healthwatch Camden

Accessing dental services in Camden: experiences of local people

June 2017

Summary

Oral and dental 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: oral diseases are also associated with coronary heart disease, diabetes complications, rheumatoid arthritis and adverse pregnancy outcomes.[1] Regular dental check-ups are important to ensure good oral health.

Camden residents have told us they want us to look at oral health care and dental services in the borough. In particular, people told us that they lack motivation to attend regular appointments and that they are confused about what the charges will be when they do attend. We understand that there is a paucity of information about the dental health habits of some of our minority ethnic communities in Camden. We wanted to investigate these issues further.

In order to listen to Camden residents' views on dental care, we held two focus groups in mother tongue with Black and Minority Ethnic (BME) groups in Camden - one with Bangladeshi women and another with Somali women. We also spoke to people at a drop-in centre, which is for homeless people and people with a history of substance abuse, to listen to a perspective that is often unheard. We also carried out a survey and spoke to over 100 people in the streets, online, at community centres and even in pubs where we were able to reach a wide range of people.

Many people we spoke to were very positive about their experience – describing their dentists as "helpful" "understanding" "friendly and efficient" and even "wonderful". We heard from some participants in both the Bangladeshi and Somali focus groups that they think Camden has good dentists who give helpful advice on oral healthcare and explain the pricing well. We also heard some very positive comments from people we spoke to at the Crypt drop in centre with one person describing their dentist as the "best in London".

Set against this positivity, we heard about some issues which may result in less frequent attendance at dental check-ups: confusion over charging; securing a timely appointment; staff behaviour and lack of motivation to attend for preventative healthcare. The focus of this report is to look at those reasons why people do not attend dental appointments as frequently as recommended to help

[1] Humphrey et al. 2008; *Periodontal disease and coronary heart disease incidence: a systematic review and meta-analysis* in Journal of General Internal Medicine 23: 2079–86); Grossi and Genco 1998, *Periodontal disease and diabetes mellitus: a two-way relationship*. Annals of Periodontology 3: 51–61; Stewart et al. 2001, The effect of periodontal treatment on glycaemic control in patients with type 2 diabetes mellitus. Journal of Clinical Periodontology 28: 306–10; Taylor 2001, Bidirectional interrelationships between diabetes and periodontal disease: an epidemiological perspective. Annals of Periodontology 6: 99–112; Ortiz et al. 2009, Periodontal therapy reduces the severity of active rheumatoid arthritis in patients treated with or without tumor necrosis factor inhibitors. Journal of Periodontology 80: 535–40; Xiong et al. 2006, Periodontal disease and adverse pregnancy outcomes: a systematic review. British Journal of Obstetrics and Gynaecology 113: 135–43.

local dental services, public health services and commissioners to better understand the barriers which people face in Camden.

Thank you

We would like to thank The Local Dental Committee, The Federation of London Local Dental Committees, Public Health England (London) and public helath officials in Camden Local Authority for their help and advice.

We would also like to thank the Crypt drop-in centre, Chadeswell Healthy Living Centre and the people who took the time to participate in our focus groups and respond to our survey. We would also like to thank the volunteers who helped us to collect survey responses.

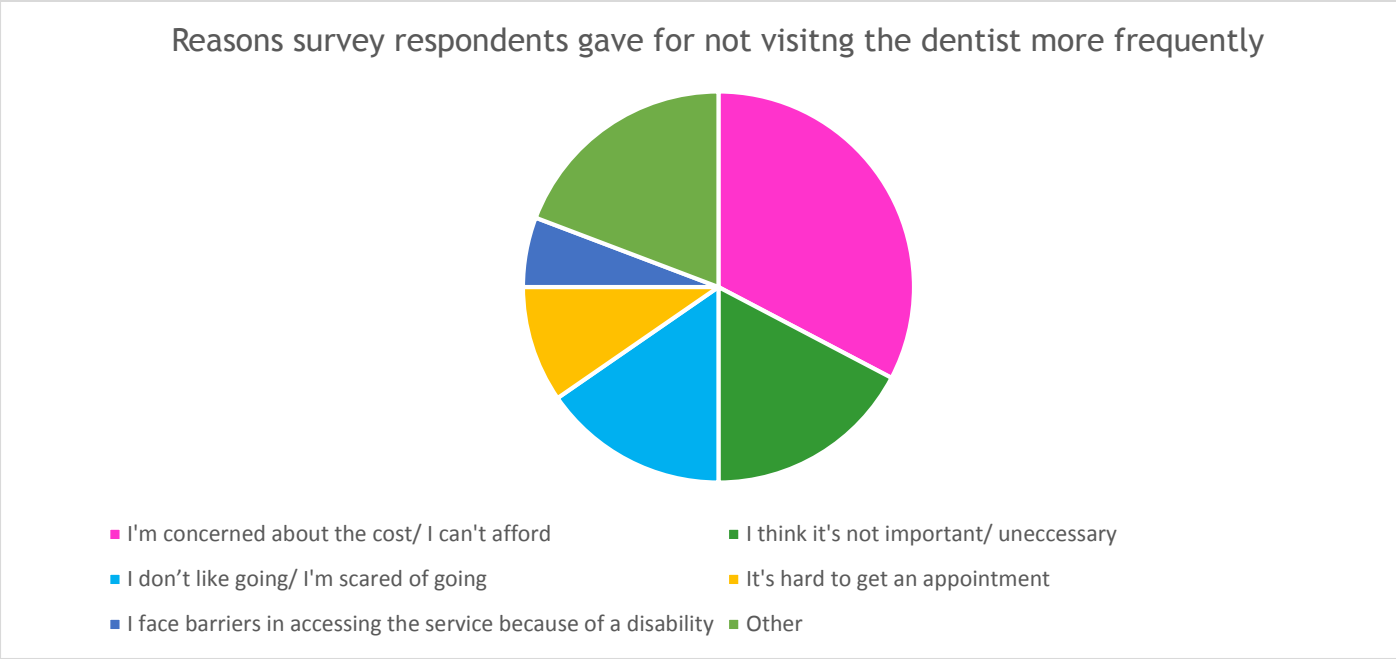
About us

Healthwatch Camden is an independent organisation which aims to make sure that the views of local service users in Camden are heard and help to bring about service improvements across all publicly funded health and social care services in the borough.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

We have statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make. Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes to strategic thinking about reducing health inequalities across the borough.

