The oral care of the older person: a present and rising challenge

In the first of a two-part series, **Caroline Holland** looks at the programmes underway to improve mouthcare of residents of care homes and hospitals.

'Putting the mouth back in the body' is a mantra that is often heard in the context of health policy. Yet there is still an uphill battle to embed adequate oral care among care home residents and hospital patients. Today a lifespan of 90 years is not unusual. People living longer lives are remaining dentate. The result is a growing demographic with high needs combined with increasing dependence.

Those working in the fields of special care dentistry and gerodontology, such as Consultant in Special Care Dentistry Mili Doshi, want recognition for the role that a healthy mouth has in keeping people independent and well. Mili was the clinical lead of the Mouth Care Matters programme which trains hospital ward teams in mouthcare. In 2015 a CQC report showed many older patients at East Surrey Hospital where she works were suffering from dry mouth. Mili was given funding to develop a programme and was supported by the CEO of her trust. With her team, she observed the regimen on hospital wards and saw that mouthcare was not a consideration. In conversations with non-dental colleagues, she was struck by how little was understood about dental issues by those working in healthcare. She recalls saying: 'If only mouthcare mattered' and it was this outburst which gave rise to the name of the Mouth Care Matters (MCM) programme.

MCM works, says Mili, because it was

Mili Doshi

designed to be pragmatic and simple. Initially, it was rolled out across acute hospitals in Kent, Surrey and Sussex; dental nurses, nurses and speech and language therapists were recruited as Mouth Care Leads so that they could in turn train and mentor the medical nurses and healthcare assistants and work to raise standards. Mili adds: 'The ambition was that MCM would be translated across all ages and settings'.

MCM is no longer being funded by Health Education England although its ongoing legacy is still visible on its website,[1] an educational video on YouTube[2] and it lives on among the dental nurses who work as mouthcare leads at a number of hospitals, mostly in the South East (such as Loraine Macintyre, Panel 1).

Initiatives dedicated to improving the oral health of older people in residential homes have got off the ground in different parts of Great Britain. Scotland started the process with a Guide for Care Homes, published as part of its Caring for Smiles initiative.[3] The Welsh Government followed soon afterwards when in 2014 Gwên am Byth (A Lasting Smile) was born (Panel 2).

While the approach to improving the oral health of the dependent elderly in the UK has been to train those in the frontline of their care, in Australia, by contrast, the Senior Smiles programme[4] employs dental hygienists and oral therapists in Residential Aged Care (RACF) Facilities (care homes). Led by Professor Janet Wallace, the programme began in a region of New South Wales after she was awarded a philanthropic grant to deliver a new model of care.

Janet Wallace

In the opinion of Professor Wallace, there's a need for qualified, preventive dental practitioners such as dental hygienists and oral therapists to be within the care home, providing oral health risk assessments, oral health care plans and developing referral pathways for residents, whether to a dentist or dental prosthetists in the local community. She says: 'One of the main problems is that care home staff are mostly unable to identify oral conditions and, as a result, residents often develop serious dental problems that, if identified in the early stage, could have been managed'.

An economic analysis has shown the Senior Smiles programme to be financially beneficial but funding remains a barrier to scaling up the programme across Australia. Unfortunately, she says, there are many barriers: geographic, economic and access to oral health/dental care in the care homes.

Mike Brindle and patient

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Professor Wallace is lobbying for funding. 'We recently had a Royal Commission into Aged Care Quality and Safety in Australia and one of the recommendations from that was that all care homes should retain or employ an oral health practitioner. Funding these positions is the issue; ultimately the funding for this Senior Smiles practitioner should come directly from the care home and should be linked to accreditation, to ensure oral health is provided along with the other daily cares. We continue to lobby to achieve this goal and to highlight that oral health is part of general health care and not simply an add-on luxury.'

In the UK, there are similar challenges. There is a willingness to provide better care but a reluctance to fund it. Pockets of innovation exist but there is no systematic policy. Richard Valle-Jones is a Special Care Dentistry Consultant and Clinical Director at Leeds Community Healthcare NHS Trust. His Masters focused on restorative dentistry in older patients, and he believes more could – and should – be done to raise the bar on gerodontology.

Dr Valle-Jones says: 'Change needs to start in dental schools where dentists of the future should understand the importance of pragmatic conservative dentistry. And it's not just dentists either, the whole team needs to be engaged'.

For some years Dr Valle-Jones worked in Oldham and experienced the benefits of being part of the devolved Greater Manchester Health and Social Care Partnership, which fostered innovation. There was a collaborative approach to training dentists, involving the Greater Manchester Health & Social Care Partnership (GMHSC), Health Education England and Public Health England.

