



REGISTERED CHARITY NO. 1118671

BSG Newsletter

Issue 2

April 2008

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ELECTED AT THE AGM

President	Professor Paul Wright
President elect	Nicola Pearson
Past President	Debbie Lewis
Honorary treasurer	David Davis
Membership secretary	Barbara Hylton
Honorary secretary	Vicki Jones
Committee & co-opted members	Tim Friel
	Janet Griffiths
	Heather Frenkel
	Robert Baker
	Fiona Sandom
	Sue Maddock
	Jim Newton
Journal editor	Mark Taylor
Website editor	David Russell
Sponsorship secretary	Thelma Edwards
Newsletter editor	Frank Burke
Honorary auditors	

British Society of Gerodontology Website:

www.gerodontology.com

Website editor: webeditor@gerodontology.com

INTRODUCING OUR NEW PRESIDENT! PROFESSOR PAUL WRIGHT



Paul S Wright, BDS, PhD, FDSRCS(Eng), FFGDP(UK), FHEA.

Paul Wright qualified in Dentistry from The London Hospital Medical College Dental School in 1969, was appointed as Lecturer 1972, Senior Lecturer in 1980, Honorary Consultant in 1982 and Professor of Prosthetic Dentistry in 2000, all in the same school, of which he was recently Dean of Dentistry (1999/07)

His research interests have always been firmly based in Removable Prosthodontics with a strong bias to clinical research. A continual thread of interest in masticatory function has led to biomaterial research with a defined interest in using soft lining materials and implant-stabilised prostheses for improving function.

He has been President of the British Society for the Study of Prosthetic Dentistry (2000/01), the European Prosthodontic Association (2005/06) and Founding Editor (1992/03) of the European Journal of Prosthodontics and Restorative Dentistry.

Editor's Reflections



I have recently opened a “can of worms” in my role as an oral health promoter. This was how attempting to improve mouth care for dependant individuals was described to me some years ago when my proposal to take on this challenge was initially rejected. So what has crawled out now that the lid has eventually been lifted?

Dental phobic carers with little or no nursing training who would prefer to change an incontinent pad than put their hands in the mouth of a client; conflicting agendas and priorities of owners, staff, families and clients; unstable, undervalued and underpaid workforce; culture and language ; lack of communication between professionals; negative attitudes, misconceptions and personal experiences;



All these seem to be particularly wriggly worms that squirmed as I developed my oral health awareness programme.

It seemed comparatively easy to teach the mechanics of tooth decay, erosion, gum disease, root caries and dry mouth and to promote good oral hygiene by demonstration. Knowledge gain can be evaluated and improved skills can be tested. But unpacking the personal baggage brought to the session and changing the way carers feel about mouth care and visiting the dentist was much more difficult. However, by taking time throughout the sessions to acknowledge and confront these barriers by writing them on post-its and sticking them on a ‘problem wall’, students also discovered they could come up with many of the practical solutions themselves and displayed these on the ‘solution tree’. We discussed **consent v choice, duty of care v patient’s best interest, care v intervention, neglect v abuse**. Gradually as oral health awareness grew, the barriers became surmountable and the principles of oral health need assessment, integrating oral health into the daily care plan, and a sustainable programme of training in mouth care became acceptable. I began to think the ‘worms’ had crawled out of the can to fulfill a more productive role of creating fertile soil. As one of the carers expressed at the end of the training session: *“A lot of what we do is not pleasant, but we do it anyway – it is our job. Mouth care is not an optional extra. It’s the essence of care.”*

“Mouth care is not an optional extra. It’s the essence of care.”



REPORT ON WINTER MEETING 2007.

IS IT ALL IN THE MIND? MENTAL HEALTH THROUGH THE AGES

Thursday 6th December 2007

We started with a song, finished with a poem and in between we focused on the Impact of the Mental Capacity Act on provision of oral Healthcare for older people, looked at the UK Inquiry into Mental Health and Wellbeing in later Life, and were reminded of the NICE/SCIE guidelines on Dementia. We also had presentations on Dementia and Oral Health, and Schizophrenia and Oral Health, following by a case report to illustrate the joys and challenges of working with a mental health patient.

It was a stimulating day but maybe for some it was a little too close to personal experience! With 1 in 4 older people living in the community with symptoms of depression, often undiagnosed, most of us will either know, or know of, someone with a mental health condition. This is a topic where our professional life often meets our personal experience and we find ourselves having to put our own advice into practice only to discover it is not always very S.M.A.R.T.

Heather gets life!



At the Winter Meeting in London, BSG President, Debbie Lewis, presented a Life Membership award to Heather Frenkel. Heather has been associated with the Society since its early days in the 1980s. She was President of the Society in 2003, and later stepped at short notice into the role of Membership Secretary for a couple of years. Heather represented BSG on the BDA working party which wrote the monograph "Oral Healthcare for Older People: 2020 Vision", and on the Review Group which produced the Department of Health-funded report "Meeting the Challenges of Oral Health for Older People: a Strategic Review." She also co-authored the BSG/BSDH "Guidelines for the Development of Local Standards of Oral Health Care for People with Dementia". Although she has now retired from her clinical role, Heather remains active in the field of Postgraduate Dental Education, and lectures on Gerodontology around the UK.

