



Who Cares



The health & social care Local Involvement Network for North Lincolnshire

Experiences of Dentist Services within North Lincolnshire



Voluntary Action
North Lincolnshire
Advancing Local Voluntary Action



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Who Cares is hosted by Voluntary Action North Lincolnshire. To become a member or to take part in any of our activities please contact us using the details below.

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1. INTRODUCTION

Over a number of months during 2010, *Who Cares* became aware of a variety of concerns from members of the public in relation to accessing dental services. This information came to *Who Cares* attention through members of the public contacting members of *Who Cares* Executive Group, from consultation events on other issues, from public meetings, and from direct enquiries to staff. As a result of these

concerns, *Who Cares* Executive Group made the decision to undertake a major piece of research to find out what the experiences, views and opinions were from the residents of North Lincolnshire. As you will see from the results section of this report, 540 members of the public gave up their time to tell us their experiences and without them this report could not have been completed.

2. WHO CARES

Who Cares is the Local Involvement Network (LINK) for North Lincolnshire. LINKs have their origins in the Local Government and Public Involvement in Health Act 2007. This act requires each local authority to ensure that a network of local people is established in their areas to investigate the quality of health and adult social care services.

Who Cares has a membership of approximately 300 individuals and organisation representatives and an Executive Board of 20.

3. CONTEXT OF THE RESEARCH

At *Who Cares* Annual Members Day in December 2010, new priorities and new investigations were recommended by the members, one of them being Dentistry. Over the coming months *Who Cares* consulted, through various avenues what aspects of Dentistry the public would like to see improved. The overall priorities identified were the need to improve access to Dental treatment, with a focus on registration with a Dental practice, waiting lists and access to treatment.

A Task and Finish group (TaF) was convened from *Who Cares* members and members of the public who had an interest in the subject.

The role of the TaF was to act as a reference group and oversee the research and agree methodology.

4. METHODOLOGY

Through discussion the TaF decided to proceed in stages.

Contact and discuss the issues with the Primary Care Trust (PCT):

- Investigate the current situation from a Commissioner point of view
- Identify accurate information from myth or outdated information

Contact and discuss the issues with NHS Dental providers:

Contact all NHS Dental Providers within North Lincolnshire and gather their recommendations and opinions (anonymously) on improving NHS Dental provision.

Survey the public on their views and concerns:

Research by questionnaire using the following distribution/collection methods

- E-mail
- *Who Cares* website
- Via Free Post
- Face to face consultation

Some elements changed between each stage and the finalisation of this report. Each stage has a date it was reported to the TaF and reflects the decisions made for the next stage.

4.1 Stage 1. December 2010

Talking to the PCT

Early discussions involving the PCT led to a review and a change in direction when it was established that the NHS Dental waiting list had been discontinued.

The TaF decided that they would need detailed contextual information from the PCT and prepared 13 questions.

The lead of the TaF and the *Who Cares* Co-ordinator met with Helen Phillips and Yvonne Bemrose from North Lincolnshire Primary Care Trust in April 2011. The notes of the responses to the questions are detailed over the next pages:

Task and Finish group report 01/04/11 – Dental Waiting List

1. Is there a waiting list?

Answer: Yes and no. There are currently two lists, both held with Dental Practices. The requirements are to try (at least 3 times) and contact everyone on the list within the year, and assign them to a dental practice within North Lincolnshire. This should happen when a dental practice has informed the contract holder they have the capacity to take additional patients.

It was reported that of the patients who were allocated an NHS dentist, only 30% took the offer up. If the phone numbers for that patient was wrongly recorded, there was no other way of contacting that patient and they would be removed from the list.

The lists do not get added to unless the practice running them does so.

From now on there will not be any waiting lists. People will have to check NHS North Lincolnshire website and see which practices are taking people on and register on a first come, first serve basis.

2. How many people are there on the current lists?

Answer: When this was handed over to the Dental Practices the list was 3000.

3. Are people being added or removed from the list?

Answer: People are being removed from the list if they have found a dentist or have not been able to be contacted (see Q1 above for more explanation).

