Hope for the

A person with dark skin and a plaid shirt is holding a piece of torn cardboard. On the cardboard, the word 'HOMELESS' is written in large, bold, black capital letters.

A coalition of dental professionals, dental charities and outreach organisations came together in 2018 to give voice to the work that's being done to provide dental care to the homeless and marginalised. In this special feature, three members of that coalition describe their work.

Going mobile in Manchester to meet the needs of the marginalised

Ben Atkins describes how he and his dental team at Revive Dental Care began reaching out to patients most in need of good dentistry.

Working with homeless and marginalised people is always going to involve a level of unpredictability. After climbing a steep learning curve over nearly a decade, however, we have established systems which give us the best possible chance of building trust and delivering care to the people we wanted to reach.

The background

In 2009 Revive dental care was awarded an

access contract to provide a service at the health centre in Ancoats Urban Village, Central Manchester. We reserved the first hour of treatment every evening to work with the Homeless Medical Service Unit based in the same building. If a patient attended in dental pain, then the medical reception would direct them to us. The sessions we worked were 6-8.30pm in the evening and 10-4 on a weekend or public holiday. This slot was promoted by the medical team and gradually the service was accessed by the homeless and hard to reach groups. Patients were invited to return for

further treatment, but often failed to.

We encountered difficulties with the evening slots due to alcohol misuse and eventually this service became quiet due to the high failure rate. This can really affect service viability and motivation when treating patients. However, from discussions with our colleagues in the Ancoats Urban Village Medical Centre, it became obvious that there was an acute need for dental provision to support GPs in their work with the homeless.

We agreed that the patients would be better suited to a daytime clinic and we approached

the local commissioners to fund one session per week giving access, on a drop in basis, for these patients. This service was linked to the drop in methadone clinic run by the medical practice on the same specific day each week. The collaborative working was at first successful until the methadone clinic changed their opening days. Unfortunately due to other commitments the dental clinic times were unable to change.

The engagement process

Working with a new Manchester drug service called 'RISE' and hard to reach support networks we now offer a pop up dental practice. Developing our pop-up mobile dental surgery has really engaged with the homeless patients and we understand so much more about them. For instance, after attending a drug rehabilitation day we realised that failing to access dental care could be the trigger for our clients to revert to misuse of drugs or prescribed medications.

It would appear to be far more difficult to access medical care than dental care. We found that differing levels of disease in different centres, from Dickensian decay to a patient needing a few fillings.

There are many reasons why homeless patients do not always attempt to access dental services:

Confusion

- This could be due to where and how to access care or whether they are eligible for free or subsidised care

Fear of refusal or rejection

- One of our major disappointment has been the attitude of a specific member of the Revive Team towards the homeless patients. Choosing the right team is key when setting up a service. This gave us an insight into how patients may be treated within the general dental practice population.

They have more pressing welfare needs

- Understanding where patients are in their journey is a key factor. It might not be the dentist who can spot the patient who is ready to engage, it is a team approach.

Health concerns, both mental and physical

- Patients often take their anti-psychotic medication inappropriately and relapse into opioid use. Toothache might be the reason the patient relapses into drug use, and often is. Patients often reported a reduction in ability to eat associated with painful oral conditions.

Communication issues

- Patients can find communicating with the triage service challenging. The patients with psychological issues often found it difficult to hold a conversation for a prolonged period. For some patients this was enough to stop accessing dental services for pain relief.

Chaotic lifestyle resulting in the non-completion of courses of treatments.

- A hard to reach dental service must understand that the patients have multiple issues within their lives and dentistry might not be a priority and treatment may have to start and stop a few times. The issue of appointment attendance has been huge. Our appointment reminders (text and email) has helped.

Now our mobile unit travels to many different centres run by community groups or charities, such as the Zion Centre or the Salvation Army, sometimes every few weeks, for others every few months. The service is developing and we are hoping to work with drug and mental health charities and the Big Issue.

Oral health educator Faye Greenhalgh and patient

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Ben and patient being filmed for the BBC

The next step

After we started the engagement programme there was an improvement in patients attending second and third appointments. We believe that this was because the dental team had gone into their world and learnt more about them. Often the patients had had a bad dental experience. If they had only been to a practice when in pain they had never really had a helpful conversation with a dentist.

A lot of the patients were in pain daily, with chronic, underlying infections and their medication often masking symptoms. Every pop up dental clinic session has approximately 10-18 patients and there will always be at least one patient having raging toothache. One patient had an emergency facial swelling approaching her eye which under normal circumstances would prompt a hospital referral. After a long conversation the patient allowed us to treat her provided we guaranteed that she was free to get to a meeting that afternoon.

Ancoats Drop In

As a result of the remote site visits and marketing to new groups, there is now an increase in footfall at the drop in centre at Ancoats. Between April 1st and June 30th 2013 we carried out a total number of 153 individual treatments. In the same period this year, this has risen to 374 individual treatments – a growth in real terms of 144%.

UDAs confirmed for the same period has also risen. The growth in UDA production has also been helped by the introduction of the Clinical Dental Technician. This has allowed additional patients to be seen each session. The CDT is now carrying out the production of all denture work under the prescription of the treating dentist thus freeing up time for her to carry out preventative and restorative treatments.

The service users have chaotic life styles which mean that we have to take into account the increased risk of Failure to Attend (FTA) or short notice cancellation. Current stats show that we have an average 22% FTA rate and a further 3% of short notice cancellation. Fortunately, we are still seeing patients (an average of 3 per week) who "drop in". All in all, we have come a long way. For me personally it has been very rewarding and the "icing on the cake" has been to see my team members taking so much personal ownership of the service.

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