Healthwatch Gloucestershire Survey Report:
Access to NHS Dental Services and Diabetes Care for Care Home Residents
October 2016
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Background to the Survey

In response to feedback received by Healthwatch Gloucestershire (HWG) about access to NHS dental services and diabetes care for residents of Gloucestershire care homes, a survey was conducted to gather further information from care home managers.

Recent guidance co-produced by NICE and SCIE ‘Improving oral health for adults in care homes. A quick guide for care home managers’ stated that more than half of older adults who live in care homes have tooth decay, compared to 40% of over 75s who do not live in care homes. Poor oral health affects people's ability to eat, speak and socialise normally. Concerns that care home residents may be missing out on dental care has also been raised by other local Healthwatch. In 2015 Healthwatch Kirklees worked with Healthwatch Bolton to raise concerns about a number of problems for care home residents, including:

- Lack of preventative/routine dental care
- Reliance on emergency dentists/private dentists/Accident and Emergency
- Oral health missing from care plans
- Lack of training in oral health for care home staff

A previous report, ‘Access to NHS Dentistry and Podiatry Services for Residents in Care Homes’, was produced by Gloucestershire LINk in September 2010 and based on a survey of care homes conducted between April and June 2010. The main recommendations of the dentistry section of the report were:

- Increased accessibility of NHS dentistry including home visits to people with disabilities
- More publicity for care homes on the location and availability of NHS dentists
- Care homes encouraged to access wheelchair friendly transport

The 2010 report can be accessed as a PDF document on the Healthwatch Gloucestershire website under Gloucestershire LINk Legacy:

http://www.healthwatchgloucestershire.co.uk/docs/Access%20to%20NHS%20Dentistry%20and%20Podiatry%20Services%20for%20Residents%20in%20Care%20Homes.pdf

Requests for Information

A Request for Information (RFI) about Community Dental Services was sent to Gloucestershire Care Services NHS Trust (GCS) in January 2016. The information requested was:

- an overview of the county provision of NHS dentistry for residents in care homes, in particular in relation to residents who have physical or mental disabilities, or who are bed bound;
- information that is available to care home managers with regard to the location and availability of NHS dentists who treat patients with disabilities;
- information that is available to care homes on how to access NHS dentistry in the care home

The response, received at the beginning of February, included a copy of the patient information leaflet along with the referral form used for domiciliary visits, and a response from the Community Dental Service (CDS) confirming the referral process and the criteria for domiciliary visits by dentists.

A verbal request was made to GCS in March 2016 regarding the advertising and update of the CDS in Care Home Settings. The CDS receives around 5-10 referrals per week (approx. 400-500 per
annum), although the service has not been actively promoted to care homes. The response from GCS raised further queries due to the updated and more structured approach being developed by CDS to enable the service to work more proactively with those patients identified as frail elderly.

In May 2016, an RFI was sent to NHS England to ask for details of the specialised dental services commissioned in Gloucestershire for care home residents, particularly in relation to:

- residents with complex needs who have difficulty accessing or accepting care in general dental services including residents with moderate and severe learning and physical disabilities or mental health problems;
- residents with medical conditions who need additional dental care;
- bed bound residents.

NHS England confirmed that the CDS is commissioned to provide domiciliary care services for Gloucestershire which are available for both care home residents and those in their own home who meet the service referral criteria:

> “This would usually mean if a patient was bed bound due to illness or unable to leave their home because they are physically disabled, or because of a learning disability, or dementia and a visit to a clinic would be stressful for them.”

In August 2016, following the closure of survey, requests for updated information and clarification were sent to GCS and NHS England. GCS was asked to provide an update on the status of the initiatives identified in their RFI response of March 2016 to improve CDS for the frail elderly in care homes. The response, dated 30th August 2016, provided the following information:

- **Information leaflet and referral form for care home staff to refer directly to Community Dentistry** - these will form part of the new Domiciliary Care policy which was in the process of being finalised, although the referral form can be used independently and was being made available.
- **Working group to look at ways to promote care for patients with dementia** - the team of Dementia Link Workers within the Trust’s dental service is designing a leaflet on oral health (home care) which could be used in Care Homes. A short film illustrating the challenges of providing oral health care for people unable to care for their own mouth has been produced.
- **Developing oral health champions within care homes and making oral health part of the care homes admissions process** - there is no public health funding available from commissioners at the moment to progress the development of training for oral health champions. However, oral health care for frail older people may be included as part of the County Council’s Healthy Lifestyles tender.
- **Distribution of referral forms to all dental practices by NHS England and to GP practices by the CCG** - distribution to dental practices is complete; the GP referral form will be available online shortly.

NHS England was asked for copies of the downloadable form for referral to CDS which was due to be distributed to all dental practices in Gloucestershire, and the modified version of the form due to be sent to GP practices via the CCG. The response from NHS England (South), dated 15th September 2016, included the referral form for GP and Dental practices along with the CDS Referral Information issued by GCS. It was confirmed that the form is currently being distributed to dental practices and that NHS England is liaising with the CCG for distribution to GPs.

The responses to the RFIs can be found in the appendices.
About the survey

The survey which forms the basis for the current report was conducted in April and May 2016. A copy of the survey is included in Appendix 4. It was available in both paper and online formats, with the paper format sent out to 253 care homes in Gloucestershire registered with Care Quality Commission (CQC) as at 1st April 2016. A link was also provided in the covering letter to enable care home managers to complete the survey online. In May, the survey was sent electronically to the 100 care homes (included in the original 253) which are members of the Gloucestershire Care Providers Association (GCPA), and paper copies were also distributed at the GCPA conference on 11th May.

Care home managers were asked to share their views and experiences over the previous 12 months. Questions included barriers experienced by care home residents when accessing dental services, suggestions for improving access to dental services, and levels of training in diabetes care amongst care home staff.

In total, 36 responses were received from care home managers. The results are provided on a question-by-question basis. Please note that percentages have been rounded to whole numbers and therefore may appear to add to 99% or 101% rather than 100%.
Summary of Survey Results

Section A: About Your Care Home

- The care homes which responded to the surveys were concentrated in Cheltenham, Forest of Dean, Gloucester, and Stroud districts (22% each), with 8% of responses from Tewkesbury. No responses were received from Cotswold district, although 3% of responses did not disclose the care home’s location.

- 69% of responses were from residential homes, 22% of homes provided both residential care and nursing care, whilst 8% were nursing homes.

- Of the responding care homes, 42% (15) provided care for residents with Learning Disabilities, of which 10 care homes provided care to young adults.

- The largest number of responses came from care homes with fewer than 20 residents (44%), the majority of which related to care homes for residents with Learning Disabilities. These were followed by medium-sized homes with 20 to 39 residents (31%). 22% of responses were from homes with more than 40 residents.
Section B: Dental Services

- The figures given for the number of residents amounted to 906 individuals, although one home did not provide a figure.

- Of these, 42% of residents received NHS dental services, 16% received private dental services, and 8% were listed as receiving no dental services. It is unknown how many of the remaining 34% had access to dental services. Four care homes indicated that unknown numbers did have access to NHS dental services, and two of these also indicated that residents had access to private dental services.

- The survey asked care home managers to indicate which of a variety of dental services residents received.

The responses from care homes with residents with LD revealed that 93% (14) care homes received regular dental check-ups, 60% (9) received an oral hygiene service and 60% of homes (9) received home visits. 5 care homes additionally accessed dental treatment as it was required.

Of the remaining 21 care homes 62% (13) received regular dental check-ups, 19% (4 homes) received an oral hygiene service and 52% of homes (11) received home visits. 16 care homes additionally accessed dental treatment at point of need but 5 care homes only accessed dental services at the point of need.

- Care home managers were asked to rate the dental services received by their residents. 25% rated the services as excellent, 31% as good, 22% as average, and 19% as poor. 3% did not provide a response to this question.

