

Access to Oxfordshire dental services during COVID-19 restrictions.



**A report on people's experiences to NHS England and NHS
Improvement Commissioners for Dental Services**

APRIL 2021

Contents

Contents.....	2
1. Executive Summary	3
2. Recommendations	3
Response from Senior Commissioning Manager, NHS England and NHS Improvement.....	4
3. Background	8
4. Methods	9
5. Results	9
Use of dental services before the pandemic	10
Access to a dentist during the pandemic	10
Access to routine appointments.....	11
Access to urgent or emergency treatment	12
Consequences of not being able to see a dentist	13
Experiences of dental care.....	14
Information about dentist services	15
6. Case studies	16
7. What have we learned?	17

Acknowledgements

Healthwatch Oxfordshire thanks all the participants who took the time to complete our survey and for sharing their experiences of seeking dental care during the COVID-19 pandemic.

1. Executive Summary

This Healthwatch Oxfordshire report is the result of a short research project to understand local people's experiences of finding a dentist for routine and urgent treatment during the COVID-19 pandemic.

What have we learned?

Our survey was open for a limited time, from November 2020 to January 2021, therefore mainly captured people's experiences of dental care from later in the pandemic. However, it showed:

- That restricted access has meant that people who cannot see a dentist for urgent care have been left in pain or with worsening oral health.
- While wealthier people were able to access treatment during this time by paying privately, this effectively excludes those on lower incomes.
- People told us they wanted more and fairer access to dental care across public and private sectors, especially for urgent or emergency treatment.

Despite NHS England targets being imposed, many people are still finding it difficult to get a dentist appointment. Because of restricted services there is a backlog of cases and dentists are compelled to prioritise patients in need of urgent treatment. However, the evidence shows that dental services can open and run in COVID-secure ways, and continue providing patients with high quality care when necessary.

2. Recommendations

1. When dentist surgeries are closed or when services are restricted, NHS and individual dental practices must ensure they provide accurate and up-to-date verbal, written, and online information on what services are available and other useful contacts to access treatment.
2. Dental practices must have clear and regular communications with their patients and keep them informed about changes to services.
3. Best practice can and should be shared and reproduced across all private and NHS providers to ensure equitable access and protect oral health for all.

Next steps

Following the response to this report from the dental commissioner in the South East region (see below) we will continue to report to the commissioner concerns reported to Healthwatch from patients regarding access to regular dental treatment. There has been no response to date to the report from the South Central Local Dental Committee.

Response from Senior Commissioning Manager, NHS England and NHS Improvement



Ms Carol Ball

Business Manager

Healthwatch Oxfordshire

The Old Dairy

High Cogges Farm

High Cogges

Witney

Oxfordshire

OX29 6UN

NHS England and NHS Improvement
(South East)

Jubilee House

5510 John Smith Drive

Oxford Business Park South

Cowley

Oxford

OX4 2LH

Telephone: 01865 963800

Email: Hugh.O'Keefe@nhs.net

Dear Carol,

Access to Oxfordshire dentistry services during Covid-19 restrictions - A Report on people's experiences to NHS England and NHS Improvement Commissioners for Dental Services (March 2021)

Thank you for forwarding a copy of this report to NHS England and NHS Improvement (South-East) which reported on a survey of 221 patients and their experience of access to NHS and private dental services in the period November 2020 to January 2021.

Access to dental services has been a challenge since the pandemic. In the period March – June 2020 all dental practices were closed for face to face appointments. Dentists were required to provide advice, analgesia and anti-biotics if appropriate. If patients were identified as having an urgent dental need then they would be referred to an Urgent Dental Care hub. The number of these were limited due to the challenges around access to Personal Protective Equipment (PPE) at the time with priority being given to hospital services.

