknowledgement is needed that some patients will not “be	Thank you for your comments. The

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Association	First bullet Second bullet		able to maintain and improve their own oral health". Patients may attend general dental practice, CDS and secondary care settings who have no control over their access to fluoride products (third party help required) and no control over their diet (for example those in residential care). For this, a patient-centred approach is appropriate but it will be influenced heavily (in some cases completely) by carers. Individually tailored dental care plans (self-care plans) are already an aspect of contract reform but to repeat the roll-out of contract reform is unlikely before 2018. Most practitioners will know from their patient base the personal circumstances of their patients and we support the inclusion of this point however most will not be able to introduce an NHS standardised care plan at this stage.	committee agreed and amended the recommendations to reflect these suggestions. Community Dental Services and Secondary Care Services were not the focus of this particular guideline, however, the recommendations may be of interest to these and other specialist dental practitioners.
British Dental Association	Rec 2, second bullet	6	It is important to be aware of the important role that parents and carers play in oral health of some patients but in some cases throughout this section the wording should include "and/or carers".	Thank you for your comment. The committee agreed and have included the word carers and rephrased the appropriate recommendations.
British Dental Association	Rec 2, Bullet four Bullet 5	6	Another sub bullet should be included under bullet 4 " <i>being aware that some patients will need support from others to maintain oral health</i> " Under the sub bullet "being aware that people may need help to find out if they qualify for free or subsidised NHS dental care and how to make a claim", a further sub bullet or addition of the statement is required, that for some patients it can be incredibly difficult to establish their benefit status. This can be the case if they attend with carers who do not have information regarding their finances. Family members can also be unsure as to which benefits the patient receives. It is impossible to start a new course	Thank you for your comment. The committee recognised these concerns and have added examples where appropriate. The draft guidance has been edited and rephrased for readability.

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			of treatment without this information and this can act as a significant barrier to care to a potentially vulnerable group. This point includes examples of two groups in the sub bullets. Special care patients often have specific needs when considering a welcoming environment; patients with challenging behaviour and autism may find the dental environment unsettling, patients in wheelchairs will have specific needs, patients with hearing impairments may require induction loop systems, provision may be needed for bariatric/plus size patients etc.	
British Dental Association	Rec 3 , first bullet, second item and paragraph 4.5 on p18	6	The evidence and learning findings from the contract reform pilot process showed that patient compliance in following self-care plans was a concern. Patients generally liked the preventive system, but it took them time to get used to and practitioners more time to deliver. Regardless of the self-care advice given, some patients will not be keen to follow this approach. All dentists are aware that making every contact count is important in a patient centred approach however all prevention activity should be properly remunerated and time available to deliver this activity.	Thank you for your comments. The committee recognised these concerns and have rephrased these sections of the draft guideline to ensure clarity. They were also aware that the dental contract was in development and likely to be implemented around 2018.
British Dental Association	Rec 4, first and second bullets (including 4.2-4.4 on p17)	8	We suggest that references to incentives and data sharing should be clarified. We would urge that positive incentives are included to demonstrate the importance of the positive nature of prevention and oral health education. With reference to paragraph 4.2 on page 17, the contract reform process has two blends and both contain activity targets which automatically shift the focus away from prevention. The DQOF element of contract reform, once routinely collected, will satisfy the second bullet on page 8 however as discussed for the majority of practices, the reform process won't be rolled out until 2018-19 so this data will not be routinely collected.	Thank you for your comment. The committee recognised these concerns and have clarified the reference. The topic of incentivising dental teams has moved to the section within the guideline about challenges for implementing the guidance: <i>2 The challenge: developing new incentives for general dental teams to improve people's oral health.</i> The range of evidence supporting recommendations is set out in the evidence statements and these in turn

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				link to the evidence reviews on the NICE website . The comment about 4.2 refers to the section in the guideline that sets out the committee discussions and considerations during guideline development. The committee also recognised that the dental contract reforms were in development.
British Dental Association	Sec 3: Cntext	9	If the guideline includes HPV as a risk factor then it should also deal with how dental teams should address this risk.	Thank you for your comment. The draft version has since been further edited to improve readability and clarity. The mention of human papilloma virus (HPV) has now been removed to avoid confusion. We have included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE's guideline on recognition and referral for head and neck cancers
British Dental Association		10	The guideline correctly states that in 2013 only 52 per cent of adults had attended an NHS dentists in the previous 24 months. In view of these data the sentence below should be modified by saying that this means that dental teams are ideally placed to give advice to the population who attend an NHS dentist. It should also acknowledge that dental teams cannot reach the population who do not attend.	Thank you for your comment. The scope of the guideline covers people who attend the dentist. The committee recognised that separate activities would be needed to reach people who do not attend the dentist. Some of these issues were tackled in published NICE guidance about oral health and local authorities: oral health: approaches for local

