



Reviewing patient experience of dental services in Redbridge

Executive Summary

July - December 2021

Contents

Introduction	3
Executive Summary	4 4 5
- Report Objectives	6
 Wider commissioning context Recommendations: the national perspective 	8
Acknowledgements & Disclaimer	9
Appendices Demographics	10 11

Reviewing patient experience of dental services in Redbridge

Over the last year local people have been telling us they have been finding it difficult to access dentists in Redbridge. We began hearing concerns through our signposting service and via responses to our Covid-19 questionnaire and feedback shared from local community groups via online meetings¹.

Although the issue of dental access began prior to Covid-19, the pandemic has intensified the problems. This is a nationwide issue that has reached the media² and been raised by local Healthwatch across the country³.

Introduction

After closing at the beginning of the pandemic, dental practices re-opened on 8th June 2020. However, patients now face a huge backlog and less appointments. Dentists are unable to see patients at their previous rates due to the increased hygiene standards required to ensure treatment rooms are safe.⁴.

Following our initial report on dentistry in May 2021⁵, we continued to hear from local people who were finding it difficult to access dentists. A review of our signposting in the first quarter of this year showed that over 25% of requests for support and information were regarding dentists. Information from Healthwatch England showed that Redbridge was not the only area across the country with dental access issues.

To understand local concerns, we created a survey to gather local feedback. We also conducted a mystery shopping exercise to understand what might happen when a patient rings a dentist wanting an urgent appointment. Additionally, we reviewed patient feedback comments left on the NHS website, online reviews, and individual dental practice websites.

Report: data, findings, and outcomes

This report provides an initial overview of our findings. For further information and data, please refer to the three supplementary reports⁶ available from our website, explaining our full findings.

¹ http://healthwatchredbridge.co.uk/sites/default/files/healthwatch_redbridge_covid-19_report_18.12.20.pdf

² https://www.bbc.co.uk/news/uk-55978595

³ https://bda.org/news-centre/press-releases/Pages/Dentists-back-Healthwatch-call-to-fix-system-in-crisis.aspx

⁴ https://bda.org/advice/Coronavirus/Pages/patients.aspx

⁵ https://www.healthwatchredbridge.co.uk/sites/healthwatchredbridge.co.uk/files/dentistry project report may 2021 .pdf

⁶https://www.healthwatchredbridge.co.uk/node/1781

Executive Summary: Recommendations

Nationally, it is clear the concerns found by Healthwatch Redbridge are similar to many areas of the country. Our findings and recommendations, therefore, reflect many of the conclusions found within the Healthwatch England dentistry report⁷ published in May 2021.

- 1. Better dental access accessing a local dentist appears extremely difficult for some patients. Almost a third of patients we spoke to had problems getting through to discuss their needs.
- 2. Every person should have access to an NHS dentist everyone should have their dental needs supported and not be de-registered from a practice list unless appropriate contact is made. It was concerning to hear from some patients that they were unaware that their registration had been removed.
- 3. More support should be available for emergency dental treatment better emergency support and assistance should be available and clearly signposted for all who need it. Patients should have the right to receive the same level of information and support within all practices. Information must be clear and accessible to all.
- 4. Ensure NHS dental services are transparent and affordable, with appropriate costs explained fully prior to treatment for many dental patients, the cost of dental care is a major factor in their decision to continue and complete the full course of treatment.

The costs of NHS dental charges are extremely complicated. Costs must be explained fully and implemented appropriately. Patients should also understand when they are being seen as a private patient and agree to the costs associated with that course of treatment.

5. Poor dental health can have further health implications - The unavailability of dental treatment may have an impact on a person's health and wellbeing. The inability to find a dentist or afford treatment can lead to further health complications.

For a patient to attempt their own DIY interventions is not only unacceptable; it could also potentially lead to further medical or dental complications.

vord - 20210520 Dentistry during COVID-19 insignt briefing Q4 v5 (nearthwatch.co.uk)

4

⁷ Microsoft Word - 20210520 Dentistry during COVID-19 insight briefing Q4 v5 (healthwatch.co.uk)

Findings

Patient Care:

Once a person was receiving treatment, most survey respondents and online commentators expressed their satisfaction at the treatment and level of care received from dental practices. Many felt the practices were caring and responsive to their needs with high levels of cleanliness observed.

Additionally, our volunteers who completed the mystery shopping exercise also felt strongly that most staff had treated them with respect and displayed a caring attitude when speaking with them.

Accessing dental treatment:

Although we had been told by dentists that they were seeing patients, feedback suggested many patients were finding it difficult to book an appointment.

