OVERVIEW

The Welsh Government Special Care Dentistry Implementation Plan (2011) tasks the Regional Clinical Networks to review and develop pragmatic referral and treatment pathways for adults requiring special care dental services, and to develop multidisciplinary working and liaison to further these objectives.

People affected by stroke have been identified as a special care patient group who would benefit from a clear dental care pathway. It is well recognised that this group of patients face increased barriers in gaining access to and accepting dental care (British Society of Gerodontology 2010). This can in turn lead to compromised oral health with a subsequent increase in dental disease with the potential for a permanent impact on oral function, esteem and quality of life.

The principle of rapid access and early intervention in Stroke Rehabilitation could also be applied to the dental care of stroke survivors. Dental pain and poor oral health are avoidable with early intervention and therefore early access to dental services is essential.

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1. Evidence Base
2. Aim of the pathway
3. Objectives
4. Criteria for use
5. Receiving & Routing Referrals
6. Service User Involvement
7. Evaluation
8. Signature sheet
   Appendices

1 EVIDENCE BASE

(Levels of Evidence IIa – IV)

- Special Care Dentistry Implementation Plan for Wales. Welsh Government (2011)
- Analysis of Community Dental Service referrals of stroke patients Conwy /Gwynedd/Anglesey/Wrexham (2012-2013)
2 AIM OF THE REFERRAL PATHWAY

To provide a pathway that will enable people affected by stroke to access oral health care at an early stage in order to provide good oral health information and minimise the incidence of dental pain and poor oral health.

3 OBJECTIVES OF THE REFERRAL PATHWAY

1. Identification of people affected by stroke who may benefit from early referral to oral healthcare
   Early (within 6 months of stroke event) assessment of oral care need by targeting patients using Stroke Rehabilitation Services.

2. Promote shared and seamless oral health care for stroke patients across traditional referral boundaries such as the Community Dental Service (CDS), General Dental Practices (GDS) and Hospital Oral & Maxillofacial Services (HDS) where necessary.

3. To develop a database to allow efficient monitoring and control of the pathway, and help evaluation & feedback.

4. Support development of standardised clinical protocol for oral care for stroke – affected patients

4 CRITERIA FOR USE

Eligibility for the pathway:

The BCUHB Stroke Rehabilitation Services will refer all people affected by stroke with a Modified Rankin Score (MRS) of 3/4/5, targeting those patients with highest levels of impairment.

The dental referral pathway will receive the referrals at a central referral point of contact, currently administered within the community dental service at Wrexham Dental Centre.

* Patients with lowest levels of impairment (MRS 1 & 2) will receive an Information leaflet about the importance of Oral Care and making arrangements to have a dental review.
5 RECEIVING & ROUTING REFERRALS

There are three potential points of entry into the pathway, to maximise the opportunities for referral; at inpatient stage, at six week review, and six month review.

Referrals for patients (scoring 3, 4, or 5 on the Modified Rankin Scale for disability after Stroke) are received from healthcare staff in acute and rehabilitation units, and community-based stroke specialist staff.

- Referrals are sent to a central administration point and entered onto a master database.
- Contact with the patient by telephone (preferred) and by letter (where telephone communication is not possible, or failure following initial telephone contact)
- If offer of appointment accepted, patient is then directed to most appropriate dental service. This will need to take account of the patient preferences, their location, transport and mobility needs, as well as medical status.
- Most patients are expected to be seen in a fixed clinic location, but where appropriate domiciliary services can be considered to enhance prompt contact and clinical triage.

The outcome of the redirected referral is recorded on the central database.

6 SERVICE USER INVOLVEMENT

Permission from service users will be gained prior to referral by BCUHB Stroke Rehabilitation Services or Stroke Unit to the oral health care pathway.

Consultation with the service users, families & carers is integral part of ongoing evaluation of the Stroke Pathway, with their views helping inform continuing improvement process of the pathway.

7 EVALUATION

Pilot Study: Testing of the pathway was completed in early 2016, in BCUHB east, and has informed adjustments to improve the components of the pathway.

Analysis of referrals: Central database will allow assessment of referral load, source of referral, patient location, methods of contact, successful take up of appointment offer.

Database would also support prospective analysis of potential onward referral by clinical teams following patient’s initial appointment.

Consultation with multidisciplinary teams, stroke coordinators as well as patients and next of kin (as per section 6 above) would be used to refine and improve pathway.

The next formal review of the pathway will be in April 2017
This pathway has been developed, agreed and supported by the following people, and supported by their roles within N Wales Stroke Services.

<table>
<thead>
<tr>
<th>Full Name (print)</th>
<th>Designation</th>
<th>Signature</th>
<th>Tel.</th>
<th>Initials</th>
<th>Date</th>
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<tbody>
<tr>
<td>J Matthias</td>
<td>Stroke Pathway Development Lead. Dental Therapist CDS BCUHB</td>
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<td>Mr M J Butler</td>
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<td>Dr S Wilson</td>
<td>Specialist in Special Care Dentistry CDS BCUHB</td>
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<tr>
<td>Dr Sandra Sandham</td>
<td>Director of Dental Services, Specialist in Special Care Dentistry CDS BCUHB</td>
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<tr>
<td>Dr Warren Tolley</td>
<td>Director, Community Dental Services, Powys Teaching Health Board</td>
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<tr>
<td>Lynne Hughes</td>
<td>Development Lead nursing Senior Stroke Co-ordinator Maelor Hospital</td>
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<tr>
<td>Dr Walee Sayed</td>
<td>Consultant Physician Wrexham Maelor</td>
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<tr>
<td>Marie McCarthy (East)</td>
<td>Keep in Touch Co-ordinators</td>
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<tr>
<td>Melissa Valentine (Central)</td>
<td>N Wales, (East Central and West)</td>
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<tr>
<td>Jamie Scase (West)</td>
<td>Stroke Association</td>
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Used for the assessment of level of disability (motor function) following stroke

<table>
<thead>
<tr>
<th>Rankin Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No symptoms at all</td>
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<tr>
<td>1</td>
<td>No significant disability despite symptoms; able to carry out all usual duties and activities</td>
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<tr>
<td>2</td>
<td>Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance</td>
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<tr>
<td>3</td>
<td>Moderate disability; requiring some help, but able to walk without assistance</td>
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<tr>
<td>4</td>
<td>Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance</td>
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<tr>
<td>5</td>
<td>Severe disability; bedridden, incontinent and requiring constant nursing care and attention</td>
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