

Going to the Dentist

Special Care Dentistry

What's it like for you?



Dr Rob Dalziel
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Contents	Page
Diagrams	3
Tables	3
Acknowledgements.....	4
Foreword	5
Summary	6
Introduction	7
Background	7
<i>Healthwatch Dudley</i>	7
<i>Dudley Metropolitan Borough</i>	8
<i>Birmingham Community Healthcare NHS</i> <i>Foundation Trust</i>	8
<i>Special Care Dentistry</i>	9
<i>Assessing people's experiences</i>	9
Policy context	10
Inquiry approach	12
Making sense of information	13
Questionnaire survey	14
<i>The people who participated</i>	15
<i>Getting to the clinic</i>	15
<i>Reception and waiting area</i>	17
<i>The dentist's room</i>	18
<i>Care and treatment</i>	19
Telephone follow up	22
People's stories	23
What does it all mean?	26
<i>Access to the Special Care Dentistry clinic</i>	27
<i>Parking and signage</i>	28
<i>Reception and waiting area</i>	28
<i>The dentists and nurses</i>	29
<i>Being friendly, listening and explaining</i>	30
Inquiry limitations	30
What's next?	31
Appendices	33

Diagrams	Page
Diagram 1: Making sense of information	13
Diagram 2: Gender of survey participants	15
Diagram 3: Questions answered on behalf of the person accessing Special Care Dentistry	15
Diagram 4: Finding somewhere to park	16
Diagram 5: Time taken to get to the clinic	16
Diagram 6: Clarity of signage	16
Diagram 7: Easy to get to the waiting area	17
Diagram 8: Helpfulness of reception staff	17
Diagram 9: Comfortableness of the waiting area	17
Diagram 10: Time spent waiting to see the dentist	18
Diagram 11: Getting into the dentist's room	18
Diagram 12: The dentist telling a visitor their name	19
Diagram 13: Space in the dentist's room	19
Diagram 14: Reason for visit to the dentist	19
Diagram 15: Friendliness of the dentist	20
Diagram 16: Information on what is happening	20
Diagram 17: Feeling able to ask questions	20
Diagram 18: Asking a visitor how they feel	21
Diagram 19: Involved in decisions	21
Diagram 20: Satisfaction with the way concerns Were dealt with	22
Diagram 21: Happy with care or treatment	22

Tables	Page
Table 1: Treatment and outcomes	22
Table 2: Recommendations and actions	31

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We are grateful to Nick Ransford, Consultant and Head of Special Care Dentistry and Rachel Douse, Senior Dental Officer, Combined Community Dental Service, for their assistance. And to all of the other members of the Special Care Dentistry team who helped to ensure the inquiry was a success. It was evident from the outset that there was a strong team commitment to improving understanding of people's views and experiences of Special Care Dentistry Services and their care. The aim was to build on good practice and make changes where that would help to improve services in the future.

Foreword



Healthwatch Dudley was asked, by the Special Care Dentistry team that provides services for people living in the Dudley borough and further afield, to gather views and experiences of getting access to Special Care Dentistry services and their care. It was especially interesting talking with people about not just about how they get access to services but also the often very substantial benefit they derive

from treatment and the positive impact it has on their quality of life.

This report sets out the inquiry approach adopted and the inquiry findings. In turn, it elaborates on what the findings mean for Special Care Dentistry and suggests how they can inform ongoing discussions about how it might change or be delivered differently in the future.



Chief Officer

healthwatch
Dudley

Summary



Healthwatch Dudley was asked to get the views of people accessing Special Care Dentistry and their experiences of dental care and treatment. A series of questions were devised and national and local Patient Reported Experience and Patient Reported Outcome (PROM and PREM) measures used to achieve this goal.

A schedule of questions was developed that could be used on Special Care Dentistry clinic visits to obtain mainly quantitative information on how people were getting access to services and their views on treatment and care. The qualitative element of the inquiry comprised case study work that involved the use of semi-structured interviews to obtain a more detailed view of people's individual stories of their experiences of accessing Special Care Dentistry services and care and treatment.

There is much evidence of a strong Special Care Dentistry team focus on the individual and desire to provide high-quality person-centred dental care and treatment. Recommendations and actions for the future derived from the inquiry are:

- Collect more stories to understand people's journeys and how they are able or not to get access to Special Care Dentistry services that meet their needs.
- Create new spaces for the co-production of dental services that build on the good partnership work already being undertaken but which involve more people in the co-design of services to achieve mutually desired objectives
- Ensure that, as far as possible, it is easy to get parking close to the Special Care Dentistry clinic, there are adequate spaces for the disabled and signage on the way into the building is as clear as it can be.
- Ensure that where rooms are used by people in wheelchairs there is enough room for them and anyone with them to be accommodated.
- Consider how the clinic environment might look in the future and the use of technology, different types of décor and signage can be best used to help different groups of people to feel welcomed and get around the building and its reception and waiting areas.

Introduction

Healthwatch Dudley was asked by the Special Care Dentistry team that provides services in the Dudley borough to undertake an inquiry to get people's views and experiences of dental care and treatment. The inquiry comprised of conversations with people using a semi-structured interview guide to gather information on their particular experiences.

The intention is to better understand how qualitative investigation and collecting and analysing stories can help to inform the development of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for Special Care Dentistry. And promote the design and development of co-productive and patient-centred services

Background

Healthwatch Dudley

Healthwatch organisations were established in 2013 as a result of proposals set out in the Health and Social Care Act 2012. Healthwatch Dudley is one of 148 independent local Healthwatch organisations in a network that operates across England, under the umbrella of the national organisation Healthwatch England.

The 2012 Act sought to ensure the voice of people who are accessing health and social care services or might be accessing them in the future are involved in and have influence over the design, procurement and delivery of those services.

Healthwatch Dudley is the champion for local people on both NHS funded health and social care services provided for adults and young people. We listen to people's views and experiences of accessing services provided by hospitals, general practitioners and other community health services such as pharmacists, dentists, opticians and the providers of social care services and care and nursing home services.

In turn, we share our inquiry findings with organisations and individuals who have the power to change and improve health and social care services. And we have a statutory seat on the Dudley Metropolitan Borough Council Health and Wellbeing Board and a seat, by invitation, on the NHS Dudley

Clinical Commissioning Group Board.¹

Dudley Metropolitan Borough

Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge and is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen and Stourbridge.

The 2011 Census showed there were approximately 314,000 people living in the borough with most (92.5%) describing themselves as White British. Other significant ethnic groups were Pakistani, Indian, Polish, Latvian, Lithuanian and Mixed White/Black Caribbean.²

Birmingham Community Healthcare NHS Foundation Trust

Birmingham Community Healthcare NHS Foundation Trust provides community and specialist services within Birmingham and the West Midlands. The Trust delivers more than 100 clinical services, out in people's homes and in over 400 hospitals, health centres and clinics. It provides services for

adults, children, people with learning disabilities, those with rehabilitation needs and also dental services.³

The Stourbridge Health and Social Care Centre, in the Dudley borough, is a facility used by the Trust to provide Special Dental Care services for people living in the surrounding area. They are consultant led and provide help, on referral for adults aged 16 or over who have a severe disability, medical or mental health condition that results in:

- Severe difficulty communicating, giving consent and/or cooperating with treatment
- Significant risk of a medical emergency, bleeding or healing problems
- An inability to bear their own weight for transfer to the dental chair without special equipment or are unable to leave the home
- Severe and enduring mental health problems with unusual altered thought, extreme mood or behaviour which will restrict provision of care
- Dental phobia at the severe end of the spectrum such that it has prevented them from accessing dental care for many years

In turn, specialist facilities such as sedation, general anaesthetic, wheelchair recliner, equipment

¹ Healthwatch Dudley,
www.healthwatchdudley.co.uk

² Office for National Statistics, Census 2011,
www.neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=6275081&c=dudl

<http://www.bhamcommunity.nhs.uk/>

³ Birmingham Community Healthcare NHS Foundation Trust,
<http://www.bhamcommunity.nhs.uk/>

transfer and cognitive behavioural therapy are available at selected Trust sites. Facilities for treatment in a hospital setting are available at the Queen Elizabeth Hospital, Birmingham and the Russell's Hall Hospital, Dudley. Bariatric facilities are available at the Birmingham Dental Hospital where there is also a tertiary Special Care Dentistry service for people referred by Community Dental Services across the West Midlands.⁴

Special Care Dentistry

Special Care Dentistry is the most recent dental speciality approved in the United Kingdom, being formally recognised by the General Dental Council in 2008. It aims to improve the oral health of adults and adolescents who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these factors.⁵

People who need to get access to Special Care Dentistry services form a diverse group, living at home, in hospital or secure units, or in residential or nursing homes. In turn they may be homeless or vulnerably housed. A person's additional dental

care needs may be determined by social factors (including how they are situated within a particular cultural context, their living environment, or status and economic circumstances) or disability or some aspect of their medical history that impacts on their oral health.⁶

At the same time, Special care Dentistry is '*A service where every day - and every patient - presents their own unique challenges*'.⁷ A person with physical disabilities may experience difficulties getting into the surgery or even into the dentist's chair. A person with learning disabilities may become very worried about a visit to the dentist or may need extra reassurance. If a person has a complex medical problem they may also need extra help and care.⁸

Assessing people's experiences

Healthwatch Dudley was asked to get the views of people accessing Special Care Dentistry and their experiences of dental care and treatment. A series of questions were devised and national and local Patient Reported Experience and Patient Reported

⁴ Stourbridge Health and Social Care Centre, <http://www.dudleylift.co.uk/projects-completed2SB.shtml>

⁵ NHS England, Guides for commissioning dental specialities - Special Care Dentistry (2015) <https://www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/>

⁶ Dougall A. and Fiske J. (2008) 'Access to special care dentistry, British Dental Journal, No.204, pp.605-616, <http://www.nature.com/bdj/journal/v204/n11/full/sj.bdj.2008.457.html>

⁷ Medical and Dental Defence Union of Scotland,

Taking special care - special care dentistry (2012), SoundBite Issue 05, <http://www.mddus.com/resources/resource-type/publications/soundbite/soundbite-issue-05/careers-taking-special-care/>

⁸ Oral Health Foundation, Caring for Teeth - Dental care for people with special needs Oral Health Foundation, Caring for Teeth - Dental care for people with special needs <https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/dental-care-for-people-with-special-needs>

Outcome (PROM and PREM) measures used to achieve this goal.