Our findings showed it was easier for a registered dental patient to access an appointment if they were currently registered with a dentist. Patients who were not registered with a practice were more likely to encounter problems accessing a dentist when they needed one. None of the dental practices contacted as part of our Mystery Shopper exercise could offer an NHS appointment.

Most appointments were for emergency treatment and not for a regular review however, some patients told us they were waiting more than three months for an appointment.

Information was not always clearly presented in way that could be easily understood.

NHS Practice lists:

As an NHS service, there is a lot of confusion for patients who only access dental surgeries when in pain and not as a preventative treatment.

There was a great deal of confusion for some patients who told us they only discovered they had been removed from their dental practice list when they tried to book an appointment. Most had not received dental treatment within the last few years.

NHS dental treatment costs:

Although most patients understood they would be charged for their treatment; many were concerned or confused and felt the full costs were either prohibitive, or not fully explained. This in turn meant that some

patients did not complete the necessary dental treatment course advised by the dentist. More worryingly, some patients had resorted to DIY measures and removed their own teeth.

Emergency treatments appeared the most confusing, with many patients saying they were charged differing amounts for private treatment. Some also said they were not given full details of the final cost prior to beginning the treatment.

Some patients felt unable to afford the costs and therefore did not receive the necessary full course of treatment, or were left in debt, having had to borrow the required amount.

Report Objectives

Online Survey

To build a borough-wide picture of patient access to dental practices and analyse experiences in relation to accessibility, care, and costs.

We were also interested in identifying whether there was a disparity between access to NHS and private appointments

Mystery Shopper Exercise

Using volunteers as mystery shoppers, we wanted to clarify whether patients who do not belong to a specific dental practice were able to book an urgent/emergency appointment.

To discover whether patients might be offered a private appointment when an NHS appointment was unavailable.

Online Research

Review and theme patient feedback received via online platforms since practices reopened in June 2020.

Methodology

Survey

We created an online survey which was shared with local communities and stakeholders. The survey was developed to encourage as many people as possible to complete. The survey was shared through hospital trusts, with GP Practices, Councillors, community groups and on social media.

Mystery Shopper Exercise

Healthwatch Redbridge staff and volunteers rang all dental practices offering NHS services as part of their contract. Using an NHS online search engine⁸ we were able to identify 39 dental practices across Redbridge that offered NHS services⁹.

A Mystery Shopper scenario (see Appendix 1) was created to ensure comparable information was obtained from each practice.

Information was recorded to identify whether practices were able to offer an urgent appointment to a patient who was not on the practice's patient list, whether practices signposted patients if they could not offer an appointment and whether practices could offer a private appointment if they could not offer one on the NHS.

Online research

A Healthwatch Redbridge volunteer reviewed patient feedback left via online reviews, including the NHS website and on individual practice websites. This was then collated and analysed.

Survey Strengths and Limitations

We were pleased that our survey received responses from people living in most postcode areas in the borough (11 out of 14 postcode areas) showing a strong geographical reach.

At 58%, most of our survey respondents were from a White British (English/Northern Irish/Scottish/Welsh) background which is not reflective of the demographics of the borough¹⁰.

We did not receive as many responses from other ethnicities as we would have hoped, although there has been a slight increase in diversity, compared to other surveys we have conducted over the last year. This information will be used to identify and expand our reach across Redbridge, to ensure we are able to offer engagement opportunities that are accessible to more communities.

7

⁸ Information provided by the NHS Website https://www.nhs.uk/service-search/find-a-dentist

⁹ A search was conducted via the NHS Website. Each practice website was checked to ensure they offered NHS appointments as part of their contract (not only an orthodontist, for example). Practices that were purely private/cosmetic or orthodontists were discounted.

¹⁰ Redbridge - 2011 Census results

Postcode Comparisons

Healthwatch Redbridge wanted to understand if there were certain parts of the borough where people were finding it more difficult to book an appointment.

Of those who shared their postcode area with us (55), feedback did not show a significant difference in any area when seeking an appointment. Responses showed 11 people unable to book an appointment where they lived.

Wider Commissioning Context

The current provision of NHS Dental Services is extremely complex. The British Dental Association (BDA) highlights the financial plight of many practices following targets set for NHS dentists which require them to deliver 45% of their pre-pandemic levels of dental activity.

Healthwatch England reports that there are concerns this is likely to push practices into prioritising appointments over emergency or more complex treatments¹¹.

