



Experiences of dental services in Newcastle

March 2020 to December 2021

About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012.

Healthwatch Newcastle is an independent not-for-profit organisation. We help children, young people and adults to have a say about social care and health services in Newcastle upon Tyne. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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1. Introduction

In October 2021, the 13 local Healthwatch in the North East and North Cumbria Integrated Care System (NENC ICS) area came together to discuss working together to better understand people's recent experiences of dentistry services. We wanted to understand any access barriers and inequalities relating to the availability of NHS dentistry.

The background to this work included the whole situation around COVID-19 and lockdown and government regulation of dental practice during the pandemic, an increase in feedback about dentistry within the NENC ICS local Healthwatch network and national evidence of issues around access and provision. In December 2020, the General Dental Council (GDC) reviewed research carried out independently between August and October 2020. The council reported that access to dental services had been severely impacted by COVID-19 and the first national lockdown in the UK. It is likely to take some time to deal with the backlog of patients in need of oral treatment and care due to reduced capacity in the system. We carried out our research during the second COVID-19 lockdown as a way of understanding the ongoing impacts of COVID-19 on oral health and dentistry.

The aim was to achieve the following:

- Gather evidence to help us to identify and understand issues.
- Share our findings at a local, regional and national level.
- Influence and inform decision-making in the commissioning and provision of dental services.
- Improve information available to patients and members of the public.
- Strengthen joint working between the NENC ICS local Healthwatch network.

All 13 local Healthwatch were invited to develop and take part and eight were able to do so. These were:

- Healthwatch Darlington
- Healthwatch Gateshead
- Healthwatch Hartlepool
- Healthwatch Middlesbrough
- Healthwatch Newcastle
- Healthwatch North Tyneside
- Healthwatch Northumberland (overall lead)
- Healthwatch Stockton

Working in this collaborative way allows each Healthwatch to look at their local picture. The data was also combined to provide a regional picture¹.

¹ North east Healthwatch (2022) Experiences of dental care services in the North East
<https://tinyurl.com/3eeawc43>

2. Methodology

We involved colleagues from NHS England and NHS Improvement and the Local Dental Committees during the scoping phase of this work. We agreed that public engagement activity should be done at pace to increase opportunities for our findings and recommendations to be included in future policymaking. There were three elements:

1. A public questionnaire to gather feedback on individual experiences.
2. Contacting/talking to individual surgeries and local dental practices to understand the availability/provision of services in Newcastle.
3. Myth buster information.

Public questionnaire to gather personal experiences

An online Healthwatch Newcastle questionnaire launched in late November 2021 and closed in early January 2022. This method was chosen for two reasons: the continuing impact of the COVID-19 pandemic and to influence and advise NHS England and the British Dental Association in the resumption of the full range of dental provision.

The questionnaire was promoted across our social media platforms and newsletters and at meetings with partners in the statutory, non-statutory and voluntary and community sectors.

Contacting dentist practices to understand the availability of services

We contacted a sample of dental practices and surgeries in Newcastle to get a 'moment in time' picture of what was available. We compared this with information about local dental services that were available online and in each dental practice.

Of the 39 practices contacted, six answered the questions and 23 of the practices/surgeries stated they were too busy at that time to respond. Three were constantly engaged on the telephone and three were closed over the survey period.

Respondents were told at the beginning of the telephone call that the survey would take no more than ten minutes. There were three questions and the purpose was to ascertain current service provision around waiting time for patients and NHS provision of services. The low number of practices able to participate in the survey was disappointing but reflected the perceived pressures on services, such as staff shortages due to sickness levels, a surge in demand for patient appointments following a long period of lockdown etc. The questions were answered by both receptionists and practice managers.

We recognise that the timing of the survey, in the run-up to the Christmas break, may also have had an impact on responses.

Myth buster information

Eight participating Healthwatch developed a myth-buster booklet designed to address misunderstandings and inaccurate information that appeared to be preventing people from getting the dental treatment they needed.

This was promoted locally, regionally and nationally and is available on the Healthwatch Newcastle website². We will also promote this through leaflets for people who do not have online access.

Each participating Healthwatch produced a local report on their findings. The results were collated into a regional report, led by Healthwatch Northumberland (also available on our website³).

Challenges to dental practitioners from the pandemic

Routine NHS dental services paused in the interest of patient and dental staff safety during the first wave of the pandemic in March 2020. Practices holding NHS contracts were supported and received payment for their full contract value. They were advised to provide advice, pain relief and antibiotics where appropriate, following a telephone or online consultation. During this time, the NHS established urgent dental centres or hubs across England but it took some time before these all became operational.

Practices steadily restored services from June 2020. They introduced enhanced infection prevention and control measures such as additional personal protective equipment, leaving stand down/fallow time between procedures and carrying out more frequent deep cleaning.

Dental providers were required to make changes to their existing practices and policies to help prevent the spread of COVID-19. However, these measures reduced their capacity to provide services. Practices inevitably experienced staff absences, which resulted in further operational pressures in ensuring continued and safe access to care.

Financial challenges impacted some practices, relating to costs for changes to the physical environment, increased heating costs (arising from the need for extra ventilation) and clinical waste disposal as well as the need to employ locum/agency staff to cover staff absences.

Furthermore, the British Dentistry Association condemned the government's decision to impose unrealistic activity targets on NHS England dentists during the Omicron wave. From January 2022 NHS practices were obliged to meet 85% of their pre-COVID-19 activity levels or face financial penalties (90% for orthodontic contracts). The British Dentistry Association reported that nearly two-thirds of practices currently estimate they are incapable of achieving these levels.

This report details experiences in Newcastle.

² <https://tinyurl.com/dental-myth-busting>

³ <https://tinyurl.com/3eeawc43>

3. Findings

Dental practices – ‘a moment in time’

In December 2021, our volunteers (known as Healthwatch Champions) phoned a random sample of 39 dental practices/surgeries in Newcastle. They followed a script and asked a short series of questions to understand the position on waiting lists and registration of new NHS patients. The questions were:

1. Is the practice currently accepting new NHS patients for treatment (either as ‘registering patients’ or as new patients under the NHS contracts as ‘one-offs’)?
2. What are the approximate waiting times for new NHS patients to have routine dental treatment, i.e. a check-up by a dentist and/or scale and polish by a hygienist?
3. Do you ask about patients’ symptoms and level of pain before allocating an appointment or are appointments allocated on a first-come first-served basis?

Out of 50 NHS and 21 private dental practices/surgeries in Newcastle upon Tyne, we contacted 39 dental practices and/or surgeries at random, which covered the whole of Newcastle. This included Lemington and Newburn in the west, Walker and Byker in the east, as well as the immediate surrounding areas of Central Newcastle such as Jesmond and Gosforth.

It is noteworthy that the experience of our volunteers echoes responses to our public questionnaire. Each of the five sections (not just those not asking about booking systems) had negative comments, with some people feeling that they were being ‘not listened to’.

Of the six practices/surgeries that we spoke to, the average waiting time for an appointment was under one month and five (83%) were accepting both NHS and private patients.

Recommendations for dental practices

In making these recommendations we are conscious of several factors that are likely to have impacted this work: the timing of our contact, the well-documented abuse that health service frontline staff have experienced during the pandemic including threats and abuse leaving fearful dental staff in tears, heightened anxieties around the emergence and rapid spread of a new coronavirus variant Omicron, and uncertainties around a potential lockdown over the festive period.

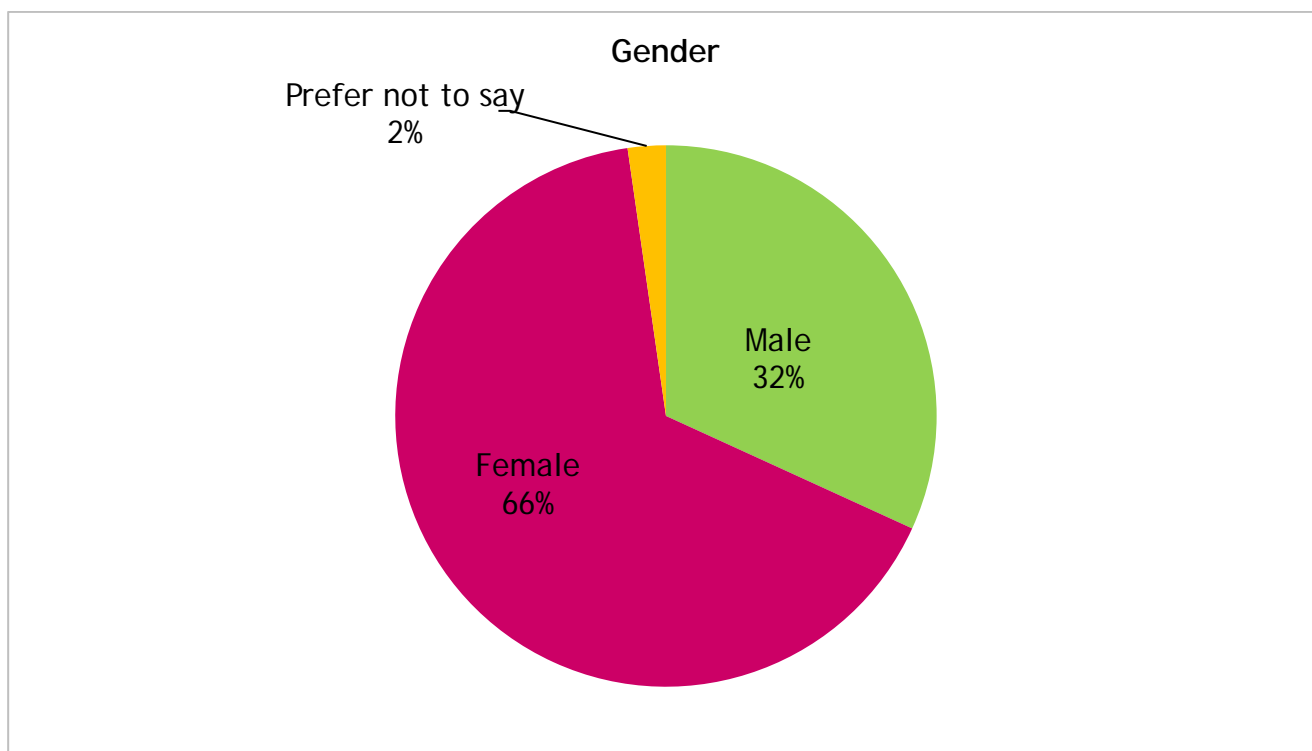
1. It may benefit frontline staff and patients if there was additional training available in customer service skills and how to manage challenging conversations. For example, acknowledging how people feel if they have been unable to get through could prevent difficult conversations from becoming abusive. The General Dental Council guidelines (published February 2022) recommend 'If you have not done so already, reaching out proactively to your patients will help manage their expectations, keep your practice safe and maintain good relations.' Healthwatch could conduct further research via Local Dental Committees (LDCs) to speak with frontline staff and identify any training needs.
2. When possible, it would be useful to explore with frontline staff what their experience has been, what may have made this period better, and what they would recommend for the future to enhance their wellbeing and self-care.
3. Explore telephone system improvements to aid a timelier response, such as those with call back features or those capable of sharing placements in a queue.
4. Develop and encourage the use of an online booking system. Presently GP surgeries do this through an NHS provided system. Dentists, however, would have to pay for themselves individually (unless a branch surgery of a national company, perhaps).
5. Promotion of available online patient advice services may help to alleviate the number of callers to practices. This should be considered in line with barriers to dental care and access to information via non-digital means such as posters in libraries and community centres.
6. Promotion of relevant information, such as myth-busters and other documents. For example, what is and is not classed as an emergency, and greater clarity on charging and eligibility for free care.

