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# BSG Newsletter

Issue 5

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Deadline for contributions for the Spring 2010 edition of this newsletter is 1<sup>st</sup> February 2010.  
Please email them to the newsletter editor:  
[Thelma.Edwards@dsl.pipex.com](mailto:Thelma.Edwards@dsl.pipex.com)

## A stitch in time saves nine?

It has been six years since Oral Healthcare for Older People: 2020 Vision" was published *Gerodontology*. 2003 Jul;20(1):60-2., and Meeting the Challenges of Oral Health for Older People: A Strategic Review followed shortly after that *Gerodontology* 2005;22 (1 Suppl). Have they been well researched, expertly written and very interesting documents just gathering dust on the shelves? Or did they produce a shift in awareness by the dental professional, commissioners, adult and social care workers and the general public that people entering later life now are not only set to live longer but arrive into care with their own teeth rather than dentures, having received years of complex restorative care involving crowns, bridges and implants. As we know, this presents even greater challenges to maintaining oral health and providing treatment. It will also be interesting to read what the delayed Adult Dental Health Survey starting in October 2009 will report (due end 2010) on the current behaviour relating to personal attention to mouth care by older people.

This issue of BSG Newsletter may bring hope that the dental profession is working towards meeting the challenges. BSG study days and publications have provided the platform for moving forward towards a vision of seamless oral health care. Debbie Lewis recently presented her vision to a regional study day for oral health promoters and inspired us to adopt a strategy that was:

### SEAMLESS

- Seamless approach to care
- Education and training- oral health promotion
- Access – equal access to care
- Multidisciplinary working
- Liaison / linkwork- families/carers/voluntary groups/other agencies working in partnership
- Empowerment - personal health record, information, communication
- Special care dentistry- skills, knowledge and teamwork, problems and prevention
- Service provision and development- overcoming barriers for seamless care

## Editor's Reflections by Thelma Edwards Memories are made of this?

I took my little grand-daughter to a play park recently, put her in a swing and watched and listened as she kicked her feet and giggled. I remembered my own garden swing, the joyful hours I spent as a child in the back garden trying to reach the sky and heard my mother's warning "Careful Thelma – not too high". I picked a tomato from my garden last week; the smell that lingered on my fingers transported me back to my father's careful attention to his salad crops in his greenhouse. I heard an old favourite song from the sixties whilst driving to work the other day and relived how it had perfectly described my newly married status so long ago. It was still true today 40 years later. Sights, sounds, smells, tastes, songs, poetry, activities, photos, all carry with them a powerful connection with our past – even reading these words will probably have sparked off some memories of your own as you identify with something that was part of your personal history.

It is encouraging to observe that, even in an often cold and clinically driven health service, where performance indicators, targets and evidence based interventions rule, there is still room for the emergence of a 'touchy-feely' aspect to providing care. Memory clinics, day care centre providing sing-songs, story-telling, poetry sessions, slide-shows or memory boxes containing old packets and tins, old picture postcards or photograph albums, all provide a link with the past that can unlock the isolation of someone with Alzheimer's or dementia and bring them back to their companions for a while.

I was impressed by the story told by a mental health worker at a conference I attended during the year (I can't remember who, when or where – oh dear!) but it illustrated how important it was to connect with the personal history or past routine of patients with dementia. He spoke of how he felt there was a tendency to reach too quickly for the anti-psychotic drugs for patients with challenging behaviour when there could be a simple explanation for their aggression. For one lady in a care home who had refused a bath or help with washing this was resolved when it was discovered her previous routine had been to bathe at a particular time of the day in a certain way. When her carers rescheduled bath time to accommodate this routine, her behaviour changed without the use of drugs. It seemed so simple with the benefit of hindsight.

Can we use this to our advantage in mouth care? Possibly. A gentleman in a dementia support group told me that his wife would not face the day without going through her routine: wash her face, clean her teeth, put her make-up on, get dressed with jewellery, and then she would have her breakfast and be ready for the day. Would this continue as she entered a Care Home? I suspect only if he was given the opportunity to explain this and the carers were willing to work with this lady rather than expecting her to conform to a new regime which may work against her.

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*Memories – Try typing in Max Bygraves "You're A Pink Toothbrush, I'm A Blue Toothbrush" into Google and Pam Ayres "Oh, I wish I'd looked after me teeth". Maybe we could prescribe these as oral health prompts?*

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### Can you help?

