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Editorial

Management of the oral health of care home residents in general and those with dementia

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Health Education England (HEE) is responsible for educating and training the health workforce in England, ensuring the workforce has the right numbers, skills, values, and behaviours to support patients. This includes developing a multi-professional dental care workforce able to meet the needs of current and future service requirements. The recognised challenge will be to train and develop clinicians to address the changing needs concomitant with the population demographics.

The number of older people is growing and will continue to grow. Many of the current cohort of older people have retained their own teeth. Whilst this is beneficial it is recognised that they have often received complex restorative treatment, some of which may cause serious complications if it fails in later life. Managing their oral health if they become care home residents, particularly for those living with dementia is often challenging and requires measures to facilitate access to dental care and supporting carers to deliver daily effective mouth care.

Approximately 80% of care home residents have dementia (Prince *et al*., 2014). People entering residential care tend to do so when they are more dependent. It is likely therefore that they will have existing oral conditions and have poorer oral health on admission. Oral health assessment, care planning and delivering oral care should therefore be an integral part of a resident's care.

The National Institute for Health and Care Excellence (NICE 2016) guideline NG48 highlighted the importance of these elements and the requirement for training care staff to undertake them. The Care Quality Commission's (2019) *Smiling Matters* found implementation of the guidelines to be poor with individuals in care homes not sufficiently supported to maintain their dentition. Residents and their families reported difficulties accessing NHS dental treatment and were confused about dental charges. Often this resulted in a delay in accessing care and involvement of a GP or NHS 111, and in some cases attendance at Accident & Emergency departments.

In response the CQC made a series of recommendations and included two Key Lines of Enquiry (KLOEs) relating to oral health as part of their inspection criteria for care homes. Three years on, CQC have announced a phased transition to an updated new single assessment framework, replacing KLOEs with quality statements. It is not yet clear what impact this will have on inspection criteria relating to oral health in care homes.

One recommendation was to make training accessible to care staff and Public Health England (PHE 2020) developed an oral health toolkit in order to help care homes comply. Tsakos et al. (2021) published a protocol for a feasibility study for a larger trial exploring methods to implement NG48 and this will hopefully provide more evidence to inform how best care homes can meet the guidance.

Another recommendation was to improve guidance for dental professionals. The Royal College of Surgeons of England are currently compiling a Clinical Standard for Oral Health for Older People living with Frailty. The other outcomes achieved as a result of the report are under review by CQC with the intention to provide further advice to support its implementation. Sadly, there has been little headway on enabling dental provision and commissioning to meet the needs of people in care homes. Dental services therefore remain inconsistently commissioned to meet the potential needs of the approximately 400,000 older people living in UK care homes.

Dental care provision

The NHS Long Term Plan (NHS 2019) included the aim to upgrade support to all care home residents. This involves rolling out the Enhanced Health in Care Homes (EHCH) model across the whole country by 2024.

The programme includes a weekly 'home round' with care home staff prioritizing residents for a review by a multidisciplinary team (MDT) formed via links with Primary Care Networks. The review includes nutrition, hydration and oral health. This approach is designed to give all individuals, including those with dementia, access to the right care when they need it including 'out of hours'/urgent care.

However, delivery of the oral health component varies across the country with many Primary Care Networks lacking formal dental input. It is interesting to note that oral health services are the exception. All other aspects of the EHCH programme have dedicated funding whilst the oral health components are expected to be commissioned locally within existing dental budgets. Dental care can be difficult

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and time consuming, especially that provided in domiciliary visits. Such visits are not remunerated in the existing NHS primary dental care contract. Nor does the contract facilitate continuity of care or long term care planning, which are vital for older people, especially those with dementia.

The services offering special care dentistry are therefore receiving more referrals. There is insufficient capacity to take on this additional workload, especially as provision is recovering post-pandemic. Referrals for residents are often received at a later stage of dementia when treatment options may be limited and frequently not until there are acute oral symptoms. We therefore urgently need to develop and fund the appropriate care pathways. Reviewing provision in primary and secondary care and promoting the use of a 'shared care' approach.

At the time of writing, the new ten-year dementia strategy is yet to be released. The then Health and Social Care Secretary, Sajid Javid, announced in May 2022 that it would be published later this year. The accompanying press release highlighted the government's plan to boost the funding for research into neurodegenerative diseases and to reduce the coronavirus (COVID-19) backlog of dementia diagnosis. Up to 40% of dementias are considered to be potentially preventable and the government intend to explore how new technology, science and medicine can help reduce the incidence and severity of dementia. The strategy will also focus on supporting people with their specific health and care needs while living with dementia. This must include initiatives for oral health.

The dental team are important partners in the care of older people, especially those living with dementia. They can support prevention and early detection/diagnosis. They have a key role in assisting individuals to live well with dementia by providing effective oral health treatment and long term care planning, including offering palliative care and advice at end-of-life. Hopefully the results from the large scale research project, currently in progress, commissioned by Alzheimer's Society to explore the links between oral health and dementia will add further weight to the need to prioritise oral health for these individuals.

Many people with dementia can be managed in general dental practice, especially in the earlier stages of the disease. This is advantageous as it enables care within familiar practice surroundings. The focus should be to roll out existing schemes for making dental practices dementia-friendly alongside those to promote attendance at the dentist at the time of a dementia diagnosis. This would enable the person to be rendered dentally fit whilst able to cope with treatment, and be given targeted preventive advice to maintain their oral health. The prognosis of individual teeth could be reviewed and treatment carried out to minimise future complications.

It is to be hoped that future phases of contract reform will feature specific measures to fund the ongoing care for people with dementia in primary care, including when they enter residential care. Commissioning general dental practitioners to look after such patients for as long as possible will minimise overall costs in the long term. Realistically, for this to happen we need to fund the necessary training and practice adjustments equivalent to that offered in General Medical Practice.

Pilot models trialling different options for funding dental services linked to the EHCH programme have been set up and will provide valuable insight into how this could be achieved. It is hoped that this work can provide the basis for the development of dental services and care pathways for people in care homes and be the foundation for ongoing negotiations with service commissioners.

HEE are dedicated to providing training and support to all members of the dental team. To help them to plan and deliver accessible, high quality and person-centred care to meet the oral health needs of older patients, including those living with dementia. The use of Dental Care Professionals with skill-mix across the dental team will benefit older people cost-effectively within the NHS. The Dental Education Reform Programme provides opportunities to develop the workforce, such as training qualified dental nurses via the Oral Health Practitioner Apprenticeship to deliver prevention in practice and as community outreach.

In July 2022 the NHS in England underwent its largest overhaul in a decade. The formation of the 42 Integrated Care Systems (ICSs) is a fundamental shift that means services can be designed and developed to meet the needs of the local population. The intention is to link health and social care systems, by putting the person at the centre of care and supporting them to retain their independence, health and wellbeing. The Integrated Care System allows collaborative work to promote oral health. However, there is considerable variation amongst ICSs in terms of health measures and healthcare provision. Pressures on services and the health of the population vary greatly and there is also disparity in the size of each ICS along with the available resources at their disposal. These factors will influence how they function and their ability to collaborate with stakeholders to improve services. We therefore all have a part to play in promoting this agenda and speaking up for care home residents who have little voice of their own, to ensure that services are designed to support their oral health.

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