Questionnaire responses

In total, 71 respondents shared their experiences of dental services between March 2020 and December 2021. The questionnaire was designed to allow respondents to answer only the questions relevant to them and therefore the number of respondents to each question varied. There was an opportunity for respondents to leave comments in some sections. The findings were analysed and we identified individual experiences and themes.

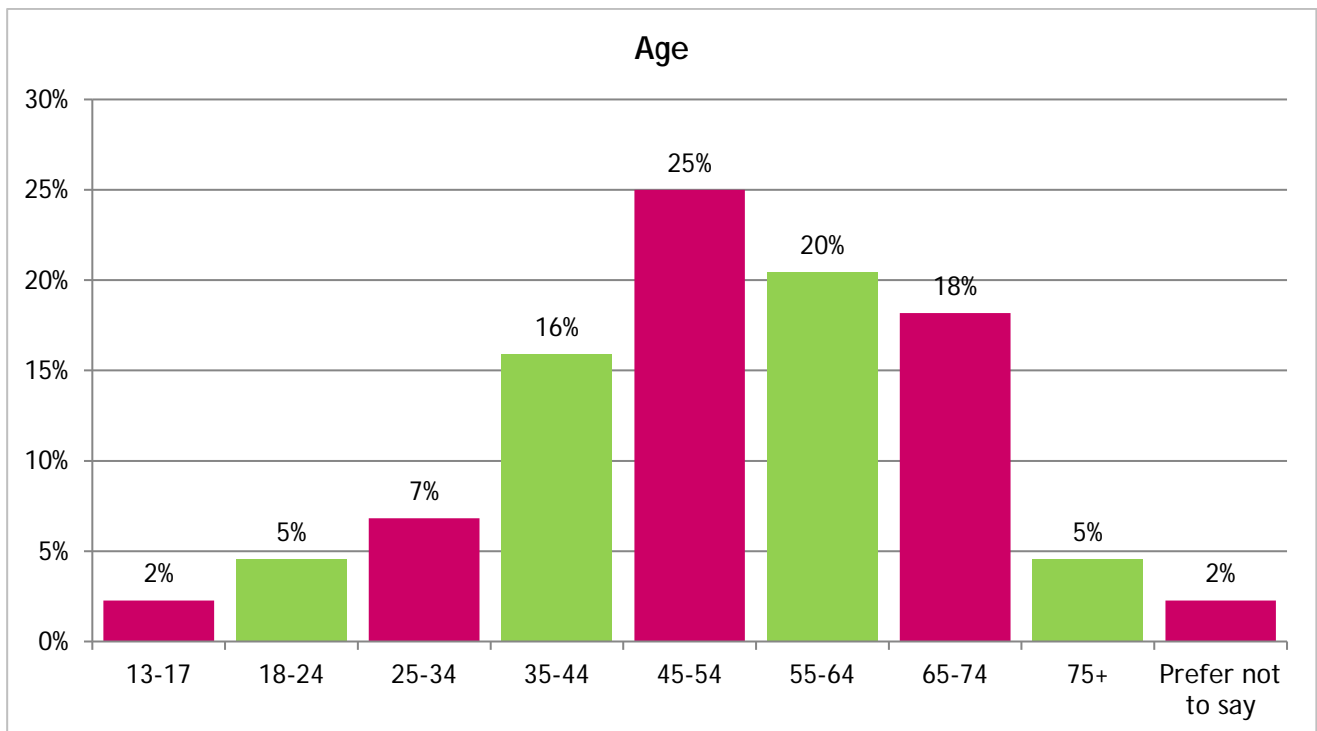
Who shared their experiences?

The demographic information for questionnaire respondents is outlined below. It should be noted that not everyone answered every question. We are mindful of this in our analysis and have largely provided a breakdown of responses in both whole numbers and percentages.



We recognise that our data are not representative of the whole population of Newcastle. For example, only 14 (32%) of the 44 people in total who responded to this question about gender identified as a man (although the population statistics for Newcastle demographic figures show 51% of the population is male⁴). This lack of representation is disappointing as we are committed to hearing from all people and communities, including those who face multiple layers of disadvantage and discrimination, so that their views and needs are better represented. The gender difference when consulting on aspects of health care is a common theme for Healthwatch. Women, for example, have consistently higher use of primary healthcare and, at a societal level, masculine norms emerge as the primary motivator for men's avoidance of health and care services. Research carried out by the British Medical Journal in 2013 identified that, generally, men tend to reflect on how they are supposed to be tough, push through the pain and not seek out health services.

⁴ Newcastle Future Needs Assessment Local Profile 2021 <https://tinyurl.com/mzkm9a35>



Forty-four people out of 67 answered this question about age (67%). There was a peak in response rates from middle-aged groups and a good response from the older population. This is representative of the Newcastle population: the average age in the city is 40 years old and a total of 64% of Newcastle residents are aged 18–64.

Younger people were underrepresented in this research. We hoped a digital questionnaire and its promotion across social media channels would increase the response rate for this group. We wonder if this is related to a downturn in young people seeking dental treatment as they become responsible for their dental care and must pay for it?

On ethnic background, 67% answered this question (43 people out of 67):

- 77% (33 respondents) stated they came from a White British/English Northern Irish/Scottish/Welsh background.
- 12% identified as White other.
- 5% identified as Chinese.
- 2% identified as Pakistani.
- 2% identified as Irish.
- 2% preferred not to say.

People from a minority ethnic background were underrepresented, especially from the Asian community, which currently accounts for 7% of the Newcastle population. This underrepresentation may be due to factors such as language barriers and lack of accessibility to online survey research.

What they told us about

Routine check-ups and difficulties in accessing a service were the focus of many respondents. Respondent numbers were low when asked about NHS or private dental services (seven people out of 71 answered this question – a 5% response rate). Only one respondent attended a private practice for treatment and six accessed NHS dental services. In total, 70 people answered the question about the service they wanted to tell us about and the topic of routine check-ups had the highest response (32 people).

Some had difficulties accessing an annual check-up, which may demonstrate a general misunderstanding or lack of awareness around how often a check-up is needed. The recommendation is that check-ups can take place up to every two years, depending on individual patient needs. This lack of understanding or awareness may contribute to some people overusing the service.

It would be easy to see why a patient might be confused based on the NHS advice below:

You may assume you should have a dental check-up every six months, but some people may not need to go so often, and others may need more frequent checks.

Your dentist should suggest when you should have your next check-up based on how good your oral health is.

The time between check-ups can vary from three months to two years, depending on how healthy your teeth and gums are and your risk of future problems.

Source: www.nhs.uk/live-well/healthy-body/dental-check-ups

During the COVID-19 pandemic, Healthwatch intelligence at both national and local levels informed us there was an increase in people having trouble accessing dental care. Many people got out of the habit of regularly visiting a dentist and were also struggling because of poor information on where to find a practice that accepted NHS patients. This may account for some of the 46% of respondents trying to access a routine check-up with their existing dentist as well as the 12% trying to find a new dentist.

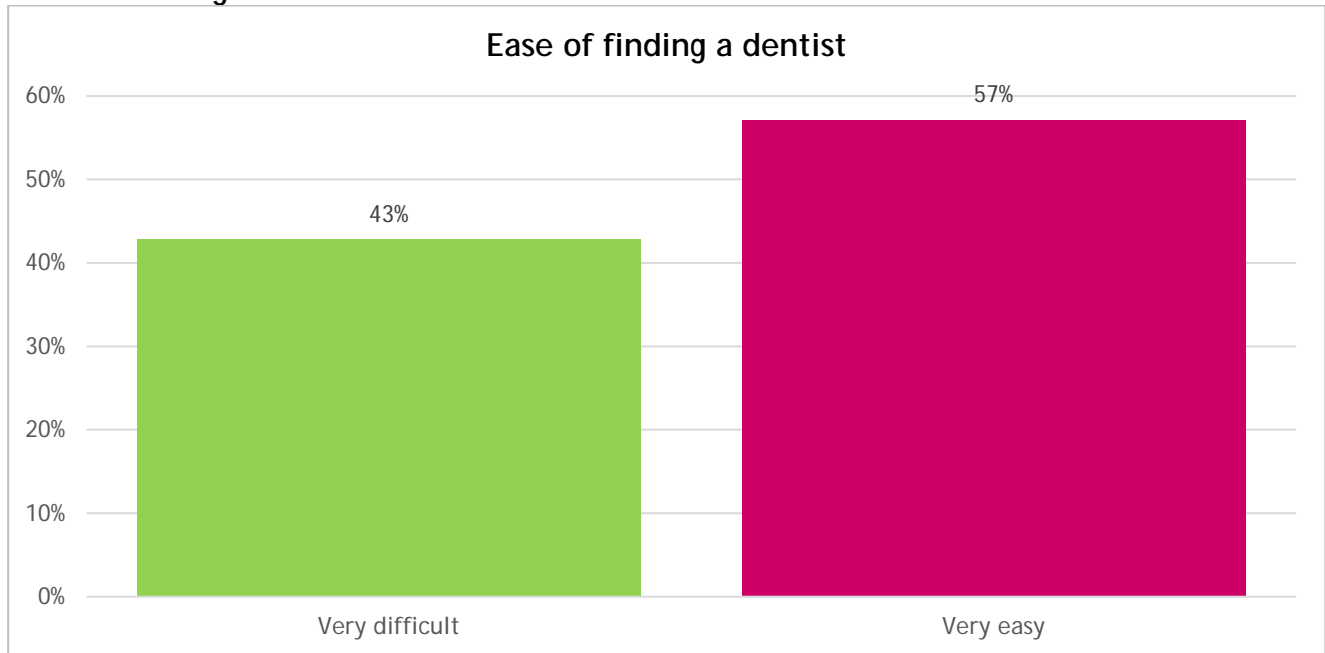
Section one: finding a dentist

In questions where a positive or negative experience could be identified, respondents to this section had a mainly positive view (57%), although response rates were very low. Only seven (out of 71 respondents) answered the question regarding the ease of finding a dentist. Results were varied with 43% (three people) having a negative response and 57% (four people) responding positively.

The negative responses reflect the feedback we were receiving through our usual Healthwatch Newcastle feedback service (online and via telephone) in the period leading up to this work.

