Office of the
Deputy Prime Minister
Creating sustainable communities

Homelessness and Health Information Sheet

Number 3: Dental Services

Homelessness and Health

Homeless people can face major barriers in accessing dental services – while their life circumstances can often mean they are among those most in need of treatment. It is essential that local authorities and health services work together to provide accessible and appropriate services if we are to tackle health inequalities and homelessness. The Office of the Deputy Prime Minister and the Department of Health have issued guidance for all those involved in delivering health services to homeless and vulnerable people on developing shared positive outcomes. The guidance was published alongside a policy brief on Addressing the Health Needs of Homeless People. Both documents are available on the ODPM website at www.homelessness.odpm.gov.uk

Dental Care Needs of Homeless People

Many factors contribute to poor dental and oral health among homeless people and ensure that they remain a high-risk group for oral and dental disease. The chaotic nature of a homeless person's lifestyle can prevent them from developing routines of eating and personal hygiene. This, combined with a low disposable income, a lack of awareness of diet and oral hygiene issues and an acceptance among homeless people that poor dental health is the norm, means it is easy to see why the problem is so severe. On top of this, many homeless people suffer from mental health or substance misuse problems, which can seriously undermine oral and dental health due to a lower interest in oral hygiene, an increase in accidents or violence, or as a direct result of the effects of drugs or tobacco.

It is important to recognise that it is not just those sleeping rough who suffer from poor oral and dental health. People who have experienced homelessness living in temporary accommodation are also likely to experience the same problems that exacerbate oral disease and it is equally important that dental services are accessible for this group. It is particularly important to ensure that homeless families with children are able to access dental services, as oral and dental health problems in children can not only be traumatic and painful, but can also lead to continuing problems throughout adult life.

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The dental care needs of homeless people need to be addressed within the context of their overall health. Dental services should form an integral part of primary care for this group, for example through a one-stop shop approach involving multi-disciplinary working between GPs, mental health services, dentists, addiction services and podiatry.

It is also important that other services and agencies working with homeless people are aware of their dental care needs and link into dental services provided locally.

General Dental Services (GDS)

General Dental Services are the main route to accessing primary dental care in the UK. It consists of self-employed dentists treating patients privately or through contractual arrangements with the NHS. Whilst General Dental Services are appropriate for the majority of the population and, on most occasions, homeless families with children, there are barriers that prevent single homeless people from accessing GDS.

Aside from the general problem of availability of NHS dentistry in some areas, the main barrier to accessing General Dental Services is cost. Homeless people are unlikely to be able to afford private treatment, and whilst NHS treatment can be provided at a lower cost, this may still be too expensive. Although exemptions exist for certain groups of patients, such as those on benefits or those under 18, these may not necessarily apply to homeless people, who may also have difficulty in proving their eligibility. Other barriers include: the difficulty of keeping appointments, as homeless people can have chaotic lives with no fixed address or may move frequently between temporary accommodation; a perception amongst dentists that homeless people may be problem patients, making them reluctant to register them; and the fact that oral and dental health are often low on homeless people's hierarchy of needs.

These barriers to access have resulted in the development of more inventive and creative ways of delivering dentistry to socially excluded groups through a greater diversity of service delivery models. The British Dental Association (BDA) has produced 'Dental Care for Homeless People' (December 2003) which examines these alternative service delivery models. Their report includes a seven-point plan calling for a flexible dental service that responds to the particular needs of homeless people by employing a combination of conventional and outreach locations to deliver care.

The full report can be found on the BDA website at www.bda-dentistry.org.uk Some of the models it includes are outlined below, along with a good practice example for each. There is also a brief overview of other sources of dental care outlined in the BDA's report. The case studies highlighted below are examples of current best practice commissioned under existing contracting arrangements. From April 2006 PCTs will have a statutory duty to provide services to people who seek care in their area, including homeless people.

Community Dental Services (CDS)

Community Dental Services, the salaried dental service run by Primary Care Trusts (PCTs), are the most likely source of dental care for homeless people. These services are designed to provide the full range of treatment to patient groups who may not otherwise seek treatment from GDS or those who have experienced difficulty in doing so. CDS is generally free at the point of delivery and many schemes are now exploring forms of outreach to tackle the difficulty in accessing them that homeless people sometimes face. This is usually achieved either through a surgery located within a facility for homeless people (fixed-site) or through a dental unit attending numerous locations (mobile).

London (Lambeth, Southwark & Lewisham) – Guy's, King's & St Thomas' CDS fixed-site and mobile outreach

Dental care for homeless people is provided both on a mobile basis and at a fixed site dental surgery (fully equipped) at the St Giles day centre, to act as a safety net for those who cannot use mainstream dental services.

A dental clinic (operating on both an open door policy and an appointment basis) is provided for homeless people at the St Giles centre on Mondays, Thursdays and Fridays between 9.30am and 4.30pm. The St Giles dental service for homeless people has operated since 1992, when it was established by the Department of Oral Health Services and Dental Public Health at Guy's, King's and Thomas' Dental Institute. It was transferred to the Department of Community Dental Health in 2001.

Almost all first contacts were made by the outreach services and 51% of these then attended subsequent treatment at the St Giles centre. Of these, 70% required treatment for dental decay, 60% for periodontal problems and 38% for space and gap problems.

In 2003, Southwark PCT commissioned an oral health needs assessment of homeless people in the three boroughs. The data will be used to inform local PCTs on the oral health needs of homeless people and options for delivering oral health care.

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Southampton – Mobile outreach

Since November 1993, Southampton City PCT has been providing a mobile dental unit in a hostel car park, offering dental health care to the city's homeless population. The hostel has worked hard to assist the unit, supplying an outside tap and a 30-amp power supply for the unit to use. As well as providing access to the 60 clients at the hostel, the mobile clinic also sees people from other sites across the city and those sleeping rough.