Healthwatch England have further called on the Government for more emphasis to be placed on solving structural issues within NHS dental services¹². They have also recently shown the continuing impact for patients attempting to access dental care during the last eighteen months¹³.

NHS London recently updated Healthwatch organisations on the difficulties associated with accessing routine NHS dental care. Emergency dental care is being prioritised ahead of routine services. A full time (24/7) Dental Nurse Triage Service is currently being offered, but they acknowledge this is not a permanent solution and is there simply to relieve a patient's pain prior to accessing a regular NHS dentist for ongoing treatment¹⁴.

The BDA has warned that private practice has also faced an extremely challenging business environment during the pandemic.

The initial closure of practices, restrictions due to aerosol generating procedures (AGP) and intervals between patients have led to acute financial strain. Complex access to the furlough scheme has also been a factor. The BDA reported¹⁵ that almost one third of practices were facing insolvency.

NHS London Update report to the Healthwatch London Network Meeting; Healthwatch unpublished paper

¹¹ Warnings of dentistry crisis as public concerns continue - Healthwatch online publication accessed 13/12/21: https://www.healthwatch.co.uk/news/2021-02-08/warnings-dentistry-crisis-public-concerns-continue

¹² Dentistry during COVID-19 insight briefing: Healthwatch England Report – 24 May 2021 Online document accessed 13/12/21 - https://www.healthwatch.co.uk/report/2021-05-24/dentistry-during-covid-19-insight-briefing#Reccomends

¹³ https://www.healthwatch.co.uk/blog/2021-12-12/recovery-nhs-dental-care-too-slow-help-thousands-left-pain

¹⁴ Wallman, J (15 September 2021) The current position regarding access to NHS Dental Services

¹⁵ Parliamentary debate: HC deb 14 January 2021 Number CDP-2021/0001, 12 January 2021:58 https://researchbriefings.files.parliament.uk/documents/CDP-2021-0001/CDP-2021-0001.pdf

Recommendations - the national perspective:

We are currently supporting the campaign being led by Healthwatch England to support a number of national recommendations to improve dental health throughout the country. Their recommendations state four specific areas where improvement need to be made:

- A more rapid and radical reform of the way dentistry is commissioned and provided - recognising that the current arrangements do not meet the needs of many people who cannot access NHS dental care in a timely way and acknowledge issues faced by the dental profession.
- 2. Using the reform of commissioning to tackle the twin crises of access and affordability ensuring that people are not excluded from dental services because of lack of provision locally or difficultly in meeting charges. Currently, there are significant inequalities that must be removed. New arrangements should be based on maximising access to NHS dental services, with particular emphasis on reducing inequalities.
- 3. **Greater clarity in the information about NHS dentistry** improving information, including online, so that people have a clear picture of where and how they can access services, and the charges they will need to pay. Particularly, the reform must address dentistry 'registration' which causes significant confusion for both services and patients.
- 4. Look at using dental practices to support people's general health harnessing opportunities, such as the development of Primary Care Networks, to link oral health to other key issues such as weight management and smoking cessation.

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank everyone who contributed to this project including members of the public who completed our survey, Dental practice staff and managers who responded to our questions, and HWR volunteers who conducted the Mystery Shopper exercise and undertook online research.

Disclaimer

Please note that this report relates to findings from our Mystery Shopper exercise conducted between 15th July and 13th August 2021, our online research which reviewed patient feedback on dentist practices after 8th June 2020 (when practices re-opened after the first lockdown) and our survey which ran between 22nd July and 30th September 2021.

Appendices

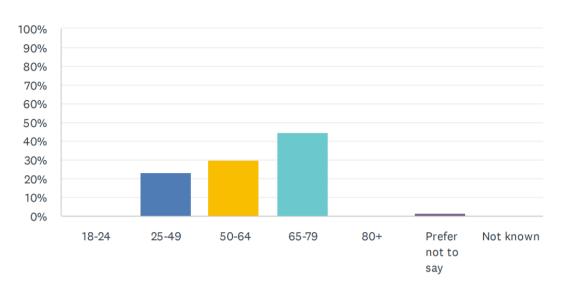
Appendix 1: Mystery Shopper scenario

You are ringing the dentist because you have toothache. You have had the pain for two days and it is getting worse. You are ringing to see if you can book an emergency NHS appointment. You have not been to this dentist before.

Appendix 2: Demographics - Who did we hear from?