People are only being added to the list at the discretion of the practice running the contract.

4. How is the waiting list managed?

Answer: The adding and removing to the list is as above. There is no locality separation, so people would be offered a place at any of North Lincolnshire Dental practices. It would then be their choice to decline or accept.

5. Is it legitimate to circumvent the List?

Answer: As there is no regulation to use any type of list, yes it is entirely legitimate.

6. Is there a tiered system for more vulnerable or more in need patients?

Answer: Vulnerable groups, (elderly, those in care home, people with learning disabilities) are seen by the Community Dental Service.

7. How is the registration for pregnant women and their offspring handled?

They are handled just like everyone else. The PCT have said they have Investigated this issue before and there appears to be no clinical evidence which suggests pregnant women are more at risk of needing additional dental treatment.

It seems this point is raised by the public, because children and pregnant women are entitled to free dental care.

8. Can a patient find out where on the list they are? If not, why not?

Answer: No they cannot. This is because of the way the system is managed. It was also deemed inappropriate to raise people's aspirations, or to put a time frame on when they would be assigned an NHS dental practice.

An example given was that it would not help the patient to know if they were number 500 or number 250 on the list, as a couple of practices could start taking on new patients the next day, or it could be six months before any practices have available slots.

9. Is there a similar waiting list system in others areas, locally or nationally?

Answer: On the whole, yes. Everywhere has to work within the national regulations, which hampers progress. The PCTs will copy ideas from other areas if they are successful (sharing best practice).

10. If you cannot manage to get into the specified dentist due to health/social care reasons, what happens to you?

Answer: A patient is to be given three chances to attend an appointment; if they fail to attend three appointments they will be removed as an NHS dental patient

11. Is there a separate waiting list for under 16s?

Answer: No they are treated the same as everyone else.

12. Is there a separate List for Care home residents?

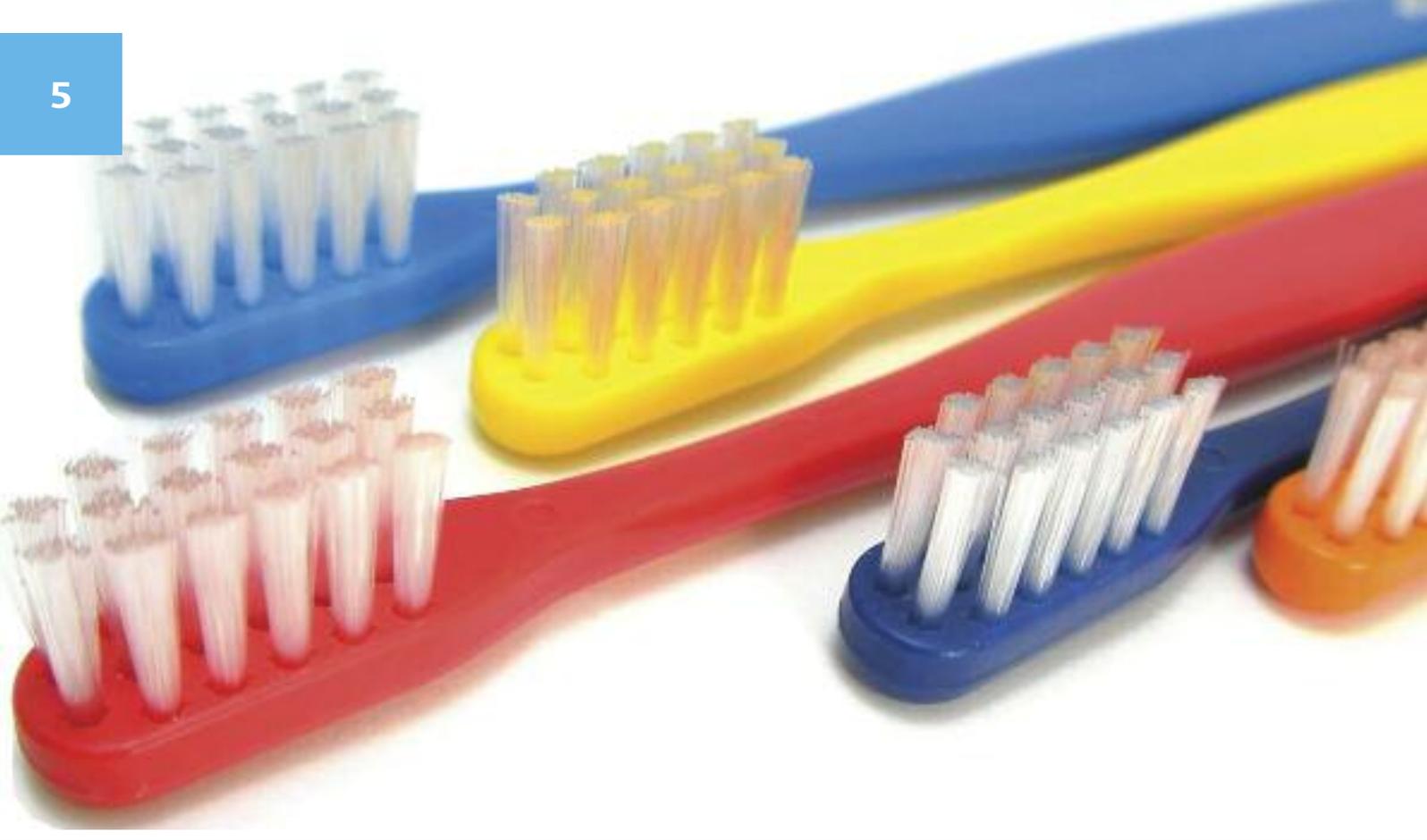
Answer: All Care Homes are covered by the Community Dental Service, who annually visit care homes to check all patients. Those requiring emergency treatment will be able to access this through the usual route.