PROMs and PREMs from SCD service specification document and reflecting national guidelines:

- Are you able to eat and speak comfortably?
- Did you have any problems in the hours after the procedure was carried out?
- Are you still suffering ill effects from the procedure you had?
- Did you have to seek advice of help relating to the procedure in the days after?
- Has the procedure made a positive effect on your daily living?
- Did you feel sufficiently involved in decisions about your care?
- How satisfied are you with the NHS care you received?
- Were your concerns and/or anxieties managed well during the procedure?

Policy context

For the first time it was unlawful to discriminate against disabled persons in connection with, amongst other things, the provision of facilities and services after the introduction of the 1995 Disability Discrimination Act.⁹ The 2010 Equality Act, that superseded the 1995 Act, replaced existing anti-discrimination laws with a single Act that made the law easier to understand and strengthened legal protection from discrimination in the workplace and wider society.¹⁰

Regarding Special Care Dentistry there has, for some time, been a strong view amongst practitioners that anyone needing to access the service should be able to do so easily and without undue delay. At the same time, the provision of care should be focused on the individual and the adoption of an effective pathway approach to treatment and care.¹¹

In 2014, it was mentioned, in the NHS England Five Year Forward View document, that it was increasingly necessary to find ways to effectively manage systems - Networks of Care - and not just organisations. As a corollary to this it would be important to develop services that are properly integrated and designed to meet the needs of people accessing them.¹² Meanwhile, in 2015 the Faculty of Dental Surgery reiterated that *'Fair and equitable access to high quality NHS dental care should be available to everyone ... [and] patients should receive dental care from*

⁹ Crown Copyright (1995) Disability Discrimination Act, <http://www.legislation.gov.uk/ukpga/1995/50/contents>

¹⁰ Crown Copyright (2010) Equality Act, <http://www.legislation.gov.uk/ukpga/2010/15/contents>

¹¹ Dougall, A. and Fiske, J. (2008) 'Access to special care dentistry, part 1. Access', British Dental Journal, Vol. 204 No.11, <http://www.nature.com/bdj/journal/v204/n11/full/sj.bdj.2008.457.html>

¹² NHS England (2014) Five Year Forward View, <https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

*suitable qualified professionals in a safe environment’.*¹³

Importantly, the Department of Health was also involved in discussions about dental contract reform and the piloting of a new way of working that would see a move away from traditional payments for units of dental activity and treatment and repair procedures. Instead there would be more focus on prevention. The new approach includes three key elements: providing guidance on care (the pathway), measuring the quality of care delivered (the quality and outcomes framework) and payments to support ongoing care and prevention work as well as treatment procedures.¹⁴

Regarding the commissioning of dental services there are the new NHS England guides for commissioning dental specialties. The guidance for Special Care Dentistry was published in 2015. Clinicians, commissioners and people accessing services participated in work to describe how a dental care pathway would be developed to deliver consistency and excellence in the commissioning of those services. In terms of quality and outcomes measures five key areas were identified: access, communication, value for money, clinical care and patient experience.

Suitable Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) must be used to make quality and outcome assessments across the key areas. For Special care Dentistry generic PROMS will include simple patient reported clinical outcome measures used in other areas of dentistry with a service specific PROM that asks: *‘Has the procedure made a positive effect on your daily living?’* And a specific PREM that asks: *‘Were your concerns and/or anxieties managed well during the procedure?’*

People accessing Special Care Dentistry services will also expect there to be suitable disabled access to premises, a pleasant and comfortable reception and waiting area, adequate time for consultations and to have procedures explained to them and opportunities to ask questions.¹⁵

The NHS England and West Midlands Dental Local Professional Network Workplan for 2016 included a vision to improve oral health and to ensure the provision of high quality dental care across the area. And there was a commitment to improving patient experience of dental care.¹⁶

¹³ Royal College of Surgeons, Faculty of Dental Surgery (2015) ‘Actions for the government to improve oral health’ (p.3), <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/actions-government-2015/>

¹⁴ Department of Health (2015) ‘Dental Contract Reform: Prototypes, Overview document, <https://www.gov.uk/government/publications/dental-reform-next-step>

¹⁵ NHS England (2015) ‘Guides for commissioning dental specialties - Special Care Dentistry, <https://www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/>

¹⁶ NHS England West Midlands, Dental Local Professional Network Workplan 2016.

Inquiry approach

First a focused review of the relevant academic and policy literature was undertaken on access to dental care and treatment and more specifically Special Care Dentistry services. At the same time consideration was given to the collection and evaluation of information on people's views and experiences of dental care.

The inquiry itself comprised a mixed methods approach that combined quantitative and qualitative elements used to obtain people's views and experiences of accessing Special Care Dentistry services and their care and treatment.

A schedule of questions was developed that could be used on Special Care Dentistry clinic visits to obtain mainly quantitative information on how people were getting access to services and their views on treatment and care (see Appendix 1, on page 33). However, there was also an opportunity to have some more in-depth



conversation with people. In addition, there were a set of follow up question devised to be used to obtain quantitative information on the outcomes of treatment over the telephone (see Appendix 2, on page 41).

The qualitative element of the inquiry comprised case study work that involved the use of semi-structured interviews to obtain a more detailed view of people's individual stories of their experiences of accessing Special Care Dentistry services and care and treatment.

Making sense of information

The information that was collected on people's views and experiences of using Special Care Dentistry services (from conversations and notes taken on clinic visits, survey responses and open text box comments and case study work and observation notes) was analysed using a grounded theory approach using techniques to code and group text and statements.¹⁷ In this way it is possible to identify patterns and connections in the information that can help to explain events and people's attitudes and behaviour (see Diagram 1, below).

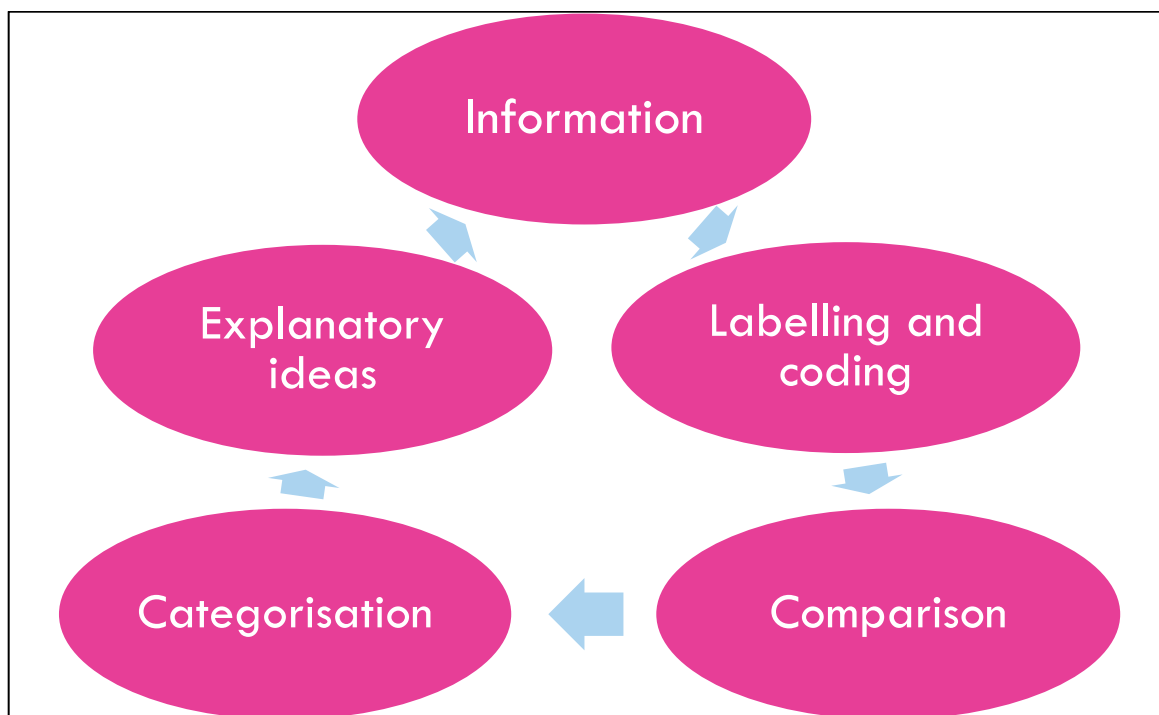


Diagram 1: Making sense of information

The process starts with a constant comparative analysis whereby information from different sources (questionnaire survey, conversations and case studies) is reviewed and compared to reveal relations and patterns. At the same time, it is possible through a process of labelling and coding items of information to start to develop ideas about the significance of different statements and actions. In turn codes can be grouped into categories where they constitute or describe similar phenomena. These categories and the coded information they contain can generate thoughts and ideas that help to explain behaviours and attitudes and improve understanding of situations and events.

¹⁷ Grounded Theory Institute: <http://www.groundedtheory.com/what-is-gt.aspx>

Questionnaire survey

A questionnaire survey was designed. It comprised of a mix of closed and open ended questions (see Appendix 1 on page 33). The questions were derived from information obtained from a focused review of academic and policy literature on dentistry and the measurement of people's experiences of accessing dental care services. A front page to the survey set out its purpose, the role of Healthwatch Dudley and matters pertaining to confidentiality, how the findings would be used and feedback to participants. The intention was to send out the survey, printed in easy read format, to people who had recently accessed Special Care Dentistry Services.

It was later decided to limit the contact with people accessing the service to time spent over a week long period at Special Care Dentistry sessions held at the Stourbridge Health and Social Care Centre in the Dudley borough. This meant it was possible to use the survey as a

schedule of questions to be asked in face-to-face conversations with people visiting the clinic for a check-up or treatment.

