Department of Health

Consultation on the arrangements for consideration of proposals on the fluoridation of drinking water, October 2012

Submission from the Royal College of Surgeons' Faculty of Dental Surgery (FDS) and Faculty of General Dental Practice (FGDP)

The Royal College of Surgeons' Faculty of Dental Surgery (FDS) and Faculty of General Dental Practice (FGDP (UK)) work to achieve and maintain the highest standards of clinical practice and patient care in the dental specialties and general dental practice through standards setting, education and assessment, continued professional development and research.

The Faculties welcome the opportunity to contribute to this consultation, recognising the importance of ensuring the best possible management of issues such as fluoridation. As dental faculties we cannot meaningfully comment on many of the questions regarding the technical or democratic processes of how a consultation process should work, therefore we have limited our responses to those areas and questions most relevant to our remit.

Summary

- Decisions made about whether a local authority adopts a fluoridation scheme must centre entirely on the evidence about the health risks and benefits of such a scheme. This evidence must be of the highest quality.
- It is essential that dentists and patients are part of the local committees considering fluoridation.
- Local authorities need to adopt the principle of proportionate universalism when engaging with the community: ensuring the views of those most likely to benefit from changes to the arrangements – namely lower socioeconomic and marginalised groups – are actively sought. These communities have in general worse levels of oral health and are least likely to engage with democratic processes. Not taking active steps to engage with these groups would mean that those most affected by any changes have the smallest voice in the outcome.

1. Do you agree with our proposals for the arrangements to enable a joint decision to proceed with a proposal?

We support option 1 but with the addition of consultation with the directors of dental public health responsible for the geographic area. Ideally, this should involve the local consultant in dental public health. Such individuals are more able to assess the overall public health impact of any changes and provide advice on the impact of changes.

4. Do you agree that: the membership of the committee established to progress a proposal on fluoridation should be prescribed in regulations?

We consider it vital to make use of the expertise of a dental public health professional in such a committee and also believe that local dentistry and lay patient organisations should also be involved in discussions about progressing fluoridation. Prescription in regulation may be the clearest way to ensuring this is consistently acted upon.

12. Are there any requirements that you would like to suggest that we include in regulations to minimise or remove any potential adverse impacts or disadvantages for groups with a "protected characteristic" as set out under the Equality Act?

We would expect local authorities to fulfil the requirements of the Equality Act with regard to protected characteristics. However, we want to see particular efforts made to engage and debate with populations from lower socioeconomic groups (which may include groups with protected characteristics, but not exclusively) or marginalised communities. Patients from these groups are likely to see the greatest impact of any changes in fluoridation status of an area. In general they have poorer oral hygiene and health. In particular they are less likely to use fluoride toothpaste. These groups are, as stated earlier, less likely to engage in the democratic process. Therefore active steps to consult using relevant mechanisms should be encouraged to ensure they understand the consequences of any changes to the fluoride status of their water. Without this focus there is a risk of further marginalisation and greater health inequality.

13. Do you agree that children and young families in deprived areas be encouraged to participate in consultations on proposals for new fluoridation schemes?

Yes. For the reasons above.

14. Will this contribute to implementation of the duty on the Secretary of State to have regard to the need to reduce health inequalities between people with respect to the benefits they can obtain from the health service?

Yes we believe so.

15. Do you agree that that the new duty which is due to be imposed on the Secretary of State to have regard to the need to reduce inequality – whatever the cause – is relevant to proposals to introduce fluoridation schemes?

Yes, because poor oral health is greater in deprived communities. There are inequalities in oral health across society. Fluoridation is one of the few interventions that has the potential to reduce

dental health inequalities within a population and hence the impact on these sections of society is of particular relevance.

16. Do you have any information on a) the cost benefits of fluoridation schemes and/or b) the costs a local authority would incur in conducting a consultation?

We have no quantitative information; however it is important that costs of the process should be included as part of the overall assessment of proposals and the cost of the scheme should be weighed against any long term benefits of improved oral health.

17. Do you agree that: no specific requirements are needed on consultation material or other information provided to the public (other than those specified in public law and in paragraphs 74-76)?

Yes, however, consultation good practice guidance should be disseminated (covering the points above intended to reduce inequality of access to the consultation) when a local area first makes enquiries about fluoridation to Public Health England (PHE). We also support the points made in paragraph 87 of the consultation document that the public should receive a balanced argument from the local authority. PHE has a role to play providing standardised information for local authorities to use.

18. Do you agree that the proposing Local Authority or joint committee should nevertheless be required to obtain advice from the director(s) of public health?

Yes. They are best placed to comment on the particular health needs and inequalities of the local population they serve. We also wish to see input from consultants in dental public health.

20. What role should Public Health England play in supporting local authorities with their fluoridation functions?

PHE should play a vital role in ensuring local authorities have the relevant information including the most up to date evidence concerning the impact of fluoridation. We also suggest that this should include alternative approaches for their fluoride strategy that allow the local authorities to make an informed decision about whether changes to fluoride status are required. It is important that the data be of high quality and therefore we support the sentiments in paragraphs 94-97 of the consultation document.

21. What role (if any) should Public Health England play in supporting local authorities to gather equality data?

It is our understanding that consultants in dental public health will be based within PHE, and PHCs are the group with the most relevant expertise concerning a decision to change fluoridation status of an area. PHE should provide advice, support and guidance to ensure that the decision is evidence based. Should changes occur PHE should ensure that data gathering is consistent across areas so that this can contribute to the long-term evidence base.

22/23. Do you agree that the method by which local authorities ascertain public opinion on fluoridation proposals be left to their discretion? If not, what methods of ascertainment would you wish to see imposed in regulations?

We wish to stress that the method must be relevant to the area in question as different sections of society have differing requirements. This is best decided locally. We do not have a strong view in regard to the pros and cons of regulation on this matter beyond the points made earlier. For example, that guidance should support local authorities to consult within those groups most affected or likely to benefit from fluoridation. The public health remit of local authorities is new and it is important that authorities are aware of the health inequalities around oral health and the disproportionate impact on disadvantaged groups of relying on toothpaste as the major element of a fluoride strategy.

24. Do you agree that option 3 is the most appropriate option and that existing provision should be revised so that, in particular, an authority or committee is specifically required to have regard to the views of the local population and to financial implications of the proposal?

We agree that a sample numbers approach to the consultation is not appropriate and that the main consideration is the robustness and quality of scientific evidence supporting a benefit to the community in question. We agree that the factors in option 3 are important but do not have a view about whether they should be prescribed in regulation. We also believe that any financial analysis about the cost of a scheme should consider the long term health and financial impacts as well as the direct cost of a scheme and that the assumptions made when modelling should be made explicit.

33. Do you agree that the Secretary of State should have regulatory powers to vary or terminate a fluoridation scheme without a local authority proposal where a general risk to health is identified from fluoridation or a specific local risk emerges?

Yes.

42. What are your views on the benefits of imposing a minimum interval between termination consultation proposals?

There should be a reasonably long interval between scheme consultations in a particular area, based on the amount of time and resource it takes to consider, plan and run a consultation.