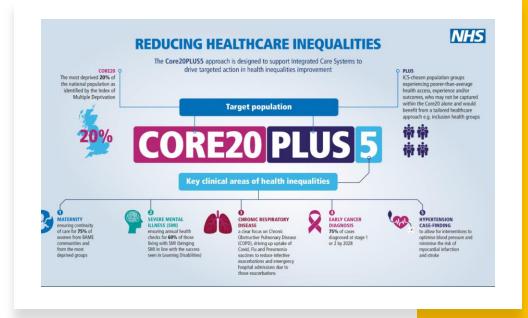
Oral health patient pathways for Refugee/Asylum groups - can Core 20 PLUS 5 bridge the gap?

Simon Hearnshaw Saad Habib Will Timmis Aminaa Ahmed





Asylum seekers, refugees, and the politics of access to health care:

a UK perspective

Keith Taylor

"the medical profession is uniquely poised to advocate for the needs of patients, irrespective of issues of citizenship"

1.6 "You must treat patients fairly, as individuals and without discrimination".



The 9 Principles

- 1 Put patients' interests first
- 2 Communicate effectively with patients
- **Q** Obtain valid consent
- 4 Maintain and protect patients' information
- 5 Have a clear and effective complaints procedure
- 6 Work with colleagues in a way that is in patients' best interests
- 7 Maintain, develop and work within your professional knowledge and skills
- Raise concerns if patients
- 9 Make sure your personal behaviour maintains patients' confidence in you and the dental profession

General Dental Council

Clinical Standard for Urgent Dental Care

Everyone counts

We all have a responsibility to maximise the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated against and everyone should be treated with equal respect and importance.

Urgent dental care services should be inclusive and accessible to everyone and there should be no physical, language, cultural, social or other barriers to accessing care. Commissioners must adapt and ensure that services are able to meet the urgent dental needs of the following groups:

- children with dental trauma
- people with complex medical needs
- people who require domiciliary care
- people with physical or sensory disability
- people with safeguarding concerns
- people with specific access problems such as homeless people, and refugees or asylum seekers
- people living in remote and rural locations.

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Model of oral healthcare for asylum seekers and refugees

How to support access to NHS dentists

2. How to find an NHS dentist

The 'Find a dentist' facility on the NHS website allows users to search for the nearest NHS dental practices that are taking on new NHS patients. Support workers may need to help service users complete the dental practice forms. You can ask for the forms before the appointment to make this easier. If there are still difficulties finding an NHS dentist you can contact the local NHS England and Improvement area team, NHS England Customer Contact Centre or the local Health Watch.

- Levels of National/Local disconnect
- Reliance on NHS111 within an already stretched service



Equality means individuals are given the same resources or opportunities.

Equity recognises that vulnerable groups need support to reach an equal outcome.



Background

- April 2021 Afghan Relocations and Assistance Policy (ARAP)
 - relocation / assistance to former Locally Employed Staff (LES)
 - re-settled thousands of Afghans who worked with UK government
- Home Office support 'bridging accommodation'.

Background

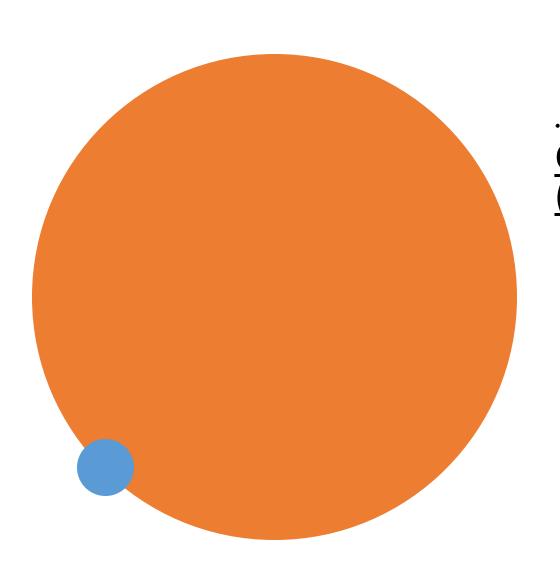
Category 1

The cohort eligible for urgent relocation comprises of employees of the UK Government in Afghanistan on or after 1 October 2001, who are assessed to be at high and imminent risk of threat to life.

Category 2

The cohort eligible for relocation by default comprises of those who were directly employed by the UK Government in Afghanistan, or those who were contracted to provide linguistic services to or for the benefit of the UK's Armed Forces in Afghanistan, on or after 1 October 2001.

The nature of the applicant's role must have been such that the UK's operations in Afghanistan would have been materially less efficient or materially less successful if a role of that nature had not been performed. Furthermore, the applicant's role must have exposed them to being publicly recognised as having performed that role and, as a result of that public recognition, their safety is now at risk.



