

## Appendix B: Stakeholder consultation comments table

### 2018 surveillance of NG48 [Oral health for adults in care homes](#) (2016)

Consultation dates: 29 March to 13 April 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	Overall we agree with the decision not to update the guideline. The Surveillance Review proposal indicates that NICE identified no new studies deemed to impact on the existing recommendations – we agree with this assessment, although believe that this in part reflects a dearth of research around the implementation of mouth care in care homes and special care dentistry generally. While we recognise that addressing this is not within NICE’s remit, we would urge NICE to remain vigilant for any new evidence which suggests that the guideline may need to be updated in future. It is possible that issues may not have yet come to light because this is an area which is under-researched.	<p>Thank you for your comment. In response to the individual points raised:</p> <ul style="list-style-type: none"> <li>• Our surveillance process involves a check for new published evidence but also key ongoing trials in the area. During our surveillance review we found several ongoing studies relating to guidelines within the oral health theme. These have been placed on our event tracker which will be checked periodically for updates and impact on recommendations.</li> <li>• In surveillance, we consider outcomes wider than those reported in the guideline. However, we will log the issue of quality outcomes for any future updates of the guideline.</li> <li>• We agree about the importance oral care plans, which is discussed in recommendation 1.2.4. NICE also has a quality standard for oral health in care homes, <a href="#">QS151</a>. Quality</li> </ul>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

	<p>However, although evidence is limited at present, there are several points that we would like to take this opportunity to raise as we believe they are relevant to current practice around oral health in care homes, and should therefore be considered by NICE – these are set out in the additional rows below.</p> <p>On page 18 of the guideline it is noted that oral health research tends to use clinical dental indices as outcome measures and that as a result this does not reflect other wider outcomes, such as wellbeing, which may be more important to people. The “Commissioning Guide for Special Care Dentistry” includes quality outcomes in areas such as comfort, lack of pain, functionality (eating, drinking and speaking) and self-esteem, which it could be appropriate to consider here.</p> <p>We believe it is important to ensure that oral care plans do not become a simple tick-box exercise – if risk assessments and care plans are completed but no monitoring being undertaken to check that the care is being implemented then their effectiveness will be limited. Oral care plans should be easily accessible within the case notes and prominent to remind staff of its importance.</p> <p>It is vital that oral health is regarded as a high priority by staff, and care home providers should give careful consideration to whether this is best enabled in their settings by having separate oral care and general care</p>	<p>statement 2 covers recording mouth care needs in resident care plans, to help make sure that action is taken to meet the person’s needs, and that their needs are reviewed and updated regularly. It also gives information on what this means to different audiences, including residents being able to have a record of any help and support that has been requested.</p> <ul style="list-style-type: none"> <li>• Thank you for making us aware of the issue regarding oral health as a priority in care homes, and the work ongoing in Wales currently. We will log this information and consider it at the next surveillance review.</li> <li>• Thank you for highlighting the issue regarding chewing gum. No evidence was identified to indicate issues with gum in this population. We will log this and consider it again at the next surveillance review.</li> </ul>
--	--	---

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

		<p>plans, or by integrating these together. NICE should also be aware that a care home assessment is in the final stage of development and validation in Wales which may serve as a useful model for the rest of the UK.</p> <p>Some concerns have been raised regarding the sections of the guideline dealing with chewing gum (pages 23-24). We feel it may be helpful for NICE to review how contemporaneous the evidence underpinning this section of the guideline is, and how effective and safe the use of chewing gum will be for older patients, many of whom may have cognitive impairment.</p>	
British Dental Association	No	<p>NG48 Oral health for adults in care homes</p> <ul style="list-style-type: none"> <li>- 1.4.1 – care home staff should also have knowledge of oral health risk factors – smoking, sugar etc</li> <li>- 1.5.1 – This item refers to ‘general dental practices’ and it is not clear whether this assumes that GDPs can do ‘call outs’ like GPs. There is no mention that commissioners should consider the need for domiciliary/dentistry to be delivered in the care home and we believe this should be included.</li> <li>- 1.7.1 – By ‘local arrangements’ does this mean commissioning? Dentists can only deliver the NHS dentistry that they are commissioned to deliver. If there are no commissioned in-care</li> </ul>	<p>Thank you for your response.</p> <p>We agree about the importance of promoting oral health in care homes. The role of diet and tobacco in relation to good oral health is discussed in recommendation 1.6.1.</p> <p>The guideline committee had similar concerns regarding unmet oral health needs of those in care homes when developing recommendation 1.5.1 and raised that commissioners had a duty of care here. As such the committee believed adding general dental practitioners to this recommendation would improve access to treatment for residents, which in turn may have a cost saving effect for the NHS.</p> <p>Recommendation 1.7.1 concerns a similar issue but from the dentist perspective. The committee suggested that a dental practitioner was always a first point of call as they would be able to advise what services are available locally for care home residents.</p>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