Piloting work with a small group of people showed they liked the layout of the survey and could understand all of the questions. There was some minor adjustments made to some questions in response to people's comments. And a few questions were deleted since they were felt to be very similar to other questions in the survey.

On each of five days over a week long period Healthwatch staff talked with people accessing the Special Care Dentistry service. The purpose of the survey was explained to people and they were asked if they wished to continue and answer questions. They were seated in a quiet corridor area or consulting room. One member of Healthwatch staff asked questions and another member of staff made notes.

The people who participated

In total 28 people participated in the survey. They comprised of 11 female and 17 male visitors to the Special Care Dentistry clinic (see Diagram 2, below).

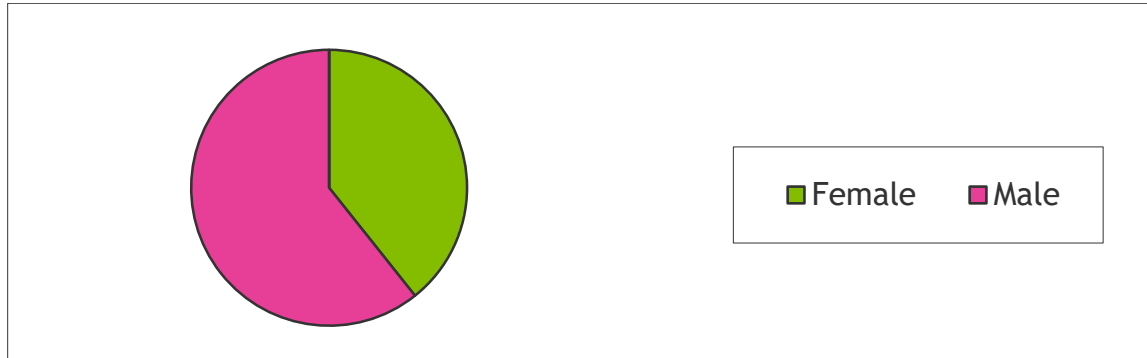


Diagram 2: Gender of survey participants

The participants indicated that they lived in the DY2, DY3, DY5, DY6, DY7, DY8, B62 and B63 postcode areas.

When asked if questions were being answered on behalf of the person accessing Special Care Dentistry 27 of the 28 people who participated in the survey responded. There were 15 people who indicated they were answering questions on behalf of the person accessing Special Care Dentistry (see Diagram 3, below).

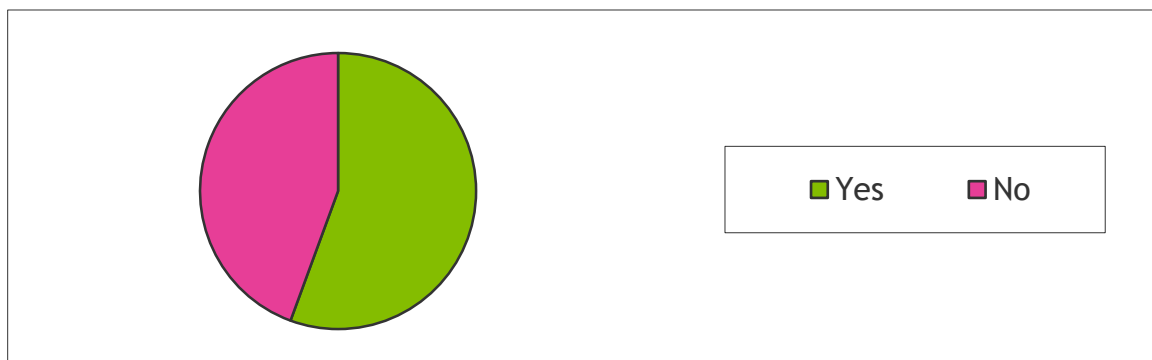


Diagram 3: Questions answered on behalf of the person accessing Special Care Dentistry

Getting to the clinic

A total of 16 out of 28 people visiting the Special Care Dentistry clinic, and participating in the survey, came by car and needed to find a place to park. In turn, 13 people indicated it was easy to find a place to park (see Diagram 4, on page 15).

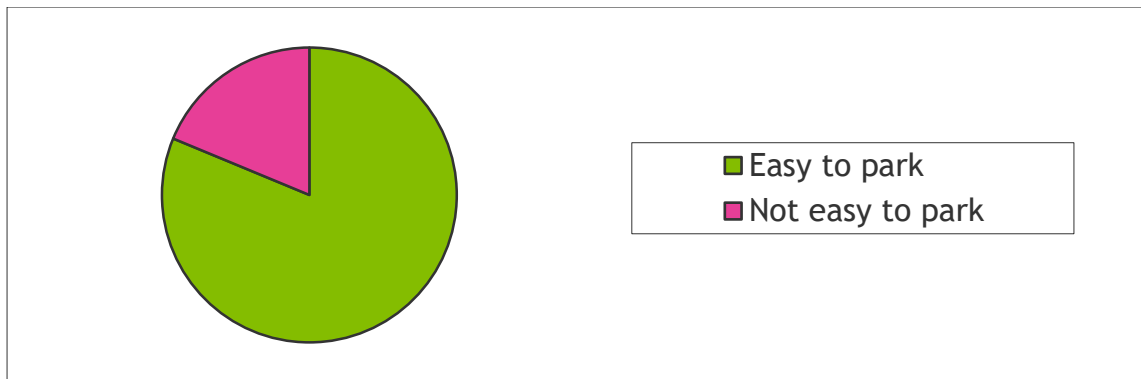


Diagram 4: Finding somewhere to park

A question on the time taken to get to the clinic was answered by all 28 people who participated in the survey. Of these 27 indicated that they felt it had not taken them long to travel to the clinic (see Diagram 5, below).

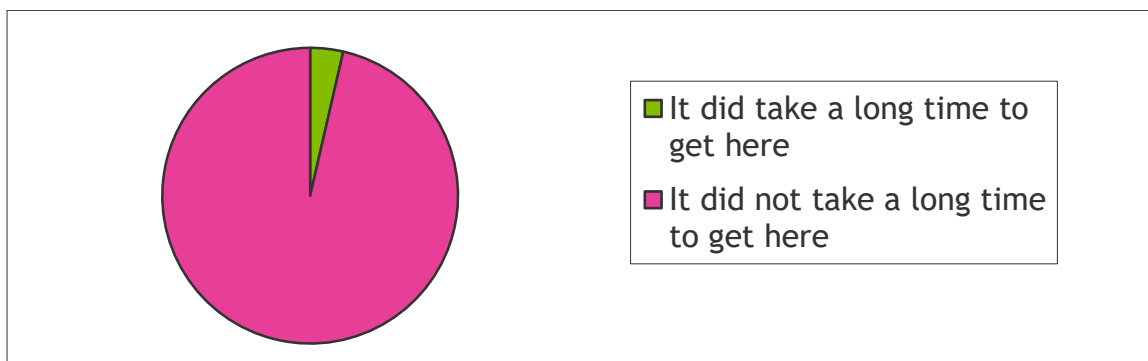


Diagram 5: Time taken to get to the clinic

All 28 people who participated in the survey answered a question on the clarity of the signs coming into the building. In total, 23 people indicated they felt the signs were clear. Meanwhile, 2 people felt the signs were not clear and 3 people indicated they were not sure if the signs were clear (see Diagram 6, below).

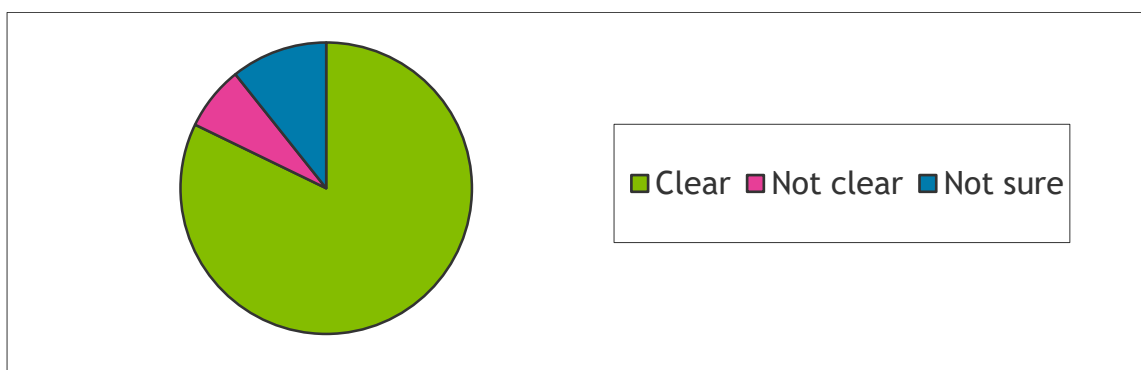


Diagram 6: Clarity of signage

A question on how easy it was to get to the Special Care Dentistry waiting area was answered by 26 of the 28 people who participated in the survey. All 26 people indicated it was easy to get to the waiting area (see Diagram 7, below).

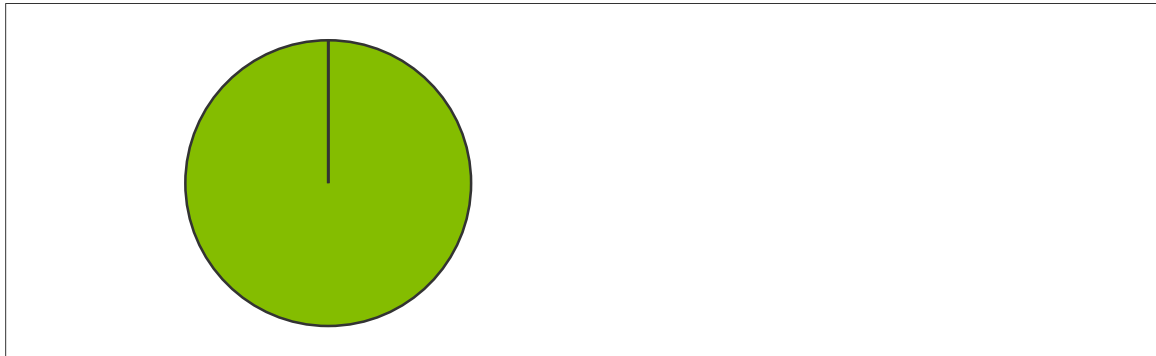


Diagram 7: Easy getting to the waiting area

Reception and waiting area

Regarding the helpfulness of the reception staff all 28 people who participated in the survey commented with 27 of them indicating they were helpful (see Diagram 8, below).