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				authorities and their partners to improve the oral health of their communities. Also of interest, may be guidance in development about oral health in residential and nursing care .
British Dental Association	Delivering better oral health toolkit	11-16	The extracts from <i>Delivering Better Oral Health</i> should be lifted directly without any editing. The editing that has occurred has changed the emphasis of the messages contained in the original document and omits key information such as the amount of toothpaste which should be used. Sentences such as, “some medications affect gingival health” are a statement of fact. This does not help a dental team with the advice which should be given. The duplication of the toolkit is unnecessary – we suggest that NICE use the toolkit as a reference source as the document, in its present form the guideline is confusing and by no means simple.	Thank you for your comment. The information given in Box 1 was taken from Delivering Better Oral Health (DBOH) 2014. The text in the draft guidance had been edited for structure not for content. However, to improve clarity of the guidance and avoid confusion, we have removed this text box from the guideline and reference and link to the DBOH document at the beginning of the document.
British Dental Association	Para 4.8	18	For many patients, the belief system of carers is also influential on the care of looked-after people.	Thank you for your comment. This section of the document reflects the discussions of the committee as they considered the evidence and issues that arose during guideline development. The committee recognised this concern, but believed the recommendations reflected the importance of understanding dental patients.
British Dental Association	Para 4.10	19	This section should also include carers as this is applicable to looked-after children.	Thank you for your comment. The draft version has been further edited, and this term included, but this section of the document reflects the discussions of

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				the committee as they considered the evidence and issues that arose during guideline development.
British Dental Association	Para 4.17	20	When talking about health inequalities, the guidelines should reference the Marmot review. The suggestion that inequalities in oral health are because people cannot afford a toothbrush is highly simplistic and misleading. Health inequalities are multifactorial and are linked to social determinants of health, e.g. education, housing. Also it is important to highlight the importance of early life interventions in improving health (including oral health) and reducing avoidable health inequalities across the life course.	Thank you for your comment. The committee recognised these concerns and this section has been amended and further edited since the consultation on the draft version. There are 3 pieces of NICE guidance covering oral health, the first of which refers to improving oral health in the local community oral health: approaches for local authorities and their partners to improve the oral health of their communities . This current guideline is the second, publishing towards the end of this year. The third will be published next year but is about oral health in residential care, oral health for adults in care homes .
British Dental Health Foundation	3	9	Referring to oral cancer as the “fastest growing cancer” could suggest that it is the cancer which develops the quickest, which is not correct. Address the wording so that it’s clearer – Incidences of oral cancer are increasing more rapidly than the vast majority of cancers.	Thank you for your comment. The draft guideline has been further edited for readability and clarity. We have also included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE’s guideline on recognition and referral for head and neck cancers

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British Dental Health Foundation	3	15	'Risk factor control' – We would add that these groups should be encouraged to look, and be more observant, for changes in the mouth, with more regular dental visits necessary.	Thank you for your comment. The information given in Box 1 was taken from Delivering Better Oral Health (DBOH) 2014. However, to improve clarity of the guidance, we have removed this text box from the guideline and now reference the DBOH document instead
British Dental Health Foundation	4	17	This needs revision in the light of the propotype contract which is downplaying improvements in health (outcome measures) in favour of treatment activity (outputs) which is likely to act against the recommendations of this guideline.	Thank you for your comment and suggestion. The committee recognised these concerns and took into account that the dental contract was still in development and likely to be rolled out around 2018.
British Dental Industry Association	General		The British Dental Industry Association broadly welcomes the proposals of the draft guideline.	Thank you for your comment.
British Dental Industry Association	1	4	In particular, we support the draft guideline's focus on links between oral health and general health and wellbeing. We would encourage such links to be made as clear as possible throughout the guideline so that messages are communicated clearly to patients.	Thank you for your comment.
British Dental Industry Association	1	4	In addition to advice about oral health's relationship to "general health and wellbeing" this should include advice about links between oral health and more specific conditions. For example, offering advice about links to oral cancer.	Thank you for your comment. We have amended and removed this phrased. We have included reference to the published NICE guideline on cancer referral with the recommendations for dentists in section 1.8 of NICE's guideline on recognition and referral for head and neck cancers .

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British Society of Dental Hygiene and Therapy		9	It should read Dentists, Dental Hygienists and Therapists can check for oral cancer. Not just the remit of the dentist.	Thank you for your comment. This refers to NICE guidance which contains recommendations for dentists in section 1.8 of NICE's guideline on recognition and referral for head and neck cancers .
British Society of Dental Hygiene and Therapy		11	After the recent findings of the European workshop on Periodontology, floss is not recommended. Interdental or interproximal brushes are recommended instead as they are effective. This would need to be reflected in the wording of the advice given to any age group of patients.	Thank you for your comment. The information given in Box 1 was taken from Delivering Better Oral Health (DBOH) 2014. However, to improve clarity of the guidance and avoid confusion, we have removed this text box from the guideline and now reference the DBOH document instead.
British Society of Dental Hygiene and Therapy		15	The relationship between periodontal disease and diabetes is 2 way. They both affect each other.	Thank you for your comment. The information given in Box 1 was taken from Delivering Better Oral Health (DBOH) 2014. However, to improve clarity of the guidance, we have removed this text box from the guideline and now reference the DBOH document instead.
British Society of Dental Hygiene and Therapy	4.7	18	Smoking cessation advice is included in many of the undergraduate curriculums for Dental Hygiene and therapy.	Thank you for your comment.
British Society of Dental Hygiene and Therapy	1	4	The word "during" is misleading. OH advice should be given not during the actual examination but after the assessment has taken place. This can be either by the dentist or they may refer on to the Dental Hygienist or those dually qualified and dental hygiene and therapy.	Thank you for your comment. The committee agreed after considering the evidence reviews and economic analysis that oral health advice should be given during the examination, not added

