



## **Enter and View Report : Multiple Providers**

**Report Name: Access to dentistry within London Borough of Bexley**

**Date of visits: November 2015-January 2016**

### **Acknowledgements**

Healthwatch Bexley would like to thank the Dental practices, including their patients and staff, in addition to the general public, for their valuable contribution and for participating in this survey.

### **Disclaimer**

Please note that this report relates to findings observed and data gathered through 13 Enter and View visits and outreach activities within the London Borough of Bexley (Bexley) during the period of November 2015 and January 2016. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visits.

### **What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to identify specific safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## 1. Introduction

Good oral health is an important aspect of general health and contributes to quality of life. Access to dentistry is an important factor for maintaining good oral health and there is a strong link between social determinants of health and oral disease (World Health Organisation, 2016). Poor oral health may restrict people's ability to speak, eat, smile and socialise without discomfort, pain and embarrassment, subsequently affecting individual's wellbeing.

Healthwatch Bexley has in the past received local and national reports of people being unable to register with an NHS dentist and concerns with the quality of the services they receive. There have been national reports of people being struck off registers and having to travel vast distances from their home to access dental treatments (Healthwatch England, 2014). However, data from Healthwatch Bexley's monitor log shows that the number of people contacting Healthwatch Bexley for inquiries of available NHS dentists has greatly reduced in the last year.

Statistics from Public Health England (PHE) demonstrate to what extent children and adults in Bexley have accessed dental services in the past years. There has been an upward trend in access to dental services between 2010 and 2012, with a gradual decline in access noted in the period of 2012-2014. In 2014, 41% of adults accessed dental services and this puts Bexley as the second lowest when compared to neighbouring boroughs (Bromley and Greenwich) and below London average. For children, access rates in 2014 was 61%, which placed access to dental services by children in Bexley below both Bromley and Greenwich, as well as below London and England average (PHE, 2014).

There is limited local data available on oral health for the population in Bexley. The National Institute for Clinical Excellence (NICE, 2014) state that Health and Wellbeing Boards and Directors of Public Health should make oral health a core component of the JSNA and the health and wellbeing strategy. This includes setting up a group that has responsibility for an oral health needs assessment and strategy.

This report presents the findings of an Enter and View programme into Dental services conducted by Healthwatch Bexley between November 2015 and January 2016. The purpose of the survey was to gain a baseline understanding of people's experiences accessing NHS dentist services within Bexley. The report seeks to highlight to what extent residents are able to access NHS dental services, their experiences when doing so and what impact cost may have on accessing treatment.



## 2. Methodology

This survey is based on quantitative data which was captured through a structured questionnaire, consisting of 13 questions. The questionnaire prompted respondents to 'tick' the relevant box, which most accurately reflected their experience. The questions generally related to experiences of:

- Ease of accessing a NHS dentist
- The appointment system
- NHS banding costs
- Costs affecting access to treatments
- Overall satisfaction with dental practice

Generic details, such as age, ethnicity and gender of participants were also captured. Leaflets explaining the role of Healthwatch were offered to participants and left within the premises for future reference.

A total of 217 questionnaires were filled in. Of these, 78 were obtained from announced Enter and View Visits at Dental practices across the Borough and 139 were obtained from a number of outreach activities. The outreach activities included visits to Erith and Sidcup Libraries, Carers Conference, Bexleyheath Broadway and the Pensioners Forum.

During the Enter and View visits, a member of staff or management was approached by a Healthwatch representative, who explained the purpose of the visit. General observations of the dental practices were further made during the visit and included checks of disability access, displays of NHS banding costs and complaints procedures, in addition to structure and lay out of patient information and general maintenance.

Every effort to obtain a representative sample of the population in Bexley was made for this survey. The range of outreach activities, in conjunction with the Enter and View visits, facilitated a broad demographic sampling as possible. The demographics of Bexley are predominately White British (86%), with a number of smaller ethnic minority groups, of which Black African represents the largest group (4.7%) (London Borough of Bexley, 2011). This corresponds with the participants in this survey, which are predominately White British (82%), followed by Black ethnicity (6%) and Asian Ethnicity (5%). There are more women than men in Bexley (LBB, 2011), and this is further evident in the sample, although women (66%) are significantly over represented in this survey.

The over 65 age group further represents 40% of the sample, with 25-65 year old representing 46%. A breakdown of all figures can be found in the results section.



