

Specialist Dental Project

Introduction

Access to NHS dentist services in Lincolnshire has been difficult for a long time. Access for people who live in a care home to NHS dentistry is even more of a challenge. Lack of dentistry impacts care home residents health and overall wellbeing, and is a major concern.

To learn more about the impact of dentist services and experiences people are having in care home settings, Healthwatch has completed work with both staff and the patients/residents.

Methodology

Evidence was gathered from:

- 52 residents across 9 care homes to hear their experiences along with 66 Learning Disability patients and families at a Health and Happiness event in Lincoln (July 17).
- Staff from 47 care homes, the map below gives distribution of responses.



Findings

We focussed our work on 2 perspectives. That of the care home and their staff and that of the residents. From this evidence we were able to gather themes and trends in both sets of responses.

The findings of this engagement will be shared with the Oral Health Alliance Group which we hope will inform and influence the Older People Strategy.

What staff told us?

We asked care home staff what improvements could be made to dental care within the sector. The themes and trends which emerged were:

- The availability of routine checks for residents within the home environment.
- To have identifiers imprinted on all dentures.
- To have regular assessments to ensure dentures fit well due to the impact on hydration and nutrition and general wellbeing.
- Greater access to NHS dentists.
- Greater awareness, knowledge and availability of the Community Dental Services for Lincolnshire, this would bring Lincolnshire services in line with others such as Bedfordshire 'dentist at home'
- For 'care' to work with 'dental' to provide better engagement; training; ability to offer advice and guidance in both the care and dental sector. For example ensuring that dental staff are trained in dementia and learning disability.

The care home staff told us that ...

Around 67% of care homes said their residents relied on the home to arrange their access to a dentist.

“We can't get access to any dentist as none will visit”

We heard that there were challenges for care homes to find dentists for non-local residents and also that time and the cost of sending staff with a patient could impact on the overall organisation.

“We can call a dentist to come in if required which is a private appointment and at a cost to the resident”

In some areas we found dentists could be asked to visit the home. This was done on a private basis and therefore costs were incurred for the resident.

Of the care homes that responded, 23% felt that residents have difficulties with their diet and nutrition as a result of their dental status.



Only 40% of care homes we spoke to have a local dentist who looks after the need of their residents for 'normal check-ups' and in only 5% of those will the dentist visit the care home directly.

“Assessment of a persons dental needs can be undertaken in the home but treatment is normally required at the dental practice”

We saw from the responses that routine dental checks were not being accommodated as effectively as they would for other sectors of the community.



16%

of the homes had no process to ensure planned regular dental check-ups for residents.

42% of homes said they only accessed dental checks when the resident had symptoms.

There is an opportunity as a care and dental workforce to train and share best practice; to work with care homes to support the awareness of oral care and to offer training and development to residents, staff, family and relatives.

“Private home visits are available from a number of local dentists but many residents are not able to afford this. Routine checks are very rarely accessed although a small number of clients are supported to visit their own dentists.”

95% of care homes said oral health forms part of the residents care plan. However 16% said that no assessment is done of a residents oral care needs when they move to the home environment.

63% of the care homes have had difficulty getting routine dental treatment and 58% have experienced difficulty accessing emergency care dental care for residents. This is compounded by the non-availability of both NHS and private dentists; the non-availability of staff or family support; the complex needs of the resident including dementia and learning disability and indeed the cost of care.



“We have a resident that requires treatment, we have phoned around, Bourne, Stamford, Spalding, Peterborough and are unable to find a dentist who has NHS vacancy. So I have told the resident I will try my own dentist and will take her if they have any NHS places even though it is a way out. The resident can't afford private treatment”



“None of the residents have routine checks as dentists will not attend the home. I find dentistry the most difficult to obtain within elderly residential/ nursing settings.”

“I think there needs to be more domiciliary good dental services for older people. More emphasis needs to be paid to teeth. Hearing and sight is already important, but people forget oral health”

“Due to learning disability some service users refuse to attend dental appointments and would benefit from having access to dentist who would visit home.”

31% of care homes said they do not provide staff training on oral health.

Only 66% know where to ask for help with residents' oral health needs and only 55% know where to access the right care for residents with additional needs.



9 care homes we spoke, to only 1 was aware of the 'Community Dental Services', which provide specialist services for referrals for those who have additional needs.

From those we have spoken to, it would appear that awareness raising, training and the application (or adoption) of best practice would support the care sector, perhaps utilising some of the good work that already happens in some areas.

“When approaching local dentists they all decline to travel to the home, we can only take those able to travel”

These few comments echoed common sentiments among the care home staff:

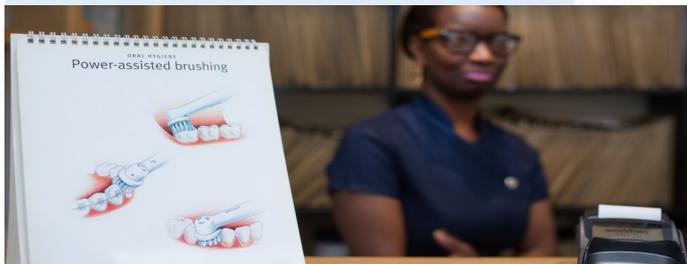
“Would be wonderful if this work had a result which encouraged Dentists to cover Care Homes. I have no issues with any other service. Opticians, Podiatrists, Nurses Doctors.”

“If the service is going to be improved we would love to be on the list to be visited, all other services visit the residents such as podiatrist, nurses, optician, dentists are the only ones behind the times”

“Residents no longer seem to have their own dentist and if they do and they are no longer able to access these at the dental surgery more dentist should be able to come into the community to see them.”

The residents told us that ...

- They generally had to rely on family unless it was an emergency and, as a consequence dental care doesn't happen routinely.
- Residents told us that dental care was generally difficult to come by particularly when they moved into a new area. Some who told us they did access dental care said they had to travel many miles for the service.
- Residents told us that dentures frequently got lost and were ill fitting and uncomfortable.
- Some residents told us that the home did support them, either by supporting and reminding residents about oral hygiene or by offering mouth wash and gum cleaners. However this was not evidenced by the majority of residents.



“Resident broke a tooth and when we tried to access dental treatment she was going to be charged a lot of money so she refused any treatment”

“We have now brought in a display board relating to oral care and all residents have an oral assessment”

“I think we need to be able to access dental services when needed and there needs to be some way dentists could visit the home if resident is unable to visit dentist.”

“Availability of service into the home to see all residents routinely if they choose to do so. Dementia approach training for dental service personnel. This is widely available for vision care”

Conclusion

Healthwatch recognise the geographic and service challenges for patients accessing NHS dental services in Lincolnshire. We also understand the need to ensure that any service or strategic change needs to be sustainable in the long term.

Following our findings we would urge the people commissioning and delivering NHS dental services to consider the overwhelming themes and trends from the people we spoke to about the challenges that impact on ‘day to day’ work and life within the care home sector relating to oral care.

Anecdotally we hear that there is enough capacity within the dental sector but that does not seem to concur with what people tell us when trying to access these services.

Therefore we consider the need for greater transparency and a holistic approach to supporting equality at a very local level ‘rather than county level’ and access to care in a sustainable way for the future which is equitable with other parts of the country.

We welcome the opportunity to share our findings as widely as possible in the hope that we can share the voices of some of the most vulnerable people in our county and help influence service change.

Report findings are shared with Oral Health Alliance, Local Professional Dental Network, NHS England, LinCA, Healthwatch England, Lincolnshire County Council, Overview and Scrutiny Committee for Health and Adults. Public Health England, Health Education England.

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