Practices then re-opened on a limited basis from June with significantly reduced capacity due to the safety requirements related to providing dental treatment. Since

the pandemic, services have been delivered in line with a national Standard Operating Procedure (SOP) developed by the Office of the Chief Dental Officer and subject to regular reviews and updates. The SOPs have continued to emphasize that priority should be given to:

- patients who require access to urgent care
- patients at higher risk of oral disease
- patients with outstanding treatment needs that cannot be delayed

The SOPs act as best practice guidance that all practices should be following.

Practices should only re-institute routine care if they can provide access for the priority groups identified above. We note that 40% of the respondents to the Healthwatch survey had been seeking access to routine care. It has been planned that there should be a phased return to normal services. In January 2021, NHS dental services were expanded from 20% to 45% of normal activity and in April 2021 they were expanded to 60%. This is for the period to 30th September 2021 when the arrangements will be subject to further review. This will help to improve the access situation but means that services are still working at levels below full capacity and the requirements of the national SOP remain in place.

The table below illustrates the impact of the pandemic on access to dental services, but also how it has significantly improved in recent months:

Area	No. of pts seen by NHS dental services Q1 (April – June '20)	No. of pts seen by NHS dental services Q2 (July – Sept '20)	No. of pts seen by NHS dental services Q3 (Oct – Dec. '20)	No. of pts seen by NHS dental services Q4 (Jan – Mar '21)
Berkshire West, Buckinghamshire and Oxfordshire*	4,716	79,298	104,857	157,421

**Data provided at Integrated Care System level*

There will be variation between the practices in terms of how quickly they can return to full capacity. One cause is the premises from which the practices operate. Essentially practices with less physical space and fewer surgeries will take longer to return to full capacity due to the social distancing and the deep cleaning requirements. The deep cleaning requirement has significantly increased the time needed to undertake the new infection controls protocols that have been nationally implemented. This adds considerable time to each patient journey whilst ensuring patient safety.

The other relates to the size of the NHS contracts they hold. There is significant variation in the size of the NHS contracts held by practices which will impact on the

number of patients who can be seen on the NHS. All dental practices operate in a mixed economy of NHS and private provision with variation between them in terms of the balance between NHS and private work. These services also have different operating models in that NHS practices will tend to see more patients in a day, so the impact of the safety requirements on service capacity has been greater for NHS services.

The issue of communication with patients is crucial and has been identified in other Healthwatch reports. Following a report received from another Healthwatch in this area, their recommendation about information for patients on their websites was communicated to all NHS practices across the South-East of England:

<p>Information for patients on dental practice websites and in response to phone calls</p>	<p>A number of Healthwatches have recently completed reviews of information on GP and dental practice websites and made the following recommendations for dental practice websites.</p> <p>Practice websites should describe:</p> <p><i>how the practice is handling routine appointments (eg if patients will be contacted with a rescheduled appointment)</i></p> <p><i>what to do in an emergency or if urgent treatment is needed</i></p> <p><i>how patients will be protected and what to expect when visiting the surgery as well as any actions a patient is expected to take on arrival</i></p> <p><i>a prominent date when the website is updated to reassure patients that it's up to date</i></p> <p>We ask that all practices review their websites to ensure this information is included as a minimum.</p> <p><i>When patients ring dental practices and say they've been advised they're taking on new patients the practices must clarify with the patient if they have an urgent or emergency dental need.</i></p>
---	---

The NHS has also produced [leaflets](#) providing information for patients.

The Region has also provided [communications](#) for key stakeholders to update on the current situation with dental services.

This has been a difficult period for the patients and the dental practices and there remains a backlog in the system due to the loss of capacity as a result of the pandemic. This relates to primary dental care and all dental referral services. The impact is not just in terms of waiting times but also the increased treatment needs (and therefore the time needed to complete treatment) as patients have had reduced access to care.

The group of patients that has found access the most difficult is those who do not attend the Dentist on a regular basis (there is no patient registration with NHS Dentistry). A number of practices are providing additional access sessions to try to help these patients achieve access via NHS 111.