The above ratings of dental services can be split between LD and Older People’s care homes as follows:

<table>
<thead>
<tr>
<th>Ratings</th>
<th>LD Care Homes</th>
<th>OP Care Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>53%</td>
<td>5%</td>
</tr>
<tr>
<td>Good</td>
<td>20%</td>
<td>38%</td>
</tr>
<tr>
<td>Average</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Poor</td>
<td>6%</td>
<td>29%</td>
</tr>
<tr>
<td>No response</td>
<td>-</td>
<td>5%</td>
</tr>
</tbody>
</table>
As a follow up question, managers were asked to explain the reasons for their answer. A sample of responses follow. The full list of comments can be found in Appendix 1:

**Excellent ratings:**

<table>
<thead>
<tr>
<th>“Due to the complex needs of our residents, the dentists have done all they possibly can in ensuring the residents receive treatment even if this has needed repeated appointments, just to get them used to visiting”</th>
<th>“The dentists know the people we support and due to many of them being autistic, understand the need to gain their trust and be patient with them. They are also prepared to visit the home for the less mobile”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD Care Home, Forest of Dean district</td>
<td>LD Care Home, Stroud district</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“When needed, dental staff visit the home, which fits in with our service users’ needs. This ensures good dental hygiene for learning disability service users. Staff are ‘brilliant’, ‘compassionate’ and have a sense of humour which puts the service user at ease”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LD Care Home, Forest of Dean district</td>
<td></td>
</tr>
</tbody>
</table>

**Good ratings:**

<table>
<thead>
<tr>
<th>“Sometimes service users do not want to go to their appointment at the last minute. The dental practice is very understanding of this”</th>
<th>“They are providing very good services, however they have long waiting lists for appointments”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD Care Home, Forest of Dean</td>
<td>Older People’s Care Home, Stroud district</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“For residents who require a home visit, the service could be improved by reducing the length of time that the resident has to wait”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People’s Care Home, Stroud district</td>
<td></td>
</tr>
</tbody>
</table>

**Average ratings:**

<table>
<thead>
<tr>
<th>“Critical need, waiting list too long”</th>
<th>“Domiciliary visits are poor. Dentists relate to residents with dementia poorly”</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD Care Home, Tewkesbury borough</td>
<td>Older People’s Care Home, Cheltenham borough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“Dental service, general for older people (care homes) does need improvements around access, location, understanding of need, best interest”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People’s Care Home, Cheltenham borough</td>
<td></td>
</tr>
</tbody>
</table>
Poor ratings:

“The dental service is non-existent for my service users. Dentists won’t do home visits, won’t come even if there is a pain issue. Even people who are self-funding cannot get a dentist to come in.”
Older People’s Care Home, Gloucester city

“There is no available dentist in the area who has appropriate access for wheelchairs. Also there are no dentists in the area who can provide any sort of domiciliary visits to care homes”
Older People’s Care Home, Gloucester city

“Didn’t feel they are good for people with learning disabilities and challenging behaviours or autism, at times. Not autism friendly. Dentists made staff feel like naughty children being told off for something that is very difficult to manage in practice i.e. maintaining perfect oral hygiene of service users”.
LD Care Home, Tewkesbury district

- The care home managers were asked to identify which barriers their residents experienced in accessing dental services, ticking all of the options which applied. 14% of managers did not respond to this question.
  - 42% - long waiting lists for appointments
  - 39% - no hoisting facilities at dentist
  - 28% - unable to find an NHS dentist willing to take on new patients
  - 25% - poor wheelchair access at dentist
  - 22% - staff or family member not available to accompany resident to dentist
  - 22% - do not know how to access NHS dental home visits
  - 22% - no lift or stair lift to upper floors of dentist
  - 19% - dentists not willing/able to treat residents with dementia
  - 19% - none
  - 17% - no suitable transport available to get to dentist
  - 14% - dentist not willing/able to treat residents with disabilities
  - 6% - other barriers (see table below)

Other barriers:

“Bureaucratic paperwork”
Cheltenham borough

“Referral process”
Stroud district

“Didn’t feel they understand the issues faced by staff and service users with challenging behaviours and autism. Could be very rude to staff. As Manager, I made a written complaint and we changed dentists for 8 of our service users. They are much more understanding that sometimes a service user may refuse to attend an appointment or is too unsettled to take them to the appointment. Also we do our best with cleaning their teeth, but if they refuse to let us help or are too unsettled, it is difficult to assist safely and ethically. If a service user with capacity chooses to drink sugary drinks etc, we are unable to stop them and we as a staff team were being ‘lectured’ about this”
Tewkesbury borough
Suggestions for improving access to dental services for residents were requested. A selection follows here, and the full responses can be found in Appendix 2:

- Provide a domiciliary dentist as at present there isn’t one
- Shorter waiting lists
- More compassionate personnel
- More training in autism for dentists and staff within the clinic
- Keep visiting at home where needed
- Continue to treat each resident as an individual and offer the care needed to suit that person
- Accessibility
- Have a nominated service for each care home – would work in a similar way to the GP enhanced scheme
- Facilitate dentists who are dealing with people who have dementia to have training on how to communicate
- Dentists to have appropriate equipment and training for residents who are immobile and require hoists

Additional comments - full list in Appendix 3:

“Didn’t feel they are good for people with learning disabilities and challenging behaviours or autism, at times. Not autism friendly. Dentists made staff feel like naughty children being told off for something that is very difficult to manage in practice, i.e. maintaining perfect oral hygiene of service users”

Tewkesbury borough

“It is an area where service users within care homes are forgotten and access to treatment is virtually impossible”

Gloucester city
**Section C: Diabetes Care**

- Of the 36 care homes taking part in the survey, 64% had residents with diabetes, whilst 31% had no residents with diabetes. 3% of care homes did not know if they had any residents with diabetes, and 3% did not respond to this question.

- 64% of care homes reported having staff who had received diabetes training, whilst 22% reported that their staff had not received diabetes training. 3% of homes recorded that they were unaware if any of their staff had received training, and 11% provided no response to this question.

- Of the homes where staff had received diabetes training, all except one confirmed that the training enabled the staff to provide appropriate care for diabetic residents. In this case, the manager added the following explanation:

  "We have been assessed by the Community Diabetes team who have suggested staff attend their training for appropriate updates."

  *Gloucester City*

- 17% of the care home managers indicated they would welcome additional training opportunities for staff, or would arrange training in the event of a resident with diabetes moving into the home.

- Care home managers were asked what further training they felt their staff needed in relation to diabetes care. 50% did not respond to the question, whilst 11% responded that they did not know or that it was not needed. The remaining responses indicated the following training needs:
  - Refresher training
  - Basic training/general information
  - Blood sugar monitoring
  - Dietary care/specific training on feed and diabetes, including for residents
  - Training for service users with moderate learning disabilities
  - Training on pressure areas/skin tissue viability
  - Information regarding medication/Insulin training
  - Complications of diabetes
  - Management of patients with dementia especially, supporting adequate nutrition
• 50% of managers responded to the question about the impact any shortfall in training had on their diabetic residents and their on-going care, including 25% who either had no residents with diabetes or who reported no impact on the residents. Impacts identified were:
  o Being able to discuss service user’s condition and have the knowledge to show confidence in this subject
  o Difficult to know foods the person can and can’t eat
  o Not everyone realises the impact certain foods have on an individual that has diabetes
  o [Impact on residents with diabetes] could be detrimental if lack of training was available
  o District Nurses are used more [in on-going care of residents with diabetes]
  o Ensuring good nutritional intake with residents in later stages of dementia.

• The care home managers were asked to identify the main barriers to providing diabetes training to staff and were able to choose more than one response. 28% of managers did not respond to this question.
  o 31% - lack of funding
  o 31% - lack of information about training courses
  o 17% - lack of time to deliver training
  o 6% - high turnover of staff
  o 6% - other barriers
  o 22% - none

• Other barriers identified were:
  o Mainly time restraints. In house training would be good
  o Suitable training which is applicable
  o Training providers; assessments from nurses; restriction on training all staff to cover shifts [the need to cover shifts restricts the release of staff for training]
  o Availability

**Additional comments:**

- "Community diabetic nurses have provided excellent support and care to our clients. Some with very labile diabetes - this has prevented hospital admissions and ensured greater wellbeing for clients"
  
  Gloucester city

- "Insulin controlled diabetic - support by District Nurses who administer insulin"
  
  Gloucester city

- "Would contact care home support team if training required"
  
  Forest of Dean district

- "Foot and eye screening can be a problem, access to clinics, transport, escorts and appointment times. Some appointment times are not suitable due to getting residents ready early, fortified and then having to endure long periods of travelling"
  
  Forest of Dean District
Conclusions

The conclusions drawn from the 36 responses to the ‘Access to NHS Dental Services and Diabetes Care for Care Home Residents’ survey should be taken as illustrative of general points.

It is acknowledged that the situation differs in each district, between dental practices, and within care homes, so the conclusions and recommendations are intended to highlight general principles for potential improvement as well as acknowledging good practice.

Dental Services

The provision of NHS dental services has shown some improvements on the situation reported in the 2010 survey. Where comparable questions have been used, the 2010 figures will be included below for information.

- Significant numbers of care home residents have either limited or no access to dental services. 8% of residents were specifically identified as receiving no dental services, but the figure could reach as high as 41% of care home residents if those whose status was not confirmed by managers in this survey are taken into account. The 2010 survey reported that 43% of residents did not receive any dental services

- The survey revealed that care homes for residents with Learning Disabilities received a much better dental service than care homes for Older People. 93% of residents of LD care homes received regular dental check-ups compared to 62% of care homes for Older People. Similarly, 60% of LD care homes received an oral hygiene service and home visits, whilst 19% of OP care homes received an oral hygiene service and 52% of homes received home visits. 24% of OP care homes only accessed dental treatment at point of need

- ‘Improving oral health for adults in care homes. A quick guide for care home residents’ co-produced by NICE and SCIE and based on NICE’s guideline on oral health for adults in care homes (July 2016) recommends that all residents should have an oral health assessment when they move into a care home, with the result recorded in their care plan. Supporting residents to maintain good oral health demonstrates to the Care Quality Commission that a care home is both effective and responsive

- 73% of managers of LD care homes rated NHS dental treatment as either excellent or good compared to 43% of OP care home managers. The issue relating to older people’s dental care that was raised most frequently was the need for a home visiting service for those residents who are unable to leave the home due to physical/mental disabilities or who are bed bound and also a need for service providing regular check ups

- Across all the care homes surveyed, the biggest barrier to accessing dental services was identified as the long waiting list for appointments (42%), but there would appear to be accessibility issues at dental practices which also present barriers:
  - 39% - no hoisting facilities (48% in 2010)
  - 25% - poor wheelchair access (38% in 2010)
  - 22% - no lift or stair lift to upper floors (38% in 2010)
  - 19% - dentists were not willing/able to treat residents with dementia
  - 14% - dentists were not willing/able to treat residents with disabilities

- The way in which dentists relate to residents with specific needs was also raised:
  - some managers praise dental staff for their patience and understanding in dealing with residents who have autism or learning disabilities
Access to NHS Dental Services and Diabetes Care for Care Home Residents

- Others reported that dental staff did not understand the challenges faced by the care homes and could be negative and even hostile towards the care home staff over residents’ oral hygiene.
- Comments suggest that dental staff could also benefit from specific training in dealing with residents with dementia, including how to communicate effectively with them.