If you have any experience of linking oral health with memory clinics or sessions in day care centres or care homes, please let us know as the BSG would like to hear about innovative ways to improve the quality of mouth care for older people in care homes and patients with dementia. We are looking for examples of good practice that can be shared and so reduce the time many are spending in 're-inventing the wheel'. If you have a tried and tested programme you would like to others to try, please let us know. We don't all have time to write up our work in peer review journals for publication so a lot of good practical ideas can remain hidden to all but those who use them.

BSG is active in working nationally to improve standards of mouth care in care homes in England; BSG contributed to Essence of Care in England (DoH, 2001) and Fundamentals of Care in Wales (WAG, 2003), and recently commented on the review of Essence of Care (EoC) highlighting our concerns that (EoC) is not having the desired impact on oral care practices for dependent people. BSG is currently working with the Care Quality Commission Review of the standard of health care being offered in care homes.

We have also been active in identifying published programmes and articles relating to oral health care and summarise some of these overleaf. If you would like to join us in this work, a 'virtual' focus group is being formed so please email me: [Thelma.edwards@dsl.pipex.com](mailto:Thelma.edwards@dsl.pipex.com)

The Winter Meeting of the British Society of Gerodontology will be held on  
Thursday, December 3<sup>rd</sup> 2009 at SOAS, London

### MEDICAL CHALLENGES –

### MANAGEMENT OF THE MEDICALLY COMPROMISED OLDER PATIENT

It will focus on issues and examples of oral medicine and pharmacology for the older person, cross infection and decontamination in domiciliary care plus the launch of the BSG stroke and oral health care guidelines.

#### Further information from:

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Tel: 01633 283190; e-mail: [contact@gerodontology.com](mailto:contact@gerodontology.com)  
Or download the application form from the website. [www.gerodontology.com](http://www.gerodontology.com)



## BSDH Domiciliary Guidelines update and launch

(Review by Debbie Lewis)

The updated **Guidelines for the Delivery of a Domiciliary Oral Healthcare Service** are now on the website. The aim of the guidelines is to

- alert commissioners and service providers to the need for maintaining and increasing the availability of Domiciliary Oral Healthcare Services (DOHCS)
- provide guidance for the commissioning of high quality DOHCS, and
- provide guidance to establish standards for the delivery of high quality DOHCS in order to maintain and improve the availability of these essential services.

The need for DOHC is great with over 99,000 claims in total for courses of treatment in England and Wales on a domiciliary basis in the year April 2008 to March 2009. (Dental Practice Board 2009. : NHSBSA DSD report). There were over 86,000 claims for patients over the age of 65 years and in excess of 74,000 for over 75 year olds. The figures are more indicative of demand than need and it is probable that the need will be higher than the domiciliary care provided.

Demand for DOHC is increasing as a result of a growing population of older people surviving more illness and disability, who are likely to become functionally dependent. Chronic diseases often reduce mobility and the ability for self-care, making it difficult for many disabled or older people to access mainstream dental services for treatment.

People who have mental illness or dementia frequently become disorientated and confused when in an unfamiliar environment (such as the dental surgery) and, even when ambulant, benefit from dental care in a familiar environment such as their place of residence.

The guidelines include updated information about the decision making process for domiciliary dental treatment, planning and delivering DOHCS, a care pathway, risk assessment and referral forms, details on capacity assessment and an example of good practice. It also includes details about the equipment required to provide the service as well as the requirements for adequate training and more opportunities to gain experience to develop the necessary knowledge and skills. In addition, appropriate remuneration is highlighted to reflect the additional time and effort required for the delivery of home-based care.

## Publications

**Better Oral Health in Residential Care** has been produced by the Australian Government Department of Health and Ageing. The comprehensive and well illustrated resource includes a Facilitator Portfolio, Staff Portfolio, Professional Portfolio, posters and a DVD. Although use is restricted by copyright, all but the DVD can be found on their website:  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-better-oral-health.htm>

In Ireland, Dr Helen Whelton and colleagues have produced a report that recommends policy options to change the oral health and well-being of older people.

Their report published in August 2009 '**Evidence-based Options for an Oral Health Policy for older People**' can also be found on the web:  
<http://www.cardi.ie/publications/evidencebasedoptionsforanoralhealthpolicyforolderpeople>

Scotland has produced a report on the oral healthcare and support provided in care homes for older people in Scotland.

