



'Stay Smiling'

Co-producing an oral health training programme for care homes

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Background

There are around half a million residents living in care homes across the UK.¹ Around 70% of UK care home residents are living with dementia, and most have multiple chronic conditions, disabilities and frailty.^{2,3} Oral health is a key component to healthy, active ageing. Increasing numbers of older adults retaining their teeth creates challenges to provide regular maintenance and complex treatment of their heavily restored dentition. There is a wealth of evidence showing that the oral health of older people living in care homes is poorer than that of their peers living within the wider community.⁴ The impact of poor oral health for care home residents can lead to pain and discomfort impacting resident's diet, speech and social life.⁵

Challenges to provide oral care in care homes

Care home staff recognise oral care is important but face challenges to provide it to their residents.^{6,7} These include; conflicting priorities, high staff turnover, lack of time and resource, and insufficient skills and knowledge

Opportunities for an online training programme

Prior to COVID-19 the DPH consulted with care homes around the practicalities of delivery online training to staff. There were challenges to access computer equipment and staff reported limited IT skills. The pandemic changed the ways of working for health and social care staff. Staff had to become more reliant on digital technology. This created an opportunity to provide a flexible and online oral health training programme.

Policy drivers

Personal care, including oral care, is at the heart of the NHS framework for Enhanced Health in Care Homes (EHCH). The factors for EHCH includes strong leadership, personalized care, quality and co-production.⁶

Co-production

Co-production is a term that encompasses working in partnership and the sharing of power from those using the services.¹² For co-production to be truly transformative there needs to be the relocation of power towards the service users. This will require the professionals moving away from 'fixing' the problem to facilitating the solution.



Aims and Objectives

To co-produce a free, online evidence informed oral health training programme aimed at social care staff working in London's care homes.

Methods

Co-production and integrated working were central to methodology and delivery of this project. To make sure the final product reflected the needs and values of the users, four working groups were established. The core working group, lead by Dental Public Health, managed and co-ordinated the project. Ethical approval was sought from Kings College London. The ethics panel decided approval was not needed. There were five phases to creating and developing the 'Stay Smiling' programme. Content and functionality was evaluated with all working groups and selected stakeholders. Feedback was gathered and helped refine the beta phase of the product.

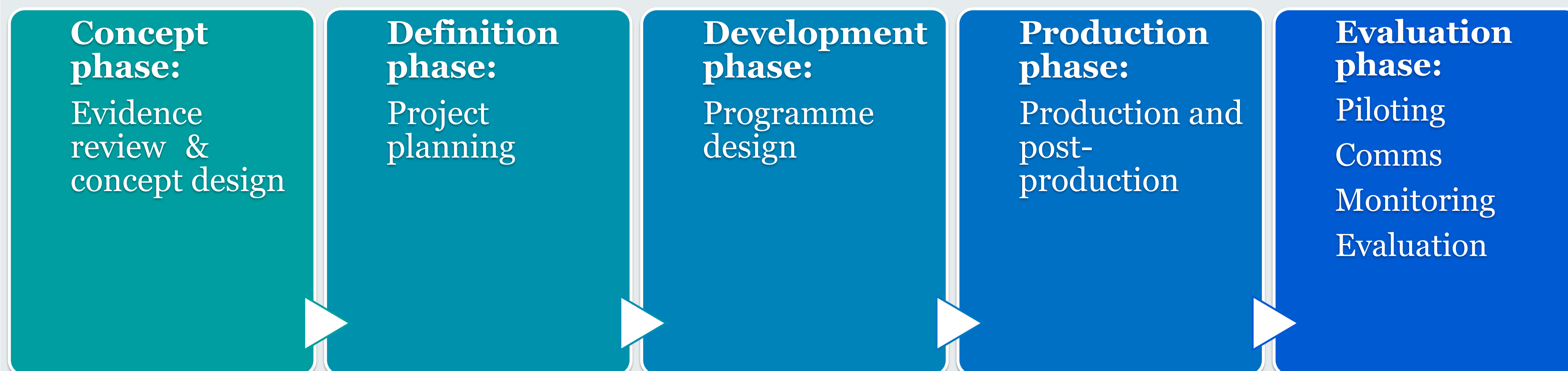


Figure 1: Phases of creating and producing 'Stay Smiling'