### 3. Summary of findings

- Almost half of the respondents (49%) stated they could obtain a routine appointment at their practice within one week and 52% stated they could obtain an urgent appointment within two days.
- The majority of respondents (94%) reported being able to book an appointment at a time which is convenient to them.
- The majority of respondents (73%) stated that their dental practice has a reminder system using text or e-mail.
- Just over half of the respondents (53%) were aware of the NHS banding costs for treatment.
- The majority of respondents (70%) stated that the cost of treatment has not prevented them from having routine treatment done, whereas 17% stated that it had.
- Half of the respondents (50%) stated that the cost of treatment sometimes prevent them from having essential treatment done with 16% stated it has prevented them from having essential treatment done.
- The majority of respondents (87%) reported being very satisfied or satisfied with their dental practice and 84% would recommend their practice to family and friends.
- The majority of respondents (53%) were unaware of a complaints procedure, with 12% reported being unsure.

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### 4. Results of Survey

Overall, the results of this survey demonstrate that the residents in Bexley (87%) are satisfied with the services they receive at their dental practice. This finding is consistent with data from the GP Patient survey dental statistics (NHS, 2015) which states that 84% of respondents rated their experience as positive.

#### 4.1 Access to dental services

Nationally, the success rate in obtaining an NHS dental appointment is 92% and this is exceeded locally whereby 96% of the respondents who tried to obtain an NHS dental appointment were able to do so in Bexley. The reasons stated for not being able to obtain a NHS dental appointment was dental practices becoming private and a lack of NHS appointment available when attempting to book an appointment.

The ease of obtaining a routine or emergency appointment is displayed in figure 1. There is a wider spread of obtaining an appointment for routine treatment, which may be explained by dental appointments frequently being booked up to six months in advance. The ability to obtain an urgent appointment quickly thus yielded a higher success rate (Figure 2).

Figure 1.

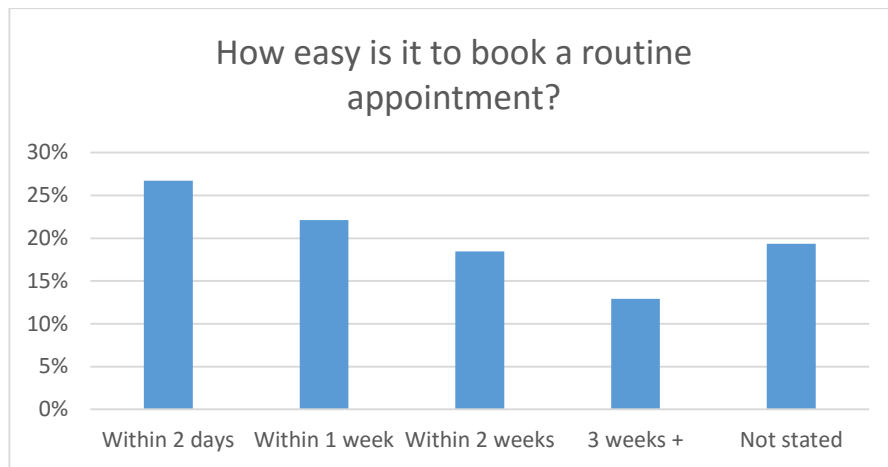
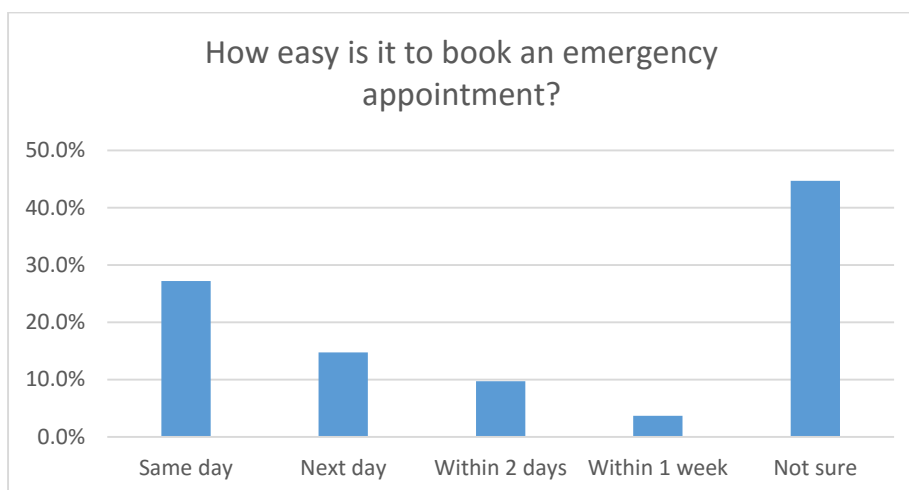


Figure 2.



## 4.2 Cost of treatment

Cost of treatment, predominately for essential treatment but also for routine treatment, is identified as a key finding within this report. 17% of the respondents stated cost had prevented them from accessing routine treatment, such as regular check-ups, with an additional 12% stating that cost sometimes prevented them from accessing routine dental services (Figure 3). This figure is significantly higher for essential treatment, whereby 51% of respondents stated it had sometimes prevented them from having essential treatment and 16% said it has prevented them from accessing dental services (Figure 4).

