







# Ageing Well With Good Oral Health

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#### What I plan to cover

- The state of oral health in the older population
- The consequences of poor oral health on overall health
- Describe some of the work in the region
- Why and how we can improve oral health on a local and strategic level

Oral health is integral to general health





# Older People With Older Teeth





### Why invest in oral health?

Compassion Nutrition & Safety hydration dignity Part of overall health Frailty & **Financial cost** dependency

Mouth Care Matters





XVICO







Who is most at risk?



#### **CQC** report June 2019



"teeth being left to rot"

"unacceptable levels of care"

"dentures being surgically removed after going to A&E"





#### **CQC** Report June 2019

- Admission assessment packages did not include mouth care.
- 52% of care homes had no policy on oral health
- 73% of care plans did not fully cover oral health
- Almost a half of care home staff have no training in oral health
- Access to dental care can be a problem for many residents; especially domiciliary care or urgent out of hours care









#### What are the consequences?







- Tooth decay Gum disease
- Pain
- Infection

- Dry mouth
- Accelerates dental problems
- Eating
- Quality of life

- Missing teeth
- Loss of function
- Self esteem
- Socialising
- Dignity





#### What are the consequences?





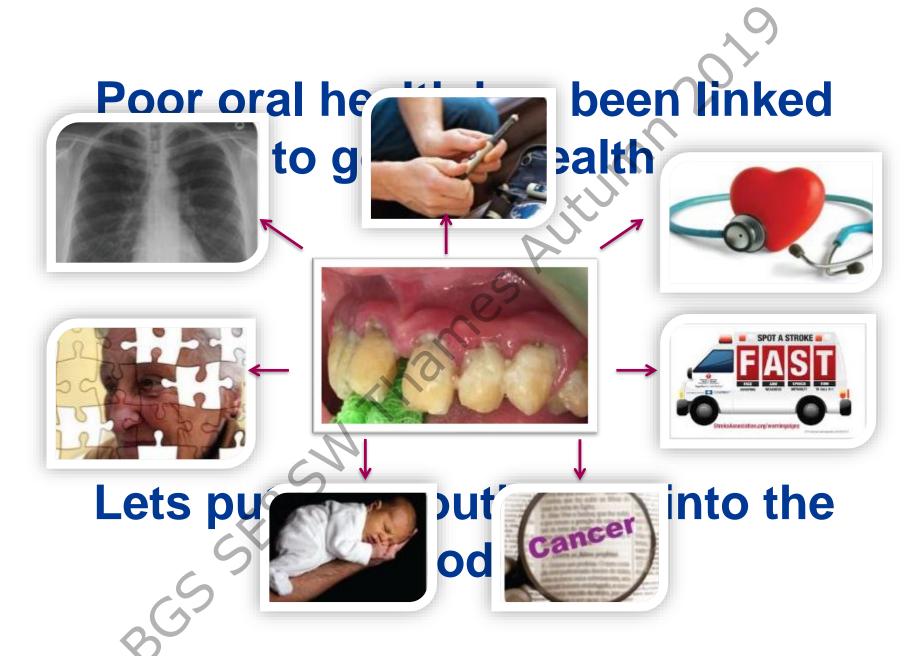


Oral cancer
Late
presentation
6th most
common cancer

Fungal infections
Acute ulceration
Misdiagnosis
Prescribing errors

Safety issues Neglect





#### Main cause is periodontal disease

**Gingivitis** 

Moderate Periodontitis

Advanced Periodontitis



Healthy mouth 700 types of bacteria

Inflammatory disease caused by bacteria in dental plaque

Affects soft tissues and bone that supports teeth

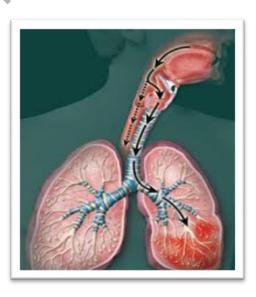
Periodontal disease mainly anaerobic bacteria such as *Porphyromonas* gingivalis

## Aspiration pneumonia and oral pathogens

# Acute inflammatory condition that affects the distal airways and lung alveoli

- Hospitalised associated pneumonia (nosocomial)
- Ventilator assisted pneumonia
- Community acquired pneumonia







#### Microbial infection of the lungs

1. Oral bacteria released from dental plaque into saliva

2. Is supported by recent research

2. Dental plaque colonised by respiratory pathogens

# Oral bacteria promotes colonisation of respiratory pathogens

- Modification of mucosal surfaces to promote adhesion of respiratory pathogens
- Increased salivary hydrolytic enzymes that break down mucins
- Cytokines released by oral bacteria adhesion leads to changes in respiratory epithelium promoting colonisation



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#### **Mouth Care Matters**

The Oral Health Experience of Inpatients Across Kent, Surrey and Sussex





4 years ago.....