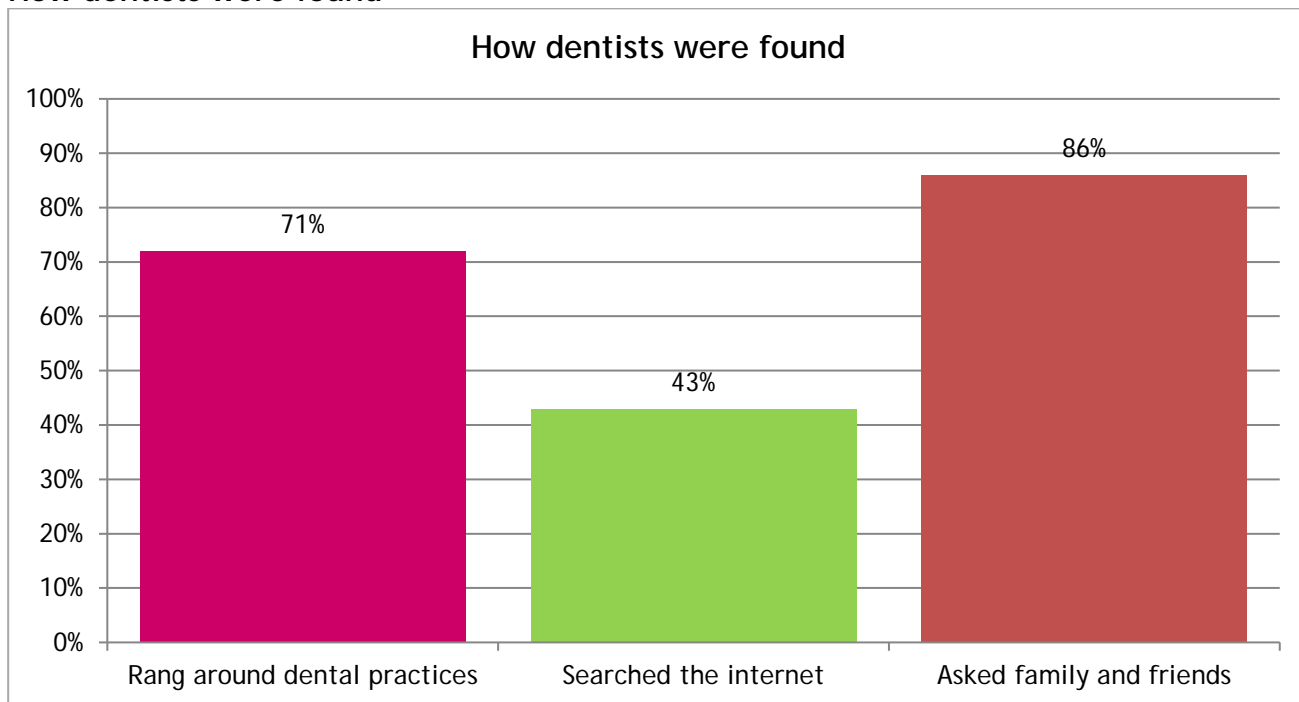
As well as the lack of accurate information on the NHS website regarding the accessibility of a dentist, negative responses relating to the inability to find a dentist could be linked to a growing population in Newcastle without additional NHS capacity keeping pace with this growth. The General Dental Council (CDC) reports that a large majority of dental businesses and dental professionals are experiencing adverse financial effects because of the COVID-19 pandemic, which is expected to continue in the future. It is estimated in the CDC report that up to 32% of dentists and 38% of dental care professionals think it likely that they will not be practising in 12 months.

Ease of finding a dentist



Four respondents who answered this question said they had contacted a private dental practice. Although we did not ask specifically, people told us that NHS dental treatment charges were expensive and some stated that they either struggled to pay or avoided dental treatment altogether because they could not afford the costs. As ten respondents (14%) stated they were looking for urgent treatment, it is likely that the four people who contacted a private dental practice did so for an active problem and not routine treatment.

How dentists were found



Fourteen people out of 71 answered this question (9%). Respondents mentioned several ways they set about finding a dentist. Most found a dentist by asking friends and family (six people), five people rang around dental practices/surgeries and three people used the internet. Some found a dentist in a variety of ways, for example, both telephoning and speaking with family/friends. Our survey found that information on many surgeries' websites was not up-to-date.

Comments mainly focused on how difficult it was to register with a dentist. No one used the NHS website and the NHS 111 site for information, suggesting more could be done to promote this service. Both NHS services and dental service providers need to bear in mind that people with learning disabilities and older people particularly may find it difficult to access information.

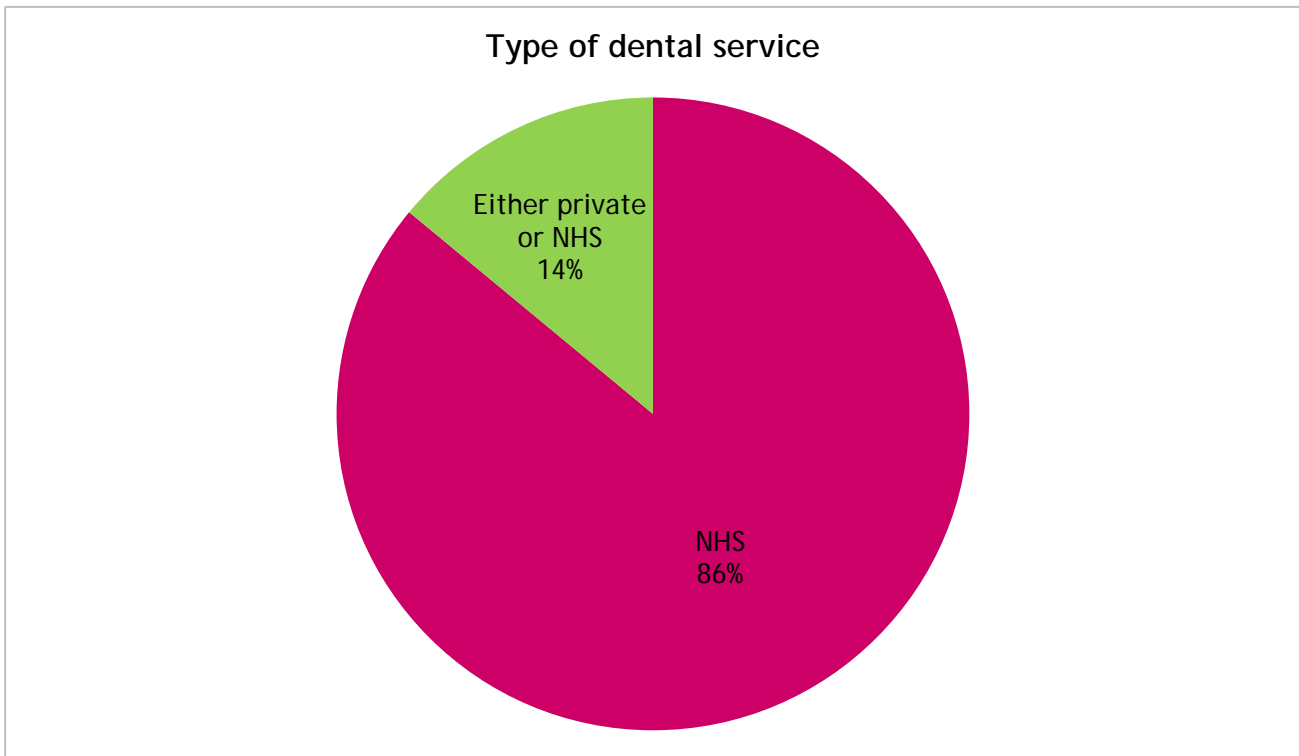
"Dentists need to let people know when they are taking on new patients – seems very little done to advertise."

"I have been unable to find an NHS dentist to take me on."

From comments in this question's free text field and from the Healthwatch England's dentistry during COVID-19 insight briefing⁵ in May 2021 there is a clear need to improve information, including online, so that people have a clear picture of where and how they can access services and the charges that they will need to pay. In particular, it was noted that change needs to take place to address dentistry 'registration', which causes significant confusion for both services and patients.

⁵ www.healthwatch.co.uk/report/2021-05-24/dentistry-during-covid-19-insight-briefing

What dental service was needed?

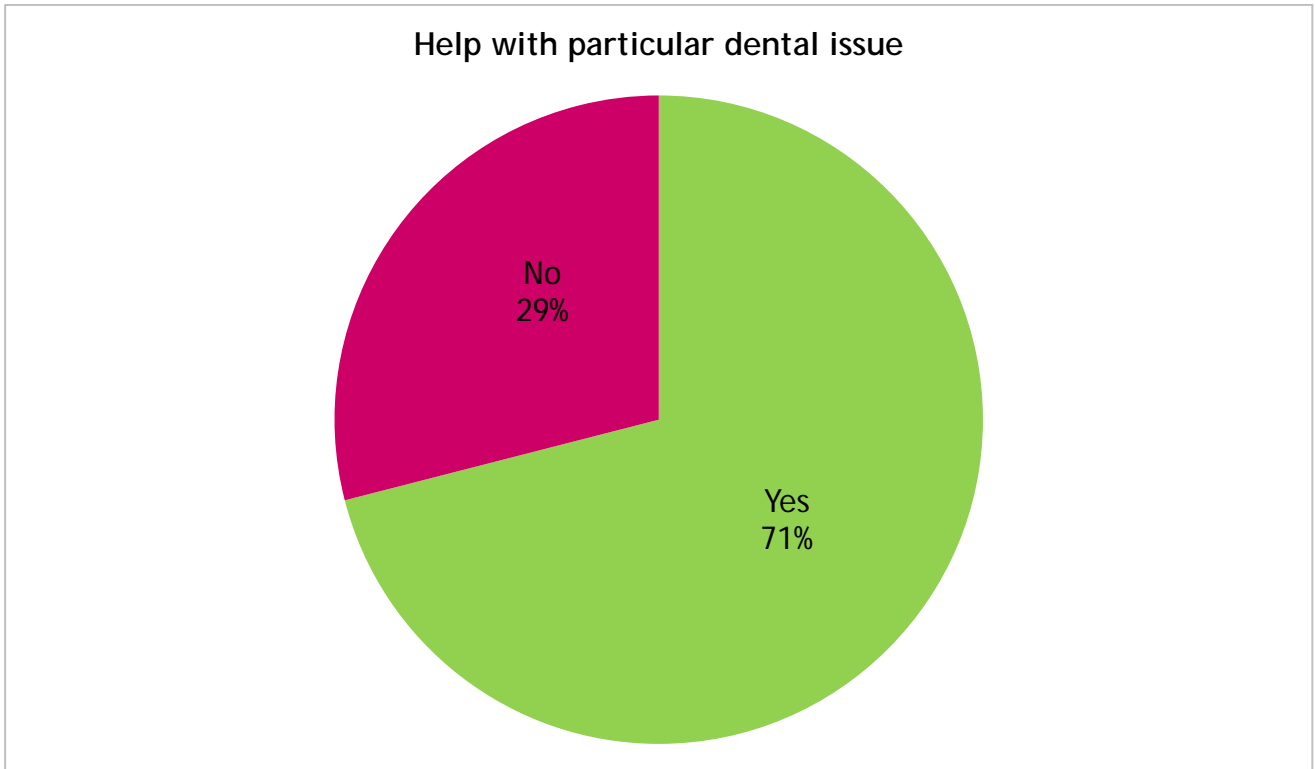


We were not surprised that over 80% (seven people out of 71) of Newcastle respondents were looking for treatment under the NHS – participants raised affordability as a barrier several times regarding both NHS and private charges. One person reported that they felt pressured to seek private treatment as they could not find NHS treatment. This will be especially difficult for people on a low income or who lost their job during the pandemic and people who have faced accessing private dental care for their whole family.