Figure 3.

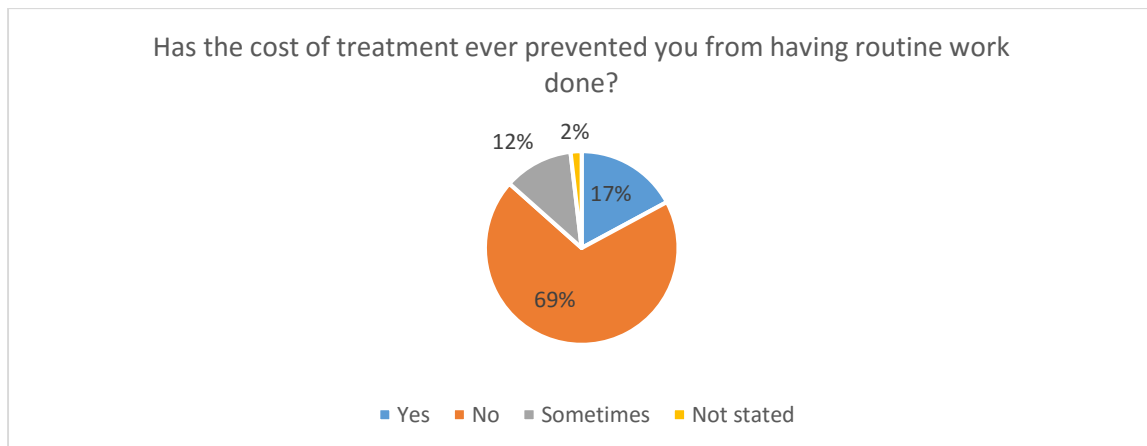
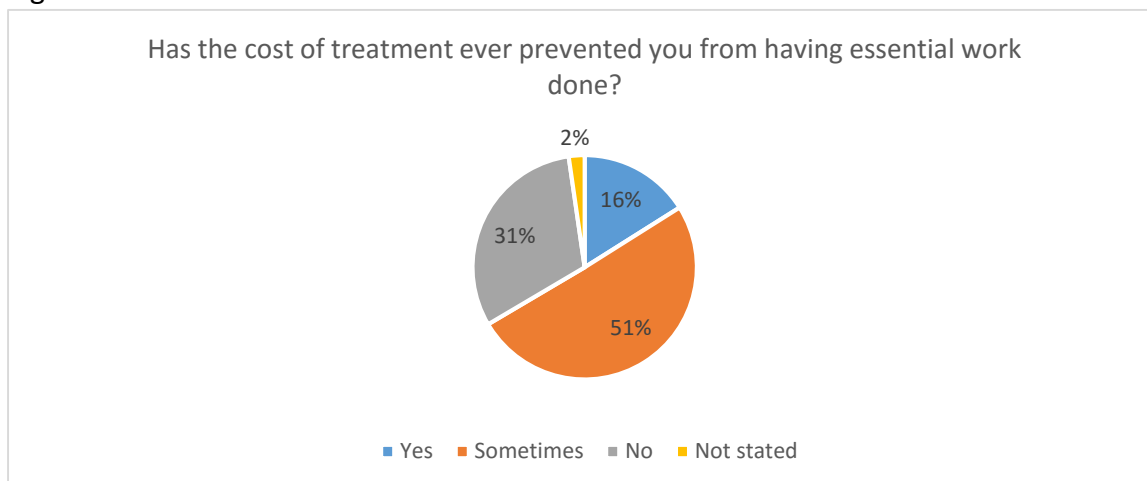


Figure 4.



#### 4.3 NHS Banding charges

The number of respondents aware of the NHS banding costs for treatment was just over half (53%). The Enter and View visits demonstrate that the majority of practices have information clearly visible within waiting areas about the banding charges, although in some practices they were not as visible as they could be. Three practices did not appear to have the banding charges on display.

#### 4.4 Choosing of dental practice

Participants were asked why they chose their dental practice and 38% of the respondents reported it being close to home, followed by a recommendation and family having used the practice for years. 5 % of respondents reported choosing their dental practice as the practice were taking on NHS patients. The majority of participants (84%) stated that they would recommend their practice to family and friends.

#### **4.5 Complaints procedure**

More than half of respondents (53%) did not know how to make a complaint should they wish to do so. The majority of practices had a complaints procedure visible within their waiting areas, with two practices not displaying complaints procedures clearly/visibly to patients.

### **5. General observations**

All the practices visited were observed as being clean, tidy and welcoming. The majority of practices had suitable entrances for wheelchair users and buggies with only two practices being identified as having unsuitable accessibility for wheelchairs and buggies. Three practices were noted of having lower reception desks to accommodate wheelchair users. The information on display varied greatly between practices, with one practice being quite cluttered with patient information and displayed in very small text, whereas another practice had no patient information at all in the waiting room.

