



Disabled Access to Dental Services in South Yorkshire and Bassetlaw

A Report from Healthwatch Sheffield

Initial report completed December 2016

Final report including official response March 2017

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Disability Discrimination Act (DDA) 1995 - It is unlawful under the DDA for healthcare providers and social services, such as doctors' surgeries, dental surgeries and hospitals to subject disabled people who wish to use those services to disability discrimination; this includes failing to comply with the important duties to make reasonable adjustments and to provide reasonable ancillary aids and services, such as, where needed and where it is reasonable to provide it, sign language interpreters, hearing loops and publications in different formats.



Research summary

The objective of this research was to explore access to dental services in South Yorkshire and Bassetlaw from the perspective of service users with a disability, and dental healthcare professionals

The research sought to gather the experiences and perceptions both of disabled patients in accessing dental care and of dental healthcare professionals in dental care settings.

Two related surveys were drawn up and distributed to dental services in South Yorkshire and Bassetlaw and to service users with disabilities. We received 63 responses to the Disabled Access to Dental Services Survey for patients, and 77 responses to our Disabled Access to Dental Services Survey for professionals.

Many of those with disabilities acknowledged the positive aspects of the communication, support and care they had received during dental treatment.

The findings, however, demonstrated that the accessibility of buildings is an issue for many people, with inappropriate or lack of adaptations for patients with disabilities. There were also a number of other concerns highlighted such as waiting times and the cost of services.

Dental services users said they want more accessible dental surgeries, improved communication with their dental healthcare professionals, and to have an increased understanding of their disability reflected in their treatment and care.

Likewise, dental healthcare professionals said that buildings should be more accessible and funding should be available to support the provision of aids and adaptations. Healthcare professionals also said that increasing their knowledge of disability was important both for care and practice and that more training opportunities would be helpful.

Key findings

- Half of the respondents were happy with the service they were currently receiving at their dentist.
- Almost a fifth (22%) of respondents had not visited the dentist for more than two years. Reasons for this include issues with getting there and accessibility of the building, anxieties over attending and procedures, cost of treatment and a lack of understanding of the importance of good dental health.
- 85% of dental healthcare professionals reported that they could provide suitable treatment for wheelchair users if required. However, 41% of them stated that they would like further equipment. Only 6% felt they had all the equipment that they needed to treat all patients.
- 25% of dental practices that we surveyed offer a home visiting service.
- 57% of service users reported that they had had a difficult and/or negative experience at the dentist.
- 18% of service users attended their current dentist because it was the only one available or they felt that they had no choice. Some service users acknowledged that their dental practice had taken positive steps to meet their needs such as using a downstairs treatment room.
- A number of service users mentioned that there were barriers in communication between them and the dental professionals. These include feeling unable to ask questions, checking understanding and speaking to the patient and carer appropriately.

Definition of disability: A disability is a physical or mental condition that limits a person's movements, senses or activities. The Equality Act 2010 states that you are disabled if you have a physical or mental impairment that has a 'substantial' or 'long-term' negative effect on your ability to carry out normal daily activities.



Recommendations

1. Dental practices should aim for their premises to be fully accessible wherever possible. All dental practices should aim to have a large automatic entrance door, ramps, accessible toilet facilities, hearing loops and an accessible treatment room (see page14).
2. We recognise that making all premises fully accessible can be difficult and/or expensive and will take time. NHS Choices has information about disabled access at dental practices - where this has been provided. Dental practices should make sure that NHS Choices and any other sources of information include up to date information about accessibility issues and any support available (see page14).
3. There are a number of other non-physical adjustments that practices should consider making. These include giving people with disabilities longer appointments or having appointments at a time when there are fewer people around, taking extra time to explain things to patients and providing large print information. See useful information published by Citizens' Advice here: <https://www.citizensadvice.org.uk/healthcare/discrimination-in-health-and-care-services/health-and-care-services-common-situations/disability-discrimination-when-accessing-and-using-health-services> (see page 15).
4. We recommend that dental practices follow up disabled people who do not attend regularly (and in particular people who have not attended for more than two years) to identify any physical or emotional barriers, and offer support where possible (see page 10).
5. We recommend that professionals should increase their awareness and understanding of communication barriers during treatment (including for people with a hearing impairment) and try to accommodate these needs and communicate appropriately (see page 15).
6. NHS England/ South Yorkshire and Bassetlaw Dental Local Professional Network to provide information to dental healthcare professionals about access to funding for improvements, or information about accessible aids and equipment (see page 14).
7. Service users and healthcare professionals acknowledged that they had the best intentions in providing quality treatment and care, but a lack of knowledge was often a barrier. We therefore recommend that dental healthcare staff are trained in disability awareness (including deaf awareness). This could be commissioned/organised locally or sub-regionally by the South Yorkshire and Bassetlaw Local Professional Network (see page 16).

