



Mouth Care Matters: Cost Benefit Analysis

4 Simple Principles



1

Provide staff with **knowledge** of why mouth care is so important



2

Ensure staff are **skilled** to provide **good mouth care**



3

Patients have **access** to **effective** mouth care products



4

Ward staff have **support** from staff with **enhanced** oral health skills

Implementation, Spread and the Future?

East Surrey Hospital



13 Trusts across KSS



Roll out across the 215 NHS Trusts?



Mouth Care Matters was developed and piloted at East Surrey Hospital (SaSH), an acute hospital with approximately **650 beds**, and part of the Surrey and Sussex Healthcare NHS trust. Following the **success** of the pilot, Health Education England (HEE) funded an **upscaling** of the pilot to other trusts within Kent, Surrey and Sussex (KSS). Whilst there are no current plans to roll out Mouth Care Matters (MCM) across the UK, the costs and **benefits** have been included in this study.

Return of Investment across KSS by 2021

An overall investment of **£4.7m** on staff training, hospital mouth care materials, and additional resources

Will provide investment benefits of up to **£92m**

Producing a benefits to cost ratio of **20 : 1**



The Methodology Behind Mouth Care Matters

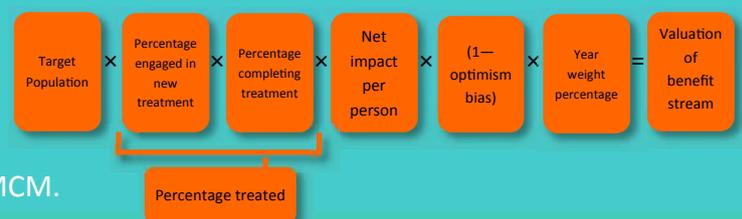
In order to evaluate the cost effectiveness of Mouth Care Matters, the following points had to be identified, monetised, and tested. Below are just a few of key factors which were identified in setting up and delivering the Mouth Care Matters programme, and each point has a brief description of its significance.

Costs:

- **Programme costs**— Programme costs had to be highlighted in order to calculate the cost benefit ratio. Programme costs refer to the funds invested by Health Education England (HEE) to implement the MCM programme.
- **Health system costs**— As a result of implementing the MCM programme, money had to be spent giving staff additional training, and supplies of mouth care consumables had to be purchased. These examples, to name a few, had to be quantified in order to calculate the cost benefit ratio.
- **Consequential costs**— Consequential costs include outcomes which result in financial hits to the health care system. Increased length of stay due to decreased mortality, for example, is a consequential cost witnessed in the MCM study.

Benefits:

- **Evidence based**— Project delivery data and literature reviews were the methods used to identify and estimate the benefits produced by MCM.
- **Monetisation**— To analyse the financial benefits, the outcomes were monetised. Two benefit categories were highlighted: fiscal savings and social value.

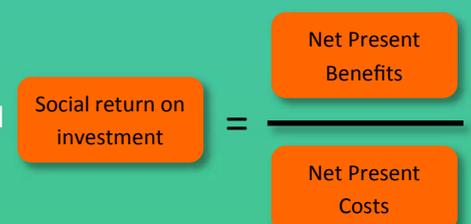


Fiscal savings occur when the outcomes of the programme result in a reduction in fiscal expenditure, and fiscal savings can be further categorised to ‘cash releasing benefits’ (e.g. deprescription of a drug), and ‘non-cash releasing benefits’ (e.g. reduced length of stay in hospital).

Social value refers to benefits such as improved health and wellbeing, referred to as ‘quality of life benefits’. ‘Quality Adjusted Life Years’ (QALYs) is a calculation which multiplies the number of years spent in a certain state of health by health state utility based weighting. It is estimated that each ‘Quality Adjusted Life Year’ is valued at £20,000-£30,000.

Other factors:

- **Discount rates**— discount rates had to be applied to all costs and benefits in order to allow comparison to ‘present values’. The model followed HM Treasury guidance, and applied a discount factor of 3.5%.
- **Sensitivity testing**— A modelling technique, Monte Carlo analysis, was applied in order to test the impact of variance on the outcomes of interest.
- **Modelled scenarios**— The data available has been used to measure the impact of MCM in three scenarios: the pilot of the project in SaSH, rollout across KSS, and the rollout across England.



Why was MCM Brought to SaSH?

