

# healthwatch Wolverhampton

## Dentistry in Wolverhampton- a survey of local residents

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Research & Insight

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## Introduction

Healthwatch Wolverhampton are the independent consumer champion for health and care. Our job is to make sure that the authorities that run local health and care services understand and act on what matters to people who use the services that they provide. Our reports are designed to be transparent, clear, and easily accessible that create sustainable improvements in the delivery of services.

On this occasion we have carried out research into the experiences of people living in Wolverhampton around accessing and using dental services in the City as we had been contacted by local residents who told us they had experienced difficulty in finding a dentist offering NHS services and also when they did go to a dentist, the cost of treatment was not always explained before they treatment took place.

Our findings were similar to those of Healthwatch England from their national survey in 2016 and the report they compiled from other local Healthwatch feedback. Although most respondents were registered with a dentist and of those most were with an NHS dentist there were a number who were not registered with a dentist at all.

One of the key reasons for not going to the dentist was given as being down to the cost of treatment. It was also the case that around a quarter of the respondents said that treatment and costs was not discussed with them before treatment commenced.

Location of dentists was also an issue for some of the respondents as a reason why they were not registered with a dentist and although many travelled to the dentist by car there were also a significant minority of respondents who used public transport or walked and for whom the location of the practice becomes more of an issue.

Having knowledge about accessing emergency or out of hours dental care was a problem for some with some poor experiences of trying to access through walk-in centres and also a lack of knowledge of service availability. Although this was an issue for the general population it was also flagged up that there could be more information available in community languages.

Although some of the issues that were raised regarding access to dental care are not unique to Wolverhampton, nor are local commissioners in a position to take action on dental costs there are some areas that commissioners and providers are able to take action in order to improve the experience of residents of Wolverhampton.

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## Background

Healthwatch Wolverhampton set their priorities with the public for their workplan. This year the public indicated that they would like further investigation into dental services in Wolverhampton. In addition to this the Health and Wellbeing Board in Wolverhampton have Oral Health as one of their priorities.

In 2016 Healthwatch England issued their report 'Access to NHS Dental Services: What people told local Healthwatch'. The report drew on the findings from a number of local Healthwatch in relation to dental services but Healthwatch England also carried out a national survey into access and experiences of dental services in England. They found that most people that wanted access to an NHS dentist were able to do so but that there were particular groups who were at risk of missing out. These included people living in areas where commissioning had failed to keep pace with demand; people from specific groups who may find accessing mainstream services difficult such as speakers of other languages and people with disabilities; along with people who don't currently go to the dentist or only access a dentist when they have dental problems. The cost of treatment was also a key issue both for those responding to the national survey and in feedback to local Healthwatch, with some saying that they had delayed treatment due to the cost and 36% of survey respondents saying that they had not been to a dentist at all because of the cost.

## Plan & Methodology

### Methodology

For this Healthwatch research project we used a survey that used mainly closed questions to provide quantitative data. The survey also included an opportunity for respondents to add further comments to expand on their answers if they wished. Surveys are a useful tool when collecting feedback from large numbers of respondents. The survey method was chosen because there were time constraints associated with carrying out the research and we wanted to encourage participation by a large section of the public.

There were 507 responses to the survey but not all the respondents answered every question in the survey and therefore, the percentages quoted relate only to the percentage of those who answered the particular question.

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## Quality plan

Healthwatch Wolverhampton has a responsibility to ensure that the research it undertakes and creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state up front how quality was ensured during this project. The Research team underpins its research activities by applying the Market Research Society Codes of Conduct (MRS, 2014). ECS, which delivers Healthwatch Wolverhampton, is a company partner of the Market Research Society.

