Putting NICE guidance into practice

Resource impact report: Oral health for adults in care homes (NG48)

Published: July 2016
1 Introduction

1.1 The guideline offers best practice advice on oral health for adults in care homes.

1.2 This report discusses the resource impact of implementing our guideline on oral health for adults in care homes in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.

1.3 The guideline might have resource implications at a local level. We encourage organisations to evaluate their own practices against the recommendations in the guideline and assess costs and savings locally.

1.4 A local resource impact template has been developed to assess the resource impact of implementing this guideline. Users can input estimates to the template to reflect local circumstances and practice.

1.5 Oral health services are commissioned by NHS England and local authorities, there may be some co-commissioning with clinical commissioning groups. Providers are community providers, primary care and secondary care.

2 Background

2.1 Age UK estimates 431,500 people live in care homes, approximately 414,000 of whom are over 65. Some younger adults also live in residential care because their physical or mental health prevents them from living independently.

2.2 Poor oral health can affect people’s ability to eat, speak and socialise (Dental quality and outcomes framework Department of Health). Tooth decay and gum disease are the most common UK dental problems, but are largely preventable (Levine and Stillman-Lowe 2009). They can be painful, expensive and seriously damage
health if not treated (‘Dental quality and outcomes framework’). Oral cancer is rapidly increasing and half of new cases are in people aged 65 and over (Oral cancer – UK incidence statistics Cancer Research UK).

3 Potential resource impact recommendations

Care staff knowledge and skills (recommendation 1.4.1)

Recommendation

3.1 Ensure care staff who provide daily personal care to residents:

- Understand the importance of residents’ oral health and the potential effect on their general health, wellbeing and dignity.
- Understand the potential impact of untreated dental pain or mouth infection on the behaviour, and general health and wellbeing of people who cannot articulate their pain or distress or ask for help. (This includes, for example, residents with dementia or communication difficulties.)
- Know how and when to reassess residents’ oral health using the Oral Health Assessment Tool (see recommendation 1.2.1)
- Know how to deliver daily mouth care (see recommendations 1.3.1–1.3.4).
- Know how and when to report any oral health concerns for residents, and how to respond to a resident's changing needs and circumstances. (For example, some residents may lose their manual dexterity over time.)
- Understand the importance of denture marking and how to arrange this for residents, with their permission.

Background

3.2 Care staff should understand the importance of residents’ oral health. Staff need to know how and when to support residents, with their routine and urgent oral health needs.
Costs

3.3 Where training is not currently provided there will be additional costs for providing both the training and cover to allow staff to attend it. Expert opinion suggests that 2 different types of training may be needed:

- advanced training including the assessment of oral health needs
- basic training on the importance of residents’ oral health and daily mouth care.

3.4 In the economic analysis prepared to support the guideline it was estimated that the cost of advanced training for supervisors, which would take about half a day, is around £700 per care home. The cost of basic training for all staff, which would take about 1 hour, is around £300 per care home. Both of these costs include a refresher course in year 2.

3.5 The turnover of staff in care homes is around 25% per year so training will also need to be provided in future years to address any shortfall in staff knowledge and skills.

Dental services (recommendations 1.7.1 to 1.7.2)

Recommendations

3.6 These recommendations are for dental practitioners.

- Provide residents in care homes with routine or specialist preventive care and treatment as necessary, in line with local arrangements (see NICE’s guidelines on dental checks: intervals between oral health reviews, oral health: approaches for local authorities and their partners to improve the oral health of their communities and oral health promotion: general dental practice).
- Ensure dentures made for individual residents are appropriately marked by the lab during manufacture.
Background

3.7 Residents in care homes receive home visits if they cannot travel to attend the dentist’s clinic, even with support from staff or specialist transport services. If a resident is a patient of a general dental practice, the home visit is arranged with that practice in the first instance. If the practice does not provide home care, it can be provided by local primary dental care domiciliary services or by NHS community dental services.

3.8 Where the resident has more complex needs then community dental services will normally be the main providers’ dental care in the care home. Some community dental services may consider redesigning services to be able to meet the need oral health needs of adults in care homes.

3.9 In the economic analysis prepared to support the guideline it was estimated that the cost of providing oral care to a resident is around £370 over 2 years which includes staff time but assumes that toothbrushes and toothpaste are supplied by resident’s families.

3.10 There may be a resource impact if a change in practice is needed to ensure people in care homes have access to dental services. This may include additional transport costs for taking residents to dental appointments.

Costs potentially avoided (all recommendations)

3.11 We anticipate that if the recommendations in the guideline are implemented there will be a reduction in adverse events associated with poor oral health. There may be reduced dental decay if there is an increase in tooth brushing with fluoride toothpaste for care home residents. This may lead to reduction in pain which could have a positive impact on quality of life. Hospital episodes for dental procedures may be avoided. The cost of elective inpatient dental procedures varies between £137 and £17,730 (National tariff 2016/17).
About this resource impact report

This resource impact report accompanies the NICE guideline on oral health for adults in care homes and should be read in conjunction with it. See terms and conditions on the NICE website.

This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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