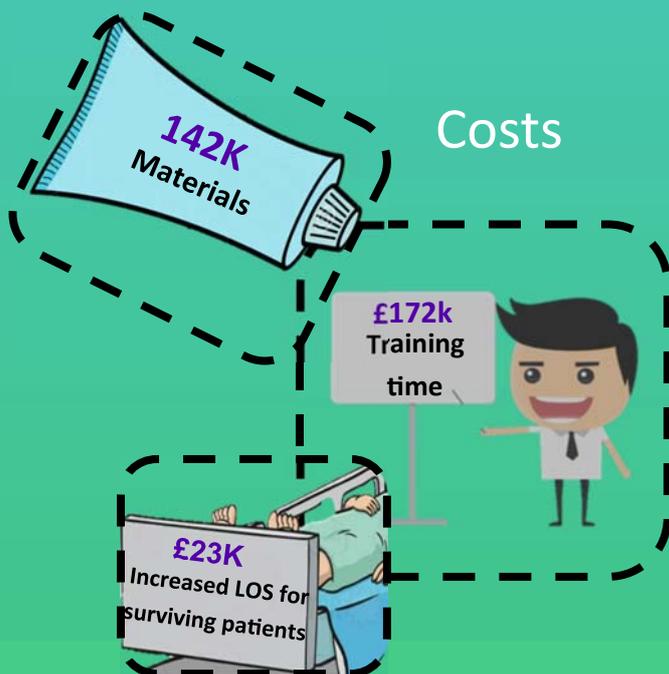
The case for MCM

Whilst the MCM programme was being developed, the Care Quality Commission complimented the standard of care at SaSH; however, it highlighted mouth care as an improvement point - patients were suffering from dry mouths, and there was no evidence of oral health assessments by nurses.

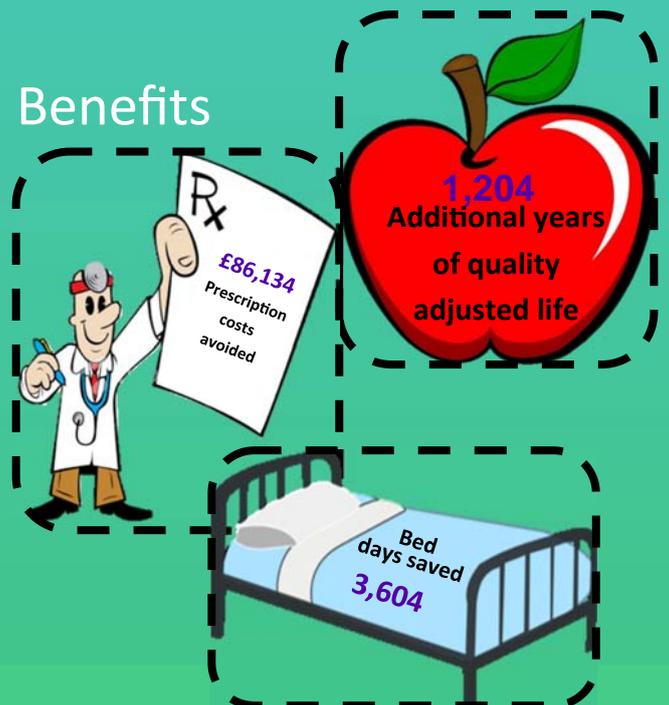
Poor oral health can lead to deterioration in general health. Hospitalisation changes an individual's routine, causing stress and anxiety due to discomfort, resulting in a lack of motivation to carry out routine oral hygiene habits. In cases where a patient has cognitive or physical limitations, maintaining healthy oral habits often become of greater difficulty, exacerbating oral hygiene.

Poor oral hygiene contributes to the development of biofilm. Biofilm contains pathogenic organisms which are implicated in infectious and inflammatory processes. These processes contribute to increased morbidity and mortality by compromising the function of the body's organs and systems.

Mouth Care Matters challenges these issues through a training programme, recommendations on change of practice, and the presence of a Mouth Care lead. Mouth Care leads are tasked with improving staff awareness of the link between mouth care and general health, and are also available to provide support to patients who nursing staff have concerns about.