During this project Healthwatch Wolverhampton adhered to a strict data protection policy that ensured that:

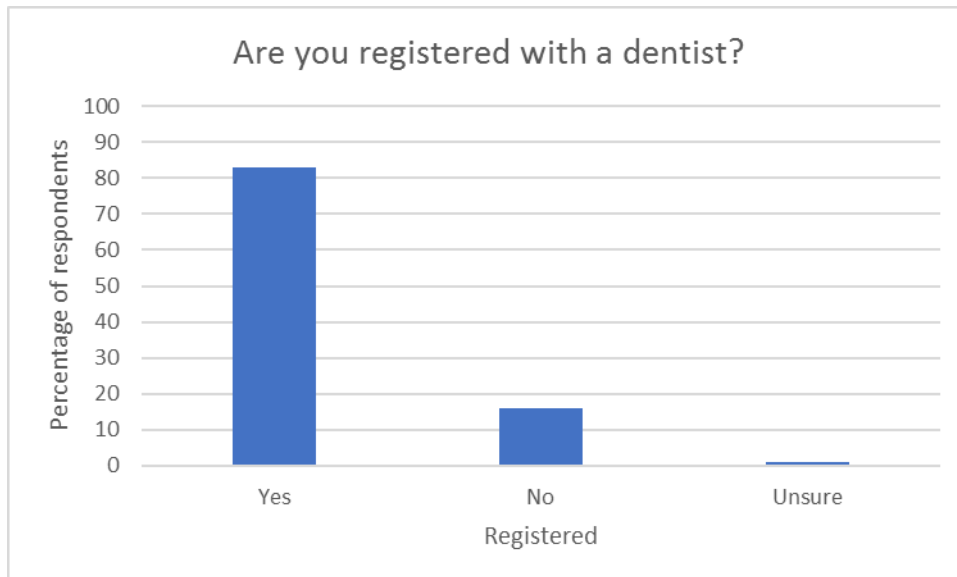
- Everyone handling and managing personal information internally understood they were responsible for good data protection practices;
- There was someone with specific responsibility for data protection in the organisation;
- Staff who handled personal information were appropriately supervised and trained;
- Queries about handling of personal information would have been promptly and courteously dealt with had they been received;
- The methods of handling personal information are regularly assessed and evaluated;
- Necessary steps were taken to ensure that personal data was kept secure at all times against unlawful loss or disclosure.

Healthwatch Wolverhampton have firm guidelines for data storage, data retrieval, data security and data destruction. There is also a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response). To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission. Where data is not robust it was statistically suppressed to prevent disclosure.

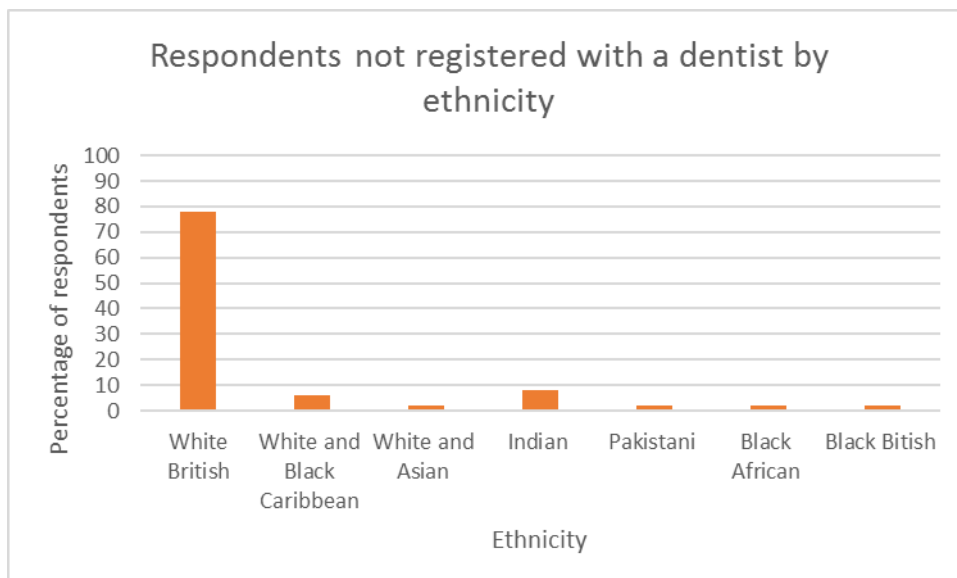
## Findings

### Registration with a dentist

83% of the respondents who answered the question said that they were registered with a dentist and 16% said that they were not.