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				on to avoid taking up extra time.
Brush DJ	4.16	20	<p>There is growing interest in the use of new technology, including phone and tablet apps, to deliver behaviour change interventions. But the Committee noted there was a lack of formal evaluations of their effectiveness.</p> <p>A paper with the title 'The use of a mobile app to motivate evidence-based oral hygiene behaviour' has recently been accepted for publication in the British Dental Journal (BDJ). and is likely to be published in the next 2 months</p> <p>The BDJ have agreed that a proof of the paper pre-publication can be made available to NICE if requested? Please contact me if you would like this to be sent to you.</p>	<p>Thank you for your comment. Unfortunately there was no direct evidence demonstrating the effectiveness of new technologies on oral health behaviour and oral health outcomes, as can be seen in the evidence reviews. Thank you for the paper, which was passed to the external review team for consideration. The committee agreed the wording of the recommendations would remain the same.</p>
County Durham & Darlington NHS Foundation Trust	General		<p>The guidance refers only to general dental practice teams although the vast majority of the content is relevant to ALL dental teams. For example, our Community Dental Service team provides primary care dentistry to groups who simply cannot be seen in general dental practice. We provide, therefore, the main opportunity for dissemination of oral health advice to a cohort of patients who may not see another primary care provider.</p>	<p>Thank you for your comment. Community Dental Services and Secondary Care Services were not the focus of this particular guideline, however, the recommendations may be of interest these and other specialist dental practitioners.</p> <p>This group were out of the scope for this piece of work but may still use the guidelines.</p>
County Durham & Darlington NHS Foundation Trust	Section 3	6-7	<p>Is there any scope for including in the guidance the recommendation that the GDC adopts Oral Health Promotion as one of its recommended subjects?</p> <p>This would encourage the whole team to recognise more formally their responsibility to keep up to date with oral health issues and</p>	<p>Thank you for your comment. Please see the Implementation section which includes some suggestions about the training aspects of oral health promotion.</p>

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			also help with development of a framework for monitoring lifelong learning in this area.	
County Durham & Darlington NHS Foundation Trust	General		This document is also relevant to OHP Advisory Teams who have responsibility for the education and training of Dental Care Professionals.	Thank you for your comment. We have added a phrase to clarify that although this guidance is aimed at general dental practice teams, recommendations may be of interest of other dental practitioners in other settings.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you for your comment.
Lancashire Care NHS Foundation Trust		12	Page 12 – Box 1, under the information for ‘All children aged 3-6 years’ the 2 nd bullet point needs to say ‘Brush last thing at night and on at least one other occasion’	Thank you for your comment. The information given in Box 1 was taken from Delivering Better Oral Health (DBOH) developed by Public Health England 2014. However, to avoid confusion, we have removed this text box from the draft guideline and now reference and link directly to the DBOH document instead.
Lancashire Care NHS Foundation Trust		14	Page 14 – Box 1, ‘All adults and children’ Tooth brushing and toothpaste the first sentence needs to say ‘Brush gum line and each tooth at least twice daily etc	Please see previous response about DBOH Box 1.
NHS England	General		I wish to confirm that NHS England has no substantive comments to make regarding this consultation	Thank you for your comment.
Public Health England	General		Public Health England (Phe) as a registered stakeholder	Thank you for your comment.

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			organisation is pleased to be given the opportunity to comment on the draft guidance. The guidance will be extremely useful and is very welcome and timely.	
Public Health England	General		<p>The title of the guideline does not seem to accurately reflect the content of the guideline.</p> <p>The guideline focuses on oral health education and advice within a practice setting rather than the broader definition given in the title of oral health promotion.</p> <p>In addition the information is relevant to those working in all branches of dentistry therefore rather than general dental practice the use of the term dental teams may be more appropriate.</p> <p>The terminology used throughout needs to be defined and then to be consistent. The guideline is about – how to effectively deliver oral health advice as stated on page 17 however throughout the guideline is referred to as oral health promotion.</p>	<p>Thank you for your comment.</p> <p>The committee recognised your concerns but NICE were unable to change the title of the guideline as ‘promotion’ better reflects the recommendations and the intention of the original referral from the Department of Health.</p> <p>We have added a phrase to clarify that although this guidance is aimed at general dental practice teams, recommendations may be of interest to other dental practitioners in other settings. The draft guideline has been further edited to improve readability and clarity.</p>
Public Health England	General		<p>The guideline seems to be fairly introspective, thinking within the traditional mind-set of NHS dentistry. It would be helpful if the guidance drew more broadly on interventions used in the management of other common disease processes such as diabetes. This would enable transferrable learning from the identification of common themes from other interventions effectively delivered by health care professionals in a primary care setting.</p> <p>Exploiting the different ways of working as described in the NHS five year plan.</p>	<p>Thank you for your comment.</p> <p>The committee recognised these concerns and carefully considered where extrapolating applicable evidence from interventions relevant to oral health outcomes would be feasible. The evidence presented within the reviews demonstrates the depth and range of research covered, with clear indications of the quality, uncertainty and the</p>