Background to the research

Healthwatch Sheffield is the local consumer watchdog for health and social care services. We are here to help adults, children and young people influence and improve how services are designed and run. We are completely independent and not part of the NHS or the council.

Healthwatch Sheffield has a number of key priorities in 2016/17. One of these is access to primary care, including dental services. Access to dental care for people with physical disabilities was identified as a priority from information gathered from Enter and View visits, and from a query from the Sheffield Equality Engagement Group.

We were contacted by a member of the public on the topic who said:

“I can’t find an accessible dentist. Finding a dentist with wheelchair access or access for people with limited physical mobility is difficult. How do I know which I can use?”

The issue became something that Healthwatch Sheffield wanted to research further following an Enter and View visit to a dental practice in the early 2016.

Since the dentist in question was applying to take on more patients, we recommended that they improve their access before taking on the extra patients. The regional dental network supported this, and asked the dentist to make the changes we recommended.

Following this, we heard more about what service users and health professionals had to say about accessibility to dental services and this led to a proposal for further research work. Healthwatch Sheffield agreed to do the research/report to the South Yorkshire and Bassetlaw Dental Local Professional Network on behalf of Healthwatch organisations in the sub-region.

The aims of the research were as follows:

- To find out about the quality of care available for disabled people in South Yorkshire and Bassetlaw when accessing dental services;
- To explore the experiences of disabled patients when accessing dental care;
- To explore the views of dental healthcare professionals on accessibility for disabled patients to dental care.

Methodology and demographics

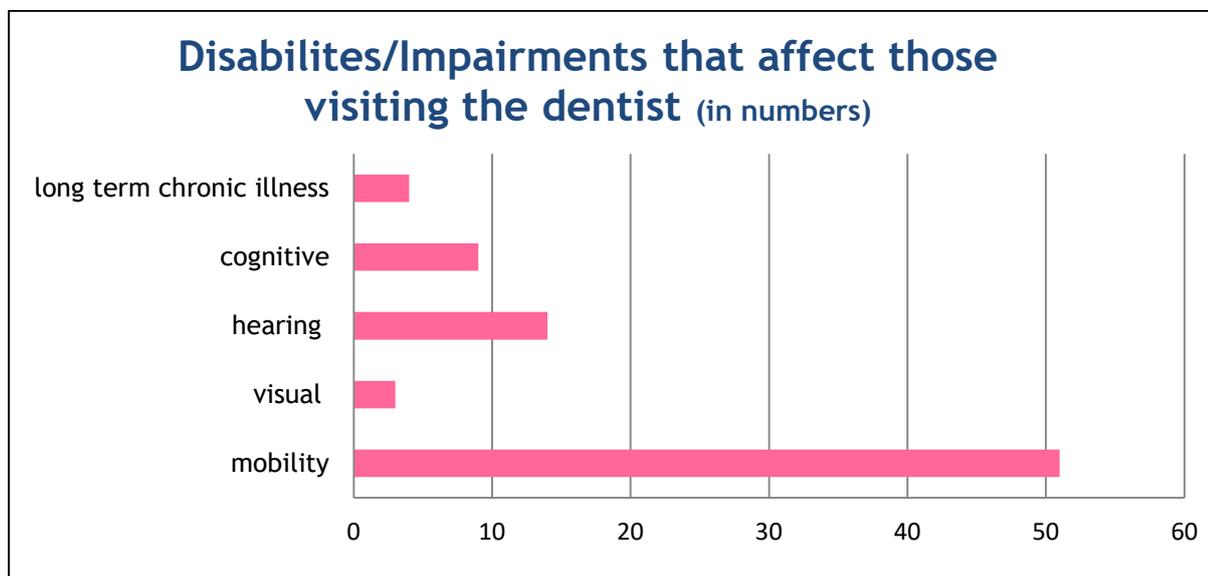
Two surveys were drawn up and distributed to dental practices across South Yorkshire and Bassetlaw and to service users with disabilities. One survey was for service users, which contained 19 questions; the other was aimed at dental care professionals and contained 12 questions (see appendices for the questions).

They were created in survey monkey with questions mostly being multiple choices, with an option to give comments where appropriate. They were distributed in early July 2016 and closed in August. Paper copies and other accessible formats were available upon request.

A total of 140 people responded to the surveys: 63 responses were received for the service user survey and 77 came from dental care professionals.

Service user demographics

Of the service users who responded, 68% considered themselves to have a disability while 25% supported someone with a disability. The service users specified they had a variety of disabilities or impairments, including cognitive, mobility, hearing, visual or long term chronic illnesses (see graph below).



Just over two-thirds of the service users who responded to the survey were women (69%). There was a good cross-section of ages with most respondents aged between 25-64 years old (63%).

