

24th April 2019

The Honourable Richard Tracey AM RFD QC and Ms Lynelle Briggs AO
Royal Commission into Aged Care Quality and Safety
Via email: ACRCenquiries@royalcommission.gov.au



Open letter: What about Teeth?

Dear Commissioners,



In the same way that many aspects of quality and safety in aged care have been found lacking, we bring to your attention the critical state of oral health for our older Australians who are amongst those in our community suffering the poorest oral health.

The reality is that cutting toenails and hair styling is a higher priority than oral health. In residential aged care facilities (RACF), there is no requirement to clean residents' teeth or offer access to dental treatment. It is commonplace for residents to go days and even weeks without their teeth being cleaned. Medicare rightly funds a person having their toenails cut four times a year to aid mobility and reduce the risk of falls but there is nothing for professional dental assessment or care. In the few RACF that provide access to dental health care, dental practitioners line up behind podiatrists and hairdressers. Unfortunately, this sends the message that oral health is not an important part of overall health, when we know that is not the case.



The impact of poor oral health on an elderly person's overall health can be devastating. Poor oral health can lead to malnutrition or pneumonia, which can lead to falls and other health complications resulting in residents ending up in hospital. Currently there is an uncoordinated approach to providing daily oral care and access to professional oral care for both residents in RACF and frail elderly on home care packages. Oral hygiene should be included in the daily care plan but RACF staff cannot do it as they are already working at capacity. This group is at high risk of developing dental disease in a short space of time, affecting their comfort, their ability to eat and socialise as well as compromising their general health.



The oral health status of the frail elderly is equally poor whether they live in RACF or are being cared for at home. Good oral health is essential to good general health but achieving it is not simply a matter of taking personal responsibility and following good habits. As this population transitions from independent living to needing assistance with the activities of daily living, many of our older Australian adults rely on family members and carers to do the right thing for them. The state of their overall health is significantly determined by the awareness and motivation of others that assist and care for them. The absence of timely assessment, care planning, education and access to qualified dental professionals is the significant gap we seek to highlight.



It is not a privilege but a basic human right to ensure that this vulnerable sector of our community attains a level of oral health to live free from oral pain and be able to gain adequate nutrition, communicate freely and have the best possible quality of life. As expert health organizations and peak professional bodies working with and advocating for older Australians, we recognise that older Australians are a priority population who require special attention. As the overall health of adults varies widely at any given age, oral health care and services need to be patient-centred, timely and provided as part of an overall integrated healthcare plan.



It is recognised that many older adults have increased vulnerability to oral disease due to their multiple medications, significant limitations in mobility, marked changes in diet and reduction in dexterity to undertake personal hygiene measures. Furthermore, those with significant chronic illnesses and/or dementia require specialised dental services, which should be available on site within all residential aged care facilities, to ensure that their oral health needs are met.

Independent adults living within the community must have access to appropriate oral health care that meets their economic, geographic and cultural requirements. Those living in residential aged care and assisted living facilities require oral health care to be provided as part of their overall health care plan. Older adults entering residential care must have an oral health assessment and care plan provided by a qualified dental practitioner to inform carers of their ongoing oral health needs.

Indigenous older adults require access to oral health care services that are culturally appropriate and organised, funded and delivered to address the significant disparities that exist between Indigenous and non-Indigenous Australians.

As a group we have identified the following major issues and methods to address each of these:

There is an uncoordinated approach to the provision of daily oral care and access to professional oral care for both residents in RCFs and frail elderly on home care packages.

- **Community-dwelling:** People on all levels of home care packages must have access to a home visit by a registered dental practitioner to provide an oral health assessment, education of family members and oral care plans as well as coordination of any treatment required in public or private oral health facilities. Oral health assessment and care planning by a registered Dental Practitioner should be included in the Medicare-funded geriatric assessment from 75.
- **Residential Aged Care Facilities** must be mandated to employ one registered dental practitioner/one day each week/50 residents to provide training, an oral health assessment and care plans as well as the coordination of access to private and public dental health facilities.
- **In smaller facilities** with less than 50 residents, there must be access to a registered dental practitioner to provide oral health assessment and care plans for all new residents and coordination of ongoing education of staff and domiciliary services as required.

In NSW there are currently models of care and workforce capability that can be scaled up to achieve these goals within the near future.

As a group representing the peak and professional organisations who routinely care for and advocate on behalf of older Australians in NSW we ask that you consider the implications of oral health for this vulnerable sector of our community. It is time to stop the rot and ensure that oral health is a priority for our elderly.





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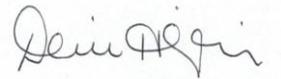
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