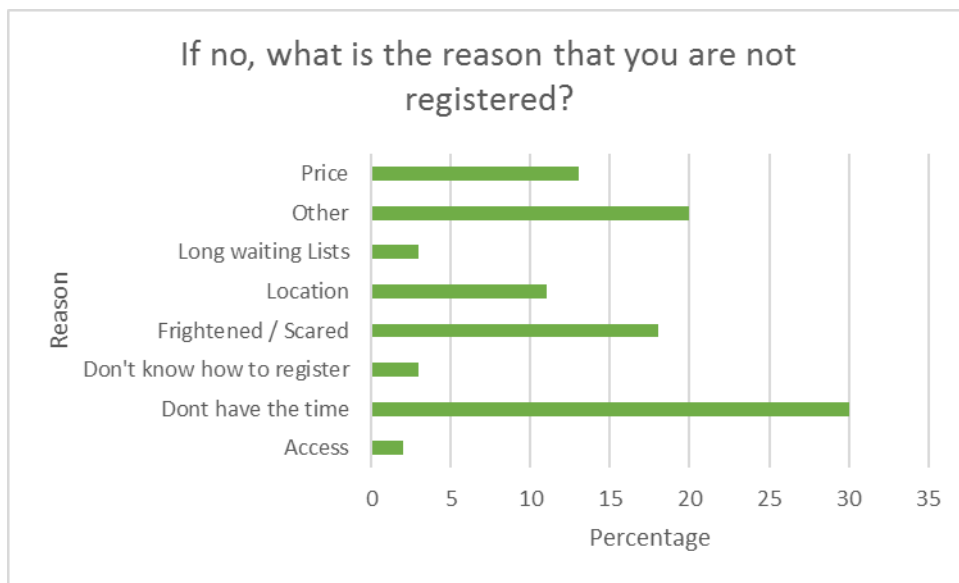
Of the 65 respondents who said that they were not registered with a dentist, 51 also provided us with information about their ethnicity. 78% of those who were not registered with a dentist classed themselves as White British.



Of those who were not registered with a dentist 13% said that they were not registered due to the cost of dental treatment with one respondent saying that they had 'not visited the dentist in 12 years due to cost.'

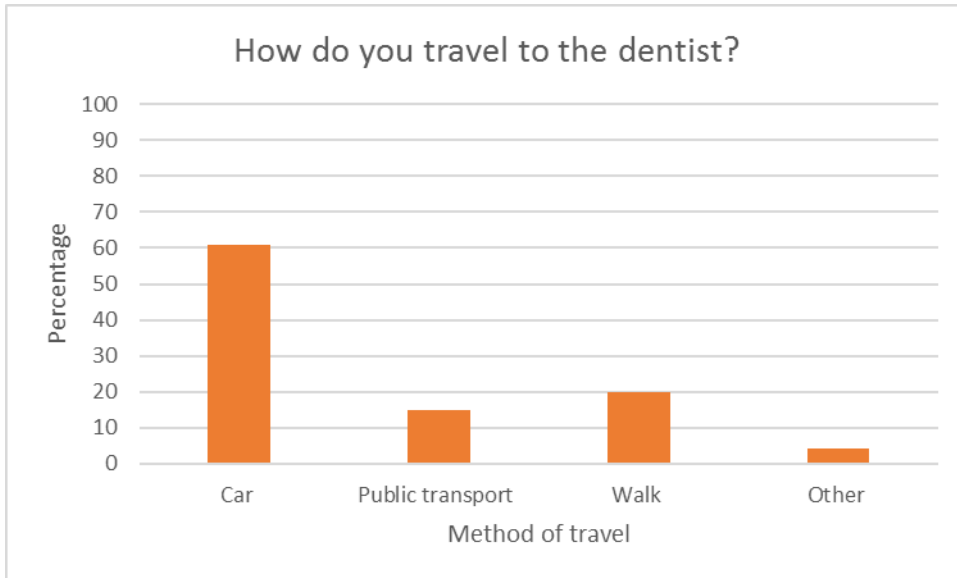
However, more people said that they were not registered because they were scared of the dentist (18%) or did not have time (30%), although it is not clear whether this is time to register or time to go to appointments.

