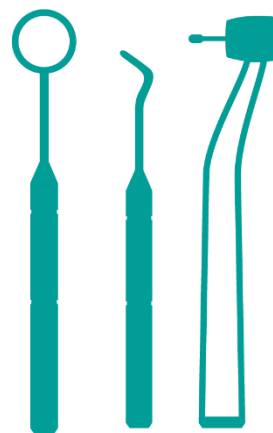
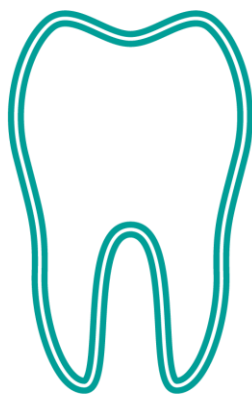


**GOING TO THE DENTIST IN
WORCESTERSHIRE**

SUMMARY REPORT

FEBRUARY 2019



Going to the Dentist in Worcestershire - Summary Report

I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient perspective.

This document is a summary of the work that we did on Going to the Dentist in Worcestershire. The full Report was published in February 2019 and is available on our website: www.healthwatchworcestershire.co.uk/going-to-the-dentist-in-worcestershire/

II. Why this issue

“The World Health Organisation (WHO) definition of oral health states that:

“Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”

Oral health is important as it enables people to eat, speak, smile and socialise without pain, discomfort or embarrassment. Maintaining good oral health into older age is essential to nutrition and communication”¹.

Oral health can have a big impact on our general health and wellbeing and not just in terms of the pain and discomfort caused by a problem with one of our teeth.

The NHS website says:

“The state of your teeth affects your overall health, with gum disease linked to lots of health problems in other parts of the body..... Gum disease may increase your risk of all kinds of other health complications, including stroke, diabetes and heart disease. Gum disease has even been linked with problems in pregnancy and dementia.”²

Worcestershire County Council published an oral health needs assessment in May 2017. This showed that in Worcestershire oral health is generally better than

¹ [Worcestershire Oral Health Needs Assessment](http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments), May 2017, http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments

² NHS website, accessed February 2019, page [The Health Risks of Gum Disease](https://www.nhs.uk/live-well/healthy-body/health-risks-of-gum-disease/), <https://www.nhs.uk/live-well/healthy-body/health-risks-of-gum-disease/>

nationally, but twenty percent of children enter school in Worcestershire with evidence of tooth decay.

The Worcestershire Oral Health Needs Assessment says:

“There are a range of risk factors that can influence oral health. These are generally the same factors as other disease outcomes, for example poor diet, poor hygiene and lack of access to health care, the cause of the causes being social disadvantage, poverty, family circumstances and parenting behaviours”.³

Government and other national bodies recognise the importance of good oral health and have sought to improve this through campaigns including NHS Change 4 Life⁴, NHS Starting Well: A Smile 4 Life⁵, National Smile Month and Dental Buddy⁶, and Dental Check by One⁷

Regular dental check-ups are important to ensure good oral health. As one of our respondents put it:

“People don’t recognise the health benefits of going. The dentist detected mouth cancer in my friend early enough to get it treated. I don’t think people realise it’s not all about teeth”

We wanted to understand people’s experience of Going to the Dentist in Worcestershire. Looking in particular at how regularly people attend; understanding of treatment available on the NHS and charges; people’s experience at the dentist and their knowledge of complaints procedures. These are all areas that we have received some feedback about from Worcestershire residents.

Given the findings of the Oral Health Needs Assessment we decided to speak with children and young people about their experience, and to parents of children under five about oral health and going to the dentist.

During the scoping phase of our work we spoke with Worcestershire County Council Public Health Team and to NHS England who are responsible for commissioning dental services in the County. We also spoke with the chair of the Local Dental Committee, who act as a representative body for dentists locally. We distributed drafts of our Survey to all of the above to maximise the usefulness of the information collected.

³ [Worcestershire Oral Health Needs Assessment](#), May 2017

⁴ [NHS Change 4 Life](#)

⁵ [Starting Well: A Smile 4 Life](#), NHS

⁶ [National Smile Month](#) and [Dental Buddy](#) Oral Health Foundation

⁷ [Dental Check By One](#), British Society of Paediatric Dentistry (BSPD)

III. Our work

Between June - November 2018 we engaged with 942 people about Going to the Dentist in Worcestershire.

We have:

Gathered feedback from people about Going to the Dentist:

- 576 people completed our survey
- 80 adults spoke with us as part of our engagement

Gathered feedback from Children and Young People about Going to the Dentist:

- 145 children and young people completed our survey
- 37 young people took part in group discussions as part of our engagement

Gathered feedback from parents and carers about Going to the Dentist

- 104 parents of Children Under 5 spoke with us as part of our engagement

Further details about who we spoke with are available in the relevant section of the full Report

IV. Summary of main findings

Overall there are many positive messages from this Report. Most of the people we spoke with are attending the dentist regularly, have confidence and trust in their dentist and rate their treatment as good or very good.

Set against this positivity we heard some issues which may result in less frequent attendance at dental check-ups. These included: cost, lack of information, confusion over charging, fear, and in some cases difficulty finding an NHS dentist locally.

