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| **Service:** | **Dental Service for People with Complex Needs** |
| **Background** | Poor dental health is among the three most common physical health problems experienced by homeless populations, with higher levels of untreated tooth decay, missing teeth and pain than the general population. Poor oral health has far-reaching impacts on their physical and mental health, food intake, functioning, self-esteem, stigma, social isolation, and employment opportunities. Despite high treatment needs, homeless people’s access to dental care for is severely limited. Both, precarious conditions associated with the lived experience of homelessness and characteristics of NHS dental services contribute to the low uptake of services. |
| **Purpose** | The service will provide oral health services to people who are homeless and have complex and longstanding oral healthcare needs. |
| **Definition & Scope** |  |
| Service Description | Aims: To provide a full range of dental services to patients who are homeless and have complex and long-standing health needs. Typically, individuals who are homelessness have a number of other significant problems e.g. substance misuse, contact with the Criminal Justice System (CJS) and mental health problems, resulting in them not being engaged effectively with standard dental services. Most individuals will have a co-existing developmental disorder, prior trauma or attachment problems. Typically such individuals include those who are:  • Street homeless, living in hostels or supported (often temporary) housing for complex needs, informal ‘sofa surfing’.  • Disengaged except contact with CJS  • Selling sex in order to fund substance use or under coercion  To provide urgent dental services to patients under active care of the service five days per week during normal opening times.  Objectives:   * To improve the oral health of patients treated * To provide dental and prevention services, in order to address oral health needs * To support patients to maintain good oral health * To promote inclusive dental healthcare and support early intervention in the community with timely treatment, through oral health advice, treatment and signposting where appropriate as defined in national guidance.   The service will:   * Target and recruit patients with long-standing dental needs through pathways developed in partnership with local community-based organisations to offer assessment of oral need and treatment planning. Where dental treatment needs are identified, the most appropriate team member will provide the treatment. * Receive referrals from local health and community Services for the provision of urgent and routine dental care. * Any patient receiving dental care delivered by the provider will be entitled to guarantee and remedial treatment in line with national guidance for NHS dental services. * Establish a quality assurance programme working with the commissioner to evidence impact of the service * Promote the development of dentistry as part of a holistic approach to address physical health, mental health and social care needs in this group in accordance with every contact counts and the wider work of the Complex Needs service in Plymouth. * Develop evidence of best practice for wider dissemination and sharing |
| Whole System Relationships | The service must work with partners to address the needs of the groups identified to attain optimum outcomes.  Partners will include:   * Adelaide Street Surgery * Livewell Southwest * University Hospitals Plymouth * Shekinah Mission * Salvation Army * PATH * Peninsula Dental School – University of Plymouth * Shelter Devon * George House * Hamaoze House * Harbour * Plymouth Soup Run * The Plymouth Alliance * GP outreach services * Plymouth City Council * Public health teams in Plymouth City Council and NHS England * Office for Health Improvement and Disparities, Department of Health & Social Care * Other local NHS service providers including primary, secondary and community care * Patient representative groups including Healthwatch * Managed Clinical Networks * Local Dental Committees * Local Authorities * Local Professional representative bodies * 3rd Sector organisations * Other relevant and related local community support agencies/organisations |
| Interdependencies | * Local GP and health services * Local Dental Services * 3rd Sector organisations * Local community support agencies/organisations |
| Safeguarding | The service must ensure that policies and procedures relating to safeguarding are adhered to, that staff have undertaken training appropriate for their professional role and level agreed as appropriate, that records are retained of dates of training and names of staff trained, and that a clinician within the service acts as the Safeguarding Lead. All staff working with children, young people and vulnerable adults will have undertaken an enhanced Disclosure and Barring Service check (for dentists this will be in accordance with the NHS Performers List Regulations). |
| Patients/Client Groups | * Individuals who are homeless and have complex and long-standing health needs. |