No one stated that they were seeking only private treatment in our questionnaire. This is particularly noteworthy as Newcastle ranks 32nd out of 317 local authorities in England in the overall Index of Multiple Deprivation 2019⁶, where 'one' is the most deprived (rank of average score). The employment rate in Newcastle in 2019 was 70% of the working age population, which was lower than the national employment rate of 76% in the same year.

⁶ www.gov.uk/government/statistics/english-indices-of-deprivation-2019

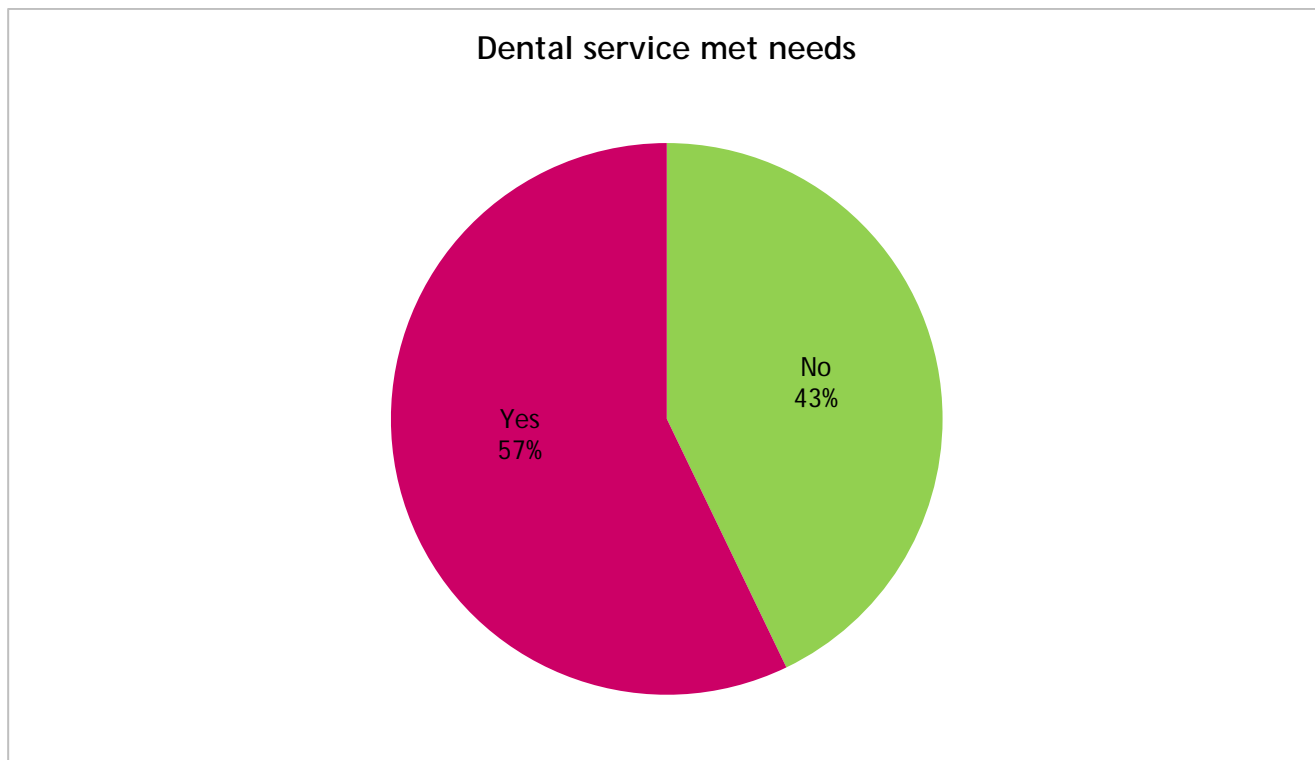
Wanted help for a particular dental issue



Overall, 71% of respondents needed help for a particular issue. This is reflective of 46% of respondents who wanted to make an appointment to arrange a routine check-up and 25% who required dental care relating to fillings, bridgework or a cracked tooth. The two people who answered 'no' to this question were enquiring about finding a dentist to register with for future treatment.

Again, the number of respondents was low, with a total of 7 people out of 71 answering this question.

Dental service met needs



Seven people answered this question in total. Of the two people who responded negatively, they were unable to access an NHS dentist because waiting lists were closed.

Reflecting on our 'a moment in time' exercise above, the six practices we contacted told us their waiting times were no more than six weeks. More research is recommended to see how representative this is as the figures in this report are too low to be significant.

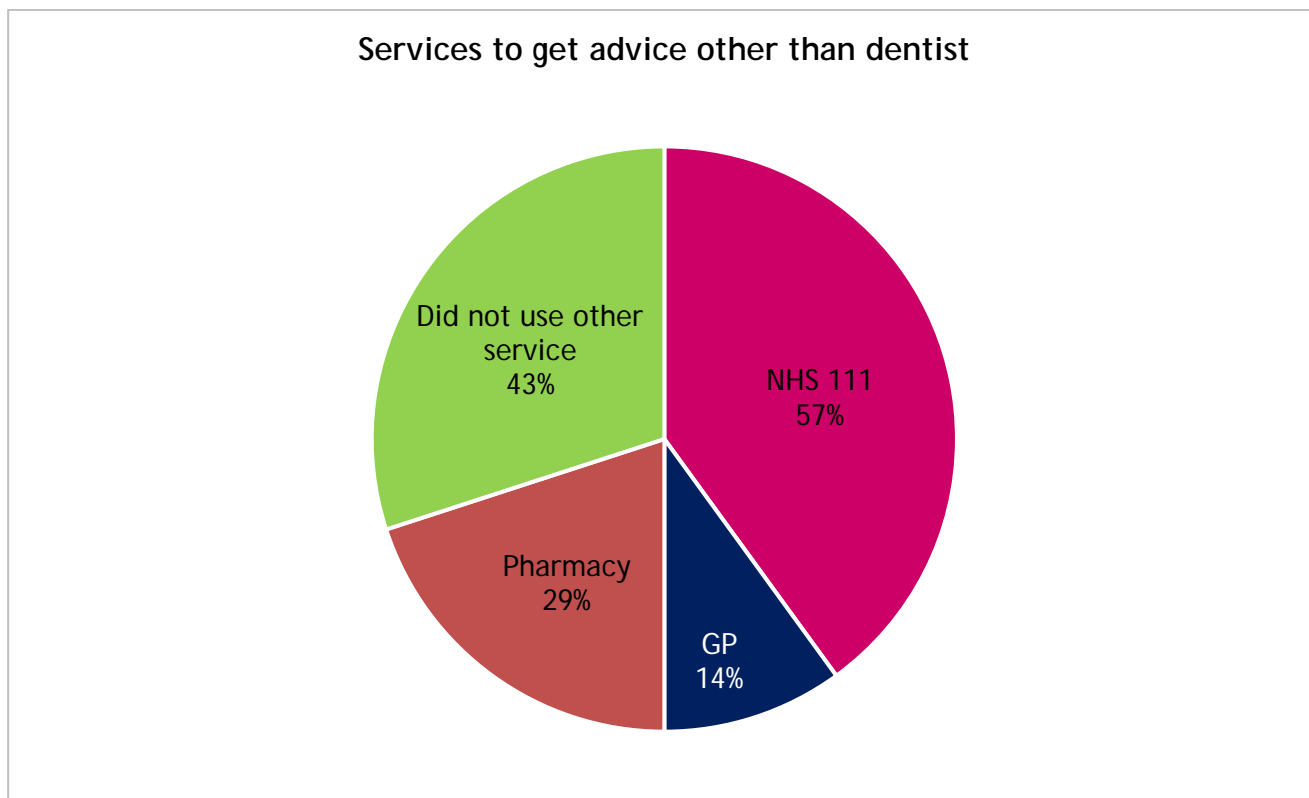
What is noteworthy is the need for dental practices to improve information on what is a reasonable wait for a routine dental appointment, as this is a subjective measure based on an individual's opinion of a long waiting time.

Waiting times should be explicit to manage patient expectations as dental services work to clear the backlog coming out of the COVID-19 pandemic. Patients need to understand that immediate needs are prioritised so some may have to wait longer for routine check-ups, for example. A triage system would be an option for dental practices to assess the issue and determine the priority for a patient to be seen.

Travel for dental care

Newcastle residents told us they travelled a maximum of four miles for dental treatment. This is in stark contrast to other local and national Healthwatch findings, which recorded some people travelling more than 50 miles to see a dentist. Newcastle is serviced by a good and improving transport infrastructure compared to neighbouring Gateshead or Northumberland, for example, where villages and rural areas don't have a dentist and residents have to travel further to access services.

Alternative services for advice on dental access



Of the seven people who responded to this question, four (57%) accessed NHS 111 to get advice on dental care and three did not seek advice from another source. Several people took advice from more than one service. For example, one person used a GP to access dental advice and two used a pharmacy as well as contacting NHS 111. No other services were recorded by respondents as being accessed.

Literature/information on where to seek help needs to be widely publicised with a clear information pathway that utilises existing networks and channels. Suggestions include:

- NHS websites and GP surgeries (television screens/leaflets).
- Dental practices, websites, leaflets.
- Healthwatch Newcastle.
- Community centres and local facilities (libraries, post offices, bus shelters, etc.).

Healthwatch Newcastle publishes updates on city-wide changes in dental provision as they become available. At the time of writing, there is also a feedback centre on the Healthwatch Newcastle website that provides basic information and reviews of local dental practices.

Consideration needs to be given regarding other forms of information-sharing to address the digital divide and other barriers that contribute to inequalities around access to information.

Improvements for finding a dentist

Three people (out of seven respondents) gave recommendations for improvements in finding a dentist, with some making more than one recommendation.

Two people focused on the difficulty registering with an NHS dentist and a lack of NHS spaces and one commented about the lack of information and how it was displayed or shared.

“Letting people know which dental practices were taking on new patients (seems very little done to advertise this).”

“Better Information on finding a local NHS dentist.”