13. How is the waiting list explained/advertised to the BME community?

Answer: BME communities have the same avenues of accessing dental provision. If an interpreter is required, then one will be provided through liaison with the PCT and the dental practice.

Other points of note raised at the meeting

- **There are the following types of dental service:**
 - Emergency – Any treatment that is needed immediately but is also temporary and will probably need further treatment.
 - Access – This service is a follow up to the Emergency Service and should be offered after Emergency Treatment. This service is used to get a patient dentally fit and healthy and replace the temporary treatment with permanent treatment e.g. replacing a temporary filling with a permanent one or root canal treatment to rectify the problem.
 - Registration – The upkeep of patients on a dental practices register. **Registration is not an actual service provided; more one that has grown out of the way the system is managed.**
 - Community – This service picks up the patients that have problems attending a dental practice e.g. vulnerable adults and care home residents.
- The PCT are trying to actively assess Dental Practices on their service provision as they are aware that some services are being 'over' used, for instance, still asking a patient to come in for their six month check up even if they have just had treatment a few weeks before. With effective use of action plans, they hope to curb this type of practice and free up more time for new patients.
- Within the next contract there will be a clause whereby dental practices will need to achieve 80% positive views of service users in satisfaction surveys to be entitled to receive their full amount of funding.



- The budget for dental services does not account for commercial risk. i.e. regardless of increased demand for free NHS dental treatment, the central budget allocation would not increase. The example given was if an employer such as Tata Steel was to shut down and all its employees were then entitled to free NHS dental services the budget would not increase with the increased demand upon it.
- Details of NHS dental practices taking on new patients are published on the NHS North Lincolnshire (NHS NL) website <http://www.northlincolnshire.nhs.uk/services/dentist> This information is also available through Local Link offices, dental practices and by ringing NHS North Lincolnshire directly on 01652 251000. The advertising of practices taking on new patients should only be undertaken by the above website. A reporter who had come across the website, decided to publish the details of the dentists who were currently advertising free place. This caused the dental practices to be swamped with calls and caused significant issues resulting in normal services being badly affected the following week. The PCT said this kind of intervention could result in fewer practices using this service as an avenue for new patients.
- NHS North Lincolnshire has explored the possibility of procurement of a new NHS dental practice, but had decided this would be unaffordable.
- Emergency dental treatment is available to all through the Dental Health Club (now known as Rejuvament), regardless of whether the patient is registered with an NHS dentist or not. If patients are registered with an NHS dentist, they should be offered emergency treatment by them, as a first option.
- The NHS will carry out any dental work that is clinical. If a patient requires root canal treatment, this can be done via the NHS. Cosmetic work needs to be carried out via a private dentist unless the patient can show medical reasons why it is actually clinically necessary in their case.
- Checkups and / or oral health reviews for over 18's are recommended for between 3 months and 2 years in line with national NICE guidelines. This should be discussed with the patient during an oral health review, with the patient being told the reasons why they need checkups at the suggested intervals. If they are dentally fit and not putting themselves at risk you should not have to have a check up for 2 years.