The overwhelming majority of service users who responded were based in Sheffield (79%) although there were respondents from Barnsley (6%), Doncaster (6%), Rotherham (2%) and Bassetlaw (2%). Healthwatch Sheffield has good links with local disability organisations who sent the survey to their members. 78% of the service users were NHS patients.

Dental practices locations

The locations of dental professionals who responded were spread more evenly. Almost half the respondents were based in Sheffield (36 practices, 47% of respondents) and we had views from 13 practices in both Rotherham and Doncaster (17% each), from 12 in Barnsley (16%) and from 3 practices (4%) in Bassetlaw (figures rounded to nearest %).

All but one of the healthcare professionals reported that their dental surgery accepts NHS patients. However, it should be noted that of these surgeries, **only 57% were currently accepting new adult NHS patients and a further 8% were accepting NHS patients under the age of 18.**

Our findings

1. Frequency of visiting the dentist

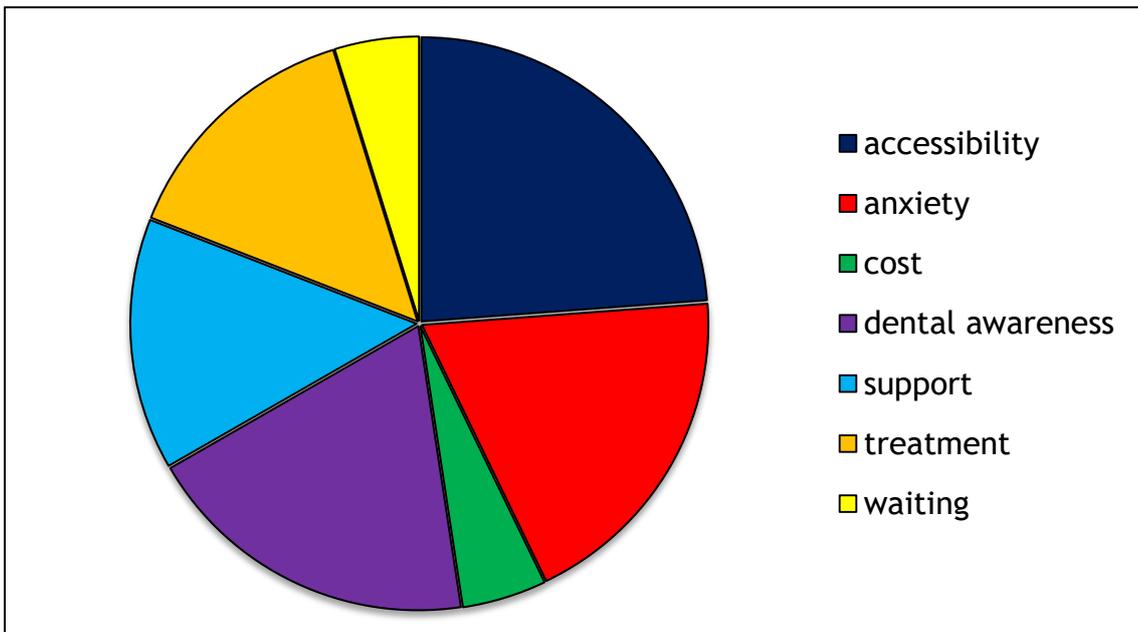
NHS Choices states that a dental check-up may be done every six months, but some people may not need to go so often and others may need more frequent checks. People with good oral health will probably need to attend only once every 12 to 24 months, but those with more problems will need check-ups more often.

73% of service users who responded to our survey reported that they had visited a dentist in the past year; 44% of these tend to visit every 6 month or less while the other 29% visit every 7-12 months.

However, 22% of the total respondents stated that they had not been to the dentist for more than two years. There were a number of reasons given for not visiting the dentist:

- ❖ Accessibility - issues with getting there and facilities at the dentist
- ❖ Anxiety -fear about a particular treatment or a general phobia of dentists
- ❖ Concern about the cost
- ❖ Dental awareness - a lack of understanding of why visiting dentist is important for health
- ❖ Support -they needed a family member or carer to assist them to attend
- ❖ Previous bad experiences at the dentist
- ❖ Long waiting times.

Reasons for not attending the dentist



When asked the reasons why service users attended a particular dentist, the most common reason was the *convenience of the location* (32%).

The second reason patients attended a particular dental surgery was because of a personal recommendation. **18% of service users attended a dentist because it was the only one available or felt that they had no choice.**

“Because my son requires a wheelchair he can only access the building via an entrance round the back, and only on a particular day of the week.”

“I have a phobia about visiting the dentist, I would appreciate more help.”

Recommendation: Dental practices to follow up disabled people who do not attend regularly (and in particular people who have not attended for more than two years) to identify any physical or emotional barriers, and offer support where possible.

