

An Alternative Way of Sourcing Dental Care?

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Despite the importance of good oral health, access to dentists has long been a health inequality for people who are homeless or sleeping rough as our case studies illustrate. It is also an issue for the wider population in certain areas of our county.

The lack of access to dental treatment for these people is worrying. We shouldn't underrate the misery tooth pain can bring, nor its potential impact on someone's mental health, self-esteem and confidence.

Healthwatch has raised concerns both locally and nationally that people cannot get access to NHS dental care other than for emergencies. Sadly, we are aware of a Dental Practice that has handed back their NHS contract in an area where many residents have told us they cannot get NHS treatment.

Is it time in West Sussex for our system to look at alternatives to traditional building based dental provision?

Why is this important?

Dental disease, poor oral health and hygiene can all significantly impact on physical health and heighten risks for cardiovascular disease, strokes, dementia, diabetes complications, respiratory diseases and rheumatoid arthritis.

Oral health checks are important for early identification of diseases, including certain cancers. Untreated abscesses lead to the risk of sepsis, rotten or missing teeth to poor nutrition. Add in the effect of poor oral health on self-esteem and the increase in stigma, and you have a situation that pushes people further to the fringes of society as they don't fit an acceptable image.

The homeless population are already a high-risk group for dental disease and associated health risks. The barriers to good dental hygiene, medications and substance misuse can all lead to dental problems, and smoking to oral cancers. Lack of access to dental treatment compounds these already significant issues.

By not removing barriers to dental treatment for the homeless and rough sleeper population, and those that cannot afford private treatment, we are not only committing them to extreme pain and lowering their quality of life but also guaranteeing future expensive costs for the NHS in the treatment of diseases that may well have been preventable.

Spending the time to sort out someone's teeth, taking the time to build their trust, shows that someone cares and can be a breakthrough moment. We take the right to smile and eat as a given. On the most basic level, a mouthful of rotten teeth negatively affects people's interactions. Dental provision gives people back their smile, builds confidence and can ease their route back into society.

What can be done about this?

NHS can and are carrying out procurement processes for Worthing and other areas in the South East Region. This case study puts forward another solution that appears to be working in other parts of the country. We recognise such alternatives may already be being explored and that there may be other ways of meeting local needs.

Dentaid is a charity that works to improve oral health in the UK and overseas. They increase access to safe, sustainable dental care.

The charity currently has two mobile dental units, with the potential of a third, that can deliver dental services to areas or communities who are traditionally hard to reach or have a lack of provision.

Like many dental providers this charity is not currently doing aerosol producing treatments (so avoiding the need to leave fallow time, to let droplets/particles fall before cleaning) under current COVID-19 guidelines. They can see on average 8-10 people in a 4-hour clinic, and 16 in a day clinic.

They are offering extractions, dentures, oral health checks (e.g. cancer checks), scrapes, and can prescribe antibiotics, take x-rays and refer to Emergency Dental Hubs (in hospitals).

They access dental networks via their volunteer dentists. And in the past have also relied on them for their CQC registration, however, they are currently in the process of registering in their own right.

Dentaid tell us they have no problem recruiting volunteer dentists. Some of their trustees are dentists, and when they've needed extra volunteers, they put the word out and have quickly found people prepared to help. They are also able to recruit volunteer nurses.

They try to keep the same dentists working on a run of clinics to enable continuity. This is particularly important in their work with the homeless, to build trust and rapport.

Working with homeless communities

Dentaid's approach offers an effective way of working with hard to engage populations, removing some of the barriers that prevent access to treatment, including unfamiliar spaces and mistrust of services. They go to the population, removing the need for negotiating receptions and unfamiliar waiting rooms.

Dentaid works closely with homeless charities and spends time building relationships with support workers and the people they support. The week before active clinics are set-up, Dentaid will meet and explain the service to the client group to help familiarise them with it.

This holistic team-based approach allows time for clients to get used to the service and environment. It also gives space to deal with any fear or phobias people may have. It can take 2 or 3 visits before a client is even ready to step into the clinic.

We are told the charity support workers, in partnership with other community organisations encourage, inform and help people manage their expectations of treatment, and to remember further appointments. **It's not unusual for a homeless patient to have 5 extractions in one go.**

Dentaid can provide dentures for this population through their partnership work with Den-Tech, who provides them for free. And, as they work so closely with the charities supporting the homeless, re-attendance rates for fittings etc are high.

Meeting public dental need

As an example: Dentaid was approached by Southampton Council at a meeting to fill an area of need in the city. After a formal meeting with the council, they looked for venues where they could park the mobile clinic, access an electrical supply and had a room where they could take medical histories. They like to have 3 or 4 different venues so they can reach different client groups and aim to do 20 clinics over 10 months.

The service is publicised through GPs, media, family centres, the council etc.

At the moment, Dentaid has capacity for new projects. Their overseas projects have had to stop due to COVID-19 and they're looking to reach out to populations affected by the pandemic, e.g. the homeless charities in Sussex. They're also hoping to start working with the refugee detention centres near Gatwick.

How much does this approach cost?

An initial pilot for a homeless community, would consist of a series of 20 clinics. The initial costs for per clinic, is approximately £750 to cover the running costs, including a nurse, initial visits, travelling expenses.

This is not the true cost but is given as an indicative cost.

The charity regards each pilot as a data-gathering exercise, and once they have the statistics, Dentaïd and the commissioner can look for other funding streams, e.g. for a two year project for example. As dentistry is a statutory services for UK citizens, Dentaïd cannot access lottery funding for their work with the homeless or the public. They are reliant on private supports, businesses and fundraising - which is becoming more challenging because of the pandemic.

Some companies support them via Corporate Social Responsibility, e.g. when their equipment broke during a course of treatment, BUPA/My Dentist took over. And Denplan/Simply Health have funded some homeless clinics in Winchester.

Update (16th November 2020)

Since publication, Dentaïd has been funded Via the Rough Sleepers Initiative to run 12 clinics in Eastbourne and 12 in Hastings to improve the health of rough sleepers.

Quote from Dentaïd: “It is so refreshing that a council are willing to work imaginatively to secure the help which has been identified as needed. We are so excited with this development and are looking forward to starting in December.”

Further insight on this subject

<https://groundswell.org.uk/what-we-do/peer-research/healthy-mouths/>

<https://www.qni.org.uk/wp-content/uploads/2016/09/Oral-Health-and-Homelessness-Guidance.pdf>

https://bda.org/about-the-bda/campaigns/Documents/homeless_dec20_2003.pdf

<https://bda.org/about-the-bda/campaigns/oralhealth/Pages/oral-healthcare-homeless.aspx>