



Alzheimer Scotland
Action on Dementia

National Office, 22 Drumsheugh Gardens, Edinburgh EH3 7RN. Telephone: 0131 243 1453 • Facsimile: 0131 243 1450
E-mail: alzheimer@alzscot.org • www.alzscot.org

Mr Eric Gray
Room 1ER
Primary Care Division
SEHD
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

2 April 2004

Dear Mr Gray

Consultation on Modernising NHS Dental Services in Scotland

Alzheimer Scotland appreciates the opportunity to comment on the above document. Our submission relates specifically to those issues that affect people with dementia. Alzheimer Scotland is a national charity which represents the interests of Scotland's 62,000 people with dementia, and their carers to policy makers and planners; and provides specialist community based services across Scotland.

We welcome the recognition of the impact of demographic changes and the need to focus on key population groups such as older people and those with special needs. We consider it appropriate for NHS dental services to include people with dementia within both groups. Whilst the majority of people with dementia are over pension age, and about 20% of those over 80 have dementia, about 2000 are aged between 30-60. Providing dental treatment to people with moderate to severe dementia can be problematic and time consuming. People with dementia progressively lose their ability to understand their environment and what is happening to them. This often leads to behaviour that appears excessively anxious, paranoid or aggressive. Oral hygiene and visits to the dentist may become extremely stressful for the individual with dementia and the carer, and not least, the dentist. This means that dentists, whether they are part of the General Dental Service or Community Dental Service, need to: have an understanding of dementia; know how to communicate, and how to approach the patient in a non-threatening manner. We approve of proposals to invest further in training and advise that programme developments take into account training needs of dentists in relation to treating people with dementia.

We welcome the recognition that elderly people in residential care are particularly disadvantaged in terms of accessing services and are therefore a target group for the Community Dental Service. There is an estimated 24,000 people with moderate to severe

dementia living in care homes, and it is this group who have problems accessing services when needed. These difficulties are further exacerbated for those living in remote areas.

Whilst there has been no research into access to dental services for people with dementia in Scotland, we have some anecdotal information about the long waiting times for some people with dementia in care homes in urban areas. The situation is commonly one where false teeth have been mislaid or damaged and need to be replaced. We have been informed that on one occasion a resident had to wait ten weeks for a visit. The care home manager reported that it was difficult to identify a dentist who would come out to the home for a patient who had lost her mobility. By the time her new teeth were in place she had been without her teeth for four months, with all the implications that had for her enjoyment of food.

The draft report states that there are 300 Community Dental services to meet the needs of these and other disadvantaged groups across the whole of Scotland. It is unfortunate that the report does not provide an estimate of the shortfall in the provision, but the shortfall is clearly substantial in terms of the numbers of older people in care homes alone.

We would agree with the need to identify additional benefits to attract dentists into the Community Dental Service but question whether the proposals are robust enough to make an impact.

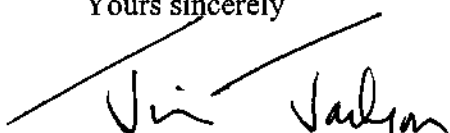
In terms of organisational structure, we agree that dental services should be an integral part of primary health care, which takes into account preventative health care, including diet. The proposal for the devolution of funding to NHS boards for the provision of dental services should encourage a more integrated approach to planning to meet the assessed health care needs of the population. Part of that responsibility would be a needs assessment for the Community Dental Service in relation to those groups disadvantaged in terms of access.

We have not commented on patient charges as the majority of people with dementia will be exempt or will qualify for help. We are pleased to see that it is proposed that the current system of exemptions is to remain unchanged.

We are pleased to have received to day the NHS Draft National Standards for Dental Services for consultation and shall be responding to the quality issues raised in that document.

If you have any queries about this submission please do not hesitate to contact me or Jan Killeen, our Public Policy Director.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim Jackson', written over a horizontal line.

Jim Jackson
Chief Executive