

**Oral health promotion approaches for dental teams Public Health  
Advisory Committee meeting**

**Date:** 23/01/15

**Location:** Broadway House, Tothill Street, London SW1H 9NQ

**Minutes:** Final

<b>Committee members present:</b>		
Susan Jebb (Chair)		(Present for notes 1-14)
Ben Atkins – topic member		(Present for notes 1-14)
Mireia Jofre Bonet - core member		(Present for notes 3 - 5)
Perpetua Chisenga – community topic member		(Present for notes 1-14)
Gillian Davies – topic member		(Present for notes 1-14)
Rebecca Harris – topic member		(Present for notes 1-14)
Alison Lloyd – community core member		(Present for notes 1-14)
Mandy Murdoch – topic member		(Present for notes 1-14)
Chris Packham – core member		(Present for notes 1-14)
Toby Prevost – core member		(Present for notes 1-14)
Joyce Rothchild – core member		(Present for notes 1-14)
Michael Wheeler - topic member		(Present for notes 1-14)
Lucy Yardley – core member		(Present for notes 1-14)

<b>In attendance:</b>		
<b>Contractors:</b>		
Jo Lord	Brunel University	(Present for notes 1 – 14)
Louise Longworth	Brunel University	(Present for notes 1 – 14)
Liz Kay	Plymouth University	(Present for notes 1 – 14)
Donna Vascott	Plymouth University	(Present for notes 1 – 14)
<b>NICE team:</b>		
Allice Hocking	Plymouth University	(Present for notes 1 – 14)
Clare Wohlgemuth	NICE Lead analyst	(Present for notes 1 – 14)
Lakshmi Murthy	NICE analyst	(Present for notes 1 – 14)
Lesley Owen	NICE Health Economics adviser	(Present for notes 3 - 5)

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Patricia Mountain	NICE project manager	(Present for notes 1 – 14)
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### Observers:

Jeshika Singh	(Present for notes 1 – 14)
Oluchukwu Onyimadu	(Present for notes 1 – 14)

### Apologies:

Amanda Sowden	Committee member
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## 1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the 13<sup>th</sup> meeting of Public Health Advisory Committee (PHAC) A and the first meeting on Oral health promotion approaches for dental teams.

The Committee members and attendees introduced themselves.

The Chair welcomed the members of the public to the meeting. The members of the public had been briefed already, both verbally and in writing by the NICE team, and the Chair reminded them of the protocol for members of the public, whose role is to observe (they should not speak or ask questions). No filming or recording of the meeting is permitted. The Chair reminded all present that the Committee is independent and advisory, that its decisions and recommendations to NICE do not represent final NICE guidance, and that they may be changed as a result of public consultation.

The Chair informed the Committee that apologies had been received. These are noted above. The Chair outlined the objectives of the meeting, which included:

- To understand the scope for the guidance and identify any equality issues
- To discuss the findings from the evidence review and the economic analysis
- To agree outline areas for draft recommendations, considerations and research recommendations.

## 2. Declarations of interest

The Chair asked all core members to verbally declare any conflicts of interest that have arisen since the last meeting.

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The Chair asked all topic members to declare all conflicts

The Chair explained that verbal declarations of interest are a standing item on every agenda and a matter of public record.

The PHAC comprises both core members who are standing members of PHAC A, and topic members who are members solely for this guideline.

The NICE policy on Declarations of Interest was revised in September 2014 and members received a copy with their mailed papers before the meeting.

Previous declarations of interest can be viewed on the NICE website here

<http://www.nice.org.uk/get-involved/meetings-in-public/public-health-advisory-committees>

The Chair asked all topic members to declare all interests and the core members to declare changes to previously declared interests and any interests specific to the topic under consideration at this meeting under the following categories

- financial or non-financial (specific or non-specific\*)
- financial interests can be personal [family] or non-personal (specific or non specific\*)

\* An interest is 'specific' if it refers directly to the matter under discussion.

For the purposes of this meeting, specific interests were defined as *approaches for delivering oral health promotion messages to dental patients.*

**Ben Atkins : Personal financial specific interest** - Clinical Director Revive Dental Care; Trustee British dental health foundation

**Ben Atkins :Personal non- financial specific interest** – ambassador for Wrigleys; advisor for Philips (panel member)

**Rebecca Harris: Personal non financial specific interest** :has published and plans to publish academicwork in the field of oral health; has an NIHR grant about how oral health information is given to patients at their check up from which University of Liverpool benefits ; council member of British Association for the study of community dentistry.

**Chris Packham :Personal financial non- specific interest** –Chair of health services committee of faculty of public health

**Gillian Davies: personal financial specific interest** - her husband holds shares with the Colgate Palmolive which arise from his time working as the Director of oral care research, Europe; has received an honorarium from the Colgate-Palmolive company for attending an opinion leaders' forum about a single dentifrice product prior to it being launched in the UK; occasionally engaged by Primary Care

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Commissioning to run training courses and assessment events related to prevention in dental practices.

**Gillian Davies: non- personal financial specific interest** - Gillian was a member of the steering group which produced the first, second and third editions of 'Delivering Better Oral Health (An evidence based toolkit for prevention' which guides clinical teams when giving preventive advice and providing preventive treatment.)