Integrated care systems (ICS) will create new partnerships between organisations that meet health and care needs across the area. ICS will coordinate services and plan in a way that improves access to services. Promoting equality of access to services will make it easier to develop stable collaboration and improve communication around services for local and regional populations.

Section two: experiences of booking appointments

Whose experiences are you telling us about?

We asked respondents whose experiences they were telling us about. More than 75% (21 respondents) told us about themselves and 18% focused on their children (five people), with 7% citing ‘other’.

Although not the focus of this survey, it might be interesting to further explore the uptake of dental services among children in Newcastle, which links to childhood health inequalities and ensuring every child has the best start.

When respondents visited their dentist

Respondents visited their dentist between April 2020 and December 2021. The majority visited between July 2021 and December 2021. People may not have visited before this date due to the imposed lockdown throughout most of 2020, when dental appointments were cancelled or very restricted by NHS England on safety grounds. Dental problems accumulated and resulted in an explosion of demand (as well as the demand for check-ups).

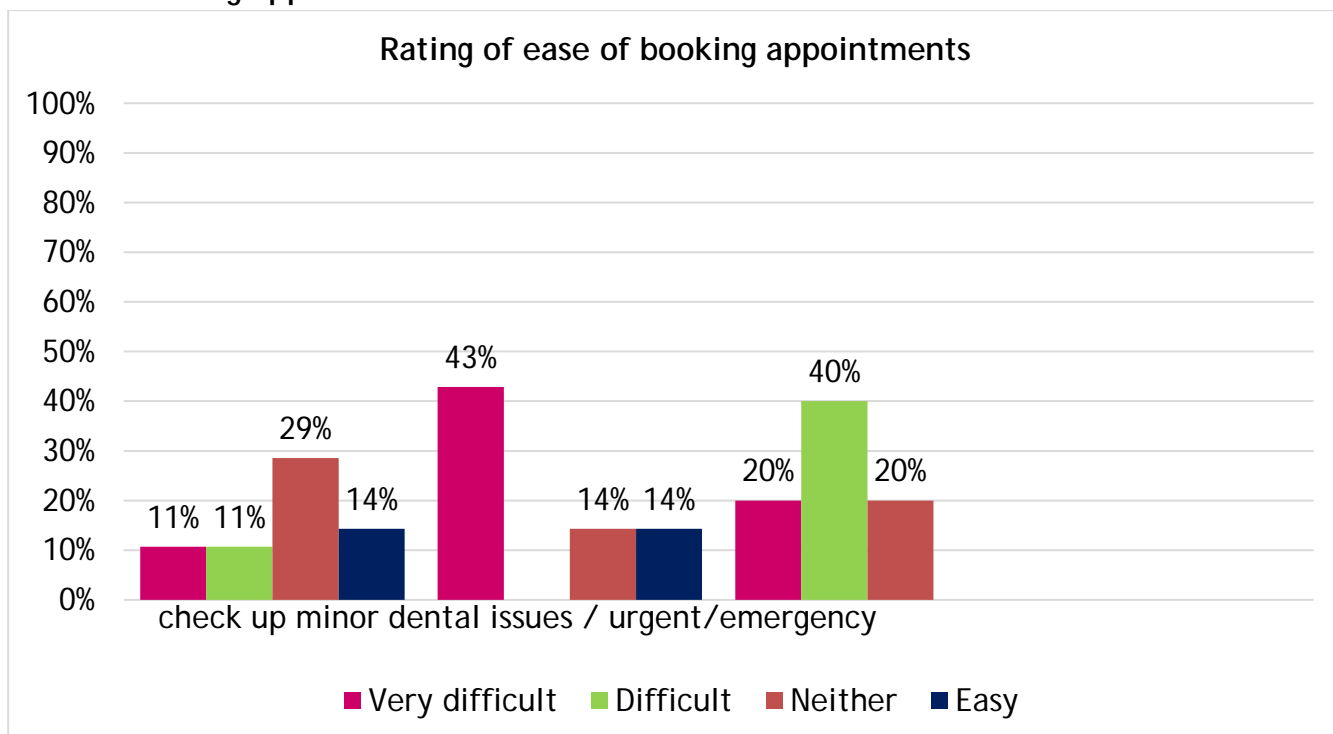
The effect of ongoing NHS restrictions and staff shortages will result in delays in clearing the backlog. Current reports suggest that up to 40% of dentists providing NHS care are dissatisfied with their contract and are thinking of giving up NHS work or leaving the profession entirely.

Dental practices and surgeries covered in our questionnaire

The following dental practices mentioned were:

- Acorn Dental Practice, Jesmond
- Alec Waugh Associates, Jesmond
- Brunswick Dental Practice
- Heaton Dental Clinic
- Honour Health, Jesmond
- Kings Walk Dental Practice, central Newcastle
- Kingston Park Dental Practice
- My Dentist, Heaton and Elswick
- Nepali Dental Practice, Kenton
- Perfect Smile, Gosforth
- Westgate Dental Practice
- Wideopen Dental Practice

Ease of booking appointments



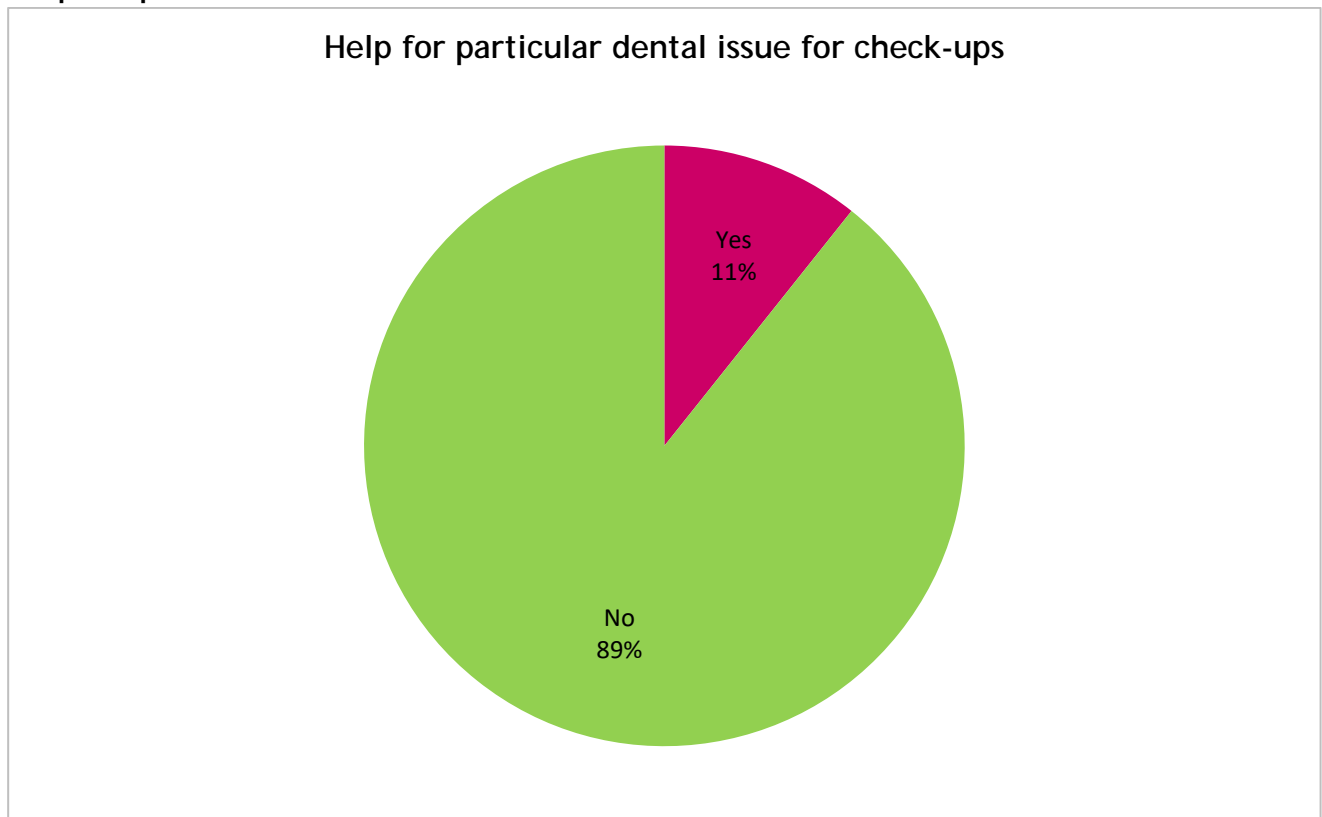
Twenty-eight people in total answered the question concerning check-ups (44 did not respond). Six people found accessing a check-up either difficult/very difficult, 14 people were neutral and eight people found it easy.

Eight respondents described accessing a dental service for urgent care as very difficult or neutral. Only seven people out of 64 answered this question relating to minor dental issues, with three people in total telling us they found the booking process difficult.

The pandemic made it difficult for most to access non-urgent/minor dental appointments and access to dental services generally at this time was severely limited. It is likely to take some time to recover, with a backlog of patients in need of oral treatment and care due to the reduced capacity of staff and the closure of more dental surgeries.

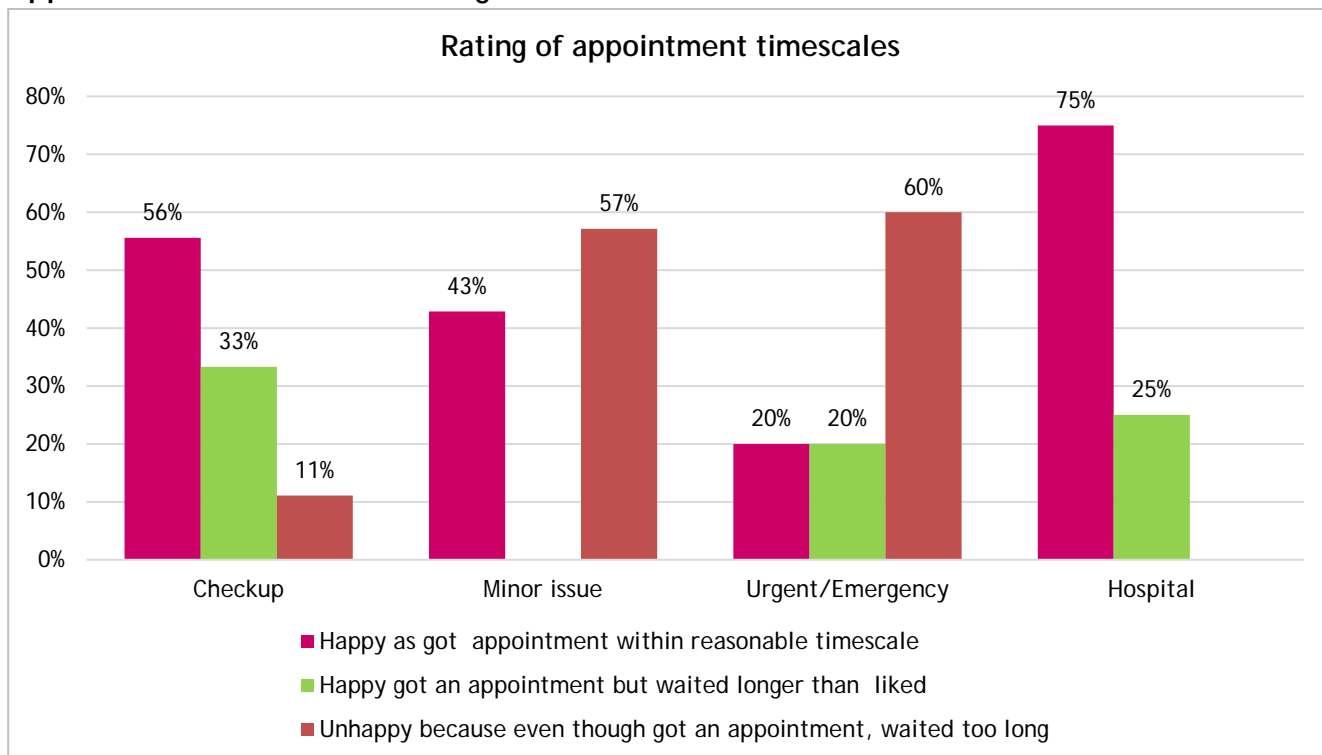
Only four people gave feedback on attending a hospital for dental treatment and all stated that they found access to this service easy.