Findings



Charging and cost

People we surveyed who said they visit the dentist "every now and again" or when they "notice a problem" most commonly cited issues with cost as the reason why they didn't visit a dentist more regularly.

We repeatedly heard that dental treatment is seen by many as simply too expensive.

"I can't access NHS services as it's too expensive" (25 - 39 years old, British Asian, Indian, survey respondent)

"It's too expensive. I think it should be free for older people." (60 – 74 years old, Black British, Caribbean survey respondent)

"Dentists are very expensive if you're not on benefits" Bangladeshi focus group participant.

Most of the people we spoke to at the drop-in centre did not have to pay for dental services and were generally aware of this. Two people did mention that they had to provide proof of their eligibility but this didn't come across as a major barrier to accessing treatment.

One person we spoke to at the drop-in centre had been told that they would have to pay £50 for treatment and had therefore decided not to pursue it. Another

person was in debt for a previous treatment they had had when they hadn't been eligible for free treatment.

In sum, the actual cost of NHS dentistry appears to be a barrier to a number of people.

Confusion around cost

There is also a lot of confusion about what the actual cost of NHS dental work is. Nearly five in ten people we surveyed said that they were "not really confident" or "not confident at all" that they know which treatments are available on the NHS and which must be paid for privately and only two in ten people we surveyed said that they are fully confident in this matter.

One in two people we spoke to do not know which dental treatments are available on the NHS and which must be paid for privately

"I don't know the difference between NHS and private work." (Over 75 years old, White British, survey respondent)

"I don't understand the charges, what's available on the NHS or how to find an NHS dentist." (40 - 59 years old, Black British, survey respondent)

"The national health is too complicated." (Over 75 years old, White British, survey respondent)

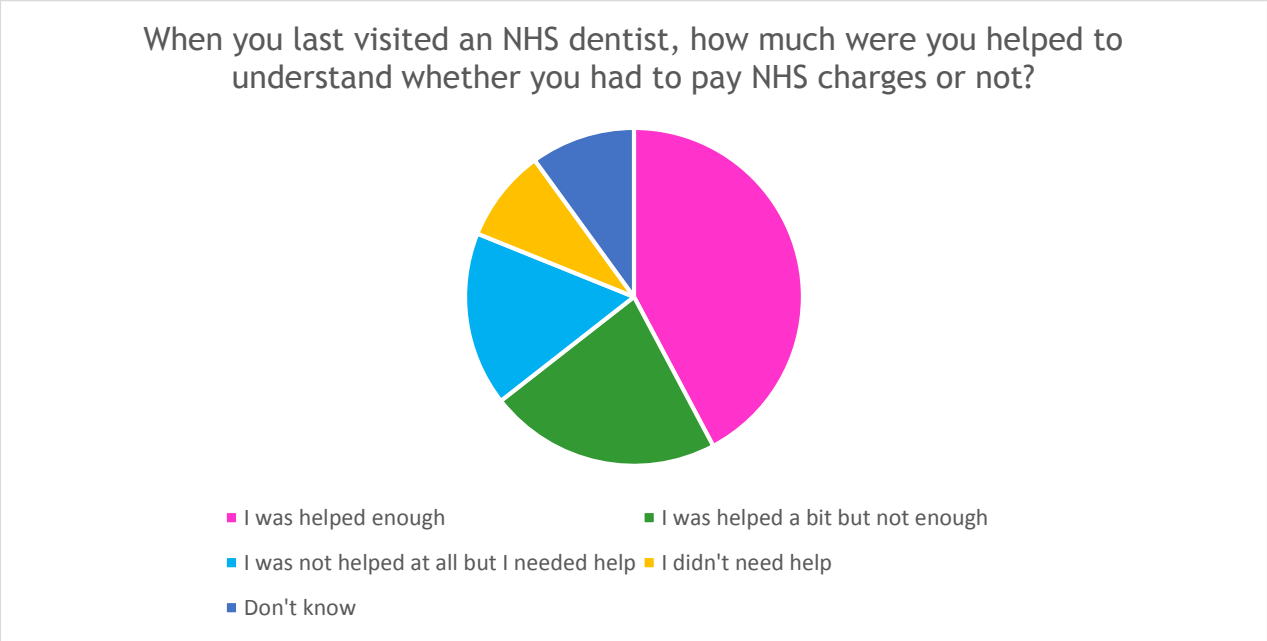
The Bangladeshi and Somali women's focus group participants echoed this confusion around pricing and knowledge of the difference between NHS and private services. It was often not clear whether people had visited an NHS dentist or had actually visited a private dentist in the belief that it was part of the NHS. We heard from one woman who was asked to pay way over the maximum NHS tariff, but who had thought the service would be free.

"I went to see a dentist as I had a toothache, he and his receptionist did not explain to me that I had to pay. I thought it was free when they did not mention anything to me at the beginning. I ended up paying £1000 afterwards." (Somali focus group participant)

This issue did not present itself strongly when we spoke to people from the drop-in centre. This may be because those people either, rarely visit the dentist; they are generally eligible for free treatment and are aware of this; or they use specialist community or charity services.

In sum, our research suggests that a significant proportion of people are confused about what the actual cost of NHS dental work is and what should be available on the NHS and which services need to be paid for.

Lack of help to understand pricing



A number of people we spoke to said that the last time they visited a dentist they had been helped to understand the charges and they felt that charges were very clear. Indeed, five in ten people we surveyed said that last time they visited a dentist they were "helped enough" to understand the charges and whether they had to pay or not or that they hadn't needed any help. Nevertheless, at least part of people's confusion around pricing may be attributable to lack of adequate help provided by some dental services to make sure patients understand the costs. Nearly four in ten people we surveyed said that they were not helped enough or that they were not helped at all to understand the charges last time they visited a dentist.

"I just get told to pay the bill at the end."

(60 - 74 years old, White British, survey respondent)

One woman we spoke to told us that her dental practice had said her dental work would be covered under the NHS, only to later receive a bill for £700 and an explanation that the treatment was not in fact covered.

We heard strongly from both the Somali and Bangladeshi focus group participants that they would like more help to understand the charges and they felt strongly that this should happen before any treatment takes place.