Very low percentages said that they were not registered due to issues with access (2%), not knowing how to register (3%) or because of long waiting lists (3%). Two respondents commented on the availability of NHS dentists with one saying that they [‘can’t find a dentist taking NHS patients’](#). Another respondent said that although they were registered with a dentist they [‘would like to change dentists as \[I am\] disabled and have to climb two sets of stairs. It is practically impossible to find an NHS dentist who can accommodate my needs and who does not have a poor rating.’](#)

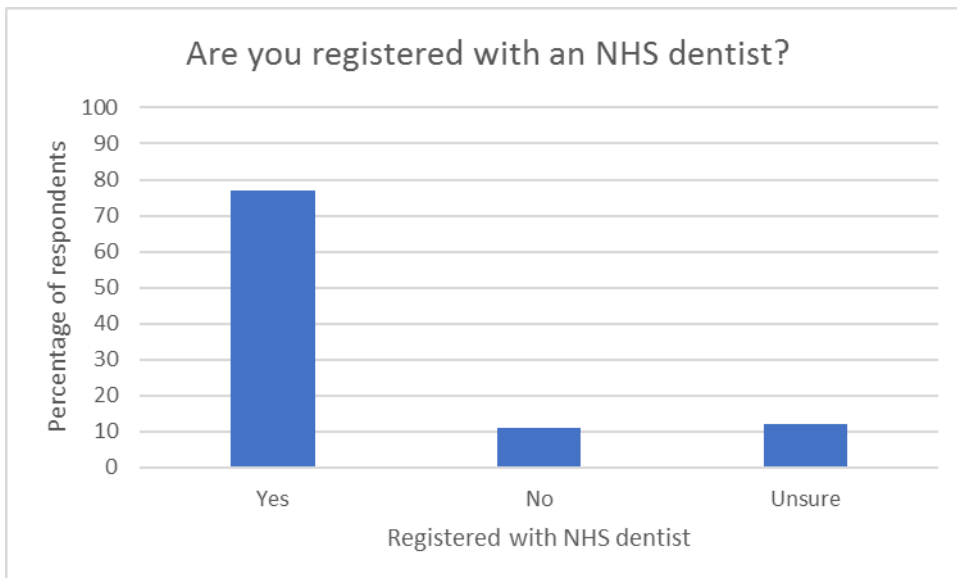


11% of respondents said that they were not registered with a dentist because of a lack of available dentists in the locality. One respondent said that they [‘would prefer to use an NHS dentist, but have not been able to find one locally that is taking new patients, I have only lived in the area for two years.’](#)

We also asked how respondents travelled to the dentist as this may impact on the importance of location for a dentist. Over 60% travelled by car but 15% travelled by public transport which can impact on how easy it is to get to the location of the dentist and a fifth (20%) walked to the dentist and therefore, the dentist being local to them is a key factor.



