Treatment only when needed:
Dental Services for Care Home Residents

August 2018
Healthwatch Oxfordshire would like to thank all those people who took the time to share their experiences by:

- Responding to our survey
- Speaking to us on the telephone
- Telling us their experience

Without you sharing your experiences this report could not have been written.

Acronyms used in this report:
NHS = National Health Service
GP = General Practitioner
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1 Executive Summary

1.1 Background

In November 2017, Healthwatch Oxfordshire spoke to residents in Bicester, at one of our regular focused ‘town events’. What came to light was that some people were having difficulty accessing NHS dental services. This led us to highlight the issue with NHS England Commissioners of dental services. As of June 2018, NHS England is commissioning more services for the town.

It also encouraged us to look more deeply into the issue and ask ourselves several questions:

- Is access to NHS dentistry a problem in other areas of Oxfordshire?
- What is the public’s experience of using dentistry services?
- What is working well?
- Are there barriers to people accessing NHS dentists?
- Are there areas for improvement that the dental surgeries and / or commissioners could address?

To find out the answers to these questions, between February and May 2018 we launched a county wide project focusing on NHS dentistry across Oxfordshire. The resulting report “Filling the Gap” contains our general findings along with the commissioning context for dental services across the county.

Potential gaps in access to NHS dentistry among the population of older residents in care homes has been found by local and national sources, including the local Dental Association, the British Dental Association (2012) and Healthwatch England (2017). This led us to complete a specific survey on this topic and this report is the result.

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1 Commissioners are those people who pay for dental services

2 Filling the Gap: https://healthwatchoxfordshire.co.uk/our-reports/
1.2 Dentistry in Oxfordshire Care Homes: our main findings

1. A significant number of residents in care homes did not use dental services at all. One care home with 60 residents said:

    **Acquiring dental services for care homes is very difficult**

2. Healthwatch Oxfordshire found that there were significant gaps in provision of dentistry services to residents of care homes.

3. Some care homes struggle to obtain NHS dental services for their residents. Barriers faced meant that many residents at care homes received no dental treatment at all, or only in an emergency. Barriers included:
   
   a. Lack of NHS dentists to visit a home.
   b. Poor physical access at dentists’ surgeries.
   c. Lack of transport and staff time to take residents for appointments.
   d. Some homes felt that dentists were unwilling or unhappy to treat patients with dementia or learning disability.

When asked how many residents did not receive dental care, one care home commented:

    **The majority - due to difficult accessibility...treatment only when needed**

As a result of our findings we will be asking the following to take action:

NHS England Commissioning; Public Health Oxfordshire; Oxfordshire Association of Care Providers; Oxfordshire County Council Adult Social Care; Care Quality Commission inspections; Oxfordshire Clinical Commissioning Group; carers groups; Oxfordshire Local Dental Committee.

1.3 Suggestions for improvement

We asked care homes what could be done to improve access to dental services for their residents and the following were suggested:

1. Better access to dentists at the care home for residents who cannot easily visit dental surgeries

2. Dementia training for dentist treating residents with dementia. This would also improve the experience of people living with dementia in the community

3. More information available to care homes about dental services that can be accessed by their residents.
2 Setting the scene

Potential gaps in access to NHS dentistry among the population of older residents in care homes has been found by local and national sources, including the local Dental Association, the British Dental Association (2012) and Healthwatch England (2017).

The British Dental Association (2012) in a summary of research on dentistry in care homes, observed that there were particular challenges presented by an ageing population. The challenge for dental care for this group is particularly pertinent for care homes.

More people are keeping their own teeth into old age. As a result, accessing oral health and dentistry services continues to be a priority. However, the report found that access to dental treatment and oral health was patchy across the country and showed high levels of unmet need among older residents in care homes. This was seen to have a knock-on effect both on the health of care home residents, and on the staffing capacity of care homes, as untreated oral and dental health problems affected nutrition intake with chewing difficulties calling for restricted diets. Homes identified the need for more formalised contracting arrangements and budgets to be able to access routine care for older residents (British Dental Association 2012:3).

Because of these findings, we placed specific focus on looking at NHS dentistry services to Oxfordshire’s 138 residential care homes. Many of these homes have residents who have dementia, or other specific needs.

Questionnaires were sent to a total of 138 homes and could be returned using a ‘freepost’ envelope. This resulted in 26 care homes completing questionnaires, representing a 19% response rate.

