NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC HEALTH GUIDELINE

DRAFT SCOPE

1 Guideline title

Oral health: promoting oral health, preventing dental health problems and ensuring access to dental treatment for adults in nursing and residential care homes

1.1 Short title

Oral health for adults in care homes

2 Background

a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop a public health guideline for carers working in health and social residential care settings (including nursing homes and residential care homes) on effective approaches to promoting oral health, preventing dental health problems and ensuring access to dental treatment when required.

b) This guideline will support a number of related policy documents including:

- Delivering better oral health: an evidence-based toolkit for prevention (DH and British Association for the Study of Community Dentistry 2009)
- Dental quality and outcomes framework (DH 2011)
- Equity and excellence: liberating the NHS (DH 2010)

- Essential standards of quality and safety: Guidance about compliance (Care Quality Commission 2010)[1]
- Healthy lives, healthy people: our strategy for public health in England (DH 2010)
- Improving oral health and dental outcomes: developing the dental public health workforce in England (DH 2010)
- NHS dental contract: proposal for pilots December 2010 (DH 2010)
- The NHS outcomes framework (DH 2010)
- The Adult Social Care Outcomes Framework 2014/15 (DH 2013)[2]
- The operating framework for the NHS in England 2011/12 (DH 2010)

c) This guideline will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at health and wellbeing boards, clinical commissioning groups and health and social care professionals, commissioners and managers working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at people who:

- manage care homes
- provide care in care homes (for example, care home staff and nurses employed by the home)
- provide services to care homes (for example, salaried dental teams, general dental practice teams, GPs and social services)
- monitor how care is provided in care homes (for example, local authorities and the Care Quality Commission).

[1] Outcome 4: Care and welfare of people who use services; Outcome 7: safeguarding people who use services from abuse [and neglect, including access to dentistry].
[2] Domain 3: Ensuring that people have a positive experience of care and support; Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

It will also be of interest to people who live in care homes and their families or friends and other members of the public.

d) The DH has also asked NICE to produce 2 additional NICE public health guidelines on oral health:

- Oral health: local authority strategies to improve oral health particularly among vulnerable groups
- Oral health promotion approaches for dental health practitioners

e) The guideline will complement a range of related NICE guidance. For further details, see section 6.

This guideline will be developed using the process and methods described in Methods for development of NICE public health guidance (2012) and The NICE public health guidance development process (2012).

3 The need for guidance

a) Oral health is important to everyone's health and wellbeing. Poor oral health can affect people's ability to eat, speak and socialise normally (Dental quality and outcomes framework DH 2011), despite being largely preventable (Levine and Stillman-Lowe 2009). Tooth decay and gum disease are the most common dental problems in the UK and can be painful, expensive to treat and seriously damage health if left unchecked (Dental quality and outcomes framework DH 2011). For example, gum disease may increase a person's risk of heart disease, heart attacks and stroke, and the risk and control of diabetes (Rogers 2011). In addition, since 1989, rates of oral cancer have increased by 40%, making it one of the UK's fastest growing cancers (Oral cancer – UK incidence statistics Cancer Research UK 2010).

b) The Adult dental health survey 2009 (Health and Social Care Information Centre 2011) reports that the proportion of adults in England without natural teeth has dropped from 28% to 6% in the past 30 years. However, less than one fifth (17%) of adults with natural teeth have healthy gums and only 10% have excellent oral health. Although more adults are retaining their natural teeth, incidence of root decay in adults is increasing and more adults are undertaking cosmetic dentistry resulting in complex oral health needs (Thomson 2004). Factors associated with severe tooth decay include: having a chronic medical condition (Valuing people's oral health: A good practice guide for improving the oral health of disabled children and adults DH 2007); living in a deprived area; being from a lower socioeconomic group or living with a family receiving income support (Rayner et al. 2003).

c) Poor oral health in adults has wide ranging health implications beyond the obvious acute symptoms of pain and discomfort in and around the mouth and jaw (Oral Healthcare for Older People 2020 Vision Check-up January 2012 British Dental Association 2012). Poor oral health, whether experienced chronically or acutely, may impact on nutritional intake, disrupt routine sleep patterns and affect quality of life and general health. Symptoms of chronic conditions may be further exacerbated by pain associated with chronic or acute oral health problems. Difficulty eating, restricted food choice and lack of sleep may in some circumstances lead to individuals experiencing increased agitation, anxiety and confusion.