6th January 2022 - Afghan
 Citizens Resettlement Scheme
 (ACRS)

- Aim: resettle 5,000 people in the first year and up to 20,000 over the coming years.
- Home Office support 'bridging accommodation'.

Background

The scheme will prioritise:

- those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women's rights, freedom of speech, and rule of law
- vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+)

The government will resettle more than 5,000 people in the first year and up to 20,000 over the coming years.

Central NHSE Commissioning Intention

- As NHS dental patients are not registered with a dentist in the same way as they are with a GP, commissioners are asked as a minimum to ensure evacuees from Afghanistan have access to urgent dental care services and are then supported to access ongoing care if necessary
- Funding will be allocated & distributed based on the numbers of evacuees per region at £26 per patient.

Central NHSE
Commissioning
Intention

• Funding will be allocated based on the numbers of evacuees per region at £26 per patient.

•400 Evacuees = £10,400





- Where?
- How much?
- Affordable
- Well organised & simple
- Supported through a multiagency approach

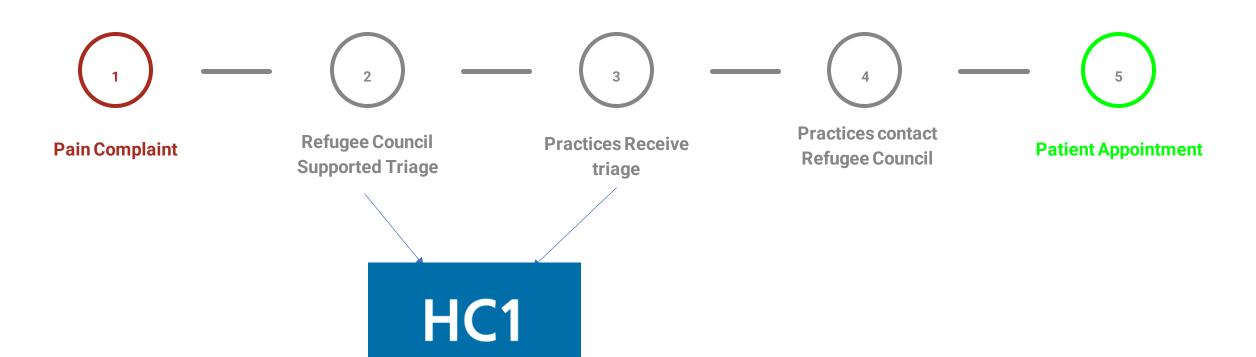
- Many patients arriving to UK with dental pain / high dental needs
- Lack of commissioning tool to respond to care need
- Two resettlement cohorts located to Scarborough / Selby.

Capacity

- 1. Selby -> Selby Dental Care (1 DFT)
- 2. Scarborough -> Falsgrave Dental Surgery (2 DFT)
- -> Humnamby
 Dental Practice (1DFT)



Afghan Evacuee Appointment Booking Framework:



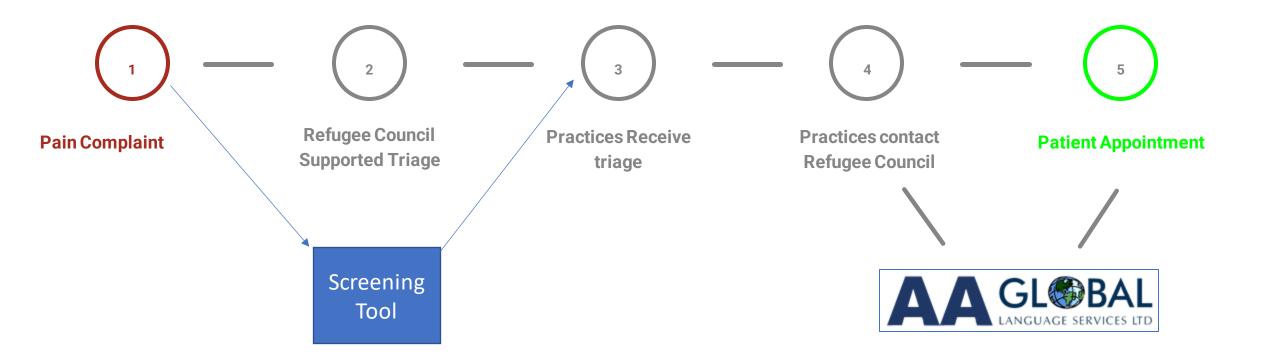
Transport Afghan Evacuee Appointment Booking Framework: **Practices contact Refugee Council Practices Receive Pain Complaint Patient Appointment Refugee Council Supported Triage** triage

Triage / Screening Tool

- Provisional Diagnostic Assessment
- Determine urgency, risk assessment and early clinical need
- Prioritise needs and streamline patients
- Aids organised, equitable and timely care

