

Going to the Dentist Report

Vs. 0.5

February 2019



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Appendices

Appendices will be available on our website - including copies of surveys and questionnaires

ADD HYPERLINK

Appendix One - Going to the Dentist Survey and number of responses to each question

Appendix Two - Children's Survey and number of responses to each question

Section A - Summary

I. About Healthwatch Worcestershire

Healthwatch Worcestershire gathers feedback about publicly funded health and care services and uses this to make recommendations to those who run the services about how they could be improved from the patient perspective.

II. Why this issue

“The World Health Organisation (WHO) definition of oral health states that:

“Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”

Oral health is important as it enables people to eat, speak, smile and socialise without pain, discomfort or embarrassment. Maintaining good oral health into older age is essential to nutrition and communication”¹.

Oral health can have a big impact on our general health and wellbeing and not just in terms of the pain and discomfort caused by a problem with one of our teeth.

The NHS website says:

“The state of your teeth affects your overall health, with gum disease linked to lots of health problems in other parts of the body..... Gum disease may increase your risk of all kinds of other health complications, including stroke, diabetes and heart disease. Gum disease has even been linked with problems in pregnancy and dementia.”²

Worcestershire County Council published an oral health needs assessment in May 2017. This showed that in Worcestershire oral health is generally better than nationally, but twenty percent of children enter school in Worcestershire with evidence of tooth decay.

The Worcestershire Oral Health Needs Assessment says:

“There are a range of risk factors that can influence oral health. These are generally the same factors as other disease outcomes, for example poor diet, poor hygiene and lack of access to health care, the cause of the causes being social disadvantage, poverty, family circumstances and parenting behaviours”.³

¹ [Worcestershire Oral Health Needs Assessment](http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments), May 2017, http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments

² NHS website, accessed February 2019, page [The Health Risks of Gum Disease](https://www.nhs.uk/live-well/healthy-body/health-risks-of-gum-disease/), <https://www.nhs.uk/live-well/healthy-body/health-risks-of-gum-disease/>

³ [Worcestershire Oral Health Needs Assessment](http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments), May 2017

Government and other national bodies recognise the importance of good oral health and have sought to improve this through campaigns including NHS Change 4 Life⁴, NHS Starting Well: A Smile 4 Life⁵, National Smile Month and Dental Buddy⁶, and Dental Check by One⁷

Regular dental check-ups are important to ensure good oral health. As one of our respondents put it:

“People don’t recognise the health benefits of going. The dentist detected mouth cancer in my friend early enough to get it treated. I don’t think people realise its not all about teeth”

We wanted to understand people’s experience of Going to the Dentist in Worcestershire. Looking in particular at how regularly people attend; understanding of treatment available on the NHS and charges; people’s experience at the dentist and their knowledge of complaints procedures. These are all areas that we have received some feedback about from Worcestershire residents.

Given the findings of the Oral Health Needs Assessment we decided to speak with children and young people about their experience, and to parents of children under five about oral health and going to the dentist.

During the scoping phase of our work we spoke with Worcestershire County Council Public Health Team and to NHS England who are responsible for commissioning dental services in the County. We also spoke with the chair of the Local Dental Committee, who act as a representative body for dentists locally. We distributed drafts of our Survey to all of the above to maximise the usefulness of the information collected.

III. Our work

Between June - November 2018 we engaged with 942 people about Going to the Dentist in Worcestershire.

We have:

Gathered feedback from people about Going to the Dentist:

- 576 people completed our survey
- 80 adults spoke with us as part of our engagement

Gathered feedback from Children and Young People about Going to the Dentist:

- 145 children and young people completed our survey

⁴ [NHS Change 4 Life](#)

⁵ [Starting Well: A Smile 4 Life](#), NHS

⁶ [National Smile Month](#) and [Dental Buddy](#) Oral Health Foundation

⁷ [Dental Check By One](#), British Society of Paediatric Dentistry (BSPD)

- 37 young people took part in group discussions as part of our engagement

Gathered feedback from parents and carers about Going to the Dentist

- 104 parents of Children Under 5 spoke with us as part of our engagement

Further details about who we spoke with are available in the relevant section of the Report

IV. Summary of main findings

Overall there are many positive messages from this Report. Most of the people we spoke with are attending the dentist regularly, have confidence and trust in their dentist and rate their treatment as good or very good.

Set against this positivity we heard some issues which may result in less frequent attendance at dental check-ups. These included: cost, lack of information, confusion over charging, fear, and in some cases difficulty finding an NHS dentist locally.

The focus of this report is to look at reasons why people do not attend dental appointments as frequently as recommended to help local dental services, public health services and commissioners to better understand the barriers that people face.

Going to the Dentist Survey

576 people completed our Going to the Dentist survey.

Most respondents (82%) visited the dentist at least once a year. For those that did not cost, being unable to find an NHS dentist locally, and fear of visiting the dentist were the three reasons most commonly cited, followed by not thinking that going to the dentist was necessary or important. People aged 65+ told us that they never visited the dentist more frequently than any other age group.

80% of the respondents to our Survey used an NHS dentist (or a combination of NHS and private services from the same dentist). 19% always used a private dentist. Our findings suggest that for some respondents private dental practice was not their first choice, having previously been an NHS patient at a dentist which later became a private practice.

Our look at NHS UK website showed that information about which dental practices are taking NHS patients (adults or children) is not kept up to date by every practice, which could frustrate patient's efforts to find an NHS dentist locally.

Most people had been helped enough by their dentist to understand whether they had to pay NHS charges or not, however nearly three in ten people said they were not helped enough or not helped at all to understand charges. Whilst about half of our respondents were confident they knew which treatments are available on the NHS and which must be paid for privately nearly four in ten of the people we spoke to were not. A particular grey area was that of teeth cleaning / dental hygiene services. While there are many dental practices who explain costs to patients, this

suggests there may be a number of practices which could improve the way they give help to patients to understand charges.

The majority of respondents had confidence and trust in their dentist. We heard that respondents experience of dentists is that they explained things and were reassuring, they were experienced and knowledgeable and respondents trusted their dentist's judgement. Some respondents reported poor experiences which had put them off going to the dentist. Seeing the same person consistently was also important to some respondents.

Overall people reported positive experiences of their care and treatment at the dentist, 91% rated their treatment as very good or good. This positive experience is reassuring, particularly as fear of the dentist is one of the reasons that respondents identified for not going to the dentist.

One in two people did not know how to make a complaint about their dentist should they need to. Our findings suggest that this is an area where further information is required.

Most people we spoke with would contact their own dentist for advice about what to do in an emergency when their dentist is closed. We contacted a sample of 4 dentists in each District out of hours to ascertain the information available to patients. Whilst all the dentists signposted to NHS 111 there was not consistent provision of information (i.e. telephone number) about the dental Emergency Access Centres.

Engagement on Going to the Dentist

Nearly one in four of the 36 people with a learning disability that we spoke with went to the dentist less than once a year. Fear of going to the dentist was the main reason given. People's suggestions for improvement included easy read information, more time to have things explained and understanding staff. Care and support staff having an understanding / training about oral hygiene, so they can support people to look after their teeth properly was also raised.

The 16 people with sight loss we spoke with would welcome greater awareness by dental practices about the particular impact their condition has on them as an individual and for adjustments to be made accordingly. None had been asked about their communication needs as required by the NHS Accessible Information Standard.

We spoke with 28 people who are homeless or living in temporary accommodation in Worcester. Most people we spoke to never went to the dentist, or only went if there was a problem. Many people did not see going to the dentist as a priority for them or were afraid of going. Most people had heard of the Dental Access Centre (DAC), and would use this in an emergency, however many people would put up with dental pain and discomfort. Most people who had used the DAC and Maggs Day Centre services had positive experiences of them. However, due to people's housing situation or lifestyle uptake of treatment appointments is not consistent. There is more to do to highlight the benefits of going to the dentist for prevention and good oral health.

Children's Survey

145 children and young people completed our Survey. Almost all (99%) had been to the dentist and most rated going as "Good" or "Great". However, four in ten children described going to the dentist as "OK" or "Sad". Feeling nervous about going, not liking going or previous experience of painful treatment were given as reasons for these rating of going to the dentist. This highlights the importance of children becoming familiar with going to the dentist at a young age and of prevention, so that they do not experience painful treatment. Children and young people think that more things to do while they wait at the dentist, better explanations by dentists and talking about it more at school would make going to the dentist better.

College Students

We spoke with 37 health and social care students at Worcester Sixth Form College. Two in three of the students we spoke with rated going to the dentist as "OK" or "sad". The most common negative reason for the ratings given was feeling scared or anxious about going to the dentist and disliking the smell. The students felt that the environment of the dentist could be improved to make it more relaxing and that dentists could explain things better. Social media could be used to promote information about oral health. Students also favoured using images of how teeth could look if they were not taken care of and putting these on toothpaste packets, similar to warnings on cigarette packets.

Parents who completed our Survey

198 parents completed our Going to the Dentist Survey. They reported that eight in ten children went to the dentist at least once a year. Children being scared of the dentist / not liking going; difficulties in getting an appointment and not being able to find an NHS dentist locally were the main reasons given for children attending less frequently. The highest proportion of children who never go to the dentist are aged under 5. Attendance seems to decline for the 16 - 18-year age group.

Parents of Children Under Five

Our conversations with 104 parents of children under 5 showed that parents are not routinely remembering or receiving key messages about oral health for their young children. They would welcome more information provided through leaflets, websites and demonstrations in community settings. Parents would welcome information about oral health earlier. Some parents reported that oral health was not raised by Health Visitors at the 2yr developmental check. They identified that there are opportunities to include oral health messaging in other health and care settings. Whilst most parents were able to find a dentist for their child in some areas they needed to be persistent to do so. Information on which dentists are taking on children on the NHS Choices website is not always up to date. Parents reported that how their child was engaged with and treated at the dentist varied. It would appear from our work that there are further opportunities to provide information and support to parents to establish good oral health at an early age.

V. Recommendations

I. LOCAL DENTAL PRACTICES

Much of the below is already in existing guidance and standards including in: General Dental Services Contract (2018), NHS (Dental Charges) Regulations [2005], The National Health Service (General Dental Services Contracts) Regulations 2015, NHS England Dental Assurance Framework, General Dental Council Standards for the Dental Team, 2013. However, our work suggests that whilst practices may be complying with the guidance and standards patients experience does not always reflect this.

NHS Website

1. Dentists should ensure that the NHS website is regularly updated in order that patients can be clear about which practices are taking on new adult or child NHS patients.

NHS Accessible Information Standard

2. Dentists should ensure patients with disabilities receive appropriate communication support in line with the Accessible Information Standard and ensure physical access needs are met.

Information about charging

3. Dentists should review their current procedures for informing patients about treatment charges to make sure these not only meet NHS guidance and standards but work well enough to fully support their patients.
4. Dentists should provide training for receptionists and other members of the practice team about clear and consistent communication of treatment charges.
5. Dentists should prominently display NHS charges and, where applicable, private charges in the surgery in a format that is clear and visible to everyone.
6. Dentists should ensure that each patient understands the NHS price bands and where and why they may have to pay private charges before undertaking treatment.

Complaints

7. Dentists should prominently display their complaints procedure in the surgery in a format that is clear and visible to everyone.

Children & Young People

8. Dentist should consider if their current practice is “child friendly” and promotes visiting the dentist as a positive experience for children.
9. Dentists could consider ways in which the experience of Going to the Dentist for children and young people could be improved for example by:
 - providing posters / information about diet, tooth brushing and oral hygiene in waiting areas, perhaps utilising existing resources available on the internet

- providing activities for a variety of age groups in the waiting area, perhaps utilising existing resources available on the internet
 - providing information / explanation about dental procedures in pictorial / diagrammatic form
 - considering if there are ways in which anxiety about going to the dentist can be reduced, perhaps through offering rewards / incentives such as stickers; playing music; masking “clinical” smells; initially greeting children without wearing a mask
10. Dentists should consistently provide oral health advice to parents about looking after their children’s teeth.

Out of Hours Information

11. Dentists should review their out of hours information to ensure that there is accurate information available about Dental Emergency Access Centres.

II. NHS ENGLAND

1. NHS England should consider whether there are ways in which they can assist local dental service providers to implement the recommendations above.
2. NHS England should consider how to raise awareness that NHS dental treatment does not have to be linked to a specific dental practice or in the case of children, to the parent/carers own preferred dental practice.

III. WORCESTERSHIRE HEALTH AND CARE NHS TRUST

1. Worcestershire Health and Care Trust should consider whether looking after teeth can be included in the annual Learning Disability Health Check.
2. Worcestershire Health and Care Trust should consider whether further outreach sessions targeted at parents of children under 5 and vulnerable groups can be provided in community settings, in particular in geographical areas or with groups identified as being high risk.
3. Worcestershire Health and Care Trust should provide assurance that oral health is being covered in developmental checks at 2 - 2.5 years, in line with current guidance, and that these messages are being received and understood by parents.
4. Worcestershire Health and Care Trust should consider including oral health as mandatory in the 9-month developmental check undertaken by health visitors.

IV. WORCESTERSHIRE COUNTY COUNCIL - PUBLIC HEALTH

1. Public Health should consider how best to encourage a preventative approach to dental health and raise awareness of the health implications of poor dental health amongst the general population and specific at-risk groups, including older people, parents and carers of under 5's and people who are homeless or living in temporary accommodation.
2. Public Health should consider their current position relative to each of the recommendations contained within the NICE Public Health guideline (PH55)⁸ on oral health for local authorities and partners.

The NICE recommendations are:

- a. Ensure oral health is a key health and wellbeing priority
- b. Carry out an oral health needs assessment
- c. Use a range of data sources to inform the oral health needs assessment
- d. Develop an oral health strategy
- e. Ensure public service environments promote oral health
- f. Include information and advice on oral health in all local health and wellbeing policies
- g. Ensure front line health and social care staff can give advice on the importance of oral health
- h. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health
- i. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health
- j. Promote oral health in the workplace
- k. Commission tailored oral health promotion services for adults at high risk of poor oral health
- l. Include oral health promotion in specifications in all early years services
- m. Ensure all early years services provide oral health information and advice
- n. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health
- o. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health
- p. Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health
- q. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools
- r. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health
- s. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health
- t. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health
- u. Promote a whole school approach to oral health in all secondary schools.

⁸ NICE Public Health Guideline (PH55)

Section B

Feedback from people about Going to the Dentist

1. Going to the Dentist Survey

576 people completed our survey.

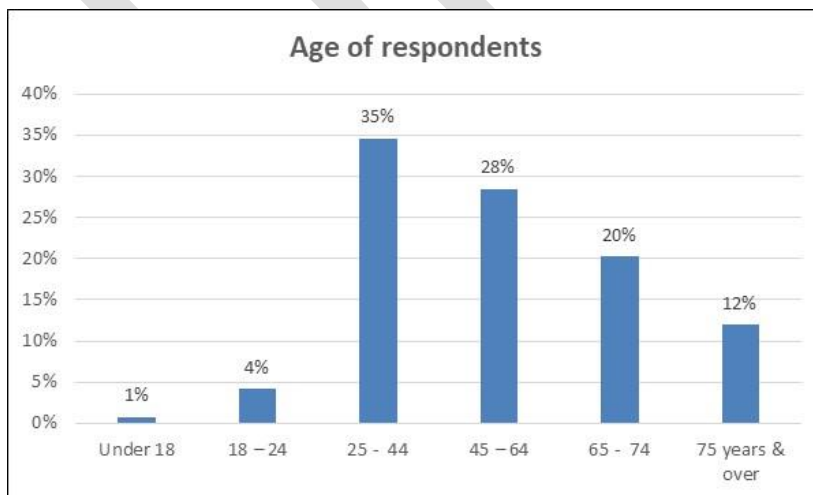
We carried out the Survey face to face at the following events / locations:

Eid Party, Horizon Centre, Worcester; Wyre Forest Older People's Showcase, Kidderminster; Riverside Church Drop In, Bewdley; Horizon Centre Summer Fete, Worcester; Sidemoor BDHT Family Day, Bromsgrove; Westlands Fortis Family Day, Droitwich; West Midlands Womens Aid; PlayDay, Lickhill Park, Stourport; Riverside North Park - Bewdley; Fortis Family Day, Malvern; The Worcester Show, Worcester; Brinton Park, Kidderminster; Cookley Playing Fields; Lickhill Park, Stourport; Fortis Family Day, Warndon, Worcester; BDHT Community Day, Charford; Rooftop Housing, Merstow Green, Evesham; Rooftop Housing, Cherry Orchard House, Pershore; Big Picnic, Springfield Park, Kidderminster; Worcester Afro Caribbean Association; National Autistic Society Family Day, Worcester; Spring Into Summer, Springfield Park, Kidderminster; WF MS Society Drop In, Kidderminster; Tolly Centre, Community Connectors, Worcester; Every Woman's Circle, Redditch; Warndon Centre - Community Connectors, Worcester; Residents Group - Dines Green Community Centre, Worcester; Simply Limitless Night Café, Kidderminster and Kidderminster Medical Centre.

Gender of respondents:

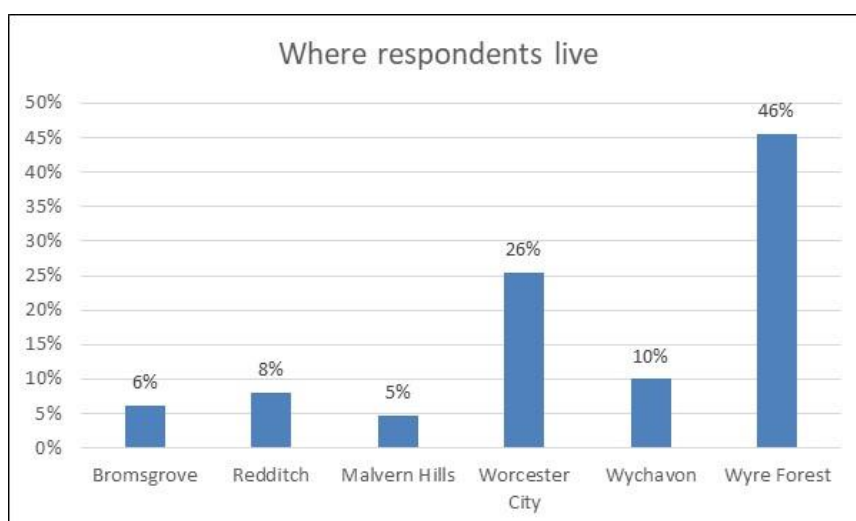
- 78% were female
- 22% were male

Age of respondents:



The majority of respondents were aged between 25 - 64 (63%), a further 32% were aged 65 plus, whilst 5% were under 24.

Where do respondents live?



Ethnicity of respondents

89% of our respondents described their ethnicity as White British

Asian or Asian British – Indian	1%
Asian or Asian British – Pakistani	3%
Asian or Asian British – Bangladeshi	1%
Black or Black British – Caribbean	1%
Mixed – White and Asian	1%
Mixed – Any other mixed background	1%
White – British	89%
White – Irish	1%
White - any other white background	2%

Note

Not all questions were answered by all respondents. Where non-response is present percentages are reported based on the numbers answering the question. The number of respondents to each question can be found in Appendix One on our website. Results have been rounded to the nearest whole number, and therefore will not always add to 100%.

Where themes / comments are reported these are set out in order of frequency, starting with the highest number.

1.1. What type of dentist do respondents use?

80% of the respondents to our Survey used an NHS dentist (or a combination of NHS and private services from the same dentist). 19% always used a private dentist. The remainder were unsure (1%) or never visit a dentist (1%).

Of the people who used a private dentist the main reasons for choosing to do so were:

- Their dentist was previously an NHS dentist who changed to private practice and the person wished to remain with them
- Couldn't find an NHS dentist locally

- Believe receive better care or treatment as a private patient
- Have a dental plan, which assists with costs [we heard from a number of people that they took out the plan when their NHS dentist changed to private practice]
- Have always used a private dentist

A further reason given was that the dentist was unwilling to do the work required under the NHS.

“I’ve been sent a letter by my dentist saying they can’t keep me on as an NHS patient. He says he could only keep so many on, and I was one of the ones he couldn’t, so if I want to stay I will have to go private. I want to stay with him and I’ll go with a payment plan. The children are staying on the NHS but under the other dentist at the practice, who only works on a Monday, that is going to make it quite tricky for me”

“My dentist contacted me to say they are not doing NHS work anymore. They still see the children but not me. I haven’t looked for an NHS dentist since then”

Summary: Our findings suggest that for some respondents private dental practice was not their first choice, having previously been an NHS patient at a dentist which later became a private practice.

1.2. How often do respondents go to the Dentist?

The majority of respondents (82%) visited a dentist at least once a year.

For the remainder 6% of respondents visited the dentist every now and again; 8% went only when they noticed there was a problem and 5% reported that they never visited the dentist.

This pattern is largely repeated across the age ranges. However, people aged 65+ told us more frequently that they never visited the dentist (10%) than other age groups. We also heard from some older people with dentures that they did not think that they needed to visit the dentist. This is contrary to NHS advice that everyone needs a check-up at a maximum recall of 24 months-determined by a dentist. This would be to check their mouths for oral cancer as well as checking fit of dentures and denture related oral health issues.

We asked respondents who visited the dentist every now and again, when there was a problem or who didn’t visit the dentist what was the **reason that they did not visit the dentist more regularly.**

- I’m concerned about the cost / I can’t afford to
- I can’t find an NHS dentist locally
- I don’t like going / am scared of going
- I think it’s not important / unnecessary
- I face barriers to the service because of a disability or health condition

We also received 73 comments about why people didn’t visit a dentist more often.

The most commonly cited reason was **cost**. This was cited as the main reason for not going to the dentist more often by people who use both NHS and private dental services.

“I have twins. My teeth are OK. I can’t afford to pay, we have to feed the children, I don’t go but the kids do”.

“I have only started going back to the dentist in the last three years. My local dentist went private and prices went sky high. I finally found an NHS dentist in Bewdley.”

“I find the NHS charges very expensive, I used to go twice a year but now only go once a year because of the cost”

“I am scared about next year when I won’t be able to go, I won’t be able to afford it as I am retiring”

“I used to go once or twice a year, but it got too expensive. I haven’t had any trouble with my teeth, but prevention is better than cure”

“It’s the cost, and it’s hard to find an NHS dentist. I use the emergency walk in dentist”

The numbers reporting that they could not find an NHS dentist were not high, however we heard this most frequently in Kidderminster and some parts of Worcester City.

Although it is not an area we looked at in detail, we heard that finding out information about which dental practices were taking NHS patients was not always easy for the people that we spoke with.

We searched the NHS UK website on 11/12/2018 for dentists in Kidderminster. The search returned 7 dental practices in the town. One practice was identified as taking new, self-referring NHS adult and child patients. We noted that four practices had not supplied any data to the website and two practices were not taking NHS patients.

Looking at dentists in Worcester City we found that of the 10 dental practices listed four were identified as taking new, self-referring NHS adult and child patients. We noted that three practices had not supplied any data to the website and three practices were not taking NHS patients.

Looking at dentists in Redditch we found that of the 10 dental practices listed three were identified as taking new, self-referring NHS adult and child patients. We noted that six practices had not supplied any data to the website and one practice was not taking NHS patients.

We also noted that a number of dental practices which operate in Worcester City are not listed on the website. This may be because they only take private patients.

This demonstrates that not all practices are keeping information updated on the NHS website, presenting a potential barrier to people looking for an NHS dentist in the County.

People also reported being scared of going to the dentist or not thinking it was important. Other reasons given for not going to the dentist more often included: previous poor experience of the dentist; difficulties in attending due to lack of transport; lack of time due to work commitments, lack of time due to caring responsibilities; not knowing where to look for a dentist or respondents had not looked for a dentist locally.

“I don’t like going, it is painful and I’m scared of injections”

“I was traumatised as a child by the dentist and I am scared of going. They were so nasty about it and off putting”

“NHS dentists are very few and far between. They are willing to take on new patients if you are paying but they don’t want NHS. I had to go to Bromsgrove from Kidderminster”

“I could not get an NHS dentist, I had to go private”

“I can’t find an NHS dentist in walking distance. I don’t drive and my dentist is now 1.5. hrs walk away”

“Two year waiting list for NHS at the children’s dentist”

“There is not an NHS dentist locally. I can’t get anyone to look after the kids and its not easy taking three kids to the dentist and going yourself”

“I only go if I have toothache or a problem. I’m 74 next month and I haven’t been to the dentist for years”

“I only go if I am in pain, otherwise I don’t go”

“My teeth are OK, I only go when I need to”

“I don’t have time. I’m a full-time carer and I can’t take time off to go to the dentist”

Summary: Most respondents (82%) visited the dentist at least once a year. For those that did not the cost of both NHS and private treatment appeared to be a barrier. Other reasons were being unable to find an NHS dentist locally, fear of visiting the dentist and not thinking that going to the dentist was necessary or important. Our look at NHS UK website showed that information about which practices are taking NHS patients (adults or children) is not kept up to date by every practice, which could frustrate patient’s efforts to find an NHS dentist locally.

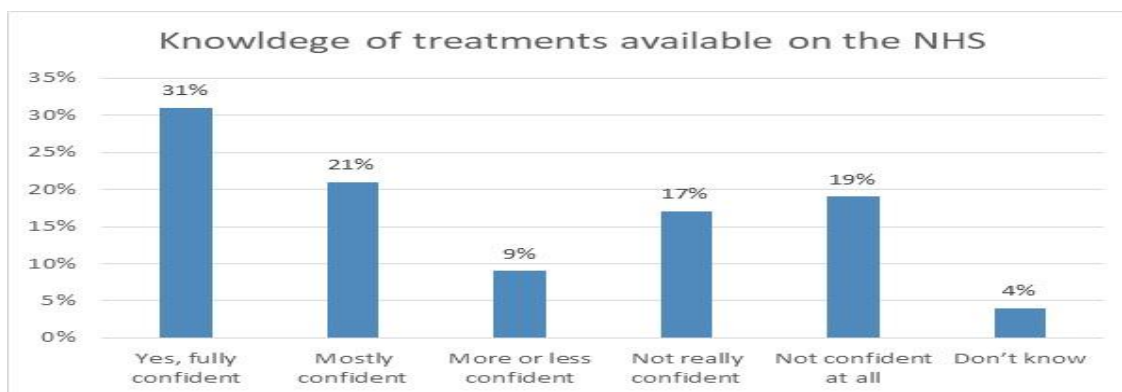
1.3. NHS Charges and Treatments

Most of our respondents (54%) paid some charges under the NHS or a combination of NHS and private fees. 25% were eligible for free treatment under the NHS, 19% paid private fees. The remainder (2%) were not sure.

Knowledge of treatment available on the NHS

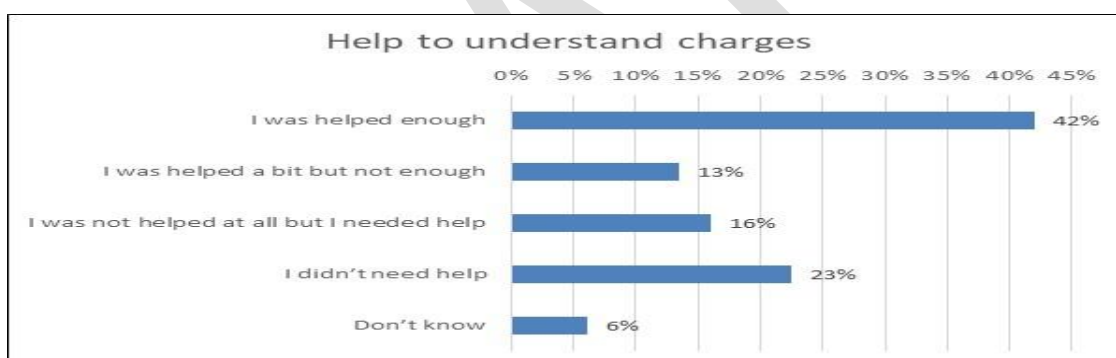
We asked people who used an NHS dentist if they felt confident about which treatments are available on the NHS and which must be paid for privately

Just over half of the people we spoke with (52%) felt confident about this. However, nearly four in ten people we spoke with (36%) were not really confident or not confident at all about this.



Understanding NHS Charges

We asked people if their NHS dentist had helped them to understand whether they had to pay NHS charge or not



Most people (65%) we spoke to said they had been helped or that did not need any help with this. However nearly three in ten (29%) of people we surveyed said that they were not helped enough or they were not helped at all to understand the charges last time they visited the dentist.

“I find the charges confusing. We are in their hands like doctors, and we have to trust them, and because the charges are confusing you wonder whether you need everything or are they just making money”

“They just give me the bill and I pay it. That’s it”

“I thought that treatment was free under Job Seekers Allowance, then had a big bill sent to the house. The dentist told me to bring in a letter to prove that I am on JSA which I did. They photocopied it then sent me the bill”

By contrast we heard:

“I was exploring having cosmetic dental treatment. My dentist set out the pros and cons in a letter, including the cost and where to see about the options”

A particular “grey area” appears to be that of teeth cleaning/dental hygiene services. If clinically necessary, a scale and polish is one of the treatments included in NHS Band One dental treatments. However, this can fall outside of what is covered on the NHS if it is considered to be for cosmetic reasons rather than being clinically necessary.

“I don’t get offered a scale and polish. I have to ask for it, even though I pay for it under the NHS”

“There is still the issue of dentists not doing scales and polishes which you are entitled to, instead referring you to the hygienist for treatments charging up to £50 a time ... there are people I know who would not be able to afford this and will therefore run the risk of losing teeth later. The dentist should be carrying out scale and polish”

“The dentist said he was going to book me in with the hygienist to prevent problems. I know that this is private but the dentist didn’t say this. I cancelled the appointment as it is too expensive”

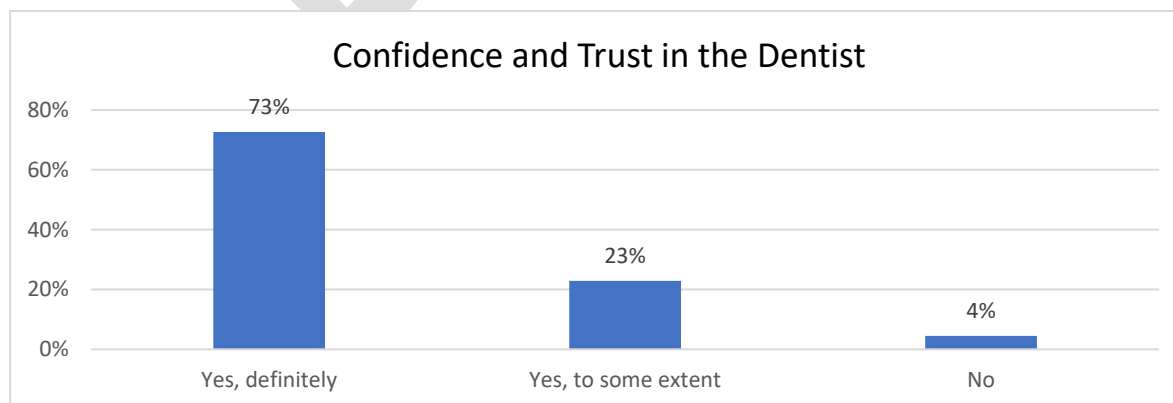
“I am charged at higher than NHS rates for a scale and polish with a hygienist. I don’t understand how my charges are calculated”

Summary: Most people had been helped enough by their dentist to understand whether or not they had to pay NHS charges. However nearly three in ten people said they were not helped enough or not helped at all to understand charges. Whilst about half of our respondents were confident they knew which treatments are available on the NHS and which must be paid for privately nearly four in ten of the people we spoke to were not. A particular grey area was that of teeth cleaning / dental hygiene services. While there are many dental practices which explain costs to patients, this suggests there may be a number of practices which could improve the way they give help to patients to understand charges.

1.4. People’s Experience at the Dentist

Confidence and Trust in the Dentist

Most of the people we spoke with (73%) reported that they had confidence and trust in their dentist, 23% felt this to some extent, whilst this was not the case for 4% of respondents.



We asked people why they felt this way. We received 273 comments.

Those who **definitely had confidence and trust** in their dentist reported that this was because:

- Dentist explained things well / were reassuring
- Dentist was experienced / knowledgeable/ trusted judgement
- Long term patient at the practice
- Dentist is friendly / caring / honest
- No issues with teeth or dentist
- Good with children

Other comments we heard included dentist speaking the same language as the patient, and the practice having wheelchair accessible premises.

“Professional, explains procedure before doing everything, has a professional and personal side so makes you feel confident”

“Polite, good patient manner. Explains things to you and waits for your agreement”

“I’ve been going for so long, they know the treatment that I need, they understand”

“She is friendly and competent. My husband is terrified, and she is the first dentist he has gone to”

Those who felt this **to some extent** reported this was because:

- Unhappy with the quality of the treatment / advice received
- Lack of consistency / don’t see same dentist
- Unsure that proposed treatments are necessary
- Unhappy with dentist attitude / communication

Other comments we heard included that people were scared of going to the dentist; were with a new dentist and so had not formed a judgement or were unhappy with the dentist but there was a lack of choice / alternatives locally.

“I expect effective treatments to last, not for fillings to fall out or implants to be placed inefficiently”

“Can vary who you see at the practice. I would prefer the same dentist”

“Sometimes I feel like he is pushing for extra treatment and services for extra profit”

Those who **did not have confidence and trust** in their dentist reported that this was because:

- Felt they have been overcharged / fees are too high
- Unhappy with the quality of the treatment / advice received
- Didn’t have confidence in the dentist’s knowledge / ability

Other comments we heard were about communication issues and fear of going to the dentist.

“Would like to move to another dentist whose more reliable and cheaper”

“The treatment I had it was a filling and it fell out; and my husband had a filling and the tooth was not prepared properly and it fell out as well. I am going to move dentist.”

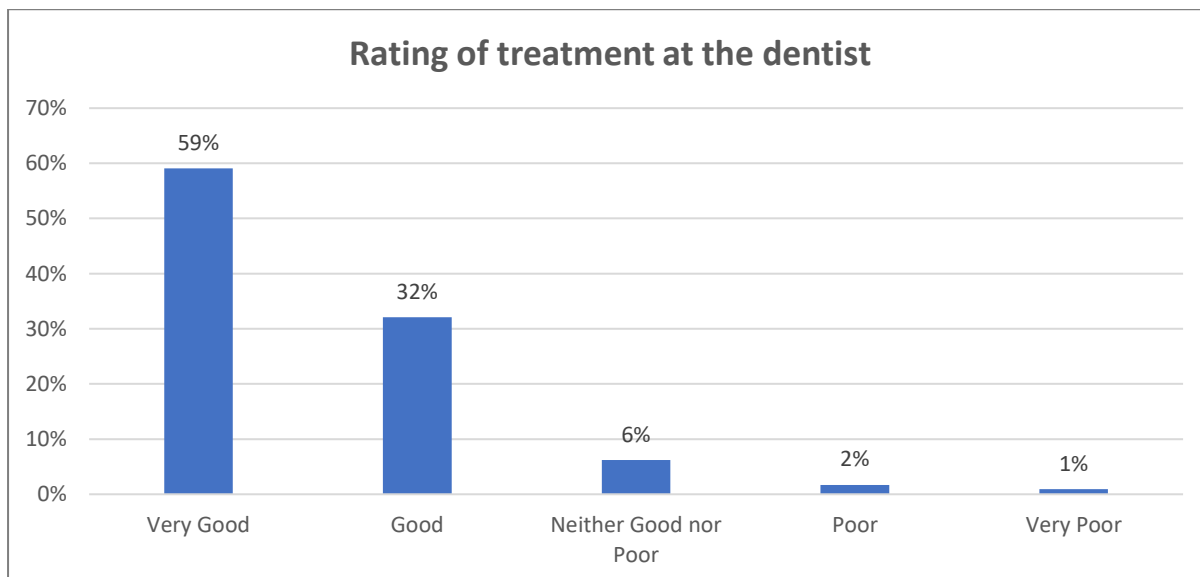
Summary: The majority of respondents had confidence and trust in their dentist. We heard that respondents experience of dentists is that they explained things and were reassuring, they were experienced and knowledgeable and respondents trusted their dentist’s judgement. Some respondents reported poor experiences which had put them off going to the dentist. Seeing the same person consistently was also important to some respondents.

Care and Treatment

Most respondents felt sufficiently (76%) or somewhat (16%) involved in decisions about their care. 7% of respondents did not feel sufficiently involved in these decisions.

62% of people felt that dentists explained the risks and benefits of any treatment or action needed in a way that they could understand, and a further 16% felt this to some extent. 6 % of respondents did not feel that dentists explained the risks and benefits to them.

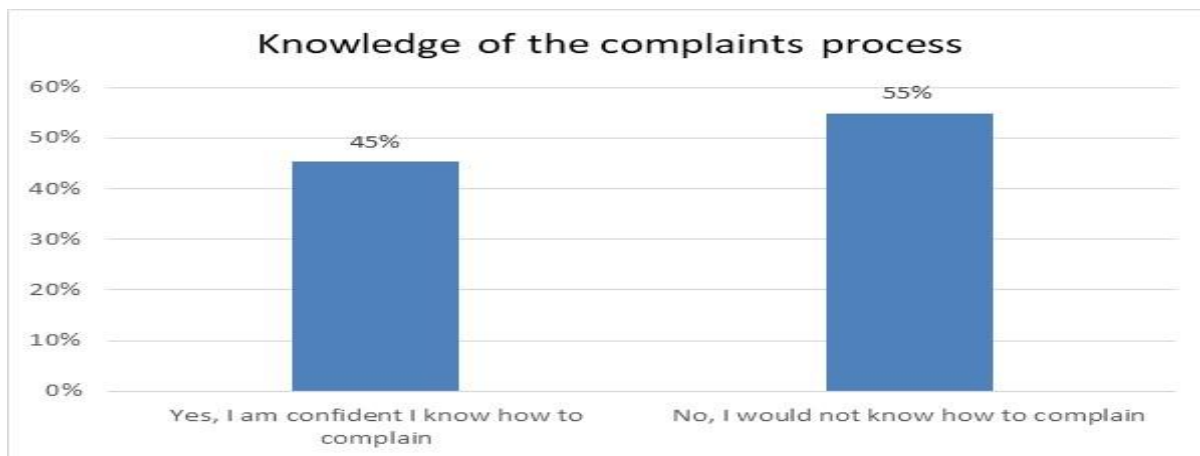
Overall, 59% of the people we spoke with rated the treatment that they received at the dentist as very good, and a further 32% rated it as good. 6% rated it as neither good nor poor, and 3% as poor or very poor.



Summary: Overall people reported positive experiences of their care and treatment at the dentist. 91% rated their treatment as very good or good. This positive experience of treatment is reassuring, particularly as fear of the dentist is one of the reasons that respondents identified for not going to the dentist.

1.5. Knowledge of the complaints process

One in two of the people that we spoke with (55%) did not know how to make a complaint about the dentist should they need to.



Summary: One in two people did not know how to make a complaint about their dentist should they need to. Our findings suggest that this is an area where further information is required.

1.6. Finding a dentist in an emergency

The top three places that people would look for information about finding a dentist in an emergency when their own dentist is closed are:

- Phoning their own dentist out of hours and hope to get advice (41%)
- NHS 111 (26%)
- On the internet, including looking at the NHS Choices website (17%)

We noted that 5% of respondents had telephoned the Urgent Care Dental Access Centre and 3% had used this service.

2% of respondents would ask NHS England for advice or look for information locally.

5% of respondents would not know where to look for information.

We rang a sample of 4 dental practices in each District, taken from the NHS website, out of hours to understand the information provided to patients. Eight practices provided a telephone number for patients using a payment plan / private patient to call out of hours. All of the dentist's provided information about NHS 111. Five of the practices also provided information about AandE services. The four dentists that we rang in Worcester provided the phone number of the local Emergency Access Centre. However, of the four dentists that we rang in Wyre Forest only one provided this information about the Kidderminster Emergency Access Centre. In Evesham two of the four dentist that we rang provided information about the Evesham Emergency Access Centre, although only one provided a telephone number for the service. One dentist in Malvern gave information about the Worcester Emergency Access Centre. None of the dentists that we contacted in Redditch and Bromsgrove provided information about the Centres. Information about the Emergency Access Centres is provided on the Worcestershire Health and Care Trust website. The website says: "Patients with their own dentist can access urgent treatment at weekends and bank holidays. Visitors / patients without a dentist can use the service during the week." Our ring round would suggest that this information is not always being provided to patients through practice answerphones.

Summary: Most people we spoke with would contact their own dentist for advice about what to do in an emergency out of hours. We contacted a sample of 4 dentists in each District out of hours to ascertain the information available to patients. Whilst all the dentists signposted to NHS 111 there was not consistent provision of information about the Emergency Access Centres.

1.7. Additional Comments about Going to the Dentist

We asked people whether they had anything else to tell us about Going to the Dentist. We received 126 relevant comments. These related to:

- Positive feedback about going to the dentist
- Poor / negative experience at the dentist
- Unable to find an NHS dentist locally
- NHS / Private dental charges are too high / confusing
- Lack of information about finding an NHS dentist and NHS treatments available
- Charging generates a lack of trust in the dentist
- Issues finding / going to the dentist for people with disabilities

We also heard that NHS treatments should be extended to include cosmetic procedures; dislike of going to the dentist and that the availability of NHS dentists had improved.

2. Engagement about Going to the Dentist

We undertook specific engagement to speak with people whose voices we may not otherwise have heard.

2.1 Feedback from people with a learning disability

We gathered feedback about oral health and going to the Dentist from people with a learning disability through work with SpeakEasy N.O.W. We developed Easy Read group questions and visited a meeting of their Health Checkers to gather their feedback. Feedback was also gathered via SpeakEasy N.O.W. from their self-advocacy groups, their Management Committee and at a visit to Vale of Evesham School sixth form. In total 36 people with a learning disability took part in discussions.

How often do you visit the Dentist?

27 people told us that they go to the Dentist at least once a year. One person only goes now and again, three people only go if there is a problem and four people said they never go to the Dentist.

The main reason people gave for not going to the Dentist regularly was that they felt scared or in one case 'petrified of going to the Dentist'. Not having support and a carer being unwell were also given as reasons.

People told us that having someone they trust to come with them and getting to know the Dentist would help them to go to the Dentist more often.

What type of Dentist do you go to?

17 people go to a local NHS Dentist, six to a Community Dentist provided through Worcestershire Health and Care Trust, three to a private Dentist and five were unsure. One person said that they go to a private Dentist because they had experienced difficulties finding an NHS Dentist with wheelchair access.

How do you feel about going to the Dentist?

The highest number, 17 people, rated going to the Dentist as OK. 11 people thought it was good and 7 people thought it was bad.

Being nervous or frightened was the main reason given for rating going to the Dentist as bad. Other reasons given were not liking teeth being cleaned and the taste of having teeth cleaned and the metal tools.

Reasons for rating going to the Dentist as good included having support and for one person going to a Dentist who knows the people and support staff where they live.

What would you find helpful when you go to the Dentist?

The main ideas given were -

- Easy Read or easy to understand information and forms
- More time to have things explained and to understand
- Having understanding staff who listen to you
- Pictures to explain things
- Being able to look at and touch the equipment they are going to use
- Having someone to support you

Other suggestions included: help to understand forms and entitlement to free treatment, relaxing music, training for staff about learning disabilities and better access for wheelchairs.

Information about looking after your teeth

Although some of the groups did not feel they had been given much information about looking after their teeth, others said that they knew about having to brush their teeth regularly and some had been shown how to do this by their Dentist. Others said they had been told that eating sweets was bad for your teeth.

Ideas for information that would be useful included: Easy Read information, pictures of what good and bad teeth look like and pictures showing how much sugar is in different drinks.

One group discussed the importance of care staff and support workers having an understanding and training about oral hygiene, so they can support people to look after their teeth properly.

Summary: Nearly 1 in 4 of the people with a learning disability that we spoke with went to the dentist less than once a year. Fear of going to the dentist was the main reason given. Suggestions for improvement included easy read information, more time to have things explained and understanding staff. Easy Read / pictorial information about looking after your teeth would also be of benefit. The

importance of care and support staff having an understanding and training about oral hygiene, so they can support people to look after their teeth properly was also raised.

HWW noted that questions about oral health are not included in the Learning Disability Annual Health check (they are included in the longer Health Action Plan, usually completed by a support worker). This could provide an opportunity to highlight the importance of oral health to people with a learning disability.

2.2. Sight Concern, Malvern

We spoke with 16 people who attended the Sight Concern Group in Malvern. They all attended the dentist regularly. 5 people used a private dentist and 11 used an NHS dentist. No one used the specialist dental services provided by the Worcestershire Health and Care Trust

None of the dentists had asked about people's communication needs as required by the NHS Accessible Information Standard, however a couple of members of the Group reported that their dentist knew them and had recorded that they had sight loss. People felt that dentists and other health professionals need to understand the impacts of each individual's sight loss, it can affect people in different ways and what works for one person may not suit someone else. Group members would have welcomed:

- Staff having Visual Awareness training
- Information in large print
- Text message reminders about appointments
- Staff being available to guide people through the premises
- Clear marking of physical hazards (e.g. edge of steps)

Some Group members reported that their dentist had made adaptations and were "disabled friendly"

Summary: People with sight loss would welcome greater awareness about the particular impact their condition has on them as an individual and for adjustments to be made accordingly. None of the Group had been asked about their communication needs as required by the NHS Accessible Information Standard.

2.3 Homeless People - St Pauls Hostel and Maggs Day Centre, Worcester

We wanted to hear the views of adults who are homeless or living in temporary accommodation, as they are identified as a specific risk group in the Oral Health Needs Assessment. We spoke with 28 people at Maggs Day Centre and St Pauls Hostel in Worcester, 23 were males and 5 females.

Most people (20) we spoke with did not have a regular dentist that they visited.

Three quarters (22) of the people we spoke to told us that they never went to the dentist or only went if there was a problem.

The main reasons given for not attending the dentist more regularly were that this was a low priority for people or fear of going. Other reasons were being registered

with a dentist elsewhere; not feeling that they needed to visit the dentist; being unable to find a dentist locally; having no teeth and just having moved into the area. Cost was only raised as an issue by two people, perhaps because most respondents would be eligible for free NHS treatment.

We asked people what they would do if they had an emergency or severe problem with their teeth and needed to see a dentist. Whilst most people said they would visit the Dental Access Centre (which offers walk in treatment for urgent dental problems for people who don't have their own dentist), the next most popular answer was that people would not do anything, they would put up with dental pain or discomfort. Other responses were asking staff what to do, using the service at Maggs, visiting their own dentist, wouldn't know what to do and ringing NHS 111.

Nineteen of the people we spoke with were aware of the Dental Access Centre, whilst eight people were not. Most people (21) had not used it. The main reasons given were they had not needed or had not wanted to use the service (a few people told us that this was because the Centre had a poor reputation on the street). A few people had an appointment booked at the Centre but for a variety of reasons did not attend. Others did not know about the service or intended to use it in future. Five people had used the service. Three people reported a positive experience, one person had a negative experience, and another had been seen by the service but was not eligible for urgent treatment.

Maggs Day Centre has a dentist available to examine patients at the Centre or a drop-in session available to service users at the Dental Access Centre (DAC) once a month. If treatment is required an appointment is offered at the DAC. Just over half of the people we spoke with (16) were not aware of the service at Maggs. The main reasons given for not using the service were not knowing about it; using the DAC if urgent treatment was needed, and not needing or wanting to use the service. Three people had used the service at Maggs. They all described this as a positive experience, and all had been offered a follow up appointment for treatment at the DAC. Two people had not attended the follow up appointment, the other patient was yet to attend. Staff have identified that attending follow up appointments for treatment following the initial examination can be difficult due to people's housing situation or lifestyle.

We asked what would help people to look after their teeth or go to the dentist more often. Suggestions were immediate access to treatment at St Pauls hostel; being accompanied to dental appointments to help overcome fear and being able to find an NHS dentist locally.

We heard from a number of people that they did not need to go the dentist, as they were looking after their teeth and were not experiencing an immediate problem. A couple of people were not aware that they could have routine dental appointments. A few people said that they had access to toothpaste and toothbrushes but did not brush or take care of their teeth. This suggests that there is more to do to highlight the benefits of going to the dentist for prevention and of good oral health.

Summary: Most people we spoke to never went to the dentist, or only went if there was a problem. Many people did not see going to the dentist as a priority for

them or were afraid of going. Most people had heard of the Dental Access Centre (DAC), and would use this in an emergency, however many people would put up with dental pain and discomfort. Most people who had used the DAC and Maggs Day Centre services had positive experiences of them. However, due to people's housing situation or lifestyle uptake of treatment appointments is not consistent. There is more to do to highlight the benefits of going to the dentist for prevention and good oral health.

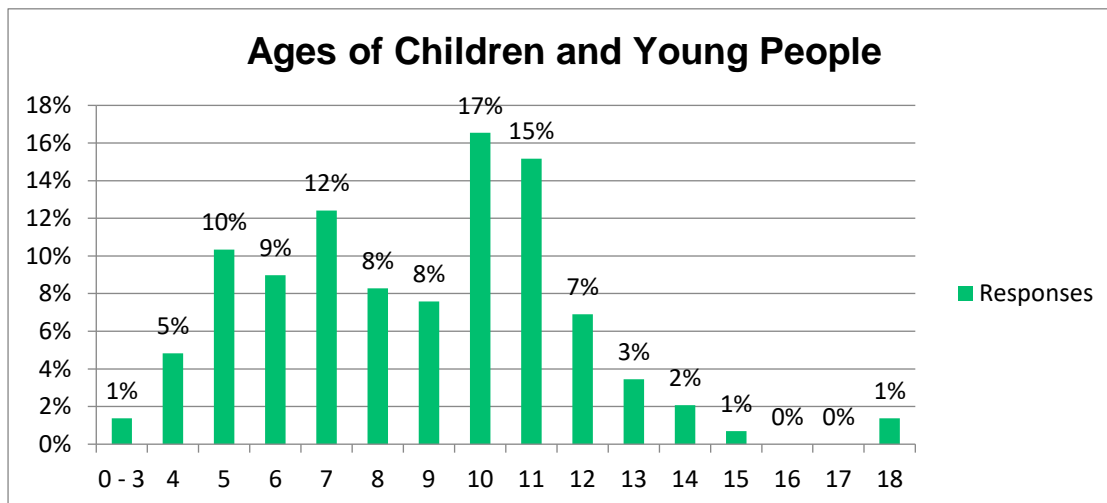
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Section C

Feedback from children and young people about going to the dentist and oral health

1. Children's Survey

145 children and young people completed our Children's Survey. The survey can be found on our website.



1.1. Having Healthier Teeth

We gave children and young people three choices about what could help them to have healthier teeth. The responses were:

- Eating less sugary food and drinks (44%)
- Brushing my teeth properly or for longer (42%)
- Going to the dentist more often (14%)

1.2. Visiting the Dentist





99% of our respondents had been to the dentists before.

Just over half of the children (52%) told us that they had not needed to have any treatment at the dentist (like a filling), however 48% reported that they had received treatment.

The finding shows that almost five in ten children and young people reported that they have received treatment at the dentist, however this may be because children were not clear about what was meant by treatment.

1.3. How do children feel about going to the dentist?

We asked children and young people how they felt about going to the dentist and why. Most respondents felt positive about going to the dentist, with 60% rating it as great or good, whilst 40% felt OK or sad about it.

			
Great (32%)	Good (28%)	OK (32%)	Sad (8%)

We received 100 comments from children about this. The reasons children and young people gave for **feeling great or good** about going to the dentist were:

- Enjoy / don't mind going to the dentist
- Good for your teeth
- Get a reward (e.g. sticker)

“Some people say it’s scary but it’s not”

‘I want good teeth and the dentist can help with my teeth

“I get stickers. He is a nice man’

The reasons children and young people gave for **feeling OK** about the dentist were:

- Feeling nervous or scared
- Recognise have to go to the dentist, but do not like it
- Experience of previous, painful treatment

The reasons children and young people gave for **feeling sad** about going to the dentist were:

- Experience of previous, painful treatment
- Feeling nervous or scared
- Don't like going to the dentist

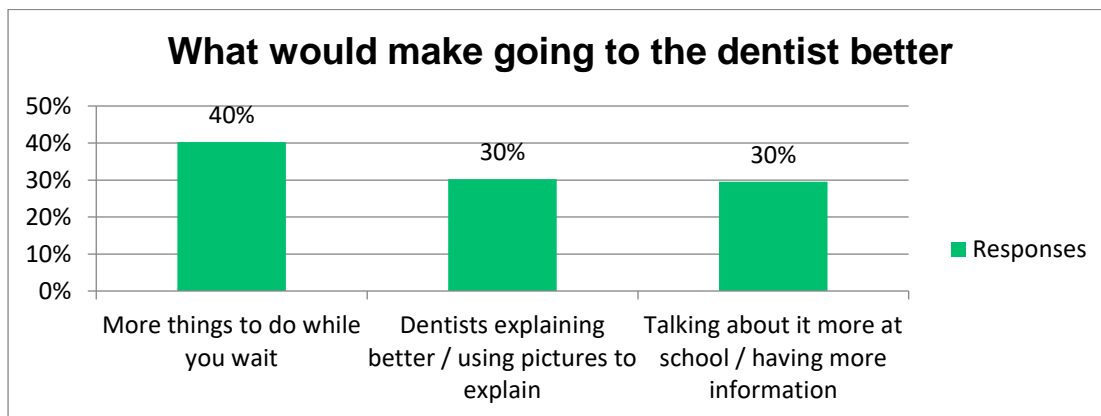
“Felt very nervous because I did not want a filling”

“Because he had his mask on when I went in. He frightened me”

“I don't enjoy it and I don't like stuff in my mouth”

1.4. What would make going to the dentist better?

We asked children and young people what would make going to the dentist better.



Most children and young people (40%) wanted more to do while they waited.

Other children and young people thought that dentist explaining things better or (30%) and talking about it more at school or having more information (30%) would make going to the dentist better.

1.5. Children at Worcester Muslim Women’s Association.

We spoke with 7 children in a small group at the Worcester Muslim Women’s Association. They were aware of messages about the effects of sugar on teeth; healthy eating and brushing teeth twice a day. All of the children had been to the dentist on at least one occasion. They described their visits as “scary”, they mentioned the smell and not knowing what things at the dentist were. One child had experienced tooth extraction at Kidderminster Hospital.

Ideas for improving the experience included: dentists explaining things better, including using models to better explain what they are doing; giving stickers; using air fresheners in the waiting area/rooms; having diagrams that you can colour in and learn about teeth; more things to do while you are waiting.

Children thought that the best people to give them information about looking after their teeth were: parents, dentists and schools.

Summary: Most children and young people we spoke with had been to the dentist and rated going as “Good” or “Great”. However, four in ten children described going to the dentist as “OK” or “Sad”. Feeling nervous about going, not liking going or previous experience of painful treatment were given as reasons for lower rating of going to the dentist. This highlights the importance of children becoming familiar with going to the dentist at a young age and of prevention, so that they do not experience painful treatment. Children think that more things to do while they wait at the dentist, better explanations by dentists and talking about it more at school would make going to the dentist better.

Healthwatch are aware of a number of oral health resources, such as games and colouring pictures, aimed at children which are available to download without cost from the internet. Dental practices could consider making use of these resources in order to improve the experience for children and young people.

2. College Students Feedback

We ran two workshops with a total of 37 health and social care students at Worcester Sixth Form College in November 2018. As part of the workshops we asked students to work in small groups to give us their feedback about going to the dentist and oral health.

2.1. How do you feel about going to the Dentist?



The positive reasons students gave for their ratings included helpful and friendly staff, making sure your teeth are healthy, receiving advice and feeling your mouth is nice and clean when you have been.

The most common negative reason for the ratings given was feeling scared or anxious about going to the Dentist. This was followed by comments about the smell of the Dentist, including one saying that there is a 'medical smell'.

Other negative reasons include: Dentist not being empathetic, Dentist not informing you what they are doing, Dentist telling you off for eating junk, not liking having someone close to you face, having the tools in your mouth, bright lights, not liking the chair, finding the waiting room intimidating, difficulties with parking and finding it boring.

2.2 What would make going to the Dentist better?

The highest number of responses were related to how the environment of the Dentists could be made more relaxing, by playing music and providing things to keep you occupied while you wait such as books, TV and access to the internet.

A number of students felt that it would be better if the Dentist explained what they are doing better, including a comment that they need to make sure they talk to the child or young person directly as well as to their parents.

Other suggestions include: being gentler, a comfier chair, shorter wait, less cramped, be able to call to see if they are running on time, free samples, a reward for example a sticker, better parking, water machine and information about what the check-up or treatment will involve.

2.3 What could help you to have healthier teeth?

Diet was the most popular response, with students saying that reducing the amount of sugar they eat and drink and generally eating more healthily could help them to have healthier teeth. The next most popular response was to brush their teeth better followed by flossing their teeth more. Other ideas they suggested include: using mouth wash, flavoured toothpaste, influence from parents, having an electric toothbrush, having a better knowledge about keeping teeth healthy, more advice from dentists, visit the dentist more often and stop grinding teeth.

2.4. What information would you find useful about looking after your teeth and going to the Dentist?

The students told us they thought that the most useful information would be about what would happen if they did not look after their teeth properly, in particular showing pictures of how teeth could look if they were not taken care of. They also thought that information about proper brushing technique and food and drinks that are bad for your teeth would be helpful.

The students thought that it would be good to use social media as a way of promoting this information, as well as television adverts, You Tube videos and leaflets and posters in the Dentist waiting room. They also suggested that toothpaste packets could give more examples of the consequences of not brushing your teeth, in the same way that cigarette packs give out warnings and photos about the consequences of smoking.

Summary: Two in three of the students we spoke with rated going to the dentist as “OK” or “sad”. The most common negative reason for the ratings given was feeling scared or anxious about going to the dentist and disliking the smell. The students felt that the environment of the dentist could be improved to make it more relaxing and that dentists could explain things better. Social media could be used to promote information about oral health. Students also favoured using images of how teeth could look if they were not taken care of and putting these on toothpaste packets, similar to warnings on cigarette packets.

Section D

Feedback from parents and carers

The Worcestershire Oral Health Needs Assessment identifies that:

“Messages on oral health need to be integrated with lifestyle advice as early in a child's life as possible to ensure greatest health gain. The messages are consistent around good diet and good hygiene regimes and there are significant opportunities to influence this”.

We spoke with parents to gain a better understanding about how often children visited the dentist, parents knowledge of oral health and their experience of taking their child to the dentist.

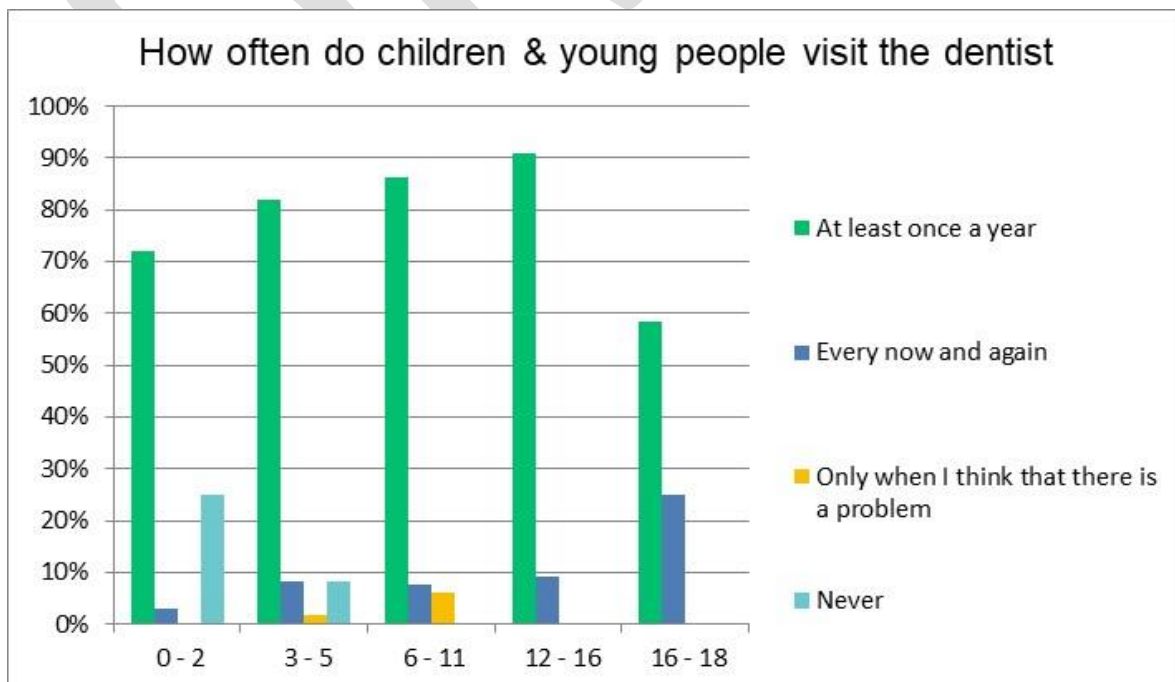
1. Parents and Carers who completed our Survey

198 parents of children or young people under 18 completed our Going to the Dentist Survey.

1.1 How often do children go to the dentist?

We asked parents how often their children visited the dentist. Parents reported that 81% of children and young people go to the dentist at least once a year, 8% go every now and again, 3% go when parents think there is a problem, and 7% never go.

The graph below shows the responses by the age of the child. It shows that the highest proportion of children who never go to the dentist are aged Under 5. It also shows that attendance seems to decline for the 16 - 18-year age group.



1.2. Why do some children not visit the dentist more regularly?

We asked parents whose children visited the dentist every now and again, when there was a problem or who never visited the dentist what was the reason that their child did not visit the dentist more regularly.

The top three reasons were:

- They don't like going or are scared of going
- Its hard to get an appointment at my dentist
- I can't find an NHS dentist locally

"They have a fear of the dentist and anxiety"

"They have not got the dates and times I want, especially after school"

"I have rung so many dentists and they won't take them under the NHS."

"I was told by the dental surgery that if the parent attended as an NHS patient then the surgery would look into the children's mouths, but I can't afford NHS dental treatment"

"They are 18 months and 3 years old. I will take them when they're older"

"He is 18 months, he has 8 teeth and I haven't given it much thought"

"its not top of our list of things. There is always something that seems a bit more important"

Summary: Most children went to the dentist at least once a year. Being scared of the dentist / not liking going; difficulties in getting an appointment and not being able to find an NHS dentist locally were the main reasons given for children attending less frequently. The highest proportion of children who never go to the dentist are aged under 5. Attendance seems to decline for the 16 - 18-year age group.

2. Engagement with Parents and Carers of Children Under 5

104 parents of children under 5 took part in group or one-to-one discussions as part of our engagement. We visited the following locations/groups to speak with parents:

Simply Limitless, Kidderminster; Twins group, Bewdley; The Walshes, Stourport; St Peters, Stourport; Half Crown Wood, Stourport; Brookside Children's Centre, Kidderminster; Batchley Stay and Play, Redditch; Bounce & Rhyme Group at Bromsgrove Library, Bromsgrove; Sunshine Messy Play, Malvern; Sunshine Baby Sensory Group, Malvern; Baby Talk, Pershore; WANDS Children's Centre, Droitwich; Spring Gardens Health Centre, Worcester (information session for women from Black and Minority Ethnic Communities)

We spoke with parents about the information they had received about oral health / looking after their children's teeth, where this information came from, the sorts of information they would find helpful, whether they were advised about when to start taking children to the dentist and what their experience of visiting the dentist with their children was like.

2.1. Information about looking after their child's mouth and teeth

Most of the parents of Under 5s we spoke with told us that they had not been given information about caring for their child's mouth and teeth.

Parents had mixed awareness and knowledge of oral health messages. More parents had heard about healthy eating messages. Fewer were aware of, or clear about, information such as when to start taking children to the dentist, tooth brushing, the advised level of fluoride content in toothpaste or when children should start to brush their teeth unsupervised.

“Didn't get told too much about dentist and looking after teeth. I have an eight, three and two-year-old. The youngest two haven't been to the dentist or registered yet. I'm not really sure about brushing, or using an electric toothbrush” (parent of 8, 3 & 2-year-old)

Some parents were confused by the healthy eating messages they received. They gave examples of food and snacks that had been presented as “healthy” but which had high sugar content (e.g. raisins, dried fruits, fruit juice, flavoured yoghurts).

“There's so much advice, it's like raisins, we were told this was a healthy snack but the dentist said not to give him raisins. They stick in their teeth and then get sugar on them. It's hard when you get confusing advice” (parent of 2-year-old)

2.2. Who provided parents with advice?

A minority of parents had received advice about looking after their children's teeth. When parents had been given information this had usually come from the health visitor or from the dentist.

We understand that oral health should be included in the 2-year developmental check with the Health Visitor but is not necessarily covered in the 9-month check. Some of the parents we spoke with said they had not been given this information at the 2-year check.

“No one, nothing really, didn't come up at the Health Visitor check” (parent of 2-year-old)

“It's an area of health that seems to get less advice than others and I think that's really bad” (parent of 2-year-old)

Parents who had received advice from their dentist welcomed this.

“He told me about squash being bad for their teeth and only at mealtimes and water in between. That's been brilliant because the dentist said it my girl takes it seriously.” (Parent of 3-year-old)

Some parents mentioned that they had found out information from talking with other parents. However, given the confusion we heard from parents about oral health messages this information may not always be accurate.

2.3. What type of information do parents want?

The sorts of topics that parents said it would be useful to have information about included:

- More information about how to brush children's teeth - particularly for children who are reluctant
- More information about the effect of food or drink on children's mouth / teeth
- More information about when to start to take children to the dentist
- Looking after babies' gums and teething
- How many teeth children should have and at what age
- What foods are good or bad for children's teeth

"Tips on when to start brushing or to start when teeth finally appear, how long (*to brush*) for, when to start going to the dentist. Tips on making it easier or how to brush their teeth. They want to do it themselves but then are they getting it right?" (Parent of 1 year-old)

"Looking back it would have been useful to know that you needed to start brushing as soon as the first tooth comes through, I didn't know I should be doing anything then, I think it would have been good if the health visitor had told me." (Parent of 2 year-old)

Parents we spoke with would welcome being shown by a health or other professional how to care for or brush their child's mouth or teeth. There was a preference for this to be provided in a community setting over a health setting. Parents would welcome information being provided through leaflets as well as websites.

"What if they did a session with free toothpaste and toothbrushes for parents who don't know. I think that would encourage people" (Parent of 6 - 12-month old)

"It would be good to put (*information*) in the newborn pack, maybe with a toothbrush, or come to a group and show us how to brush teeth" (Parent of 1 year-old)

Some of the parents we spoke to had used the internet to find out more information. They mentioned that they had been helped by finding videos and animations aimed at children about brushing teeth. There are a number of these available, but they did not seem to be widely known.

2.4. Who would parents like to get information from

Most parents we spoke with felt that the Health Visitor was the most appropriate person to provide advice. Parents also identified dentists, nursery workers, pre-school settings and GP practices as useful sources of advice.

Parents identified opportunities to integrate advice about oral health into other routine appointments e.g. ante natal and developmental checks and immunisations. Many parents felt that information should be provided early, before children started to get their teeth and reinforced at Health Visitor checks (9 month / 2 years)

“I think the Health Visitor should say more about when to take them to the dentist, should give you advice” (Parent of 1 year-old)

2.5. Were parents advised when to start to take their child to the dentist?

The Personal Child Health Record (“Red Book”), states that “You can take your child to see an NHS dentist for preventive advice as soon as he/she is born”. However, most parents we spoke with said they had not received advice about when they should start to take their child to the dentist. We heard a variety of ages from parents about when they thought that this should happen.

“More information about when you should start taking them would be good” (Parent of 1 year-old)

“Information about when to go the dentist as I hadn’t realised I should take him” (Parent of 2 year-old)

2.6. Were parents able to find a dentist for their child?

Most of the parents we spoke with had been able to find a dentist for their child.

We heard from a few parents that they had been informed by the dentist that they were unable to take children unless the parent was registered at the dentist.

A few parents experienced difficulty in finding an NHS dentist for their child. They reported that they had to be persistent and to contact a number of dentists before finding a dentist to accept their child. We also heard that children were sometimes placed on “waiting lists” by dental practices but no further contact from the practice was received.

“Its been hard to find an NHS dentist. I went into 4 dentists before I was able to register. I wanted somewhere local I could walk to.” Parent of 1 year-old

2.7. What was the experience like at the dentist?

Parents had mixed experiences of taking their child to the dentist.

We heard some positive experiences;

“The dentist put the children at ease, they talk to them about their day. He lets my little one stay in the pram. He lets my little girl move the chair up and down, which she loves” (Parent of 2-year-old)

“Dentist is very positive and praises her loads. She gets a sticker. She sits on me in the dentist chair, it can be a bit daunting without that, it relaxes her” (Parent of 2-year-old)

“The first dentist I had was brilliant, she used to sing and do ‘Row row row the boat’ with them and when they leaned back she would look in their mouths, always spoke directly to X (*child*), really made it fun and gave them a sticker at the end. X loved going to the dentist - thought it was great! It’s a shame, she (dentist) has left now and the new bloke is just not as good with them.” (Parent of 4-year-old)

By contrast:

“I had booked a double appointment, one for me and one for X. I had to bring my youngest with me because I had no one else to look after him. They both got upset, in the end the dentist asked me to go away and come back without the children as the whole thing was just too stressful for them” (Parent of 3-year-old)

“ X just freaked out, I think it was seeing this bloke with a mask on his face and gloves on his hands leaning over him and trying to put his fingers in his mouth, he was terrified, wouldn’t open his mouth and just cried” (Parent of 2 year-old)

“I am thinking about changing. She is a good dentist, just not that good with children. X was upset and she didn’t really try to distract him or calm him down” (Parent of 4-year-old)

“I don’t feel they have been great with the children. My young children was very nervous and the dentist was quite cold with them. They don’t give stickers or anything, just to help to reassure them” (Parent of 3-year-old)

Parents suggested that it would be helpful if dentists could:

- Spend more time with children
- Offer more tips and advice to parents, e.g. brushing techniques, information about food and drink
- Become more “child friendly” e.g. speak directly to children, offer stickers or something to engage children
- Receive more training in working with young children

Summary:

Our conversations showed that parents are not routinely remembering or receiving key messages about oral health for their young children. They would welcome more information provided through leaflets, websites and demonstrations in community settings. Parents would welcome information about oral health earlier. Some parents reported that oral health was not raised by Health Visitors at the 2yr developmental check. They identified that there are opportunities to include oral

health messaging in other health and care settings. Whilst most parents were able to find a dentist for their child in some areas they needed to be persistent to do so. Information on which dentists are taking on children on the NHS Choices website is not always up to date. Parents reported that how their child was engaged with and treated at the dentist varied. It would appear from our work that there are further opportunities to provide information and support to parents to establish good oral health at an early age.

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Section E

Recommendations

Overall there are many positive messages from this Report. Most of the people we spoke with are attending the dentist regularly, have confidence and trust in their dentist and rate their treatment as good or very good.

Set against this positivity we heard some issues which may result in less frequent attendance at dental check-ups. These included: cost; lack of information; confusion over charging, fear, and in some cases, difficulty finding an NHS dentist locally.

The following recommendations are based on the findings from our work.

i. Providers of local dental services

Much of the below is already in existing guidance and standards including in: General Dental Services Contract (2018), NHS (Dental Charges) Regulations [2005], The National Health Service (General Dental Services Contracts) Regulations 2015, NHS England Dental Assurance Framework, General Dental Council Standards for the Dental Team, 2013. However, our work suggests that whilst practices may be complying with the guidance and standards patients experience does not always reflect this.

NHS Website

1. Dentists should ensure that the NHS website is regularly updated in order that patients can be clear about which practices are taking on new adult or child NHS patients.

NHS Accessible Information Standard

2. Dentists should ensure patients with disabilities receive appropriate communication support in line with the Accessible Information Standard and ensure physical access needs are met.

Information about charging

3. Dentists should review their current procedures for informing patients about treatment charges to make sure these not only meet NHS guidance and standards but work well enough to fully support their patients.
4. Dentists should provide training for receptionists and other members of the practice team about clear and consistent communication of treatment charges.
5. Dentists should prominently display NHS charges and, where applicable, private charges in the surgery in a format that is clear and visible to everyone.
6. Dentists should ensure that each patient understands the NHS price bands and where and why they may have to pay private charges before undertaking treatment.

Complaints

7. Dentists should prominently display their complaints procedure in the surgery in a format that is clear and visible to everyone.

Children & Young People

8. Dentist should consider if their current practice is “child friendly” and promotes visiting the dentist as a positive experience for children.
9. Dentists could consider ways in which the experience of Going to the Dentist for children and young people could be improved for example by:
 - providing posters / information about diet, tooth brushing and oral hygiene in waiting areas, perhaps utilising existing resources available on the internet
 - providing activities for a variety of age groups in the waiting area, perhaps utilising existing resources available on the internet
 - providing information / explanation about dental procedures in pictorial / diagrammatic form
 - considering if there are ways in which anxiety about going to the dentist can be reduced, perhaps through offering rewards / incentives such as stickers; playing music; masking “clinical” smells; initially greeting children without wearing a mask
10. Dentists should consistently provide oral health advice to parents about looking after their children’s teeth.

Out of Hours

11. Dentists should review their out of hours information to ensure that there is accurate information available about Dental Emergency Access Centres.

ii. NHS England

1. NHS England should consider whether there are ways in which they can assist local dental service providers to implement the recommendations above.
2. NHS England should consider how to raise awareness that NHS dental treatment does not have to be linked to a specific dental practice or in the case of children, to the parent/carers own preferred dental practice.

iii. Worcestershire Health and Care NHS Trust

1. Worcestershire Health and Care Trust should consider whether looking after teeth can be included in the annual Learning Disability Health Check.
2. Worcestershire Health and Care Trust should consider whether further outreach sessions targeted at parents of children under 5 and vulnerable groups can be provided in community settings, in particular in geographical areas or with groups identified as being high risk.
3. Worcestershire Health and Care Trust should provide assurance that oral health is being covered in developmental checks at 2 - 2.5 years, in line with current guidance, and that these messages are being received and understood by parents.

4. Worcestershire Health and Care Trust should consider including oral health as mandatory in the 9-month developmental check undertaken by health visitors.

iv. Worcestershire County Council - Public Health

1. Public Health should consider how best to encourage a preventative approach to dental health and raise awareness of the health implications of poor dental health amongst the general population and specific at-risk groups, including older people, parents and carers of under 5's and people who are homeless or living in temporary accommodation.
2. Public Health should consider their current position relative to each of the recommendations contained within the NICE Public Health guideline (PH55)⁹ on oral health for local authorities and partners.

The NICE recommendations are:

- a. Ensure oral health is a key health and wellbeing priority
- b. Carry out an oral health needs assessment
- c. Use a range of data sources to inform the oral health needs assessment
- d. Develop an oral health strategy
- e. Ensure public service environments promote oral health
- f. Include information and advice on oral health in all local health and wellbeing policies
- g. Ensure front line health and social care staff can give advice on the importance of oral health
- h. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health
- i. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health
- j. Promote oral health in the workplace
- k. Commission tailored oral health promotion services for adults at high risk of poor oral health
- l. Include oral health promotion in specifications in all early years services
- m. Ensure all early years services provide oral health information and advice
- n. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health
- o. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health
- p. Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health
- q. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools
- r. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health
- s. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health

⁹ NICE Public Health Guideline (PH55)

- t. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health
- u. Promote a whole school approach to oral health in all secondary schools.

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