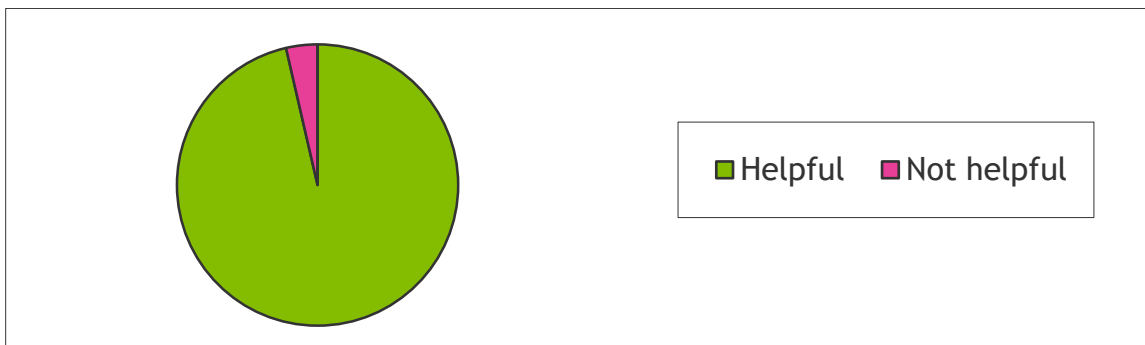


Diagram 8: Helpfulness of reception staff

All 28 people who participated in the survey answered a question on how comfortable the waiting area was. In total, 27 people indicated it was comfortable (see Diagram 9, below).

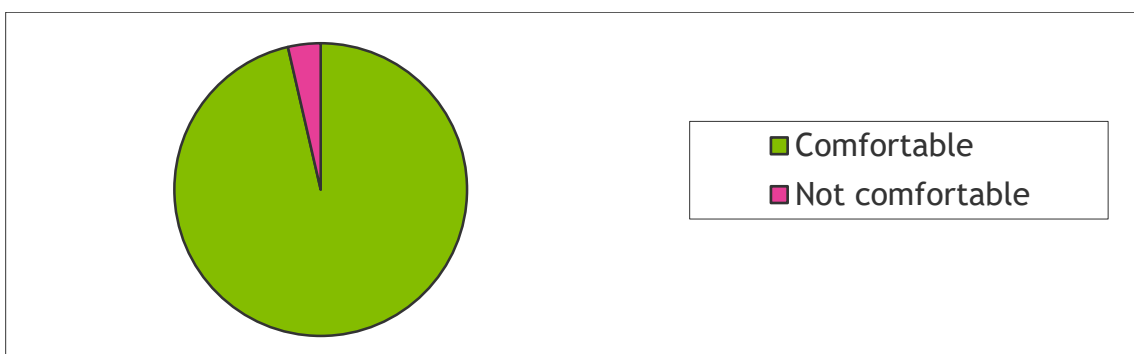


Diagram 9: Comfortableness of the waiting area

A question on time spent waiting to see the dentist was answered by all 28 people who participated in the survey. In total, 23 people indicated they waited less than 15 mins. In turn 4 people indicated they waited between 15 and 30 minutes and nobody indicated they waited longer than 30 minutes. There was one person who was uncertain how long they had waited (see Diagram 10, below).

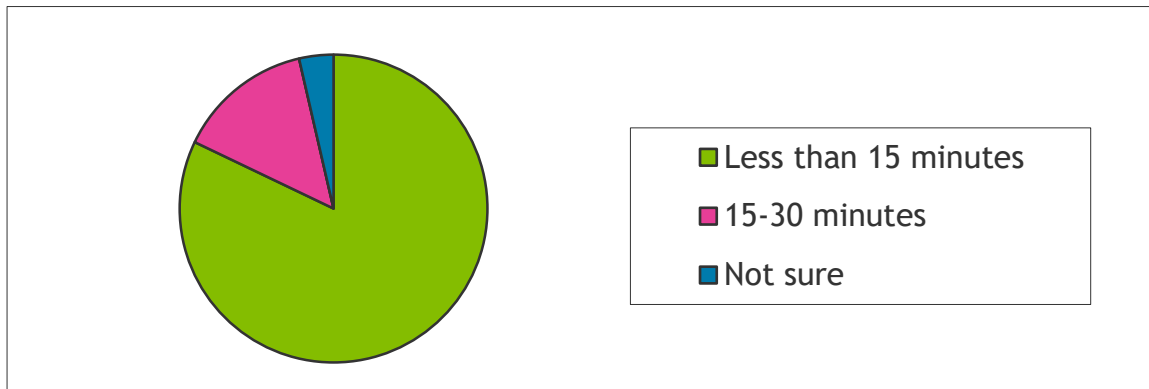


Diagram 10: Time spent waiting to see the dentist

The dentist's room

All 28 people who participated in the survey answered a question on getting into the dentist's room and 26 of them indicated it was easy to get into (see Diagram 11, below).

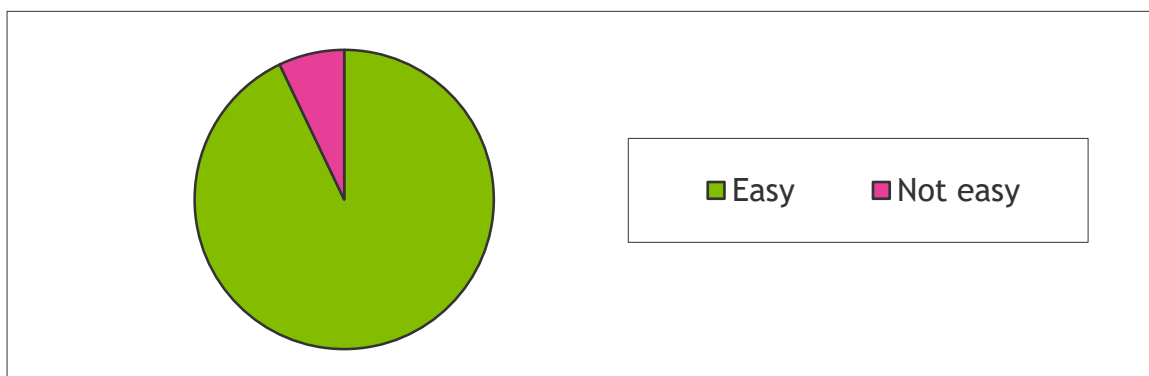


Diagram 11: Getting into the dentist's room

A question on whether the dentist told a visitor their name was answered by 27 of the 28 people who participated in the survey. In total, 26 people indicated the dentist did tell them their name (see Diagram 12, on page 18).

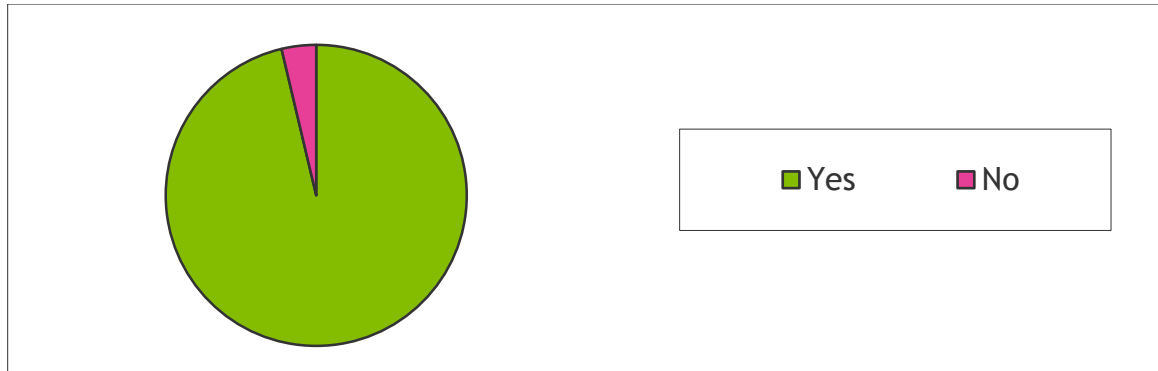


Diagram 12: The dentist telling a visitor their name

In turn, when asked about space in the dentist's room 27 of the 28 people who participated in the survey responded. In total. 25 people indicated there was enough space for them and anyone with them. Meanwhile, one person indicated there was not enough room and one person indicated they were not sure about whether there was enough room or not (see Diagram 13, below).

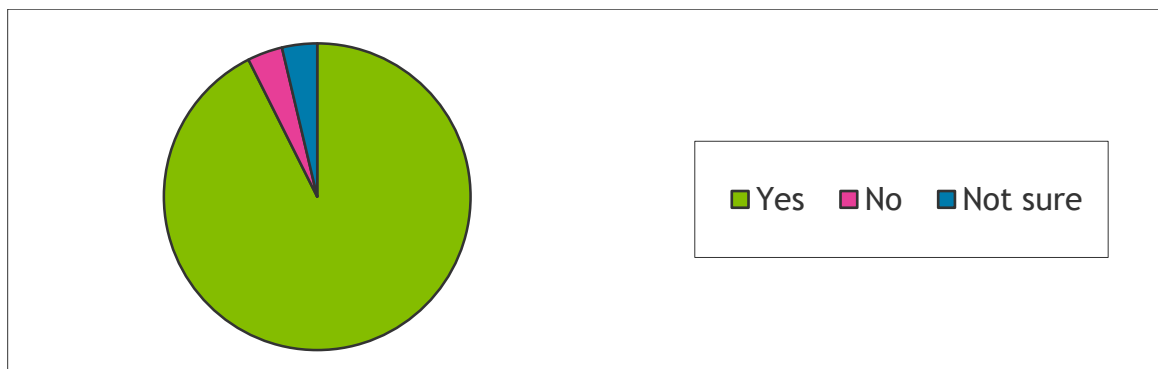


Diagram 13: Space in the dentist's room

Care and treatment

When asked why they were visiting the dentist all 28 who participated in the survey responded with 16 indicating it was for a check-up and 12 indicating it was for treatment (see Diagram 14, below).