Diabetes Care

- The majority of care homes with at least one resident who has diabetes also have staff who have received diabetes training. Only one care home with a resident with diabetes had no trained staff, although another care home did not indicate whether or not their staff were trained.
- 17% of care home managers would welcome additional staff training opportunities, or arrange for staff training in the event that a resident with diabetes moved into the home.
- Basic/refresher training and dietary care/nutrition were identified as areas for further training. Training for residents themselves, specifically those with moderate learning disabilities, was also indicated as desirable.
- Lack of funding, lack of information about training courses, and lack of time were identified as the three main barriers to providing diabetes training to staff.
- Community Diabetic Nurses and District Nurses administering insulin were recognised as providing a valuable support to the staff and residents of care homes.
- Accessing appointments and screening (e.g. foot and eye screening) was highlighted as problematic by one care home manager due to transport issues, providing escorts, and in some cases appointment times being unsuitably early given the time needed to prepare residents.
Recommendations

The following recommendations are suggested as a result of the survey:

**NHS Dental Services**

- Nominate a single NHS dental service to each care home, in line with the GP enhanced scheme currently operating in the county.
- Distribute regular updates to care homes on how to access Community Dental services including a direct referral form for Community Dentistry.
- Provide and update annually to care homes a list of dentists with wheelchair access and hoisting facilities.
- Provide and update annually details of wheelchair accessible transport to encourage care homes to transport residents to the dentist.
- Distribute Community Dental Patient Referral Forms to all dental and GP practices.
- Review training for dental staff in dealing with patients with:
  - Autism
  - Learning Disabilities
  - Dementia
- Provide training, information, and support to care home staff on how to provide oral care for residents unable to care for their own mouth, in accordance with NICE guideline (NG48) ‘Oral Health for Adults in Care Homes’ July 2016 [https://www.nice.org.uk/guidance/ng48](https://www.nice.org.uk/guidance/ng48)
- A baseline oral health assessment is carried out when a resident moves into a care home, with the outcome and recommendation recorded in their care plan.

**Diabetes Care**

- Assess both availability of and provision of information about diabetes training, including:
  - Opportunities for training residents with learning disabilities in self-management of their condition.
  - Opportunities for in-house training to minimise issues over releasing staff for training.
- Review provision of information on diet/nutrition available to care homes.
Service Provider Responses

1. Gloucestershire County Council

Barbara Piranty  
Chief Executive  
Healthwatch Gloucestershire

Margaret Wilcox OBE  
Commissioning Director  
Adult Care Services  
Shire Hall  
Westgate Street  
Gloucester GL1 2TR

e-mail: margaret.wilcox@gloucestershire.gov.uk  
telephone: 01452 328468

Our Ref: MW/rl  
Your Ref:  
Date: 4 January 2017

Dear Barbara,

Thank you for sending me your report on ‘Access to NHS Dental Services and Diabetes Care for Care Home Residents.’ As the County Council does not provide either of those services, I can only comment as a commissioner of care homes.

The small sample is skewed by the disproportionate number of providers of services for people with learning disabilities. Knowing this, I am not surprised that the conclusions identify a high level of satisfaction in these homes because GCS provide a dedicated dental service for this client group which is greatly valued.

I would have expected the recommendations to include some proactive approaches from the home owners/managers. There are a number of dentists in the county who provide home visits. Similarly there is a wide range of training available. As a registered provider, they have a responsibility to provide holistic care for their residents and a duty to have staff trained and skilled. Good oral care is essential for all of their residents and – as the number of people with diabetes rises – all staff will need to know how to recognise symptoms and manage the disorder.

Yours sincerely,

Margaret Wilcox OBE  
Commissioning Director: Adults and DASS

www.gloucestershire.gov.uk
2. Gloucestershire Clinical Commissioning Group

Barbara Piranty
Chief Executive
Sent via email to Barbara.piranty@healthwatchgloucestershire.co.uk

25th January 2016

Dear Barbara

Formal Response to HealthWatch Gloucestershire Report “Access to NHS Dental Services and Diabetes Care for Care Home Residents” (October 2016)

Thank you for sending a copy of the HealthWatch Gloucestershire (HWG) Report “Access to NHS Dental Services and Diabetes Care for Care Home Residents” to Gloucestershire Clinical Commissioning Group (CCG).

We always welcome feedback on services provided for our Care Home residents, many of whom may be vulnerable or have complex needs. Our developing partnership working approach is key to ensuring equitable provision of, access to and information about services provided: working together with a focus on person-led care planning, including self-care and prevention.

We note that HWG advised that the conclusions drawn from the 35 responses to the survey should be taken as illustrative of general points, acknowledging that the situation differs in each district, between dental practices, and within care homes, so the conclusions and recommendations are intended to highlight general principles for potential improvement as well as acknowledging good practice.

Our response to the conclusions and recommendations made in the report is set out below.

Diabetes Care

The senior programme manager for the CCG Diabetes and Endocrinology Programme will take this report for discussion at the next Clinical Programmes Group (CPG) meeting in March, linking with our Care Homes Programme. It has been noted by the Diabetes and Endocrinology CPG that there are a growing number of Care Home residents with Diabetes.

The CPG, which includes a HWG representative, is developing an information sheet with high level “Top Tips” for caring for someone with diabetes. This information is suitable for anyone in a caring role, including clinical or non-clinical care home staff. It sets out information for caring for people with Type 1 or Type 2 diabetes; listing the issues that the carer should be aware of (for example dietary requirements, medication or complications) and then providing links to useful resources to refer to if they...
require more information. The “Top Tips” are in the final stages of design, with involvement from Care Home Programme Stakeholders: following clinical sign-off the CCG will be looking to promote them widely.

As part of the Diabetes foot care redesign work it has also been noted that patients and carers could be more aware of foot complications associated with diabetes. The CPG is working with local partners to design leaflets for patients and carers with information about how to self-care and when to seek help for feet related complications. When this information is finalised, wide promotion of this leaflet will include care home staff.

We were pleased to note that the HWG report recognises the support of the Community Diabetes Team for residents of Care Homes who have been referred to them. The team aim to educate the Care Home staff at the same time as reviewing and treating their residents and are happy to be contacted about specific issues or concerns.

Dental Services

With regard to the Community Dental Service (CDS), commissioned by NHS England, the CCG works within the partnership approach to promote access to and quality of services.

An example is the link with the Countywide Dementia workstream and the Community Dental Service Team. This has included consideration on how Oral Care and Dental Services could be included in the Gloucestershire Dementia Strategy and specifically incorporating into person-led care plans at the time of diagnosis.

The Dental Team based at Beeches Green Stroud have worked with the county Dementia Training & Education Strategy and the dental Dementia Link Workers have worked to ensure a Dementia Friendly practice environment and have developed resources to support the dental care of people living with dementia.

We would wish to highlight the work of the Care Home Support Team (CHST), mentioned in the report, who provide education, training and support for Older People Care Homes. The team also takes queries from Care Home staff, GPs and community teams including the Community Diabetes Team and Community Dental Team. The range of areas where the CHST provide training and support include Person-Led Care Planning, Nutrition & Hydration, Medications, Oral Health, Dementia.

This report will be taken to the next meeting of our Care Homes Stakeholder Group for further discussion on progress with actions. The Group includes representatives from Care Home Providers, CHST and HWG. Specifically, this Group will be looking at addressing issues around variation in understanding or provision of services and sources of support.

With kind regards

Yours sincerely

Mary Hutton
Accountable Officer
NHS Gloucestershire Clinical Commissioning Group

cc. Becky Parish, Gloucestershire Clinical Commissioning Group
    Gill Bridgland, Gloucestershire Clinical Commissioning Group
3. Gloucestershire Care Services NHS Trust

Gloucestershire Care Services
NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW

Barbara Piranty
Chief Executive
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

11th January 2017

Dear Barbara,

Thank you for your letter dated 15th December 2016 asking for our response to your Access to NHS Dental Services and Diabetes Care for Care Home Residents final report. As you will be aware Paul Jennings has now left the Trust and as Katie Norton is still in her first week I am replying to you in response to your recent letter.

Please find our comments below and although detailed I believe this is helpful when referring to the points raised by the Healthwatch report.

