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Ymateb gan: | Response from: British Red Cross



British Red Cross Submission to the Health and Social Care Committee Consultation on Dentistry

About the British Red Cross

For the last 150 years the British Red Cross has been putting kindness into action. We have been helping people in crisis in Wales get the support they need, when they need it most. The British Red Cross has more than 19,600 volunteers in the UK and nearly 3,900 staff. We are part of the world's most wide-reaching humanitarian network, the International Red Cross and Red Crescent Movement, which has 17 million volunteers across 192 countries. The Red Cross has decades of experience supporting people with health and care needs when they return home from hospital, responding to UK emergencies from house fires to terror attacks, and supporting refugees and people seeking asylum.

As part of our service provision in Wales, the British Red Cross delivers the Cardiff Health Inclusion Project which is commissioned by Cardiff and Vale University Health Board. The project supports people asylum and other vulnerable migrants to access health services, and other statutory and community services. This is important given that people seeking asylum can face long periods with limited access to healthcare. UNHCR has concluded that refugees and people seeking asylum may arrive with health problems which have not been diagnosed or been properly treated in the past and may also have had limited access to preventative health care programmes in the past.¹

The Cardiff Health Inclusion project operates within the Cardiff and Vale Health Inclusion Service (CAVHIS) and within the Southeast Cardiff GP cluster. The project helps people to gain access to a range of community services to provide orientation and support to promote general health, well-being, and social integration.

Support provided within the Cardiff Health Inclusion project includes, but is not limited to:

- Developing the knowledge and awareness of GP practice staff of the rights and entitlements of people seeking asylum to make the registration process less complex.
- Providing practical orientation and support such as signposting to the nearest pharmacy, registering with other primary care services, such as community dentists and opticians.
- Supporting referrals to appropriate local resources, services, and community providers.
- Supporting to register with local opticians and dentists in a timely fashion.
- Mapping appropriate local resources, services, and community providers.
- Creating and maintaining links with local resources, services, and community providers in order to interface seamlessly with existing provision.

This document contains operational insight gained from our Cardiff Health Inclusion Project. Its recommendations are based on these insights.

¹ UNHCR, Integration Handbook available at www.unhcr.org/handbooks/ih/health/health-care

The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services.

We have found that service users from our Cardiff Health Inclusion project encounter challenges in accessing dental care and often fall through the gaps in the dental care system. Of the 352 service users who have been seen as part of the project at the time of writing, we have assisted 263 people with dental related concerns; 211 have been placed on the Cardiff and Vale university health board General Dental Services (GDS) centralised waiting list and 52 service users have been supported to make phone calls to the emergency dental treatment department. Therefore, access to dentists constitute one of the key areas for our service users.

Awareness of current limits of access to dentistry

Operationally, we have found that service users are not aware of the current situation facing dental services. For example, many of our clients are unaware of the long waits for dental care when they come into Wales and as such are disappointed when we notify them about long waiting times, which we have found can be up to eight months. Given the trauma that people seeking asylum have experienced, conversations can be particularly difficult when someone is in a great deal of pain, causing further knock on physical and emotional impacts. Service users are also not aware that this is the case for all population groups in Wales. Notifying service users of long waiting times can also take its toll on staff who support service users when they are upset by this news. Many people seeking asylum have experienced trauma as a result of the difficult journeys to reach safety and have gone without access to health for some time. Upon arrival they should have a clear outline of how long they will wait.

Recommendation:

- Welsh Government should provide greater detail on the current situation within dental services through its communications with refugees and people seeking asylum.

Waiting lists

The long wait to access a dentist once a person is placed on the GDS Centralised Waiting List has been a barrier to access for our service users. The Cardiff Health Inclusion project has referred over half (59 per cent) of our service users to the GDS waiting list. At the time of writing, we are aware from our operations teams that some service users that were referred to the GDS waiting list eight months ago are still waiting for a dental appointment. As a result, some of our service users have become reluctant to proactively seek dental care and have reported feelings of hopelessness, as well as a negative impact on their oral health. In addition, the lack of communication and updates when on the waiting list have affected patients' trust towards dental and health care services. Others have tried to access help through their GPs,

who have said that they are unable to assist, and have told service users to go to a dentist. As a result, this has left many service users without support for some time.

