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SCOTTISH COUNCIL FOR SINGLE HOMELESS

NHS Dental Services in Scotland

SCSH Response

The Scottish Council for Single Homeless is the national membership body for organisations and individuals working to tackle homelessness in Scotland. Its members include local authorities, housing associations, voluntary sector organisations and individual professionals. SCSH was a member of the Scottish Executive's Homelessness Task Force, and is currently represented on the Executive's Homelessness Monitoring Group and Health and Homelessness Steering Group.

SCSH has a long standing interest in health issues as they affect homeless people and believe strongly that homeless people should have equal access to all health care. We welcome the consultation paper. Our comments do not directly relate to the specific questions asked, but are concentrated on the need to ensure that the needs of homeless people are fully addressed in the strategy.

Access to NHS dentistry is extremely limited in many parts of Scotland, and any problems which the general population have in finding such dentists are multiplied when a household is homeless. Simple rules whereby a household can be removed from a NHS list if they miss appointments can have a serious effect on homeless households. For example, it is particularly difficult to plan for (and keep) an appointment six months ahead if you are living in temporary accommodation or managing a range of other problems. Flexibility should be built into the NHS dentistry framework to ensure people who are homeless or living in temporary accommodation maintain registration as NHS patients.

Whilst not every homeless household has a chaotic lifestyle it is important that dental services are available for people with such lifestyles. This may mean that there should be some limited provision for instant access to dental treatment i.e. non emergency treatment where no prior appointment is necessary.

In order to ensure access to dentistry is available to homeless households it may be necessary to develop some specialist services or to consider outreach to certain homelessness services (the same is likely to be true for services relating to drugs or alcohol). However it is also important not to limit homeless people only to specialist services. As far as possible homeless people should be accommodated in the mainstream.

The Scottish Executive's Homelessness Task Force recommended (in general terms) that access to health services should not be conditional on the patient being free from substance misuse. Whilst we recognise that this may pose some challenges for dentists

it is important that people with addictions receive the broad range of health care they require, including dentistry. This is particularly important for people with addictions who have methadone scripts.

Homeless households encompass a broad range of people and circumstances. Children in homeless families should not receive any less dental care than those living in settled homes. All homeless people should have the same right to continuous dental care as those securely housed, and it is equally important for homeless people (for example) to have signs of oral cancer detected early through regular dental checks as it is for the rest of the community. Dental services for hard to reach groups such as homeless people should encompass the broad range of services including dental hygiene.

Dentistry should form part of Health Boards' Health and Homelessness Action Plans, and dental services should also cross refer to plans by Drug and Alcohol Action Teams to ensure that dental health is accessible to groups who may otherwise be excluded from mainstream services.

Robert Aldridge
29 January 2004