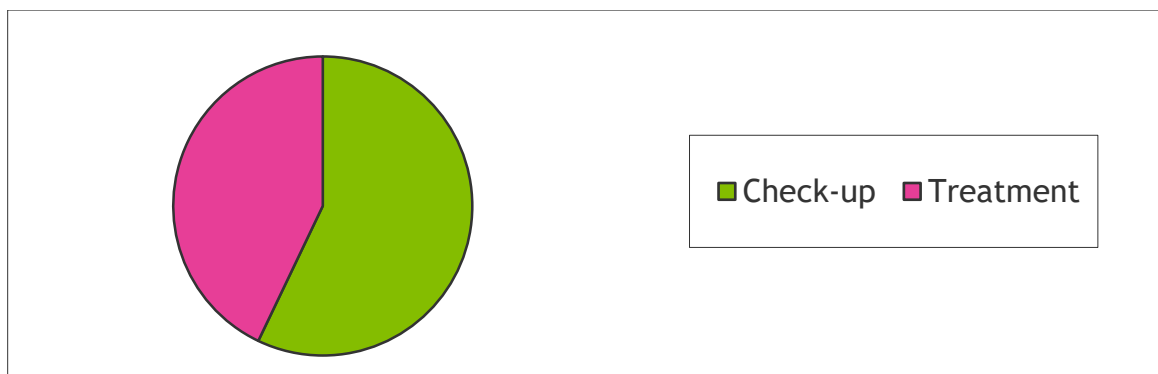


Diagram 14: Reason for visit to the dentist

All of the 28 people who participated in the survey indicated that the dentist was friendly (see Diagram 15, below).

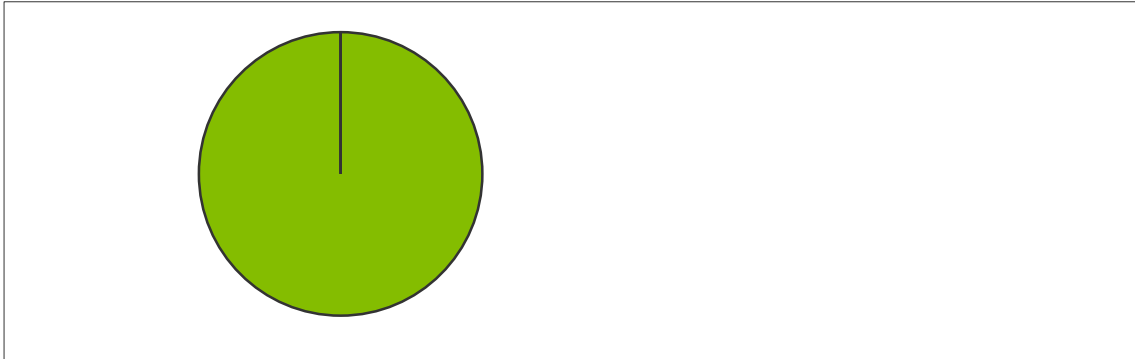


Diagram 15: Friendliness of the dentist

All of the 28 people who participated in the survey indicated that the dentist kept them informed about what was happening during their check-up or treatment (see Diagram 16, below).

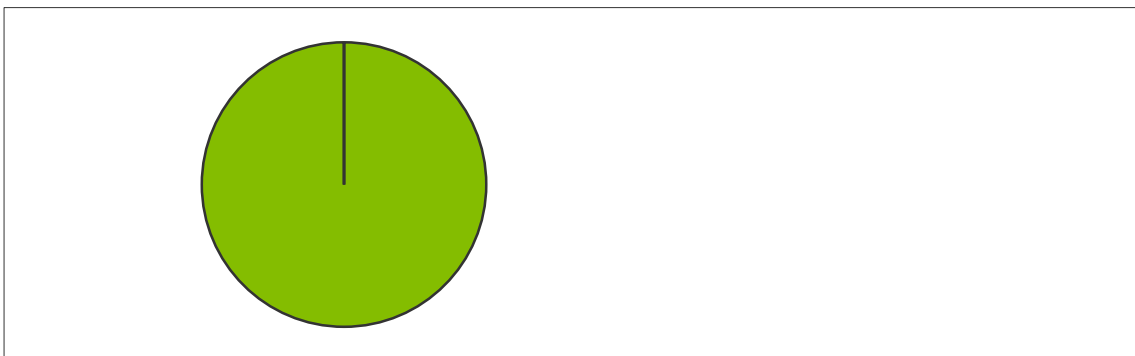


Diagram 16: Information on what was happening

On feeling able to ask the dentist questions 25 of the 28 people who participated in the survey responded. All of these people indicated they felt able to ask questions (see Diagram 17, below).

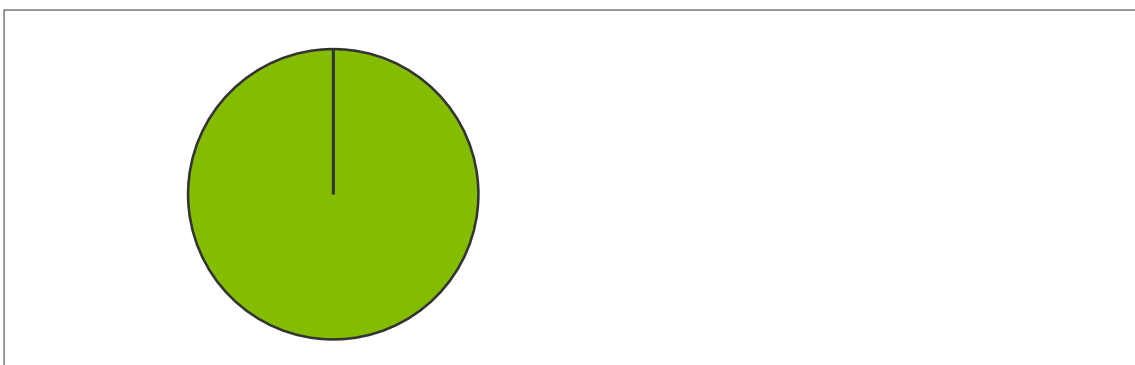


Diagram 17: Feeling able to ask questions

A question on whether the dentist asked a visitor how they felt was answered by all 28 people who participated in the survey. In total, 27 people indicated the dentist had asked them how they felt during their check-up or treatment (see Diagram 18, below).

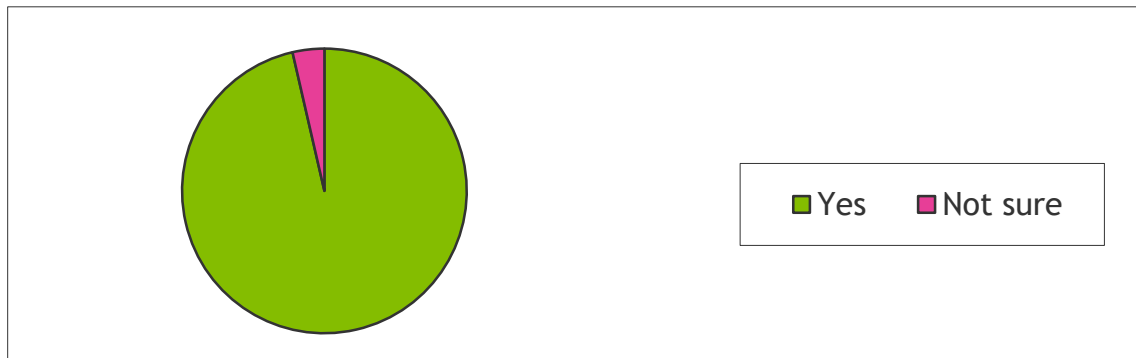


Diagram 18: Asking a visitor how they feel

There were 26 of the 28 people who participated in the survey who remarked on their involvement in decisions about their dental care or treatment. In total, 24 people indicated they were involved in such decisions and 2 people were not sure if they were involved in such decisions (see Diagram 19, below).

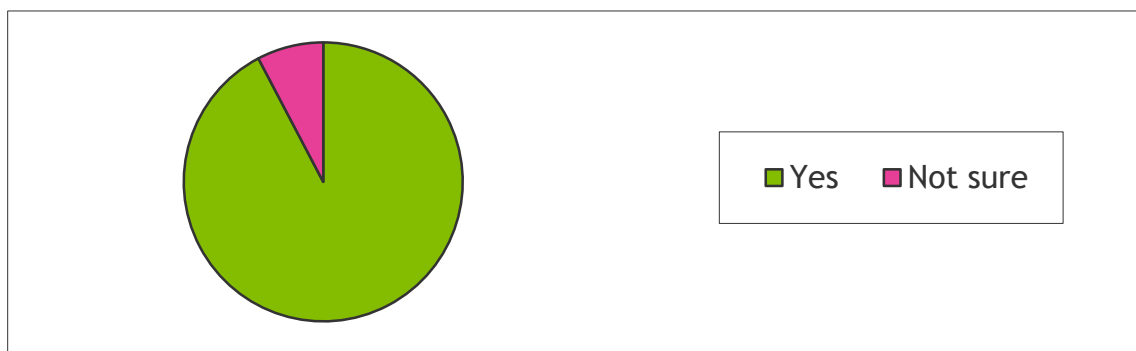


Diagram 19: Involved in decisions

A question on satisfaction with the way the dentist dealt with any concerns a person had about their dental care or treatment was answered by all 28 of the people who participated in the survey. In total, 21 people indicated the question was not applicable to them and 7 people indicated they were satisfied with the way concerns they had were dealt with (see Diagram 20, on page 21).