Foundation dentists would be attached to a care home where there was unmet need and carry out dental checks, supported by experienced dental nurses. As Clinical Director of Pennine Care NHS Foundation Trust, Dr Valle-Jones was one of the course organisers: 'The experience gave the foundation dentists a valuable insight into special care dentistry early in their career'.

Another pocket of innovation is developing in the North West of England. Lancashire & South Cumbria Financial Care Trust (LSCFCT) has commissioned Mike Brindle, a clinical dental technician (CDT), to provide a service to care homes in the area. What makes this initiative so outstanding is that it is the first time that the NHS will be employing a CDT in a domiciliary setting.

Mike, who works as a sessional CDT for the NHS, has been lobbying for 12 years for CDTs to be commissioned to work directly with patients in care homes. The CDTs' scope of practice allows them to work directly with edentulous patients and on prescription with semi-dentate patients. However, in the absence of an NHS performer number, they have only been able to work in a private capacity for care home residents.

Progress has been achieved through some significant developments. Firstly, the advent of Health Education England's review of the dental workforce (Advancing Dental Care) to which Mike was recruited; as a result of his input, it was agreed that a trial data collection scheme should be established. In order to circumvent the issue of the NHS performer number, he is now working under the aegis of Fylde Coast Medical Services, which is a recognised NHS provider.

Another important turning point has been the development of sophisticated scanning technology which will enable remote examinations, limiting face-to-face contacts and speeding up diagnosis and treatment solutions.

Mike says: 'Projects such as these are expensive to set up, to run and to monitor. However, LSCFCT are an extremely innovative and forward-thinking trust, so sufficient funding was found, and the first patients will be treated in the spring of 2022'.

He adds: 'Over the past 12 years a huge amount of effort has been put in to convincing the relevant authorities of the benefits of bringing CDTs into recognised employment within the NHS structure. One of the biggest hurdles has been demonstrating a CDT's worth as an effective contributor to the dental team effort. This pilot provides a real opportunity to demonstrate and prove the value CDTs can bring to the domiciliary dental care team'.

If the pilot scheme is successful, there is potential for it to be established as a nationwide programme. Ideally, this should be part of a planned overhaul to improve the oral health of care homes everywhere – but more evidence is needed to establish best practice.

What can be done to develop a more systematic approach to the oral care of the elderly? The Seattle Care Pathway[5] created in 2014 was ground-breaking. The structured, evidence-based pathway was developed at a workshop in Seattle attended by 100 clinicians from around the world. The pathway takes into account cultural differences relating to both workforce issues and funding systems.

Four dependency categories form the backbone. Ranging from nil to high, each category sets out the actions required, relating to assessment, treatment, prevention and communication.

The advice to the dental community set out in the paper incorporated:

- The duty of dental professionals to inform policymakers and others about the epidemic of poor oral health among older people
- Collaboration with other organisations, such as nursing home managers and voluntary organisations
- Inter professional education
- Promotion of research in gerodontology to support interventions for this growing population.

The paper also highlights 'elder abuse', stressing that oral health can be an indicator of neglect and dental professionals must be vigilant for signs.

A new trial[6] 'Improving the oral health of older people in care homes (TOPIC): a protocol for a feasibility study' is underway which should provide the evidence that is needed to develop a systematic approach to the care of the older person in residential facilities.

Mili appreciates the advent of more robust evidence-based processes but stresses that it is still essential for any programme directed at the frail and elderly to be easily adopted: 'There is so much to be done but we have to be realistic in what can be achieved. The key message is that a healthy mouth contributes to a person's overall health and wellbeing. If we can broaden this understanding across healthcare, we really will be putting the mouth back in the body, where it belongs'.

Panel 1

Dental nurse Loraine Macintyre is the Mouth Care Matters (MCM) Lead at East Surrey Hospital which is where the MCM programme was developed. Loraine worked with Mili and the other Mouth Care leads to develop the initiative further. From her own experience, Loraine knows that when a person's oral health declines, their overall health and wellbeing also deteriorates. A frail older person who does not have a healthy mouth is less likely to:

- Eat well
- Hydrate themselves
- Take their drugs
- Swallow their medication.

They might also lose weight which makes them vulnerable to dizziness and a fall and the high quota of bacteria in their mouth might make them vulnerable to contracting pneumonia or complications associated with a heart condition.

Loraine recalls one 88-year-old woman in-patient who developed cellulitis while she was on a ward. When Loraine visited her bedside, she was frail, unconscious, and not expected to survive.