NHS England and NHS Improvement is now working on a Restoration and Re-set process to try to address the backlog, but still within the context of reduced capacity. Whilst the situation is easing and hopefully will continue to do so, there do remain on-going challenges in terms of access and the need to prioritise patients will continue over the next few months.

With best wishes

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Hugh O'Keeffe', with a stylized flourish at the end.

Hugh O'Keeffe

Senior Commissioning Manager

NHS England and NHS Improvement (South-East)

3. Background

Healthwatch England has warned of a current national “dentistry crisis” following a huge increase in calls and complaints since the start of the COVID-19 pandemic. The introduction of social restrictions in March 2020 led to dentist surgeries reviewing the services they provide and how they were provided. Major issues that emerged included unavailability of NHS dentistry, lengthy delays in getting appointments and treatment, painful conditions not being considered an “emergency”, NHS111 limiting support to prescribing antibiotics without further treatment, and patients resorting to self-treatment.¹

In 2018, Healthwatch Oxfordshire produced reports on dentistry in Oxfordshire. One found that, while most people were positive about the treatment they received from their dentist, in some areas experiencing housing expansion, people reported problems accessing an NHS dentist. The second report ‘Treatment Only When Needed - Dental Services for Care Home Residents’ found that some homes struggled to get NHS dental services for their residents many of whom received no dental treatment at all or only emergency care.²

Again, since the start of the pandemic, Healthwatch Oxfordshire has received numerous calls and online feedback from members of the public and organisations representing marginalised groups across the county about problems finding and accessing NHS dentist services, even when experiencing a dental emergency. We heard that contacting the NHS111 or local NHS dentists rarely helped, although they were being offered private appointments.

According to guidance and standard operating procedures provided to dental practices by the NHS, NHS dental practices are expected to safely provide existing and new patients with appropriate urgent treatment, which can include advice, pain relief and certain other medication.³ Despite these guidelines and the introduction of recent Government and NHS England targets requiring dentist practices to provide 45% of their normal activity or lose some of the money they

¹ <https://www.healthwatch.co.uk/news/2021-02-08/warnings-dentistry-crisis-public-concerns-continue>

² <https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0581-covid-19-urgent-dental-care-sop-update-16-june-20-.pdf>

are given by the NHS, problems still exist. There is concern that some NHS dentists prioritise routine appointments over more complex or lengthy treatments.⁴

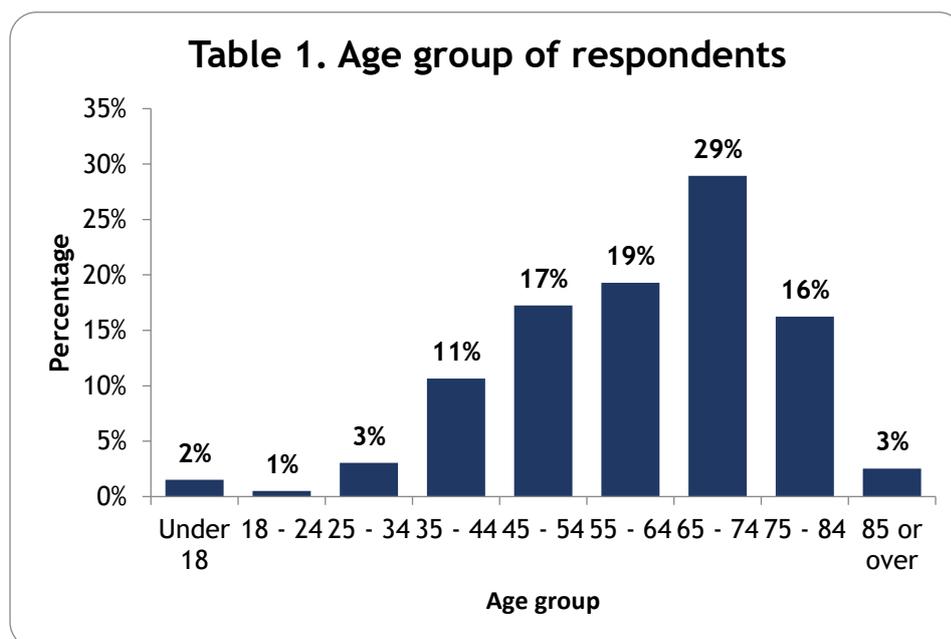
This Healthwatch Oxfordshire report is the result of a short research project to understand local people’s experiences of finding a dentist for routine and urgent treatment during the COVID-19 pandemic.