HEATHER HAS CONTRIBUTED THIS REPORT FROM THE CAREANDHEALTH CONFERENCE

In December 2007, CareandHealth held a conference in London, entitled "Dementia – whose care is it anyway?" This was the second of three conferences for the purpose of gathering stakeholders' views on the way in which they would like to see dementia services develop. The audience included people with dementia, carers, healthcare and social care providers, and representatives from voluntary organisations. Feedback from the conferences will be communicated to the Care Services Minister, Ivan Lewis, in the hope of shaping policy and influencing a needs-driven new National Dementia Strategy.

Participants were told that currently the Government seems to show real intent to improve and co-ordinate services for people with dementia. For the first time, it has accorded specific priority to dementia, responding to increased pressure to act following the withdrawal of NHS prescriptions for drugs for early stage Alzheimer's disease. Already, the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have issued joint guidance on the treatment and care of people with dementia in health and social care (2006). The guideline covers the identification, treatment and care of people with dementia and the support that should be provided for carers within primary and secondary healthcare and social care. For the first time, healthcare professionals working within the NHS should be following the same guidelines as social workers and care workers in nursing homes. However, from what service users said, joined-up service provision has only patchily been achieved thus far, and service quality is poor value for money.

Among the speakers were two people currently 'living with dementia', family caregivers, leading social care workers from the Care Services Improvement Partnership, and campaigners from several dementia care organisations. According to them, what people with dementia want is:

- Early and accurate diagnosis (at present, a 2 year wait is not unusual)
- Support when it is needed along the course of the dementia
- Better care at the end, including palliative care
- Services that are understanding, experienced and which strengthen users' involvement
- Help in navigating the care system and overcoming professional barriers

During the plenary session, the main issues discussed were service quality, service gaps, and the need to empower service users to retain control over their own lives. Heather Frenkel, representing BSG, raised the subject of oral health care, its contribution to general health, self-esteem and quality of life. She expressed dentists' concerns that frequently, their potential contribution to dementia care was overlooked. She publicised the BSG/BSDH "Guidelines for the Development of Local Standards of Oral Health Care for People with Dementia", and invited stakeholders to contact BSG for further information and networking. This contribution to the discussion was endorsed by two of the day's speakers, one of whom had witnessed sensitive and empathetic care of her husband from the local CDS.

The Health Minister will be present at the next CareandHealth conference in February. In view of the general lack of awareness of the place of oral health care within overall dementia care, BSG hopes to send another representative who may have the chance to bend the Minister's ear at a time when he will probably be most open to the views of service providers and services users.

MEDICAL DEVICE ALERTIssued: 18th March 2008. Ref: MDA/2008/017

PROBLEM	ACTION
The MHRA is aware of a number of incidents where the foam heads of oral swabs from various manufacturers have detached from the sticks during use. In some cases, there have been difficulties in retrieving the foam head from the patient's mouth. This has presented a serious choking hazard.	<ul style="list-style-type: none"> ➤ Check that the foam head is firmly attached to the stick before use in line with infection control procedures. ➤ Do not soak the oral swab in liquid before use as this may affect the strength of the head attachment. ➤ Ensure all users including patients and carers: <ul style="list-style-type: none"> ▪ Are aware of this advice, and ▪ Follow manufacturers instructions for use where available

BSG SPRING MEETING 2008.
**THE DENTATE OLDER PERSON –
GETTING FIT FOR LATER LIFE**

Friday 20th June 2008
9 am registration to 16.30 close
The Octagon, Queen Mary, University of London,
Mile End Road, London E1 4NS

Topics include:

- Communication with Older People
- Consent for the Older Person
- The role of the Dental Care Professional in care of the older person
- Tooth wear – a new problem for older people?
- Saliva – Love it or Hate it – you need it

BRITISH SOCIETY OF
GERODONTOLOGY AND BDA
CDS GROUP WINTER MEETING

SOAS, LONDON.

THURSDAY 4TH DECEMBER
2008

PRACTICAL TIPS FOR
MANAGING CHALLENGING
PROSTHODONTIC PROBLEMS

Further information from:

Vicki Jones, BSG Secretary, Dental Department, Ringland Health Centre, Ringland, Newport NP 19 9PS
Tel: 01633 283190; e-mail: contact@gerodontology.com

MEMBERSHIP MATTERS

Thank you to members who have renewed their 2008 subscriptions to BSG but for those whose renewals are still outstanding, please email Barbara with queries on method of payment and any change of contact details or check BSG website for application form. If you wish to resign from membership for any reason such as retirement or have any other queries, please contact Barbara:

**Barbara Hylton, BSG Membership Secretary,
7 Prospect Lane, Solihull, B91 1HJ.
Email: membership@gerodontology.com**

This newsletter continues to be a 'work in progress' and depends largely on your contributions – deadline for contributions for the Autumn edition is 1st September 2008.

Please email them to the newsletter editor: Thelma.Edwards@dsl.pipex.com – but please don't leave it to the last minute!