Case study: The service user, a person seeking asylum from Eritrea, arrived in the UK in May 2020, and had not registered with a dentist or received any dental care. The service user has been struggling with pain and broken teeth for a while and is only able to manage with painkillers. The service user informed the caseworker that whenever they contacted the emergency dentist phone line they were told that it is not an emergency and suggested the service user take pain killers. The service user feels hopeless and frustrated that he has not been contacted by anyone despite being added to the GDS centralised waiting list in the later months of 2021. At the time of writing this response, the service user is still waiting to be contacted in order to be registered with a dentist. The service user has reported that as a result of taking continuous painkillers they have now developed digestion issues.

In addition, service users have found that dentists having their own waiting lists, as well as the existence of a GDS centralised waiting lists can be confusing. In some cases, they are unsure which list is best to access, and many are unaware that dentists sometimes have their own waiting lists. To ensure consistency and avoid confusion, work should be done to explore one system to access NHS waiting lists for dental services.

Recommendations:

- Health boards should provide people with a reference number or feedback after they are placed on the GDS centralised waiting list to be able to trace their case.
- Health boards should provide further information on how to manage pain while a person waits for non-emergency dental services.
- Health boards should explore one system for waiting lists, either a centralised waiting list, or dentists having their own waiting lists, rather than having both options available.

Emergency appointments

In Wales, if an individual is in need of emergency dental treatment, they should contact their dentist to get an appointment. However, if an individual is not registered with a dental practice, or experiencing dental pain out of hours, they must call the health board's emergency helpline. We have found that long waiting lists to register with dental practices have resulted in an increase in service users contacting emergency dental services. In total, we have assisted 52 service users with phone calls to the emergency the dental treatment department since the Cardiff Health Inclusion project started in September 2021. In particular, operations staff have seen situations where service users are in extreme pain and need to call the emergency helpline because they are still on the GDS waiting list. However, in many cases, service users are told that their situation is not an emergency and to take painkillers. This is due to a range of reasons including swelling not effecting breathing and gums not continuously bleeding. Nevertheless, in some situations the pain is not considered severe due to language barriers.

Within our services, we have identified limited English language skills as a common barrier to accessing emergency dental services and advice. For example, we have found that our service users have been advised to contact the emergency phone line if they feel that it is an urgent matter. However, there is no provision to assist the service users with limited language skills during the initial phone call. As a result, service users have found the process to be an extremely difficult and time-consuming procedure due to many technical questions from the phone operators. A lack of an interpreter also makes it difficult for patients to explain and communicate their dental problems effectively. Some service users have reported that when

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they have contacted the emergency helplines on their own, they are not able to communicate the main issues they are facing because of these language barriers and as such are being refused emergency treatment as they have not provided enough information. Language barriers are also an issue during any follow up phone calls. In many cases, the British Red Cross assists service users to make an initial phone call via an interpreter. However, as there is no information on the time the emergency helpline may call to follow up, we have not been able to support service users during these follow up calls.

We also found that being on hold for long waiting times to speak to someone on the emergency helpline impacts on the capacity we have to help other service users. For example, the 52 service users we have assisted to call the emergency helpline are those that got past being on hold, with the number of overall phone calls we have attempted to support amounting to over 100 phone calls.

Inconsistencies with follow up phone calls also act as a barrier to accessing emergency dental services. Some services users have told us that despite being told that they will be contacted again for a follow up, that they did not receive another phone call.

Recommendations:

- Health board emergency helplines should provide consistent messages and information on how to access emergency dental health services, including the information required from people for these initial calls. This could be achieved through the provision of translated information leaflets as people seeking asylum enter initial accommodation or working with the Welsh Government to get further information on the Nation of Sanctuary website.
- Health board emergency helplines should arrange a time for patients to call the emergency helpline for their follow up by sending a text message. Health boards should also work to organise a translator for the follow up phone calls if needed.

Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments.

Improving oral health intelligence will be vital to prevention efforts as dental services resume. However, we have found that compared with information on health services such as GPs, there is not a large provision of information on dentistry and dental hygiene for refugees and people seeking asylum when they come into Wales. Therefore, there should be a campaign which focuses on support to wait well and include dental hygiene advice while a person is waiting to be registered with and seen by a dentist.