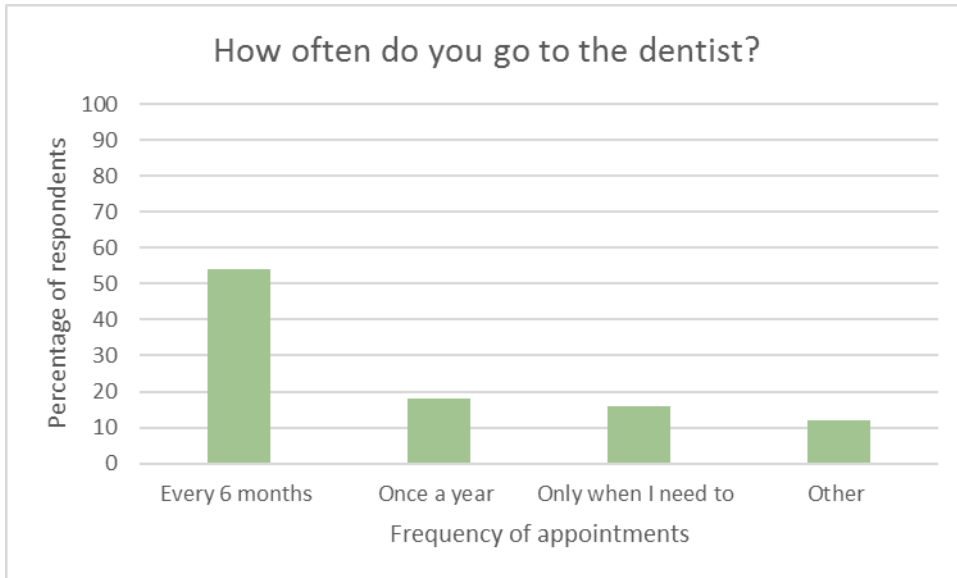
77% of the respondents said that they were registered with an NHS dentist and 12% were unsure whether they were registered with an NHS dentist or not. 11% were registered with a private dentist.



### Frequency of visits

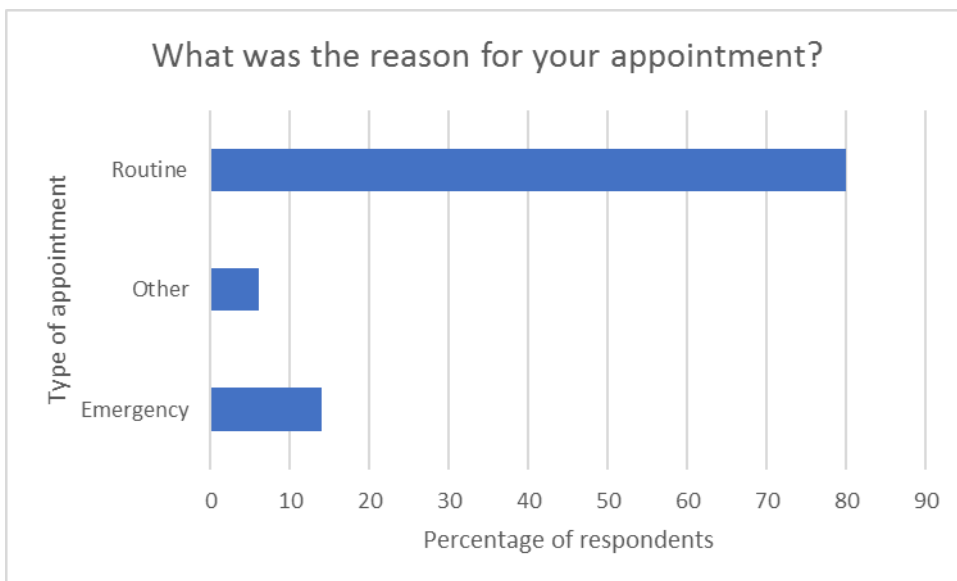
72% of the respondents said that they had visited the dentist less than a year ago. 54% of respondents said that they visit the dentist every six months, whilst 18% said that they visit once a year. 16% said that they went to the dentist only when they needed to rather than having regular check-ups that would enable preventative dental work to be undertaken.