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				applicability of the evidence considered by the committee. The evidence reviews, including the economic analysis and other relevant documents to inform this guideline are here . The NICE guidelines manual here provides further information about how NICE identifies and interrogates evidence, taking into account uncertainty.
Public Health England	General		It would be advantageous if the document more formally recognised the different challenges faced by communities and advised dental practices of data sources to enable them to have a greater understanding of the communities they were serving. This could take the form of child health profiles for local authorities or indeed local oral health needs assessments. These could be used to help inform dental practices of the more detailed characteristics of their local community, highlighting such factors as the proportion of children living in poverty, those families in receipt of income support, and those children who are in receipt of free school meals.	Thank you for your comments. These issues are discussed in a separate piece of oral health guidance published by NICE in October 2014 oral health: approaches for local authorities and their partners to improve the oral health of their communities . This current guideline is the second piece developed by NICE, publishing towards the end of this year. The third will be published next year and is about oral health in residential care, oral health for adults in care homes . The committee were aware of the previous publication and recognised that these particular issues were out of scope for this guideline.
Public Health England	General		The guideline should refer to diversity to recognise the need to meet the needs of the whole range of people in society, e.g. people	Thank you for your comment. The committee considered this suggestion

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			with learning disabilities, different ethnic groups, people with mental health problems transsexuals etc.	but agreed it was unclear how this further detail would enhance the current recommendations for dental practice teams.
Public Health England	What is the guideline about	1	What is the evidence that carrying out actions in the first 2 bullet points will reduce the risk of rheumatoid arthritis	Thank you for your comment. The aim of this wording was to draw attention to additional potential health benefits by considering a common risk factor approach, but this sentence has been removed to avoid confusion. The evidence reviews and other relevant documents to inform this guideline are here and the NICE methods manual for guideline development may be found here . The draft version has been further edited and amended to improve readability and clarity.
Public Health England	What is this guideline about	1&2	Although referencing the association with deprivation there is a need to set the context of this guideline (and perhaps reference PH55) with regard to its contribution to oral health improvement emphasising the importance of additional upstream action to ensure that inequalities are addressed and not widened.	Thank you for your comment. The committee recognised these concerns, but national policy is outside the scope of this work. The draft guideline has been further edited for readability and clarity. Additional guidelines relevant to these issues raised are oral health: approaches for local authorities and their partners to improve the oral health of their communities and are now at the front of the document. This current guideline is the second piece developed by NICE,

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				publishing towards the end of this year. The third will be published next year and is about oral health in residential care, oral health for adults in care homes .
Public Health England	Definitions	2	The document makes reference to the fact that gum disease is related to poor oral hygiene and gingivitis. This is the case for a proportion of the population but there are a small group of individuals who have a genetic disposition to periodontal disease and this should be identified somewhere in the document	Thank you for your comment. The committee considered this suggestion but did not agree that the detail suggested would help clarify the guideline.
Public Health England	What is this guideline for?	2	It is important that the whole health and social care workforce are aware of evidence based oral health advice. This could be included in the last sentence i.e. ' <i>In addition the guideline will be of interest to the wider health and social care workforce as part of the MECC agenda and to members of the public</i> '.	Thank you for your comment. The committee recognised this concern but were unclear how this detail would add clarity to the guideline. However, they were aware that this group would be covered in the oral health: approaches for local authorities and their partners to improve the oral health of their communities . Also, guidelines in development about oral health in residential care, oral health for adults in care homes .
Public Health England	Rec 1	4&5	First bullet second – insert <i>appropriate</i> fluoride products	Thank you for your suggestion. The committee considered this suggestion but decided not to narrow the reference to fluoride by adding 'appropriate'.
Public Health England	Rec 1	5	First bullet refers to messages in a variety of formats using different media would be useful to expand on this. In section 4.16 the	Thank you for your comment. The committee recognised these

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			<p>committee comments on lack of formal evaluations. Did this also include evaluations from the wider health literature as well?</p> <p>Text messaging has been evaluated with regard to management of LTC and weight loss these methods look promising and it would be useful for the committee to comment more clearly on their effectiveness and emerging literature.</p> <p>Dental practices widely use text messaging for appointment reminders and it would be useful to know what is the potential of this as a method of giving oral health advice?</p> <p>The start for life programme is already using this methodology for young mothers on a national basis what evidence underpinned this?</p>	<p>concerns but agreed that the original recommendation was appropriately phrased to reflect the uncertainty of the evidence as it related to oral health outcomes. The evidence reviews, economic analysis and other relevant documents to inform this guideline are here and the NICE methods manual for guideline development may be found here.</p>
Public Health England		5	<p>The sentence:- 'For example, in addition to brief verbal advice, this could include telling people about other suitable resources'. Could be changed to- For example, in addition to brief verbal advice, this could include telling people about other suitable resources or reinforcing verbal advice with written resources or through other media</p>	<p>Thank you for your comment and suggestion, some examples have been included to clarify the recommendation.</p>
Public Health England		5	<p>In addition to the reference to NICE guideline on smoking cessation services 'Smoke free and smiling' PHE 2014 should also be referenced and the relevant section of DBOH</p>	<p>Thank you for your comment. The reference to DBOH has been moved to the front of the document and is now linked to the original document. The link to NICE guidance on smoking cessation (or any other relevant NICE guidance) is part of standard wording for NICE guidelines. Other resources may be listed in the section of the guideline that refers to challenges to implementing</p>