As a reminder the response rate for the survey was 36 out of 253 Care Homes which is a 14% response rate, which is rather low. However, the responses do appear to be geographically well spread and with regards to specific points about the survey raised:

- Significant numbers of care home residents have either limited or no access to dental services. 8% of residents were specifically identified as receiving no dental services, but the figure could reach as high as 41% of care home residents if those whose status was not confirmed by managers in this survey are taken into account. The 2010 survey reported that 43% of residents did not receive any dental services. The survey indicated that 8% of residents have no access to dental services but there was insufficient data provided for 34% to be able to assess accurately. Therefore, 41% may be an over estimate and perhaps further data should be sought?

- The survey revealed that care homes for residents with Learning Disabilities received a much better dental service than care homes for Older People. 93% of residents of LD care homes received regular dental check-ups compared to 62% of care homes for Older People. Similarly, 60% of LD care homes received an oral hygiene service and home visits,
Access to NHS Dental Services and Diabetes Care for Care Home Residents

Gloucestershire Care Services

whilst 19% of OP care homes received an oral hygiene service and 52% of homes received home visits. 24% of OP care homes only accessed dental treatment at point of need. People with LD tend to have individual keyworkers with a responsibility for health checks etc. and therefore there is a greater likelihood for them to seek regular dental care. Community Dental Services have historically provided care for this group of the population and there are strong links often with local CDS clinics and the residential homes. Many people with LD also are able to attend at a dental clinic and do not expect a home visit unless in exceptional circumstances. This may be why their experiences are different and more positive than Homes for older people.

- ‘Improving oral health for adults in care homes. A quick guide for care home residents’ co-produced by NICE and SCIE and based on NICE’s guideline on oral health for adults in care homes (July 2016) recommends that all residents should have an oral health assessment when they move into a care home, with the result recorded in their care plan. Supporting residents to maintain good oral health demonstrates to the Care Quality Commission that a care home is both effective and responsive. The oral health assessment should be carried out by the Home to assess the current situation relating to oral health. The guidance gives a template example but there are others and I attach one from BSDH which is also good. The oral health assessment should identify if a new resident already has their own dentist as, where possible, it would be preferable to continue an arrangement that has existed satisfactorily in the past.

The following is an extract from the NICE Guidance July 2016 relating to Oral Health Promotion (OHP) OHP is commissioned via County Council funding (Public Health England) rather than by NHSE and so is not part of our commissioning agreement. These services are commissioned separately and it is not helpful that Gloucestershire has no funding for this type of activity at present. The recent tendering of health promotion/lifestyle services has resulted in the small amount of funding that was allocated to oral health being even less likely to be used for this vulnerable group of the population:

1.6 Oral health promotion services
These recommendations are for oral health promotion teams or similar services, in line with existing local arrangements.
1.6.1 Develop and provide care homes with oral health educational materials, support and training to meet the oral health needs of all residents, especially those with complex needs. Also explain the role of diet, alcohol and tobacco in promoting good oral health, in line with advice in the Delivering better oral health toolkit and NICE’s guideline oral health promotion: general dental practice.
1.6.2 Help care home managers find out about local oral health services and create local partnerships or links with general dental practice and community dental services including special care dentistry.
1.6.3 Tell local authority public health teams and dental public health leads about gaps in the services, so they can advocate for accessible oral and dental health services on behalf of residents of care homes.

Chair: Ingrid Barker  Chief Executive: Katie Norton
Gloucestershire Care Services
NHS Trust

73% of managers of LD care homes rated NHS dental treatment as either excellent or good compared to 43% of OP care home managers. The issue relating to older people’s dental care that was raised most frequently was the need for a home visiting service for those residents who are unable to leave the home due to physical/mental disabilities or who are bed bound and also a need for service providing regular check-ups. At present Domiciliary care is commissioned from our service but there is no specific capacity requirement. There are no domiciliary services commissioned from GDPs as far as we know. At present we do not have the capacity to provide domiciliary care for every nursing home in Gloucestershire. Whilst accepting that many people do require a home visit for the reasons outlined above many managers of Residential and Nursing Homes for Older people would prefer domiciliary care for their residents as it obviously overcomes their problems in arranging care staff support and transport for each resident. However, for those more able residents who can access a clinic this is not always in their best interest. We have to base a service on the ‘Needs’ of the individual rather than the ‘demand’ for convenience.

- Across all the care homes surveyed, the biggest barrier to accessing dental services was identified as the long waiting list for appointments (42%), but there would appear to be accessibility issues at dental practices which also present barriers: 39% - no hoisting facilities (48% in 2010) 25% - poor wheelchair access (38% in 2010) 22% - no lift or stair lift to upper floors (38% in 2010) 19% - dentists were not willing/able to treat residents with dementia 14% - dentists were not willing/able to treat residents with disabilities.

All of our clinics are accessible for wheelchairs and are ground floor. We do not have hoisting equipment but 2 clinics do have wheelchair tipper equipment should someone require their treatment in the supine position in their wheelchair. As a special care dental service we should be providing care for people living with dementia or other disabilities where these conditions prevent them from accessing care from GDP and this is offered at all clinics.

Our staff do access training in skills relating to people living with dementia and LD and most are experienced in this type of work. We do also appreciate that oral hygiene practices are not easy for staff in Homes but we truly believe all of us should be working together to facilitate the best oral health possible for each individual patient especially as some care home staff do not feel confident in providing the oral health care that is required. This is where the Oral Health Promotion/Lifestyle services are so important in raising the awareness, education and standards of daily care but unfortunately, this is no longer commissioned in this County.
Recommendations from the Report:

The following recommendations were suggested as a result of the survey and I hope our responses to these are helpful:

- Nominate a single NHS dental service to each care home, in line with the GP enhanced scheme currently operating in the County. This would need to be a jointly managed development between NHSE, GDPs and CDS. The CDS does not have capacity to be the nominated service for every Care Home. However, a shared care arrangement could work well, e.g. a local GDP practice could provide general services such as exams/personal care plans/oral health advice but could refer residents to the CDS if they required more specialist services. GDPs can provide domiciliary care but would need to be commissioned to do so and there would need to be some work with NHSE to identify GDPs who may have some capacity and willingness to see those more able residents as not all people in care homes need to be seen specifically by CDS.

In addition to this, we would actively continue to encourage that if a person entered a residential home and already had a longstanding dentist who was able to continue to provide their care then this should continue to be facilitated, especially where dementia is a factor.

- Distribute regular updates to care homes on how to access Community Dental Services including a direct referral form for Community Dentistry. Information and referral forms have been circulated to all GDPs; there is a different form that can be used by Residential Care Home managers, GPs and other healthcare professionals. Is there a network by which updates and information can be easily shared with Care Homes?

- Provide and update annually to care homes a list of dentists with wheelchair access and hoisting facilities. All CDS clinics are ground floor and accessible for wheelchairs. We do not provide hoisting equipment but do have wheelchair tippers for those who require treatment in a supine position. Information relating to all other NHS dental practices is held by NHSE and so would have to be distributed by them.

- Provide and update annually details of wheelchair accessible transport to encourage care homes to transport residents to the dentist. We would not be in the best position to provide this information.

- Distribute Community Dental Patient Referral Forms to all dental and GP practices. This has been completed for GDP practices but not GPs. NHSE facilitated circulation of the referral information and forms to GDPs. This could be arranged for GPs if it was possible to send by email to all GP practices, we are happy to explore this possibility with NHSE or with the GCG if more appropriate. Referral forms should also be available on the GCS website.
- **Review training for dental staff in dealing with patients with:**
  - Autism
  - Learning Disabilities
  - Dementia

CDS dental staff are encouraged to attend a variety of specialist training courses and conferences e.g. those organised by Dental Specialist groups such as the British Dental Association CDS Group, British Society for Gerodontology (BSG), British society for Disability and Oral Health (BSDH). Dementia awareness training is provided by 2gether NHS Trust. Gloucestershire CDS currently have LD champions and Dementia Link Workers who are active within the service although this is not specifically commissioned by NHSE.

- **Provide training, information, and support to care home staff on how to provide oral care for residents unable to care for their own mouth, in accordance with NICE guideline (NG48) ‘Oral Health for Adults in Care Homes’ July 2016** [https://www.nice.org.uk/guidance/ng48](https://www.nice.org.uk/guidance/ng48).

Gloucestershire CDS is not commissioned to provide general oral health promotion. Individuals who are seen as patients are offered preventive advice and dental staff do advise care home staff on how to care for individuals oral health needs.

- **A baseline oral health assessment is carried out when a resident moves into a care home, with the outcome and recommendation recorded in their care plan.** This is the responsibility of the Care Home Manager and various examples of templates exist. There is one included within the NICE guidelines published July 2016.

I hope this responds to your correspondence and please don’t hesitate to get back to me should you have any further queries. I would also like to take this opportunity to wish you and your team a Happy New Year and 2017.

Yours sincerely

Susan Field  
Director of Nursing

CC: Katie Norton, Chief Executive Officer
4. NHS England

NHS England was invited to respond to the recommendations of the report. No response was received.
Bibliography

- NICE guideline (NG48) ‘Oral Health for Adults in Care Homes’ July 2016 https://www.nice.org.uk/guidance/ng48
## Appendix 1: Rating of Dental Services

B3. On the whole, how would you rate the dental services received by residents? Please explain the reasons for your answer.