"{The practice staff} immediately take my signature on the pink form, never explains payments" (Bangladeshi focus group participant)

"I got billed £150 by NHS even though I have NHS card plus £100 penalty, I had to provide proof." (Bangladeshi focus group participant)

"They always ask for money after the treatment." (Somali focus group participant)

Again, this issue did not present itself strongly when we spoke to people from the drop-in centre. This may be because those people either rarely visited the dentist; they are generally eligible for free treatment and are aware of this; or they use specialist community or charity services.

In sum, our research suggests that, while there are many dental practices which do explain the costs to patients, there may be a number of practices which could improve the way they give help to patients to understand the charges and make a decision to proceed with treatment once they know the cost.

Lack of trust

A common theme we heard is a lack of trust in the motivations of some dental practices. In particular, people we spoke to had concerns about a perceived drive to make money above treating patients.

"I tend now to mistrust suggested procedures I am recommended as I'm not sure if they are really necessary or just to keep the cash coming in." (Over 75 years old – ethnicity not stated, survey respondent)

"Advised that work needed was not covered by NHS and I needed to be topped up by going private. Felt robbed!" (60 - 74 years old, White British, survey respondent)

"The dentists I have tried want you to go private and it is about them making money and not providing decent oral health care." (60 – 74 year old, White British, survey respondent)

"My dentist does not provide a balanced view of what is needed, but rather attempts to sell me the benefits of private treatment and talk down NHS services

(such as an NHS teeth clean vs going to their practice's hygienist). (25-39 year old, British Asian Indian, survey respondent)

Access to the hygienist and to teeth cleaning services seems to be a particular concern for some people who felt that these services were too expensive or that they should be free or available on the NHS. This may be because teeth cleaning can fall outside of what is covered on the NHS if it is considered to be for cosmetic rather reasons or a "nice to have" rather than being clinically necessary. Seeing a hygienist on request is not available on the NHS.

All participants from the Bangladeshi focus group felt that they had been pressured into seeing a hygienist for a fee.

The Somali focus group participants told us about instances in which they felt they had been cheated, "I had a tooth pain and the dentist took my teeth and didn't replace anything, even when I asked. He told me to pay £2,000 which I couldn't pay." (Somali Focus Group participant)

It was noticeable that both the Bangladeshi and Somali focus group participants said that they had concerns about the quality of service either for themselves or their children which relate to fillings being insecure or falling out.

A number of people we spoke to at the drop-in centre had a sense of mistrust in dentists.

"You are treated better when paying."

"I had one dentist who kept making me come back but they never did anything. Three or four times I went and he never fixed the problem. I think he was dodgy."

"They get cowboys"

"One dentist I went to basically said to me that as an NHS patient it wasn't worth her while to treat me unless I came every 3-6 months. If you don't go to the hygienists and pay the £50 to see them then they aren't bothered about you."

In sum, we heard a lack of trusts in dental services which may have be partly attributable to people's confusion around charging and lack of explanations.

Getting and keeping appointments

A small but significant number of people we spoke to said that getting a timely appointment at a dentist had been or is difficult. This was consistent among people we surveyed, our Bangladeshi and Somali focus group participants as well as the people spoke to at the drop-in centre. A small number of people said they had switched to using a private dentist because of difficulty getting an appointment.

We also heard from people who had been told they could no longer be seen by their dentists due to having missed appointments. One particular problem we heard about is the difficulties which can arise from having to arrange appointments which are scheduled so far in advance as to be inconvenient, perhaps because they have been forgotten about or the patient's circumstances or availability have changed.

"The waiting time for appointments is too long. I had to cancel the last two appointments for my son because things came up - I am a single mother and I have to do everything and you don't always know what will come up. I had to argue with the receptionist because she said I couldn't cancel a third time. It was very frustrating." (25-39 British Asian, Bangladeshi, survey respondent)

"I get an appointment a long time ahead and I don't go as I forget about it or it is at a time when I can't go {for reasons of drugs and mental health issues}" (participant from the Crypt drop-in centre)

One Somali focus group participant said that she doesn't visit the dentist regularly because "I don't get an appointment when I want."

In sum, we heard that getting a timely appointment can be a problem for some people.

Attitudes towards preventative check-ups

A number of people we surveyed said that they do not regularly visit the dentist because they don't see a need to do so unless they have symptoms. In particular, those people who told us that they never visit the dentist generally felt that it was unnecessary or else they did not like the experience.

"If you don't trouble trouble, trouble don't trouble you." (Over 75 years old, Black British – Caribbean, survey respondent)

"No pain: no problems" (25 – 39 years old, Asian British Indian, survey respondent)

"If you have pain you go; if you don't have pain you don't go." (25 - 39 years old, Asian British Pakistani, survey respondent)

In terms of general oral health protection, all of the women in the Bangladeshi focus groups said that they cleaned their teeth daily or specified twice a day.

Women in the focus group mentioned eating certain foods and avoiding others as a way of keeping teeth healthy as well. A number of women from the Bangladeshi focus group said that they use traditional Neem or charcoal powder to brush their teeth, rather than standard fluoride toothpaste.

Two out of the eleven women in our Bangladeshi focus group felt that it was unnecessary to regularly visit the dentist unless they had symptoms.

“I only went to the dentist once when I had a tooth infection. My children go regularly but I don’t go. I have no problems at all.” (Bangladeshi focus group participant)

We heard from one younger woman of Bangladeshi origin that she thinks Bangladeshi people may be less likely to visit a dentist because it is seen as a cosmetic issue, rather than a health issue.

“I think some Asian people don't care about external health issues; they care about inside things like cholesterol but not teeth. It's like, some people care about having really nice nails, and others just don't.” (25 – 39 years old, British Asian, Bangladeshi, survey respondent)

However, Bangladeshi focus group participants are more likely to take children to the dentist than themselves, which seems to be consistent with general trends. All participants from the Bangladeshi group said that they regularly take their children to the dentist.

Women in the Bangladeshi focus group said that they would appreciate more information and reminders about oral healthcare.

Women from the Somali focus group also said that they brush their teeth daily or specified that this was twice daily. None of the women from the Somali group said that they never visit the dentist. All of the women said that they regularly take their children to the dentist. Women in the Somali focus group said that they would appreciate more information and reminders about oral healthcare.

