Oral health patient pathways for Refugee/Asylum groups - can Core20PLUS5 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”.

<table>
<thead>
<tr>
<th>The 9 Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Put patients’ interests first</td>
</tr>
<tr>
<td>2 Communicate effectively with patients</td>
</tr>
<tr>
<td>3 Obtain valid consent</td>
</tr>
<tr>
<td>4 Maintain and protect patients’ information</td>
</tr>
<tr>
<td>5 Have a clear and effective complaints procedure</td>
</tr>
<tr>
<td>6 Work with colleagues in a way that is in patients’ best interests</td>
</tr>
<tr>
<td>7 Maintain, develop and work within your professional knowledge and skills</td>
</tr>
<tr>
<td>8 Raise concerns if patients are at risk</td>
</tr>
<tr>
<td>9 Make sure your personal behaviour maintains patients’ confidence in you and the dental profession</td>
</tr>
</tbody>
</table>
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.
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.
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.
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’.
**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’.
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.
• 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 multi-agency 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 -&gt; Selby Dental Care (1 DFT)
• 2. Scarborough -&gt; Falsgrave Dental Surgery (2 DFT)
• -&gt; Humnamby Dental Practice (1DFT)
Afghan Evacuee Appointment Booking Framework:

1. Pain Complaint
2. Refugee Council Supported Triage
3. Practices Receive triage
4. Practices contact Refugee Council
5. Patient Appointment

HC1
Afghan Evacuee Appointment Booking Framework:

1. Pain Complaint
2. Refugee Council Supported Triage
3. Practices Receive triage
4. Practices contact Refugee Council
5. Patient Appointment

HC1
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

- Do you have any swelling around your mouth or neck?
  - No
  - Yes

- Do you currently have any ulcers in your mouth that have lasted for more than 10-14 days?
  - No
  - Yes

- Have you been taking any medicine for your teeth?
  - No
  - Yes

- If yes does the pain go away after taking painkillers?
  - Yes
  - No
Discussion - Service Solutions

1. Pain Complaint
2. Refugee Council Supported Triage
3. Practices Receive triage
4. Practices contact Refugee Council
5. Patient Appointment

Screening Tool
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 redefinition
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 multi-disciplinary care
Discussion - Service Solutions

- Work with Colgate to get brushes/paste
- Translation of screening tool developed with DPH
- Translation services with AA Global
- Working collaboratively with colleague in paediatric dentistry/oral surgery to organise referral
- Working collaboratively with Refugee Council
- Translation of documents
REDUCING HEALTHCARE INEQUALITIES

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

Target population

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

20%

CORE20 PLUS5

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

1. MATERNITY
   - ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2. 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)

3. CHRONIC RESPIRATORY DISEASE
   - a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving uptake of Covid, Flu and Pneumonia vaccinations to reduce infective complications and mortality

4. EARLY CANCER DIAGNOSIS
   - 75% of cases diagnosed at stage 1 or 2 by 2028

5. HYPERTENSION CASE-FINDING
   - to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke
REducing healthcare inequalities

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

Target population

Core20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

20%

Core20PLUS5

Key clinical areas of health inequalities

1. Maternity
   Ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2. Severe mental illness (SMI)
   Ensuring annual health checks for 60% of those living with SMI in line with the success seen in Learning Disabilities

3. Chronic respiratory disease
   A clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective complications and mortality

4. Early cancer diagnosis
   75% of cases diagnosed at stage 1 or 2 by 2028

5. Hypertension case-finding
   To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

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
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
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