Comments and findings were collected and then grouped into themes, highlighting the main issues that people brought to us, and were used to form the basis of this report. The findings are outlined according to these themes in this report.
3 Difficulty accessing NHS dentistry services in care homes

Healthwatch Oxfordshire found that there were significant gaps in provision of dentistry services to residents of care homes. Whilst some homes were happy with the service they received, or had established ties with dentists, other care homes reported they found it difficult to access any dentists at all. These findings supported both findings by the British Dental Association (2012), in Healthwatch England’s dentistry report (Healthwatch England 2016) and comments from Oxfordshire Local Dental Committee highlighting the problem in the county.

When residents enter a care home, local links with previously used dentists may be broken. Often it is up to the resident’s family to continue to support their loved one to have regular check-ups. Otherwise busy care home staff are tasked with supporting residents to attend ‘high street’ dentists. Some dentists do make visits to care homes, if patients are private and can pay, or deemed eligible, but this picture is very mixed across the county.

We heard that as a result, many residents might not receive dental or oral health treatment at all, or only in an emergency. Others could only receive treatment privately, if they could afford it, often at a high cost.

Access to dentists for patients outside the care home was a challenge. Barriers include physical access, staffing, transport, cost, time and logistical barriers.

We also found that for some residents, particularly for those with dementia, dentists were sometimes seen as unwilling or unable to offer treatment and were sometimes lacking in understanding of this client group.

We asked care homes to tell us how many of their residents accessed either NHS, or private dentistry or did not use dental services at all. Some care homes used

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3 Healthwatch England, Access to NHS Dentistry can be read [here](#).

4 Oxfordshire Local Dental Committee is the statutory representative body for NHS Providers and Performers with whom the NHS Oxfordshire has a duty to consult over policy. [http://www.oxfordshireldc.org.uk](http://www.oxfordshireldc.org.uk). Conversation by Healthwatch Oxfordshire with the Local Dental Committee referred to gaps in care home provision.
exclusively NHS services, whilst others used a mix of private and NHS, depending on the individual residents.

4 Use of dental services by residents

The chart at Figure 1 shows access to dental services by care home residents.

A significant number of residents in care homes did not use dental services at all. Of the care homes we spoke to, seven care homes stated that between 20 and 50 of their residents do not use dental services.

Within this category of respondents, this represented at least a total of 248 residents across seven care homes who do not use dental services.

This included one care home of 60 residents which said the ‘majority’ do not use dental services, and another who stated that 44 residents do not use dental services.

A further seven care homes stated that between 1 and 20 of their residents did not use dental services.

When asked how many residents do not use dental services, the care home with 60 residents, including those with dementia, commented

*The majority - due to difficult accessibility...treatment only when needed*
One care home in the northern borders of Oxfordshire had become so frustrated with trying to access NHS dentistry for its residents, including those with dementia, that they had written a letter to a local MP to highlight the issue. This had been subsequently raised with the then Secretary of State for Health and Social Care, Jeremy Hunt (April 2018).

They commented that:

*No dentist is prepared to visit a care home... (service) is very poor, unable to obtain a regular dentist, oral hygienist to carry out services in house, without charging very high prices. Failing the residents in the house. Unable to provide a service when it’s not available. Have sent letter to local MP.*

The home highlighted that there were huge problems in finding an NHS dentist to visit care home residents. Having contacted local dentists, the home felt that there was a lack of interest and negative understanding of dementia in older adults. Some questioned the equity of why residents were expected to meet the costs of a private dentist (of up to £500 for two hours work), meaning that those who could not afford to pay would be effectively withheld treatment.

Comparison was drawn to people living outside in the community who had a choice and could access NHS dentistry. The home was concerned that it was as a result letting its residents down, and that this would negatively impact any inspections. This was contrasted to the positive care received from other health and social care professionals, such as GPs, social workers and nurses.