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				recommendation or could be endorsed by NICE through the accreditation team. Please see this link on the NICE website http://www.nice.org.uk/about/what-we-do/accreditation
Public Health England		5	<i>Change suggestion;</i> The sentence:- Provide details of other local services that can help improve their general health and wellbeing, as appropriate. be changed to- Signpost to other local services e.g. Alcohol services that can help improve general health and wellbeing, as appropriate. Where possible participate in supporting referrals to public health services. (patients seen at dental practices differ to those seen regularly at GMP practices)	Thank you for your comments. This suggestion was considered by the committee but not included. The committee was unclear how practitioners could refer to local services for concerns about alcohol use which may not be consistent in many areas, whereas smoking cessation services are well established.
Public Health England	Rec 2-	5	<i>Adopt a patient centred approach to oral health</i> It would be helpful to provide either the whole document or a summary of the NICE quality standards for patient experience in adult dental services so readers can see the relevant section of the documentation	Thank you for your comment. Unfortunately it's not possible to embed whole documents within a NICE guideline. However, guidelines are designed to be represented in a digital format on the website with links to other NICE publications or products. This digital presentation allows seamless linking between guidelines and pathways.
Public Health England		6	Encourage the whole team to develop a good relationship with patients so they can help them maintain good oral health. All staff,	Thank you for your suggestion. The committee recognised these

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			including reception and support staff, should understand the importance of creating a welcoming environment for everyone. This includes: Please add the following as a bullet point People who are vulnerable and have a protected characteristic	concerns and considered this suggestion. However, they were unclear how adding this detail would clarify the recommendation further.
Public Health England	Rec 3	6	Dental teams should be aware of the evidence of links between general and oral health	Thank you for your comment.
Public Health England		7	The section under the first bullet outlining key actions from NICE behaviour change guideline. It would be good to expand this section and link to the helping your patients to change behaviour section in DBOH.	Thank you for your comment. The committee considered this suggestion but decided it was unnecessary to include this detail in the recommendation. The DBOH document is now referenced and linked at the front of the guidance and referenced within the committee discussion section. The link to NICE guidelines on behaviour change is standard and also included.
Public Health England			Reference should be made to working with other health and social care professionals	Thank you for your suggestion. The committee recognised this concern but were unclear how this detail would add clarity to the guideline. However, they were aware that this group would be covered in the oral health: approaches for local authorities and their partners to improve the oral health of their communities . Also, guidelines in development about oral health in residential care, oral health for adults in care homes .

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Public Health England			Professionals giving oral health care advice need to have a current Personal Development Plan in order to keep up-to-date with new evidence on oral health improvement.	Thank you for your comment. The committee recognised this concern which is set out in a new Section 2, challenges for implementation.
Public Health England	Box 1		Learn about oral health promotion messages (see box 1). This includes The bullets that follow do not relate to the content in box1 which includes an edited table from DBOH with evidence based oral health advice. It is also important to note that DBOH also includes evidence based interventions to improve oral health not listed here.	Thank you for your comment. The draft guideline has been further edited for clarity and readability. This section has been amended and Box 1 removed. DBOH is now referenced and linked at the beginning of the guideline. The table was edited for structure not content, but this table has been deleted to avoid confusion.
Public Health England	Rec 4	8	The draft guidance refers to provision of incentives to encourage patients to look after their own oral health. This needs expansion and clarity are the incentives for the patient or the practice? There are currently dental practices commissioned using blended contracts is there any evidence of improved outcomes for patients? The DH dental contract reform programme is currently testing prototypes with an emphasis on prevention. The inclusion of Local Professional Networks, peer review and clinical engagement groups linked to these networks could be included in the guidance as effective vehicles for dental practices to share and compare prevention based activity and experience. Under the current contract Band 1 payment in NHS (Dental charges). Regulation 2005	Thank you for your comment. The committee recognised concerns about encouraging patients towards self-care and the draft guideline has been further amended and edited. The issue about incentives for practitioners in the guideline has been clarified and moved to the section about challenges for implementing guidance. See ' <i>encouraging a preventative approach for oral health</i> '. With regard to LPNs, this issue was discussed in NICE guidelines published last year in oral health: approaches for

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			http://www.legislation.gov.uk/ukxi/2005/3477/made . Both 'Instruction in prevention of dental and oral disease including dietary advice and dental hygiene instruction' and 'surface application as primary preventive measure of sealants and topical fluoride preparations' are included under Band 1 payment.	local authorities and their partners to improve the oral health of their communities which is now linked in the current guideline. Guidelines in development about oral health for adults in care homes may also be of interest. The committee also recognised concerns about the dental contract and took into account this was still in development and likely to be rolled out around 2018.
Public Health England		8	It would be helpful to include a summary description of what activities Local authorities and their partners should be doing to improve the oral health of their communities (PH55 and CBOH). Commissioners alignment of services with national and local activities need to be based upon an assessment of what is taking place locally	Thank you for your comment. The draft guideline has been further edited for readability and clarity. Reference to CBOH has been included and additional references to relevant guidelines including oral health: approaches for local authorities and their partners to improve the oral health of their communities are now at the front of the document. Guidelines in development about oral health for adults in care homes may also be of interest.
Public Health England			Which data are practices going to use to benchmark with other practices and how robust/valid is the data?	Thank you for your comment. The committee agreed this was confusing and have amended. The intention was to encourage dental teams to compare their performance on prevention with other similar practices.