| Networks & Screening | The service will participate and engage with key partners and wider stakeholders in delivering the dental service, as part of the wider complex needs service in the city. It will integrate fully with the network and support multidisciplinary and integrated working to improve health outcomes.  It will also represent the service in wider dental networks such as the Local Dental Network, Local Dental Committees and Managed Clinical Networks across the South West. |
| **Service Delivery** |  |
| Service Model | * The service will deliver dental services to appropriate patients using a community-supported care pathway working with link and key workers. All dental care should be delivered in a trauma informed way with appropriately trained staff. In order to ensure care is delivered to appropriate people, patients will be recruited through: * GP outreach services and service providers in the complex needs network. * Community-based organisations including charities and third sector organisations supporting people with complex needs. * Directly in the community through the use of community engagement and outreach * Other routes appropriate to the service and addressing oral health inequalities in the patient group * Urgent Access; the provider will offer access to urgent care to patients being treated within the service. |
|  | The service will work with national or local pathways developed for primary care and ongoing referral where appropriate. |
| **Referral, Access & Acceptance Criteria** |  |
| Geographic Coverage | Patients who live in Plymouth will be given priority; however, patients will not be excluded if they live out of area. |
| Patient | Patients that have long standing and complex needs. |
| Referral Criteria & Sources | Referral Sources:   * GP outreach services and service providers in the complex needs network * Community-based organisations including charities and third sector organisations supporting people with complex needs. * Direct recruitment |
| Locations & Opening Times | Service will initially be expected to be available during standard working day opening hours e.g. between 9am and 5pm. Provider to recommend opening hours and how many working days the service will be delivered.  Service will be expected to be available over 52 weeks of the year, excluding Christmas Day, Easter Monday and Bank Holidays.  Services will be expected to be provided from an appropriate location in Plymouth that can serve the target group. |
| Exclusion Criteria | The service is able to refuse dental treatment for the following reasons:   * The patient does not meet the criteria for a patient with long standing and complex needs. Patients will be signposted to join the waiting list to receive ongoing NHS care from a general dental practice. * Repeated non-attendance or lateness. This will be dealt with using the protocol agreed by the provider and the commissioner. * Threatening or violent behaviour. Where there is challenging behaviour from a patient, appropriate arrangements should be made to ensure the safety of the team. Where violence or aggression is displayed by a parent, carer or guardian, the service will require the patient to be accompanied by an alternative responsible adult with appropriate consent. * However, it should be acknowledged that this service is intended for those who are likely to display challenging behaviour, therefore providers are expected to provide an empathetic, compassionate, and supportive service, recognising the life experiences that patients have experienced. * Emergency dental care, e.g., severe trauma, severe and prolonged haemorrhage or life-threatening swelling requiring treatment via hospital emergency services. * Outside of the remit of Level 1 primary care dentistry.   The service will not provide orthodontic treatment, treatment under general anaesthesia or sedation, or treatment outside the scope of a GDP. |
| **Discharge Criteria & Planning** | Patients will be discharged and advised to join the waiting list to receive care from general dental practice, if they no longer meet the service criteria. |
| **Self-care & Service User/Carer Information** | Individuals/parents/carers/guardians will be provided with information on promoting oral health, self-care and access to ongoing care. Information will be available in an easy-read format. |
| **Patient Satisfaction** | Service users and/or families/carers will be invited to develop and feedback on the services provided and information available in order to deliver improvements. This will be done through Focus Groups and Friends and Family Test (FFT) and regular patient satisfaction audits, as per KPI |
| **Quality & Performance** |  |
| Quality Standards | The service will meet the contract requirements for compliance with legislation, workforce, provision of patient information and managing complaints.  The service will have a duty of care to report any clinical or patient safety concerns indicated through england.swdental@nhs.net  Compliance with the following bodies:  General Dental Council (GDC)  Care Quality Commission (CQC)  Health & Safety Executive  Invention Prevention Control (IPC)  Office for Health Improvement and Disparities, Department of Health & Social Care  Safeguarding – Local Authorities / NHS E  Employment – ACAS  Data Protection – ICO |
