Public Health England

Protecting and improving the nation's health

Dental public health intelligence programme

North West oral health survey of services for dependent older people, 2012 to 2013

Summary of findings

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

The increasingly large population of elderly people, many of whom will have some of their natural teeth, will bring with it a need to provide dental care services to meet the needs of a population which often progresses through stages of dependency. In order to keep dental needs as low as possible and maintain high levels of oral health there is also a need to ensure that daily preventive care is undertaken which can contribute to this.

Surveys of the oral health needs of older people have been conducted in England, but some gaps in knowledge still exist. A steering group, comprising PHE dental public health personnel from the Operations Directorate and dental public health academic colleagues from the University of Manchester and others in the Chief Knowledge Officer's Directorate, developed the approach described here in response to the identified gaps.

The North West Survey of dependant older people, 2012 to 2013 was conducted as part of the dental public health intelligence programme in England (formerly known as the NHS dental epidemiology programme for England). The aim was to evaluate existing oral health practices, staff training and impact of poor oral health in services supporting dependant elderly people in 3 settings:

1. 'Care in your home' services provided by agencies, for care of adults over 65years.
2. Adult residential and nursing homes, including hospices, in which adults over sixty five years were resident.
3. Wards in hospitals providing in- patient care for adults over 65 years

Results of all 3 surveys are presented in separate reports, all of which are available online at www.nwph.net/dentalhealth

Executive summaries of findings

Care in your home services

Results demonstrated that oral care was not recognised as an important issue in some services. This suggests that there is a need for a standard training programme and for more training materials/advice leaflets to be made available.

Adult residential care, nursing homes and hospices

There is variation between residential homes with a need to improve practices in some. There is a stated need for training materials. Lack of access to suitable, timely and responsive treatment services is a common problem.

Hospitals with in-patient facilities for people aged 65 and older

Good practice, with the associated understanding of the importance of good oral health and sufficient training, was reported by the majority of responding ward managers. In a substantial minority of cases this was not the experience and could suggest that oral care was not routinely considered of relevance.

The availability of suitably trained and equipped personnel, who could provide clinical dental care for in-patients, was variable and is of concern where it is lacking.

More detailed summaries:

Care in your home services

The results show a wide range of practice among ‘care in your home’ services. Some of these could reflect the variations in the types of clients each service provides services for.

Differences are evident with regard to initial assessments of oral care and hygiene needs with many services undertaking these, but 37% were not undertaking them at all.

Most responders said that they have a system to ensure they can help clients clean their own teeth but others commented that this was limited to soaking dentures and that responsibility for arranging treatment was left to family members because of confidentiality issues.

When asked about accessing services for clients there was a repeated theme of difficulties accessing suitable services, particularly domiciliary services. Many clients would have problems travelling to and climbing stairs to dental surgeries. It was commented that there were costs associated with sending a staff member with a client for dental treatment at practice.

The survey prompted many managers to comment on gaps in their services with relation to policy, training and knowledge. They commented on the shortcomings of their service with relation to considering oral health and providing assistance with hygiene. There was a clear demand for training by professionals and provision of leaflets and guidance.

Residential care and nursing homes and hospices

Good practice was reported by many of the managers, with oral care needs being assessed in the majority of cases and systems being in place to assist patients with daily oral cleaning.

Over two-thirds of managers reported that their staff had training on a variety of oral health issues. Commonly this formed part of induction training, which suggests that oral health is seen as being integral to general health care.

Training materials or advice leaflets were less widely available, but seen as being useful. Similarly the ability to label dentures was seen as a useful procedure, but not one that was widely used.

Access to treatment services was an area where concern was expressed as large proportions of the residents in most homes were reported to be unable to access dental practices. Difficulties in obtaining domiciliary care and emergency care were mentioned as a widespread concern. The other complicating factor was the high proportion of residents who were not considered able to provide consent for treatment.

Often the responding managers mentioned dementia and the impact this had on providing daily care and hygiene. Similarly, the balance between allowing patient choice and encouraging independence and the need to maintain good hygiene practices was recognised.

It is of concern that there are some residential homes which do not have good practices in place and do not make a sufficiently thorough assessment of oral health needs or provide staff with relevant training. There is potential for some elderly people to be suffering discomfort, pain or infection without being able to convey their problem, and without clinical care being available to treat them.

Hospitals with in-patient facilities

A wide range of practices relating to oral health within in-patient wards for older people was reported.

It is clear that on many wards the importance of oral health had been understood and processes had been set up to ensure that an assessment of oral health was routinely undertaken and responses made accordingly. Support for regular oral hygiene and denture hygiene was provided where it was assessed that the patient could not undertake this by themselves. Good practice was also established to identify oral conditions and access suitable care to treat these as there was an appreciation of the impact of these.

In contrast, in some sites assessments were not undertaken or were carried out on an ad hoc basis or during day-to-day care and limited procedures were in place to assist patients with oral hygiene. Some sites recorded that they referred oral conditions to the doctor, an ear, nose and throat (ENT) specialist, or to a maxillo-facial surgeon. Others had no access to dental clinicians on site and relied upon general dental practitioners (GDPs) to visit and provide care. In these situations it could be surmised that the importance of maintaining a healthy mouth was not understood or it was not considered worthwhile engaging appropriate services for in-patients.

The loss of dentures, on the wards questioned or in hospital departments attended by patients previously, is clearly an occasional, but widespread occurrence. The impact of such a loss on the patient’s ability to chew, talk, smile and socialise can be considerable, but this was not clearly appreciated by

respondents. The assumption that such a problem can be remedied by the provision of new dentures clearly shows an underestimation of the considerable difficulties some older people have adapting to new dentures. The marking of dentures with patients' names and raising the awareness of nursing and support staff would only go some of the way to reduce the occurrence of this insurmountable problem, particularly among patients with dementia.