Due to the high turnover at the hostel, the unit does not use an appointment system, but sees patients on a drop-in basis to increase the numbers of people who receive care. The dental service also provides toothpaste and a toothbrush as part of a welcome pack for new arrivals to help improve the dental hygiene of the client group.

Although many treatment plans are not completed, specific treatment, such as denture provision, is provided on a regular basis. It has been found, that improvement in appearance, for those seeking employment for instance, is a common motivating factor in patients turning up for treatment.

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London (Soho) – Fixed site provision at a dedicated location

The Great Chapel Street Medical Centre is a 'one-stop shop' multidisciplinary medical centre for homeless people in the Soho area of London. It has NHS Beacon status and provides care through a range of medical professionals. The team includes two dentists who provide a dental clinic 3 days a week. The dentists are salaried General Dental Practitioners employed by Westminster PCT but are due to change status to CDS Dental Officers. In 1996, a fully equipped dental surgery was installed at the centre to enable the dentists to offer a full range of dental care.

The service is (in theory) by appointment only, but in practice, operates on a 'walk-in' basis. Patients are either referred by a GP or present themselves after having heard about the practice by word of mouth or from leaflets. The first visit is normally due to pain and emergency treatment, usually necessitating an extraction, is nearly always provided. This is often all the patient wants and so no further visits are required.

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Personal Dental Services (PDS)

Personal Dental Services schemes are locally negotiated alternatives to General Dental Services. They offer opportunities to provide dental services to groups experiencing difficulty in accessing GDS. PDS contracts can be used to provide primary dental services to locally agreed priority groups, such as homeless people. By agreeing such priorities, schemes can target these groups to bring about improvements in their health and well being.

Having identified the needs of local homeless populations, a range of dental professionals have taken advantage of PDS flexibility to develop different organisational models, and to negotiate contracts that best serve their clients' needs. This not only addresses gaps in delivery, inadequacies of existing services and inaccessible provision, but paying dentists for the services they provide also remedies the traditional disincentives in the GDS system that work against treating disadvantaged groups.

Greater Manchester (Salford) – Mobile outreach

In April 2000 a PDS pilot was established, providing a mobile dental drop-in service for homeless people in Salford. The mobile clinic is staffed by a PDS dentist and two CDS dental nurses, one of whom drives the mobile unit. They provide routine and emergency care to homeless people who are not registered with a dentist.

The aims of the pilot are:

- to engage with the homeless population through the Cathedral Centre. The Cathedral Centre is a faith based day care centre where the unit operates
- to provide a wide range of dental care to the local homeless population on both an emergency and routine basis, and
- to reduce local variation in oral health status

The mobile unit also visits the local Salvation Army Hostel on a monthly basis.

In 2003/04, 30 sessions were provided at the Cathedral Centre with 120 contacts being made. 23 sessions were provided at the Salvation Army with 52 contacts being made.

In 2004/05, the number of sessions at the Salvation Army has been reduced due to the low demand.

The service at the Cathedral Centre is run on a first come first served list system. On most occasions, all those present who wish to be seen that day are seen. Continuing patient satisfaction surveys demonstrate the value of the service to users and the fact that it is the only service that most of them would use.

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ODPM Publications, or online via the ODPM's website:
www.odpm.gov.uk E-mail: odpm@twoten.press.net Tel: 0870 1226 236

London (Kings Cross) – Fixed site provision at a dedicated location

Islington PCT runs a Personal Dental Service pilot in the King's Cross area that was working to a three year plan as part of a 2001 Department of Health Initiative, but has currently been extended. The scheme provides dental care to socially excluded groups, including homeless people. The pilot is based at the King's Cross Primary Care Centre, a 'one-stop shop' multidisciplinary primary care centre for socially excluded people who are not registered with a GP.

The pilot provides a full primary care dental service on two days of the week at the King's Cross Centre, and a further two at a specialist HIV Health Clinic. Patients are either referred by the GPs working at the centre or are found by networking with other local agencies working with homeless people. One night a week there is a drop-in dental clinic in King's Cross, combining with the doctor's drop in session, where clients can receive a check-up or advice without an appointment. The dental team also do outreach work at local day centres and hostels, giving clients and residents an opportunity to meet the dental team and discuss their dental problems away from the surgery environment. People requiring any follow up treatment will be offered appointments back in the surgery.

Over 50% of clients turn up for their appointments and the dentist works on the basis that the patient will return. An appropriate treatment plan is constructed for each patient and a good percentage of them do come back for completion of treatment. The pilot also provides prophylactic care by offering free toothbrushes and toothpaste after the patient attends their first appointment for a scale and polish.

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Other sources of dental care

Dental Access Centres were set up as PDS pilots in high street premises, clinics and some new primary care walk-in centres across the country. These centres were designed to provide access to all patients not registered with a dentist, mostly in areas of poor health. However, as normal NHS charges apply, they are not likely to provide a route for some groups of homeless people. Anybody can make use of the emergency walk-in services offered by **dental hospitals and schools**; and homeless people may also use general hospitals' **accident and emergency departments** for primary dental care, although these departments are often ill equipped to deal with dental conditions. However, there is no published evidence on homeless people's use of these services for dental conditions. In some areas there are 'universal access' **emergency dental clinics**, provided by Community Dental Services or General Dental Practitioners, which provide emergency treatment to unregistered patients. Finally, **charitable care** is sometimes provided by volunteer dentists, in temporary shelters for example, during the Christmas period (Crisis Open Christmas), but can only treat basic problems due to the lack of equipment.

The next information sheet will be on **hospital discharge**.

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