تناريخ تولد Contact phone number: شماره تلفن تعاس: Do you have any swelling around your mouth or neck? آیا در اطراف دهان یا گردن خود زخم دارید؟ بله / نه خبر Do you currently have any ulcers in your mouth that have lasted for more than 10-14 days? آیا در حال حاضر زخمی در دهان دارید که بیش از 10-14 روز طول کشیده باشه؟ بله/نه خير Do you have any toothache? آیا دندان <u>در دی دارید</u>؟ بله/نه چير Have you been taking any painkillers for your teeth? آیا بر ای دندان های خود دار و استفاده کرده اید؟ بله / نه خبر If yes does the pain go away after taking painkillers? Yes / No اگر بله آیا در د بعد از استفاده دار و در د برطرف می شود؟ بله/نه خير

Discussion - Service Solutions



Translation Services

Diagnosis List

Tooth Decay (Caries):

Upon examination we have found that you have tooth decay. This is caused by high sugar levels, combined with bacteria in the mouth. The risk of decay can be reduced by reducing the sugar in the clet, ensuring sufficient fluoride in toothouste and good oral husiene. Better toushing is needed around gures, with the technique shown on the model as well as daily intercental brushes. Additionally spit the toothpaste out after brushing and don't rinse with water.

Upon examination we have found that deep decay close to the nerve within the tooth / a deep filling has caused for you to experience these symptoms due to nerve inflammation. Resolving these symptoms involves removal of this decay! fitting and placing a new restorative material in its place.

Upon examination we have found that the nerve within the tooth has been damaged and is inflamed. Undorsustative the nerve is incapable of healing and so is causing pain. This can lead to further pain, infection and swelling in the future i

Asymptomatic Irreversible Pulpitis

Upon examination we have found that the nerve within the tooth has been damaged and is inflamed. Unfortunately the nerve is incepable of heating but is not causing any symptome at the moment. However there is a risk you may experience pain, infection and swelling in the future if left untreated

Libon examination we have found that the nerve within the tooth has been damaged and so has died. Limbriumstein the nerve is incapable of healing but is not causing any symptoms at the moment. However there is a risk you may experience pain, infection and swelling in the future if left untreated

Sumptomatic Anical Periodontitis

Upon examination we have found that the nerve within the tooth has been severely damaged and so has died. This has caused for inflammation to develop around the tooth roots which is causing you symptoms. There is a risk you may experience more pain, infection and swelling in the future if left untreated

Asymptomatic Apical Periodontitis

Upon examination we have found that the nerve within the tooth has been severely damaged and so has died. This has caused for inflammation to develop around the tooth mots but is not causing any symptoms at the moment. There is a risk you may experience more pain, infection and swelling in the future if left untreated

Upon examination we have found that the nerve within the both has been severely damaged and so has died. This has caused for inflammation and infection to develop around the tooth and so is causing your symptoms. Treatment will often involve antibiotics, drainage of any puss and tooth extraction or root canal therapy.

Chronic Apical Abscess:

Upon examination we have found that the nerve within the tooth has been severely damaged and so has died. This has caused for inflammation and infaction to develop around the tooth root and so is causing you these symptoms. There is a risk you may experience pain, infection and swelling in the future if left untreated

Unrestorable Tooth Upon examination we have found that tooth is unrestorable and cannot be restored back to health.

The nainful consultings are being receal by sensitive teeth as a result of recession gums / tooth water / exposed dentine. Sensitive toothpaste is recommended long term to help manage the symptoms. Provided the cause of the sensitivity is addressed, it should not get any worse.

Upon examination we have found that you have gum inflammation. This is caused by plaque build-up around the gums. This can process to ourn disease if left untreated, which can lead to mobility and loss of teeth. One hydrene improvement is necessary for any improvement in gum health. It's important to brush in areas where gums bleed using technique demonstrated on model

Gum Disease (Periodontitis):

Upon examination we have found that you have gum disease. The main risk factor for gum disease is plaque. To prevent further bone destruction and advancement of gum disease leading to tooth mobility and tooth lost you must maintain high standards of oral hugiene and low plaque levels. The loss of support cannot be reversed but it can be stopped from progressing. Treatment provided would normally involve cleaning above and below the gums, often with Local Anaesthetic for a deep clean of the deeper pockets. It important to understand your self-care responsibilities to prevent further destructive periodontal disease leading to tooth loss and tooth mobility. Please thus

Leave and Monitor Senefits: patient does not have to undergo any treatment for this tooth Risks. Pain, infection, swelling and possible extraction in the future

Tooth Extraction Benefits: will remove disease/infection/bein

Risks; will have a space where toots used to be, pain, bleeding, bruising, nerve damage, damage to adjacent teets. over-eruption of opposing teeth if present, possible adjacent teeth drifting, possible need for surgical extraction including gum flap, sutures and bone removal, fractured tuberosity, onal animal communication and

Scale and Polish: Benefits: removes calculus deposits and plaque to help improve oral health?

