



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

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| CONSULTATION: | Oral Health in Care Homes and Hospitals Quality Standard – consultation on draft quality standard |
| ORIGINATING SOURCE: | National Institute for Health and Care Excellence (NICE) |
| CONTRIBUTORS: | Dental Council Members of February 2017 |
| SUBMITTED: | 3 rd February 2017 |

Oral health in care homes and hospitals quality standard

Consultation on draft quality standard – deadline for comments 5pm on 3 February 2017 **email:** QSconsultations@nice.org.uk

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| | <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">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted. |
| Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank): | Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow |
| Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. | None |

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| Name of commentator person completing form: | | Helen Patterson | |
|--|--------------------------------|-------------------|---|
| Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information. | | No | |
| Type | | [office use only] | |
| Comm ent number | Section | Statement number | Comments |
| Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table. | | | |
| Examp le 1 | Statement 1 (measure) | | This statement may be hard to measure because... |
| 1 | Statement 1 Outcome page 4 | 1 | Satisfaction of resident or carer with care home admission process. – but surely also baseline data indentified in order to better plan for oral healthcare |
| 2 | Statement 1 Outcome page 5 | 1 | Record if there has been no contact or they do not have a dentist, and help them find one. - and provide support to help them attend or be seen in the home/ record if the individual can attend a clinic and how they get there |
| 3 | Statement 3 E and D Page 11 | 3 | Care home managers should make sure that care staff understand the needs of people with dementia and other cognitive difficulties – and other additional needs eg those at risk of aspiration |

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| 4 | Statement 4 | 4 | It is welcome that the importance of oral healthcare while in hospital should be supported and standardised. The link between respiratory infections and oral micro-organisms is known. The reduction in ventilator associated pneumonias by implementation of a strict oral care regime is known. The work by Ian Needleman's team sheds much light on the link between oral health/ oral hygiene and systemic infections. |
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Insert extra rows as needed