

Special care dentistry: two sides of a coin

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Facilitating oral care for patients with a disability or impairment is affected by considerations for the patient and the actions of the dental team. This article, and the associated session at the 2015 British Dental Conference & Exhibition, reviews the wide range of areas that special care dentistry covers. The article and session will also provide tips and techniques for providing special adjustments and how to understand the expectations of patients with additional needs.

Special Care Dentistry (SCD) is concerned with the supply and facilitation of oral care for individuals with an impairment or disability. These can be wide ranging such as physical, sensory, intellectual, mental, medical, emotional, social, or a combination of a number of these. Furthermore, it includes those who are housebound, in residential facilities and the homeless. All these considerations are related to the patient, being one side of the coin. The other side of the coin are those bespoke considerations that the dental team can bring to the situation.

Optimum gathering of information from the beginning arms the team with relevant details to ensure all aspects relating to the patient from communication methods, anxieties, disabilities or challenges linked to behaviour are taken into account when planning dental visits and subsequent delivery of care. To maximise the potential for a positive outcome, what is important to the patient in making their experience a success must be balanced with what can realistically be provided by the dental team using the resources they have available.

The majority of patients, including those with special care requirements, receive their dental care from local General Dental Practitioners, but there are a sizeable minority who require either shared care between special care services and

general practice, or ongoing management in such services with an armamentarium of resources and treatment modalities to deliver effective dental care. This can start as soon as the patient is referred or accesses care with the below.

PRE-VISIT PREPARATION

To increase the likelihood of a successful outcome, a combination of the following can be offered in order to prepare for an appointment and minimise anxiety:

- Online media: including websites, social media and blogs, for patients to access information about the practice/service so they can visualise what to expect and who they may meet as familiarity before visiting can be helpful. Video clips can be used for this purpose and sound footage can assist those with visual impairment.
- Easy read leaflets: demonstrating to patients what may happen during their visit, their first visit in particular, or for a procedure to be carried out such as extraction, restoration or periodontal treatment (Fig. 1). Practice information in this format can be made available also.
- Care passports: designed to help healthcare professionals know more about the person and subsequently make necessary adjustments to improve patient journey (Fig. 2). Many are available free online as a template from www.easyhealth.org.uk and can be adapted to include relevant information to the service provided.

Debbie Chandler is the Lead Dental Nurse at Special Care Dentistry based at Dorset County Hospital NHS Foundation Trust, Dorchester providing dental care to a range of patients with additional and complex needs. Prior to taking the role in early 2014 she led the Oral Health Promotion Unit for 23 years devising and delivering oral health programmes and initiatives to schools, parent groups, support groups people with learning and physical disabilities, and latterly in children's centres supporting vulnerable families and the staff working with them to improve oral health and encourage families to access regular dental care. She gained her Certificate in Oral Health Education during her time as oral health promoter.

Previously Debbie worked briefly at two general practices and from 1982 spent 8 years as a civilian dental nurse for the Ministry of Defence based at HMS Osprey Portland, Dorset. She qualified as a dental nurse in 1985 during her time with the MOD.

Richard Valle-Jones is the Clinical Director for Dentistry at Pennine Care NHS Foundation Trust in Manchester, providing leadership and strategic direction to a team that offers a range of dental care for vulnerable groups in the community. Richard has completed a master of clinical dentistry programme in fixed and removable prosthodontics and is a specialist in special care dentistry.

Previously Richard qualified as a dentist and worked in general practice, maxillo-facial surgery and restorative dentistry before taking up a career in special care.

Guidance on how to complete and use this information sheet is also available.

PRE-APPOINTMENT VISITS

Visiting the clinic before an appointment allows the patient and support team to

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Fig. 1 Easy read leaflet

view the waiting area, surgery and meet staff members without the pressure of having a dental intervention. It helps them become familiar with the environment, dental chair, equipment and staff in preparation for an appointment. Photographs of the patient in the dental environment can be taken during the visit to act as a prompt when at home.

DOMICILIARY VISITS

Some patients find visiting a clinical environment too challenging, precipitating the need for a domiciliary assessment. The advantages are that the patient is in familiar surroundings and the assistance of family or support staff provides a greater chance of a positive outcome.

OTHER COMMUNICATION METHODS

There are a number of communication methods available to suit various needs:

- PECS: picture exchange communication system www.pecs.com
- Makaton: a language programme using signs and symbols www.makaton.org
- Eye gaze: a system that allows people with severe physical disabilities to access and work a computer via eye movement
- Multimedia profiling: creates a personal catalogue of video clips

on the computer which build up a profile of an individual. The person can be in control of their own information through switch or touch screen, and can choose when and how to share it

- Induction loop: to assist the hard of hearing.

APPOINTMENT

Considering the range of potential conditions the patient may present with, preparation is vital, with maximum information sharing beforehand to facilitate a smooth visit. This can include:

- Skilled dental team: able to assess capacity, deal with issues, and manage the patient safely and appropriately to facilitate treatment
- Appropriate access: for wheelchair users, those with walking aids or bariatric patients
- Treatment modalities: having the option of management with local anaesthetic, conscious sedation and general anaesthetic
- Supporting networks: such as learning disability teams, medical opinions and advocates
- Time: these interventions can take extensive time, on top of the preparatory work and follow up work.

CONCLUSION

Patients seen by SCD teams come with a



Fig. 2 Care passport

range of factors which necessitate a correspondingly large variety of, and often time consuming, management techniques and interventions available within special care dental services. These techniques are essential when planning individual care pathways that succeed equally for the patient and the teams involved.

This often encompasses the need for collaborative working between partners and organisations to provide the patient with optimum support through their lifelong dental journey, and bringing harmony to the two sides of the coin being the patient and the dental team.

Richard Valle-Jones and Debbie Chandler will be presenting on this subject on Thursday 7 May 2015 at 10:15 am at the 2015 British Dental Association Conference and Exhibition in Manchester. Register online at: www.bda.org/conference. Three-day VIP conference passes are free to Extra and Expert BDA members.