| Performance Monitoring | The service will be monitored against:  KPI as listed in appendix Schedule 5 |
| **Evidence Base** | Services will be provided based on best available evidence and will work to relevant clinical guidelines published by professional bodies, incorporating relevant best practice principles. The service will keep up to date policies and local clinical guidelines incorporating recommendations from (as a minimum):   * Department of Health * Royal College of Surgeons * Faculty of General Dental Practice UK * Faculty of Dental Surgery * British Dental Association * British Society of Paediatric Dentistry |
| **Professional Leadership** | The service will be led by an appropriately qualified team and will support the development of clinical effectiveness in professional practice. In particular this will be delivered through:   * Clinical leadership * Clinical governance/quality leadership * Mentoring clinical staff * Advisory role * Influencing commissioning * CPD |
| **Finance** | **Capitation:** £61,000 per 12 month period is the financial resource available for this service.  Please confirm how many hours a week you will be able to provide the service within the financial envelope?  **Total Cost**: £61,000 |
| **Continual Service Improvement** | As part of the monitoring and evaluation of the service the provider with the commissioner will develop a plan to ensure continuous quality improvement. Service improvements will be discussed and agreed with commissioners annually. |
| **Period of Service** | Continuous |

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| **KPI** | **Description** |  |  |  | | | | | | **Reporting Schedule** | |
| Clinical Delivery | In the absence of submission of FP17 data the service will be based on DAF outcomes: |  |  |  | | | | | | Appointment data and clinical delivery metrics to be split into:   * Stabilisation (full course of treatment) * Urgent (one off episodes of care) * Prevention (OHI/fluoride clinics, tooth brushing and self-care delivered in community settings)   Captured at every interaction and reported quarterly. |  |
|  | **Stabilisation** | **Urgent** | **Prevention** | | | | | |
| Number of individual patients accepted into care |  |  |  | | | | | |
| Number of patients treated |  |  |  | | | | | |
| Number of patients discharged from care |  |  |  | | | | | |
| Number of Failed Appointments |  |  |  | | | | | |  |
| For each patient treated a breakdown of clinical items of treatments as listed below: | | | | | | | | |  | |
| Examinations |  |  |  | | | | | |  | |
| Scale & Polish |  |  |  | | | | | |
| Periodontal treatment |  |  |  | | | | | |
| Fillings |  |  |  | | | | | |
| Root Canal |  |  |  | | | | | |
| Extractions |  |  |  | | | | | |
| Full dentures |  |  |  | | | | | |
| Partial Denture upper/lower |  |  |  | | | | | |
| Smoking cessation advice and signposting |  |  |  | | | | | |
| Oral health instruction as per delivering better oral health |  |  |  | | | | | |
| Fluoride application |  |  |  | | | | | |
|  | Number of referrals to secondary care |  |  |  | | | | | |  | |
| Patient Safety | Patients have an up-to-date medical history recorded at each interaction | | | | | | | | Recorded at every interaction – reported quarterly | | |
| Patient Experience | Patients currently under a course of treatment who require urgent care will be provided with advice and guidance and definitive outcome within 24 working hours | | | | | | | |  | | |
| Data Quality | The submission of accurate and timely data to Devon ICB | | | | | | | | Quarterly submission of appointment data, clinical delivery metrics, patient satisfaction feedback.  Annual submission of quality, audit plans, complaint data, reportable incidents | | |
| Quality and audit plan | The provider will produce an annual Quality Improvement plan that will include: Quality improvement/audit plan Clinical Audit Plan Data Audit Statement on revalidation Checks for GDC registered staff Statement on systems of compliance with mandatory CPD for all registrants. Statement on all Dentists being up to date and current on the Performers List | | | | | | | Provided annually | | | |
| Patient Safety | All reportable adverse incidents, in line with CQC and NHSE/I reporting mechanisms will be monitored, and action plans to prevent future occurrence | | | | | | Data reported annually | | | | |
| Patient Safety | Patients will be provided radiographs in line with FGDP guidance and as clinically appropriate. | | | | | Recorded at each intervention – reported quarterly | | | | | |
| Patient Experience | Feedback gathered from:   * Feedback forms (see attached) * Individual case studies * Interviews conducted with patients, service providers, support staff and partners to evaluate the impact of the service, acceptability, experience, barriers and facilitators etc | | | | Reported quarterly | | | | | | |
| Patient Safety | All patient complaints to be responded to within 28 days | | | | Data to be provided annually | | | | | | |