d) Age UK report there are an estimated 3836 nursing homes and 10,445 residential homes providing care for around 431,500 elderly and disabled people, 414,000 of whom are over 65. Current general population risks of needing residential care are estimated to be 1% of adults aged 65–74 years; 4% of adults aged 75–84 years and approximately 16% of adults aged 85 years and over (Later Life in the United Kingdom Age UK 2014).

e) A large provider of residential and nursing care in the UK estimates the proportion of adults living with dementia in their care homes to be around 43% (Lievelsey et al 2011). Adults living with dementia may experience additional difficulties in maintaining good oral health (Preston 2006). Multiple medications, impaired sensory function and cognition (Rogers 2011), may increase uncertainty or anxiety about the approaches of providers of personal care and affect access to professional dental services.

f) A recent survey by the British Dental Association (Dentistry in care homes research – UK January 2012) talks about the inconsistent delivery of oral health care by care home providers, the high level of unmet oral health needs for residents, reluctance of staff to meet oral health needs and lack of staff training. Interviews with frontline staff responsible for providing personal care demonstrated little or no understanding about the importance of oral health. The relationship between oral health, general health and a range of risk factors (for example mouth cancer, cardiovascular disease, aspiration pneumonia) was reported as poorly understood by frontline staff, if at all. The reported reluctance of a proportion of frontline staff to carry out activities related to oral health – more so than carrying out activities related to incontinence – indicates an important need to reduce variation in practice across care home providers.

g) A range of medications decrease salivary flow, which when combined with a diet high in sugary foods, leave people living in care homes more prone to tooth decay (Rogers 2011). Reduced manual dexterity can further place people at risk because of the difficulty they may have in cleaning their teeth properly (Dentistry in care homes research – UK January 2012 BDA 2012). For older adults who may have experienced a lifetime of poor oral health, teeth can often have large fillings, be covered by crowns or bridges or be badly broken down (Rogers 2011). It is evident thatpeople

living in care homes may have a range of oral health needs. Existing poor oral health, together with treatments for chronic medical conditions (including dementia) add extra layer of complexity in meeting oral health needs of adults living in care homes.

4 The guideline

This document defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on a referral from the Department of Health (see appendix A).

4.1 Who is the focus?

4.1.1 Groups that will be covered

a) Adults in residential or nursing care homes, including people staying for rehabilitation or respite care. In this guideline the term 'care home' covers homes that provide 24-hour residential care, with or without nursing care.

4.1.2 Groups that will not be covered

a) Adults living independently in the community.

b) Adults living in psychiatric hospitals, residences offering end of life care or any other specialist care or prison.

c) Children and young people.

4.2 Activities

4.2.1 Activities that will be covered

The guidance will focus on the following activities:

a) Approaches to promoting oral health in care home settings including:

- Conducting assessments of individual oral health, for example on entry to a care home and in response to changing oral health needs.

- Maintaining access to dental services, including those offered by local salaried dental services, general dental practice and coordinating other health care services. For example joining up dental health services with other health initiatives provided in care home settings (such as services offered by GPs, vision testing, social services, podiatry).

- Staff training about oral health (including understanding the effect of oral health on general health and wellbeing).

- Increasing access to fluoride for people living in care homes. For example, by providing free, fluoride toothpaste or gels, providing fluoride supplements, or by dental health care professionals offering fluoride varnish applications in care homes.

- Providing oral health education and information about promoting and maintaining oral health (for example the role of diet, techniques for brushing teeth and maintaining healthy dentures).

- Providing resources to improve oral hygiene for people living in care homes (as appropriate), for example providing a range of toothbrushes including electric toothbrushes.

- Managing transitions if oral function deteriorates and a person's usual diet has to change.

b) Considering the effect of diet, alcohol and tobacco on the oral health of people living in care homes.

The committee will also take reasonable steps to identify ineffective activities.