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Public Health England	2 Who should take action	8	The document might make mention of individuals such as health trainers who might also be involved 1:1 oral health improvement work and indeed the wider health and social care workforce as appropriate	Thank you for your suggestion. The committee recognised this concern but were unclear how this detail would add clarity to the guideline. The committee were aware that this group would be covered in the oral health: approaches for local authorities and their partners to improve the oral health of their communities . Also, guidelines in development about oral health in residential care, oral health for adults in care homes .
Public Health England	3 Context/ background	8&9	This section is poorly written and needs redrafting	Thank you for your comment. The draft document has since been amended and edited.
Public Health England		8	<i>Poor oral health can be painful.</i> This sentence seems a little odd and could be restated with regard to the impact of poor oral health, the statement should also include the significant financial impact if taken in the context of programme budgets this is a really significant spend for a preventable disease. This is mentioned later but would sit better in this introductory section	Thank you for your comment. The draft document has since been amended and edited.
Public Health England		9	The draft guidance makes reference to increased levels of retention of natural teeth. The significance of retention of natural teeth into older age alongside co-morbidities and increased frailty could be usefully emphasised. This is a huge challenge for dentistry and an important focus for prevention in the practice setting. The importance of prevention for this group and vulnerable groups could be highlighted more clearly throughout the guidance	Thank you for your comment. The committee recognised these concerns. Additional relevant guidelines including oral health: approaches for local authorities and their partners to improve the oral health of their communities are now at the front of the document.

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				Guidance about oral health for adults in care homes is also in development.
Public Health England		9	The reference to the Adult Dental Health survey (2009) is not properly reported in its second citation and data from the National Child Dental Health Survey 2013 is reported but not cited.	Thank you for your comment. This has been amended.
Public Health England		9	The 2009 dental health survey found, the last sentence 'If left unchecked, it can be expensive to treat'. Is the guideline referring to dental caries or gum disease?	Thank you for your comment. This has been amended.
Public Health England		9	<i>In addition oral cancer is one of the UKs fastest growing cancers.</i> This sentence could mean that oral cancers grow and develop quickly or that the incidence is increasing it needs to be more clearly stated. Growing evidence that HPV is a factor- this statement is vague can the committee be clear re what the evidence says re HPV and oral cancer. The reference link is entitled 'potentially HPV related'	Thank for your comment. The draft version has since been further edited to improve readability and clarity. The mention of HPV this has now been removed to avoid confusion. We have included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE's guideline on Suspected cancer: recognition and referral .
Public Health England	3 Variations in oral health	10	Severe tooth decay needs to be defined The association with social deprivation should be referenced to the PHE 5 and 3 year old surveys which give the percentage of the variation explained by social deprivation. http://www.raceequalityfoundation.org.uk/resources/downloads/oral-health-and-access-dental-services-people-black-and-minority-ethnic-groups The link above may be useful re oral health and ethnicity the statement as it stands does not consider the broader context and issues.	Thank you for your comment. We have deleted 'severe'. The committee recognised these concerns about socioeconomic deprivation, ethnicity and context. They agreed these were complex issues and could be misinterpreted, so have amended recommendations. The background and context sections have also been rephrased and edited further to

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			The chronic medical conditions bullet references a document on disability and oral health.	improve readability and clarity. The reference to chronic medical conditions has been amended.
Public Health England	3 NHS dental services	10&11	<p>The first paragraph states attendance in dental practice of both adults and children. Whilst the majority attend it is important to note that for those who do not attend other programmes to support oral health improvement should be available. This is particularly important for the vulnerable groups that we know are less likely to attend. The 24 month attendance data for the very young (0-2year olds) is much lower than the average for all children and this is the group that if we are to give children the best start in life should be encouraged to attend with their parents/carers.</p> <p>The last paragraph on page 10 needs re wording e.g. <i>including oral health disease?</i></p> <p>The rest of this section reports on advice given or not given to patients, it is not clear what the relevance of this section is, are there any useful conclusions to be drawn?</p>	<p>Thank you for your comment. People who do not attend the dentist were not included in the scope of this work. Other oral health guidelines may be relevant (see below). This section offers background information to the guideline and the referral, but has since been edited to improve readability and clarity. Additional relevant guidelines including oral health: approaches for local authorities and their partners to improve the oral health of their communities are now at the front of the document. Guidance about oral health in residential and nursing care is also in development.</p>
Public Health England	3 Delivering better Oral Health	11-16	<p>A summary of the Delivering Better Oral Health guidance is presented. Although the guidance focuses on advice, the guidance could usefully highlight professional interventions such as prescribing high fluoride toothpaste – particularly to higher risk adults. A dental practitioner reading the guidance could easily miss a prompt to consider this intervention, which has a strong evidence base.</p> <p>It would be helpful to include an indication of strength of evidence alongside the summary of Delivering Better Oral Health guidance.</p>	<p>Thank you for your comment. The information given in Box 1 of the draft guideline was taken directly from Delivering Better Oral Health (DBOH) 2014 and the table was edited for structure and form, not content. However, to avoid confusion Box 1 has been removed and the DBOH document is referenced and linked at the front of</p>

