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BSG Newsletter

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Deadline for contributions for the Autumn 2009 edition of this newsletter is 1st September 2009.
Please email them to the newsletter editor:
Thelma.Edwards@dsl.pipex.com

INTRODUCING OUR NEW PRESIDENT! NICOLA PEARSON



Nicola Pearson qualified as a dentist in 1986 and obtained a Masters in Gerodontology in 1994, both from The London Hospital Medical College Dental School. She has worked for 23 years in the Salaried Dental Services. Most of those have been spent in Tower Hamlets firstly as a Community Dental Officer, then a Senior Dental Officer and finally as Assistant Clinical Director.

Currently in her role as Assistant Clinical Director for Tower Hamlets Primary Care Trust Salaried Dental Services she has responsibility for the effective running of the Domiciliary Dental Services and management of the domiciliary dental team. Responsibilities also include the initiating, planning, carrying out and evaluating oral health care programmes for older people and their carers. In the past she has been closely involved with the production of a video that aims to inform older people of services available to them and to give them the confidence and encouragement to take more control of their oral health. She has considerable experience in the provision of domiciliary dental care and has undertaken research into how a domiciliary denture care service can contribute to oral health related quality of life. Other research interests have included the oral health needs of ethnic elders.

Editor's Reflections by Thelma Edwards

I recently read that what we see and experience depends on what we bring to the sight and experience. For example, to me some of the herbs in my garden are just pretty flowers that attract insects but to a herbalist they will hold the potential for healing and wellbeing. Likewise, some of the birds in our garden may be 'little brown birds' but to my bird-watching husband, they have names, flight patterns, songs, characteristics. The same can be said for the way different people prioritize mouth care for older people or care for individuals who need help with their personal care. To an oral health professional used to seeing the results of neglected mouth care, it is high up in the personal care plan. In their minds, neglect could bring the additional generic health risks including poor nutrition as well as root caries, candida and the additional challenges of treatment. But to a carer unaware of the risks of neglecting mouth care, it can become an optional extra to perform if time and client compliance permits.

At a recent Social Care Showcase I attended with other oral health promotion colleagues from my region, our large display stand attracted a constant stream of Care Home Owners, Managers, training providers, care providers and care workers. We represented four PCTs and each of us had our own focus; two promoted their tried and tested mouth care training programmes and one collected contacts to provide evidence that such a programme is wanted in her area. Our display provided information about oral hygiene, denture care, diet, dry mouth and access to dental care; toothbrushing and denture care demonstrations were available. The delegates were drawn to the variety of adapted brushes we had on display, along with different toothpastes and mouth care products. I

concentrated on promoting an oral health needs assessment to be an integrated part of the personal care plan for each client. I asked each person I spoke to if they routinely undertook a mouth care assessment for each client when they came into their care. Some replied that they did but when asked if they recorded the results of the assessment, added it to the personal care plan, monitored and reviewed it, they almost always responded that they did not. They quickly acknowledged that unless recorded, oral health needs, even if identified, could be easily overlooked. I met a training provider with whom I had previously spent some time promoting mouth care awareness to be highlighted in a social care setting. He told me that since speaking to me he had been treated for oral cancer and suddenly everything I had previously said now made sense. He had personally experienced requiring mouth care in hospital and appreciated when it was undertaken well but suffered when it was neglected. Dry mouth was now a reality. He brings to the topic of mouth care his own experience as well as the information gained previously. This has become a powerful combination and he is an enthusiastic oral health champion in his workplace. The challenge for us is not only to raise awareness that routine mouth care should be part of the basic essence of care, but to change attitudes and perceptions where there is no personal understanding or experience of the reality of neglect.

There is a lot of good work being done by oral health professionals in providing mouth care training to staff in care homes and hospitals. Some programmes concentrate on training the trainers of care homes consortiums in order to build in sustainability and cascade the work further, others work at the coal-face and train the care workers themselves, others train hospital and community nurses. However, this is just scratching at the surface of need at local level. The Social Care Showcase provided a great opportunity to move even further upstream and check with each of the national and local Training Providers if they routinely included oral health in their Essence of Care modules and NVQ qualifications in Social Care.

BSG has been active in trying to influence policy makers and, with your help, could be even more influential in encouraging oral health to be given greater importance in national quality standards of care and national care-training programmes. For example, evidence based mouth care training programmes could be tailored to meet different levels of social care qualifications, supported by short DVD clips demonstrating oral hygiene and denture care, distance learning packs, leaflets and help with accessing the products recommended. These resources could be linked to the BSG website to meet the training needs of individuals, care agencies, social care workers and nurses as well as training providers.

There is always the danger of 're-inventing the wheel' when it comes to designing and producing resources. BSG would welcome your examples of DVDs, training packs and handouts that you would be willing to share with others via the website. Please contact me if you can help: Thelma.edwards@westsussexpct.nhs.uk or Thelma.edwards@dsl.pipex.com



NATIONAL DEMENTIA STRATEGY

On February 3rd, the health secretary Alan Johnson and the care services minister Phil Hope, unveiled the government's National Dementia Strategy (NDS) aimed at tackling England's growing burden of the condition. Early diagnosis of dementia underpins the strategy and the key elements include:

- § Training all family doctors to spot the early signs of dementia
- § Establishing Memory Clinics in every town and city to provide rapid diagnosis by specialist staff
- § New 'dementia advisors' appointed to work with families to help them navigate the services on offer.

It is hoped that this blueprint will improve diagnosis and treatment while saving over 1 billion over the next decade; improving services for dementia sufferers will save money in the long term because people would be able to stay in their homes for longer. According to the health secretary, it currently takes around 3 years for a person with dementia to get a formal diagnosis and only a third of sufferers end up properly diagnosed. The launch gave enormous publicity to the wide-spread establishment of Memory Clinics.

