



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	Public Health Guideline – Oral Health – In Nursing and Residential Care – Consultation on the Draft Scope
<b>ORIGINATING SOURCE:</b>	National Institute for Health and Care Excellence
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<b>SUBMITTED:</b>	27 <sup>th</sup> June 2014

## National Institute for Health and Care Excellence

### PUBLIC HEALTH GUIDELINE – ORAL HEALTH – IN NURSING AND RESIDENTIAL CARE

**Consultation on the Draft Scope from  
Tuesday 3 June 2014 – Tuesday 1 July 2014  
Comments on the Draft Scope to be submitted  
no later than 5pm on Tuesday 1 July 2014**

#### Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
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<b>Name:</b>		
<b>Organisation:</b>		
Section number	Page number	Comments
Indicate section number or ' <b>general</b> ' if your comment relates to the whole document		Please insert each new comment in a new row.
General		This is a very welcome and necessary start to guideline production. The population is living longer with more complex disease and treatments. In addition, those born with disabilities are surviving with increasingly complex disabilities. They have a greater burden of oral disease, but reflecting the improvement in oral health of the rest of the population, are maintaining their dentition more than has been the case in the past. Provision of dental treatment can be very challenging and individuals may be unable to advise if they are experiencing oral ill-health, so prevention is vital.
2a	1	The Scottish Government supports an oral health promotion programme "Caring for Smiles" in each Health Board. <a href="http://www.healthscotland.com/uploads/documents/5751-CaringForSmilesCard.pdf">http://www.healthscotland.com/uploads/documents/5751-CaringForSmilesCard.pdf</a>
2c	2	Other professionals providing care should be made aware including medical practitioners/ social work, given the significant impact oral health can have on an individual's health and well-being

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3	4	In addition to the impact on general health, provision of treatment of dental disease may be very challenging. Patients may be unable to comply due to a physical disability/ movement disorder; a learning disability; mental ill-health including dementia. They may require sedation or general anaesthesia for examination as well as treatment. This may not be possible due to their medical condition. Hence the consequences of their poor oral health (which may be preventable) are more severe. Thus the importance of prevention of disease is heightened.
3g	5	The impact of systemic disease and conditions is acknowledged here. Individuals who are PEG fed have particular oral health difficulties; patients who have had eg radiotherapy to the head and neck have particular difficulties. Due to medical advances, individuals with significant disease are surviving longer, and having to cope with the side effects of their medical and surgical treatments.
3g	5	The conflict between medical care and oral health needs to be acknowledged eg the need for high calorie supplements.
3g	5	Consider addressing particular examples of challenges as mentioned above.
4.1.2 b	6	There is a need to draw a line in the sand, but the principles of oral health care for long stay residents of psychiatric hospitals will be the same.
4.1.2c	6	The guidance will not include "young people". Will it include those between 18 and 65? Older people have great need, however, younger people in nursing and residential care have significant needs and high oral disease risk.
4.2.1a	7	It is important to recognise the potential difficulties of access, both physical and social.
"	7	Care home staff need to be aware of the need for and their responsibility to have available information regarding benefits and entitlements for those for whom they care
"	7	Perhaps beyond the scope of this guidance, but can further consideration be given to extended duties dental nurses as in the Childsmile project in Scotland (Extended Duties Dental Nurses apply fluoride varnish to nursery and primary school children's teeth).
"	7	Is there a funding stream for provision of free oral care items?

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“	7	Oral health education needs to include awareness of soft tissue disease at a basic level ie oral cancer, oral dryness, ulceration
4.2.2	8	The duty of care to those for whom they care needs to be emphasised. The point is made that staff are more willing to deal with incontinence than oral health. It is recognised that individuals may be less compliant for oral healthcare, and whilst it is beyond the scope of this guidance to suggest management strategies, the issue needs to be addressed. See British Society for Disability and Oral health Guidance document: <a href="http://www.bsdl.org.uk/userfiles/file/guidelines/longstay.pdf">http://www.bsdl.org.uk/userfiles/file/guidelines/longstay.pdf</a>
4.3 Expected outcomes	9	A desirable outcome would be the mentioned change in attitude of all staff and professionals to include an improved recognition of the impact of poor oral health on systemic health and general well-being and the potential catastrophic effects of poor oral health.
General		Great news that this is being addressed. Important to remember

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