#### Reasons for visits

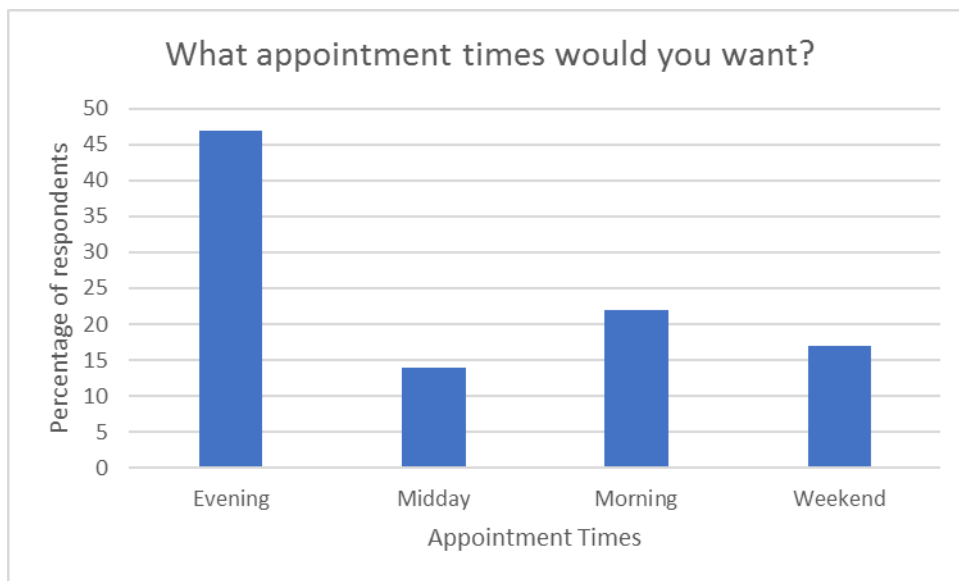
Respondents were asked for the reason for their last visit to the dentist. 80% said that their visit was because of a routine appointment and 14% said that they had been there as an emergency appointment.



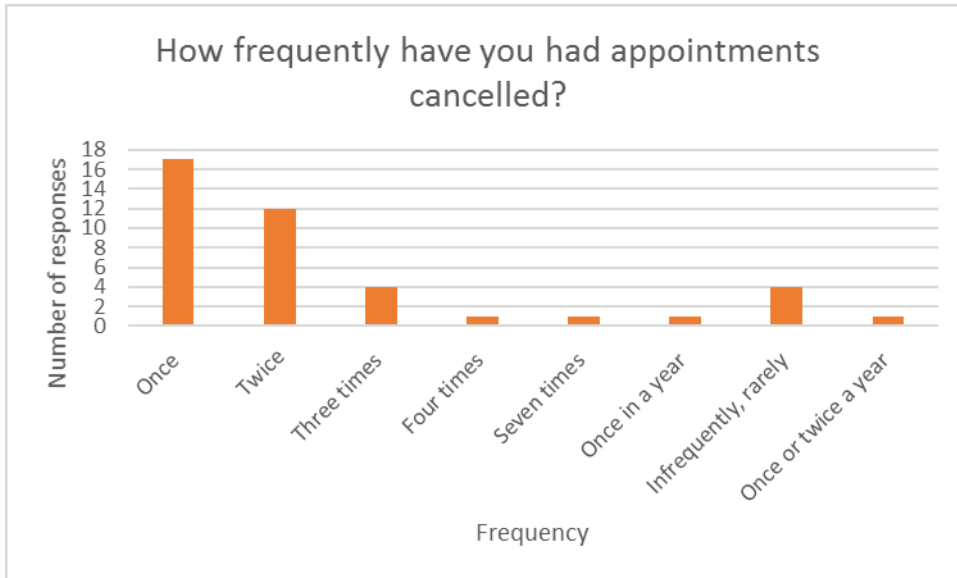
## Appointments

85% of respondents said that they were able to book an appointment for when it suits them and only 15% said that they couldn't get an appointment when it suited them. Those who said that they had not been able to get an appointment for when it suited them were asked when would suit them.

Almost half of the respondents who answered the question (47%) said that appointments in the evenings would suit them better. 22% said that the morning would suit them and 17% said that appointments at the weekend would suit them. One respondent said that 'slightly longer opening hours in the week would be hugely beneficial so I could complete work, collect the kids and make our appointment. I cannot have time off in the day to this so normally appointments are made in the school holidays.'