NHS Choices offers 8 tips to ease dental fear:

<http://www.nhs.uk/Livewell/dentalhealth/Pages/Fearofthedentist.aspx>

2. What do dentists provide for disabled patients?

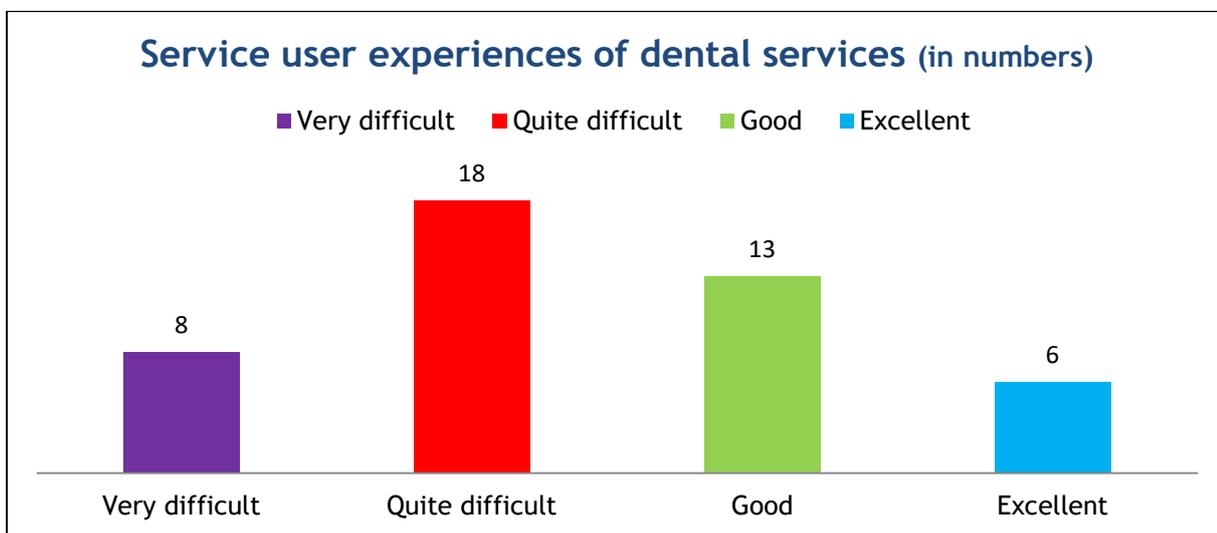
85% of healthcare professionals reported that ‘if required’, the dental practice was able to provide suitable treatment for wheelchair users. The survey asked which facilities they provide for disabled people (ordered by most common):

- ❖ Sufficient space in the waiting area for wheelchair user and companion (63)
- ❖ Entrance with level access (51)
- ❖ Hearing loop (50)
- ❖ Disabled access toilet (47)
- ❖ Translation services (45)
- ❖ Ramp to the premises entrance (42)
- ❖ Hand rail leading to the entrance (39)
- ❖ Wide doorways and aisles (37)
- ❖ Low level counter at reception (37)
- ❖ Disabled parking space (26)
- ❖ Intercom/bell at the entrance (14)

- ❖ Sign Language (BSL) (6);
- ❖ Electronically operated entrance door (5)
- ❖ Braille (4)
- ❖ RNID type talk (3)
- ❖ Text Direct (3)
- ❖ Electronically operated internal doors (1)
- ❖ Signs (1)
- ❖ Accessible dental chair (1).

However, 83% of dental healthcare professionals stated that they did not currently use additional or specialist equipment when treating disabled patients. **41% of professionals stated that they would like further equipment.**

3. Quality of experience



43% of service user respondents to this question (19 people) had positive experiences with their dental service. However, **57% reported some level of difficulty when visiting the dentist.** 40% of service users who responded stated that their experience at a dental service was quite difficult, with at least one thing that didn't meet their needs, and 17% reported that it had been very difficult.

Positive experiences

Several of the service users said how their dentist was happy to see them in a room downstairs and/or on a ground floor, which was more appropriate for their needs. Some service users noted that they had friendly and caring staff in their dental service.

Many service users acknowledged that some adaptations have been made in their dental surgery (although not yet sufficient for all the needs of patients with disabilities).

“The staff observed my difficulties and did their best to meet them. All my appointments are now on Fridays when my dentist can use the ground floor room.”

Negative experiences

Despite improvements to dental services, **71% of respondents highlight accessibility as a key issue regarding dental services.** These include the lack of availability of home treatment visits, getting into the dental surgery, the location of the treatment room (sometimes on another floor), stairs, no level access, and insufficient room for wheelchairs. In particular, a number of service users noted issues with adaptations, such as the accessibility of the dental chair.

Several others identified issues with their hearing impairments, and how practitioners may not have taken this into account during their treatment and their communication with their patient. For example:

“They didn’t realise I had hearing loss and didn’t really help or assist me with the process. The noise of the drill was difficult.”

“I had to take my hearing aids out during treatment and I couldn’t hear what my dentist was saying to me.”

