

# CONCLUSIONS AND RECOMMENDATIONS FOR ACTION

Positive change across England can only happen by different parts of the health and care system coming together to improve oral health care to enhance the quality of life of people in care homes

## **1. People who use services, their families and carers need to be made more aware of the importance of oral care**

**We recommend that a multi-agency group, including care providers,** is convened to significantly raise awareness among people living in care homes and their families and carers of the importance of day-to-day dental hygiene and routine check-ups. This should focus on encouraging people to look after their own teeth and challenge care providers to support

## **2. Care home services need to make awareness and implementation of the NICE guideline 'Oral health for adults in care homes' a priority**

**We recommend that care home providers should:**

- ⌘ Make the NICE guideline (NG48) the primary standard for planning, documenting, and delivering oral care.
- ⌘ Make day-to-day dental hygiene of equal priority to other personal care tasks.
- ⌘ Assess people's oral health and their ongoing day-to-day dental hygiene needs when they enter the home, showing whether people are exempt from NHS charges.
- ⌘ Routinely check the state of people's oral health when they lose weight if it is not explained through ill-health or other ongoing conditions. This should be carried out by a qualified dental professional and should include an assessment of the fit of dentures.
- ⌘ Establish an 'oral health champion' within their portfolio of staff roles and responsibilities.

## **3. Care home staff need better training in oral care**

**We recommend that local social care commissioners (both clinical commissioning groups and local authorities)** introduce the need for oral health training as part of their assessment frameworks.

**We recommend that Skills for Care, Health Education England, and Skills for Health** introduce a mandatory oral health component in the next iteration of the Care Certificate qualification to include the impact of poor

#### **4. The dental profession needs improved guidance on how to treat people in care homes**

**We recommend that all dental providers**

make sure they are clear about their NHS and private charges and make every effort to assist care homes in making applications for exemption from charges.

**We recommend that Health Education England** updates and re-issues guidance for the training of dental professionals on how to provide care within care homes, particularly in relation to people with complex conditions and cognitive impairment, the frequency of routine examinations for those living in care homes, and the most appropriate setting and dental care professional to deliver routine and urgent

#### **5. Dental provision and commissioning needs to improve to meet the needs of people in care homes**

**We recommend that NHS England and local commissioners:**

- ⌘ Work with the care home sector to avoid lengthy waiting times for appointments and treatment and provide emergency appointment times.
- ⌘ Work with GP practices and other primary care contractors to signpost people to local dental provision.
- ⌘ Provide adequate capacity to provide routine and emergency treatment to people in care homes.

**We recommend that NHS England works with other bodies, such as Public Health England and Healthwatch** to develop accessible information for the public and care home staff to signpost them to routine and emergency NHS dental care in their area.

**We recommend that NHS England** reviews how domiciliary dental care is provided to the care home sector – targeting it to those who would benefit it the most.

**We recommend that NHS England** considers a more local and responsive approach to dental commissioning, given the inclusion of oral health in care homes within the NHS Long Term Plan.

**We recommend that commissioners** should recognise the opportunities for a more diversified workforce – for example, make available hygienists, therapists and dental nurses to provide services for people living in care homes.

**We recommend that NHS England** explores how the developing primary care networks and local dental networks can work with NHS dental services to develop services that meet the needs of vulnerable groups and address health inequalities for those living in care

## **6. NICE guideline NG48 needs to be used more in regulatory and commissioning assessments**

**We recommend that local social care contractual monitoring and quality frameworks** include awareness and implementation of NG48 as part of their assessment of the overall quality of care.

**We recommend that CQC** reviews and clarifies how oral health care should be part of their monitoring and inspection of care homes.

**We recommend that the Regulation of Dental Services Programme Board**, chaired by CQC, continues to work collaboratively towards a shared view of quality in relation to the awareness of the NICE guideline, oral health training, and commissioning of services.