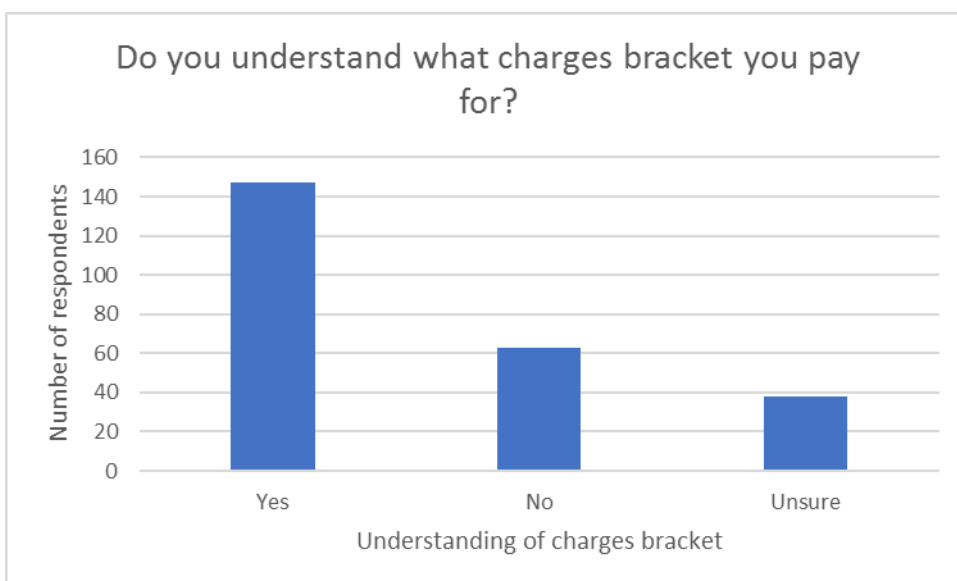
Respondents were also asked if their dentist had ever cancelled an appointment and 89% said that they had not had an appointment cancelled by the dental practice. 42 respondents gave us feedback on the frequency that appointments had been cancelled. The highest number were those that had been cancelled just once, but one respondent reported that they had had appointments cancelled seven times. One respondent explained how a cancelled appointment had led to them losing touch with their dentist and they said that 'the dentist hasn't chased me for a new appointment.'



### Paying for dental treatment

59% of the respondents to the survey said that they had to pay for their dental treatment and 25% said that they did not. The remainder said that they were unsure whether they paid for their treatment or not.

Of those that had to pay for their treatment, there were 59% of respondents who said that they understood the charging brackets for their dental treatment but 25% said that they did not.



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The cost of dental care was commented on by more than one respondent with one respondent commenting that ‘the cost of even NHS treatment is high. Goodness knows how most people afford it. We have really bad teeth on the UK and it down to the cost of dental treatment.’ There was a perception by one respondent that it is hard to find a dentist ‘who’s not just trying to get as much of your money as possible.’

25% of respondents said that they get financial support (either because of low income benefits exemptions or qualifying for free NHS dental treatment) in paying for their dental treatment, but 65% said that they did not.

There was an almost equal number of respondents who said that they have to pay for a scale and polish separately (37%) to those who said that they did not (38%). The separation of charges for some respondents suggests that they are paying for their dental care privately rather than through the NHS as the scale and polish is included in the Band 1 treatments charges under the NHS.

Only 50% of the respondents said that their dentist itemised and agreed the costs of treatment before treatment begins. 28% said that costs of treatment were not agreed prior to treatment starting. However, the total number of respondents to the question was higher than the number who said that they had to pay for their treatment, so this may account for the large number saying there was no itemisation and agreement of costs.

52% of the respondents said that their dentist gave them a treatment plan but 30% said that they did not. However, 76% of respondents said that the options for treatment and the procedures were explained to them by their dentist with only 12% saying that they were not explained to them.

### **Emergency dental treatment**

Respondents were asked if they knew where to go to be able to access emergency dental treatment. 48% of respondents said that they did know where to go but 38% said that they did not. One respondent commented that they did ‘not know of the emergency or out of hours/weekend phone number’ and they suggested that a ‘Punjabi language leaflet with phone numbers would be helpful.’

6% said that they had used NHS 111 or A&E because of the dental pain in the past but the majority (94%) had not.