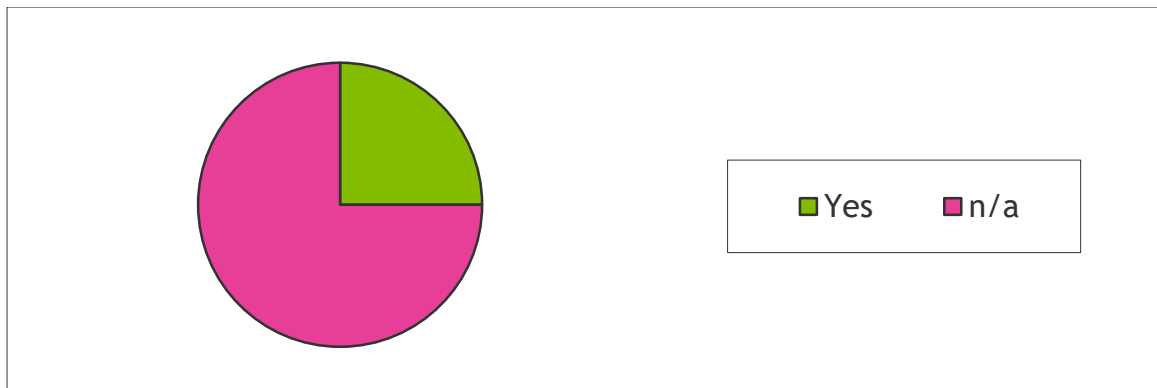


Diagram 20: Satisfaction with the way concerns were dealt with

When asked how they felt about their dental care or treatment all 28 people who participated in the survey responded and indicated they were happy with the dental care or treatment they had had (see Diagram 21, below).

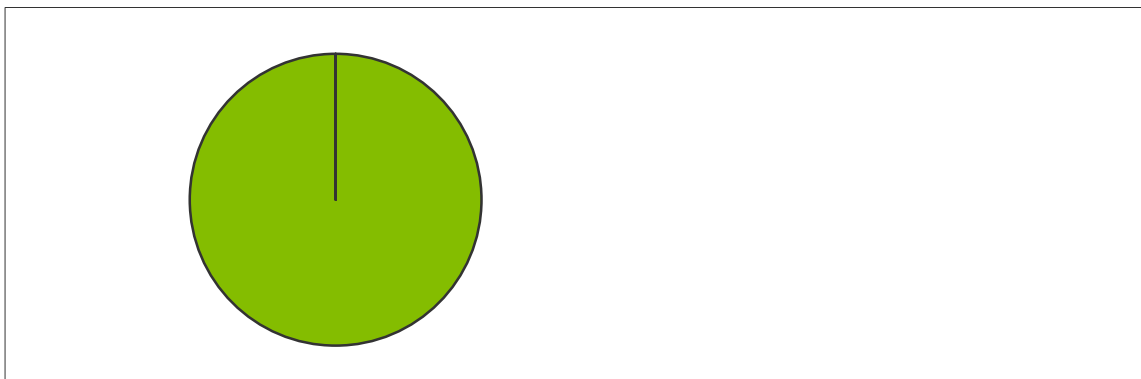


Diagram 21: Happy with care or treatment

Telephone follow up

In four instances people who had had dental treatment, whilst we were in the clinic, were contacted later, with a follow-up telephone call. They were asked some Patient Reported Outcome Measure related questions on how their treatment had been for them, their recovery and impacts on their quality of life (see Table 1, on page 23).

Patient Reported Outcome Measures Follow-up telephone questions			
	QUESTION	YES	NO
1	Are you able to eat comfortably?	4	0
2	Are you able to speak comfortably?	3	0
3	Are you still suffering ill effects from the procedure you had?	0	4
4	Did you have any problems in the hours after the procedure was carried out?	0	4
5	Did you have to seek advice or help relating to the procedure in the days after?	0	4
6	Has the procedure made a positive effect on your daily living?	4	0

Table 1: Treatment and outcomes

One person commented they had experienced ‘A little bit of discomfort with new dentures but they were better than their previous dentures. They had had some teeth extracted at the Special Care Dentistry clinic and then had new dentures fitted. A carer speaking on behalf of their partner, who has dementia, remarked that they could not speak but the dental care they had received had improved their quality of life ‘Most definitely [the dental staff] were brilliant with her, they never hurt her, everything was great’. Another person had been sedated and had dental treatment and were now ‘Able to eat on both sides of their mouth, something they had not been able to do for a long time’. The last person contacted did not have any problems with their dental treatment and said ‘All went well, everything was fine, I was told to stop smoking, I feel a lot better’.

People's stories

In this section five people's more in-depth conversations with Healthwatch Dudley staff about their experiences of accessing Special Care Dentistry services are recounted.

Steven

This is my fourth week of attending Special Care Dentistry services. I am attending today for a check-up. I have been walking to appointments but came by car today as I have another appointment later. I spent some time looking around the car park because there are no signs to say if it is pay and display or free parking.

I came inside to ask the security guard as I was concerned that I may have parked and not seen the parking meter.

For more than forty years I had a problem whereby I could not tolerate anything being put into my mouth. I had a bad gag reflex. I was referred to Special Care Dentistry by my high street dentist. I saw a [Special Care] dentist who referred me to a CBT [Cognitive Behavioural Therapy] nurse. The CBT nurse was fantastic and I had a full examination with no problems.

When I was seen by the dental nurse four weeks ago I was not even able to have the mirror instrument placed into my mouth. All the progress I have made has been down to the CBT support from the CBT nurse who showed me all the equipment and how to control my breathing amongst other things.

In the past when I have been seen by a high street dentist I have been given injections to numb my mouth

and on both occasions they were not effective and I could feel everything.

I will continue to see the CBT nurse and will have a tooth removed. Then I will see how I cope when I return to my high street dentist. I have been told by the CBT nurse that my treatment will be used as a case study. I am very happy with the treatment I received and would recommend CBT it is remarkable.

Jess

[Conversation with Jess and two support workers] This is her first time at Special Care Dentistry. It was great and it was a calm experience. And everything was explained step-by-step.

Jess was very relaxed and understood what was being said to her. There was no rush and they [the dental care team] had time for the patient and were gentle. They explained about the glue and cleaning her teeth. Everything was fully explained. It was nice to be asked if we [the support workers] wanted to be present in the room.

Penny

I cannot fault the service I have received. I was referred [to Special Care Dentistry] by my GP due to agoraphobia, anxiety and fear of hospitals. I am currently being investigated for a brain tumour so not allowed to drive my car for the time being. I have a disabled son

who is now five years old and receives input from thirty-two different services.

My son has multiple health problems that include problems with his spinal cord. He is in a wheelchair, wears a helmet and has gross motor delay. I receive four hours per week respite via [local authority] children's services.

My other son is twelve years old and has issues which relate back to the trauma caused when my youngest son was born.

When my husband was rushed into hospital with suspected bowel cancer which resulted in him being fitted with a colostomy bag he made an attempt at suicide. The whole traumatic episode put me off hospitals.

I started to attend Special Care Dentistry when it was based at the Westhill clinic in Stourbridge. I originally wanted to see a dentist because I was not happy with my teeth and had no confidence and avoided smiling. They arranged for some teeth to be extracted and I opted for IV [intravenous] sedation.

I have been a patient for many years and my teeth now are much better and I have my smile back now. I nominated my dentist for a 'People of Excellence Award' and they came runner up. I was invited to the awards ceremony at the Aston Villa [football] ground and it was a lovely

celebration.

We are too quick to complain about NHS treatment. People complain about the little things, but they [people in the NHS] have others to see. People deserve recognition for what they do. My life would have been totally different had it not been for the services of Special Care Dentistry ... attending my dental appointments is now a bit of time out for me.

I now feel it is easy to go to the dentist. I feel I can now smile and am okay when sitting in the dentist's chair and feel relaxed when I leave the room. I don't think of the Stourbridge Health and Social Care building as a hospital.

Michael

I have been coming to Special Care Dentistry for about two years on a six monthly basis. It is a good service. I have had fillings today.

It had been more than twenty years since I had visited a dentist. I eventually contacted a dentist ... but kept putting it off and cancelling appointments. I was in so much pain that I saw my GP who referred me to Special Care Dentistry due to anxiety.

Tracey

[A conversation with Tracey and her carer] I have been attending Special Care Dentistry for around eighteen

months. I am a wheelchair user and I prefer to go to Brierley Hill for my treatment as they have a wheelchair tipper there. However, today I am at the Stourbridge Health and Social Care Centre because my appointment was arranged as an emergency.

Both Brierley Hill and Stourbridge do not have enough disabled parking bays (carer). I would like to have more flexibility on the days I can see my dentist as I only sees the same one. It was good to have the same dentist to build up trust. I am less likely to believe a different dentist when asking for their opinion on my treatment. It is good to have the continuity of seeing the same dentist

as they know you and your dental history (carer).

I had to stop going to [my high street] dentist as they were unable to install a lift which made getting upstairs impossible because I am a wheelchair user. The dentist was able to do home visits for check-ups but could not provide any treatment at home. The dentist therefore put me in touch with Special Care Dentistry.

The dentist today could only partially treat me but they did what they could. They packed the tooth and made an appointment for me to be seen at Brierley Hill.

What does it all mean?

The people who participated in the Healthwatch Dudley inquiry into people's experiences of accessing Special Care Dentistry services indicated they are happy with the care and treatment they receive. In turn, they felt that a welcoming and friendly clinic environment helps them to remain calm and relaxed during a visit.

'The general atmosphere of the place is brilliant, they speak to you like a normal human being and not just a number'.



It takes time for people to adjust and overcome their initial fears about visiting the dentist and having dental check-up or treatment. And gain confidence in dentists through the work that is done to understand people's needs and build relationships of trust.

'They are understanding and always listen to me and put me at ease'.

Our conversations with people show that the process of getting to know people and helping them to feel at ease when they visit the dentist can involve many months and sometimes years of intensive help and support by the dental care team.