“I am deaf and although I use a cochlear implant, it is very difficult to lip-read upside down!”

Along with communication, several service users stated how they need support such as assistance in getting there, or a chaperone when going through dental care procedures.

4. Communication at the dental practice

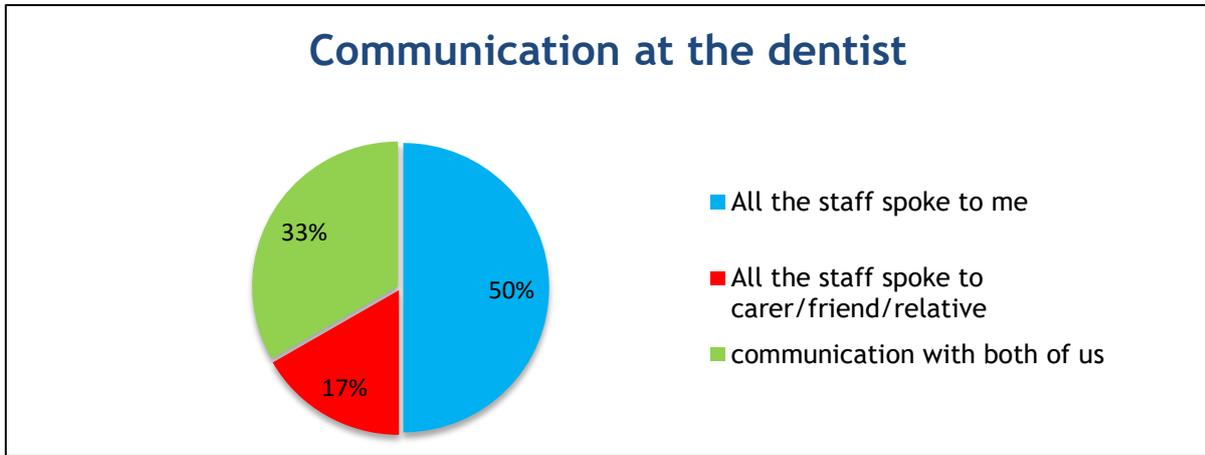
As previously noted, communication at dental practices was highlighted as important for service users. Half of service users (accompanied by someone) who responded said that all of the staff spoke to them, and a third spoke to both the service user as well as their carer/relative/friend. Many respondents said that including the carer/relative was useful in helping to understand procedures and also in organising visits. For example:

“My daughter is non-verbal and all staff ensured that they spoke to her and me as appropriate.”

“I’m very deaf, so we were both talked to, in case I missed some words.”

“They talked to both of us. Due to learning disabilities, they spoke mainly to the carer but did give reassurance and talk to service user during the examination and procedure.”

Service users reported that communication which includes their carer, friend or relative was particularly appropriate with a disability or impairment that affects their experience and understanding of the treatment. It also helped in terms of practical support.



5. Areas for dental practice improvement

Half of the respondents were happy with the service they were currently receiving at their dental practice. However, other respondents suggested that dental services in South Yorkshire and Bassetlaw could be improved in the following ways:

Accessibility of dental buildings

Service users are still in need of fully accessible buildings. This includes having a ramp/slope instead of/as well as steps both inside and outside the building, appropriate space and flatter access, an accessible downstairs toilet and appropriate assistance. Service users also stressed the need for wheelchair access, offering the suggestion of a downstairs dental room or for there to be a lift provided if the service is on another floor.

Recommendation: Dental practices should aim for their premises to be fully accessible wherever possible. All dental practices should aim to have a large automatic entrance door, ramps, accessible toilet facilities, hearing loops and an accessible treatment room.

Recommendation: Dental practices to make sure that NHS Choices and other sources of information include up to date information about accessibility issues and support available.

Communication

Service users noted how health care professionals need to ask questions about how their disability will affect accessing dental services and the treatment that they need. Effective communication includes checking understanding of treatment and dental care and ensuring patients are informed about, and understand, procedures. Service users also stressed the importance of healthcare professionals speaking to them as well as speaking to their family member/carer when appropriate.

Service users also said that practitioners need to appreciate how their disability may impact on their oral hygiene.

“Ask me about how my disability will affect the treatment I’m undergoing.”

“Maybe they could turn off the drill when speaking to me.”

“Understand limitations of physical disabilities on oral hygiene - offer solutions instead of telling people off!”

Recommendation: We recommend that professionals should increase their awareness and understanding of communication barriers during treatment (including for people with a hearing impairment) and try to accommodate these needs and communicate appropriately.

Treatment and care

Service users thought that improving knowledge and understanding of disabilities would be helpful. This includes how to approach and treat patients when they are living with a disability or impairment.

“The staff are good and willing to help but often they aren’t too sure what to do...”

“Consider how to examine teeth and advise on dental hygiene so that care workers can improve on this aspect of care.”