However, there was one respondent who said that they used the walk-in centre for an abscess. They had a poor experience there and were ‘told I should have gone to a place in Birmingham, but on investigation they charge private patient prices.’

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## Conclusions

Similarly, to the findings of the Healthwatch England survey of 2016 we found that most of the respondents were able to access a dentist either on a routine and regular basis or when they needed one. However, we found that for some people the cost of dental care, even through the NHS, was too high and prevented them from accessing dental care. This was also found in the national report by Healthwatch England.

There were also suggestions that for those with disabilities the choice of dentist was limited, and, in some cases, it was possible that people with disabilities were receiving less adequate care due to a lack of quality dentists who could accommodate their needs. This reflects similar findings to those that were found across England.

Being able to find a dentist that was local enough was an issue for some respondents and although most respondents said that they travelled to their dentist by car there was a large minority who used public transport or walked and for whom the locality of a dentist would be particularly relevant.

Respondents also reported that they were not always able to get an appointment when it suited them best, and this was illustrated with feedback from a family who had to schedule appointments around school holidays because of a lack of evening appointments.

Paying for dental treatment as well as preventing access in the first place was also seen as being less than clear for some respondents with a lack of understanding of what was being paid for under the NHS treatment bands and what their treatment would entail being agreed before it commenced. Although most of the respondents did have an understanding there was a sizeable proportion who did not.

Being able to access appointments for emergency treatment was seen as being problematic with a lack of information generally but for some a lack of language specific information being available about who to contact for emergency dental treatment.

The experience of the public of Wolverhampton is not dissimilar to the national picture in relation to access to NHS dentists. However, this is not to dismiss the importance of the findings and the need to ensure that there is more parity of access for all members of the public who want to access an NHS dentist.

## Recommendations

Whilst it recognised that there is little that commissioners can do regarding the cost bands of NHS treatment, it is recommended that commissioners ensure that all dentists clearly show what treatment is available under the NHS and what will incur private fees.

It is also recommended that dentists ensure that they discuss treatment options and costs with patients prior to the commencement of any treatment.

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Information should be made readily available about access to emergency and out of hours treatment, also ensuring that the information is provided in a range of community languages.

Commissioners should carry out checks in relation to the accessibility of dental practices for people with disabilities including ensuring that the quality of dentists is the same as that available for the general population.

Consideration should be given to extending the opening hours of practices where there is an identified need for patients to access in the evenings rather than during normal office hours. This could be investigated further by surveying patients at practices to understand their preferences for appointment times.

## References

Healthwatch England; November 2016; Access to NHS Dental Services: what people told local Healthwatch.

## Appendix 1

Dental survey

### Dental Questions

#### Adult

1. Are you currently registered with a dentist? Yes / No

If Yes – What is the name of the practice

If No – What are the reasons – please list.

2. Is this dentist an NHS dentist? Yes / No / Unsure

3. When did you last visit a dentist – give a list of times

Last week, 1 month ago, 3-6 months, 6-9 months, 9-12 months longer than a year

4. What was the reason for your visit – routine, emergency other – please state

5. How often do you visit the dentist?

Every 6 months, only when I have to, other

- 
6. Do you have to pay for your treatment? Yes / No
  7. Do you understand the charges? Yes / No / Unsure
  8. Do you get support with paying for your treatment? Yes / No
  9. Do you pay separate for scale and polish? Yes / No
  10. Are costs itemised and agreed prior to treatment? Yes / No / Unsure
  11. Are you given a treatment plan? Yes / No / Unsure
  12. Are the options and procedures explained to you? Yes / No / Unsure
  13. Do you know who to contact in the case of an emergency? Yes / No
  14. How easy is it to get an appointment? Very Easy, easy, ok, difficult, very difficult
  15. How do you travel to the dentist? Walk, car, bus, taxi, other
  16. Do your appointments get cancelled Yes / No
  17. If so how frequent is this?
  18. Do you know how to make a complaint to the dentist? Yes / No / Unsure
  19. Have you ever had to complain and what was the outcome?