Help for particular issues



Of the total 28 respondents to this question only three required help for a particular issue, two for broken teeth and one for a broken dental bridge; two of them considered it a minor treatment and one thought it was urgent. There are understandable reasons why people categorised this as either minor or urgent, for example, levels of pain or personal pain thresholds will vary. People with a broken tooth who access information via the NHS website may also be confused by advice stating that broken teeth are regarded as 'not serious' but then proceeds to advise on how to access a dentist in an emergency.

Appointment timescales/waiting times?



Twenty-seven people answered this question about appointment timescales for check-ups. Overall, people were happy with the timescale (15 people) and nine were happy but waited longer than they liked. Three respondents were unhappy about the wait. People told us exactly how long they had to wait (22 respondents): six waited two to three weeks, two waited between four and six weeks and 11 waited two months to 18 months (two respondents could not remember how long they waited). The large variation in waiting times could relate to the point at which respondents contacted their dentist over the COVID-19 restriction period and staff capacity at the time.

Seven people in total answered about timescales for minor dental issues (64 people skipped this question). Three people were happy waiting for one to two weeks for an appointment and four people were unhappy (waiting anything between two to six weeks) and two people waited six to 12 weeks.

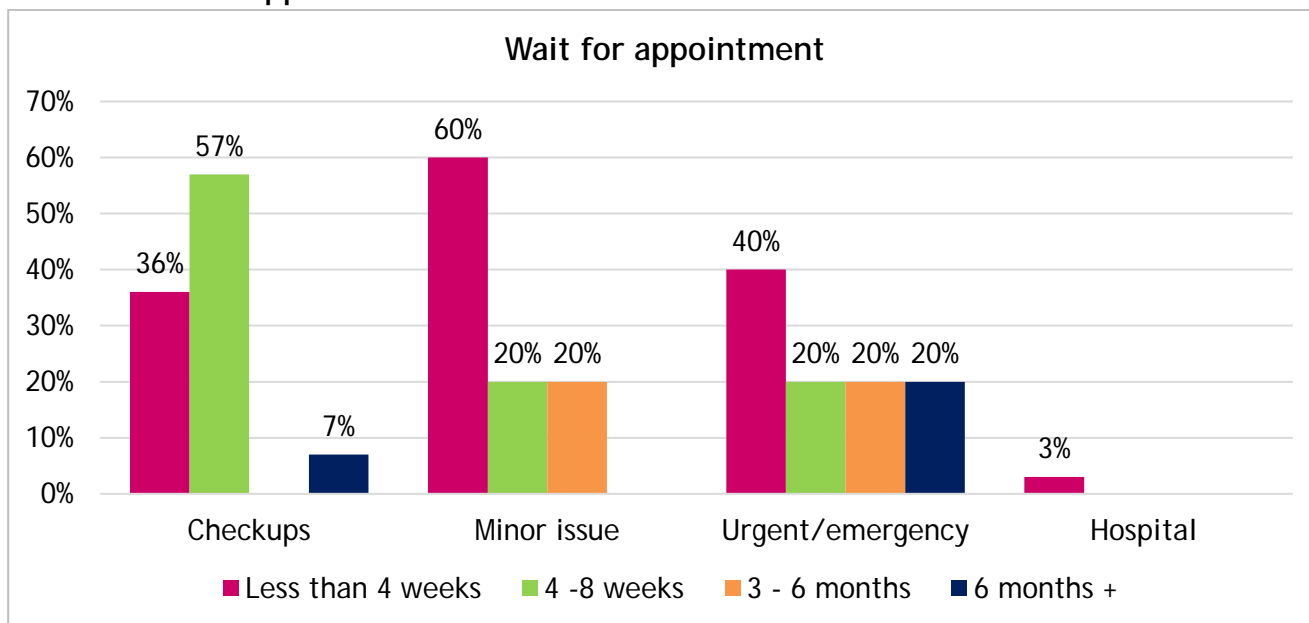
Five people gave feedback on timescales for urgent dental appointments: one person was happy with the timescale, one person waited longer than they liked but was happy to get an appointment and three people were unhappy. Of these three who were unhappy, one person waited six weeks and two people waited two to three months.

Four people gave feedback on timescales for dental hospital appointments: three said they were happy with the timescale and one stated they were happy but waited too long. Everyone who responded was seen within three to seven days.

Satisfaction for dental hospital waiting times appeared high but it must be noted that this was a low response and cannot be seen as significant within the context of this survey.

Overall, this varied response may reflect the different services that were accessed. The responses are not surprising given that priority was given to urgent cases during a particularly difficult and extraordinary period.

The wait for an appointment



On average only five people answered each question on this topic.

It is pleasing to see that most people waited less than six weeks for an appointment, regardless of the type of care needed. This level of service is to be commended. National research carried out by Healthwatch England with local teams in May 2021 found that people in England face three-year waits for dental appointments. This was just as a lockdown was lifting so constraints were in place for dental practices at the time, for example, a compulsory one-hour break between patients. The two time periods therefore may not be comparable.

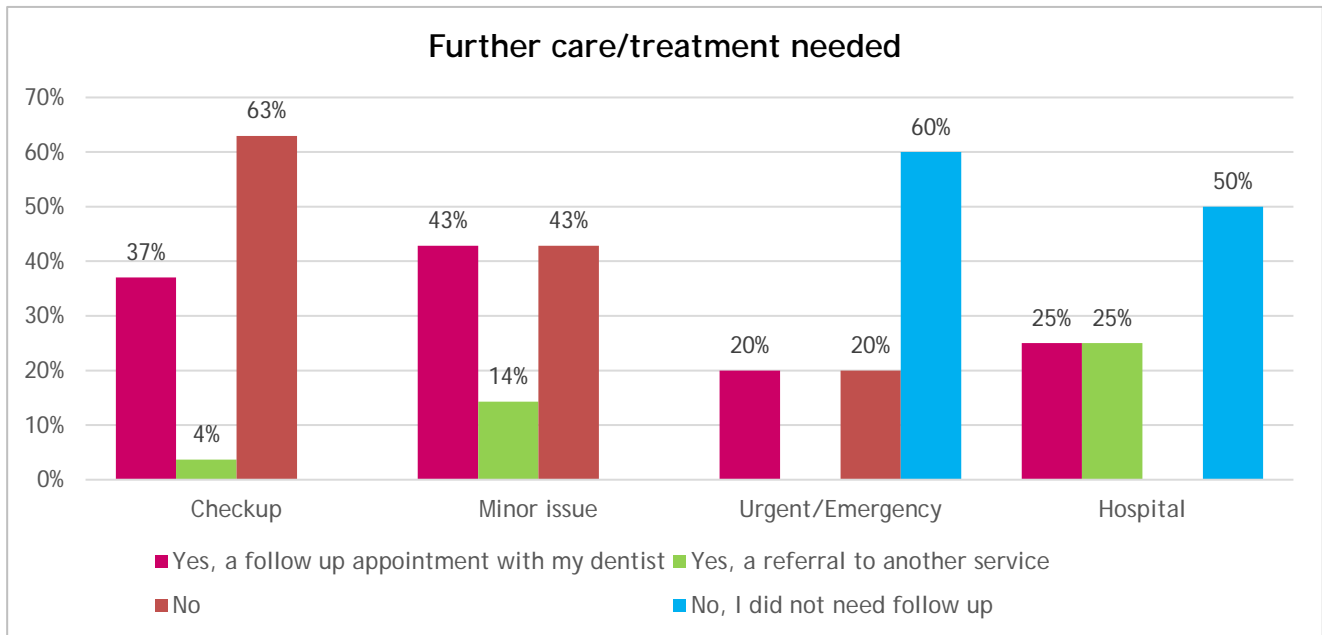
The British Dental Association also reported in November 2021 that more than 30 million NHS courses of treatment have been lost since the first lockdown and that patients are presenting with more advanced disease patterns and dental decay.

Offer of self-help advice for an issue

None of our respondents were offered self-help advice while waiting for urgent help from their dental practice. Information and guidance on what to do in certain dental matters would benefit patients.

Healthwatch Newcastle has experienced a spike in enquiries from people seeking help with dental services. It is important that more resources are made available at local and central/national levels to allow the dental sector to resolve backlogs, signpost people and offer sound advice to individuals to manage their pain.

Further care or treatment needed



For most respondents, any further dental procedures required were successfully dealt with in a single appointment. Only three respondents (from a total of 44 who answered this question) said they required follow-on treatment.