4. Methods

Healthwatch Oxfordshire ran an online survey from November 2020 to January 2021. The survey asked closed and open questions about people’s experiences of accessing NHS and private dentists both before and during the COVID-19 pandemic. We also reviewed feedback left on Healthwatch Oxfordshire’s ‘Find and review a service’ webpage (<https://healthwatchoxfordshire.co.uk/services>).

5. Results

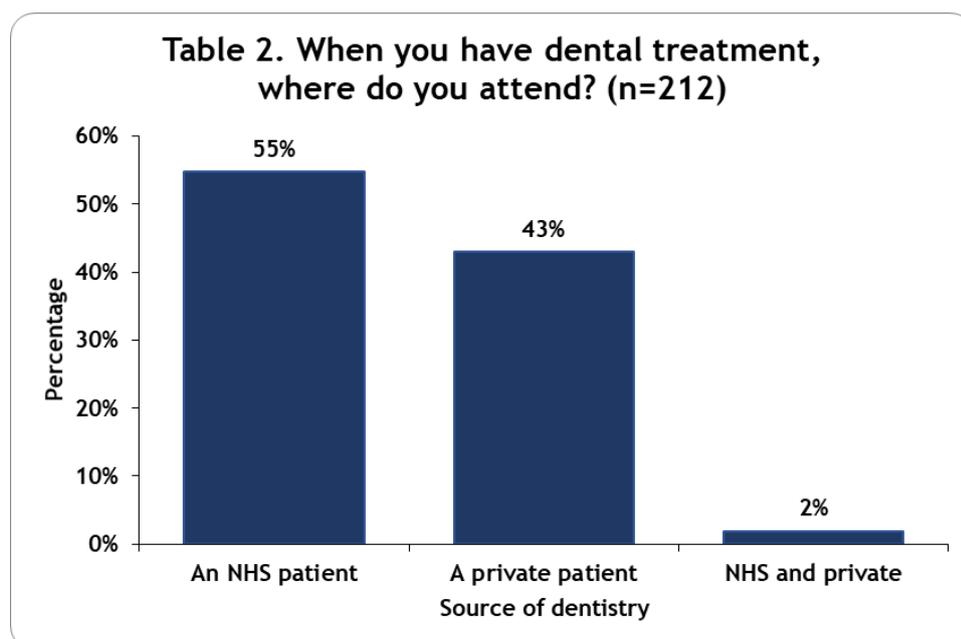
We analysed the responses of 221 completed surveys, of which 136 (69%) were from women and 56 (28%) from men. All age groups were represented (Table 1) although the largest number of respondents were aged between 55-64 (20%) and 65-74 (28%). Ninety percent of respondents were British, while representation from Black and Minority Ethnic communities was low.



⁴ <https://www.bbc.co.uk/news/health-55334047>

Use of dental services before the pandemic

Overall, 95% of people said they visited a dentist before the COVID-19 pandemic. Of these, 55% were NHS patients, 43% used a private practice, and 2% used both NHS and private dentists (Table 2). We asked how easy people found it to see their dentist before the pandemic. Of 195 people who answered, 174 (89%) said they had not had any problem, while 21 (11%) had experienced some difficulty, mainly in finding a local NHS practice able to see them.



Access to a dentist during the pandemic

People told us about their experiences of finding a dentist for routine and urgent treatment after national COVID-19 restrictions were introduced. Of 178 people who said they had tried to get an appointment for any type of treatment during this time, 89 (40%) were for a routine check-up or non-urgent treatment and 80 (36%) were for emergency treatment. Most people said they had contacted their own dentist for an appointment; only seven people (4%) had telephoned the NHS111 advice line. Fourteen people (9%) said they had not been able to contact any dentist.