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			This would help dentists / Dental Care Professionals who may need to prioritise the advice and guidance they give to patients – many patients may only be able to take on board one or two pieces of advice so some means of ranking would be useful.	the guideline.
Public Health England		12	Fluoridated toothpaste should be fluoride toothpaste Photos of smear and pea may be useful	Thank you for your comment. The information given in Box 1 of the draft guideline was taken from Delivering Better Oral Health (DBOH) 2014 and the table was edited for structure and form, not content. However, to avoid confusion Box 1 has been removed and the DBOH document is referenced and linked at the front of the guideline.
Public Health England		15&16	Box 1 does not accurately reproduce the summary tables from DBOH- this needs to be amended The risk factors of tobacco, diabetes and medications are relevant to periodontal disease this is not clear in the table they look like separate risk factors for poor oral health in general not in the context of perio disease The top of page 16 should have heading prevention of oral cancer Followed by the headings from DBOH of; Evidence based advice about smoking and tobacco use Evidence based advice about alcohol Evidence based advice about healthier eating	Thank you for your comment. The information given in Box 1 of the draft guideline was taken from Delivering Better Oral Health (DBOH) 2014. However, to avoid confusion Box 1 has been removed and the DBOH document is referenced at the front of the guideline.
Public Health England	4 Considerations	17	4.1 this guideline focuses on how to effectively deliver oral health advice- this is the language that should be used throughout however 'oral health promotion' is used interchangeably when they have quite different meanings there is a need to be clear re definitions and to be consistent throughout.	Thank you for your comment. The draft version of the guideline has been further edited for readability and clarity. NICE guidance on improving community oral health was published last

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			<p>Although community interventions are beyond the remit of the guideline they are important in terms of the context. 1 to 1 advice has limitations and these should be put in context of wider oral health improvement interventions.</p> <p>4.2 The statements regarding the contract are perhaps premature the statements should quote what the DH have stated in the prototype pilots documents which are available on line.</p> <p>4.4 Is there any evidence to support the statement made that dentists are reluctant to carry out BI and sign posting because patients are less likely to return if they do not follow it? Alcohol and smoking VBA is covered in DBOH</p>	<p>year oral health: approaches for local authorities and their partners to improve the oral health of their communities and may also be of interest. Guidance about oral health in residential and nursing care is also in development.</p> <p>This particular section of the guideline reflects the committee discussion and considerations during guideline development.</p> <p>Delivering Better Oral Health (PHE 2014) is now referenced at the front of the document.</p>
Public Health England	Behaviour change	18	<p>This section is not helpful in terms of describing what is best practice to support patients changing behaviour. There is a new chapter on behaviour change in DBOH does NICE support this as best practice?</p> <p>Reference to training dentists in delivering good oral health promotion equally applies to all members of the dental team.</p>	<p>Thank you for your suggestions.</p> <p>The committee considered your suggestion and as the DBOH document is referenced and linked at the beginning of the document, this was considered sufficient detail. There is a reference to DBOH in the discussion section in the guideline.</p>
Public Health England	Evidence	19&20	<p>There is no mention of the Carr and Ebert 2013 Systematic review on tobacco interventions</p> <p>4.13 Why were interventions related to diet and smoking outside the scope of the review?</p> <p>4.16 Did the committee include general health social media interventions including the management of long term conditions such as diabetes? It is disappointing that this is the extent of the comment in the review and indeed contradicts recommendation 1</p>	<p>Thank you for your comments.</p> <p>The methods and processes that NICE follows to develop recommendations are set out in the Developing NICE guidelines: the manual on the website.</p> <p>As mentioned previously, the evidence reviews did not identify any effectiveness studies demonstrating the direct impact</p>

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				of social media interventions on oral health outcomes. The evidence reviews, economic analysis and other relevant documents to inform this guideline are here The scope of the work was available for public consultation on the NICE website between May and June 2014, and a call for evidence issued by the review team October 2014.
Public Health England	Health Inequalities	4.17	This statement regarding the cost of brushes and paste is inappropriate as an opening statement on health inequalities which are multifactorial and linked to social determinants of health. The key reference here is Marmot and would give the context that this guideline needs with regards to the wider determinants and upstream policy action to impact on oral health improvement. Dental teams also have a role to play with regard to advocacy for population approaches that have evidence of effectiveness.	Thank you for your comment. The committee recognised this concern and the draft guideline including this section and others throughout have been further edited for readability and clarity. Upstream interventions aimed at influencing national policy are outside the scope of this work. The draft guideline has been further edited for readability and clarity, additional relevant guidelines including oral health: approaches for local authorities and their partners to improve the oral health of their communities are now at the front of the document. Other guidelines in development may be of interest and are oral health in residential care, oral health for adults in care homes .
Public Health England	Health		This section of the document is somewhat confusing. Whilst	Thank you for your comment. Due to the