NICE Guidelines for Dental Recall

The recommended shortest and longest intervals between oral health reviews are as follows.

- The shortest interval between oral health reviews for all patients should be 3 months.
- The longest interval between oral health reviews for patients younger than 18 years should be 12 months.
- The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.
- The dentist should discuss the recommended recall interval with the patient and record this interval, including the patient's agreement or disagreement with it, in the current record-keeping system.
- The recall interval should be reviewed again at the next oral health review, in order to learn from the patient's responses to the oral care provided and the health outcomes achieved. This feedback and the findings of the oral health review should be used to adjust the next recall interval chosen. Patients should be informed that their recommended recall interval may vary over time.

Moving Forward

The PCT are keen to receive any recommendations for actions commenting that it might be possible to pilot appropriate actions at some dental practices.

They also seemed to believe that a move away from a waiting list system to a system (the Access Service) where patients only use it if they have a need would be more beneficial.

The question was asked whether there is a possibility of the emergency dentist moving to the new site at West Street (Ironstone Centre) but there are no plans for this to happen.

4.2 Stage 2. April 2011

Talking to the Dentists

Once the notes of the meeting held on 01/04/11 had been written up, they were sent out to *Who Cares* Executive group and the rest of the Task and Finish group (TaF). The TaF then arranged a meeting (with a PCT representative in attendance) for the 03/05/11 to discuss the questions and points made. A draft questionnaire which could serve as a communications tool on how to acquire Dental Treatment, as well as a survey tool, was presented to the TaF for their thoughts.

What became clear was that there had been a lack of communication to the public on the removal of the waiting list and the changes this entailed. The TaF agreed that communication would have to be consistent across the range of information mechanisms including the website.

The group decided:

- **To split the research into two streams:**
 - o To identify how *Who Cares* could support the communication of access routes and types of NHS Dental Provision.
 - o To continue gathering recommendations, to improve NHS Dental Care and working closely with the PCT, to possibly pilot some of these.

NHS Dentist Recommendations

The group's first task was to consult the people who actually provide the service and identify their recommendations on actions that would improve provision.

Positives — On the whole the people spoken to were very enthusiastic and very happy to talk. Responses were received from 75% of the 15 Dental practices providing NHS treatment.

Negatives — Some practices do not have a practice manager and are managed by the Dentist, who is very busy and just about un-contactable during business hours. In such circumstances an e-mail was sent. However in some cases, it proved difficult to identify an e-mail address that dental practice staff knew of or were willing to hand out.

Recommendations by the Dental Practices

Waiting List — Although the majority of Dental providers contacted would like to see the Waiting List re-introduced a couple thought it was a good thing that it had been scrapped. Patients are unsure how to get a dentist and some need the comfort of being on a list.

More NHS Dental Providers — Practice Managers have noticed that there are more people without provision than the current practices can handle and would like more practices available.

Paperwork — Streamline and centralise who the paper work needs to be sent to, so it does not have to be sent to numerous statutory bodies.



Oral Education — They would like to see School Dentists reintroduced but are fully aware of the funding implications. They would like to see oral health education contained within healthy eating / lifestyle lessons.

Communication to Providers — A number of providers flagged up that they do not seem to receive information on the change of service until it has already been changed.

Communication to the Public — If it is confusing for providers, it is almost certainly to be extremely confusing for the public. Practices would like to see a lot more information provided / advertised explaining the routes into Dental Health Care and what is provided.

The Emergency Service provided to non 'registered' patients — Providers feel that communication to patients is unreliable at best. The dental emergency service telephone number is only available in the morning and there is also no emergency treatment available at the hospitals, so depending on when you

need treatment, patients could be left without treatment till the following evening (if they are able to get an appointment).

Access Service — If the access service is available (some have never heard of it) they believe it would be a good idea, as any provision is better than none.

PCT Feedback

The Access service does not have to be provided.

4.3 Stage 3. July 2011

Moving Forward and the Questionnaire

At the TaF meeting held on 19/07/11, the group agreed that we needed to move forward in two ways:

- Communicate with the public the changes on how to access dental provision
- Try and estimate how many people are without any dental provision, either NHS or private care

The group agreed a questionnaire that would give quantifiable results and also provide communication on the changes.

Delivering the research

The group came up with a variety of places to engage the public with the questionnaire process, and also suggested stand alone articles for websites and newsletters.

The Job Centre and Local Link offices were contacted with the view of using researchers to engage with the public using or passing by those venues.

The group opted for the Jobcentre for footfall, particularly of less affluent people more likely to experience difficulty in accessing dental treatment. We chose the Local Links as this was one of the routes the PCT said the public could access information about dental provision.

We also provided an article for the Scunthorpe Telegraph (4 August 2011) as well as *Who Cares* and Voluntary Action North Lincolnshire (VANL) newsletter.

Estimating the problem

The results of the questionnaire should provide reliable data on how many people are without any dental provision.

The Questionnaire

Great care was taken to ensure that a questionnaire was created with language that was easily readable but also did not lead the user in any way

We also made sure we included Equal Opportunities Monitoring (EQM) into the questionnaire while keeping it down to two sides of an A4 piece of paper.

The questionnaire research was reviewed once we had received a fair number of returns for the EQM results which would indicate whether we had

achieved a representative sample of North Lincolnshire's population profile or whether there was a need to address any specific demographic issues.

4.4 Stage 4. October 2011

The Research

Email - Even though we have access to a vast database of Health and Social care groups, via our host organisation Voluntary Action North Lincolnshire, we only received a handful of replies via this method.

Who Cares Website - On our website, not only could the questionnaire be downloaded but also the three stages of the Dentistry Project were explained to ensure an understanding of why and in what direction we were heading.

Via Free Post - We made the questionnaire available at local Links with a free post envelope. Some of our members also took them to the other groups they were involved with or members of. This was quite a successful route as we were receiving five completed questionnaires a day for a small period of time after the consultation started.

Face to Face Consultation - Once our Host organisation (VANL) had trained researchers and approved research protocols, we were ready to talk to the public directly. Over two weeks the researchers tried to see each Jobcentre and Local Link twice. Although the researchers managed to do this for the majority, due to unforeseen plans they were unable to see all of them twice. In the end a fair representative sample of the ages ranges within North Lincolnshire had been obtained. This route produced the majority of the completed questionnaires.

5. RESULTS

By the end of the research we had 540 completed questionnaires

The Limitations of the results

The results have been directly compiled from completed questionnaires. Some questionnaires did not have all the questions completed. The percentage

results were calculated on the total number of questionnaires received (540).

The demographic percentages for North Lincolnshire (Age/BME/locality) were taken from the Joint Strategic Needs Assessment (JSNA) 2010

Category	North Lincolnshire %*	Questionnaire %
15-24 year olds	15.6%	19.1%
25-64 year olds	58.6%	60.6%
65+ year olds	25.6%	20.4%
BME	1.5%	4.7%
Axholme Ward	14%	13.3%
Barton and Winterton Ward	20.5%	34.4%
Brigg and District Ward	19.6%	9.8%
Scunthorpe North Ward	14.3%	20.4%
Scunthorpe South Ward	31.6%	17.4%

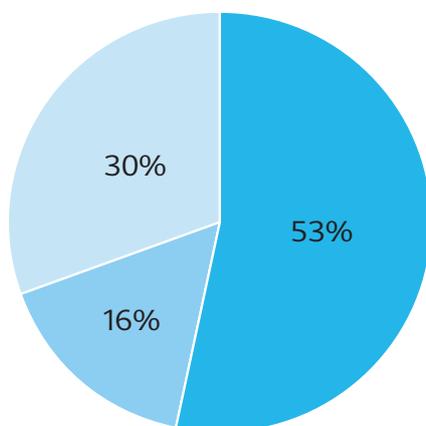
From past research tests and actual research we have concluded that a fair number of people are unsure of which ward they live in. We have accounted for this by asking for postcodes. We then needed to calculate the results from the postcodes for the Wards. As such this will not be 100% accurate.

We did not achieve a fair representation in all the wards. This was because additional resources were not available to cover all localities within the agreed timeframe

We failed to identify how contemporary the responses were so the results may not relate to recent experiences on some occasions.

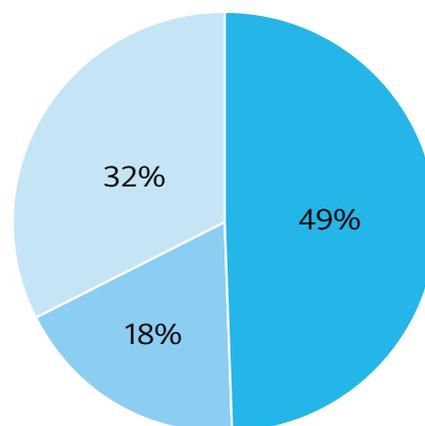
It may be that the quality of the results might have been improved if Questions 2 and 3 (see below) had been directed to only those who accessed dentists in the past 3 to 5 years

Question 1 - Are you registered with an NHS Dental Practice?



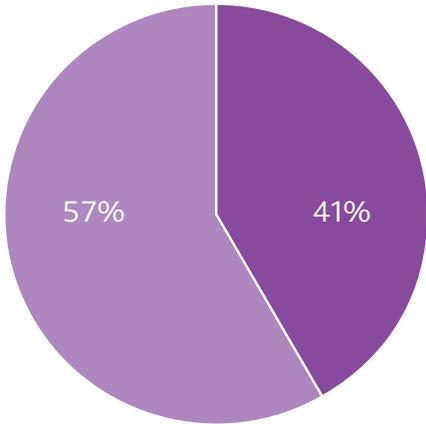
- Registered with an NHS dentist
- Registered with a private practice
- Not registered with any practice

Question 2 - When was your last visit to your Dental Practice



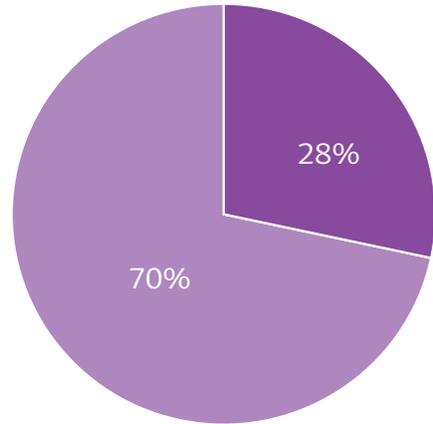
- 0-6 months
- 6-12 months
- 12+ months

Question 3 - Have you seen, or been given the option to see a Dental Hygienist?



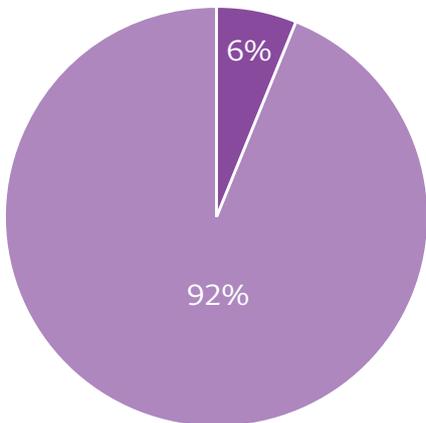
- Been offered to see a hygienist
- Not been offered to see a hygienist

Question 4 - Have you ever accessed NHS Emergency Dental Treatment?



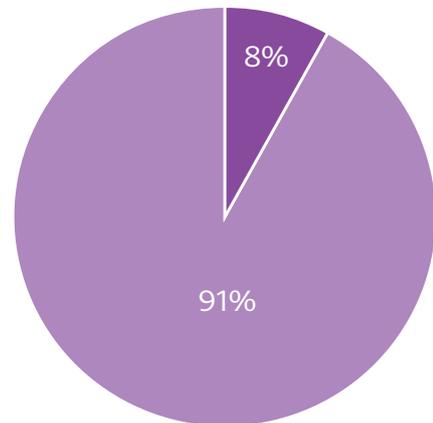
- Accessed emergency dental treatment
- Has not accessed emergency dental treatment

Question 5 - Have you ever been told that the treatment you need, cannot be provided because of Dental Practice funding or the length of time of the treatment?



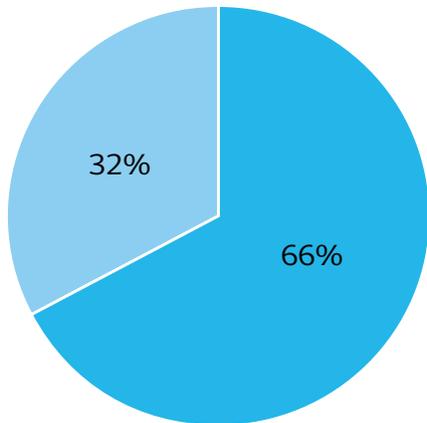
- Yes
- No

Question 6 - Did you know before taking part in this questionnaire, that North Lincolnshire does not use a 'waiting list' for Dentists?



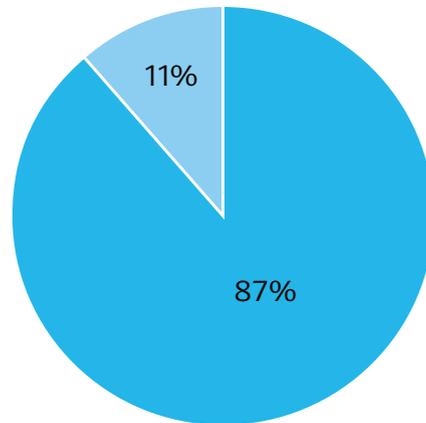
- Yes
- No

Question 7 - Would you like more information to be readily and easily available on how to access NHS Dental treatment?



■ Yes
■ No

Question 8 - Would you like schools and colleges to provide more comprehensive oral hygiene education alongside their other health education lessons (for e.g. Healthy wellbeing, sexual health etc.)

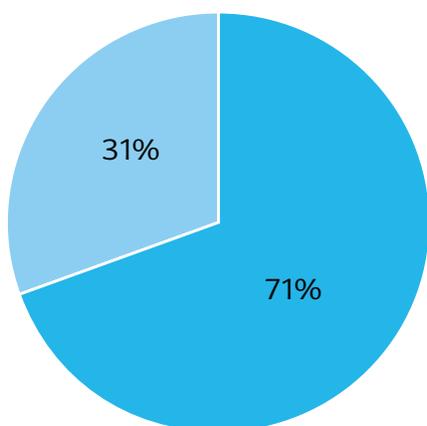


■ Yes
■ No

Question 9 - Please read each option below and tick which dental service you would prefer:

Once registered with a dentist, you are required to attend 6 – 12 monthly checkups and will be given treatment as required. If you move out of the area or miss three checkups in a row, you will need to apply to re-register with a dentist.

If you require dental treatment, you will have to access the emergency service. If you require further treatment you will be registered with a dental practice and given further appointments until you are dentally fit. Once fit you will be de-registered.



■ Registered Service
■ Access Service

170 people said they would like a service that they could use when they felt the need to without the need to be registered. Through discussion with the researchers the majority of the respondents were of the younger age brackets.



6. RECOMMENDATIONS

1. More communication and information available on how to access dentistry provision, with any changes in the future also communicated well in advance.
2. More comprehensive education about oral hygiene and the warning signs of bad oral health available in all education settings.
3. NHS data shows that the number of people served from a number of social / age groups identified North Lincolnshire as performing well as an area when compared with other similar areas. However it also identified that there are not enough places to serve the whole population should they want a NHS place and in fact substantially falls short.

Therefore the only way to increase provision is to increase funding (which is a National issue) or reduce the incidents of NHS provision for each NHS patient e.g. reduce the frequency of oral health checks for those with good / adequate oral health

7. RESPONSES

Copies of the draft report were sent to North Lincolnshire PCT and all dental surgeries within North Lincolnshire, and they were invited to submit feedback and responses to the recommendations. The two responses received are provided below.

7.1 North Lincolnshire Primary Care Trust (PCT)

A response to each recommendation is detailed below:-

Recommendation 1

NHS North Lincolnshire will review what arrangements are currently in place for communicating how patients access NHS Dental Services and work with the Communication team to better inform the local population on how to access services if required. NHS North Lincolnshire will also liaise with its colleagues across the area to adopt any arrangements that are in place.

Recommendation 2

The PCT is currently revising the specifications for oral health promotion programmes provided by the Community Dental Service team. In schools the aim is to help teachers with oral health education as part of the curriculum. We do not have sufficient oral health staff to carry out programmes in every school and it has been shown to be less effective than programmes carried out by teachers. New Resource Boxes for teachers, with updated material for Key Stage 2 pupils, are being phased in this year and are loaned to schools for specific times during the curriculum. School Dental Inspections have been phased out as they did not achieve their aim of increasing attendance at the dentist by children with dental disease. Unlike many areas we do not have a school fluoride toothbrushing programme because we are fortunate to have fluoridated drinking water, which is the most effective way to maintain good dental health.

Recommendation 3

NHS North Lincolnshire continuously monitors the recall of patients in line with NICE. NHS North Lincolnshire has access to the Dental Reference Officer of the Dental Services Division who completes record card checks upon the request of NHS North Lincolnshire and provides a report confirming any inappropriate claims, NHS North Lincolnshire works with the practice to understand the reasons why

there could be inappropriate claims with the aim of improving the claims that are submitted. NHS North Lincolnshire recovers any claims submitted inappropriately to invest back in NHS Dental Services.

In 2011/12 NHS North Lincolnshire made an additional £120k available non-recurrently to treat an additional 650 patients, this initiative was successful. During 2011/12 the number of patients treated increased by 2,238, this increase is the result of NHS North Lincolnshire working closely with all NHS dental practices to encourage them to advertise on the NHS North Lincolnshire website and the additional investment made available. During the first two months of 2012/13 the number of patients treated continues to increase with 52.77% of the population having access to NHS dental services, the highest since December 2006. NHS North Lincolnshire will continue to review dental budgets and if patient charges continue to recover at the estimated level it may be possible to offer further non-recurrent investment during the current financial year.

7.2 CL Thompson, Dental Surgeon

Having read your survey I have maybe a recommendation that will help with access and provide emergency treatment. The money that the PCT saved recently by getting certain practices to see their patients less often, and avoid multiple courses of treatment, could be given to the Ironstone Centre. This money could then be used to pay a salary for an emergency dentist. He or she could spend all day doing emergency treatment (fillings and extractions) not handing out antibiotics which is about all we get at the moment.

Most of the population just want to be treated when in pain and this would cater for them.

7.3 Other Suggestions

A suggestion was received recommending that a chart showing the comparison between NHS charges and private charges should be displayed in Dental practices. However, as private practices do not have standard charges for treatment, this could prove difficult to implement.



8. ACKNOWLEDGEMENTS

Staff (including Kristian Reed), Researchers, TaF, all practice managers and dentists who participated, Sue Barker, Lyn Spencer, Link staff, Job centres, and of course the 540 people who completed the questionnaire and made this report possible.

References: North Lincolnshire JSNA Executive summary 2010, and
CG19 Dental recall: NICE guideline 27 October 2004



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