Dental practice improvements identified by dental healthcare professionals

Of the health care professionals, 55% reported that their service provided suitable treatment for wheelchair access. However, **only 6% felt they had all the equipment needed to treat all patients**. 46% of healthcare professionals stated that their dental practice was quite accessible, but improvements could be made.

Accessibility

As identified by the service users, health care professionals also highlighted the need for more accessible dental care practices. For example, many stressed that the *entrance needed an accessible door (27%)*, accessible and specified *disabled parking (10%)*, an *accessible disabled toilet (10%)*, *hearing loops (5%)* and an accessible *dental chair (14%)*.

Knowledge, funding and wider support

Health care professionals stressed that **further funding** is needed in order to provide more support and facilities. Professionals also identified the need for **more information** to support and provide equipment, including **knowledge of where to obtain disability aids** and accessible equipment.

Recommendation: NHS England/ South Yorkshire and Bassetlaw Dental Local Professional Network to provide information to dental healthcare professionals about access to funding for improvements, or information about accessible aids and equipment.

Recommendation: As well as improving physical access, there are a number of non-physical adjustments that practices could consider making. These include giving people with disabilities longer appointments or having appointments at a time when there are fewer people around, taking extra time to explain things to patients and providing large print information. See the Citizens’ Advice guide: <https://www.citizensadvice.org.uk/healthcare/discrimination-in-health-and-care-services/health-and-care-services-common-situations/disability-discrimination-when-accessing-and-using-health-services/>

Recommendation: Service users and healthcare professionals acknowledged that they had the best intentions in providing quality treatment and care, but a lack of knowledge was often a barrier. We therefore recommend that dental practices train staff in disability awareness (including deaf awareness). This could be organised locally and/or sub-regionally and reviewed by the South Yorkshire and Bassetlaw Local Professional Committee reviews training and awareness into disabilities that is available and monitors uptake.

Acknowledgements

Healthwatch Sheffield is grateful to everyone who took the time to complete these surveys and share their views.

In particular, thank you to the other Healthwatch organisations in the South Yorkshire and Bassetlaw area who supported our work and to Disability Sheffield for sending the survey out to their network.

Our thanks also go to Lauren White, ESRC PhD Researcher at the University of Sheffield, for her help analyzing the findings and drafting this report.

Finally our thanks to the steering group of the South Yorkshire & Bassetlaw Dental Local Professional Network (LPN) for their interest in our work.

Official response from service providers



17th March 2017

Dear Healthwatch Sheffield

Disabled Access to Dental Services in South Yorkshire and Bassetlaw

The Dental Local Professional Network (South Yorkshire and Bassetlaw) would like to thank Healthwatch Sheffield for their informative report exploring access to dental services in South Yorkshire and Bassetlaw from the perspective of service users with a disability, and dental health professionals.

Our Dental Local Professional Network (LDN) provides local clinical leadership, supports the implementation of strategy and policy at local level and is a vehicle for working with key stakeholders on the development and delivery of local policies. We recognise that we have a key role in ensuring that the recommendations of the Report are taken forward.

We have collated comments from LDN colleagues and provide a response to each of the recommendations as follows;

- 1. Dental practices should aim for their premises to be fully accessible wherever possible. All dental practices should aim to have a large automatic entrance door, ramps, accessible toilet facilities, hearing loops and an accessible treatment room (see page 14).**

Some dental premises are limited in the extent to which they are able to make alteration as many are sited in former residential buildings rather than purpose built. However there will still be improvements many practices could make through self-investment in their practices.

All Sheffield dental practices should have a hearing loop already in place as funding was previously provided by Sheffield PCT for these, and we can check with practices that they still have their hearing loop.

Page 6 of the Healthwatch report describes an example of how Healthwatch Sheffield, the LDN and a Dental Provider worked together to improve the accessibility of their premises. The LDN shall continue to work with Healthwatch to identify further opportunities which present to improve the accessibility of premises.

- 2. We recognise that making all premises fully accessible can be difficult and/or expensive and will take time. NHS Choices has information about disabled access at dental practices - where this has been provided. Dental practices should make sure that NHS Choices and any other sources of information include up to date information about accessibility issues and any support available (see page 14).**

Each Dental Practice is responsible for editing their webpage on NHS Choices. Following this report we have viewed the information about accessibility on NHS Choices. It is possible that some webpage information is incomplete or possibly inaccurate. We shall contact all dental practices to encourage them to review their NHS Choices webpage content in addition to any other sources of information they may make available e.g. their own websites.