Some of the people visiting the clinic have complicated lives and are affected by events in their past as well as current home and work circumstances. This can mean there is a need for extra support to ensure people get access to the dental care and treatment they need. The people we talked to were grateful for the help they receive from the Special Care Dentistry team. Some commented that their dental care and treatment had been life changing. They talked about how their quality of life had improved, they were now able to eat and drink in comfort, were more confident about getting dental care when they needed it, and could smile again for the first time in a long while.

‘I now feel at ease about going to the dentist, I can smile now and am okay when sitting in the dentist’s chair and feel relaxed’.

The whole Special Care Dentistry team is working together to provide an empathetic and caring service.

Access to the Special Care Dentistry clinic

A number of the people we spoke to came to the Special care Dentistry clinic by car (16 out of 28) with others coming by bus, taxi, non-emergency ambulance or on foot. Most people felt it did not take them overly long to get to the clinic. Indeed, most people reported that it took them between fifteen and thirty minutes to get there.

However, for a few of the people we talked to getting to the clinic could be a little problematic where it involved having to get more than one bus. They had to travel into Stourbridge town centre and then get a bus to the Stourbridge Health and Social Care Centre and the Special Care Dentistry clinic. Getting back home was also sometimes a problem where people were relying on the non-emergency ambulance service to get them there. In one instance a person with an appointment to see a dentist at 11.15 am waited until 2.25pm before they were picked up by ambulance for their journey home. The Special Care Dentistry reception staff commented that this was not an uncommon occurrence.

People commented on how continuity of care is important for them in terms of the dentist understanding their needs and building and maintaining relations of trust. At the same time, people remarked that they welcome the flexibility to arrange dental appointments that are convenient for them. One person suggested

it would be good to have even more flexibility around arrangements for making dental appointments especially where they wanted to see a particular dentist.

Another person added that they had sometimes used Special Care Dentistry in an emergency and had always been able to get through to someone and been able to arrange an appointment.

Parking and signage

In total 13 out of the 16 people who travelled to the clinic by car indicated it is easy to find somewhere to park. Despite this a few remarked that it could sometimes be difficult to find a parking place at the health centre. One person commented that there is not enough disabled parking bays.

‘[My] husband ... dropped ... [me] off and then had to drive around to find a parking space’.

In general, people are happy with the signage showing the way into the health centre and to Special Care Dentistry. However, there were some comments about there being no signs to say whether the car parking is pay-and-display or free of charge and some of the signage on the way into the health centre not being as clear as it could be. One person remarked that they could not easily see the sign showing where to register at reception and suggested it could be made more visible.

Reception and waiting area

The reception staff are friendly and helpful although a Healthwatch member of staff felt that there might be more help available on entering the building from someone who could help people with questions and signposting them to where they need to go.

Nevertheless, most of the people we talked to told us they find it easy to get to the Special Care Dentistry waiting area. Some of them commented that they might become anxious if they had to wait too long to see the dentist. However, most people we talked to waited for less than 15 minutes with four waiting between 15 and 30 minutes and nobody waiting longer than 30 minutes.

‘They are very punctual and don’t keep you waiting’.

People were comfortable in the waiting area and liked that there were lots of books and magazines to read. A Healthwatch member of staff noted that the reception staff talked first to the person accessing the service in instances where

they were accompanied by somebody else.

‘It was important to me that they spoke to me directly, me the patient first before the carer’.

At the same time, the reception staff were supportive and offered to help people on their walk from the waiting area to the dentist’s room. However, a Healthwatch member of staff observed that when someone is called for their appointment the reception staff sometimes just open the double doors adjacent to the reception desk and call their name instead of walking to the corner of the desk where they can be more easily seen.

The dentists and nurses

It’s easy to get into the dentist’s room and all but one person confirmed the dentist told them their name. Most people we talked with had visited the clinic a number of times and were familiar with different staff members. In turn, people who had concerns about their dental care or treatment felt dentists or other members of the dental care team dealt appropriately with them. People are asked how they feel during their dental check-up or treatment and feel involved in decisions about their dental care.

Dental procedures and what will happen in the dentist’s room are explained to people who feel able to ask questions if they have any. Once they are in the dentist’s room they are asked if they are comfortable and there is no rush to get things done. Indeed, people are able to see and, if they want to, handle dental equipment before their treatment starts.

Some people explained that the opportunity to attend Cognitive Behavioural Therapy sessions had been very helpful for them. They had enabled them to talk about and gradually overcome their fears of the dentist and dental treatment.

‘I was not able to have the mirror instrument placed in my mouth, all the progress made over a period of four weeks was down to CBT support and the member of staff who showed all the equipment and how to control my breathing and such like’.

The dentist’s room, in most instances, is sufficiently big enough for the person needing a check-up or treatment and anyone who is with them to feel comfortable. One person explained that they are able to sit in their wheelchair which they remarked is good. However, a Healthwatch member of staff observed

that at least one of the rooms being used by dentists does not have enough room to enable the easy movement of someone in their wheelchair. And we were told by one person in a wheelchair that they had experienced some difficulty getting into the dentist's room but once they were in everything was satisfactory.

Being friendly, listening and explaining

People remarked that the dentists and other members of the dental care team are friendly and tell them what is happening when they have a check-up or treatment. There is adequate time for explanations and people feel able to ask questions about their care or treatment.

'They [dentists] were lovely with the people who were nervous and did not rush them' (carer).

People have a good experience when they visit the dentist and if, for any reason, someone is anxious then extra time is given to talking them through planned procedures.

'I panicked for about a week before attending Special Care Dentistry for the first time ... the dentist talked to me about everything ...'.

When they are with the dentist people are at different times asked how they feel and whether they have any concerns or questions.

Inquiry limitations

The inquiry is a snapshot of activity in Special Care Dentistry at one clinic over a week long period. We spoke to a small number of people who were not representative of everyone accessing the service.

We undertook a small number of more in-depth conversations with people on their experiences of accessing Special Care Dentistry. More work could be done to gather more stories from a bigger more diverse group of people.

Future work could involve undertaking more extensive inquiry to gather quantitative and qualitative information on clinical and non-clinical factors that can impact on people's experiences of dental care and treatment.

What's next?

There is much evidence of a strong Special Care Dentistry team focus on the individual and desire to provide high-quality person-centred dental care and treatment. Staff feel that anyone needing access to Special Care Dentistry should be able to do so easily and without undue delay. People visiting the clinic are treated respectfully and are well supported to deal with any anxiety they might be experiencing or any questions they might have about their dental care or treatment. All of this activity takes place in a friendly and welcoming clinic environment.

Ongoing work is being done to develop and refine a dental care pathway that sets out how dentistry services will be provided in more joined-up and integrated ways. The aim is to improve people's experiences of dental care and treatment and more effectively achieve mutually desired health and wellbeing outcomes. The Special Care Dentistry staff we talked to understood that caring for people needs to be about more than the efforts of a single organisation and must involve different organisations working together to meet needs.

Indeed, the development of Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) must consider clinical work and all of the other factors that can impact on how people feel about their care and outcomes. Recommendations and actions for the future are set out in Table 2, below.

Recommendation	Action
Undertake more qualitative inquiry, gathering stories and understanding journeys	<p>Further develop a holistic approach to understanding people's lives and situations and the implications for decisions about the configuration and delivery of services to achieve desired health and wellbeing outcomes.</p> <p>Gather more information on people's journeys through Special Care Dentistry using stories to get in-depth accounts and better understand how people are able or not to get access to services that meet their needs.</p>
Create new spaces for the co-production of dental services and a genuinely patient-centred care pathway approach	<p>Build on the good work already being done to get organisations and professionals to work outside of traditional boundaries. And more closely together and with relevant others to deliver better integrated and more effective services.</p> <p>Find ways to involve more people who are assets with skills and an interest in Special Care Dentistry from the outset in work alongside professionals to co-design services and achieve shared objectives.</p>

Review the number of disabled parking spaces, entrance signage and ambulance transport issues	<p>Increase the number of disabled parking bays and provide signage to make it clear parking is free.</p> <p>Improve the signage at the entrance to the health centre building and directing people to the Special Care Dentistry reception.</p> <p>Take steps to reduce delays in the arrival of non-emergency ambulance transport at the clinic to take people back home.</p>
Review policy on wheelchairs the size of dentists rooms	Ensure rooms being used by people in wheelchairs are big enough to comfortably accommodate them and anyone accompanying them.
Reflect on what the clinic environment might look like in the future	<p>Whenever appropriate, in discussions or when making planning or design decisions, consider the effect on people's comfort and mood of using different sorts of materials and colours on walls and floors or types and arrangement of seating and other furnishings.</p> <p>Change the traditional reception layout to remove high desk tops, small hatch areas and glass separating staff from visitors.</p> <p>Ensure that appropriate technology, signage and colour schemes are used to make the clinic space friendly and welcoming to different groups of people including those who are affected by deafness, sight loss or dementia.</p>

Table 2: Recommendations for action

**PLEASE COMPLETE THE FEEDBACK
FORM ON PAGE 43 AND RETURN TO
HEALTHWATCH DUDLEY**

Appendix 1: Questionnaire survey



healthwatch
Dudley

Going to the Dentist

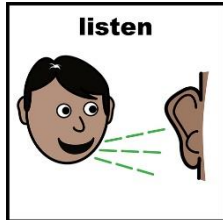
Special Care Dentistry
What's it like for you?



February 2017

Introduction

To be read out to everyone who takes part



Healthwatch Dudley has been asked to talk to people to see how they feel about going to the dentist.

We want to ask you some questions to find out what is good or bad about going to the dentist. And know more about what you want to happen when you have a problem with your dental care.



Your name and answers to questions will not be given to anyone else unless you are happy for this to happen.

You do not have to answer a question or carry on answering questions if you do not want to.

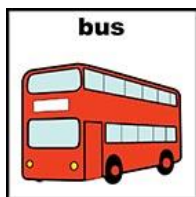
What people tell us about going to the dentist will help show what is working well and what might make things better in the future.