Most people we spoke to at the drop-in centre said they did try to brush their teeth regularly and clearly most people did think about oral health to some degree. Some people we spoke to were quite concerned about oral health issues and thought about prevention rather than cure.

“As you get older you think prevention is better than cure. You start getting worried about it - I don’t want fillings, especially if I can avoid it.” (Participant from the Crypt drop-in centre)

Some people we spoke to didn’t take many steps to look after their oral health but described it in a way which suggests they felt they ought to.

“I’m not very good at looking after my teeth – so I don’t do very much”

One person we spoke to did attend six monthly dental appointments and had done so ever since they had lost their teeth and been fitted with dentures. Apart from that exception, people we spoke to did not generally have sufficient motivation to actually attend regular preventative appointments. One person described oral health as the “lowest priority. Homeless people will look after their teeth last.”

A couple of people suggested that appointments should be “quicker” or “easier” or that they prefer to simply go to a pharmacy or their GP if there is a problem. Some people did not like the experience of going to a dentist saying “I don’t like the drills” and “it’s psychological”.

Most people we spoke to at the drop-in centre clearly felt as though they ought to visit a dentist more regularly but this didn’t generally translate into action.

“I should go but I’m lazy – can’t be bothered. I don’t like going”

“I should go more”

“It’s laziness, carelessness - I’ve got a broken tooth”

Most people we spoke to at the drop-in centre who had recently visited a dentist either went to a specialist community service or to a charity service specifically targeted at people who are homeless.

In sum, a significant number of people who do not regularly see a dentist do not see sufficient benefit in attending preventative dental care check-ups.

Staff behaviour

We heard some complaints about staff attitudes and respect for patient choice.

“They always treat me badly, I feel unwanted. I'm always told by my dental centre to go to work so I can afford to treat my teeth” (40 – 59 years old, White British, survey respondent)

“I have changed dentists several times because I felt cheated or not respected.” (60 – 74 years old, “any other” ethnic group, survey respondent)

We heard clearly from the Bangladeshi focus group about “rude” receptionist behaviour and about dentists being rude or patronising towards older generations.

“I have had a bad experience at my local dentist. Their behaviour is bad. I do not like going regularly. Dentists were rude.” (Bangladeshi focus group participant)

Somali focus group participants did also mention negative staff behaviour but to a lesser extent.

In sum, we heard that some patients feel they have experienced rude behaviour from practice staff which may contribute to decreased attendance at regular check-ups.

Patient choice

Some people we surveyed told us that they did not have enough choice in their treatment.

“If you have a problem they do surgery then and there and they don’t wait. I'd like to wait and see what happens for a few days instead.” (40 – 59 years old, Arab, survey respondent)

The Bangladeshi focus groups participants felt that they did not have enough choice in their treatment options and were simply told what to do by their dentist, especially in respect of being pushed to have tooth extractions.

The group also felt that they did not have enough choice about treatment options and that it was hard to have a conversation with the dentist.

In sum, we heard that some patients don’t feel they have sufficient choice of treatment and are not supported to make decisions.

Recommendations

Our research found that a combination of opportunity cost (time and effort) and financial cost (price) proves a strong deterrent to visiting the dentist for prevention rather than cure of dental problems. Confusion around whether or not there will be charges (and how high these costs might be) acts as a further deterrent. The need to make appointments far ahead is another disincentive. Other factors are fear (of pain) and anxiety about being treated without respect.

A. Recommendations to providers of local dental services

Recommendation 1

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. [2]

[2] Much of the below in recommendations 2-5 is already in existing guidance and standards. NHS (Dental Charges) Regulations [2005], NHS England Dental Assurance Framework, Domain 3 Care Quality Commission, KLOE (E1, E4, C2), General Dental Services Contract General Dental Council Standards, (2013) 1.1.1, 1.7.1, 1.7.2, 1.7.3, 2.2.1, 2.2.2, 2.2.3, 2.3.4.

Recommendation 2

Dentists should provide training for receptionists and other members of the practice team about clear and consistent communication of treatment charges.

Recommendation 3

Dentists must display NHS charges and, where applicable, private charges in the surgery in a format that is clear to everyone.

Recommendation 4

Dentists must ensure that each patient understands the NHS price bands and where and why they may have to pay private charges e.g. if the service is not clinically necessary, before they see a dentist.

Recommendation 5

Dentists should give each patient a written treatment plan which outlines both NHS and any private charges and options where these are available and ensure the patient is given time to agree to treatment before it commences.

Evidence for recommendations 1-5: Confusion around whether there will be charges and what the costs will be acts as a disincentive to local people who are already poorly motivated to visit the dentist.

Although local dentists may be upholding guidance around communication of charges it is clear from the patient perspective this is not always sufficient. Furthermore, local people reported inconsistency in the way in which they were supported to understand the costs of treatment by different members of staff.

Recommendation 6

Dentists must ensure patients with disabilities receive appropriate communication support in line with the Accessible Information Standard and ensure physical access needs are met.[3]

[3] SCCI1605 Accessible Information. For more information see: https://www.england.nhs.uk/ourwork/accessibleinfo/

Evidence for recommendation 6: For people with physical disabilities or communication support needs it is not always easy to visit the dentist.

Recommendation 7

Dentists should provide key information about charges in popular local languages such as Bengali and Somali.

Evidence for recommendation 7: Local people for whom English is an additional language seem more likely than others to report confusion around charging and treatment needs.

Recommendation 8

Dentist practices should review their customer relations policies and training to ensure the service welcomes all clients equally and treats everyone with dignity and respect.

Evidence for recommendation 8: Some local people are further put off visiting the dentist because they have felt unwelcome or feel they have been treated with disrespect.

Recommendation 9

Dentists across Camden should work together to build trust in dental services by engaging with community groups and representatives to demystify dentistry procedures and charging.

Evidence for recommendation 9: A combination of issues including the need to pay for some (but not all) dental services, confusion around charging, lack of public understanding about the benefits of preventive dental care and perceptions of dentist visits being unpleasant mean dentists suffer from lack of public trust. This works as a disincentive to people to take a proactive approach to visiting the dentist before the need becomes urgent.