Recommendations:

- Welsh Government should invest in a dental hygiene communications campaign, and this should be available in a range of languages.
- Communications assets should be distributed in a range of places. Clearsprings and the Wales Strategic Migration Partnership could work together to ensure such assets are deployed in initial accommodation.

Oral health inequalities, and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. Workforce well-being and morale.

Access to dentistry is not a new issue, with around 55 percent of people able to access NHS dental care within the recommended two-year check-up period before the pandemic.

However, it was unknown which groups in Wales were getting regular check-ups and which were struggling to access services.²

The Covid-19 pandemic has exacerbated this issue and shed a light on inequalities, with research from the General Dental Council having found that the decrease in dental capacity has most likely affected those who were extremely clinically vulnerable to Covid-19, people unable to afford dental treatment and older people within the UK.³

Given dental and periodontal disease levels are consistently higher among refugees and people seeking asylum, even when compared to the most vulnerable population groups in host countries⁴, we are concerned they too, will have been particularly impacted. We see this on the ground, with almost three quarters (74 per cent) of our service users needing support to access dental services and 14 per cent of total service users feeling the need to access emergency dental care.

Recommendation:

- In rebuilding dental services, health services must consider how to ensure those that need it most can access treatment. This could be achieved through the introduction of a triage system similar to other NHS services, to assess patients and prioritise people most in need as well as through equality impact assessments.

Issues with access to dental services for people seeking asylum

Accessing dental treatment can be an issue for some people seeking asylum. This is particularly the case when dentists are not aware of rights and entitlements. For example, we have supported some of our service users to initially gain a place at a dental practice. However, when the service user tries to register, we have heard of situations where service users have been asked for their passport and permanent address, the latter of which they do not have due to being in initial accommodation and do not need in order to access dental services. As a result of a lack of information around entitlements of people seeking asylum, we have seen service users turned away by dental practices. Therefore, education and communication materials for dental practices are vital to avoid these situations.

Recommendations:

- Health boards should raise awareness among dental practices on the dental rights and entitlements of people seeking asylum.

Socio-economic inequalities

Service users that we support through the Cardiff Health Inclusion Project are usually unable to afford to pay for dental services. All people seeking asylum are entitled to a HC2W full help with health costs (HC2W) certificate once they are dispersed from initial accommodation which provides help with certain dental treatments.⁵ However, in practice we have found that people are not given any information about these forms. Therefore, Red Cross refugee services work with people to apply for a HC2W certificate.

² Stats Wales. 'NHS patients treated for adults and children by local health board.' Retrieved from: [NHS patients treated for adults and children by local health board \(gov.wales\)](https://gov.wales/patients-treated-for-adults-and-children-by-local-health-board)

³ General Dental Council (17 December 2020). 'The impact of covid-19 on dental professionals 2020'. Retrieved from: [The impact of COVID-19 on dental professionals 2020 \(gdc-uk.org\)](https://gdc-uk.org/the-impact-of-covid-19-on-dental-professionals-2020)

⁴ UNHCR, 'Access to healthcare' retrieved from unhcr.org/uk/access-to-healthcare.html; UNHCR, Integration Handbook available at www.unhcr.org/handbooks/ih/health/health-care

⁵ Welsh Government, 'Guidance- Low income scheme: help with NHS health costs.' Retrieved from: gov.wales/low-income-scheme-help-nhs-health-costs

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Operations staff have highlighted the long waiting times and inconsistencies when HC2W certificates are being issued to our service users. In particular, a person needs the HC1W certificate to claim for help with health costs. After completing the form, the HC1W certificate can take up to four weeks to arrive, and a person needs this before they can apply for a HC2W certificate. In addition, most service users that we support are unaware that the HC2W certificate expires within six months of it being issued.

We have also found that there is a lack of awareness of what treatments come under the HC2W certificate. For example, we have had service users who have been issued with braces in their home country but have had issues around whether this comes under free treatment with a HC2W certificate.

However, people in initial accommodation are not eligible to get HC2W certificates until they are dispersed. This can cause issues as some people may be in initial accommodation for long periods of time.

