



Response to the Health and Social Care Committee Inquiry into Dentistry

September 2022

Introduction

The Older People's Commissioner for Wales (OPCW) welcomes the opportunity to respond to the Health and Social Care Committee Inquiry into Dentistry.

Dental health is an important part of older people's quality of life. Maintaining a functional, comfortable, presentable set of teeth - natural, artificial, or a combination of the two - helps older people to eat a balanced diet and maintain their health and wellbeing in later life.

The number of people who retain at least some of their natural teeth into old age has been rising steadily in recent decades.¹ This means that the oral health needs of older people are changing and becoming increasingly complex. Complex needs and co-morbidities in later life can make basic care, such as brushing teeth, a challenge. Many older people now need regular maintenance and restoration of natural teeth and individually designed partial dentures, where previous generations would have needed a full set of dentures to replace all their teeth.

The Royal College of Surgeons' report "Improving dental health is essential to improving overall health"², demonstrates the impact of poor oral health on older people's physical and mental wellbeing, causing pain and making it difficult to speak, eat and take medication. Poor oral health is also linked to conditions such as malnutrition and aspiration pneumonia. The Commissioner has heard recently from an older person who said they had almost given up eating because they were afraid of losing their teeth. Another said they would not go out without the denture which was no longer functional.

The OPCW Care Homes Review report, "A Place to Call Home"³ published in 2014, identified a lack of oral hygiene and access to dentistry services in care homes. The Welsh Government responded to the Commissioner's report in 2015 with additional funding and a programme, "Improving Oral Health for Older People Living in Care Homes"⁴ delivered by

the Community Dental Service as Gwên am Byth (A Lasting Smile). In 2017 the Royal College of Surgeons' report highlighted an urgent need to improve oral healthcare for all older people, called for greater disaggregation of data on older adults and pointed out that demand for dental services will increase as the population ages.

Dental services have been severely curtailed by the Covid-19 pandemic and oral health programmes including Gwên am Byth have been suspended. Dental professionals are concerned that the decrease in dental capacity has probably (in the absence of data) mainly affected those who are extremely clinically vulnerable to Covid-19, people unable to afford dental treatment, and older people,⁵ and that the backlog of vulnerable people waiting for dental appointments is even greater than that of the general population.⁶ As older people are at higher risk from Covid-19 and as almost one in five older people in Wales lives in relative income poverty,⁷ older people are likely to represent a significant proportion of the appointments backlog.

Since the beginning of the pandemic, the number of older people contacting the Commissioner's Advice and Assistance Team for help in accessing dental services has increased. Older people and their families have told the Commissioner's office that being unable to access the dental care they need makes their lives miserable. People have reported suffering daily discomfort and pain, and in one case, a risk of sepsis, a life-threatening condition. Older people say they are frustrated at feeling their teeth becoming loose while they are unable to access dental care, and that they are afraid and upset at the prospect of losing teeth, a crown or an implant

Older people who have been trying to access dental care and know that their oral health is deteriorating say they feel vulnerable, let down and desperate at being left on their own in their distress to deal with the problem of finding a dentist to help them. One inquirer said, "It has taken almost three years to have a dentist appointment and I have now been advised that I have gum disease and likely to lose all my teeth. I am annoyed that due to being an older NHS patient we are considered to be unimportant. I am hoping that by bringing this to your attention it will mean that other people won't have to go through this experience."

The extent to which access to NHS dentistry continues to be limited

Older people contacting the Commissioner's office for help report difficulty in finding an NHS dentist, difficulty in booking appointments and in one case an appointment being cancelled at short notice.

Some older people also experience poor communication and lack of information from dental practices. One person said they had been calling the practice every day to ask for a cancellation, then finding out at a late stage that their dentist worked only two days a week. Another had been left sitting in the waiting room for a long time with no explanation. Other older people said they had had no replies to emails and requests for advice from the practice. When one inquirer had asked about the practice's complaints procedure, the receptionist had told them not to expect a quick response.