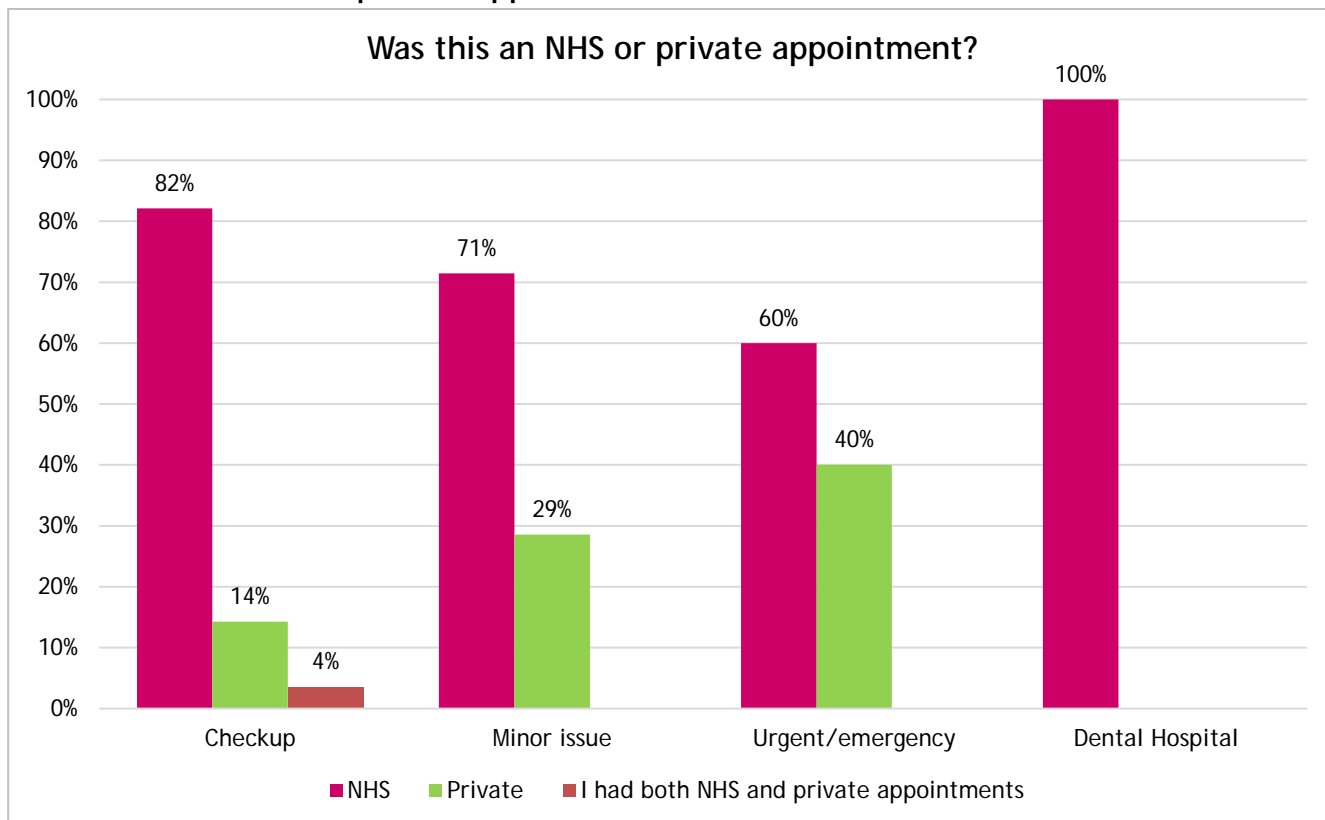
Those requiring further care mostly reported that they saw a hygienist or had a follow-up appointment with the dentist. One of the respondents (from a total of 44) could not access the further dental treatment needed, due to the personal cost of having to pay for more dental care. Twenty-one respondents of the 44 who replied stated that no follow-up was required.

Information provided if the situation got worse

No respondents received information on what to do if the situation worsened for either urgent/emergency care or at the dental hospital.

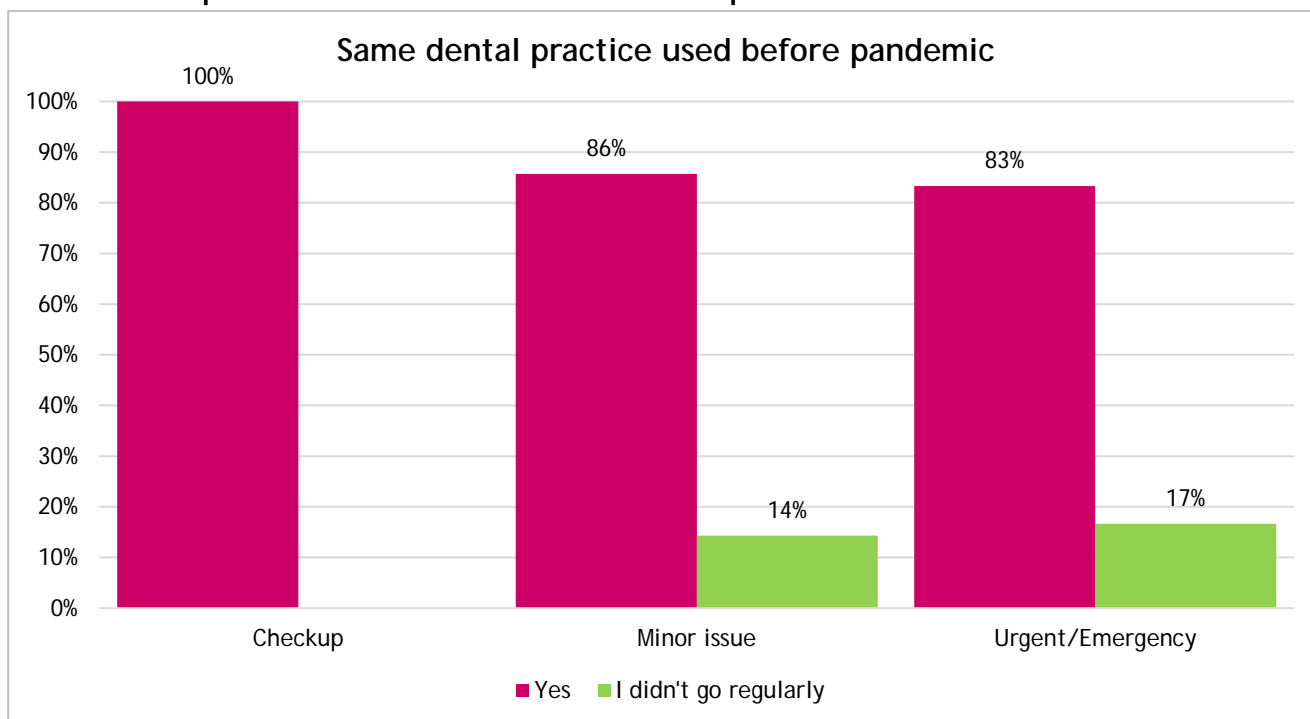
It would be useful for dentists to provide a leaflet or online information offering advice on worsening conditions and telephone numbers for emergency dentists in the event of severe pain. Patients could also be signposted to NHS 111.

Breakdown of NHS and private appointments



It is positive to see that most people who wanted them had NHS appointments. Responses were low overall for this question: 28 people answered (out of 71) regarding check-ups, with only one person using private dental care. Responses were low in all other areas (minor/urgent/dental hospital). No one sought alternative dental treatment once referred to the dental hospital. Two people (out of the seven who answered) used private care for minor dental issues and two used private care for urgent treatment (out of five who answered). Private treatment for urgent care was used because waiting times were too long for NHS treatment.

Same dental practice used before and after the pandemic



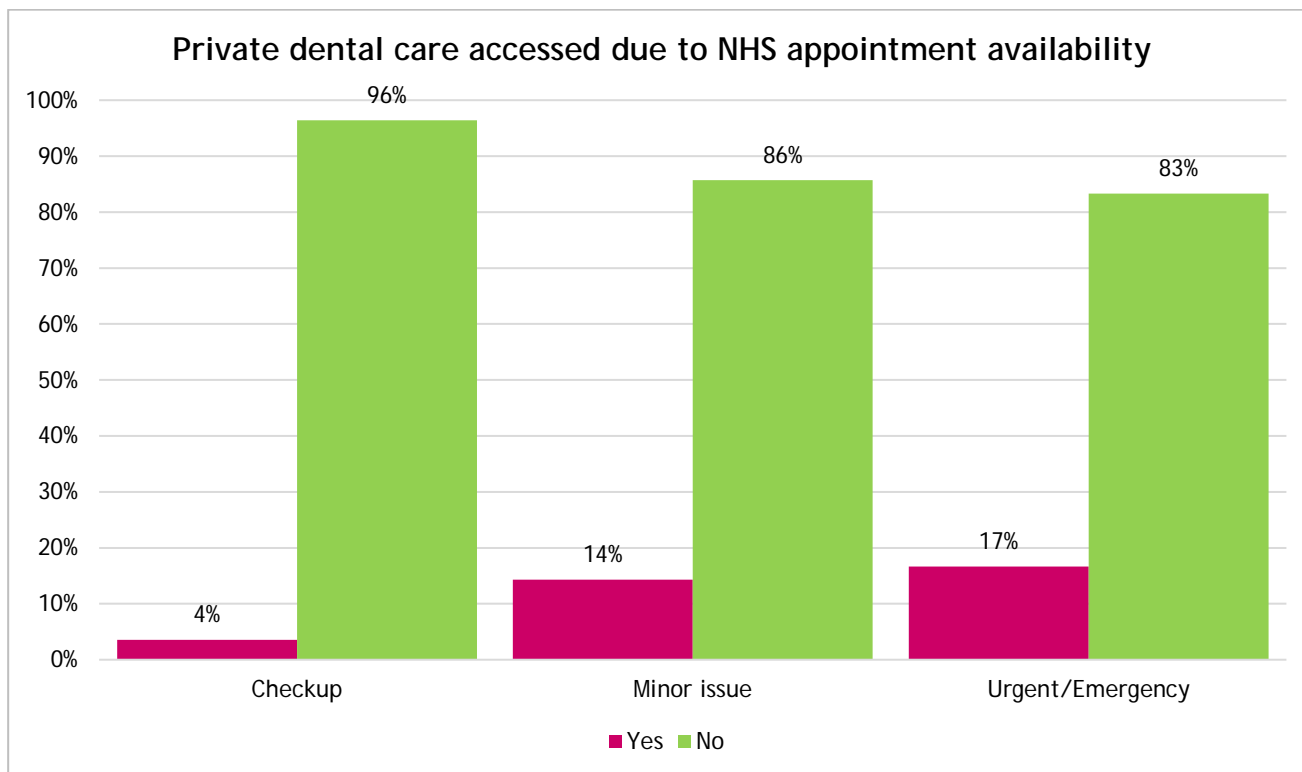
Twenty-seven people said they used the same dentists for a check-up before and after the pandemic (27 answered and 44 skipped this question). For minor issues, seven people answered the question and six said they used the same dentist (one sought treatment elsewhere). The question relating to urgent/emergency care received six responses. Five used the same dentist and one sought another dental practice.

Over 80% of respondents continued to attend the practice they had used before the pandemic, which reflects positively on dental practices. However, this may also reflect a commonly-held misunderstanding that people must attend the dental practice they are 'registered' with (there is no formal patient registration process to see a dentist, although new patients are asked to complete a registration form to capture their details). Responses to earlier questions suggest that dental practice staff may also be unaware there is no patient registration requirement as per GP practices: some respondents said staff told them they could not be seen because they weren't registered patients with the practice.

Patients may wish to change their dentist for a variety of reasons and are free to do so. It could be, for example, to move to a more convenient practice, because they are unhappy with the care provided by their current dentist, or because they don't want to be seen by a dentist within the same practice.

Providing information and informing people they are not bound by a catchment area, together with advertising that a practice is currently accepting NHS patients, will allow patients more freedom and choice.

