

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### Oral health promotion: general dental practice

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### 1.0 Scope: before consultation

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

A potential equality issue identified in the draft scope is that the effectiveness and cost-effectiveness of the interventions may vary according to the diversity of the population on the following characteristics protected by the Equality Act 2010: age, gender, ethnicity, religion, and physical or mental disabilities.

*Age:* Men and older people are less likely to try to make a dental appointment (The Health and Social Care Information Centre 2011).

*Race:* The draft scope had noted that belonging to a family of Asian origin and living with a Muslim family in which the mother speaks little English are factors associated with severe tooth decay (Rayner et al. 2003).

*Pregnancy and maternity:* Pregnant and breastfeeding women are at increased risk of gum disease.

*Other potential issues are:* education level, fluency in English and socio-demographic factors.

The scope has acknowledged that wide variations in oral health exist across England, with the prevalence of tooth decay among children aged 5 years ranging from 12.5% in Brighton and Hove to 53.2% in Leicester (Public Health England 2013).

Additional factors associated with severe tooth decay include living in a deprived

## 1.0.7 DOC EIA

area; being from a lower socioeconomic group or living with a family in receipt of income support (Rayner et al. 2003). The 'Adult dental health survey 2009' reports that there is a clear socioeconomic gradient. For example, people from managerial and professional occupation households have better oral health (91%) when compared to people from routine and manual occupation households (79%). It also reports that cost remains a barrier to accessing dental care, with 19% reporting this as the reason for delaying attendance.

In terms of population, adults and children who do not attend dentists will not be covered in this guideline.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Appendix B of the scope outlines the issues the Committee need to take into account and the above issues will be brought to their attention for their consideration.

Completed by Developer: Lakshmi Murthy

Date: 14 March 2014

Approved by NICE quality assurance lead: Simon Ellis

Date: 14 March 2014

## 1.0.7 DOC EIA

### 2.0 Scope: after consultation

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Stakeholders noted that certain types of oral diseases are known to be higher among some black and minority ethnic groups not just those from Asian background.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Following consultation, the scope was amended to reflect that certain types of oral disease are known to be higher among some black and minority ethnic groups not just those from Asian background.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- Large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No

Updated by Developer: Lakshmi Murthy

Date: 6 June 2014

Approved by NICE quality assurance lead: Simon Ellis

Date: 6 June 2014

## 1.0.7 DOC EIA

### 3.0 Guideline development: before consultation

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

#### **Section 1 of the draft guideline:**

In recommendation 1 of the draft guideline it is stated that dentists and dental care professionals should ensure advice is tailored to meet individual needs, for example an individual's social and economic factors.

In recommendation 2 of the draft guideline it is stated, as part of a patient-centred approach to oral health, dentists and dental care professionals should ensure that they understand the cultural, environmental and economic barriers to good oral health.

In recommendation 3 of the draft guideline it is stated that as part of initial training and continuing professional development, dentists and dental care professionals should receive information and develop skills on conveying advice that promotes good oral health. This includes addressing health inequalities by tailoring interventions to people's specific needs, including their cultural, social and economic needs and other 'protected characteristics'.

#### **Section 4 of the draft guideline:**

In the considerations section of the draft guideline, the Committee recognised that for some people the cost of dental care may be prohibitive.

#### **Section 5 of the draft guideline:**

Under 'Recommendations for research', it is stated that 'All research should aim to identify differences in effectiveness among groups, based on characteristics such as socioeconomic status, age, gender and ethnicity'.

## 1.0.7 DOC EIA

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The Committee noted that those with mental illness and their children should be considered in the equality impact assessment.  
The Committee noted in the considerations section that there are large inequalities in oral health and it varies according to factors such as age, ethnicity, socioeconomic group and geographical location.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The Committee's considerations of equality issues are within the recommendations and consideration sections of the draft guideline.

The draft guideline has also outlined that the recommendations should be implemented in light of duties set out in the [Equality Act 2010](#).