Some older people have been surprised and dismayed at being refused the routine services they were used to, because of the new prevention-led dental contract⁸ and the prudent healthcare-based move away from interventions such as the six-monthly scale and polish, that had become the norm. Changes in dental practice should be communicated clearly, in a timely, careful and sensitive way, so that older people know what to expect.

Improved oral health intelligence

The Commissioner has previously highlighted that older people are in danger of being rendered 'invisible' to policy- and decision-makers due to a lack of meaningful data in key areas about people's experiences of growing older in Wales.⁹ The Commissioner is very concerned that it is not known which population groups are getting regular check-ups and which groups are struggling to access services and treatment.¹⁰

The Commissioner agrees with the Royal College of Surgeons' recommendation that more data is needed both on the oral health of the older population and on older people's access to dental services, and that data on the older people's cohort should be further disaggregated by age band in Wales. Data on oral health should be collected at population level regardless of whether someone accesses NHS or private dental services.

The need for a government funded campaign to reassure the public that dental practices are safe environments

Some older people whose physical and mental health have been impacted by the Covid-19 pandemic have not yet come forward for health care and some are still afraid to leave the house at all. The Commissioner believes that a publicity campaign on dental practices as safe environments, while helpful, will not be sufficient to overcome the problems that older people face in coming forward for dental services.

Some older people have said that, because of the constantly changing situation during the pandemic and the impact of staffing shortages on dental services, they lack the information

about what services are available at any one time, which would enable them to make an appointment. One inquirer suggested that updates on the availability of dental services should be broadcast on television, as other methods of communication would not reach them.

Other inquirers report difficulty in getting transport to dental appointments, pointing out that the introduction of a local Fflecsi bus service means that, although they can book an outward journey by telephone from home, they are unable to book a return journey from town because they do not use the Fflecsi app, do not have a mobile phone, or cannot hear to use it due to traffic noise. The Commissioner understands that Transport for Wales is setting up a facility so that medical and educational establishments, supermarkets and other destinations can access the system to make return bookings for customers.¹¹ It will be essential to include dentists in this facility.

The capacity of dental domiciliary services for older people and those living in care homes

The OPCW report “A Place to Call Home” found that many older people living in care homes rarely or never had access to a dentist, which resulted in a significant deterioration of people’s oral health, and that care staff rarely received training on oral hygiene and were therefore unable to maintain the oral health needs of older people effectively or were unaware of how to identify a problem that needed to be referred to a dentist.

A 2015 study in the British Dental Journal¹² found that 72.8% of care home residents in Wales had tooth decay. Compared to older adults examined in the Adult Dental Health Survey, residents were less likely to brush their teeth or dentures twice a day (37% vs 63%), more likely to attend a dentist only when they had a problem (63% vs 26%), had more teeth with active decay (3.1% vs 0.9%), more had current dental pain (13% vs 5%) and other morbidity (open pulp, ulceration, fistulae, abscess 27% vs 10%). High decay was present in both recently admitted and longer-term residents. There was some regional variation in levels of oral hygiene.

The Gwên am Byth (A Lasting Smile) oral health improvement programme was running in just over half of all care homes in Wales by 2020.¹³ The programme was integrated with Improvement Cymru’s Care Home Cymru programme and from 1 January 2020 the Welsh Government increased the total funding to health boards from £249,500 to £500,000, with the expectation that the programme would be running in all care homes for older people in Wales.

However, face to face contact in care homes was suspended at the beginning of the pandemic. Relatives of older people in care homes have told the Commissioner's office that care homes had difficulty arranging appointments for residents while community dental staff were redeployed to the Covid-19 booster vaccination programme. This included, for example, an appointment for a resident who had sustained an unobserved tooth injury. The injury had been filled but the filling had become loose and the home had not been able to arrange a repair.