Published in the September 2009 Journal of Disability and Oral Health, **Oral healthcare and support in care homes in Scotland**, White et al: show that in a large proportion of care homes for older people in Scotland, the provision of oral healthcare support falls below that of currently published guidance.

This is being addressed as part of the implementation of the Scottish Dental Action Plan and a national group has been established to address some of the issues raised by the study and to develop a standardized resource for care homes that can be delivered by oral health promotion staff.

In England, the Relatives and Residents Association launched their booklet "**Keep Smiling**". This is a guide for practical everyday use by individuals and their carers and highlights the importance of oral health to self-esteem and wellbeing. It provides information on looking after teeth and dentures, describes common problems and warning signs. It also includes a dental care assessment form and checklist for carers.

It can be purchased from The Relatives and Residents Association – for more information see their website:  
[www.relres.org](http://www.relres.org)

They also have a A4 leaflet entitled **Mouths, teeth and dentures: look good, feel better, eat well!** This can be downloaded from their website and is a very good leaflet for older people and their carers.

## Stroke Services in Wales: Call for Evidence (Janet Griffiths)

The Health, Wellbeing and Local Government Committee is undertaking an inquiry into the provision of Stroke Services in Wales and is calling for those with an interest or expertise in this area to submit written evidence. This has come at a very opportune time as the BSG working group developing Guidelines for the Oral Health Care of People with Stroke hopes to complete this very important guidance by the end of the year.

Evidence for the need for a Specialist Dental Team skilled in the management of stroke and neurological disorders to be included in the Specialist Stroke Multidisciplinary Team has been submitted on behalf of BSG, together with examples of good practice. The submission has highlighted that the BSG Stroke Guidelines that will be available later this year on our website, will provide a comprehensive summary of the benefits of including oral health care and specialist dental services in stroke rehabilitation and on-going care, and the importance of ensuring that carers receive theoretical and practical guidance in supporting patients to achieve optimal oral health.

The submission from BSG will be published on the Welsh Assembly Government's website, and there may be an opportunity to provide verbal evidence to the committee. BSG became aware of the Call for Evidence through links with the voluntary sector in Wales, and not as stake-holders. This is a frequent occurrence and the omission has been raised with the Clerk to the Committee who has reassured us that BSG, BSDH and the All Wales Special Interest Group will be registered as stake-holders for future inquiries. We shouldn't count on that so we must continue to be alert to any reports or consultations that affect the oral health of older people, and take the opportunity to comment on behalf of BSG. But that does not prevent us from making individual comments as interested and concerned professionals.

## Update on Courses for Dental Care Professionals

The September 2008 Newsletter reported the development of a new Postgraduate Diploma for Dental Care Professionals at the Cardiff University School of Postgraduate Medical and Dental Education. It was anticipated that this would commence in October 2009 but there have been delays, mainly due to the retirement of the Director of Dental Postgraduate Education. However a new Distance Learning course, Introduction to Special Care Dentistry for DCPs, is being piloted in Wales during the Autumn semester. The four units will cover:

- Disability Awareness and Legislation
- Disability in Childhood and Developmental Conditions
- Disability in Adults
- Mental Health Problems.

Students have already enrolled and been accepted on the course. They will attend a mandatory study day and complete an assignment as part of the final assessment. The course will attract CPD points on successful completion.

It is too early to predict when the Diploma Course for DCPs which will include Special Care Dentistry will be available, but watch this space, and check the Postgraduate website: [www.dentpostgradwales@ac.uk/dcp/nurses/htm](http://www.dentpostgradwales@ac.uk/dcp/nurses/htm)

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### Membership Matters:

Barbara Hylton, our Membership Secretary asks all members to let her know if:

- a) they have changed their name or address.
- b) they are retiring or resigning from BSG
- c) they wish to cancel the journal
- d) they are joining as a new member by a new name.

Barbara would also like to know: is there a member with any connection with the name F. Daryani ?

If so, please to contact her urgently. Email: [bhylton@blueyonder.co.uk](mailto:bhylton@blueyonder.co.uk)

The Spring Meeting of the British Society of Gerodontology will be held  
on 18<sup>th</sup> June 2010 in Birmingham

#### NUTRITION AND ORAL HEALTH - FEAST OR FAMINE

It will focus on type II diabetes, obesity and malnutrition, the effect of dietary deficiency on the oral mucosa and implications of providing sedation and GA for older people.