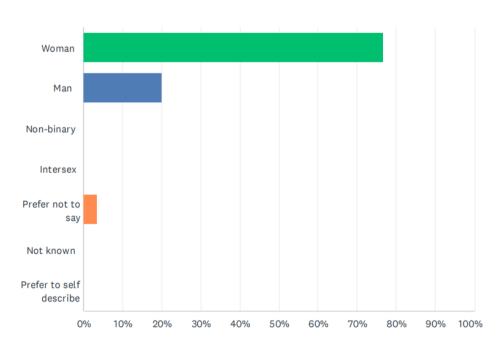
Age

Answered: 60 Skipped: 1



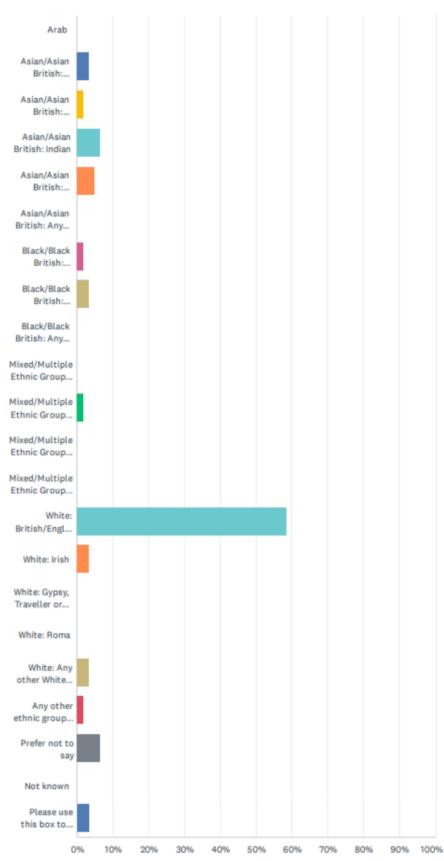
Gender

Answered: 60 Skipped: 1



Ethnic Background

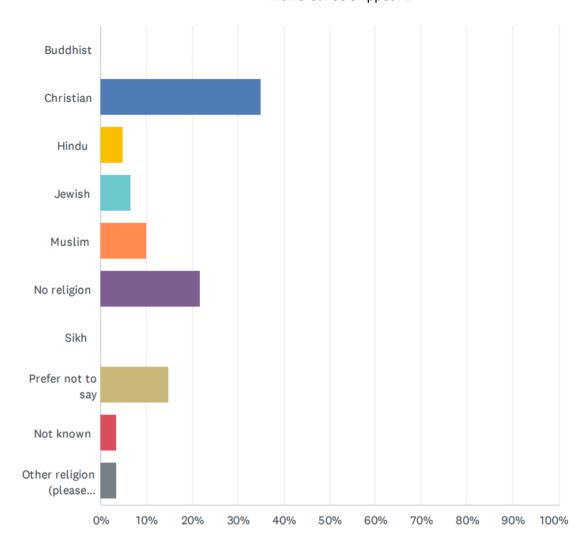




ANSWER CHOICES	RESPONSES	
Arab	0.00%	0
Asian/Asian British: Bangladeshi	3.33%	2
Asian/Asian British: Chinese	1.67%	1
Asian/Asian British: Indian	6.67%	4
Asian/Asian British: Pakistani	5.00%	3
Asian/Asian British: Any other Asian/Asian British background (please specify in the box below)	0.00%	0
Black/Black British: African (please specify in the box below)	1.67%	1
Black/Black British: Caribbean	3.33%	2
Black/Black British: Any other black/Black British background (please specify in the box below)	0.00%	0
Mixed/Multiple Ethnic Groups: Asian and White	0.00%	0
Mixed/Multiple Ethnic Groups: Black African and White	1.67%	1
Mixed/Multiple Ethnic Groups: Black Caribbean and White	0.00%	0
Mixed/Multiple Ethnic Groups: Any other mixed/Multiple ethnic groups background (please specify in the box below)	0.00%	0
White: British/English/Northern Irish/Scottish/Welsh	58.33%	35
White: Irish	3.33%	2
White: Gypsy, Traveller or Irish Traveller	0.00%	0
White: Roma	0.00%	0
White: Any other White background (please specify in the box below)	3.33%	2
Any other ethnic group (please specify in the box below)	1.67%	1
Prefer not to say	6.67%	4
Not known	0.00%	0
Please use this box to specify your ethnicity	3.33%	2
TOTAL		60