Private dental care accessed because of NHS appointment availability



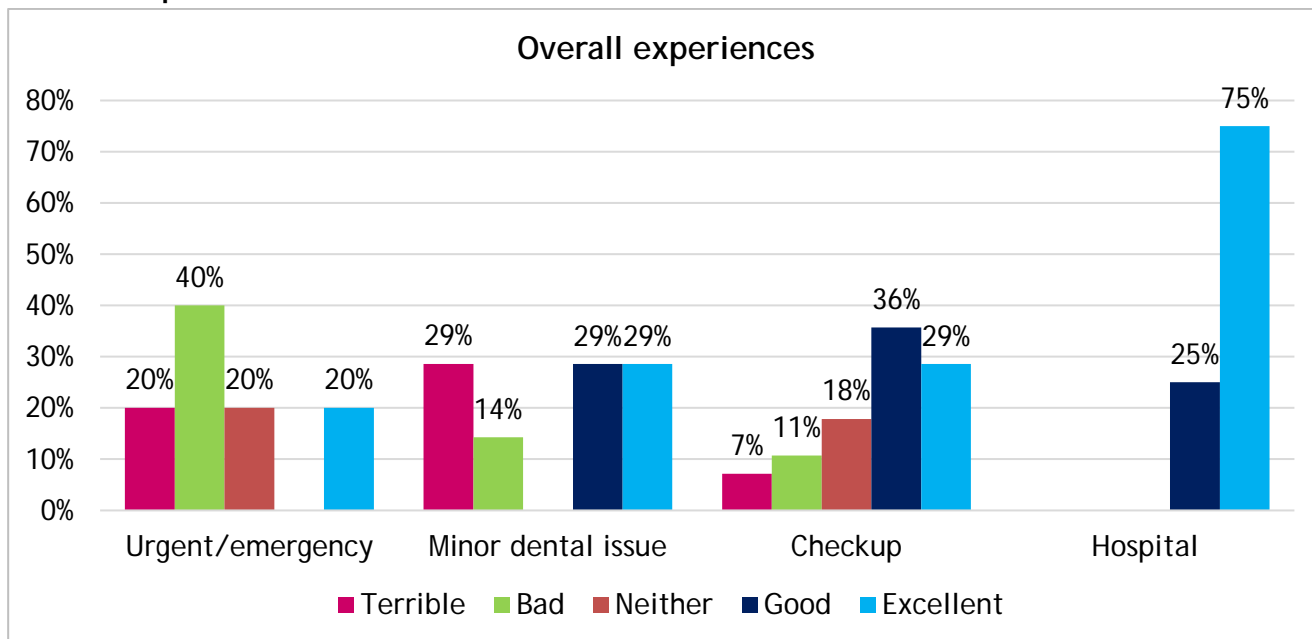
Three respondents out of a total of 41 who had a check-up, treatment for a minor issue and urgent treatment had accessed private dental services.

Three people paid for private dental treatment because the NHS waiting list was too long and one other respondent felt that by paying privately a better service was offered. It is reassuring that our findings did not reflect those of Healthwatch England, which received feedback that some practices appeared to be prioritising private over NHS patients as they started to reopen in June 2020.

Use of NHS 111 for emergency dental care

The four respondents who answered this question (from a total of six) had not used NHS 111 for/to access emergency dental care. Although two people had used 111 to either ask for advice on self-care for a chipped tooth or seek advice on availability in the area for an NHS dentist, it is questionable if people were aware they can use the service for dental issues. It could be due to fact that the criteria for NHS 111 states 'health' and many may not associate this with dental/oral health.

Overall experiences of dental care



Twenty-eight people (43 did not respond) answered the question regarding overall experiences with check-up appointments/services. Overall, the response was positive, with eight stating their experience was excellent, ten good, five neutral, three bad and two said their experience was terrible.

"Gentle dentist, explains everything, sensitive to my fear of dentists, very reassuring, smiley."

"Felt safe and that coronavirus safety measures were in place."

"Excellent service and great communication."

More negative comments stated:

"Receptionist was very unfriendly and rude."

"My appointment was cancelled at very short notice and I was not given a new date."

Seven minor treatment responses were received (64 did not answer). Two people rated the service as excellent, two as good, one as bad and two as terrible. Negative responses related to waiting times for an appointment.

Urgent treatment had a total of five responses (66 did not answer). One rated their urgent treatment as terrible, two as bad, one was neutral, and one was excellent. Again, comments were around waiting times. Three people rated the dental hospital as excellent and one as good (67 did not answer).

4. Conclusion

Our findings demonstrate that most respondents had a positive experience of dental treatment in Newcastle. Patients praised staff and appreciated the extra efforts to assist them during the lockdown.

Dental practices – ‘a moment in time’

It is evident from this work that dental practices in Newcastle are under a lot of pressure, given that the majority were too busy to answer questions or were uncontactable. The practices we were able to speak to had appointment waits of under one month and were accepting both NHS and private patients. Our volunteers found it difficult to contact some practices and this is echoed in the questionnaire feedback. There were many negative comments and some respondents were frustrated at not being able to get through to the practice.

Finding a dentist in Newcastle

Few people responded to this question, but four reported a positive experience and three a negative experience in finding a dentist in the city. Interestingly, accessing dental care was either very difficult or very easy. The majority of respondents found a dentist through the internet or by asking family and friends. The limited use of the NHS website suggests more can be done to promote this service.

The majority of respondents were looking for NHS treatment in Newcastle – affordability was raised as a barrier numerous times in the questionnaire. Many felt their needs weren't met, including being unable to find an NHS dentist and being placed on waiting lists for registration or treatment.

Recommendations for dental practices include making it easier for patients to register and increasing staff capacity overall to deal with the demand and backlog of patients.

Experiences of booking appointments

Urgent/emergency appointments were regarded as very easy to access and check-ups and minor dental appointments were reported as the most difficult. By introducing a triage system, patients could be assessed in a measured way over the telephone and signposted to emergency, urgent or self-care as appropriate.

Most respondents did not seek private dental care for routine care but some chose to do so for urgent care due to NHS waiting times and what they saw as better treatment.

Urgent/emergency appointments were needed mainly for severe pain, broken teeth and tooth extraction. Many respondents were unaware of NHS 111 as a resource when seeking emergency dental care or advice.

While many respondents did not require further care/treatment after their appointment, those who did needed to see the hygienist, attend follow-up appointments or attend the dental hospital.

Most people received NHS appointments for all services. Respondents who accessed private dental care were unhappy with charges and were afraid of mischarging. Two said they would rather go without dental treatment rather than pay for the service. Affordability was the reason given for this.

Many respondents continued to attend the practice they had used before the pandemic. Further work needs to be carried out to see if patients attend because they are happy to stay with the same practice/dentist or because this reflects the commonly held belief that individuals can only attend the dentist they are 'registered' with.

Suggestions to improve appointments included increasing the number of dentists and hygienists so waiting times could be reduced. This was followed by improved communication, including check-up reminders and information on practice websites about accepting NHS patients and what to do when you need urgent/emergency care.

Despite the difficulty of accessing oral care during this time, Newcastle compared favourably to the national picture; there was significantly better access and, once people could access dental services, they received good quality care.

5. Recommendations

Using all available knowledge and the insight of wider Healthwatch Newcastle information, we can make the following recommendations:

1. Make information simple and available

Residents have reported a lack of accurate, or indeed any, information about when a dental practice is accepting NHS patients. Dental practices and NHS websites should ensure information on how to access a dentist is clearly displayed and up-to-date, including details of NHS dental charges.

Community-led ethnic minority groups have told us that language and communication problems can lead to misunderstandings that exacerbate worries and concerns about dental treatment. People from ethnic minority communities may experience language and communication difficulties as additional barriers to accessing dental care. Older people and those with sensory or physical disabilities or learning difficulties may also experience barriers when engaging with dental services. It is the responsibility of dental health professionals to acknowledge that these barriers exist and to work with patient and specialist organisations to improve service access.

Clear and consistent information from all practice staff, on websites, answering machines and waiting room posters can help patients know what to expect. This is particularly useful in ensuring that patients know how long routine appointments should last, the procedures when arriving at the dental practice, opening times, treatment fees and so on.

Dental staff should avoid using dental terminology, abbreviations and jargon and, with the patient's permission, involve those close to them in the discussion where appropriate. One respondent suggested utilising remote consulting (triage), and three others suggested providing information leaflets or information about extra resources for the patient to read at home which may all be helpful additions to the information provided to patients in the surgery. It is important also to ensure leaflets are in accessible communication formats.

As referred to throughout this report by respondents, communication is key to patient satisfaction. Being aware of patients' needs and the barriers they may experience is vital in supporting patients. The use of prompt cards to support a patient, and providing interpreting services when required, will reduce anxiety, avoid cultural misunderstandings and concerns and reduce mistrust from patients towards their oral care.

2. Improve patient registration processes

Steps need to be taken to address the confusion caused by the issue of 'registration'. While the NHS website clarifies that people don't have to register with a dentist as you do with a GP, patients will normally be asked to fill in a registration form for the dentist to capture essential contact and relevant health details. Dentists can 'de-register' patients (decline to go on treating them) for a variety of reasons, which causes confusion and frustration for the patient and ultimately leads to complaints.

3. Improve NHS patient access

Access to NHS dentistry is difficult for patients for a variety of reasons, including the COVID-19 pandemic. Consideration needs to be given to ways to reduce the backlog, improve access to dental care and reduce any confusion between NHS and private services and payment of dental services

In January 2022, NHS funding of £8,904,000 was announced for the North East and Yorkshire to provide more NHS dental appointments. This is one-off funding that will be available until the end of the financial year. Children and people with learning disabilities, autism or severe mental health problems will be prioritised as part of a dentistry treatment push over the coming months. This boost will allow more people to access vital dental care when they need it and provide positive outcomes for patients.

However, the British dental industry is facing an impending recruitment 'crisis' according to the British Dental Association. Along with the decline of dentists comes a poor deal in NHS contracts resulting in a shortage of dental appointments against a background of increased public demand post-COVID-19. For example, the West Suffolk Clinical Commissioning Group (CCG) area lost 21% and Portsmouth CCG lost 26% of its dentists in the last year, 28 other CCGs lost at least 10%. In the Newcastle and Gateshead CCG area, the number of dentists fell by 26 (8%) from 326 to 300.

4. Review affordability in line with the cost of living increase

Many people struggle to afford NHS charges, and these may need revisiting in light of the current cost of living crisis. Where many have been negatively affected due to the pandemic, people should be able to access the same standard of dental treatment, regardless of being an NHS or private patient.

6. Acknowledgements

Thanks to the following organisations and people who helped in promoting our survey during a particularly difficult time when COVID-19 restrictions were in place, limiting our ability to reach all parts of the community and preventing face-to-face work by Healthwatch Newcastle staff and Champions (volunteers).

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Connected Voice
Crisis
HAREF
Isaac Carty
Kate Beattie
Peace of Mind
Search
Sow Fong Cole
West End Refugee Service
All our valued Healthwatch Champions

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