### **6. Discussion**

The survey demonstrates that the majority of outreach respondents have access to dental services, with eight people (5%) reporting being unable to access NHS appointments due to a lack of available NHS appointments or their current practice becoming private. It is not clear from the survey what barriers, such as transport or language barriers, prevented people from obtaining an NHS appointment within the borough but comparisons with national data suggest the availability of NHS dental appointments in Bexley is higher than the London average of 92% (NHS, 2015). This data is consistent with the trend identified by Healthwatch Bexley, whereby the number of inquiries of available NHS dental practices have greatly reduced during the past year. However, the statistics from PHE (2014) demonstrate that access to dental services on a population level in Bexley is below London and national average, with only 41% of adults and 61% of children accessing services. Increasing access to dental services is important as oral health contributes to general health and wellbeing.

Evidence demonstrate that there is a strong link between socio-economic status and oral health and this survey suggest that there are residents within Bexley who are unable to access dental services due to cost. The high number of respondents unaware of the NHS banding charges may suggest that there is a need to communicate dental costs within Bexley to increase access. The correlation between access to dentistry and oral health for this study population needs to be better understood, but research shows that people from lower socio-economic groups have higher levels of oral disease and are less likely to access treatment due to cost (WHO, 2016). Risk factors for oral diseases are unhealthy diet,

tobacco use and poor oral hygiene and evidence shows that populations from deprived areas are more likely to consume a poorer diet and be diagnosed with obesity, cardiovascular and respiratory diseases and diabetes, thus significantly impacting on general health and oral health (WHO, 2016).

## **7. Cause for change**

Oral diseases are largely preventable and are often a result of health inequalities. A report into the state of children's oral health in England by the Faculty of Dental surgery, states that almost a third of five year olds in England are suffering from tooth decay (FDS, 2015). The report further highlight that sugar, as well as acid food and drinks, play a key role in tooth decay. Tooth decay that is not diagnosed and treated early frequently leads to hospital admission for specialist care, with possible extraction and multiple extractions as a result. In 2013/14, five to nine year olds accounted for the largest group to be admitted to hospital for dental caries and this is trend that is increasing (FDS, 2015).

The prevalence of obesity, particularly for children, and diabetes in Bexley therefore raises a cause for concern as a high sugar intake, including consumption of fizzy drinks, are directly linked to poor oral health (FDS, 2015, WHO, 2015). This concern is further increased by the lower access rates to dental services amongst children in Bexley, which is likely to lead to tooth decay and costly specialist treatments. The sugar tax announced by the Government in March 2016 is a step in the right direction to tackle the high intake of sugar, but it must be recognised that this step alone will not be sufficient to a) reduce obesity and b) to improve general health and wellbeing, as this requires a whole system approach. It is consequently crucial that the prevalence of oral disease in Bexley is better understood, so that interventions can be implemented to ensure equity in access to dentistry, coupled with appropriate oral health promotion strategies, to improve health and wellbeing for the population as well as tackling health inequalities amongst the most disadvantaged.

## **8. Recommendations:**

There recommendations arising from this report are divided into two sections. The first set of recommendations relates to improvements within Dental practices and the second set of recommendations relates to general and strategic interventions, which may lead to improved health and wellbeing within Bexley.

### **1) Dental practice recommendations:**

- NHS banding charges on display in waiting areas.
- Complaints procedure clearly visible to patients.
- Any patient information/signposting on display in waiting areas should be presented clearly and visible and in a professional manner.
- Ensure suitable entrance for wheelchairs and buggies.



## **2) Additional recommendations:**

- Conduct Oral health needs assessment for Bexley
- Oral health to feature as a core component of the forthcoming JSNA for Bexley
- NHS banding charges communicated within Bexley to increase access
- Health promotion strategies to increase access to dental services to improve general health and wellbeing. Example: Health visitors ask families if they are registered with a dentist during check-ups

## **9. Conclusions**

The results presented within this report highlights that residents in Bexley are satisfied with the service they receive from the dental practices. The report further demonstrates that the majority of outreach respondents have access to NHS dental services, with a small number of respondents being unable to obtain NHS appointments and their practice becoming private.

The results demonstrate however that the cost associated with dental care prevents some respondents to access services, which is likely to have an impact on oral health and general wellbeing. Oral health in Bexley should therefore be better understood and feature as part of the JSNA to ensure interventions and strategies for improving health and tackling health inequalities are inclusive of oral health.

Additional research may be required to explore to what extent dietary and hygiene advice are provided to patients following dental check-ups as well as exploring the relationships between lower socio-economic groups and access to dental services.

## **10. References**

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