Trust Locations (Training Delivered)

Health Education England

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Semigrate Assumed year (charges self included hours) and included hours for the Common four Common fou

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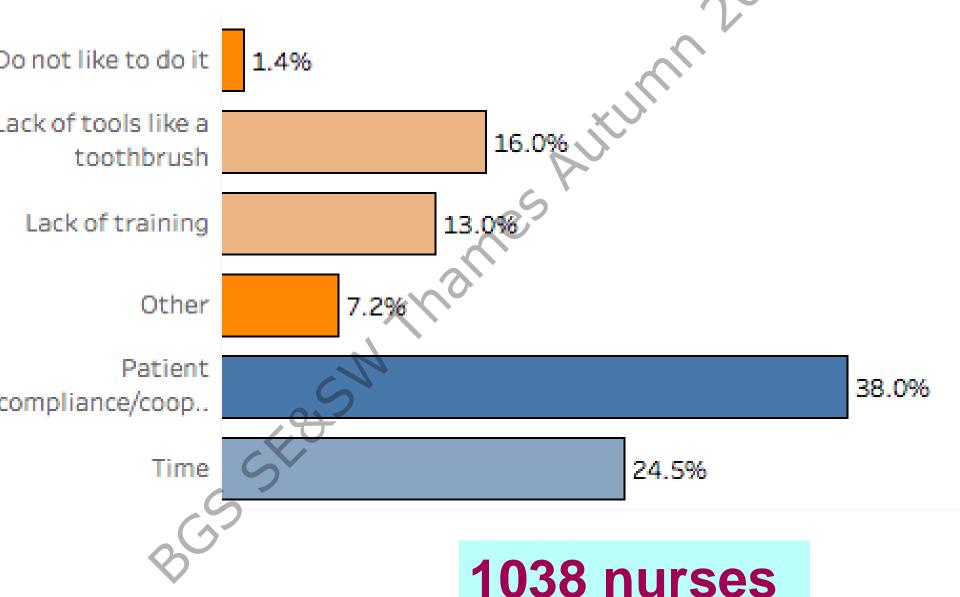


# Hospitalisation is associated with a deterioration in oral health

- Increase in hospital acquired infections
- Poor nutritional intake
- Longer hospital stays
- Increased care costs

This will affect our vulnerable patients the most

# Barriers to carrying out mouth care



Royal Surrey County Hospital

#### **Baseline Results**

- 13 Trusts with 35 hospital sites
- 8209 beds available
- 0/13 had a mouth care policy
- 5/13 had a mouth care recording tool
- 5/13 had training for staff

#### **Nursing survey**

11 Trusts, 724 staff surveyed

 47% still use pink foam swabs to clean the mouth



 52% had never had any training to carry out mouth care



76% wanted mouth care training

#### Inpatient survey

11 Trusts, 724 staff surveyed

'The products that they use aren't fit for purpose'

'I have issues getting to the bathroom to brush my teeth'

I had no-where to keep my denture so I put it under my pillow'

> 'The nurses are too busy so I didn't ask for help'

'I had to ask for help but I only got a pink sponge and water'

#### Denture loss in England.

- 11 Trusts reported losing 695 dentures the last 5 years
- 7 Trusts reported financial reimbursements of £357,672 over the last 5 years
- Highest amount reimbursed for a single denture was £2,200

J. Mann & M. Doshi (2017) An investigation into denture loss in hospitals in Kent, Surrey and Sussex BDJ **223**, 435–438 (2017) doi:10.1038/sj.bdj.2017.728