<table>
<thead>
<tr>
<th>Rating of service</th>
<th>Reasons for answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>For residents who require a home visit the service could be improved by reducing the length of time that the resident has to wait.</td>
</tr>
<tr>
<td>Good</td>
<td>Some residents only want treatment when they have a problem. Some regular check-ups. Some have home visits. Some just oral hygiene if an end of life case.</td>
</tr>
<tr>
<td>Poor</td>
<td>Some dentists vary in their approach. Private, very friendly. NHS Qedgeley variable. NHS Rikenel dentist very abrupt at times rude.</td>
</tr>
<tr>
<td>Excellent</td>
<td>Prompt, attentive service delivered on site here, therefore no barrier to access.</td>
</tr>
<tr>
<td>Excellent</td>
<td>N/A - outside of care home practice</td>
</tr>
<tr>
<td>Good</td>
<td>The waiting list is sometimes months away</td>
</tr>
<tr>
<td>Good</td>
<td>Easy to get appointments with friendly, professional staff</td>
</tr>
<tr>
<td>Excellent</td>
<td>The home visit reduces anxieties and the people we support are supported by their staff who offer them reassurance and the dentists direction.</td>
</tr>
<tr>
<td>Good</td>
<td>It is difficult to answer above questions with accuracy due to our home only having temporary residents. We use the community dentist and ask relatives to take others to visit their own dentists. We have always received a good service from domiciliary dentists.</td>
</tr>
<tr>
<td>Good</td>
<td>Tend to get cancellations. Not always a dentist at the practice.</td>
</tr>
<tr>
<td>Average</td>
<td>Critical need, waiting list too long.</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>We used to use the dental access clinic at Southgate Moorings, but found they did not interact well or appear to understand our service users and their needs. All of our service users have behaviours that challenge and autism and at times it is difficult to get them to appointments or to promote their oral hygiene as perfectly as we would if it was ourselves. We felt they were negative and hostile to staff about service users oral care if it was not good and didn’t understand the challenges we face.</td>
</tr>
<tr>
<td>Excellent</td>
<td>Always helpful and patient</td>
</tr>
<tr>
<td>Excellent</td>
<td>The dentists know the people we support and due to many of them being autistic understand they need to gain their trust and be patient with them. They are also prepared to visit the home for the less mobile.</td>
</tr>
<tr>
<td>Rating</td>
<td>Feedback</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Excellent</td>
<td>When needed, dental staff visit home, which fits in with our service users needs. This ensures good dental hygiene, for learning disability service users. Staff are ‘brilliant’, ‘compassionate’ and have a sense of humour which puts the service user at ease.</td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>Sometimes service users do not want to go to their appointment at the last minute. The dental practice is very understanding of this.</td>
</tr>
<tr>
<td>Poor</td>
<td>The dental service is non-existing for my service users. Dentists won’t do home visits, won’t come even if there is a pain issue. Even people who are self-funding cannot get a dentist to come in.</td>
</tr>
<tr>
<td>Excellent</td>
<td>Helpful and makes reasonable adjustments</td>
</tr>
<tr>
<td>Good</td>
<td>No concerns, good access to local services, though private can be a bit pricey</td>
</tr>
<tr>
<td>Good</td>
<td>They are providing very good services, however they have long waiting lists for appointments.</td>
</tr>
<tr>
<td>Excellent</td>
<td>Due to the complex needs of our residents, the dentists have done all they possibly can in ensuring the residents receive treatment even if this has needed repeated appointments, just to get them used to visiting; home visits.</td>
</tr>
<tr>
<td>Good</td>
<td>The residents have always been pleased with the treatment they have received</td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>Dental service, general for older people (care homes) does need improvements around: access, location, understanding of need, best interest</td>
</tr>
<tr>
<td>Average</td>
<td>Domiciliary visits are poor. Dentists relate to residents with dementia poorly.</td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>Dental services are expensive! It is hard work to get through the bureaucracy of dental paperwork and establish follow up</td>
</tr>
<tr>
<td>Poor</td>
<td>No domiciliary visits available (only in extreme emergency) and nearly all residents will not leave the home.</td>
</tr>
<tr>
<td>Average</td>
<td>Delayed appointment times. Most dentists are reluctant to visit care home or treat in the care home.</td>
</tr>
<tr>
<td>Poor</td>
<td>My residents are very elderly, poor access to transport and have dementia. Difficult to release staff off the floor to accompany resident to dentist. Budget restrictions regarding paying for transport. Family member not able to accompany due to work. Non-compliance due to dementia.</td>
</tr>
<tr>
<td>Poor</td>
<td>There is no available dentist in the area who has appropriate access for wheelchairs. Also there are no dentists in the area who can provide any sort of domiciliary visits to care homes.</td>
</tr>
<tr>
<td>Average</td>
<td>The system for referral is quite lengthy and our local dentists are not all wheelchair friendly</td>
</tr>
</tbody>
</table>
### Appendix 2: Suggestions for Improving Access to Dental Services

**B5. What would be your top 3 suggestions for improving access to dental services for your residents?**

<table>
<thead>
<tr>
<th>Top 3 Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide a domiciliary dentist as at present there isn’t one</td>
</tr>
<tr>
<td>Regular check-up visits in care homes for older people</td>
</tr>
<tr>
<td>Better NHS service with nicer, more compassionate personnel</td>
</tr>
<tr>
<td>Shorter waiting lists</td>
</tr>
<tr>
<td>Training from dental practices to care homes</td>
</tr>
<tr>
<td>Dental visits provided at care home</td>
</tr>
<tr>
<td>Easier appointment system at Beeches Green Health Centre</td>
</tr>
<tr>
<td>Home visits</td>
</tr>
<tr>
<td>Manual hoists</td>
</tr>
<tr>
<td>Wider examination couches</td>
</tr>
<tr>
<td>When clients are unable to communicate clear guidance from staff</td>
</tr>
<tr>
<td>Understanding of autism</td>
</tr>
<tr>
<td>Only one person to talk to at a time</td>
</tr>
<tr>
<td>Available leaflets for dentists who give a visiting community service and to be able to give these</td>
</tr>
<tr>
<td>leaflets to service users on discharge for those who will be unable to get out.</td>
</tr>
<tr>
<td>More NHS dentists</td>
</tr>
<tr>
<td>More training in autism for dentists and staff within the clinic</td>
</tr>
<tr>
<td>More autism friendly dentists available where the waiting rooms are more spacious to allow us to sit</td>
</tr>
<tr>
<td>away from others.</td>
</tr>
<tr>
<td>Maybe services should be available that provide ‘training’ to service users about oral hygiene, as</td>
</tr>
<tr>
<td>we were asked to attend a visit to educate staff about cleaning teeth etc, but staff know this. If</td>
</tr>
<tr>
<td>the service user refuses or staff are at real risk of injury from service users who will assault them</td>
</tr>
<tr>
<td>whilst supporting with this, it can be difficult.</td>
</tr>
<tr>
<td>Keep visiting at home where needed</td>
</tr>
<tr>
<td>Increase time of appointments</td>
</tr>
<tr>
<td>Hoist facilities</td>
</tr>
<tr>
<td>Dentist understanding of difficulties of staff being able to clean service users teeth in depth due</td>
</tr>
<tr>
<td>to their choices when not wanting to do for long</td>
</tr>
<tr>
<td>Survey feedback</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Short waiting time. Some service users are unable to wait.</strong></td>
</tr>
<tr>
<td><strong>A minimal yearly check-up for all service users to have their teeth examined</strong></td>
</tr>
<tr>
<td><strong>Keep the service at its current level</strong></td>
</tr>
<tr>
<td><strong>More home visits for dementia residents</strong></td>
</tr>
<tr>
<td><strong>The only thing that needs improving are the long waiting lists for appointments, because sometimes we have to wait one month or more for an appointment.</strong></td>
</tr>
<tr>
<td><strong>Continue to treat each resident as an individual and offer the care needed to suit that person</strong></td>
</tr>
<tr>
<td><strong>Accessibility, home visits</strong></td>
</tr>
<tr>
<td><strong>Home services</strong></td>
</tr>
<tr>
<td><strong>To have a nominated services for each care home - would work in a similar way to the enhanced GP scheme</strong></td>
</tr>
<tr>
<td><strong>Routine home visits</strong></td>
</tr>
<tr>
<td><strong>Follow ups could be initiated more by the dentists such as routine checks</strong></td>
</tr>
<tr>
<td><strong>Home visits with regular checks of dental health. Residents’ dental history available to home.</strong></td>
</tr>
<tr>
<td><strong>To provide domiciliary dental care</strong></td>
</tr>
<tr>
<td><strong>Speeding up referral process for vulnerable residents</strong></td>
</tr>
</tbody>
</table>
Appendix 3: Additional Comments

B6. Any other comments on access to dental services for care home residents

| None |
| Be ready to proceed |
| Didn’t feel they are good for people with learning disabilities and challenging behaviours or autism, at times. Not autism friendly. Dentists made staff feel like naughty children being told off for something that is very difficult to manage in practice i.e. maintaining perfect oral hygiene of service users. |
| It is an area where service users within care homes are forgotten and access to treatment is virtually impossible. |
| We have found no difficulties |
| Hoists, time, understanding |
| Do not know who they are |
Appendix 4: Blank Copy of Survey

HEALTHWATCH GLOUCESTERSHIRE SURVEY 2016
ACCESS TO NHS DENTAL SERVICES AND DIABETES CARE FOR CARE HOME RESIDENTS

In response to feedback received by Healthwatch Gloucestershire (HWG) about access to NHS dental services and diabetes care for residents of Gloucestershire care homes, we are conducting this survey to gather further information from care home managers in the county.