Risks: may expenence temporary sensitivity and bleeding around the gums after the scale

Boot Canel Therapy (RCT): Benefits: Reasonable treatment option for simple root fillings, aims to resolve infections and is alternative to extraction

Risks: No guarantee of success, complications may arise during treatment meaning that the RCT is no longer simple and able to be carried out by a general dential and will need a specialist referral if the patient degines to save the tooth, instrument fracture, all root canala not found, root perforations, fracture of tooth due to weakened tooth structure, darkening of tooth, possible tooth extraction in future if treatment fails, allergic reaction to medicaments used

Tooth, Coloured Filling (Composite):
Benefits: can provide aesthetics results, bonds to tooth structure so don't need to out as much tooth structure, less.

cases of tooth fracture around composites compared to silver filling (amalgam).

Risks: leakage around the filling margins can lead to staining, need for future RCT if placing / removing the filling leads to the nerve dying, post treatment sensitivity/pain, inability to meet the aesthetic results desired, must have complete moisture control, tooth fracture. If decay is deep tooth may need RCT/ extraction/ crown in the

Silver Filling (Amelgam): Benefits: strong, durable material with good longsvity, able to place when unable to get good enough moisture control

for composite, inexpensive.

Risks: poor aesthetics, need for future RCT if placing / removing the filling leads to the nerve dying, post opsensitivity/pain, need to remove more tooth structure as material does not bond but looks into place, can lead to micropracks/stress on surrounding tooth tissue and can lead to fractures that may not be restorable. If decay is deep tooth may need RCT/ extraction/ grown in the future.

nefits: adequate temporary short-medium term filling material, can use as an interim material until oral health is achieved or decision made on the final filling material to be chosen, able to use when unable to gain complete moisture control, able to use in situations that are not load bearing, in a small set of circumstances

an be used in a situation where the only other option is to extract the tooth Risks: not as strong as composite, may be more likely to need early replacement, staining of the material and around the margins, leakage / decay under the material, need for future RCT if placing / removing the filling leads to the nerve dying, post op sensitivity/pain, inability to meet the sesthetic results desired

- Suonde varnish to help block sensitive dentine
- 2. Restoration to cover over sensitive exposed dentine

Hall Crown; Benefits: preventive technique that seals the tooth crown to help prevent progression of decay and so reduce the

chance of early toch extraction when coupled with good oral hygiene.

Risks: change in occlusion which will adjust in a number of weeks, poor seathetics, risk of failure (including infections). early extraction). Also important to return for regular review and maintaining good oral hygiene to prevent dental decay progression

Figure Sealant:
Benefits: preventive technique that seals the tooth's biting surface to help prevent progression of decay and so reduce the chance of early tooth extraction when coupled with good oral hygiene

Risks: temporary change in bite. Also important to return for regular review and maintaining good one hygiene to prevent dental decay progression

ليث تشفيص:

يوسينگي تئدان (کرم خورنگي نئدان):

حين معاينه ما در يافتيم كه شما پوميدگي دندان داريد اين پوميدگي به دايل استفاده بيش از حد بور ،اشكر . همر اه با باکتریای موجود در دهن بوجود آمده است. خطر پوسینگی دندان با کاهش بوره در رژیم عالمی کاهش مريابد. همچتين المعينان حاسل کنيد که به حد کافي در کريم دندان شما مواد طور ابد وجود داشته باشد و همچنین حفظ المسحه دهن خود را مراعات کنید. برس نمونن بهتر اطراف آله ایکنار دندان با تکنیک که در مدل تشأن داده شده امت و همچنین برس نمودن بین بندان ها مسروری می باشد. علاوه بر این، گریم دندان را بس از برس زدن بیرون بربزید و با آب نشویید.

اس از معایده مترجه شدیر که برسینگی عمیق نزدیک به ارشته عسمی داخل دندان / برکرنگی عمیق باعث شده است که این علائم را به دارل التهاب رشته عسمی تجربه کلید. رفع این علائم شامل حنف این برمجنگی اور شدن و قرار دادن یک ماد مقوی الفاده گنده جنید در جای آن می باشد

بالبيث غير قابل برگشت دار اي علام

بس از معادته مارجه شنير كه رشته عسمي داخل نندان أسب ديدم التهابي شده است. متأملاته رشته عسمي قَالَ خَوب ثَمَن ثِينت و همين آمر باعث أيجاد درد مي شود. اين آمر در صورت عدم خالوي مي تواند منجر به درد، عفونت و تورم بيشتر د أينده شود