B. Recommendations to NHS England (London)

Recommendation 10

NHS England should review the allocation of Units of Dental Activity (which are used to fund NHS dental treatments) to ensure that the total available to Camden dentists is sufficient to meet the need for prevention as well as treatment and that NHS patients do not have to wait more than two weeks for an appointment.

Evidence for recommendation 10: Local people told us that it is difficult to get an appointment with a dentist quickly. Emergency treatment is available but the need to make appointments far ahead discourages people from taking a preventive approach to their own oral health.

C. To Camden Local Authority Health and Wellbeing Board

Recommendation 11

The Health and Wellbeing Board should develop an oral health strategy which aims to:

- encourage a preventive approach to dental health and raise awareness of the serious health implications of poor dental health,
- develop culturally sensitive oral health promotion programmes for BME and other marginalised communities targeted at children and mothers, to improve oral health knowledge and support behaviour change,
- improve knowledge of dental service charges and which dental services are available on the NHS,
- And which is produced in line with NICE public health guideline [PH55] on oral health for local authorities and partners.[4]

Evidence for recommendation 11: Local people do not consider prevention of tooth decay as a priority and many will only consider visiting the dentist when symptoms are so advanced that they are in pain. Further disincentives (including cost, confusion around charging, long waits for appointments and perceptions of dentist visits being unpleasant) conspire to further deter people from taking a proactive approach to visiting the dentist before the need becomes urgent.

Responses to the recommendations

Response from Camden and Islington Local Dental Committee

[4] See: https://www.nice.org.uk/guidance/ph55

Camden and Islington Local Dental Committee is the representative body for dentists practising in the two boroughs. We represent NHS primary care dentists in Camden and welcome the opportunity to respond to this timely and valuable inquiry into dental services in the borough.

General comments

1. We welcome the decision of Healthwatch Camden to conduct research into dental services in the borough and the clear and thoughtful manner in which it has been conducted. We welcome the recognition of the importance of oral and dental health in the report and support all initiatives designed to increase access and awareness of services, treatment, costs and prevention.
2. We were pleased to note the report highlight that many people spoken to reported a positive experience of visiting their dentist. As the representative body of primary dental care practitioners in the area we aim to support the provision of a high quality service for patients.
3. We recognise that there are barriers to access, the primary one being cost. The LDC is extremely frustrated by public messages which repeatedly state that the NHS is free at the point of service when this is not the case for NHS dental services. In fact, patient charges, set by the NHS, are increasing. As the report clearly shows, charges are a major barrier to care. We direct Healthwatch Camden's attention to the recent report by the British Dental Association "A Tax on Teeth" for more information about the general problems with patient charges.[5]
4. The comments made by participants about regular access and the importance of check-ups is concerning. We would welcome the opportunity to work with Healthwatch Camden, Camden Borough Council and NHS England (London Region) as well as local community champions on increasing access to regular oral healthcare and prevention messages.
5. The remarks about dentists' and dental staff behaviour are disappointing. The LDC is committed to supporting local dentists provide the highest quality care in a way which is responsive to their patients' needs.

Response to specific recommendations

Recommendation 1. 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.

We recognise the value in reviewing policies and training to ensure that patients are well informed. As noted about recommendations 2-5 below, recommendations involving communicating with patients are covered by regulations from different bodies. If current guidelines are insufficient and do not fully support patients then the guidelines need to be reviewed.

[5] https://www.bda.org/news-centre/press-releases/Pages/Dentists-call-for-charges-shake-up.aspx last accessed 10 May 2017

Recommendation 2. Dentists should provide training for receptionists and other members of the practice team about clear and consistent communication of treatment charges.
Recommendation 3. Dentists must display NHS Charges and, where applicable, private charges in the surgery in a format that is clear to everyone.
Recommendation 4. Dentists must ensure that each patient understands the NHS price bands and where and why they may have to pay private charges, e.g. if the service is not clinically necessary, before they see a dentist.
Recommendation 5. Dentists should give each patients a written treatment plan which outlines both NHS and any private charges and options where these are available and ensure the patient is given time to agree to treatment before it commences.

We welcome Healthwatch Camden's recognition that the above recommendations are covered by existing requirements from regulators and as part of contractual regulations. The LDC offers support to any practitioner who requests guidance on meeting these requirements.

Recommendation 6. Dentists must ensure patients with disabilities receive appropriate communication support in line with the Accessible Information Standard and ensure physical access needs are met.

Through our membership of the Federation of London Local Dental Committees we are working with the Royal National Institute of Blind People to put together guidance on the Accessible Information Standard. This will help practices in the area understand their responsibilities under this standard. Ensuring that patients have access to information in a format they understand and doing what can be done to make a practice accessible is also a part of the requirements of the Care Quality Commission. We recommend that NHS England (London Region), Healthwatch Camden and Camden Council make information about accessible practices available to help patients make an informed decision about where to access care. Some information about the accessibility of practices is already available on NHS Choices.

Recommendation 7. Dentists should provide key information about charges in popular local languages such as Bengali and Somali.

Each practice will have to make a judgement about which languages to stock information in, but these are two widely spoken in the borough for groups which would benefit from more information. As well as charges information, which is available from NHS Choices in a range of languages, we feel that centrally funded translation services must be made available to dental patients. At present the NHS in London operates a confused system whereby it is up to the dentist to arrange a translator and then invoices the NHS. This potentially does not offer value for money. We recommend that Healthwatch Camden works with NHS England (London Region) and other local stakeholders to ensure that dental patients have equitable access to translation services.

Recommendation 8. Dentist practices should review their customer relations policies and training to ensure the service welcome all clients equally and treats everyone with dignity and respect.

As noted with recommendations 2-5, this recommendation is part of the requirements of registration with the Care Quality Commission. As the LDC we will work with practices which request assistance in reviewing their policies or training. We would also ask Healthwatch Camden to make it clear to patients that they can and should contact the practice to let them know of any concerns so that they can use this feedback to improve their service.

Recommendation 9. Dentists across Camden should work together to build trust in dental services by engaging with community groups and representatives to demystify dentistry procedures and charging.