Your feedback on these issues would be valuable and we would be grateful if you could spend a few minutes to take part in this short survey. Please base your answers on your experiences over the last 12 months.

Please return using the enclosed FREEPOST envelope to Healthwatch Gloucestershire, FREEPOST SWC 0305, Community House, 15 College Green, Gloucester, GL1 2BR.
If you would prefer to complete the survey online it is available at: www.tiny.cc/HWG Dental

If you have any queries or need help completing this survey please contact Healthwatch Gloucestershire on Freephone 0800 652 5193, or email info@healthwatchgloucestershire.co.uk

The deadline for completing the survey is Friday 29th April 2016

Section A: About your care home

A1. Name and address of care home (optional)   

A2. Email address (optional)   

A3. District
   - Cheltenham
   - Cotswold
   - Forest of Dean
   - Gloucester
   - Stroud
   - Tewkesbury
   - Outside Gloucestershire

A4. Type of care home
   - Residential
   - Nursing
   - Both

A5. Number of residents

A6. Number of staff

Section B: Dental services

B1. Approximately how many of your residents receive the following?
   - NHS dental services
   - Private dental services
   - No dental services
B2. Which, if any, of the following services do residents receive? (tick all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>NHS funded</th>
<th>Local authority funded</th>
<th>Self-funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular check ups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral hygiene service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment only at point of need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B3. On the whole, how would you rate the dental services received by residents?

[ ] Excellent  [ ] Good  [ ] Average  [ ] Poor

Please explain the reasons for your answer

B4. Which, if any, of the following barriers do your residents experience when accessing dental services? (tick all that apply)

[ ] Unable to find an NHS dentist willing to take on new patients
[ ] Dentist not willing/able to treat residents with disabilities
[ ] Dentist not willing/able to treat residents with dementia
[ ] Long waiting lists for appointments
[ ] Staff or family member not available to accompany resident to dentist
[ ] Do not know how to access NHS dental home visits
[ ] No suitable transport available to get to dentist
[ ] No hoisting facilities at dentist
[ ] Poor wheelchair access at dentist
[ ] No lift or stair lift to upper floors of dentist
[ ] Other barriers*
[ ] None

*Other barriers
B5. What would be your top 3 suggestions for improving access to dental services for your residents?

1. 

2. 

3. 

B6. Any other comments on access to dental services for care home residents

Section C: Diabetes care

C1. How many of your residents have diabetes? 

C2. How many of your staff have had diabetes training? 

C3. If yes, does the training enable your staff to provide appropriate care for diabetic residents?

☐ Yes  ☐ No

If no, please explain
C4. What further training, if any, do you feel your staff need in relation to diabetes care?

C5. What impact does any shortfall in training have on your diabetic residents and their ongoing care?

C6. What, if any, do you consider the main barriers to providing diabetes training to staff? (tick all that apply)

- Lack of funding
- Lack of time to deliver training
- Lack of information about training courses
- High turnover of staff
- Other barriers*
- None

*Other barriers

C7. Any other comments on the care of diabetic residents in your home

Thank you for taking the time to complete our survey
Appendix 5: Requests for Information

i. Gloucestershire Care Services NHS Trust - February 2016

Gloucestershire Care Services
NHS Trust

Barbara Piranty
Chief Executive
Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

2nd February 2016

Dear Barbara,

NHS Dentistry for Care Home Residents

Thank you for your recent enquiry and in response to this please find attached for Gloucestershire Care Services NHS Trust (GCS) the following:

- Patient Information Leaflet
- A copy of the referral form used for domiciliary visits
- A more detailed response from our dental services about managing referrals generally.

In addition to this, our dental service does come into contact with our Care Home Support Team, which primarily works and supports the many Care Homes across the County. This working between the two services is via the dental service dementia link workers and with regards to any safeguarding activities. The GCS dental service is often requested to visit care homes to advise on oral health, but unfortunately the service is no longer commissioned to provide this despite there being a high need for oral health promotion in nursing and residential homes.

If you should require any further information then please do not hesitate to contact me again.

Yours sincerely,

Paul Jennings
Chief Executive Officer

CC: Sue Field, Director of Nursing
The Gloucestershire Care Services Community Dental Service provides NHS Dentistry for patients who are unable to access General Dental Practitioner Services. We provide services for residents in both care and nursing home who meet the service referral criteria.

The service provides dental care for patients who have physical and learning difficulties and mental health issues and we also provide care for those suffering from Dementia.

As with all Domiciliary services there are criteria which must be met in order for a dentist to visit a patient in their place of residence and this would generally mean if the patient was bed bound or unable to leave their homes. This may be because they are physically disabled and unable to visit one of the 8 countywide Community Dental Clinics or, because of their learning disability or dementia, a visit to the clinic would be so stressful for them it is easier to provide treatment in their place of residence.

The Community Dental Service will accept referrals from care homes and nursing home across Gloucestershire, referrals can be made into the service by care home managers, nursing staff, Community Nurses, Social Workers, General Practitioners or patients family and carers.

Non urgent referrals can be made by post, or by faxing a referral form (attached) to 01452 393859

Urgent referrals for patients experiencing dental pain can be made by contacting the Dental Triage Service that operates from the Southgate Moorings Dental Clinic. The Triage Service can be contacted by calling 01452 390073 between 8.30am and 8.00 pm Monday to Fridays and 9.00am until 3.00pm on weekends and bank holidays. Domiciliary visits are not possible at weekends and bank holidays, however a qualified dental nurse will provide advice on how to manage the patient until an urgent appointment can be arranged.

Referrals for non-emergency general dental care can be made through the service on a referral form either by post or Fax as above to the booking office at the Dental Clinic in Southgate Moorings, Gloucester where the referral will be assessed by a clinical lead and an offer of appointment will be made if the referral meets the criteria for a domiciliary visit.

If a resident of a residential or nursing home does not meet the criteria for referral into the Community Dental Service, NHS dental services are available in General Dental Practices in Gloucestershire and a list of these practices that are currently accepting new patients is available on the NHS Choices website.
Details of how to access the Community Dental Service and the locations of all of the Community Dental Clinics can be found on the Gloucestershire Care Services Website by following this link:


Patients over 60 are still required to pay for NHS dental treatment unless they are in receipt of certain benefits. The Community Dental Service applies these charges unless the patient has proof of exemption. Further information on charges for NHS dentistry can be found by following this link:

http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx
Introduction

Our dental service provides NHS dental care for people within Gloucestershire who are unable to access treatment from a general dental practitioner.

We provide some general dental services and also a special care dentistry service. The cost of treatment for any service at any clinic is the same as in all NHS dental practices. People will be charged the current NHS dental patient charges unless proof of exemption can be provided.

This service provides NHS dental care for:
- People who need urgent care and who do not have a dentist that they see regularly
- People who have a special need because of a dental, medical or physical condition
- People who have been referred to this service by their regular dentist for special care
- Out of Hours urgent care for residents of Gloucestershire and visitors
- People who are unable to leave their homes and require domiciliary care at home

Urgent pain relief

An appointment is required for these clinics, and can only be allocated on the day, subject to availability.

Daily clinics are held at:

Gloucester Dental Clinic
From 8.45am weekdays and from 9.00am weekends/bank holidays
At: Southgate Moorings, 2 Kimbrose Way, Gloucester, GL1 2DB
Tel: 01452 380073

St Paul's Medical Centre
From 8.45am weekdays
At: 121 Swindon Road, Cheltenham, GL50 4DP
Tel: 01242 215025

Clinics

Gloucester Dental Clinic
Southgate Moorings, 2 Kimbrose Way, Gloucester, GL1 2DB
Tel: 01452 380073  Open: Monday to Sunday

The Dental Clinic
St Paul's Medical Centre, 121 Swindon Road, Cheltenham, GL50 4DP
Tel: 01242 215025  Open: Monday to Friday

The Dental Clinic
Springbank Resource Centre, Springbank Way, Springbank, Cheltenham, GL51 0LG
Tel: 01242 259227  Open: Monday to Friday

The Dental Clinic
George Moore Community Clinic, Moore Road, Bourton on the Water, GL54 2AZ
Tel: 0300 421 6960  Open: Not every day

The Dental Clinic
Cirencester Hospital, Tetbury Road, Cirencester, GL7 1UY
Tel: 01285 884664  Open: Not every day

The Dental Clinic
Lydney Health Centre, Lydney, GL15 5NQ
Tel: 0300 421 8410  Open: Not every day

The Dental Clinic
Redwood House, Beeches Green, Stroud, GL5 4AE
Tel: 01453 758591/0300 421 8993  Open: Monday to Friday
The Dental Clinic
Cinderford Health Centre, Dockham Road, Cinderford, GL14 2AN
Tel: 01594 598014 Open: Not every day

The Dental Clinic
Vale Community Hospital, Lister Road, Kingsmill Lane, Dursley, GL11 4BA
Tel: 0300 421 8463 Open: Not every day

- Wheelchair friendly
- Special care dentistry
- Urgent and emergency care
- Out of Hours care
- Domiciliary care (care at home)
- Routine general dentistry

If your local clinic is closed, please call one of the Gloucester, Cheltenham or Stroud clinics for advice.