بالبيت غير فابل برگشت بدون علام

بس از معادته مترجه شنير كه رشته عصص داخل دندان شما أسبب ديد، و التهامي شد، است. متأمظه رشته عسد. قال خوب شنز نامت اما در حال حاسر باعث ابجاد هيچ گونه علائمي نمي شود. ولي اين خطر وجود ناردگه در ممورت عدم تناوی در آبنده درد، عفرتت و تورم را آحساس کنید

يس از معاينه متوجه شنير كه رشته عسمي داخل دندان شما أسبب ديد، و به همين دليل از بين رقته است. متأسقاته رشته عسبي قابل خوب شنن تيست اما در حال حاسر هيج علائمي ايجاد تمي كند ولي ابن خطر وجود دارد که در صورت عدر تناوی در آیشه درد، عفونت و تورم را تجربه و احساس کنید

يس از معاينه مترجه شنير كه رشته عصمي داخل دنبان شما به شنت أميب ديد، و به همين دايل از بين ركه امت. ابن باعث ابجاد التهاب در الحراف ريشه دندان مي شود كه باعث ابجاد علائم در د در وجود شما مي شود. این خطر وجود دارد که در مسورت عدم تناوی، درد. مخونت و تورم بیشتری را در آیند. تجربه و احساس

يريونشيت أبيكال بدون علام

بس از معاينه متوجه شنيم كه رشته عصني داخل دندان شما به شنت أسبب ديد. و به همين دايل از بين رقته أمت. أين أمر باعث الجاد التهاب در المراف ريشه دندان شد، امت أما در حال حاسر هو علاكم الجاد دمي کند این خطر وجود نارد که در صورت عم تناوی، درد. عنونت و تورم بیشتری را در آینده تجربه و احساس

گزينه هاي شاوي:

بهمار هود قاعلن والكارت

مزاوا مریس باز دارد تا بداخر این ندان ثبت کاوی فراز گرد. خطرات برده حوبت ورجو المتعل كاليدن أن لر أيده

موجه باعدال بين رطن مريض تعومتان دمال ال خطرات تران فضي مي بالندكه در أن تفان أبلا وجود نائله اسله درت خونريزي، كودي، أسبه عصبي، أسبه به نفان هاي مجاور، رويش بيش از حد نفان

توبروز يبت ارتباط أنترال دهان و عفره عشك

<mark>شمید و یک فارو:</mark> عزایا رسومان مداد و یکک را برای کمک به بهود صحت دی از من می برد. خطراتها هدان استابط از تشب الهار حسليث والعواريزي فوقت تراطرات كادعود

نگر بوسینگر نشان حمق بشد معان است در آیند نیاز به (BCT کشینزار وکش نشته بشنر

عزابة گرينه تناوي مطول و اوريز كرتن ريشه هاي سلنه با هند، راح علونت ها و جليگريني بداخر كشين تنتال است خطرات هي تشميني براي مواقيت وجود ذار د، معال است از خول كانو ي موار مني ليماد كود به اين معني كه ١٩٥٣ تبكر ساه نيست و نعر تواد توسط ناكار شان عومی اجام لود و در صورت اهلی هریض و او نجات دنتان والـانسنگی، موراخ شن، عریان کردن، زیپ، حط و علی آیبکال، شامل له)، کلیتن دنتان ممان در لبته در صورت شاست تناوى، مائله هيو كاريت رخ دهر

های مقابل تر صورت وجود، غمتال تریفت ثنن تنتان های مجاور، نیاز تحتمالی به تاکر جرامی، کثبین شغل قب لکه بخیه و برناشش استجاز، شامشگی

فزاواز می تواد تایج زیبتی داشته باشد. یه ساختار دندن متمش شود، یشوران بنازی به بر قل دادن ساختار دندان نیست، موارد کنتری از شاهنگی دندان در اطراف تعوزيت فاتر طايمه بايركنده نقره (فالكام) وهود نارتر خطرات لیکل تر اطراب لیه های پرکنندهی تواند میمر به لکه یا زنگ زنگ شود. نیاز به 207 تر آینده می بشد در صورت قرار دادن / بردشتان پرکننده منجر

وغون تعان بالقرح

حزایهٔ عود اوی و باتوادیا طول عمر حوب البل او از تال نز صورت عدد توانی کارول رطوبت کامی برای کامیوزیت از رای خطوانه زیبان باش: نباز به 🕊 نز آیندهمی باشد از صورتی که قرار دادن / برناشان پرکانده منجر به مرگ رشته عصبی شود. حساسیاد از دیس از عطیه نباز به بردائش ماهتار بیشتر شنان زیرا هواد به هم منصل نعرشون اما در جای خود آقل مرشوف مرتواند منجر به ایجاد ریزانر کدها امترس روی تنتان اطراف شود و هی لواند منبر به شامندگی شود که معان است قبل ترجم نباشد نگر پرسیدگی ندان جموا باشد معان است در آینده نیز به (۱۳۵۶ کشینزار وکش ناشته باشد