4.2.2 Activities that will not be covered

a) Water fluoridation.

b) Dental clinical interventions, treatments or medicines.

c) Content of fluoride toothpastes, fluoride supplements, or type and range of particular pieces of oral hygiene equipment.

d) Specific techniques for carers to help people with their oral hygiene (for example techniques to remove dentures, clean the mouth, brush teeth, or perform a range of oral hygiene tasks).

e) Interventions to manage behaviours associated with resisting care or treatment.

The Committee will take reasonable steps to identify ineffective measures and approaches.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

Question 1: What approaches, activities or interventions are effective and cost effective in promoting oral health, preventing dental problems and ensuring access to dental care (including regular check-ups) for adults in care homes?

Question 2: What methods and sources of information will help care home managers and their staff identify and meet the range of oral health needs and problems experienced by their people living in care homes?

Question 3: What helps and hinders oral health promotion, prevents dental problems and ensures access to dental check-ups and treatment in care homes?

Expected outcomes:

- Changes in the oral health of people living in care homes. For example, earlier identification of incidence and prevalence of oral cancers, tooth decay, periodontal disease, oral discomfort including pain; also nutritional status among people living in care homes.

- Changes in modifiable risk factors, including the use of high concentration fluoride toothpaste, fluoride supplements, fluoride varnishes, frequency and quality of oral hygiene practices, and access to or visits from dental services.

- Changes in policies or procedures in care homes.

- Changes in knowledge and attitudes of care home managers and staff, and other health and social care professionals.

- Changes in quality of life, including social and emotional wellbeing.

- Changes in people's knowledge and ability to improve and protect their oral health.

- Changes in people's oral health behaviours.

4.4 Status of this document

This is the draft scope, released for consultation from 3 June 2014 until 1 July 2014. Following consultation, the final version of the scope will be available on the NICE website from September 2014.

5 Related NICE guidance

Published

- Managing medicines in care homes NICE social care guideline 1 (2014)
- Behaviour change: individual approaches NICE public health guidance 49 (2014)
- Patient experience in adult NHS services NICE clinical guideline 138 (2012)

- Smokeless tobacco cessation –South Asian communities NICE public health guidance 39 (2012)
- Prophylaxis against infective endocarditis NICE clinical guideline 64 (2008)
- Behaviour change: the principles for effective interventions NICE public health guidance 6 (2007)
- Dental recall NICE clinical guideline 19 (2004)

Under development

- Oral health: local authority oral health improvement strategies Publication expected October 2014
- Oral health promotion for dental practitioners Publication expected October 2015
- Social Care of older people with multiple long-term conditions Publication expected September 2015
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs Publication expected November 2015

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Develop a public health guideline for carers working in health and social residential care settings (including nursing homes, residential care homes) on effective approaches to promoting oral health, preventing dental health problems and ensuring access to dental treatment when required.’

Appendix B Potential considerations

It is anticipated that the Public Health Advisory Committee (PHAC) will consider the following issues:

- The target audience, actions taken to promote, maintain or improve oral health and increase access to dental services, by whom, context, frequency and duration.
- Whether approaches, activities or interventions are based on an underlying theory or conceptual model.
- Whether approaches, activities or interventions are effective and cost effective.
- Critical elements. For example, whether effectiveness and cost effectiveness varies according to:
  - the diversity of the population (for example, in terms of age, gender, ethnicity, religion, education level, fluency in English, physical or mental disabilities)
  - the status of the person delivering an activity and the way it is delivered
  - the frequency, length and duration of an activity, the medium through which it takes place, where it takes place and whether it is transferable to other settings
  - intensity of an activity.
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different groups.

Appendix C References

Levine RS, Stillman-Lowe CR (2009) The scientific basis of oral health education: sixth edition. London: British Dental Journal

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Preston A (2006) The Oral health of individuals with dementia in nursing homes. Gerodontology 23 (2): 99–105

Rayner J, Holt R, Blinkhorn F et al. (2003) British Society of Paediatric Dentistry: A policy document on oral health care in preschool children. International Journal of Paediatric Dentistry 13: 279–85

Rogers JG (2011) Evidence-based oral health promotion resource. Prevention and Population Health Branch, Government of Victoria, Department of Health, Melbourne

Thomson WM (2004) Dental caries experience in older people over time: what can the large cohort studies tell us? British Dental Journal 196: 89–92