5 Barriers to care home residents accessing dental services

We asked care homes to tell us about the barriers to access to dentistry services for their residents. Results, shown in detail at section 7 can summed up as:

- **Barriers of access to dentistry services** (unable to find an NHS dentist, long waiting times for appointments, and not knowing how to access NHS dental visits to the home)
- **Barriers of physical access to dentist surgeries** (no transport, lack of hoisting facilities, poor wheelchair access or lack of lift)
• **Barriers of attitude** (dentist unwilling or not able to treat disabled residents, or those with dementia)

### 5.1 Barriers to accessing an NHS dentist

Whilst some care homes were satisfied with dental treatment, and some had long standing arrangements for dentists to visit the home, 40% of respondents stated that they were unable to find an NHS dentist for residents, and 12% were unsure of how to access NHS dental visits to the home.

*Unable to find NHS dentist willing to take new patients in Henley. It can be difficult to find NHS dentists in Henley - we have to travel to Didcot.*

Some commented on difficulty in getting appointments for care home residents at local dentists.

*The actual dental care is not an issue...the issue is the bureaucracy involved in making an appointment with a community dentist. A recent request for an emergency appointment took 2 months. I was told that it would be weeks or months. We gave up with the community dentist and went to Banbury Health Centre, where we received immediate treatment and follow up and minimal fuss to register*

### 5.2 Barriers of physical access to dental surgeries

Comments gave insight into the staffing and logistical problems of getting residents to dentists outside the care home. Busy homes could ill-afford the staff time, and family members were not always available. This was compounded by difficulties in finding suitable accessible and affordable transport.

*Getting residents to the dentist is the bigger problem and do not always have the staff or family to escort them...*

*Only residents who can make it to the surgery unfortunately. Very difficult to get an appointment...then find taxi accessible for wheelchairs. Then find an escort / cover - must leave the floor*

Transport was often a challenge, and could be expensive, particularly for wheelchair users.

*Transport can sometimes be an issue and staff and families to escort. Whenever we can we try to take residents to these services; weather permitting, availability of staff/family to escort them, if the appointments are local and we can take them in a care or wheelchair...*
Those that need treatment and can go to local NHS dentist do so via taxi and staff cost. But is expensive for them.

Many surgeries, based in traditional high streets, also had poor access, including limited lift and wheelchair access. Lack of hoists were also seen as a barrier by 50% of respondents.

5.3 Barriers of attitude

25% of respondents felt that there was lack of understanding of the needs of residents with dementia, and that dentists were either unwilling or unable to treat this group.

It is very difficult to support our dementia residents who need seeing

Residents with more advanced dementia would be needed to be seen in a hospital setting, accessing Oxford Health Specialised Dental Service. Residents with advanced dementia most of the time, need to be seen in a hospital setting

Lack of dental care was noted to have an impact on wider health, and on the subsequent staffing support needs of the resident, through affecting their ability to eat

Prolonged poor dental conditions sometimes affecting dietary intake...impact on staffing

6 Suggestions for improving access to dental services for residents

We asked respondents to provide their top three suggestions for improving access to dental services for care home residents. We received 44 suggestions; full responses can be seen in Appendix 2.

Responses can be summarised in categories as follows:

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5 https://www.oxfordhealth.nhs.uk/service_description/dental-services/
6.1  Improved access to dentists

More access to dental visits to care homes (14 comments)

- Greater improvement on domiciliary dentistry for residents who are frail
- Visits to the home via NHS
- More planned domiciliary visits
- More mobile dentists

Easier access, referrals and appointments (14 comments)

- Less unnecessary bureaucracy
- Prioritising residents in care homes—take consideration that though they are registered they don’t always need the service often. So please consider not removing them from the list because it’s more paperwork at both ends to re-register them
- Shorter waiting times
- Better access, easier referral
- Contract with local dentist
- They will get in contact with care homes
- 6 monthly checks
- Access to emergency dental care

Improved access to dental surgeries (5 comments)

- Hoisting facilities
- Accessible transport for wheelchair users
- Wheelchair friendly clinics

6.2  Improved dementia awareness among dentists

Training with dementia illness

- More awareness of needs of people with dementia. E.g. can’t be expected to wait in waiting area for long periods
- More accommodating to persons with dementia
- Better support for dementia clients
6.3 Better information on how to access dentists for residents

More information to access dentist for elderly
List of NHS dentists for community services
Inform and explain GPs and care home how to access the services.

7 Appendix 1: Survey results

Q.1 Name of your care home (optional)

There were 26 care responses to the survey with 21 respondents naming their care home.

Q.2 Which area of Oxfordshire are you in?

