



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	Oral Health for Adults in Care Homes
<b>ORIGINATING SOURCE:</b>	National Institute for Health and Care Excellence (NICE)
<b>CONTRIBUTORS:</b>	Dr Helen Patterson, FDS RCPS(Glasg) Current Member of Dental Council
<b>SUBMITTED:</b>	19 January 2016

## Oral Health for Adults in Care Homes

Consultation on draft guideline – deadline for comments 5pm on 19/01/2016 email: [OralHealthResidential@nice.org.uk](mailto:OralHealthResidential@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice? Please say for whom and why.</li><li>2. Which areas will be challenging to implement? Please say for whom and why.</li><li>3. Would implementation of any of the draft recommendations have significant cost implications?</li><li>4. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li><li>5. What type of information would enable you to make a convincing case for money to be invested in improving oral health in residential care homes?</li><li>6. An education and oral care programme over 2 years led to an improvement in the dental plaque index of 0.28 scale points, in gingival score 0.29 scale points and in denture plaque index 1.16 scale points. The education component cost £7.50 per resident and the cost of providing oral care £371 per resident. Do you consider this good value for money. If yes, why? If not, why not?</li></ol> <p>See section 3.9 of <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal College of Physicians and Surgeons of Glasgow</p>

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<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		None		
<b>Name of commentator person completing form:</b>		Helen Patterson		
<b>Type</b>		[office use only]		
<b>Comm ent number</b>	<b>Docume nt</b> <small>(full version, short version or the appendices</small>	<b>Page number</b> <small>Or 'general' for comments on the whole document</small>	<b>Line number</b> <small>Or 'general' for comments on the whole document</small>	<b>Comments</b>
				<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>
1	Full	7	2	Impact on practice: care managers - regular monitoring and peer/ management review of coral health care practice and knowledge of staff
2	Full	7	26	Impact on practice: oral health promotion services – ensure knowledge of/ access to advice re of needs of residents with complex needs. May require liaison with other healthcare professionals eg Speecha dn Language Therapy, Dietician
3	Full	8	4 - 15	Impact on practice: Residents may require support with payment for treatment which will require organisation by the care home staff
4	Full	6	9 - 27	Practical resources: <a href="http://www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf">http://www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf</a>
5	Full	7	1 - 19	Practical resources: <a href="http://www.bsdh.org/w_PDF/pBSDH_Clinical_Guidelines_PwaLD_2012.pdf">http://www.bsdh.org/w_PDF/pBSDH_Clinical_Guidelines_PwaLD_2012.pdf</a> - oral healthcare for people with learning disabilities <a href="http://www.bsdh.org/userfiles/file/guidelines/longstay.pdf">http://www.bsdh.org/userfiles/file/guidelines/longstay.pdf</a> - oral healthcare for long stay patients and residents <a href="http://www.bsdh.org/userfiles/file/guidelines/physical.pdf">http://www.bsdh.org/userfiles/file/guidelines/physical.pdf</a> - oral healthcare for people with a physical disability <a href="http://www.bsdh.org/userfiles/file/guidelines/mental.pdf">http://www.bsdh.org/userfiles/file/guidelines/mental.pdf</a> - oral healthcare for people with mental health problems
6	Full	8	4 - 15	Practical resources: <a href="http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding_Guideline_Jan_2010.pdf">http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding_Guideline_Jan_2010.pdf</a> - intervention for people unable to comply with routine dental care <a href="http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding_Guideline_Jan_2010.pdf">http://www.bsdh.org/userfiles/file/guidelines/BSDH_Clinical_Holding_Guideline_Jan_2010.pdf</a> - clinical holding guidelines

Please return to: [OralHealthResidential@nice.org.uk](mailto:OralHealthResidential@nice.org.uk)

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7		12	28/29	Practice/ cost: making staff available to accompany residents to dentist - impact on hospital transport services
8		15	10 - 18	Training needs/ peer review: when to treat and when not to treat. Remuneration for appropriate (sometimes “hands off”) management
9		22	6 on	Case for investment: impact of poor oral health on general health – diabetic control; rheumatoid disease and effect on mobility and dexterity; admissions for chest infection QoL measures
10		24	14 - 25	Value for money: Clearly we would support any improvement in oral health. Fiscally, however, what is the benefit? Reduced hospital admissions? – potentially. Continued effective alimentation? Improved QoL? – definitely It has been already stated that plaque and gingival indices do not necessarily indicate oral health so other measures need to be examined.
11		Gener al		Value for money/ outcomes: patient centred measures – oral comfort, ability to eat, how they feel about their appearance, speech

Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of

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how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.