- 3. There are a number of other non-physical adjustments that practices should consider making. These include giving people with disabilities longer appointments or having appointments at a time when there are fewer people around, taking extra time to explain things to patients and providing large print information. See useful information published by Citizens' Advice here: <https://www.citizensadvice.org.uk/healthcare/discrimination-in-health-and-care-services/health-and-care-services-common-situations/disability-discrimination-when-accessing-and-using-health-services> (see page 15).**

NHS England acknowledges that there are indeed some easily implemented adjustments that can be made to assist in this area. Not all changes need to be cost prohibitive to still have a positive impact. One example would be hardcopy information such as practice information leaflets. These can be printed ideally on large print eg Arial font size 16, black lettering on yellow paper, which has been shown to be so much clearer for those with impaired sight. We shall circulate this report to the dental providers in South Yorkshire and Bassetlaw to share this recommendation and link to useful information.

- 4. We recommend that dental practices follow up people with a disability who do not attend regularly (and in particular people who have not attended for more than two years) to identify any physical or emotional barriers, and offer support where possible (see page 10).**

Dental practices will only have an awareness of a person with a disability needing dental care if an initial contact appointment has been attended. Thereafter the person with a disability will be recalled at a time interval as deemed appropriate by their dentist which will depend on the basis an assessment of disease levels and risk of or from dental disease. NICE guidance on intervals between oral health reviews states that

children should be seen at least once every year and adults at least once every 2 years (NICE, 2004). However, children will usually be seen at least twice a year as guidance in Delivering Better Oral Health (Public Health England, 2014) recommends that all children aged 3 -16 years should have fluoride varnish applied to their teeth two times a year to prevent tooth decay. This may be done more than twice a year for those with disabilities who are often at higher risk of tooth decay. Furthermore adults with disabilities who may be at higher risk of dental decay should also have fluoride varnish applied twice yearly. There is a responsibility with the patient/carer to ensure attendance at recall appointments

People with disabilities should be a priority group. Many are well served by the Community Dental Services who are well equipped to deliver care for appropriate groups. Where people with a disability are able to access mainstream dental care, NHS England would support practices to accommodate those patients. We shall circulate this report to the dental providers in South Yorkshire and Bassetlaw as well as Local Dental Committees to share this recommendation.

5. We recommend that professionals should increase their awareness and understanding of communication barriers during treatment (including for people with a hearing impairment) and try to accommodate these needs and communicate appropriately (see page 15).

Whilst Sheffield providers have previously been allocated funding to make such adjustments as hearing loops, it is the right opportunity to remind practices of how effective such aids can be and to ensure that they are working properly and in use. NHS England will circulate this report to the dental providers in South Yorkshire and Bassetlaw and highlight these issues.

(Also see comments in point 7)

6. NHS England/ South Yorkshire and Bassetlaw Dental Local Professional Network to provide information to dental healthcare professionals about access to funding for improvements, or information about accessible aids and equipment (see page 14).

There is no capital funding currently available to practices to support improvement initiatives. However should alternative sources become available, NHS England will explore those avenues and communicate with both practices and LDCs

Any new practices/surgeries/contracts commissioned will have DDA requirements and recommendations built into their specifications.

7. Service users and healthcare professionals acknowledged that they had the best intentions in providing quality treatment and care, but a lack of knowledge was often a barrier. We therefore recommend that dental healthcare staff are trained in disability awareness (including deaf awareness). This could be commissioned/organised locally or sub-regionally by the South Yorkshire and Bassetlaw Local Professional Network (see page 16).

The Report has identified a training need for dental care professionals on how to improve communication (e.g. deaf awareness), and what equipment is available, and how to source it, to improve the practice's access for those with disabilities.

Health Education England delivers a program of training for dental care professionals and examples of courses delivered this year include;

- Safeguarding children and Vulnerable adults including the mental capacity act
- Dementia Awareness Training
- The Mental Capacity Act

NHS England (NHSE) shall suggest to our colleagues in Health Education England (HEE) that they consider the findings of this Healthwatch report to inform the content of future courses that HEE organise and provide. If dentist are made aware of a training need, it should form part of their personal development plan (PDP) which guides them as to the training that they require to develop as caring professionals.

Additionally NHS England will consider including an update on the disability issue and service provision in future postgraduate events. Courses may be promoted through the LDN and LDCs

In addition to our responses to the recommendations we would also make the following points;

Most of the dental professionals and service users who responded to the survey were based in Sheffield, so it is uncertain how generalizable the findings are throughout the whole of South Yorkshire and Bassetlaw, or whether there are particular issues with accessing appropriate care in some local authority areas. However, the report has highlighted that there is much that could be done to ensure people with disabilities are able to access the dental care they need.

We note on page 4 that 25% of dental practices surveyed offer a home visiting service (domiciliary care). It has never been essential or a requirement for all dental practices to offer home visiting services. That said, all people who require a domiciliary visit should be able to access dental care. That can be through the Community Dental Service or through general dental practices (high street or 'family' dentists).