The focus of this report is to look at reasons why people do not attend dental appointments as frequently as recommended to help local dental services, public health services and commissioners to better understand the barriers that people face.

Going to the Dentist Survey

576 people completed our Going to the Dentist survey.

Most respondents (82%) visited the dentist at least once a year. For those that did not, being unable to find an NHS dentist locally, and fear of visiting the dentist were the three reasons most commonly cited, followed by not thinking that going to the dentist was necessary or important. People aged 65+ told us that they never visited the dentist more frequently than any other age group.

80% of the respondents to our Survey used an NHS dentist (or a combination of NHS and private services from the same dentist). 19% always used a private dentist. Our findings suggest that for some respondents private dental practice was not their first choice, having previously been an NHS patient at a dentist which later became a private practice.

Our look at NHS UK website showed that information about which dental practices are taking NHS patients (adults or children) is not kept up to date by every practice, which could frustrate patient's efforts to find an NHS dentist locally.

Most people had been helped enough by their dentist to understand whether they had to pay NHS charges or not, however nearly three in ten people said they were not helped enough or not helped at all to understand charges. Whilst about half of our respondents were confident they knew which treatments are available on the NHS and which must be paid for privately nearly four in ten of the people we spoke to were not. A particular grey area was that of teeth cleaning / dental hygiene services. While there are many dental practices who explain costs to patients, this suggests there may be a number of practices which could improve the way they give help to patients to understand charges.

The majority of respondents had confidence and trust in their dentist. We heard that respondents experience of dentists is that they explained things and were reassuring, they were experienced and knowledgeable and respondents trusted their dentist's judgement. Some respondents reported poor experiences which had put them off going to the dentist. Seeing the same person consistently was also important to some respondents.

Overall people reported positive experiences of their care and treatment at the dentist, 91% rated their treatment as very good or good. This positive experience is reassuring, particularly as fear of the dentist is one of the reasons that respondents identified for not going to the dentist.

One in two people did not know how to make a complaint about their dentist should they need to. Our findings suggest that this is an area where further information is required.

Most people we spoke with would contact their own dentist for advice about what to do in an emergency when their dentist is closed. We contacted a sample of 4 dentists in each District out of hours to ascertain the information available to patients. Whilst all the dentists signposted to NHS 111 there was not consistent provision of information (i.e. telephone number) about the dental Emergency Access Centres.

Engagement on Going to the Dentist

Nearly one in four of the 36 people with a learning disability that we spoke with went to the dentist less than once a year. Fear of going to the dentist was the main reason given. People's suggestions for improvement included easy read information, more time to have things explained and understanding staff. Care and

support staff having an understanding / training about oral hygiene, so they can support people to look after their teeth properly was also raised.

The 16 people with sight loss we spoke with would welcome greater awareness by dental practices about the particular impact their condition has on them as an individual and for adjustments to be made accordingly. None had been asked about their communication needs as required by the NHS Accessible Information Standard.

We spoke with 28 people who are homeless or living in temporary accommodation in Worcester. Most people we spoke to never went to the dentist, or only went if there was a problem. Many people did not see going to the dentist as a priority for them or were afraid of going. Most people had heard of the Dental Access Centre (DAC), and would use this in an emergency, however many people would put up with dental pain and discomfort. Most people who had used the DAC and Maggs Day Centre services had positive experiences of them. However, due to people's housing situation or lifestyle uptake of treatment appointments is not consistent. There is more to do to highlight the benefits of going to the dentist for prevention and good oral health.

Children's Survey

145 children and young people completed our Survey. Almost all (99%) had been to the dentist and most rated going as "Good" or "Great". However, four in ten children described going to the dentist as "OK" or "Sad". Feeling nervous about going, not liking going or previous experience of painful treatment were given as reasons for these rating of going to the dentist. This highlights the importance of children becoming familiar with going to the dentist at a young age and of prevention, so that they do not experience painful treatment. Children and young people think that more things to do while they wait at the dentist, better explanations by dentists and talking about it more at school would make going to the dentist better.

College Students

We spoke with 37 health and social care students at Worcester Sixth Form College. Two in three of the students we spoke with rated going to the dentist as "OK" or "sad". The most common negative reason for the ratings given was feeling scared or anxious about going to the dentist and disliking the smell. The students felt that the environment of the dentist could be improved to make it more relaxing and that dentists could explain things better. Social media could be used to promote information about oral health. Students also favoured using images of how teeth could look if they were not taken care of and putting these on toothpaste packets, similar to warnings on cigarette packets.

Parents who completed our Survey

198 parents completed our Going to the Dentist Survey. They reported that eight in ten children went to the dentist at least once a year. Children being scared of the

dentist / not liking going; difficulties in getting an appointment and not being able to find an NHS dentist locally were the main reasons given for children attending less frequently. The highest proportion of children who never go to the dentist are aged under 5. Attendance seems to decline for the 16 - 18-year age group.