Alternatively check opening days and times online at www.glos-care.nhs.uk/our-services/dental/pct-dental-service.

NHS charges

There are three standard charges for NHS dental treatment which are set nationally every April.

£18.50 - This charge will include an examination, diagnosis and preventive care. If necessary, this will include x-rays, scale and polish, and planning for further treatment. Urgent and out of hours care will also cost £18.50.

£50.50 - This charge includes all necessary treatment covered by the £18.50 charge PLUS additional treatment such as fillings, root canal treatment or extractions.

£219.00 - This charge includes all necessary treatment covered by the £18.50 and £50.50 charges PLUS more complex procedures such as crowns, dentures or bridges.

There is no charge for writing a prescription* or for removing stitches. Repairs to dentures are free of charge.

Please note: You will need to pay these charges at your first appointment.

* Usual charges apply when getting the prescription dispensed.

Exemptions

You can claim for free dental treatment if:

- When the treatment starts or when the charge is made, you are:
  - aged under 18
  - aged 18 and in full-time education
  - pregnant, or have had a baby, in the 12 months before treatment starts
  - an NHS inpatient and the treatment is carried out by the hospital dentist
  - an NHS Hospital Dental Service outpatient

OR

- When the treatment starts or when the charge is made, you are:
  - you (or your partner) get Income Support
  - Income-based Jobseeker's Allowance
  - Income-related Employment & Support Allowance
  - Pension Credit Guarantee Credit
  - you are entitled to, or named on, a valid NHS tax credit exemption certificate
  - you are named on a valid HC2 certificate
Your dentist will ask for evidence that you are entitled to free NHS dental treatment.

- The following DO NOT allow you to claim free NHS dental treatment. This means you MUST pay the patient charge. If you do not pay, you run the risk of having to pay a penalty charge of up to £100:
  - Incapacity Benefit
  - Disability Living Allowance
  - Contribution-based Job Seekers Allowance
  - Contribution-related Employment & Support Allowance
  - Pension Credit Savings Credit
  - Council Tax Benefit
  - Housing Benefit
  - NHS Prescription Charge Medical Exemption

If you are on low income, use form HC1 to claim for full (HC2) or partial (HC3) help with NHS dental costs. HC1 forms are available from your Jobcentre Plus office, from your dental clinic or by calling 0300 330 1343.

Useful telephone numbers

- NHS 111
- Out of Hours Urgent Dental Care: 01452 380073

For information about which dentists are accepting NHS patients, contact the dental helpline on 0300 421 0505.

Zero tolerance

Patients and visitors should treat NHS staff, fellow patients, carers and other visitors politely and with respect.

Any form of violence or intimidation against staff working in the NHS is unacceptable and will not be tolerated.

www.nhs.uk/zerotolerance

Failed or cancelled appointments

If you need to change or cancel an appointment please give us as much notice as possible. Appointments cancelled at short notice may mean the dentist’s time will be wasted. Given enough notice we can re-book your time.

If you fail to keep an appointment any other appointments you may have made will be cancelled. You should contact us to make a new appointment.

Failing more than one appointment may affect your ability to access this service.
Your experience

Your views are important to us. If you need advice or have feedback on a community hospital in Gloucestershire, or on our community health and adult social care services, you can contact one of the advisers from our service experience team. All enquiries are completely confidential.

You can contact us between 9.00am and 5.00pm, Monday to Friday.

This leaflet can also be supplied in braille, audio format, PDF, large print, easy read and other languages on request.

Telephone: 0300 421 8313 (answerphone available outside office hours)

Email: yourexperience@glos-care.nhs.uk

Write to: Service Experience Team
Gloucestershire Care Services
NHS Trust
Edward Jenner Court
1010 Pioneer Avenue
Gloucester Business Park
Brockworth
Gloucester
GL3 4AW
**COMMUNITY DENTAL SERVICE**

**DOMICILIARY DENTAL CARE REQUEST FORM**

<table>
<thead>
<tr>
<th>PATIENT DETAILS:</th>
<th>Title:</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>D.O.B.</td>
<td></td>
</tr>
<tr>
<td>NHS No.</td>
<td></td>
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<tr>
<td>Male ☐ Female ☐</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Post Code:</td>
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</tbody>
</table>

☎ Home: ☎ Mobile: Email address

1st Language if not English:

Contact person details if different to patient – this person will be contacted to arrange dental care.

Name: Address: ☎ Tel: 

Next of Kin

Relationship to patient: .............................................

Name: Address: Tel:

REASON FOR REQUEST: eg check up, sore mouth, lost denture, broken tooth

DENTAL STATUS

- No teeth
- Own teeth
- Dentures worn

☐ Routine ☐ Urgent – Reason .................................................................

.................................................................

Please complete page 2 overleaf
Gloucestershire Care Services

Doctor's Name & Address:

Relevant Medical Conditions and Medications:
(or attach a recent copy of medical history sheet)

<table>
<thead>
<tr>
<th>Other Information – please circle all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment:</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Communication</td>
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</tbody>
</table>

Could patient travel to dental surgery with transport? Yes No
Does this person go out at all? Yes No

Please add any other information which may be helpful for the Community Dental team.

Name of Person referring (block capitals): 

Relationship to Patient: 

Signature of Referrer: 

Date: 

Please send completed form and any enclosures to:
GCS Community Dental Service Referrals (Domiciliary)
Southgate Moorings
2 Kimbrose Way
Gloucester
GL1 2DB

NB: Please ensure form is as fully completed as possible before sending. If any further information is required the dental service will call either the patient or person named as 'Contact'
Dear Barbara,

You recently asked me for some information about the advertising and uptake of Community Dental Services (CDS) in Care Home settings. The Service Manager is off sick at the moment so it has taken me a little longer to come back with an answer.

All the care homes around the county are aware of the CDS as they have historically visited the care homes for many years. They receive around 5-10 referrals per week across the county (approx. 400-500 per annum).

The service previously did not actively promote themselves to the Care homes due to reduced capacity to meet the increase in demand this would potentially bring. They also continue to prefer to bring patients to the dental service as the quality and types of dental interventions they can offer is far superior. However, they met with Helen Bowen from 2gether to discuss how they work more proactively with those patients who are identified as frail elderly. As a result they plan to have a much more structured approach for the future.

Their discussion and updated approach will include the following elements;

- They are revising their domiciliary protocol at present and will be developing an information leaflet and referral form that can be used by care home staff to directly refer patients to the service. This information will be available on the internet and they will be working with the GCS communication team to send a link to each care home once the protocol has been developed.

- They have set up a in house working group—with dementia link workers within the CDS, to look at active ways that they can promote care for patients with dementia.

- They want to develop ‘oral health champions’ within care homes. They want to ensure that oral health is incorporated into the admission process.

- NHS England have distributed their downloadable referral form out to all dental practices and they are about to send a modified version to all GPs practices via the CCG.

Chair: Ingrid Barker  Chief Executive: Paul Jennings
I hope this is sufficient for now.

Best wishes

Yours sincerely

Paul Jennings
Chief Executive Officer

CC:  Diana Gould – Joint Clinical Director – Dental Services  
     Elaine Watson - Interim General Manager for Countywide Services  
     Candace Plouffe – Director of Service Delivery  
     Sue Field - Director of Nursing  
     Rod Brown – Head of Corporate Planning, Compliance and Partnerships
Dear Ms Piranty

Re: NHS Dentistry for Care Home Residents

Thank you for your recent enquiry.

NHS England commissions the Gloucestershire Care Services Community Dental Service, (CDS) based at the Southgate Moorings Dental Clinic in Gloucester, to provide domiciliary services for the county of Gloucestershire.

These services are available for both care home residents and those in their own home who meet the service referral criteria. This would usually mean if a patient was bed bound due to illness or unable to leave their home because they are physically disabled, or because of a learning disability, or dementia and a visit to a clinic would be stressful for them. Patients resident in a care home that are able to travel with support would be offered an appointment at one of the CDS clinics across the county if this is appropriate.

Referrals or enquiries for domiciliary services can be made to the Dental Triage Service that operates from the Southgate Moorings Dental Clinic. This service can be contacted by calling 01452 380073 between 8.30am and 8.00 pm Monday to Fridays and 9.00am until 3.00pm on weekends and bank holidays.

I am sure that the Gloucestershire Care Services Community Dental Service would be happy to provide you with further details and /or clarify the above information should you require this.