The LDC welcomes this recommendation and is very keen to work with Healthwatch Camden and other local stakeholders to improve knowledge of and access to dental services and promote effective prevention messages. Local outreach initiatives will require coordination and focus which we feel will be best provided by Camden Borough Council. As such we request that Healthwatch Camden, Camden Borough Council and NHS England (London Region) works with the LDC to identify suitable local stakeholders, messages and funding to carry this recommendation forward to its greatest effect.

Recommendation 10. NHS England should review the allocation of Units of Dental Activity (which are used to fund NHS dental treatments) to ensure that the total available to Camden dentists is sufficient to meet the need for prevention as well as treatment and that NHS patients do not have to wait more than two weeks for an appointment.

We support the recommendation that NHS England (London Region) reviews the allocation of UDAs in Camden. The population of Camden continues to grow but the allocation of UDAs does not. As Camden also includes a number of mainline railway stations and numerous offices bringing in a huge population of non-residents it is not clear how many Camden residents are being treated by dentists based in Camden. What is clear, however, is that there is unmet need. Those who have not accessed dental services for a while may require greater treatment than others who have which will create an additional resource problem. If a particular group of patients is identified as requiring access then we would further recommend that additional payments are attached to mitigate the additional cost that is likely to be associated with their attendance.

Recommendation 11. The Health and Wellbeing Board should develop an oral health strategy which aims to: a. Encourage a preventive approach to dental health and raise awareness of the serious health implications of poor dental health

b. Develop culturally sensitive oral health promotion programmes for BME and other marginalised communities targeted at children and mothers, to improve oral health knowledge and support behaviour change

c. Improve knowledge of dental service charges and which dental services are available on the NHS

d. And which is produced in line with NICE public health guideline [PH55] on oral health for local authorities and partners.

The current Health and Wellbeing Strategy of Camden Borough Council makes only passing references to oral health or dentistry, in relation to children's oral health.

We understand, however, that oral health promotion is ongoing with fluoride varnish and supervised brushing taking place with the Community Dental Services. Camden has poorer children's oral health than the rest of London and the rest of the country.[6] To address this we welcome the above recommendation and its focus on children's oral health. As there are other children's oral health programmes operating in London we suggest that the Local Dental Network takes a leading role in coordinating pan-London programmes on children's oral health and shares best practice with Camden Health and Wellbeing Board.

We would welcome the opportunity to work with Camden Health and Wellbeing Board on developing the local initiative.

Response from NHS England (London) Region

NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.[7]

Recommendation 10: NHS England should review the allocation of Units of Dental Activity (which are used to fund NHS dental treatments) to ensure that the total available to Camden dentists is sufficient to meet the need for prevention as well as treatment and that NHS patients do not have to wait more than two weeks for an appointment.

NHS England (London Region) is in the process of delivering a large scale London Dental Transformation Programme in line with the 'Five Year Forward View' with objectives of ensuring that London residents are equally able to access various NHS dental services regardless of the borough of residence or personal circumstances through different models of care. There is significant patient involvement in this programme through a Patient Advisory Board hosted by NHS England (London Region).

The budgets NHS England (London Region) currently have for primary care dental services are based on contracts that are already in place; there is no new funding

[6] http://www.nwph.net/dentalhealth/5yearoldprofiles/London/Camden%20LA%20Dental%20Profile%205yr%202012.pdf

[7] Description taken from NHS England website: https://www.england.nhs.uk/about/

for new services. Where there are opportunities to reinvest in dental services or re-commission services, an oral health needs assessment is undertaken to identify areas of need and priorities for investment.

There are 38 existing high street dentists offering NHS routine care and urgent care within the borough of Camden (over 1000 across the city). The information available to us indicates that an additional 2,709 patients accessed NHS Dental Services between March 2016 and 2017 who had not done so in the previous 24 months.

In addition the average performance of contracts across the Borough of Camden was 98%, with a total financial recovery of £166,904.35. We therefore believe there is currently sufficiently capacity for patients.

If urgent dental care is needed out of hours period (18:00 – 08:00hrs Monday to Friday and 24hrs over the weekend and bank holidays), patients across London can access the service by calling NHS 111.

If a patient requires emergency dental care for any of the following then they should access treatment via the Emergency Departments

- Uncontrollable bleeding that won't stop
- Rapidly increasing swelling around the throat or eye that makes breathing difficult
- Serious trauma to the face, mouth or teeth after an accident or injury

Like any other attendances at A&E, the patient would not pay for any emergency treatment (please note the classification of emergency dental care above).

Recommendations 1-9 (see above)

NHS England (London Region) would advise that Recommendations 1,3,4 and 5 are covered by the NHS General Dental Service Contract / Regulations. In addition to being covered by the NHS General Dental Service Contract recommendation 6 is also covered by the Equality Act 2010. NHS England (London Region) would support the recommendations and would look to the Local Dental Committee to assist in their implementation.

Whilst we acknowledge the additional recommendations 2, 7, 8 and 9 would also be of benefit to patients we would not necessarily be in a position to undertake contractual action to ensure that independent contractors implemented these.

Our advice to patients is that if they have concerns about how they have been treated, or with regards to the NHS treatment they have received they should contact the Customer Contact Centre in the first instance so that the issue can be logged appropriately and appropriate action taken where necessary. The contact details are:

By post to:
NHS England

PO Box 16738
Redditch
B97 9PT

By email to: england.contactus@nhs.net (Please state: 'For the attention of the complaints team' in the subject line)
By telephone: 0300 311 22 33

Response from Camden Local Authority Health and Wellbeing Board

Members of the health and wellbeing board work together to understand the needs of the Camden population, agree priorities and encourage the people who buy health and care services ("commissioners") to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.[8]

General comments

Many thanks for sending Camden Council this recent Healthwatch report, which looked into the experiences of local people accessing dental services in Camden, and for inviting us to respond to the report's recommendations.

Firstly, I would like to say how valuable it is to hear the views of residents on oral health, their experience of local oral health services in the borough, and in particular their experience of and access to dental services. Such feedback is very important to us, because it helps us to identify areas of good practice, but also importantly areas of concern and current gaps where improvements may be needed in order to improve the health and wellbeing of Camden residents.

As the report notes, poor oral health can have a detrimental effect on an individual's physical and psychological well-being and on their quality of life. In Camden, there have been improvements in the rates of decayed, missing and filled teeth in children, which suggests we are seeing a positive impact from increased investment in and focus on oral health promotion and preventative interventions, such as fluoride varnish programmes. Yet oral health remains an important public health issue, and in particular, we continue to see persistent inequalities in oral health outcomes.