In one very concerning case, a care home resident's dental plate was slipping, cutting her tooth and gums. A doctor had attended, prescribed antibiotics and requested an urgent dental appointment. However, the resident was registered with a private dental practice which was not insured for visits outside the practice premises. The NHS emergency dentist would not attend because of the Covid-19 situation and because the resident did not fit their criteria. The resident's family member stated that travel outside the care home was dangerous for the resident because of her medical condition, so she was left with a plate which caused injury and put her at risk of sepsis.

It is not acceptable that any older person should be left to fall into the gap between NHS and private dentistry in this way, when they are experiencing injury and are at risk of serious illness and death. Health Boards should work with dental practices to identify older people in their areas who are in this position and ensure that they are able to receive the services they need.

On a more positive note, the Commissioner's office recently heard from an inquirer whose husband, a care home resident, had received a visit from an NHS dentist and dental nurse, who used the chair and reading light in his room to carry out a dental consultation. However, the inquirer managed to secure this visit only by contacting her MP. The Commissioner is very concerned about access to services for older people who have no-one able to advocate for them in this way.

In addition, in its implementation report for 2019-20, the Welsh Government had already identified the poor pay levels and insecure contracts of care workers and the fragmentation of the care homes sector as impediments to the programme. System pressures have only increased since then. Capacity issues in dental services in care homes will not be addressed by focussing on the capacity of dental services alone. The wider social care system must also have the resources it needs to support the delivery of dental services to older people in care homes.

The Commissioner believes that it is essential that the Gwên am Byth programme should be reinstated as soon as possible. If Community Dental Service staff are to be redeployed again to the Covid-19 vaccination programme, the Welsh Government should examine the possibility of combining vaccination and dental checks in care homes.

The extent to which patients (particularly low risk patients) are opting to see private practitioners

Several older people who contacted the Commissioner's office have said that they have ended up having private treatment because they were unable to access NHS services. Some report difficulty in finding information about local private practices, as the health board does not provide a list.

The range of NHS dental services available to older people needs to keep pace with older people's increasing need for more complex partial dentures and associated maintenance. The Commissioner has heard from one older person, for example, with dental implants funded through a hybrid arrangement, who had been unable to find a dentist who would maintain the implant after she had moved house. The inquirer had extensive tooth loss and had paid for the materials and manufacture of her implant, while her NHS dentist had provided the fitting without charge. She had not considered at the time whether by doing this she was "going private". The inquirer and her husband subsequently moved closer to their children but within the same Health Board area. She now found herself outside the scope of the NHS and facing a 130-mile round trip for regular servicing and re-alignment because neither she nor the Health Board had been able to find a dentist to undertake the work closer to home. The inquirer was worried about the future, with the journey becoming more difficult as she and her husband grew older. She was afraid of what would happen when her dentist retired, and there was no-one to help. She did not understand why the Health Board did not appear to have a duty of care and continuity of service and had "no sense from the Health Board that there is a vulnerable, elderly human being at the centre of all this." She thought that the solution should lie with the NHS and not with the patient.

The Commissioner agrees. The Welsh Government should ensure that the range of NHS dental services is keeping pace with older people's changing needs. In the meantime, it should not be acceptable for a Health Board to fail to provide an older person with the care she needs within a reasonable travelling distance when she is not able to obtain it for herself. This is especially so when the work was carried out by an NHS dentist and the inquirer did not understand at the time whether her treatment was NHS or private, and when she did not understand the long-term implications of a particular arrangement. Health boards should work with dental practices to identify any other older people within their areas who may find themselves in this situation and offer them a solution.

The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales

The Commissioner knows that many older people throughout Wales are deeply worried about the cost-of-living crisis and the ways this will impact on their lives.

Several inquirers have raised the affordability of private dental treatment with the Commissioner's office. One said that they paid £47 for periodontal cleaning on the NHS, and that the fee for private cleaning was £120. One inquirer had been dismayed to find that someone else in another town had paid less for the same treatment at a different private practice.

Another inquirer was eligible for free dental care as she was receiving Pension Credit. Her NHS dentist had suspended routine care due to the pandemic but had said that she could be seen as a private patient for a minimum of £15 a month. As a recipient of Pension Credit this was beyond her reach. The Commissioner believes that suspending dental care for the poorest in society and making it available to others who can afford a fee is inequitable and serves only to widen health inequalities.