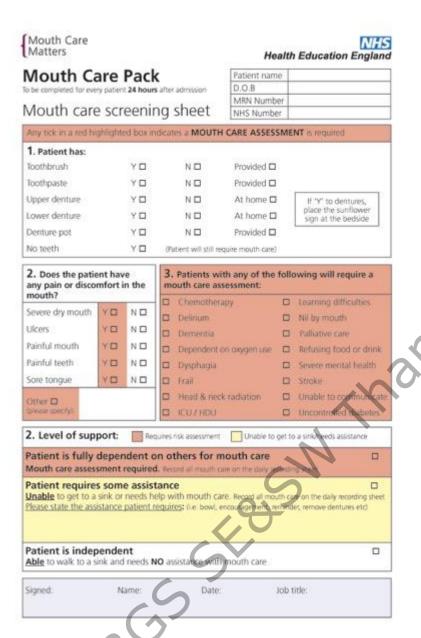












# Mouth care screening

Assess every patients mouth after 24 hrs in hospital

**Products** 

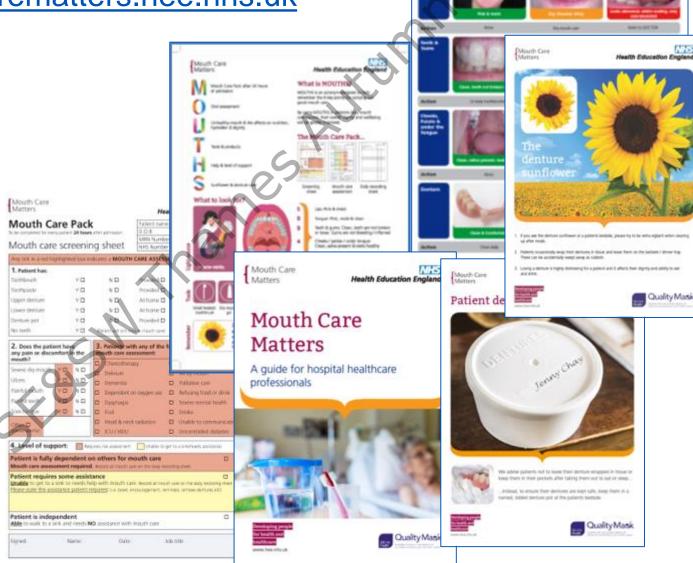
**Dentures** 

Pain or discomfort

Level of support

#### **MCM** Resources

www.mouthcarematters.hee.nhs.uk



Mouth care assessment guide





#### **Health Economics**

Kent Surrey Sussex Academic Health Science Network

#### Cost benefit analysis of the Mouth Care Matters programme

June 2017

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### Addressed one problem BUT.....

#### Training for doctors...

3% of junior doctors had had training

 0% said they felt very confident about diagnosing oral conditions



Doshi, Mili & Weeraman, Maydini & Mann, Jessica. (2019). A survey of the knowledge of junior doctors in managing oral conditions in adult inpatients. British Dental Journal.

Geriatric Medicine Research Collaborative. "A nationwide survey of confidence and knowledge of assessment and management oral conditions amongst a sample of physicians, United Kingdom." *BMC research notes* vol. 12,1 348. 20 Jun. 2019, doi:10.1186/s13104-019-4359-0

# Access to dental care is a problem

#### Pathways for urgent dental care

- Fragmented care
- Responsibility of the trust/care home
- Work needed







### Who is responsible for dental care?

**Commissioning specification** 

The following services are excluded from this service:

Care to secondary care in-patients..."

BDA suggest levels of commissioning are low and falling, equivalent to providing coverage to under 1.3% of the population whose activity is significantly limited by disability or ill health.

#### Type of dental services















# Barriers to dental access for older people

- Lack of awareness/anxiety
- Surgery design
- Availability/capacity of services
- Training of dental team
- NHS charges
- Referral pathways





Type of service	Description	How to access
General Dental Practice	Private and NHS treatment for the	Can access directly
	majority of the public	~O,
Special Care Dental Service	Provide care for patients with	Need to be referred. Many services
(also known as Community Dental	significant comorbidities or disabilities	accept referrals from care homes and
Services or Public Dental	that are unable to be treated in	general medical practitioners and
Services)	general practice. May provide care	hospital practitioners.
	under sedation or general anesthesia	
	if appropriate.	
Domiciliary service	Provide some treatment at homes in	Need to be referred. Many services
	a care homes	accept referrals from care homes and
	Service often linked to special care	general medical practitioners and
	dental service. NHS dental charges	hospital practitioners.
	apply	
0-1	2	
Oral & Maxillo-facial surgery	Provide services for head and neck	First point of call for serious
departments	trauma, cancer and complex surgical	pathology: unexplained ulceration,
5	procedures. Not present at every	large and rapidly progressing
	hospital an do not provide routine	swellings, suspicion of oral cancer.
	dental care	Need to be referred



#### Strategic responsibilities

Strategic leaders local authorities, HEE, PCN, NHS improvement

Commissioners of services

Providers of services

Regulators of services





#### What changes can you make tomorrow

- Look in the mouth
- Ask about mouth care
- Teach the team
- Review prescriptions
- Signpost to dental services
- Put those dentures in a pot!!!







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Any questions?

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