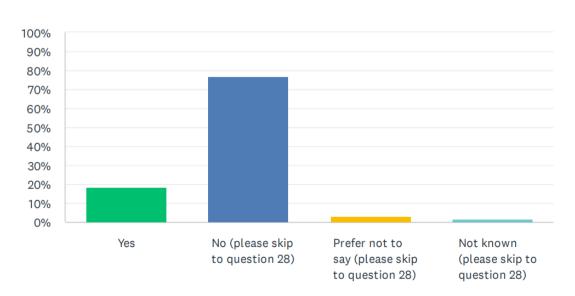
Religion

Answered: 60 Skipped: 1



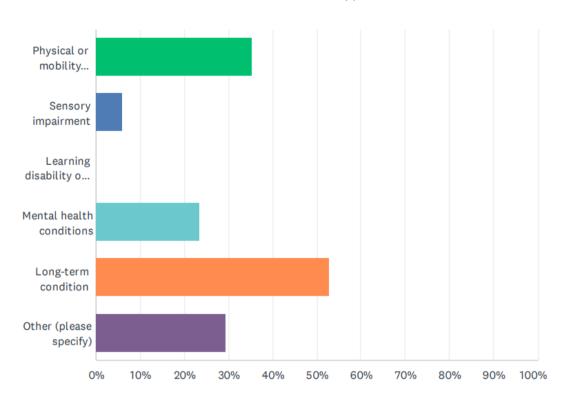
Disability

Answered: 60 Skipped: 1



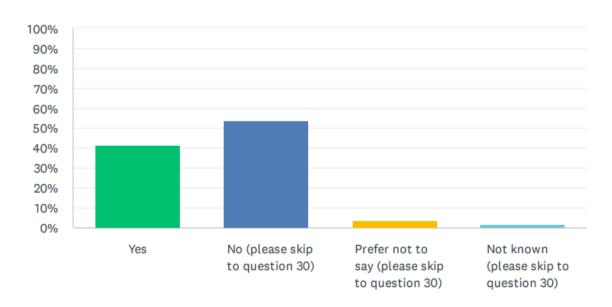
If you consider yourself to have a disability, please tick all that apply



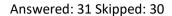


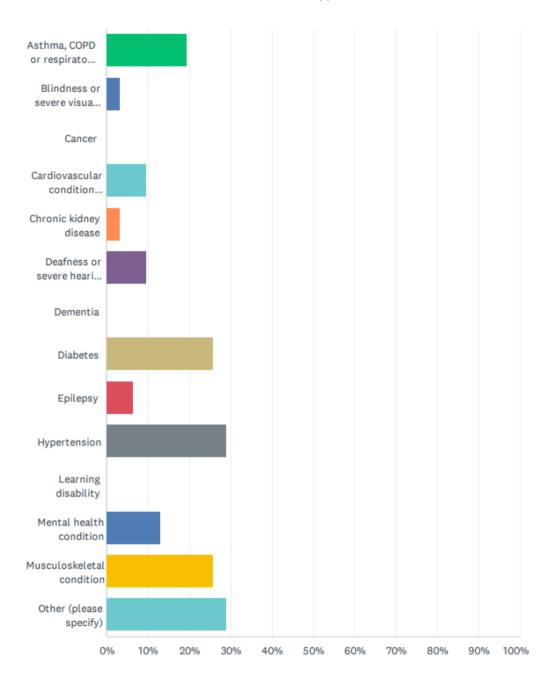
Long-Term Condition

Answered: 58 Skipped: 3



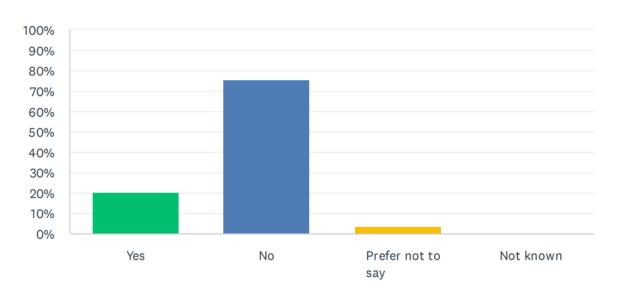
If you consider yourself to have a long-term condition, please tick all that apply





Carer

Answered: 58 Skipped: 3



Graphic Image attributions

Icons used in this report were taken from <u>flaticon.com</u>

Healthwatch Redbridge 1st Floor, 103 Cranbrook Road, Ilford, Essex IG1 4PU

Tel: 020 8553 1236

Web: www.healthwatchredbridge.co.uk Email: info@healthwatchredbridge.co.uk

Healthwatch Redbridge is a charity (number 1156320), and a company limited by guarantee (8389279) registered in England and Wales Registered office as above.