As well as the cost of dental care itself, inquirers also complained that they had discovered late that the 0300 telephone number to book a Fflecsi bus to get to their appointment was not free. Inquirers pointed out that, with the scheduled bus service, they simply kept to the timetable and used their free bus pass.

The Commissioner has called on the UK Government to provide additional financial support for older people and to deliver longer-term structural change to ensure that the State Pension and other financial entitlements keep pace with rising costs and inflation and provide a sufficient level of income for older people. She has also called on the Welsh Government to take action to tackle the wider determinants of poverty and to provide funding to community groups and charities to deliver support, in particular through identifying and reaching out to older people who may need help, to make sure that they do not go without nourishing food and opportunities for social interaction. In the Commissioner's view, good dental health and care are prerequisites for enjoying a healthy diet and for presenting oneself confidently to others, and must be made available according to need, not ability to pay.

Conclusion and recommendations

Dental health and care are essential to older people's quality of life. The Commissioner has seen that the number of inquiries she receives from older people unable to access the care

they need has risen since the Covid-19 pandemic. Older people should not be left alone, in pain and discomfort, because of a lack of NHS dentistry for which they personally are unable to find any practicable solution.

The Commissioner recommends that:

- The Welsh Government should collect population-level data on the oral health of older people, regardless of whether they use NHS or private dental services, or no service at all. The data should be disaggregated by age band within the overall cohort of older people in Wales;
- The Welsh Government should ensure that the range of NHS dental services available to older people is keeping pace with their changing needs for more complex dentures and associated maintenance;
- The Welsh Government should ensure that all older people are able to access appropriate, affordable, good quality dental treatment, based on need and not on ability to pay, and that no-one falls through the gap between NHS and private dental service provision in the future;
- The Welsh Government should provide funding to community groups and charities to deliver support, in particular through identifying and reaching out to older people who may need help, to make sure that they do not go without the dental health and care they need to enjoy a healthy diet and confident social interaction;
- The Welsh Government and Transport for Wales should ensure that lack of access to transport is not a barrier to older people accessing dental services. Transport for Wales should include dental practices in any new facility for booking return journeys on Fflecsi buses for older people visiting the dentist;
- The Welsh Government and the Community Dental Service should reinstate the Gwên am Byth programme as soon as possible and ensure that care homes themselves are sufficiently resourced to support the delivery of the programme. If Community Dental Service staff are redeployed to the vaccination programme, the Welsh Government should explore the possibility of combining the two;
- Health Boards should work with dental practices to identify anyone in their areas who is unable to secure the dental services they need for themselves and offer them a permanent resolution of their difficulty as close as possible to where they live;
- Health Boards should ensure that older people have reliable, up to date information about dental service availability;
- Health Boards and dental practices should communicate and explain the shift to prevention-led, prudent dental care and what people should expect from their dental practice in a timely, careful and sensitive way;
- Dental practices should communicate with and provide information to older people in a timely, clear and helpful way, recognising the diversity of their communication needs.

References

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- ⁴ The Welsh Government (2015) “Improving oral health for older people living in care homes (WHC/2015/001)” Available at: [Improving oral health for older people living in care homes \(WHC/2015/001\) | GOV.WALES](#)
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- ¹³ Welsh Government (2020) “Improving Oral Health for Older People Living in Care Homes in Wales” Available at: [Oral health for older people in care homes: report 2019 to 2020 | GOV.WALES](#)

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales, scrutinising and influencing a wide range of policy and practice to improve their lives. She provides help and support directly to older people through her casework team and works to empower older people and ensure that their voices are heard and acted upon. The Commissioner's role is underpinned by a set of unique legal powers to support her in reviewing the work of public bodies and holding them to account when necessary.

The Commissioner is taking action to end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner wants a Wales where older people are valued, rights are upheld and no-one is left behind.

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