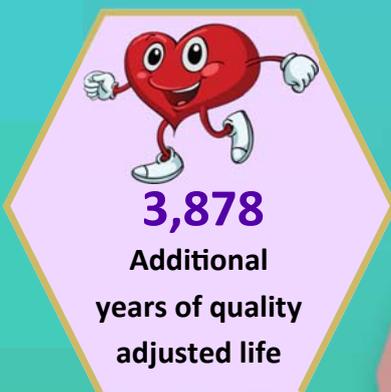
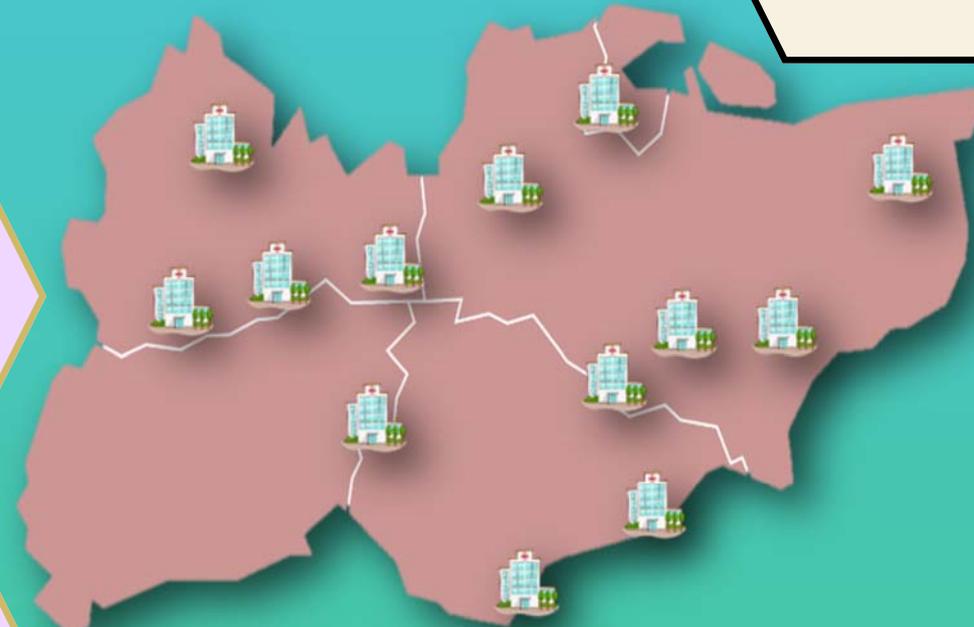
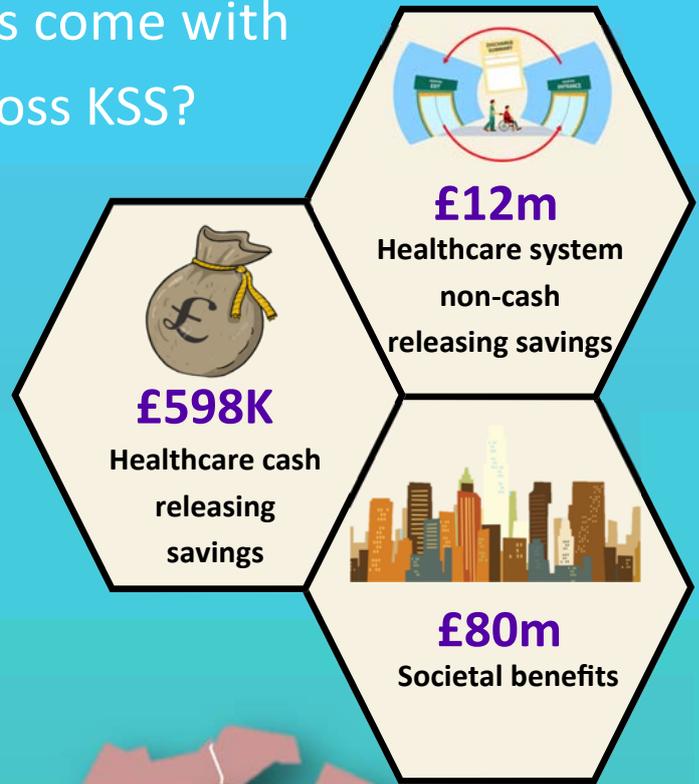


Benefits



Spread: What Benefits come with Spreading MCM across KSS?

Following the success of the implementation of Mouth Care Matters in East Surrey hospital, Health Education England funded the upscaling of the Mouth Care Matters pilot to other trusts across Kent, Surrey and Sussex.



For every **£1** invested into Mouth Care Matters, MCM delivers **£2.66** of benefits within the healthcare system, and a further **£17** in social benefits

The Future: What's Next for Mouth Care Matters?

Once Mouth Care Matters is fully rolled out across Kent, Surrey and Sussex, what's next? Whilst there are no current plans for rollout across the entirety of England, this study has modelled the potential costs and benefits which may be gained should Mouth Care Matters being rolled out across England.