به عرف رقته محمي تنود، حساسية الرديس از فاقوي، ناتواني تر رسيان به تأنيع زيباني تساعلي مورد نظر، بأبد كالرول رطوب الطراداتية بالند تباسلتاني ننال

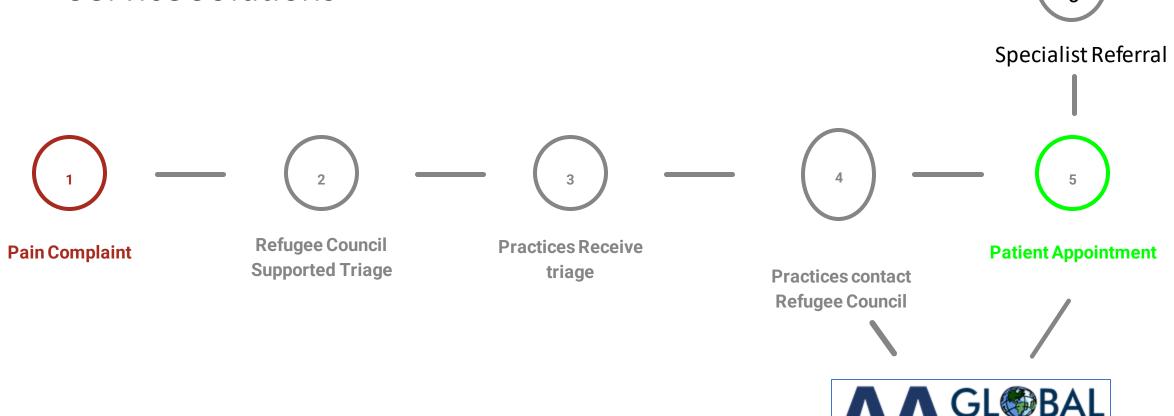
بر نمون موافر شان (CIC)

مزية مولا يركناه موقنا كارته منت كافيء من توكديه عنوان بالدحاه موقنا تبكانه تبود تاز مشركه مسمنا نخزيه نسنا أبديا تسميمي ترجوره عاه يركناه نيشي التعاب شود، قال استقدد تر محورت هم كثار ول كامل رطوبت، قال استقداد ر شريطي كه تمعل بتر نيست، در مجعوعه اي از شريط كوجاك مي توان در حاكي

استفاده کارد که تنها گزینه بحق کلینن نشان باشتر خطرات به ننازه کاموزیت قون نیست. مدکن است نیاز به جنبگزینی زودهگای، رنگرآموزی مواد و اطراف حاشیده، لیکن ابوسینگی نز زیر مود. نیاز به ۱۹۵۳ در آینه باشد در صورت قرار دادر) برداشتن برکانه صعر به مرگ رقته عصبی شود، بصفیت پین از جان ادر، داوایی از دستیان به نتایج زیبایی قداملی مورد

أموكس سيلن لطفا يك كيمول 500 طر كراء أموكس سيلن را سه باز در روز به هنت كا روز مصرف كابا. مروبيازول لطا بال تليت الليد (400 مل گراوان التي بوتيگ را مه بار در روز به منت کا روز مصرف اليد (هميس از توليان الاول موندار و اليد).

Service Solutions



Project Aim and Objectives:

- · Aim:
- To assess Dental Care Barriers and Oral Health Needs of Afghan Evacuee Cohorts
- Objectives:
- Also to investigate:
 - Patient dental disease risk
 - Presenting patient anxiety
 - Urgent care need
 - Treatment care outcomes
 - Commissioning framework to reinforce workforce planning and service redefinement

آیا میتوانید به ما بگوئید که وقت ملاقات با داکتر دندان خود به چه اندازه عصبانی می شوید؟