We heard mixed accounts of people's access to dentists across the NHS and private sector. They told us that it was much more difficult to see an NHS dentist for both emergency and routine treatment than a private dentist. People who were shielding or were very worried about being infected with COVID-19 found it especially difficult to access any dental care.

Access to routine appointments

Many NHS patients said they found it very difficult or impossible to book a routine appointment, or that their pre-booked appointments were postponed or cancelled. Most were told that routine appointments were against Government guidance and that only urgent or emergency treatment was available:

“Booked routine appointments cancelled for both myself and my child and have been told that no routine appointments are going ahead, its emergency only.”

“After breaking a tooth during lockdown I was told the service was only open for emergencies. This was early August and it was mid-November when I finally got treatment. This was after two cancellations and several emails from the surgery.”

Although dentist practices were allowed to open from June until November 2020, many NHS patients still reported that their routine appointments were postponed or cancelled; a few were told they would not be seen until 2021, several months later:

“Routine appointment for myself and 5 year old son cancelled in April, moved to July, cancelled, moved till October, cancelled and now moved till May 2021!”

“I think it’s a very bad situation as the NHS patients are being badly penalised for this COVID situation. NHS England is responsible for an NHS dentist’s contract and making sure that dentists carry out the terms of their contracts, but when I have contacted my Dental Practice, they don’t know when this situation will be reverted, they hope, they said it will be in the New Year.”

However, several people told us that they had been offered an appointment with a hygienist:

“I was told no appointments were available with a dentist but I could see a hygienist.”

Some NHS patients also told us that they had been able to see their dentist for routine treatment both during and between national lockdowns, after the first wave of restrictions were eased in June 2020. In contrast with NHS providers, private dental practices seem to have continued offering routine appointments throughout the pandemic. Almost everyone in our survey who had sought routine treatment with their private dentist said they were seen promptly or with only a minor delay.

People told us how their private practices had put in place a variety of measures to facilitate the provision of services and mitigate against the risk of COVID-19:

“No problems accessing care I needed. Lots of COVID safe measures in place.”

“I waited outside (not long) until invited in. I was told to leave my bag and coat in a closable plastic box and then to wait in a socially distanced waiting room with initially one other person. Hand sanitizer was available. My dentist then called me in. He was wearing a transparent visor and I of course had to remove my face mask.”

The evidence points to clear disparities in access to routine treatment between NHS and private providers.

Access to urgent or emergency treatment

NHS patients’ access to urgent treatment was more positive than for routine appointments. Although not everyone was able to get an emergency appointment, and some experienced delays, most were seen within a reasonable time:

“I needed a cap on my tooth, I had the root canal done and was meant to get the cap measured the day we went into lockdown 1. I had the cap fitted in September and spent half a year with a broken tooth and had to treat it myself with dentsfix. As soon as they were open and able, they had me in. I couldn’t fault them.”

“I was offered an emergency appointment in Oxford which was great as I needed an emergency wisdom tooth removed.”

We heard that seldom-heard groups also faced additional significant barriers in finding appropriate support for dental treatment.

Several NHS patients with pre-booked appointments told us that their urgent treatment had been cancelled or delayed because of social restrictions. Although some were offered a partial solution such as a temporary filling or pain medication, others were forced to tolerate the problem and wait for a later appointment, or to find an alternative dentist.

In comparison, only a few people told us they had experienced some problems accessing a private dental practice for urgent treatment. In most cases, dentists had given advice over the telephone or had provided some temporary relief. However, most private patients were seen quickly and were able to complete their treatment without delay:

“Everything was very straightforward, prevention measures used accordingly. Very impressed, felt safe.”