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	economics		realising that evidence is not widely available, what can be stated with a degree of confidence? There is a statement that this section will be completed in the final document it would be helpful if this could have some clear statements. What can be said with regard to return on investment?	lack published economic evidence, two models were developed one for children and one for adults. The intervention modelled for children - group counselling for parents of young children - is only cost effective for children at high risk of tooth decay. Similarly, an exploratory analysis of three other interventions which varied in intensity suggested they might be cost effective but again only in children at high risk of tooth decay. The intervention modelled for adults – adding an oral education programme to standard non-surgical treatment for gum disease - was not cost effective. Overall, given uncertainty around the costs and/or effectiveness of the interventions modelled and concerns over their delivery in routine care, the committee were not confident the interventions would be cost effective. With regard to Return on Investment, it is not currently part of the NICE process. The purpose of NICE economic analyses for guideline development is to determine the cost effectiveness of interventions. The reference to the section being completed refers to all of the committee discussion section, but we hope the

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				above information is helpful.
Royal College of Physicians and Surgeons of Glasgow	Definitions	P2	Tooth decay and Gum disease are explained/defined, so we think Oral cancer should be explained too. Perhaps the following paragraph could be considered “Oral cancer, also known as mouth cancer, usually arises from the lining of the mouth and thus is amenable to detection by the dentist on a visual screening of the mouth. Alcohol and tobacco use are associated with the majority of such cancers, These risk factors can be assessed by the dentist. Unfortunately survival has not greatly improved over the last 30 years .Unlike many other cancers (which have shown a decline), oral cancer rates have trebled over the same time period”	Thank you for your comment. The committee discussed this, but decided that with the publication of the new NICE guidelines on oral cancer and recommendations for dentists it was not necessary to add further detail to this particular guideline. We have included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE’s guideline on Suspected cancer: recognition and referral .
Royal College of Physicians and Surgeons of Glasgow	1. Offer brief oral health advice	P5	One recommendation is to “Identify and record whether someone uses tobacco”. Should there not be a similar recommendation in relation to alcohol?	Thank you for your comment. This suggestion was considered by the committee but not included. The committee decided it was unclear how practitioners could refer to local services about alcohol use which are not available in many areas, whereas smoking cessation services are well established.
Royal College of Physicians and Surgeons of Glasgow	ditto	P5	Should GDP’s not be recording BMI as a routine?	Thank you for your comment. The committee considered your suggestion, but agreed this was outside the scope of the current work.
Royal College of	3.	P9	End of 5 th para. Left unchecked it can be expensive to treat. Add “	Thank you for your comment.

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Physicians and Surgeons of Glasgow	Background		and may lead to loss of teeth”	This sentence has been amended.
Royal College of Physicians and Surgeons of Glasgow		P9	There should be reference to the alarming rate of GA's given to children for tooth extraction, as recently reported in Dental Update (May 2015 Vol 42 p305)	Thank you for your comment. The committee recognised these concerns. This particular issue was discussed in NICE guidelines published last year and recommendations developed accordingly. There are 3 pieces of NICE public health guidance covering oral health, the first published in 2014 and refers to improving oral health in the local community oral health: approaches for local authorities and their partners to improve the oral health of their communities . This current guideline is the second, publishing towards the end of 2015. The third will be published in 2016 but is about oral health in residential care, oral health for adults in care homes .
Royal College of Physicians and Surgeons of Glasgow		P9	Insert that the attributes of a clinician that are likely to result in early detection of a mouth cancer include ‘ Asking about risk factors, taking a history of the lesion, knowledge of referral guidelines and confidence ‘	Thank you for your comment and suggestion, but this is outside the scope of this guideline. We have included reference to the latest NICE guideline on referrals for cancer including the recommendations for dentists in section 1.8 of NICE's guideline on recognition and referral for

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				head and neck cancers
Royal College of Physicians and Surgeons of Glasgow		P9	Work by Simon Shepherd (Dundee) has shown that giving dentists key alcohol questions from FAST and a persuasive message is more likely to identify drinking over safe limits	Thank you for your comment.
Royal College of Physicians and Surgeons of Glasgow	Box 1 Prevention of caries age 0-3 and 3-6	P12	Children should be encouraged to simply drink water	Thank you for your comment. The information given in Box 1 of the draft guideline was taken from Delivering Better Oral Health (DBOH) 2014. However, to avoid confusion Box 1 has now been removed and the DBOH document is referenced and linked at the front of the guideline. NICE guidance published in 2014 may be of interest and refers to improving oral health in the local community oral health: approaches for local authorities and their partners to improve the oral health of their communities.
Royal College of Physicians and Surgeons of Glasgow	Box 1 Alcohol Recommended levels May 2014	P16	Insert in 3 rd bullet point , after the words ‘2 days’ insert “ a week, but especially”, as the UK Government have said that all people should avoid alcohol for at least 2 days a week to prevent tolerance developing	Thank you for your comment. The information given in Box 1 of the draft guideline was taken from Delivering Better Oral Health (DBOH) 2014. However, to avoid confusion Box 1 has now been removed and the DBOH document is referenced and linked at the front of the guideline.
Royal College of Physicians and Surgeons of Glasgow	Box 1 below	P16	We think the statement regarding sugar “The frequency and amount of sugars should be reduced” is far too vague. Specifics need to be	Thank you for your comment. The information given in Box 1 of the

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Surgeons of Glasgow	alcohol		inserted, as each person has a different idea on what is a large amount of sugar.	draft guideline was taken from Delivering Better Oral Health (DBOH) 2014. However, to avoid confusion Box 1 has now been removed and the DBOH document is referenced and linked at the front of the guideline.