لطفا با در ج نمودن 'X' در باکس مناسب مشخص کنید

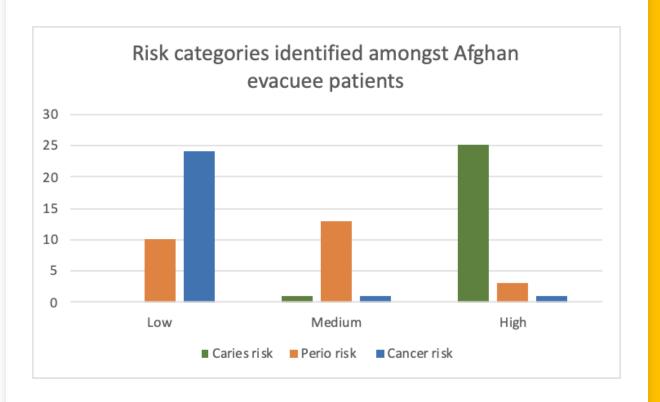
هیچ عصبانی	. داشت؟ کمی عصبانی	اندکی	. داکتر دندان خود بروی خیلی صعبانی	اگر فردا برای تداوی نزد خیلی زید صبانی	1
هيچ عصباني	. داشت؟ کمی اعصبانی	د، چه احساسی خواهید اندکی عصبانی	ر ت داوی) نشسته باشی خیلی عصبانی	. اگر در اتاق انتظار (منتظ خیلی زاید صیبائی	.2
هیچ صبانی	واهید داشت؟ کمی صبانی	ی کنید، چه احساسی خ اتدکی صعبانی	ا سوراخ یا عصب کش خیلی صبانی	. اگر قرار بود دندان تان ر خیلی زید صبانی	.3
 اگر قرار بود دندان های خود را پاک کاری کنید و صفا کنید، چه احساسی خواهید داشت؟ 					
هیچ عصبانی	کهی عصبانی	اندکی عصباتی	خیلی عصبانی	خیلی زیلا صصبانی	
 5. اگر قرار بود یک پیچکاری بی حس کننده موضعی در لته دندان خود، بالای دندان پشتی بالا انجام دهید، چه احساس خواهید داشت؟ 					
هیچ عصبانی	اندکی عصبانی	کمی عصباتی	خیلی عصبانی	خیلی زیاد عصبانی	
دستور العمل نمره دهی (این بخش را قبل از کلی کردن برای استفاده برای مریضان حنف کنید)					
مقیاس اصلاح شده عصبانی شدن حین مراجعه نزد داکتر نندان. نمره دهی هر مورد به شرح ذیل می باشد:					
			1 = 2 = 3 = 4 = 5 =	ھیج عصباتی کمی عصباتی اندکی عصباتی خیلی عصباتی خیلی زیلا عصباتی	

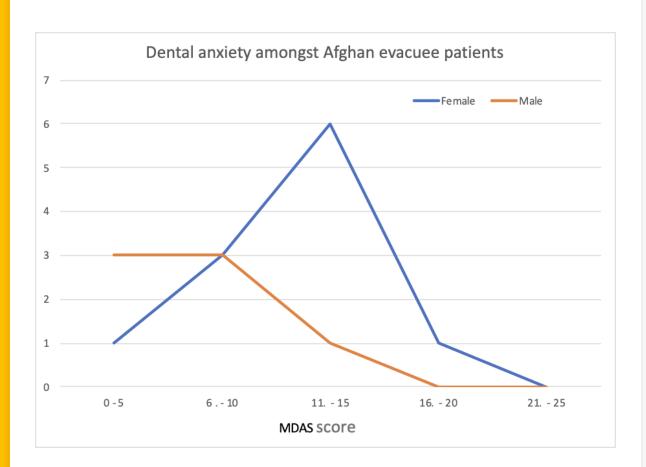
نمره مجموعی عبارت از جمع هر پنج مورد است، محدوده 5 تا 25: حد جدایی آن 19 یا بالاتر است که نشان دهنده یک مریضی بسیار عصبانی از نظر مراجعه به داکتر دندان است، احتمالاً فویبا/تشویش دندان باشد.

Results

- Referral Analytics 100% acceptance rate
- Anxiety MDAS/ Frankl
- Current Disease DMFT, dmft
- Disease Risk Caries, Periodontal disease, Cancer

Results: Dental Risk





Results: Dental anxiety

Results: Range of Treatment delivered



Discussion -Service Challenges:

Language and communication

Screening for urgent needs

No access to toothbrushes/paste

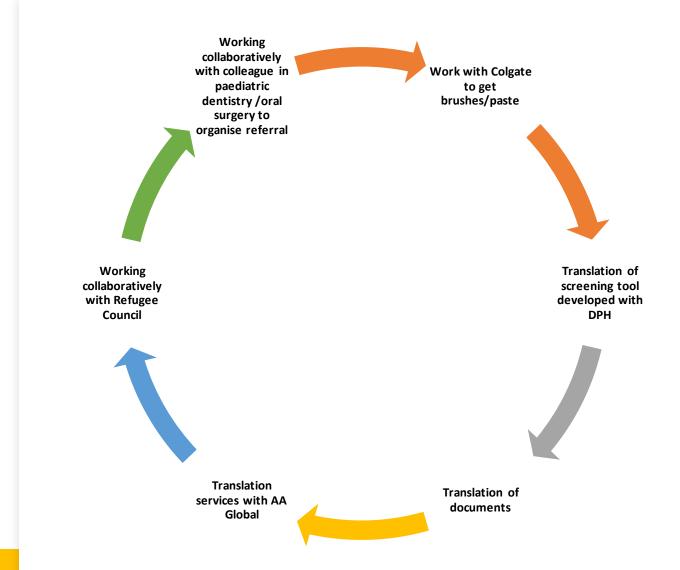
Patient expectations

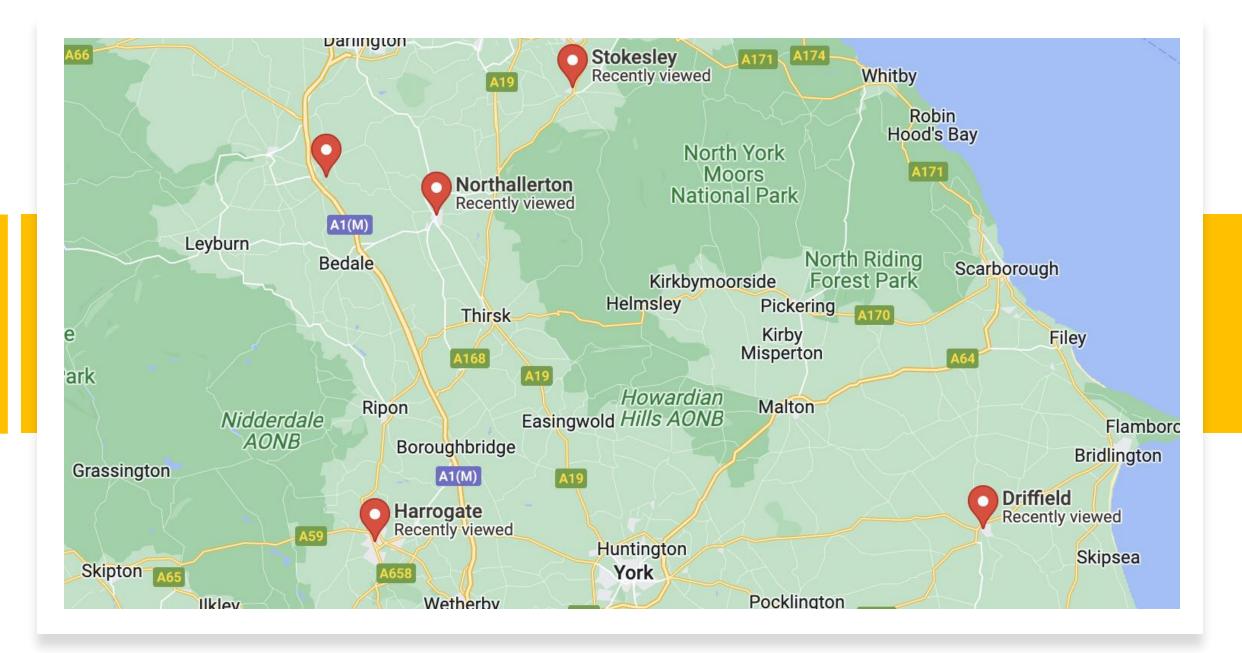
Transport

Treatment requiring referral and coordinating referral

Coordinating multidisciplinary care

Discussion -Service Solutions





Health Education England **Specialist** Refugee Council Care Care **Foundation** Training Translation **Practices** Services Local Authority





REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20 O

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



Target population

CORE20 PLUS 5

O PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities



MATERNITY

ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)

ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic
Obstructive Pulmonary Disease
(COPD), driving up uptake of
Covid, Flu and Pneumonia
vaccines to reduce infective



EARLY CANCER DIAGNOSIS

75% of cases diagnosed at stage 1 or 2 by 2028



HYPERTENSION CASE-FINDING

to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke



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CORE20 PLUS 5



Has your ICS identified PLUS population groups?

Survey summary

- Around 60% of ICSs reported to have identified PLUS groups
- The ICS prioritised PLUS groups were ethnic minority communities (44%), people experiencing homelessness (44%) and vulnerable migrants (38%)





Bola Owolabi
Director
Health
Inequalities at
NHS England.

Recommendations and Proposed Commissioning Model

Needs Assessment conducted on ICS geography

A sessional programme delivering urgent dental care for vulnerable groups

Services targeted at areas of need

Ensure translation services are embedded

Ensure service is time "rich".

Ensure practices taking part are networked with local authority / Refugee Council / City of Sanctuary support & provide basic training.

Thank you to the Foundation Dentists supporting this project

Imran Saaed Amina Ahmed

Ibraheem Ijaz

Pooja Gupta

Carter Bradder

Aimee Bowen

William Timmis

Aminaa Afzal

Saad Habib

Tulsita Baskar