Q.3 What type of care home are you?
Q. 4 How many residents do you care for?
The responses indicated that the care homes who responded to this survey had between 6 and 68 residents.

Q. 5 How many staff do you have?
The care homes who answered this question had between 4 and 107 members of staff.

Q. 6 Do you take residents with dementia?

Q. 7 How many residents use an NHS dentist?
The responses indicated that some care homes had no residents using NHS dentists whilst others had 100%.

Q. 8 How many residents use a private dentist?
The responses indicated that some care homes had no residents using private dentist whilst other care homes have 60% of residents using private dental services.

Q. 9 How many residents do not use dental services?
The responses indicated that some care homes had 94% of residents not using dental services.

Q. 10 Which, if any of the following do residents receive?

[Graph showing the percentage of residents receiving regular check-ups, oral hygiene service, treatment only when needed, dentist visits to the home, and other services.]
Q.11 How would you rate the dental services received by your residents? (1 poor to 5 excellent)

![Graph showing the distribution of ratings for dental services]

Q.12 Please tell us more about this

- Very poor, unable to obtain a regular dentist, oral hygienist to carry services in house without charging very high prices. Failing the residents in house. Unable to provide a service when it is not available. Have sent letter to local MP.
- Acquiring dental services for care homes is very difficult.
- When we phone NHS dentist local to our home they always try and fit the resident in for an appointment. Private dentists do visit the home when needed for check-up or treatment. In some cases residents need to go to the practice for some dental work.
- We have a local dentist who visits the home.
- Our dentist at the dental practice has always shown understanding and time.
- Residents have a private dentist and require transport to the dentist.
- Appointment hard to get.
- We use a local NHS surgery and private dentist, this has been a long standing arrangement.
- Only residents who can make it to surgery unfortunately. Very difficult to get an appointment. Then find taxi accessible for wheelchairs. Then find an escort/cover must leave the floor.
- Able to get appointments.
- Time scale between appointments is very long.
- Only started to have this service.
- Good local dentist in place.
- 2 residents just applied to dentist to visit at home and awaiting their appointments. Those that need treatment and can go to local NHS dentist do so via taxi and staff cost. But is expensive for them. It is very difficult to support our dementia residents who need seeing.
- Getting residents to services can be difficult.
Q 13 Which, if any, of the following barriers do you experience when accessing dental services?

8 Appendix 2: Suggestions for improvement

Question 15 asked respondents for their top three suggestions for improvements:

- Training within dementia illness
- Contract with local dentist
- Dentist visits the home and sees all residents (like Visioncall every 6 months)
- NHS Home Visits
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<td>local dentist available</td>
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<td>more availability at home</td>
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<td>option for home visits more accessible</td>
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<td>more dom care visits</td>
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<td>they will get in contact with care homes</td>
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<td>more mobile dentists</td>
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<td>Accessible transport for wheelchair users</td>
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<td>Like with options overall Dentist Care for those that are happy</td>
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<td>Safe inclusive dental facilities</td>
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<td>visiting dentist to the care home</td>
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<td>older people to be a priority</td>
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<td>shorter waiting times</td>
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<td>have more spaces for local NHS Dentist</td>
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<td>list of NHS dentists for community service</td>
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<td>wheelchair friendly clinics</td>
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<td>more appointments</td>
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<td>more dentists able to do home visits</td>
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<td>better support for dementia clients</td>
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<td>access to emergency dental care</td>
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Prioritising residents in care homes take consideration that though they are registered they don’t always need the service often. So please consider not removing them on the list because it’s more paperwork at both ends to re-register them.

9 Appendix 3: Survey Questions

1. Name of Care Home (optional)

2. Which area of Oxfordshire are you in?

3. What type of care home are you?
   Residential
   Nursing
   Both
   Other

4. How many residents do you care for?

5. How many staff do you have?

6. Do you take residents with dementia?

7. How many residents use an NHS Dentist?

8. How many residents use a Private dentist?

9. How many residents do not use dental services?

10. Which, if any of the following do residents receive?

11. How would you rate the dental services received by your residents? (1 poor to 5 excellent)

12. Please tell us more about this…

13. Which, if any, of the following barriers do you experience when accessing dental services?

14. Please tell us more about these barriers.

15. What would be your top THREE suggestions for improving access to dental services for your care home residents?
10 References


NHS Choices (2018) NHS Dental Services
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https://www.bda.org

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