**Mandy Murdoch: personal financial specific interest** - was co-author of an academic paper related to the subject.(Yusuf H, Murphy M, Ntouva A, Newton T, Murdoch M, Watt R, an ethical dilemma: our current understanding of prevention in Primary dental care. A qualitative study. Social Science and Dentistry, June 2014. 3 (1).) this paper has not been used in the evidence review for this PHAC. The conclusion of this paper was: "These focus groups have shown that delivery of prevention in primary dental care is a complex process, which is influenced by a host of barriers, which interact with the organisational environment in which healthcare is delivered. In addition, clinician's knowledge and skills, attitudes and beliefs, as well as patient related factors have important influences on clinical behaviour. Dental teams working in primary care could make a significant contribution to prevention of chronic diseases. Therefore, improvement in the implementation and delivery of prevention in general dental services would require tackling the fundamental barriers, so that dental teams can be encouraged to deliver evidence-based preventive advice, including lifestyle counselling, to primary care patients."

**Mandy Murdoch: personal non- financial specific interest-** I feel that my involvement in these projects adds to my topic expert member status as it gives me a better understanding of ways that general dental practices can be engaged in prevention as well the barriers and facilitators. I have not received any financial compensation from general dental services.

**Michael Wheeler: personal financial non specific** - Chaired GSK talking points seminars 2014

### **Chair**

**Susan Jebb** - no interests declared

### **NICE Team**

**No members of the NICE team made a declaration of interest.**

### **Contractors**

**Elizabeth Kay: Personal financial specific Interest** British Dental Industry Association. Short term consultancy to explore how to engage dental students with

innovation in industry; Payment from Wrigleys for input to workshops for young dentists and hygienists and therapists; Contracted to Healthcare Learning Company to assist with Oral Health Programme

**Elizabeth Kay: Personal non financial specific interest**-made a number of well-known statements as a result of my research in oral health; a trustee of the British Dental Health Foundation; member of the Editorial Board of the British Dental Journal.

The Chair and the Associate Director noted that the interests declared did not prevent the attendees at committee from fully participating in the meeting.

### **3. Overview of the guideline scope and potential equality issues**

Clare Wohlgemuth, lead analyst for this guideline, gave a presentation outlining the final scope for this guideline, and the equality issues identified during scoping. The guideline will not cover those who do not visit the dentist, these populations are covered by the published guideline on local authority oral health improvement strategies.

Clare also gave a brief overview of the oral health messages within 'Delivering Better Oral Health' which was tabled at the meeting. This guideline will complement published NICE guidelines on local authority oral health improvement strategies, forthcoming NICE guidelines on oral health in nursing and residential care and the third edition of 'Delivering better oral health: an evidence-based toolkit for prevention' from Public Health England.

The NICE equality scheme sets out how it meets its obligations under the Equality Act 2010 and Human Rights Act 1998, under which NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. NICE guidelines also address health inequalities arising from socioeconomic factors and Inequities in access for disadvantaged groups.

For all NICE guidelines, an equality impact assessment (EIA) form is completed. This exercise entails considering not just equality in relation to groups sharing the Equality Act's protected characteristics but also health inequalities arising from socioeconomic factors and with inequities in access to services or care for certain disadvantaged groups.

The EIA will be developed throughout the guideline process and published as part of the final guideline.

There was time for questions and discussion. Points of clarification regarding the guideline document were requested by the PHAC

**Action: NICE to update EIA form to cover those with mental health issues and their children.**

**Action: NICE team to clarify in the guideline document to reflect that the reformed dental contract it is not about the dentist being responsible for the health of the patient but rather it is about enabling people to take responsibility for their own health.**

**Action: NICE to ensure the guideline makes it clear that the list of dental team members rather than using example roles.**

#### **4,5. Evidence review – presentation of findings**

Peninsula Dental School at Plymouth University have been contracted by NICE to provide evidence review for this guideline. Liz Kay, presented the findings of the evidence review which aims to determine the circumstances in which oral health promotion is at its most effective, within the context of dental practice.

The Committee then discussed the issues presented in relation to this guideline There was time for questions and discussion.

#### **6,7,8,9 Economic analyses – findings of the preference survey**

Brunel University have been contracted by NICE to provide economic evidence reviews for this guideline. Dr Louise Longworth and Dr Joanne Lord gave a presentation on their work examining the cost-effectiveness of methods for dental health practitioners and their teams to deliver oral health promotion messages. This consists of three interrelated strands of work:

- A systematic review of published economic evaluations of methods for dental teams to convey oral health promotion advice.
- A public preference survey to elicit willingness-to-pay (WTP) valuations for oral health outcomes for adults and children.
- Economic modelling to evaluate the costs and consequences of methods for dental teams to convey oral health promotion advice.

There was time for questions and discussion.

**Action: NICE to go through *Behaviour change guidelines* (PH6 and PH 49) and pull out aspects they think are particularly relevant in this guideline and bring back to the next meeting.**

#### **10,11 Drafting recommendations and considerations**

The PHAC discussed the evidence and agreed outline areas for draft

recommendations and considerations.

**Action: NICE team to draft recommendations/considerations based on PHAC discussions and bring back to the next meeting**

**Action: NICE team to look at PH55 *Oral health: approaches for local authorities and their partners to improve the oral health of their communities* and pull out aspects they think are particularly relevant in this guideline and bring back to the next meeting**

## **12. Discussion of gaps in the evidence and draft research recommendations**

The PHAC discussed potential areas for draft research recommendations.

As part of the published guideline the PHAC can make recommendations for areas that need further research. The PHAC asked for an update on what is currently being researched so that they can identify potential gaps.

**Action: NICE team to check NIHR for research in progress and bring back to the next meeting**

**Action: NICE team to draft outline areas for potential research recommendations based on PHAC discussions and bring back to the next meeting**

## **13, 14. Any other business**

The Chair summarised the actions from the meeting.

PHAC members were reminded that NICE will only process expenses that are submitted within 3 months of the date incurred. Members were asked to submit any expenses by the end of March, so that they can be processed within this financial year.