The above issues are compounded by the lack of NHS dentists taking patients. As a result, we are finding that many service users are unable to access dental care, as they are unable to afford to access private dental services.

Recommendations:

- Welsh Government should raise awareness around HC1W and HC2W certificates. This should include how to apply for a certificate, notification that the HC2W lasts for six months, and how to go about re-applying for the HC2W certificate.

Children's services

For those who have children, the process of accessing children's dental services can be complicated, as children's dental services work differently.

Case Study: An Afghan family with a child who is seven years old presented with severe tooth decay causing him a lot of pain and swelling. The dental emergency helpline was called, and they directed him to the children's helpline. Once the child helpline was called, they proceeded to tell the caseworker that there were no emergency appointments available in Cardiff and currently offer only two appointments that need to be booked at 8.30am on a first come, first served basis at Barry Hospital. They were made aware of how urgent the child's dental situation is and could not offer any other information on emergency dental treatments in local clinics. They directed the caseworker back to the dental emergency helpline to ask if they could help. The dental emergency helpline was surprised by this and stated that the children's service are bound by a duty of care to take action. The only thing the child could do was wait until the next morning to book a slot at Barry Hospital. The father called in the morning and was unable to book an appointment for his son as the two slots had already been taken. They are still left waiting to be seen by a dentist over five months later.

Recommendation:

- Health boards should provide information to children's services on rights and entitlements for children seeking asylum and ensure services are fulfilling their duty of care.

Geographical considerations

The location of dentist surgeries can make travel to a dental appointment challenging. Thus, difficulties in finding dentists that would treat our service users in geographically accessible areas can pose an obstacle to access dental care. In addition, the planned expansion of dispersal to potentially all local authorities in Wales will mean that there will be an increase in diverse needs across Wales, and this will impact on other health boards too.

In particular, we have found that central areas are where we see a large cohort of people that we support. However, we have seen many people seeking asylum struggle to find a dentist in their local area and are unable to afford transport to dental practices further away.

In January 2022, the Welsh Government funded a three-month pilot to provide people seeking asylum with free access to public transport. This came to an end at the end of March 2022. However, the continuation of such a scheme would help many service users that we support access dental practices which are further than walking distance.

Recommendation:

- The Welsh Government should develop a long-term service to provide people seeking asylum with access to free travel, learning lessons from the pilot scheme delivered in early 2022.
- The Welsh Government should ensure there is longer term thinking and early planning of dentistry services within health discussions related to expanding asylum dispersal.

Access to interpreters

Throughout this response, we have highlighted a range of barriers to accessing dental services, some of which most of the population will experience. As a result, accessing a dentist is already difficult. However, other barriers we have raised may impact more so on groups such as refugees and people seeking asylum who may not have a high level of English language skills. Guidance on healthcare for people seeking asylum and refugees states that it is the responsibility of health boards to arrange free interpretation during consultations and interpreter services are integral to providing effective and sensitive healthcare.⁶ However, we have found that once our service users are able to see a dentist, interpreters are not provided. The lack of interpreter provision presents a further barrier to appropriate dental treatment.

Recommendation:

- Health boards should ensure interpretation is available within healthcare among dental practices and ensure practices understand how to book an interpreter.

Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices.

It is important that any investment on NHS dentistry in Wales ensures that services are sustainable and can provide support for patients in need of dental services.

It will also be important that investment encompasses understanding of future needs. In particular, consideration will be needed on how patient needs will develop as more local authorities become asylum dispersal areas within Wales. While this submission has focussed

⁶ Welsh Government Policy Implementation Guidance (2018). 'Health and wellbeing provision for refugees and asylum seekers'. Retrieved from: gov.wales/sites/default/files/publications/2019-03/health-and-wellbeingprovision-for-refugees-and-asylum-seekers_0.pdf

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on refugees and people seeking asylum, we believe there to be further barriers to access for people who have been trafficked.

Recommendation:

- The Welsh Government should ensure that any investment and planning takes into account future considerations which may impact on service provision and need, drawing on lessons learned.

Annex1: Other information

This evidence is submitted on behalf of the British Red Cross.

None of the written evidence needs to be treated as confidential.

All case study participants have agreed to sharing the information featured within each case study.