Locally we are committed to improving oral health in Camden, especially amongst those population groups and communities that experience the poorest oral health outcomes. We welcome your recommendations directed towards both the providers and commissioners of dental services in the borough, that seek to overcome some of the barriers people face to accessing dental services, including importantly preventative care. We would be very happy to work with the Local

[8] Description taken from the Camden Local Authority website: https://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/;jsessionid=524935F84E0ADAD695A47C9F624DBCF8

Dental Committee (LDC), local providers and NHS England to support them in taking forward these recommendations, and indeed the LDC has invited Public Health to attend its meeting in September 2017 to discuss how we might work together in taking forward specific recommendations set out in Healthwatch's report.

Response to specific recommendations

Recommendation 11: The Health and Wellbeing Board should develop an oral health strategy which aims to:

- **encourage a preventive approach to dental health and raise awareness of the serious health implications of poor dental health**
- **develop culturally sensitive oral health promotion programmes for BME and other marginalised communities targeted at children and mothers, to improve oral health knowledge and support behaviour change**
- **improve knowledge of dental service charges and which dental services are available on the NHS**
- **And which is produced in line with NICE public health guideline [PH55] on oral health for local authorities and partners**

As for many public health issues and priorities, Camden Council does not have a standalone strategy on oral health. In 2015, we undertook an oral health needs assessment, and we are currently updating the JSNA to include an oral health fact sheet. We are taking forward a range of actions and activities that together make up our strategic response to oral health needs and issues in the borough. In addition, within the overall Health and Wellbeing Strategy 2016-18, under the First 1,001 Days priority, there is also a specific focus on improving nutrition, breastfeeding and oral health for children and families.

Our specific response to each of the four elements of an oral health strategy, as set out in Recommendation 11 of your report, is detailed below.

a) encourage a preventive approach to dental health and raise awareness of the serious health implications of poor dental health

Camden Council commissions Whittington Health to deliver an Oral Health Promotion (OHP) service in Camden and Islington. The team from Whittington Health works closely together with teams across the council to contribute towards improving oral health outcomes. Based on our understanding of oral health needs and outcomes in the borough, the target groups that the service works with are:-
a) Children living in communities with high levels of untreated disease (as indicated by higher rates of decayed missing and filled teeth),
b) Older people living in residential and care homes and those living independently,
c) Adults and children with learning disabilities and other special care needs,
d) Adults with alcohol and substance misuse problems,

e) People with serious mental illness,
f) Homeless people.

Much of the work of the OHP service involves raising awareness of the importance of prevention and the serious implications of poor dental health, focussing on the importance of good oral health habits and the importance of accessing dental services, including for preventative care. One of the areas of focus for 2017 for the OHP service is to review all current information resources to ensure that they include key, consistent messages on prevention. In Public Health we are also doing a wider piece of work looking at how we communicate messages around oral health prevention and promotion to residents across the borough.
Through our Healthy Schools Programme and our Little Steps to Healthy Lives programme focused on early years settings, the Council's Health and Wellbeing team take an integrated approach to tackling a range of risk factors and health behaviours that impact on a number of health outcomes (including oral health) for families and young children. This integrated approach complements more focused oral health promotion interventions delivered by the OHP service in children's centres and primary schools.

B) develop culturally sensitive oral health promotion programmes for BME and other marginalised communities targeted at children and mothers, to improve oral health knowledge and support behaviour

Our current OHP service focuses on children (where we know there are significant potential benefits from investing in preventative interventions and activities) and certain adult population groups that were identified as having high levels of need, as part of the oral health needs assessment that was done in 2015.[9] The programmes we deliver in early years and schools settings, and those delivered in other settings targeting certain adult population groups, are open to and endeavour to reach people from all BME and other marginalised communities. We do not currently have any specific targeted oral health promotion programmes for BME groups. However the targeting of the OHP services to other population groups with the poorest oral health outcomes e.g. homeless, mental health and / or substance misuse, people with learning disabilities is specifically designed to engage with and reach other 'marginalised' populations. With respect to developing culturally specific, BME focused oral health programmes, we would need to work with our current provider, and to review the need and the evidence base to best determine if and how current programmes could or should be tailored to better meet these needs and support behaviour change within particular population groups. This is something we will take forward in discussion with Whittington Health.

C) improve knowledge of dental service charges and which dental services are available on the NHS

[9] Public Health England. *An oral health needs assessment of vulnerable groups in Camden and Islington*: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401579/PHE_standard_publication_Vulnerable_Needs_Ass4.pdf (accessed May 2015)

As part of our current programmes with children, families and vulnerable adults, the OHP team provide information on NHS dentists in Camden that people can access. In addition, we are planning some wider communications work later on this year in relation to oral health designed to have a broader reach across the Camden population, and as part of this, we will now consider how we can also build in messages that will help to build awareness of the NHS dental services available in the borough and of charges for dental care. We will seek to do this in conjunction with the Local Dental Committee.

D) And which is produced in line with NICE public health guideline [PH55] on oral health for local authorities and partners.

The table below summarises our current position relative to each of the recommendations contained within the NICE Public Health guideline (PH55)

Recommendations	Local response
1. Ensure oral health is a key health and wellbeing priority	A needs assessment on oral health in Camden and Islington was undertaken in 2015. We are currently creating an oral health Joint Strategic Needs Assessment (JSNA) factsheet for Camden. Oral health is included as a priority area in Camden's Health and Wellbeing strategy 2016-2018 under the 1,001 days priority.
2. Carry out an oral health needs assessment	There was a needs assessment on oral health in Camden and Islington done in 2015. We are currently creating an oral health JSNA factsheet for Camden.
3. Use a range of data sources to inform the oral health needs assessment	Our Public Health intelligence have used data from various data sources in the needs assessment and JSNA factsheets.
4. Develop an oral health strategy	See earlier response in the body of this letter.
5. Ensure public service environments promote oral health (e.g. plain drinking water available, healthy vending options, promoting breastfeeding etc.)	This action is woven into many other strategies locally, and in particular aligns to the whole-system approach we are taking in the borough to tackling overweight and obesity in Camden through the Health Weight Healthy Lives Partnership and action plan e.g. Camden council promotes breastfeeding and has recently been awarded commitment level as part of the UNICEF's baby friendly initiative.
6. Include information and advice on oral health in all local health and	This is ongoing. Further work would be needed to systematically map out what