☐ I am happy to carry on (please tick the box)

☐ Are the questions being answered by someone on behalf of the person accessing Special Care Dentistry? (If yes please tick the box)

Healthwatch Dudley
7 Albion Street
Brierley Hill
DY5 3EE
01384 267427
www.healthwatchdudley.co.uk

Section 1: Getting here today



Q1: How did you get here? (For example: on foot, car, bus, taxi) please write in:

If you came by car was it easy to find somewhere to park?

☐

Yes

☐

No

☐

Not applicable



Q2: Did it take long to get here?

☐

Yes

☐

No

If you ticked Yes please say why:



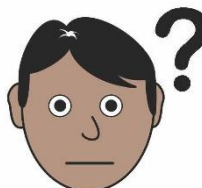
Q3: Were the signs clear on the way into the building?



Yes

☐

No

☐

Not sure

☐

Can you tell us anything more?



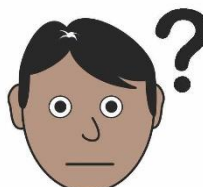
Q4: Was it easy getting to the waiting area?



Yes

☐

No

☐

Not sure



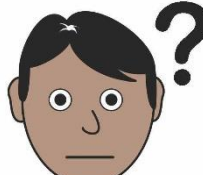
☐

Can you tell us anything more?

Section 2: Reception and waiting area





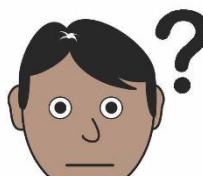
Q5: Was the receptionist helpful?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?



Q6: Were you comfortable in the waiting area?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?



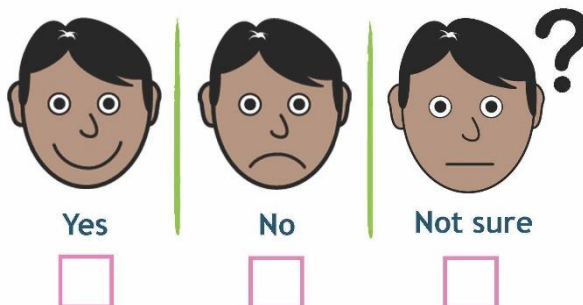
Q7: How long did you wait to see the dentist?

- ☐ Less than 15 minutes
- ☐ Longer than 15 minutes but less than 30 minutes
- ☐ More than 30 minutes
- ☐ Not sure

Section 3: The dentist's room



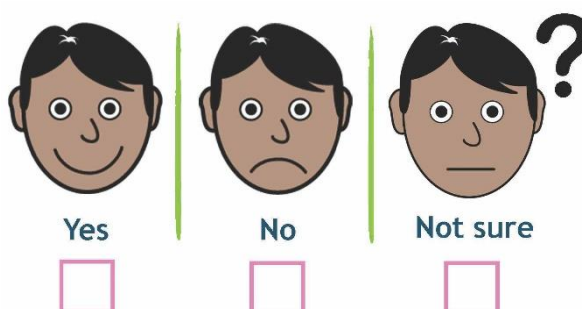
Q8: Was it easy to get into the dentist's room?



Can you tell us anything more?



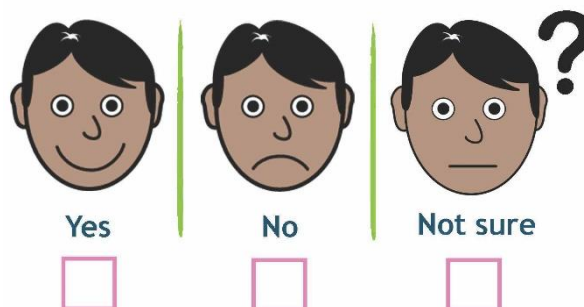
Q9: Did the dentist tell you their name?
(Hello my name is)



Any comments?



Q10: Was there enough space in the dentist's room for you (and anyone with you)?



Can you tell us anything more?

Section 4: Your care and treatment



Q11: Why are you here today?

For a check-up ☐

For treatment ☐



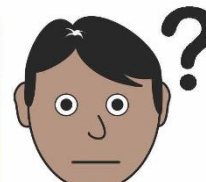
Q12: Was the dentist friendly?



Yes

☐

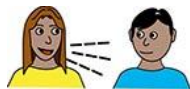
No

☐

Not sure

☐

Can you tell us anything more?



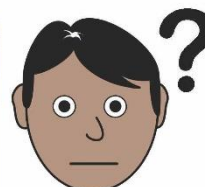
Q13: Did the dentist tell you what was happening?



Yes

☐

No

☐



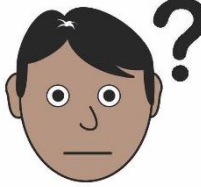
Not sure

☐

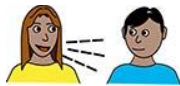
Can you tell us anything more?





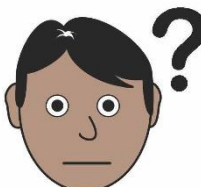
Q14: Did you feel able to ask the dentist questions?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?





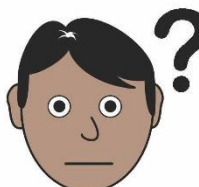
Q15: During your visit did the dentist ask how you felt?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?





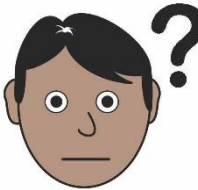
Q16: Did the dentist involve you in decisions about your care or treatment?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?

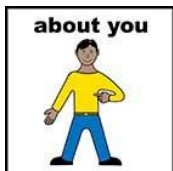


Q17: Were you happy with the care or treatment you had today?

		
Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us anything more?

Section 5: Something about you



Q18: Gender

☐

Female

☐

Male

Any comments?



Q19: Where do you live? (first part of postcode)

☐

Not applicable

☐

Rather not say

Would you like to tell us more about your visit to the dentist (write in name and address in the box below).

Name.....

Address.....

.....

Postcode.....Telephone.....

Healthwatch Dudley will be in touch to arrange a time to talk.

Appendix 2: Follow up questions

Special Care Dentistry

Patient Reported Outcome Measures (PROMS)

Follow-up telephone questions

Yes/No

Answers to questions will be in the format **Yes** or **No**. In answer to each of the questions asked tick the appropriate box. If a person is **unsure** how to answer record this in the **comments** box

Prompts

You may want to use prompts such as: can you say anything more, please explain, describe for me. Where additional relevant information is provided it can be recorded in the **comments** box.

it may be possible, for example, to record instances of bleeding (especially uncontrolled), pain (and inadequate pain relief that needed further medication), infection that needed further treatment, and indication of the time taken for the restoration of normal activities or appearance in days or weeks.

PROM questions

Telephone caller instructions

Not to be read out

Read each question out in its entirety (do not miss out or add words) and speak in a clear and audible voice and not too quickly.

To be read out

Hello my name is I work with Healthwatch Dudley the consumer champion for people in the borough on health and social care matters. We met recently at the Stourbridge Health and Social Care Centre where you were receiving treatment from the Special Care Dentistry team.

We would like to ask some questions about your treatment that will take no more than a few minutes of your time to answer. You do not have to answer a question and can stop answering questions at any time. Your answers to questions are confidential and you will not be identifiable in any document or report that is produced in the future.

Are there any questions you would like to ask?

Are you happy to continue?

Yes

☐

No

☐

Question 1	Are you able to eat comfortably?	
Responses	Yes	No
Comments		

Question 2	Are you able to speak comfortably?	
Responses	Yes	No
Comments		

Question 3	Are you still suffering ill effects from the procedure you had?	
Responses	Yes	No
Comments		

Question 4	Did you have any problems in the hours after the procedure was carried out?	
Responses	Yes	No
Comments		

Question 5	Did you have to seek advice or help relating to the procedure in the days after?	
Responses	Yes	No
Comments		

Question 6	Has the procedure made a positive effect on your daily living?	
Responses	Yes	No
Comments		

Thank you for your time

You will be able to find out more about the work done to get people's views on their experiences accessing Special Care Dentistry treatment and care by going to the Healthwatch Dudley website or by calling on 03000 111 001

Appendix 3: Feedback form

Recommendation	Action	Responsible Person	Comments	Change Stage*
Undertake more qualitative inquiry, gathering stories and understanding journeys	<p>Further develop a holistic approach to understanding people's lives and situations and the implications for decisions about the configuration and delivery of services to achieve desired health and wellbeing outcomes.</p> <p>Gather more information on people's journeys through Special Care Dentistry using stories to get in-depth accounts and better understand how people are able or not to get access to services that meet their needs.</p>			
Create new spaces for the co-production of dental services and a genuinely patient-centred care pathway approach	<p>Build on the good work already being done to get organisations and professionals to work outside of traditional boundaries. And more closely together and with relevant others to deliver better integrated and more effective services.</p> <p>Find ways to involve more people who are assets with skills and an interest in Special Care Dentistry from the outset in work alongside professionals to co-design services and achieve shared objectives.</p>			
Review the number of disabled parking spaces, entrance signage and ambulance transport issues	<p>Increase the number of disabled parking bays and provide signage to make it clear parking is free.</p> <p>Improve the signage at the entrance to the health centre building and directing people to the Special Care Dentistry reception.</p> <p>Take steps to reduce delays in the arrival of non-emergency ambulance transport at the clinic to take people back home.</p>			
Review policy on wheelchairs and the size of dentists rooms	<p>Ensure rooms being used by people in wheelchairs are big enough to comfortably accommodate them and anyone accompanying them.</p>			
Reflect on what the clinic environment might look like in the future	<p>Whenever appropriate, in discussions or when making planning or design decisions, consider the effect on people's comfort and mood of using different sorts of materials and colours on walls and floors or types and arrangement of seating and other furnishings.</p> <p>Change the traditional reception layout to remove high desk tops, small hatch areas and glass separating staff from visitors.</p> <p>Ensure that appropriate technology, signage and colour schemes are used to make the clinic space friendly and welcoming to different groups of people including those who are affected by deafness, sight loss or dementia.</p>			

*Change stage: Red (outstanding), Amber (being progressed), Green (don

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