The last BSG Newsletter highlighted the failure of the strategy group to include oral health in the National Dementia Strategy despite the efforts made by three past Presidents of BSG who attended three stakeholder discussion meetings that led up to its publication. The importance of oral health in the overall context of general health, well-being and quality of life was repeatedly emphasised as was the willingness of BSG to assist with integrating oral health care into the new dementia strategy. Copies of our Guidelines for the Development of Local Standards of Oral Health Care for People with Dementia (2006) and which ironically were funded by the Department of Health, were freely distributed at the meetings. Heather Frenkel pointed out in her letter to the dementia strategy consultation group that failure to mention oral or dental health was deeply disappointing.

I provide a service for patients in continuing hospital care. They are at the 'end stages' of dementia, and I experience the frustration of prescribing palliative care and pain relief because oral health has been neglected during the care pathway. As the launch of the NDS gave enormous publicity to the establishment of Memory Clinics and Dementia Advisors, this may offer the opportunity to redress the deficiency in the NDS on a local basis by working with the new services to include a simple Oral Health Risk Assessment. The BSG Dementia Guidelines contain an Oral Health Risk Assessment (page 26) which has been successfully piloted with a number of older client groups. Can I urge our members in England to consider working with the new services to implement this; enlisting the support of the local Alzheimer's Society would I'm sure be helpful. If anyone would like an electronic copy of the assessment, please email me.

Wales is publishing its own dementia strategy. We have already approached the Minister of Health and the Chief Dental Officer to ensure that BSG and the All Wales Special Interest Group provide an input, and hopefully this will go some way to address the deficiencies in the English NSD.

Janet Griffiths griffithsje@cardiff.ac.uk

Launch of the all-party parliamentary group (APPG) for dentistry.



An all-party parliamentary group (APPG) has been launched. Headed by Professor Jimmie Steele, who was chosen by the Department of Health to lead the independent review of NHS dentistry in England, each of the all-party group's activities will help it achieve its aim of acting as a focus for dental and oral health issues, raising the profile of dentistry and highlighting the views of patients and practitioners. Sandra Gidley received her first experience of meeting special care dentists when she opened our December 2007 meeting in London and is now on the all-party parliamentary group (APPG) for dentistry!

Picture courtesy of Acumen images.

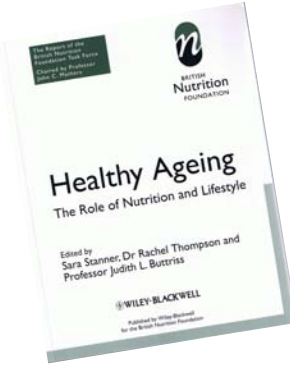
Professor Steele addressed a gathering of MPs, Peers and dental stakeholders, outlining the remit of the review he is leading and the progress he has made so far. The meeting, led by the Chair of the APPG for dentistry, Labour MP for Staffordshire Moorlands Charlotte Atkins, was the first in a programme of events and visits that are planned to take place in 2009. The British Dental Association was elected as Secretariat to the group. Chair of the BDA Executive Board Susie Sanderson said that group would act as a focus for dental issues at Westminster and help to further understanding among Parliamentarians of the importance of good oral health and suitable provision of dental care.

Conference report and book review

Healthy Ageing. The Role of Nutrition and Lifestyle.

The Report of the British Nutrition Foundation Task Force.

Edited by Sara Stanner, Dr Rachel Thompson and Professor Judith L Buttriss Published by Wiley-Blackwell ISBN 978-1-4051-7877-8



The launch of this BNF Task Force report took place in London in January 2009 and I attended on behalf of the BSG. It was well attended by many nutritionists, students of nutrition, journalists and at least two other oral health promoters in addition to me. "Teeth and the Oral Cavity" was covered by Professor Angus Walls from Newcastle University's School of Dental Sciences. Professor Walls had been a member of the Task Force and contributed chapter 3 of the report. His presentation at the launch produced a lot of interest with many questions being asked in the plenary session and still more in the queue to collect the coats at the end of the conference! The point was well made that there is little value in serving the most nutritious meal in the world if the person is not able to eat it due to a problem in their mouth.

The report itself places oral health firmly within the nutrition agenda and will be a valuable aid for oral health professionals to use when working with dieticians and others responsible for promoting healthy eating in the ageing population. It could also provide the rationale for raising oral health awareness in the adult and social care sector and for improving mouth care for people who need help in their personal care.

The programme for the conference can be found on the BHF website, (www.nutrition.org.uk) along with the speaker presentations. This includes the presentation by Professor Angus Walls, from the University of Newcastle on Protecting Teeth and Oral Health. His presentation is also available to download as an audio podcast.

British Society of Gerodontology Spring Scientific Meeting

Friday 26th June 2009

"Looking after the Nursing Home Patient"

LIFE Conference and Banqueting Centre, Times Square, Newcastle-upon-Tyne NE1 4EP

The meeting will focus on oral health care issues that affect older people who reside in care homes.

Overall Aims of the study day are to

- © Understand the issues of dementia and mental ill health in the older person
- © Update on managing caries, coping with exposed roots and dry mouths
- © Investigate pragmatic prosthodontics for the nursing home patient
- © Expose the barriers to basic mouthcare
- © Exploring the use of chewing gum and oral health in frail older dependent people

Further information from:

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Or download the application form from the website. www.gerodontology.com

The Winter Meeting of the British Society of Gerodontology will be held on
Thursday, December 3rd 2009
SOAS, London

It will focus on issues and examples of the oral medicine and pharmacology for the older person, cross infection and decontamination in domiciliary care plus the launch of the BSG stroke and oral health care guidelines.