“Given an appointment the same day. Good Covid routines in place. Seen promptly and advised to take ibuprofen and given antibiotics in case it didn't begin healing over the weekend. Told to contact them again Monday if pain didn't subside.”

In many cases, both NHS and private dentists who couldn't see their patients in person were still able to help. Several people said that their dentist had advised them on how to manage their condition or about treatment options by telephone, while others had prescribed pain medication or reviewed photos of the problem before giving advice. Good communication and coordination from dentists meant that patients were kept informed and received more effective help:

“I telephoned my dentist using a phone number given out by the Practice. I spoke to him in person and we discussed the best way to proceed with my treatment.”

“Had severe infection, pain and abscess. Left a message on the answerphone. They called me back within a few hours and saw me the next day. Prescribed antibiotics by calling a pharmacist ... and I went and collected them. Excellent response.”

The evidence shows that even under most conditions of the pandemic, dentists are able to provide patients with meaningful advice and practical help. People who are unable to access information or treatment worry about their oral health and their problems are likely to worsen.

Consequences of not being able to see a dentist

Many of those who were unable to see their dentist felt disappointed and let down. NHS patients who could not see their dentist did not understand why private practices were still offering routine appointments. Some who were unable to see their dentist resorted to paying for private treatment:

“[It] Took many, many calls. The only appointment I could get was with a high end private practice, which cost more than I can really afford.”

“Our first booked appt (May time, and booked 6 months beforehand) was cancelled. Understandable and re-rearranged it for July. This one got cancelled by surgery. Arranged a new appt for Sept again - cancelled by dentist. This is for me and my two children. One of my boys broke his tooth in an accident over a year ago and it was fixed

with a composite/filling. This came out during lockdown and we were unable to get it fixed. In the end we contacted my husband's private dentist (in Botley) who booked our son in as an NHS patient to fix it. My husband has had regular dental work throughout lockdown/this year from his private dentist ... If private dentists are operating ... why aren't NHS ones?"

Some people whose treatment was delayed said they were left in pain or that their problem had worsened and would require more treatment as a result:

"I have a tooth that was decaying that was being monitored via routine appointments every 6 months. It will be almost 18 months when they agree to see me again and it could be beyond repair."

Some people had resorted to temporary home treatment or had bought a kit to repair a broken tooth or filling. A few people even told us that they had to pull out a damaged or broken tooth themselves.

Experiences of dental care

For those people who had been able to see a dentist, we asked about their experiences of visiting the practice and their treatment. Almost all of the 120 people who responded to the question said that they were satisfied or very satisfied. Both NHS and private patients said that they had received good quality treatment and felt that the practice had created a COVID-secure environment:

"Excellent treatment and very well thought out processes and procedures to create a "Covid-safe" environment. Felt assured that they had done everything they could to maintain a safe environment in these difficult times. Have to have a filling replaced and have every confidence that this, too, will be safe and effective."

"... receptionist talked me through the COVID protocols in place at the practice and rang the day before to confirm everything."

People understood the difficulties that dental practices faced during the pandemic and were grateful and appreciative of the service they received. They generally accepted any adaptations and new protocols that were put in place, even though they were sometimes inconvenient (waiting outside, longer consultation times etc.). However, there were some people who felt that their treatment was rushed or were unhappy about the high costs of private treatment or having to pay a surcharge for certain services. Others were concerned that they had only been given temporary treatment and worried that they would not get a follow-up appointment soon, or that their dental problem might get much worse.

Information about dentist services

We heard mixed opinions about information and communication about the availability of dental services and during the pandemic and its effect on appointments. Some people said that their practice had not told them anything about the availability of services or had given inconsistent information:

“Whilst on the website they said they weren’t offering checkups, just emergency treatments, when I called they booked me in for a checkup within 2 weeks.”

Others said that their practice had not contacted them with information or had not returned their calls. People naturally wanted to be kept up to date with the restrictions and any changes to services:

“Would have been helpful to get an update from them as to what is happening.”

“Clearer communication required about the backlog and when they anticipate seeing regular patients.”