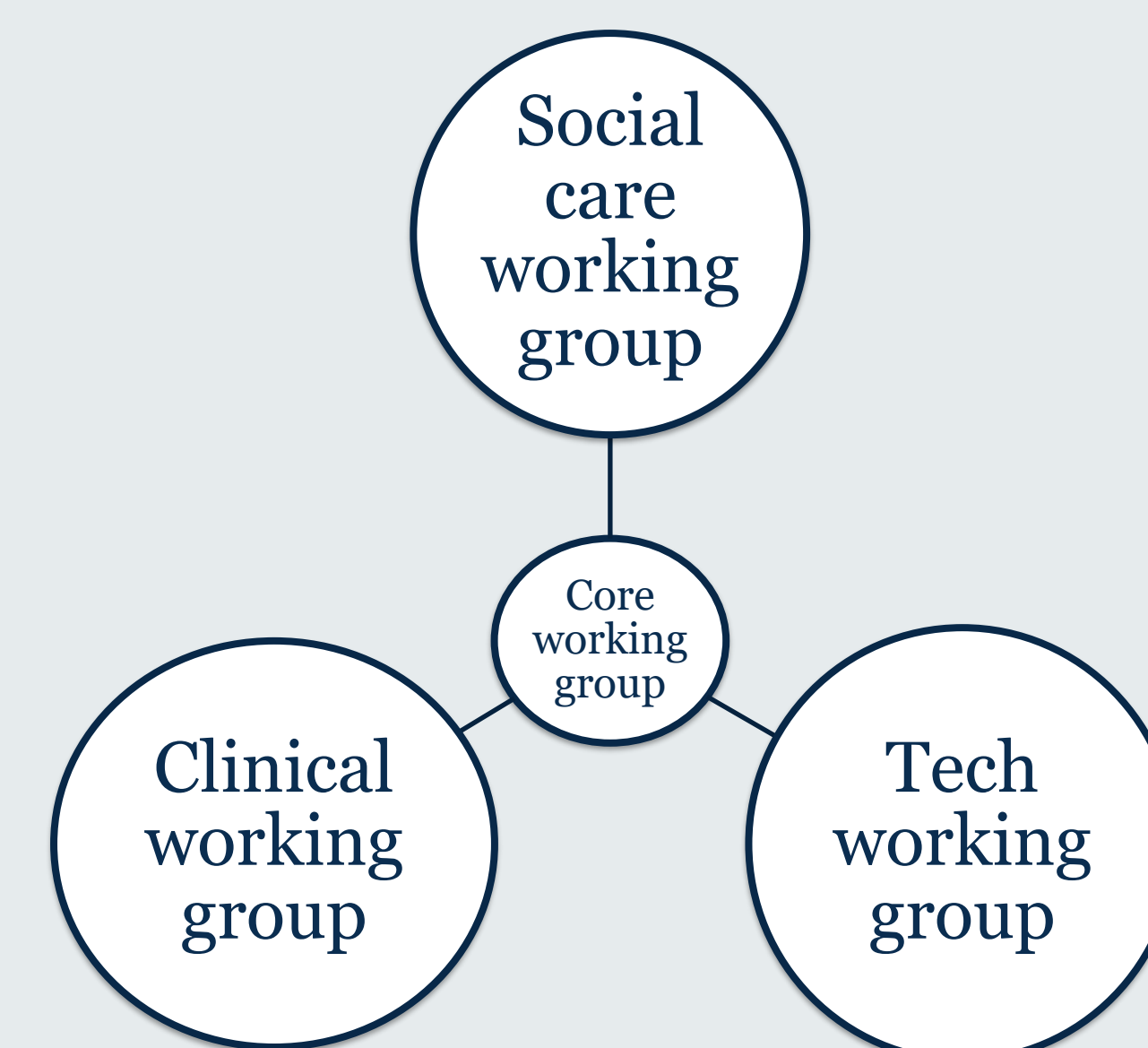


Figure 2: Structure of the working groups

Results

A final version of the 'Stay Smiling' online training module has been produced. All working groups were actively involved in all aspects of its production, from design of concept, building online content and adapting the final product. 'Stay Smiling' consists of eight standalone chapters. Each clinical chapter includes a summary, key messages and evaluation questions for participants to complete.

Conclusion

When creating oral health training programmes, it is a necessity to design 'with' service users and not 'to' users. 'Stay Smiling' is now undergoing regional piloting to test the functionality of the programme. A communication plan is now being developed to aid dissemination and reach.

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