In Sheffield we are fortunate enough to have a service named 'ROCS' – Residential Oral Care Sheffield which was an initiative funded by the NHS as far back as 2003 . This has continued and been developed successfully since then. It is a joint partnership of Community Dental and General Dental Services (normal dentists) to provide treatment and care for people who are in care homes who are domiciled. That service covers every care home in the City and has been nationally recognised as an example of good practice.

Thank you again for producing this report, the DLPN shall ensure that Healthwatch is informed of progress against these recommendations.

Yours sincerely

Richard Allott

Sarah Hipkiss

Chair
Dental Local Professional Network
South Yorkshire and Bassetlaw

SY&B Contract Manager
NHS England – North (Yorkshire and the
Humber)

Appendix 1: Survey questions of service users

Q1) Do you consider yourself to have a physical disability?

Q2) Please indicate which type(s) of disability or impairment you have (tick all that apply)

- Mobility impairment
- Visual impairment
- Hearing impairment
- Other (please specify)

Q3) how often do you usually have a regular dental check up? Every...

- 6 months or less
- 7-12 months
- 13 months to 2 years
- Over 2 years (please tell us how many years and any problems you've faced that have stopped you being able to go more regularly)

Q4) when did you last see a dentist?

- 6 months or less
- 7-12 months
- 13 months to 2 years
- Over 2 years

Q5) Are you an NHS dental patient?

Q6) which dental practice do you go to?

Q7) How far do you travel to get to your dentist?

- Less than 1 mile
- 1-5 miles
- 6-10 miles
- Over 10 miles
- Don't know

Q8) was your experience...

- Very difficult - I struggled with one or more things that didn't meet my needs
- Quite difficult - there was one thing that didn't meet my needs
- Good - everything was suitable for my needs
- Excellent - everything was suitable for my needs and the staff went out of their way to help

Q9) could you tell us why?

Q10) if a carer, relative or friend went with you to the dentist, did the staff talk mainly to you, or to the person with you?

- Yes all the staff talked to me rather than my carer/relative/friend
- No all the staff talked to my carer/relative/friend
- The dentist talked to me but the reception staff talked to my carer/relative/friend
- The reception staff talked to me but the dentist talked to my carer/relative/friend
- I attended the appointment alone
- Don't know

Q11) how would you rate the way you are treated by the dentist and staff at your dental practice?

- Excellent
- Very good
- Good
- Poor
- Very poor

Q12) How well does your dental practice cater for any additional needs you have told them about?

- Excellent
- Very good
- Good
- Poor
- Very poor

Q13) is there anything your dental practice could do to improve your experience?

Q14) what is the main reason you chose the dentist you have now?

- Convenient location
- Good disabled access
- Was the only dentist I could find who was taking NHS patients
- Has been my family's dentist for years
- Recommendation, heard good things about the practice
- Other (please specify)

Q15) If you have any other comments please write them in the box below

Q16) how old are you?

- 17 years or under
- 18-24 years
- 25-64 years
- 65-80 years
- 80+ years

Q17) where do you live?

- Barnsley
- Bassetlaw
- Doncaster
- Rotherham

- Sheffield
- Other (please specify)

Q18) gender - Are you...?

Q19) contact details

Appendix 2: Survey questions of professionals

Q1) name of dental surgery

Q2) does your dental surgery accept NHS patients?

Q3) are you currently accepting new NHS patients?

Q4) do you provide a home visiting service to patients who need it?

Q5) if required, are you able to provide suitable treatment for wheelchair users? E.g. on the ground floor, or upstairs using a lift

Q6) please indicate which facilities you provide for disabled people (tick all that apply)

- Entrance with level access
- Disabled parking space for patients
- Intercom/bell at entrance
- Ramp to the premises entrance
- Hand rail leading to the entrance
- Electrically operated entrance door
- Electrically operated internal doors
- Wide doorways and aisles
- Low-level counter at reception
- Sufficient space in the waiting area for a wheelchair use to wait alongside a seated companion
- Other (please specify)

Q7) please indicate which of the following your practice offers to disabled patients? (tick all that apply)

- Induction hearing loop
- Signing (BSL) service
- Braille translation
- RNID typetalk
- Text Direct (BT)
- Translation services for people who speak English as a second language
- Other (please specify)

Q8) Do you use additional or specialist equipment when treating disabled patients?

- Yes, I have all the equipment that I need
- Some, but I require further equipment
- No, but I would like some
- No, I don't need any

Q9) Do you think you have a fully accessible surgery based on your previous answers?

- Yes it is fully accessible
- Yes, it is quite accessible but improvements could be made
- Yes, it is quite accessible and no improvements could be made
- No, it is not very accessible but improvements could be made
- No, it is not very accessible and no improvements could be made

Q10) is there anything else that would make it easier for you to provide fully accessible dental care?

Q11) contact details

Q12) Please indicate if you would like to receive a copy (survey findings, newsletter)

- Findings from this survey
- Findings from the disabled patients survey
- Sign up to our newsletter



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