Loraine realised this was due to a lack of effective mouthcare. Thanks to her experience of xerostomia, she could see that the lady was chewing her lip to try and activate the saliva in her mouth, which had completely dried up.

Following initial, extensive mouthcare to clean and hydrate together with a course of antibiotics to treat the cellulitis, the patient made a full recovery.

Loraine Macintyre

In addition to ward referrals, Loraine is responsible for training clinical staff in mouthcare: 'I encourage medical staff to examine the mouth and explain that there can be a number of issues affecting oral health and a quick brush is not always going to improve it. The plaque needs to be reduced, while any dentures or soreness of the mouth may need addressing. Many prescribed medications affect saliva flow leading to dryness of the mouth which can inhibit swallowing and speech'.

There are occasions, says Loraine, when in-patients at the hospital refuse to have any oral intervention. This can be due to confusion or anxiety. In these instances, she will gently try to overcome these barriers with reassurance, explaining the benefits of a healthy mouth which allows them to eat and drink without discomfort.

Panel 2

The Gwên am Byth (A Lasting Smile) programme[7] has achieved an impressive, systematic approach to oral care in Welsh residential homes. Heading up the programme is Ros Davies, a dental nurse who undertook a Master's in Public Health and is now Improvement Lead for Public Health Cymru (Wales). Prior to the development of Gwên am Byth, a campaign to improve health outcomes in Welsh hospitals had been rolled out. Entitled 1000 Lives Service Improvement, the quality improvement service for NHS Wales had showcased what could be achieved through strategic planning.

Ros Davies

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This was brought home to Ros when she visited her mother in a care home. Her mother had advanced dementia and it became clear to Ros that her mouth had not been checked. 'When my mother was diagnosed, no-one ever asked her or my father if she needed help with her oral hygiene. An assessment should have been carried out at the point of diagnosis for dementia on her ability to keep her mouth clean.'

Prior to Gwên am Byth, mouthcare in care homes in Wales was patchy. The CDS provided innovative services in some areas, while in other areas there was a shared care approach with the GDS. The best aspects of the differing models of mouthcare coupled with Scotland's Caring for Smiles initiative were combined to form the building blocks of Gwên am Byth.

The programme benefited from:

- Recurrent funding
- A multi-professional team for developing and testing resources
- An official status thanks to a Welsh Health circular.

By the spring of 2020, Gwên am Byth was established in half of the care homes in Wales and more than 5,000 health and care staff had been trained. The assessment tool developed by the team is now awaiting validation. 'We have tried to change the culture in Wales so that mouthcare is seen as everybody's problem.'

There have, inevitably, been issues around the high turnover staff and the need for recurrent training. But there is a commitment not to be defeated by the pandemic.

In essence, says Dr Davies, Gwên am Byth is about training and empowering care home staff so that they take ownership for regular mouthcare of residents.

Additionally, a similar programme to Mouth Care Matters was introduced in secondary settings in Wales in 2012. A mouth care assessment is completed for patients admitted to hospital and this leads to a bespoke mouth care plan. The inclusion of a mouth care assessment into the All Wales Digital Nurse Risk Assessment document is designed to ensure there is good mouth care delivery for vulnerable dependent people across Health and Social Care.

References

1. NHS. Health Education England. Mouth Care Matters. Available at: https://mouthcarematters.hee.nhs.uk (accessed March 2022).
2. Surrey and Sussex Healthcare NHS Trust. Mouth Care Matters. 1 June 2015. Available at: https://www.youtube.com/watch?v=yiWXIRpCIeU (accessed March 2022).
3. Scottish Dental. Caring for Smiles: Guide for care homes. 10 August 2021. Available at: https://www.scottishdental.org/library/caring-for-smiles-guide-for-care-homes/ (accessed March 2022).
4. Senior Smiles. Available at: https://www.seniorsmiles.org.au (accessed March 2022).
5. Pretty I A, Ellwood R P, Lo E C M *et al.* The Seattle Care Pathway for securing oral health in older patients. *Gerodontology* 2014; **31 Suppl 1:** 77–87.
6. Tsakos G, Brocklehurst P R, Watson S *et al.* Improving the oral health of older people in care homes (TOPIC): a protocol for a feasibility study. *Pilot Feasibility Stud* 2021; doi: 10.1186/s40814-021-00872-6.
7. Howells E P, Davies R, Jones V, Morgan M Z. Gwên am Byth: a programme introduced to improve the oral health of older people living in care homes in Wales - from anecdote, through policy into action. *Br Dent J* 2020; **229:** 793–799.

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