Parents of Children Under Five

Our conversations with 104 parents of children under 5 showed that parents are not routinely remembering or receiving key messages about oral health for their young children. They would welcome more information provided through leaflets, websites and demonstrations in community settings. Parents would welcome information about oral health earlier. Some parents reported that oral health was not raised by Health Visitors at the 2yr developmental check. They identified that there are opportunities to include oral health messaging in other health and care settings. Whilst most parents were able to find a dentist for their child in some areas they needed to be persistent to do so. Information on which dentists are taking on children on the NHS Choices website is not always up to date. Parents reported that how their child was engaged with and treated at the dentist varied. It would appear from our work that there are further opportunities to provide information and support to parents to establish good oral health at an early age.

V. Recommendations

I. LOCAL DENTAL PRACTICES

Much of the below is already in existing guidance and standards including in: General Dental Services Contract (2018), NHS (Dental Charges) Regulations [2005], The National Health Service (General Dental Services Contracts) Regulations 2015, NHS England Dental Assurance Framework, General Dental Council Standards for the Dental Team, 2013. However, our work suggests that whilst practices may be complying with the guidance and standards patients experience does not always reflect this.

NHS Website

1. Dentists should ensure that the NHS website is regularly updated in order that patients can be clear about which practices are taking on new adult or child NHS patients.

NHS Accessible Information Standard

2. Dentists should ensure patients with disabilities receive appropriate communication support in line with the Accessible Information Standard and ensure physical access needs are met.

Information about charging

3. Dentists should review their current procedures for informing patients about treatment charges to make sure these not only meet NHS guidance and standards but work well enough to fully support their patients.

4. Dentists should provide training for receptionists and other members of the practice team about clear and consistent communication of treatment charges.
5. Dentists should prominently display NHS charges and, where applicable, private charges in the surgery in a format that is clear and visible to everyone.
6. Dentists should ensure that each patient understands the NHS price bands and where and why they may have to pay private charges before undertaking treatment.

Complaints

7. Dentists should prominently display their complaints procedure in the surgery in a format that is clear and visible to everyone.

Children & Young People

8. Dentist should consider if their current practice is “child friendly” and promotes visiting the dentist as a positive experience for children.
9. Dentists could consider ways in which the experience of Going to the Dentist for children and young people could be improved for example by:
 - providing posters / information about diet, tooth brushing and oral hygiene in waiting areas, perhaps utilising existing resources available on the internet
 - providing activities for a variety of age groups in the waiting area, perhaps utilising existing resources available on the internet
 - providing information / explanation about dental procedures in pictorial / diagrammatic form
 - considering if there are ways in which anxiety about going to the dentist can be reduced, perhaps through offering rewards / incentives such as stickers; playing music; masking “clinical” smells; initially greeting children without wearing a mask
10. Dentists should consistently provide oral health advice to parents about looking after their children’s teeth.

Out of Hours Information

11. Dentists should review their out of hours information to ensure that there is accurate information available about Dental Emergency Access Centres.

II. NHS ENGLAND

1. NHS England should consider whether there are ways in which they can assist local dental service providers to implement the recommendations above.
2. NHS England should consider how to raise awareness that NHS dental treatment does not have to be linked to a specific dental practice or in the case of children, to the parent/carers own preferred dental practice.

III. WORCESTERSHIRE HEALTH AND CARE NHS TRUST

1. Worcestershire Health and Care Trust should consider whether looking after teeth can be included in the annual Learning Disability Health Check.
2. Worcestershire Health and Care Trust should consider whether further outreach sessions targeted at parents of children under 5 and vulnerable groups can be provided in community settings, in particular in geographical areas or with groups identified as being high risk.
3. Worcestershire Health and Care Trust should provide assurance that oral health is being covered in developmental checks at 2 - 2.5 years, in line with current guidance, and that these messages are being received and understood by parents.
4. Worcestershire Health and Care Trust should consider including oral health as mandatory in the 9-month developmental check undertaken by health visitors.

IV. WORCESTERSHIRE COUNTY COUNCIL - PUBLIC HEALTH

1. Public Health should consider how best to encourage a preventative approach to dental health and raise awareness of the health implications of poor dental health amongst the general population and specific at-risk groups, including older people, parents and carers of under 5's and people who are homeless or living in temporary accommodation.
2. Public Health should consider their current position relative to each of the recommendations contained within the NICE Public Health guideline (PH55)⁸ on oral health for local authorities and partners.

The NICE recommendations are:

- a. Ensure oral health is a key health and wellbeing priority
- b. Carry out an oral health needs assessment
- c. Use a range of data sources to inform the oral health needs assessment
- d. Develop an oral health strategy
- e. Ensure public service environments promote oral health
- f. Include information and advice on oral health in all local health and wellbeing policies
- g. Ensure front line health and social care staff can give advice on the importance of oral health
- h. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health
- i. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health
- j. Promote oral health in the workplace
- k. Commission tailored oral health promotion services for adults at high risk of poor oral health
- l. Include oral health promotion in specifications in all early years services

⁸ NICE Public Health Guideline (PH55)

- m. Ensure all early years services provide oral health information and advice
- n. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health
- o. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health
- p. Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health
- q. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools
- r. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health
- s. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health
- t. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health
- u. Promote a whole school approach to oral health in all secondary schools.