		<p>home services then a dentist can't provide them on the NHS.</p>	<p>At the time of guideline development the committee also felt it was important that both 1.5.1 and 1.7.1 linked to NICE guidance PH55 recommendation 1 as this further highlights the role of health and wellbeing boards.</p> <p>There was inadequate evidence to specify how services are commissioned in relation to care home support.</p>
Diabetes UK	Yes	<p>Diabetes UK agree with the decision not to update this guideline but recommend as follows:</p> <p>Recommendation 1.4 Care staff knowledge and skills</p> <p>Section 1.4.1 to be amended to include: Care managers to commission regular training for care staff on causes and symptoms of periodontal disease, how to prevent tooth decay (including root caries in older people) and the role of plaque in gum disease and how it can affect the ability of residents' with diabetes to manage their blood glucose levels.</p> <p>We suggest the rewording as above as it would ensure that care managers and staff are aware that care home residents who have diabetes are at an increased risk of developing periodontal disease and this has an effect on their blood glucose levels making it difficult to achieve good glycaemic control.</p>	<p>Thank you for your response.</p> <p>Recommendation 1.4.1 on care staff knowledge mentions 'know how and when to reassess residents' oral health' which provides opportunities for oral health reassessment for all residents as required. The surveillance review did not identify any new evidence relating to diabetes and periodontal disease. However, NICE has specific guideline for people with diabetes (including <a href="#">NG17: Type 1 diabetes in adults: diagnosis and management</a> and <a href="#">NG28: Type 2 diabetes in adults: management</a>). We will add the issue about the role of plaque in gum disease and how it can affect the ability of residents' with diabetes to manage their blood glucose levels to our log for consideration when the diabetes guidelines undergo surveillance.</p>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

		<p>This would also ensure that care managers and care staff are able to provide good oral health care to prevent residents with diabetes developing periodontal disease.</p> <p>This would also ensure that care home residents with diabetes who have developed periodontal disease will be provided with appropriate personal oral care treatment and their oral health reassessed regularly.</p>	
NHS England	Yes	No comments provided	

### Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	<p>There appears to be little reference to how care staff should approach delivery of oral health care for those residents who are less able to tolerate tooth brushing and mouth care – this is an area that the guideline should cover in more detail.</p> <p>Another area that the guideline could say more about is the importance of the involvement of the dental team in enabling effective oral care, potentially encompassing “Direct Access” for dental therapists.</p> <p>It would also be helpful if the guideline highlighted the links between general and oral health, for example on nutrition</p>	<p>Thank you for your response.</p> <p>This surveillance review identified some evidence on barriers to daily oral care, which mentioned residents resisting care as a factor. We also found evidence on barriers experienced by dentists when providing treatment in care homes. However insufficient evidence was found to suggest updating the guideline at this time. Research recommendation 6 focuses on barriers and facilitators to daily oral care. This research recommendation is being retained due to a need for further research in this area, and as such evidence in this area will be considered again at the next surveillance review.</p> <p>In terms of promoting the links between general and oral health, recommendation 1.6.1 highlights the role of diet and good oral health. Through the surveillance review, one study was identified that considered nutrition alongside oral health training however it</p>

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

		and hydration, and how care home policies could be appropriately integrated.	focussed primarily on increasing oral examinations. This evidence was insufficient to suggest updating the recommendation at this time. Recommendation 1.1.5 states to include mouth care in existing care home polices for health and wellbeing. No new evidence was found in this area. However the implementation data suggests that some care homes are mapping their oral health policies to this guideline.
British Dental Association	No	No comments provided	Thank you for your response.
Diabetes UK	No	No comments provided	Thank you for your response.
NHS England	No	No comments provided	Thank you for your response.
<b>Do you have any comments on equalities issues?</b>			
<b>Stakeholder</b>	<b>Overall response</b>	<b>Comments</b>	<b>NICE response</b>
Faculty of Dental Surgery at the Royal College of Surgeons of England	Yes	One point that we are keen to raise regarding equalities issues is that care home workers often cite a lack of staff or training as reasons that they have not been able to support a resident in oral hygiene. In our view this creates an inequality in oral health and care for vulnerable individuals resident in care homes, who are disadvantaged with respect to their oral hygiene due to factors beyond their control.	Thank you for your response. An <a href="#">equality impact assessment</a> was conducted during development of the guideline in 2015. This shows how potential inequalities have been dealt with and how the scope of the guideline was amended. During the surveillance review we found evidence on barriers and facilitators in providing oral care to residents, which amongst others did highlight staff training, however none of the research found suggested this was an equalities issue.

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*

			This guidance has a research recommendation on barriers to daily mouth care and oral health assessments which will be considered again at the next surveillance review of the guideline.
British Dental Association	No	No comments provided	Thank you for your response.
Diabetes UK	No	No comments provided	Thank you for your response.

*Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees*