

Written evidence submitted by Healthwatch Kent and Healthwatch Medway (DTY0088)

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Introduction

Healthwatch Kent and Healthwatch Medway are part of a network of over 150 local Healthwatch across the country. We are here to listen to the issues that really matter to people in Kent and Medway and to hear about people’s experiences of using local health and social care services. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. Healthwatch uses people’s feedback to better understand the challenges facing the NHS and other care providers. We make sure these experiences improve health and care for everyone – locally and nationally.

Key insights for the Parliamentary Committee

The following key insights have emerged from the feedback analysed in this report.

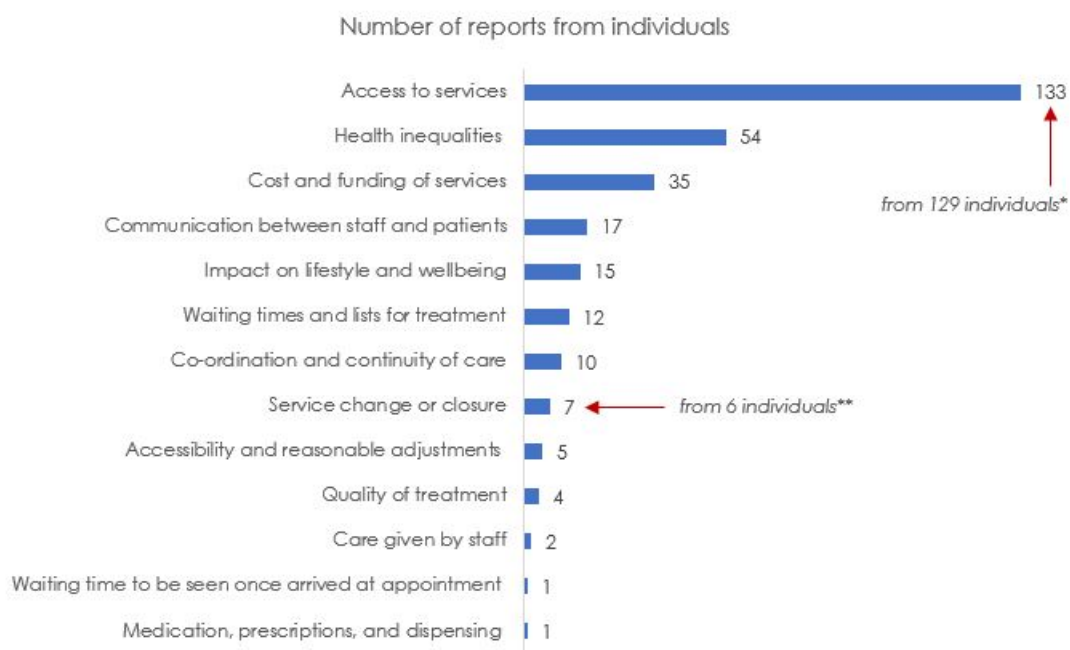
- There is a pressing need to significantly increase the availability of NHS dental care. This need has been amplified by the current cost-of-living crisis, which has reduced people’s ability to afford private dental care.
- Regarding health inequalities, we highlight the following groups in particular:
 - People with disabilities, including mental health issues, or dependent on carers.
 - Children.
 - Pregnant people and those with a maternity exemption certificate.
 - People in receipt of Universal Credit or benefits.
 - Homeless people including rough sleepers.
 - Refugees.

Overview

This report covers all feedback received by Healthwatch Kent and Healthwatch Medway concerning people's experiences of dental care from 1 January to 30 September 2022. This amounts to 149 separate cases of feedback, which accounts for around 28% of all feedback received by Healthwatch Kent and Healthwatch Medway in this timeframe. Because this was from people who contacted Healthwatch proactively, there was a bias towards the negative. Nonetheless, notably minimal positive feedback was received, with only three pieces of feedback (2%) telling positive stories.

Across the feedback, access to services was the most frequent theme, with 129 individuals (87%) sharing their experiences in this area. Health inequalities, reported by 54 individuals (36%), was second most common, whilst cost and funding of services from 35 individuals was third (23%). Other themes included communication between staff and patients (11%), impact on lifestyle and wellbeing (10%), waiting times and lists for treatment (8%), and coordination and continuity of care (7%).

This report explores each theme, identifies sub-themes, and discusses thematic overlap that emerged from the feedback, whilst providing illustrative examples. The number of individual respondents who contributed is noted in brackets in the report headings and displayed in the chart below.

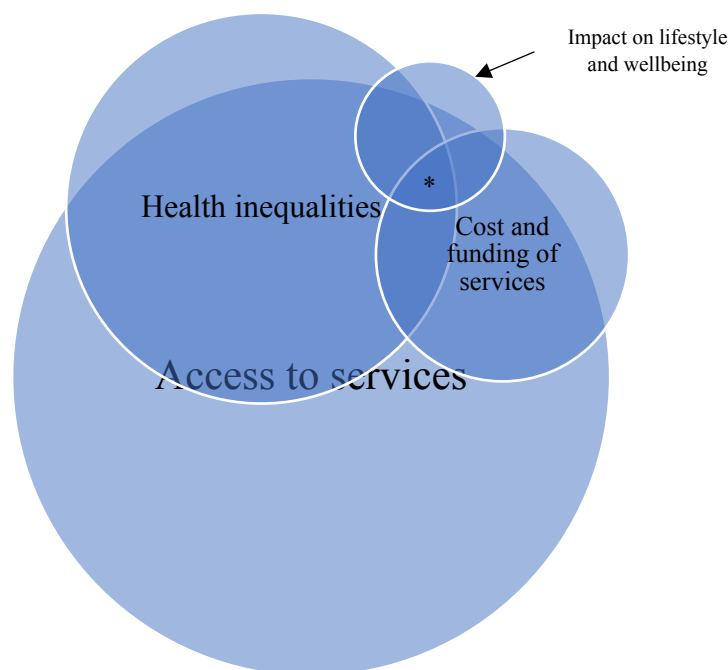


**Four and **two individuals provided two separate pieces of feedback on the same theme.*

Thematic overlap (107)

Of the 149 pieces of feedback received, 107 (72%) covered more than one theme. The most significant overlaps were between access to services, health inequalities, cost and funding of services, and impact on lifestyle and wellbeing (see Venn diagram below). For example, of the 129 individuals reporting issues with access to services, 48 (37%) also described health inequalities, 27 (21%) cost and funding of services, and 10 (8%) impact on lifestyle and wellbeing.

Significant thematic overlaps identified within the feedback



N.B. Venn diagram is for

Below are some illustrative pieces of feedback that contained multiple themes.

Overlap across all four themes (marked by * in the diagram):

1. A full-time carer claiming Universal Credit and unable to afford private treatment had not been able find NHS care to replace a tooth removed at the start of the covid lockdowns. This led to them feeling paranoid and lowered their self-esteem.
2. An unemployed person, whose teeth had become decayed and broken, could not find an NHS dentist or afford the several thousand pounds quoted privately. The condition of their teeth had stopped them talking to anyone outside of their home.

Overlap across access to services, health inequalities, and cost and funding of services:

3. An individual, housebound and unemployed due to a health condition, and their partner, who had given up work to become their full-time carer, both needed dental treatment. As directed by NHS England, they used the online NHS 'find a dentist' tool, calling 90 dentists within a 30-mile radius, however, no practices were accepting NHS patients. NHS England were unable to help further so, despite being solely reliant on benefits for their income, they paid for a private assessment for their partner. They could not, however, afford the treatment needed even on a payment plan offered. The individual did not know how to access dental care at home for themselves either. Healthwatch signposted them to Kent Community Health NHS Foundation Trust.

Access to services (129)

This persists as the main piece of feedback about dentistry, covering two main sub-themes:

- Lack of available NHS dental care.
- Inability to access private dental care due to low income or the cost-of-living crisis.

The feedback revealed a range of concerning issues, with some illustrative stories here:

1. A young adult in urgent need of a dentist due to tooth rot could not find NHS care and was unable to afford private care.
2. A nervous patient unable to afford private care had an emergency appointment in which they were advised that all of their teeth would need removing. For almost a year since, they had been unable to find NHS treatment. They felt this was ruining their life and hugely exacerbating their mental health issues.
3. An individual with on-and-off pain due to nerve damage could not find an NHS dentist. NHS 111 and the Kent dental helpline would direct them to emergency care, however this did not treat the core issue and was a reoccurring cost for the individual.
4. An individual who was breastfeeding and therefore unable to take strong painkillers needed urgent care for tooth pain but could not get a private dental appointment for over a week. They were also unsuccessful with NHS dentists, despite having a maternity exemption certificate.

No indicative pattern was observed regarding location; this theme appeared to be prevalent across Kent and Medway. Several individuals had looked for care, unsuccessfully, across a 20-mile radius or further, with one in Swale even contemplating finding a dentist in London.

Health inequalities (54)

Within this theme, 48 feedback items (89%) also concerned lack of access to services and 28 (52%) were from individuals unable or no longer able to afford private care. 30 people (56%) were presenting with routine or urgent dental issues. Feedback represented groups including:

- People with disabilities, including mental health issues, or dependent on carers (15).
- People in receipt of Universal Credit or benefits (9).
- Pregnant people and those with a maternity exemption certificate (5).
- Hard to reach groups – homeless people including a pregnant person and rough sleepers, and refugees including three children (4).
- A child with special educational needs (1).

An illustrative example came from an individual with a gum abscess entitled to free NHS care. They could not find NHS dental care within a 20-mile radius and private care was not available to them for free under the NHS scheme. Left untreated, they could need a tooth extracting.

Cost and funding of services (35)

28 individuals (80%) fell under this theme as they could neither access NHS dentistry nor afford to be seen privately. Other feedback mostly regarded dissatisfaction at the cost of NHS services and the communication from practices regarding this:

1. An individual was frustrated at the extra costs and poor communication associated with having separate appointments for assessment and treatment.
2. An individual was unhappy at being charged for both their temporary dentures and their permanent dentures.

3. An individual was dissatisfied at having to pay for a check-up that lasted under a minute and that they could not receive a clean and polish on the NHS.
4. An individual paid the band 2 charge for treatment but was only informed after their appointment by phone that there was an additional charge for their X-ray, which conflicts with the payment structure described on the [NHS website](#).

Specific stories on the cost of treatment itself include the following:

5. An individual needing root canal treatment was told by their dentist that the specialist work required was not available on the NHS and would cost several hundred pounds, which conflicts with what is on the [NHS website](#): “It will be your choice whether you opt for the private treatment with this specialist or be referred to an NHS specialist service.”
6. An individual in need of an emergency dental appointment was quoted over £80 privately for the initial assessment, not the treatment itself, which they could not afford.
7. An individual who could not find NHS care paid over £250 for private treatment that ended up lasting only two weeks.

[Communication between staff and patients \(17\)](#)

This theme covered a wide range of issues. Notably, failed communication regarding emergency or urgent care came up across three pieces of feedback:

1. One individual had an emergency on a Friday but their practice was closed on Fridays; the practice voicemail signposted to Dentine, which was only open from 6pm.
2. Another, having contacted NHS England and NHS 111 about urgent dental care was signposted to over 30 practices, none of which could offer them an appointment, despite a pre-existing health condition that should have increased their priority.
3. Another was given a longer appointment for urgent treatment, at which the dentist asked them to return on another day as they could not carry out the work needed.

In one other case, a dental practice failed repeatedly over the course of a year to rearrange a routine appointment that they had cancelled during a covid lockdown. The patient had chased the practice multiple times and sent in the dental photos required but to no avail.

[Impact on lifestyle and wellbeing \(15\)](#)

All individuals providing feedback on this theme reported a detrimental impact to their lifestyle or wellbeing as a direct result of the lack of available care for their dental issues. This was in addition to those struggling with ongoing pain in their teeth or gums (16):

- Mental health and wellbeing (5) – individuals struggled, for example, to deal with how people perceived them and had developed low self-esteem. Another had resigned themselves to permanently poor dental hygiene and felt very low and depressed as a result.
- Reduced nutritional intake (4), including an individual with complex health needs and a recovering cancer patient trying to regain weight lost during cancer treatment.
- Social and work life (3) – one individual no longer talked to anyone outside of their own home due to the condition of their teeth, whilst another reported a negative impact on their professional life.
- Additional dental or wider health complications (3), including one individual who lost teeth whilst on a year-long waiting list for treatment and one who became extremely ill for several weeks after a tooth infection spread.

- Impact on pregnancy (1), reported by one individual's nurse.

Waiting times and lists for treatment (12)

Whilst this theme partly concerned the aforementioned issue of lack of available NHS care, some feedback was about waiting times to start or continue routine treatment (6). This ranged from three weeks to eight months, and in the case of an individual with complex health needs who was losing teeth and needed a specialist dental team, up to a year.

Coordination and continuity of care (10)

This theme was populated partly by feedback on the lack of available NHS dental care and partly by patients being removed from practice lists, which is explored further in the *Additional insights* section below. In addition, the following emerged:

1. Two individuals entitled to free care were unable to find NHS care over the past 2.5 to 3 years.
2. One individual who could not find an NHS dentist locally went to a hospital outside Kent and Medway, who were unable to do the work required.
3. One individual was asked to collect registration forms from a dental practice in person. After travelling there, the forms were neither available nor could the practice say when they would be.
4. One individual with a fear of dentists had treatment at a hospital under sedation but was told they did not qualify for continuing care.

Additional insights

- Children, babies and pregnant people (21):
 1. Individuals had been unable to find NHS care for their children (13) and two had found a dentist for their children but not themselves. An individual with young school-aged children, for example, had been in touch with their local practice over two years seeking NHS care but had only been offered private. Another young school-aged child under the care of their grandparent had black teeth but had only visited the dentist once in their life. Their grandparent had been unable to find a local NHS dentist for them.
 2. Pregnant people unable to find NHS care (4).
 3. An individual who was breastfeeding and had a maternity exemption certificate could not find NHS care for themselves, whilst another could find neither NHS nor private care for their baby (2).
- Service change or closure (6): This theme contributed to an additional theme that emerged across the whole set of feedback, in which a total of 16 individuals had been taken off their practice's patient list:
 1. Nearly half were due to non-attendance during the covid pandemic despite this being government guidance at the time (7).
 2. Over a third resulted from practices no longer treating NHS patients or reducing their NHS quota, for example, to only treat children, and one that had their NHS contract revoked (6).
 3. Two individuals had been removed due to elective non-attendance but another had been unable to attend due to a disabling health condition (3).
- Misinformation on NHS website (12): Practices were listed on the NHS website as taking NHS patients but this was not the case when individuals contacted them. In many cases,

individuals had contacted scores of practices to no avail and one noticed that five practices had not updated their information since 2015.

- Accessibility and reasonable adjustments (5):
 1. An individual with autism and extreme anxiety around dental appointments was struggling to find specialist dental care due to lack of availability.
 2. Another with disabilities felt their practice had not made reasonable adjustments.
 3. Two needed NHS treatment at home or assistance in getting to an appointment.
 4. An elderly couple with disabilities could no longer visit their practice due to its lack of disabled access. All other local dentists were full.
- Dissatisfaction with quality of treatment (4): One individual paid over £1000 for private care due to lack of NHS care but the treatment did not last. Another had treatment that left them in pain for over a week and unable to eat; despite this, the dentist was still going to charge them for an emergency appointment.
- Dissatisfaction with care given by staff (2): One individual was reluctant to complain to their practice about their treatment as they feared being 'struck off' their NHS list.
- Dissatisfaction with waiting time to be seen once arrived at appointment (1): An individual was not checked-in properly at their practice and missed their appointment whilst in the waiting room; this was the fourth time this had happened.
- Appointments cancelled (1): Aside from appointments cancelled during covid lockdowns, one individual had their appointment cancelled twice due to their dentist leaving the practice and, over a month later, had still not heard from the practice.
- Medication, prescriptions, and dispensing (1): An individual with an allergy to certain medications could only be prescribed antibiotics that they were allergic to by their dentist so were directed to their GP instead.

Positive feedback

The pieces of feedback below represent all three of the positive stories heard. The first is from an individual who called only to report positive feedback, whereas the latter two stem from an originally negative report.

1. An individual struggling with dental pain called Dentaline and thought they were fabulous. Although it took about half an hour to get through on the phone, they were given an appointment and felt very cared for. At their appointment, they were seen ahead of time. They fell ill in the dental chair but felt so well looked that they wanted to thank the staff.
2. An individual had been initially unable to find NHS care. When Healthwatch called back, they had been successful in finding a dentist.
3. An NHS patient had a tooth that needed extracting. They had received dissatisfactory care from their dentist and lodged a complaint. They then received treatment at a different practice and were impressed with the care provided.

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