wellbeing policies	is currently included on oral health in all our relevant local policies and programmes.
7. Ensure front line health and social care staff can give advice on the importance of oral health	Work delivered by the OHP team includes upskilling staff in key health, care and other (e.g. early years) settings.
8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health	This forms an important part of the work being delivered by the OHP team.
9. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health	Delivered by the OHP team.
10. Promote oral health in the workplace	We will look into the possibility of promoting oral health in the workplace as part of the London Healthy Workplace Charter.
11. Commission tailored oral health promotion services for adults at high risk of poor oral health	Work being delivered by the OHP team
12. Include oral health promotion in specifications in all early years services	The Health and Wellbeing team in Camden Council deliver the Little Steps to Healthy Lives' programme which takes an integrated approach to improving health outcomes (including oral health) for families and young children through early intervention in the early years. Our OHP team also deliver the Teeth4Life supervised toothbrushing project in children centres and there are plans for roll out to other early years settings
13. Ensure all early years services provide oral health information and advice	Work being delivered by the OHP team
14. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health	This is something we will review and discuss with our current OHP provider
15. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health	Work being delivered by the OHP team. Teeth4Life -supervised toothbrushing in children centres and there are plans for roll out to other early years settings
16. Consider fluoride varnish programmes for nurseries in	We currently deliver a fluoride varnish programme to nurseries attached to those primary schools where children

areas where children are at high risk of poor oral health.	are at a high risk of poor oral health. We deliver Teeth4Life- supervised toothbrushing to children centres and there are plans for roll out to other early years settings.
17. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools	Oral health is included in the Health and Wellbeing Review that schools undertake to achieve Healthy Schools recognition.
18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health	Work being delivered by the OHP team. The fluoride varnish programme is currently delivered to 38 primary schools in Camden to children in nursery up until year 2
19. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health	We don't deliver supervised toothbrushing schemes in primary schools
20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health	Work being delivered by the OHP team. The fluoride varnish programme is currently delivered to 38 primary schools in Camden to children in nursery up until year 2
21. Promote a whole school approach to oral health in all secondary schools	Oral health is included in the Health and Wellbeing Review that schools undertake to achieve Healthy Schools recognition.

Method

We took a mixed methods approach to our research by carrying out a survey of 116 residents, conducting two focus groups and carrying out 10 one to one in-depth interviews. The scoping phase of our work involved discussions with the Local Dental Committee and oral public health officials from the local authority and NHS England (London).

We conducted a survey of 116 Camden residents between December 2016 and March 2017. Most respondents were surveyed face to face. We interviewed a wide range of people at a number of locations across the borough: community centres, on the streets, in shops, at a supermarket. We also promoted the survey online, which generated around a third of the responses.

Ethnicity	Percentage of respondents
Any other ethnic origin group	1
Arab	2

Asian or Asian British - any other Asian background	1
Asian or Asian British - Bangladeshi	5
Asian or Asian British - Indian	8
Asian or Asian British - Pakistani	1
Black or Black British - African Black or Black British - any other Black background	3
Black or Black British - Caribbean	6
Chinese	3
Mixed - any other mixed background	1
Mixed - White and Black African	3
White - any other White background	10
White - British	50
White - Irish	8

According to Camden's Joint Strategic Needs Assessment (JSNA) nearly 35% of Camden's overall population are estimated to be from a black minority ethnic group (BME) background. This is consistent with our respondents 32% of whom are from BME backgrounds. This figure excludes the White Irish community and other non-British white residents. The JSNA also states that 22% of Camden's residents are from the non-British, white community and 18% of our survey respondents registered as non-British white.10

Age range	Percentage of respondents
Under 18	5
18 - 24	4
25 - 39	19
40 - 59	26
60 - 74	31
75 plus	16

Camden's JSNA states that 73% of the population are aged between16-64.11 Our survey does not have entirely comparable data but the percentage of people aged 18- 59 is 49% and between 60 and 74 is 31% which suggests that our respondents may be older on average than the general population.

Our survey found fewer people admitting to not regularly visiting the dentist than official figures show. Nearly four out of ten adults (36%) we surveyed do not visit a dentist every year compared to official figures showing that one in two adults

[10] Camden Local Authority Joint Strategic Needs Assessment: Chapter one. Last accessed 16/03/2017: https://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/

[11] Camden Local Authority Joint Strategic Needs Assessment: Chapter one. Last accessed 16/03/2017: https://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/

(48%) in Camden have not visited a dentist in the past two years.[12] This difference may be because our survey population is relatively old and therefore perhaps more likely to visit a dentist or that people we spoke to were less willing to admit they did not regularly visit a dentist. Our survey showed that children are more likely to regularly visit a dentist which is consistent will official figures: our survey found that 26% of respondents said that they took their children to the dentist less frequently than once per year and official figures put that at 31% of children in Camden who haven't visited a dentist in the past two years.[13]

Focus group: Bangladeshi women

We conducted our research in partnership with Bangladeshi Women's Group at Chadeswell Healthy Living Centre. The focus group was held in mother tongue on Wednesday 7 December at Chadeswell Healthy Living Centre. Eleven women attended the focus group and notes were made of the discussion. We also had written responses to a questionnaire from nine additional women.

Focus group: Somali women

We conducted our research in partnership with the Somali Women's group at Chadeswell Healthy Living Centre. Nine women attended the focus group which was held in mother tongue on Thursday 1 December 2016. We also had written responses to a questionnaire from nine additional women.

In-depth interviews with people at a drop-in centre for homeless people, those with substance use issues

We conducted our research with the help of The Crypt - a day centre for vulnerable people, including homeless people, those with substance use issues, asylum seekers and refugees. We attended a drop-in session on aimed at homeless people and people with substance use issues on Monday 27 February 2017. We conducted ten in-depth interviews.

[12] Health and social Care Information Centre, A6: Patients seen in the previous 24 months as a percentage of the population by patient type and LA, from 30th June 2013 in NHS Dental Statistics 2014-2015.
[13] Ibid.