Yours sincerely

Liz MacDonal
Primary Care Contract Support Manager
NHS England South (South Central)

High quality care for all, now and for future generations
Dear Barbara,

**NHS Dentistry for Care Home Residents**

Thank you for your email dated 10th August 2016 requesting an update on Dentistry for Care Home Residents. I hope you find the below helpful from a Gloucestershire Care Services NHS Trust (GCS) perspective and for ease, I have broadly responded to the issues in the order that you have raised them:

1. Information leaflet and referral form for care home staff to refer directly to Community Dentistry - Leaflet and referral form – these documents form part of our new Domiciliary Care policy which is just being finalised. However, the referral form can be used independently from the policy and these are now being made available. I also need to remind you that not all residents of care homes will require a domiciliary visit as we continue to support and advise people to attend the nearest clinic for their care wherever possible.

2. The Trusts dental service does have a team of Dementia Link Workers (DLW) who are active within our Trust-wide DLW group. They are currently designing a leaflet on oral health (home care) at the moment which could be used in Care Homes. They have also made a short film that illustrates the challenges of providing oral health care for people unable to care for their own mouth; this has been used at the DLW conference and although brilliant it isn’t a stand-alone educational aid and therefore requires facilitation when used.

3. Developing oral health champions within Care Homes and making oral health part of the care home admissions process - this is an ideal way to provide oral health care training and in many respects Care Homes should already be carrying out an oral health assessments with those people who move to the homes as part of their own CQC requirements. We do have colleagues who could develop some training to be delivered in this way but unfortunately don’t have the funding (public health) available from commissioners to progress this any further. It is not currently part of our contractual obligations with NHS England but as an aside but linked, I understand that there may be, as part of the Healthy Lifestyles tender (which the County Council is running at present), a requirement that oral health care for frail older people be included.
4. Distribution of referral forms to all dental practices by NHS England (NHSE) and to GP Practices by the CCG - Referral forms were sent to NHSE for distribution at the beginning of this year and I believe this has now been completed. Our dental service has also sent these out electronically to all practices as they receive any referrals. The GP referral form is a version of this and has not been distributed by the CCG but is to be available on internet sites shortly.

Finally, I hope this responds to your queries but if you should require any further information please do not hesitate to contact me again.

Yours sincerely,

Paul Jennings
Chief Executive Officer

CC: Susan Field, Director of Nursing
GCS COMMUNITY DENTAL SERVICE
REFERRAL INFORMATION

Who are we?
Gloucestershire Care Services Community Dental Service (GCS CDS) is one of the countywide services provided by Gloucestershire Care Services NHS Trust. Our role is to provide NHS dental services for those who live in Gloucestershire and cannot have their dental needs provided for by the General Dental Service. This will usually be due to a requirement for Special Care Dentistry.

Where are our dental clinics?
GCS Community Dental Service operates from nine countywide sites. Some clinics have specific facilities for special care patients such as wheelchair tippers and bariatric chairs, but all are situated on the ground floor and are accessible for people with mobility problems and wheelchair users. Details of our clinics:

- Gloucester Dental Clinic, Southgate Moorings, 2 Kimbrose Way, Gloucester, GL1 2DB • Tel: 01452 360073
- The Dental Clinic, St Paul’s Medical Centre, 121 Swindon Road, Cheltenham, GL50 4DP • Tel: 01242 215025
- The Dental Clinic, Redwood House, Beeches Green, Stroud GL5 4AE • Tel: 0300 421 8993
- The Dental Department, George Moore Community Clinic, Moore Rd, Bourton on the Water, GL54 2AZ • Tel: 0300 421 6960 • Not open every day
- The Dental Clinic, Cirencester Hospital, Tetbury Road, Cirencester, GL7 1UY • Tel: 0300 421 6214 • Not open every day.
- The Dental Clinic, Lydney Health Centre, Lydney, GL15 5NQ • Tel: 0300 421 8141 • Not open every day.
- The Dental Clinic, Cinderford Health Centre, Dockham Road, Cinderford, GL14 2AN • Tel: 01594 508014 • Not open every day
- The Dental Clinic, Vale Community Hospital, Lister Road, Kingsmill Lane, Dursley, GL11 4BA • Tel: 0300 421 8483 • Not open every day

How to refer to our service.
The GCS community dental service is able to accept referrals for people who require dental care which cannot be provided by a General Dental Practitioner.

All referrals should be made using the attached referral form which will ensure we have all the information we need to arrange appointments at the appropriate clinic for the requirements of each individual.

Please note we do not accept referrals for adult patients who simply require multiple restorations or extractions under local anaesthetic.

Our main role is to provide dental care for the following:
**Gloucestershire Care Services**

**Access to NHS Dental Services and Diabetes Care for Care Home Residents**

**Adults requiring Special Care Dentistry** – this includes
1. People with special medical or social care needs
2. People with moderate or severe learning disabilities
3. People with physical disabilities which prevent access to General Dental Services
4. People with severe management, behavioural or psychological difficulties or who have cognitive impairment
5. People who have received treatment for head and neck cancer including radiotherapy

**Domiciliary Care**
Domiciliary care can be arranged for those people who genuinely cannot leave their home to access care. This can include people with significant dementia who find it too distressing to leave the home.

**Paediatric Patients**
Children who have special care needs can be referred into the service for regular oral care.

Children who have difficulty accepting routine care within the General Dental Service can be accepted on referral. Where possible we aim to provide acclimatisation and one course of treatment after which routine paediatric patients will be referred back to the referring dentist for ongoing care.

Paediatric patients who are likely to need extraction of permanent teeth due to decay, especially where this relates to first permanent molars, ideally require an orthodontic opinion as part of the treatment planning process. The Community Dental Service is not able to provide orthodontic assessment or treatment services. Please would any referrals for paediatric patients requiring extractions therefore include an orthodontic opinion obtained by the referring dentist.

**Sedation and General Anaesthetic Services**
Patients who are genuinely phobic and unable to accept dental care may be offered treatment using Inhalation Sedation. We do not provide any IV sedation services.

General Anaesthetic services are available only following assessment within our service. This service is limited to paediatric patients for extractions only (excluding routine orthodontic extractions) and for adults requiring special care.

**Patient Charges**
NHS Dental Charges will apply to all patients accepted for care unless evidence of exemption can be provided.

Please include the following with your referral:
- Completed referral form
- Completed medical history
- Any relevant radiographs

Please send you referral to:
Gloucestershire Care Services NHS Trust Community Dental Service
(Referrals)
Gloucester Dental Clinic
Southgate Moorings
2 Kimbrose Way
Gloucester
GL1 2DB

All referrals will be processed centrally and patients contacted directly with an appointment. We do not routinely acknowledge receipt of a referral but if you would like to check on a referrals progress please contact us.

February 2016 Gloucestershire Care Services NHS Trust Community Dental Service
## COMMUNITY DENTAL SERVICE

### PATIENT REFERRAL FORM

#### PATIENT DETAILS:

<table>
<thead>
<tr>
<th>Name:</th>
<th>D.O.B.</th>
<th>NHS No.</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
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<tbody>
<tr>
<td>Post Code:</td>
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<table>
<thead>
<tr>
<th>Home:</th>
<th>Work:</th>
<th>Mobile:</th>
<th>Email address:</th>
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<table>
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<tr>
<th>School:</th>
<th>1st Language if not English:</th>
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</thead>
</table>

**Parent/Guardian/Carer/Keyworker – details if different to above.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Tel:</th>
</tr>
</thead>
</table>

*Preferred clinic for assessment appointment – please tick preferred option:*

- First Available
  - Gloucester Clinic, Southgate Moorings
  - Cheltenham Clinic, St Pauls Medical Centre
  - Stroud Clinic, Redwood house, Beeches Green

**REASON FOR REFERRAL:** Please include history of complaint, diagnosis, details of treatment already provided.

- Routine
- Urgent – Reason: .................................................................
  .................................................................

Please complete page 2 overleaf
| Access to NHS Dental Services and Diabetes Care for Care Home Residents |

---

**Gloucestershire Care Services**

**NHS Trust**

**Doctor’s Name & Address:**

**Relevant Medical Conditions and Medications:**
(or attach a recent copy of medical history sheet)

---

**Other Information:**
Please include details of special care requirement relevant to patient referral.

- **Domiciliary care required?**  YES / NO  please give reason
- **Bariatric Chair required?**  YES / NO  if YES please state weight

**Enclosures:**
- **Medical History:**  YES / NO
- **Radiographs:**  YES / NO  (if NO please give reason)
- **FP17RN**  YES / NO  (Mandatory for all patients referred for care that is part of an NHS course of treatment.)

**Name of Person referring (block capitals):**

…………………………………………………………………………………………

**Signature of Referrer:**

…………………………………………………………………………………………

**Date:**  …………………………………………………………………………

**Please send completed form and enclosures to:**

GCS Community Dental Service Referrals
Southgate Moorings
2 Kimbrose Way
Gloucester
GL1 2DB

**NB:**  Please ensure form is fully completed before submitting referral. Incomplete forms will be returned to sender without an appointment being made.

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**Referrer’s Name / Address /Tel. No./ Practice Stamp**