

Worcestershire Local Dental Committee

Worcestershire Local Dental Committee welcome the opportunity to comment on the Going to the Dentist report, produced by Healthwatch Worcestershire. We are delighted Healthwatch is looking at aspects of Primary Care Dentistry as this is often an area that is overlooked in the NHS as it contributes less than 3% of the NHS Budget, but as this report shows is an area of the NHS valued by patients.

We wish to respond to the recommendations in the following way.

NHS website:

Accurate NHS Website updates are difficult for practices as the availability of appointments varies on a day to day basis and so may change, this may induce complaints from patients if they see that patients are being accepted, but then have to wait long periods for an initial appointment, and if suddenly access becomes a problem by appointments being used up by multiple appointments for new patients who may have high treatment needs.

NHS accessible information standard:

Dental practices do provide where appropriate the information for patients with disabilities. However, NHS England are able to provide access to care for patients who's needs cannot be met in a traditional dental practice setting. There is a particular problem with support for NHS Dental Practices with services of translation and sign language services, which are funded for General Medical Practices but not for Dental Practices. Often the services that dentists pay for exceed by many times the fees payable to the Dentist and hence large numbers cause serious financial loss to the practice, which are currently struggling to stay open for NHS services, due to serious funding reductions since 2008. We would welcome Healthwatch assisting Dental Practices obtaining similar funding to our Medical Colleagues to assist a level playing field.

Information about charging:

Patient charges have risen for those not exempt from charges by 15% in the last three years and have risen again a further 5% in April 2019 and none of this additional tax collected by dentists for the Treasury is reinvested as additional funds into practices. It deters those who are just well off enough not to qualify for free treatment and is a massive barrier to care. The knock on effect for the NHS with patients attending A&E and GPs with dental problems is costly but increasing, as patients do not pay at either service and is an inappropriate place for them to attend.

All Dental Practices providing NHS dental care do display the pricing structure in their waiting/ reception and in many cases in their clinical settings. This clearly explains the NHS

banding and costs associated with it. Patients receiving Band 2 and 3 treatments receive an FP17DC form explaining costs.

All patients who have NHS and Private treatment should also given a treatment plans with costings and if done so, it is hard to understand why patients do not understand dental charges they pay. Dentists are more than willing to explain costings but often patients misunderstand that patient charges directly reimburse dentists, which they do not, and that fee increases increase dentists income, which they do not.

Complaints:

The fact that many patients don't know how to make a complaint is perhaps related to the exceptionally high levels of patient satisfaction found in the study. Patients are perhaps more inclined to ask about complaints procedures when they are dissatisfied and this survey proves the opposite. Every Dental practice should provide on their practice information leaflet as well as their website(if they have one), what the complaints procedure is. Practices also display complaints procedures in their waiting rooms.

It is remarkable that the environment dentists provide is still of the standard expected. Dentists receive no direct remuneration from the NHS for staff and premises unlike GP's and have seen a 38% reduction in net income since 2008. It is only through additional income from private services, that some dentists have been able to reinvest in premises and equipment, but the BDA has predicted a tipping point in NHS provision. Many dentists find recruiting colleagues into NHS positions within the practices is under intense strain and multiple examples are now occurring of practices closing due to viability or reconsidering their continuation in an underfunded NHS system.

Children and Young people:

Many Dental Practices in Worcestershire were previously (involved with NHS Worcestershire and through appropriate engagement with the public and with both financial support and administrative support from NHS England), were Child Friendly Accredited. However, with the lack of funds and support in the restructuring of the NHS, this support is no longer there. Dentists are under increased pressure to meet targets by which they are measured and do not always have the sufficient time or resources to enhance the experience of a visit to the dentist. Child friendly areas, which previously had toys etc have now been removed from dental practices to help comply with regulations and guidelines which came into effect in recent years.

Most dental practice do provide a very positive experience for children visiting the dentist. Rather than clutter the walls of the practice with numerous posters, most dental practice engage with the patients and provide tailored advice as well as information leaflets. Many

have active social media presence and utilise their websites with blogs to provide patients with current and relevant information.

Out of Hours Information

All dentists provide answerphone messages regarding out of hours information, which is via triage by NHS 111. The commissioning of Out of Hours Services is inconsistent and some areas do not have appropriate services in the evening and weekends with limited capacity. NHS England have long recognised the inconsistency of their commissioning and lack of provision, with sometimes all slots booked up when patients wish to access the service. We would support Healthwatch in asking to improve this service by encouraging NHS England to significantly improve the availability and commissioning of such services. Indeed we have asked for more flexible commissioning as such services could be delivered via dental practices in more convenient locations and with improved access, this has not been an area NHS England have as yet engaged with. One project of 'in hours emergency slots' was unsuccessful due to poor planning and direction by 111. We would support all dental practices leaving consistent messaging on answerphones outside normal hours and would welcome collective work with Healthwatch on this.

We would also welcome the recommendation in II that NHS England support local dental services in your suggestions.

It is however disappointing that the report does not make significant reference to the large difficulties experienced across Worcestershire in accessing services and this is mainly perhaps as a result of the sample being predominantly from those who currently access the service and not the large numbers of the public who struggle to do so.

We would also welcome the recommendations of directing prevention services to areas of high needs and to younger children, and encourage Healthwatch to further support Dentists and their teams being involved in this via flexible commissioning by NHS England.

We thank Healthwatch Worcestershire for the opportunities to engage in their research and the discussions around this report.

Signed

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Chair of Worcester LDC.

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