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

## 1.0.7 DOC EIA

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No

Completed by Developer: Lakshmi Murthy

Date: 30 April 2015

Approved by NICE quality assurance lead: Simon Ellis

Date: 8 May 2015

## 1.0.7 DOC EIA

### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Stakeholders raised additional potential equality issues in relation to age, race, disability, vulnerable groups and socio-economic status. The issues raised during the consultation and how these have been addressed are as follows :

#### 1. Recommendations:

- Recommendation 1 (of the draft guideline) stated '*Offer brief oral health advice during all routine examinations*'. Stakeholders noted that brief oral health advice should not be restricted to those patients undergoing routine examinations, who are already exhibiting health-seeking behaviour. This would miss out on 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 inequalities. In light of this, the word 'routine' has been deleted from the recommendation heading and has been amended to *Oral health advice given by dentists and dental care professionals* in the final guideline.
- Recommendation 2 (of the draft guideline) *Adopt a patient-centred approach to oral health* : Stakeholders noted that as part of creating a welcoming environment the needs of people with special care needs should be considered. It was also noted that for some people it is difficult to establish their benefit status and this can be a significant barrier to care for a potentially vulnerable group. In light of these comments, recommendation 1.2.1 in the final guideline includes a bullet point to highlight that as part of a patient-centred approach the needs of children and adults with a physical or sensory impairment should be considered and recommendation 1.2.7 recognises that there are economic barriers to good oral health.

#### 2. Context

- It was noted that the significance of retention of natural teeth in older age alongside co-morbidities and increased frailty could be emphasised as this is an important focus for prevention in the practice setting. Stakeholders were advised that the population is covered in PH55 (oral health: approaches for local authorities and their partners to improve the oral health of their communities) and the forthcoming guideline on improving oral health in

## 1.0.7 DOC EIA

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

residential and nursing care.

- Stakeholders noted that the guideline needs to be clear that other ethnic minorities (not just Asian) are at risk of dental decay as this is misleading and ethnicity alone is not linked to deprivation. It was also noted that the link between levels of decay in Black, Asian and Minority ethnic groups and deprivation needs to be made. In relation to the first point, the committee agreed that the issue of ethnicity and oral health should not be detailed in the guideline as there are broader issues and context that need to be considered. In relation to the issue of links within Black, Asian and Minority ethnic groups, stakeholders were advised that the issues are too complex to outline in this particular guideline.

### 3. Considerations section (in the draft guideline):

- In the draft guideline (behaviour change section), the committee had noted the important influence of parents' attitudes and behaviours, in setting oral health behaviours in children. Stakeholders noted the role of carers needs to be considered as well and this suggestion has been incorporated within the relevant section (now The Committee's discussion) and in recommendations 1.1 and 1.2.
- Stakeholders noted that within the health inequalities section, the guideline needs to recognise that health inequalities in oral health are multifactorial and are linked to social determinants of health (e.g. education, housing) . This section of the guideline has been rephrased to make this clearer.

Another issue stakeholders raised was that there was a potential for creating a greater inequality if advice was given only to those who attend general practice - as this would increase inequalities between those that do and those that do not attend general dental practice and hard to reach members of the population would continue to miss out on the service. The committee considered this issue but 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.

It was also noted that the guideline should refer to diversity and the need to meet the needs of a whole range of people in society, e.g. people with learning disabilities, different ethnic groups, people with mental health problems, transsexuals etc. This suggestion was considered but it was unclear how this further detail would enhance the current recommendations.

## 1.0.7 DOC EIA

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

No

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

## 1.0.7 DOC EIA

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Yes – please see the committee's discussion section of the guideline.

Updated by Developer \_\_\_ Lakshmi Murthy\_\_\_\_\_

Date\_\_\_\_\_ 15 October 2015\_\_\_\_\_

Approved by NICE quality assurance lead

Fiona Glen\_\_\_\_\_

Date\_24/11/15\_\_\_\_\_

## 1.0.7 DOC EIA

### 5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Not Applicable.

Approved by Developer \_\_\_Lakshmi Murthy\_\_\_\_\_

Date\_\_\_\_\_23 November 2015\_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_

Fiona Glen\_\_\_\_\_

Date\_\_24/11/15\_\_\_\_\_

**1.0.7 DOC EIA**