Other patients said that their dentist practice had kept them informed of the availability of services and any changes to procedures:

“The dental practice kept me informed of closure, then new procedures so I felt reassured. I was able to obtain an appointment on 19th August, two days later.”

The few people who had contacted the NHS111 service were generally very disappointed and felt they had not been provided with useful or timely help. One person said they had to call several times before being referred for antibiotics, while another said:

“Tried NHS111 who went through their 'Triage' and concluded that I needed to see a dentist 'immediately'. Gave me three phone-numbers: No. 1 was closed but could 'offer advice' (tongue-in-cheek suggested "tie a string around tooth, tie other end to door....."). No.2 was simply closed with recorded message. No. 3 was BT message to say phone number no longer active.”

6. Case studies

The following excerpts highlight the different experiences people told us about when seeking dental care during the pandemic.

The first is a 45-54 year-old female lady who had sought urgent private dental treatment.

I had a very painful abscess. It got so bad that my face was very swollen on the side of the abscess. I called my dentist for advice and antibiotics. I called 111 several times. I was put through to a referral system and spoke to an NHS dentist who advised antibiotics. In the end I was so desperate I contacted the emergency hub directly who managed to refer me to an NHS dentist in Bicester who referred me back to the hub for an extraction. The extraction went well thankfully and the dentist said that there was a great deal of decay and infection in the tooth and that it was a good thing to have it taken out. It took several weeks to get the appointment, several telephone calls, antibiotics, painkillers, anxiety and stress. I was very shocked at how dental care was handled in the pandemic and am very relieved that I can see a dentist now.

The second example describes the experience of a 75-84 year-old man who attended a routine appointment at his usual private practice.

I was called forward for a routine 6 monthly appointment but with a series of strict but perfectly practical anti-COVID measures in place. I was met at the entrance when a completed form about my health was taken in. After leaving all carried items in a basket and having sanitised my hands, I was shown to the waiting room wearing a mask. After a short wait I was ushered into the clinic where the dentist and assistant were in full protective clothing. The routine examination was carried out and I was escorted out ... The experience was straight forward and carefully orchestrated.

The third case is a 55-64 year old mother who had been seeking treatment for her son.

[My son] Lost large filling in March when check was due (which had been cancelled). Told to fill myself. Phoned many times to be told no. [In] September had temp filling and was told they'd contact me in 3 weeks to follow up and do proper filling - not heard anything to this day ... We are now in November they rang the other day to say my son's appt on 2/12 had been changed to a later time (check up) so I asked when I could have one, they said no as my dentist wasn't ready yet - ring back in January. So still got temp filling and not had a check in over a year. When temp filling was done the dentist did just that and no more.

The final example is a summary of information we received from Asylum Welcome about a young person in need of urgent dental treatment.

On the 19th of October was contacted for advice regarding B's tooth pain. She has told us that she is not allowed a dentist and had been trying to register for the past three weeks (whilst in pain) but no one had let her, and the college and her friends had not been successful in helping her to do so.

A support person called 111 and was given some numbers to get emergency dentists locally. When ringing round each number we were told all emergency appointments were fully booked for four weeks. Calling back 111 she was told this is all they could do. We also experienced that 111 sometimes offered an interpreter and other times said that they couldn't.

We tried to be more assertive with the practices insisting that she was seen for a triage. A dental practice did agree to call her back out of hours. We explained that she would need language support. This was not available when she was called back. We emailed the practice [to explain the situation and the requirement of urgent care]. There was no response to the email and we tried to call again in the afternoon. The receptionist advised that the nearest NHS emergency appointment was in four weeks but they can do private in two days. N agreed to pay £40 for a private initial consultation. The condition was that she has to have an interpreter otherwise she won't be seen.

She was seen privately and was given pain relief to cope until her NHS appointment in four weeks, but the whole issue is really concerning, that no-one advised her about emergency treatment when she was trying so hard to register, that 111 could not facilitate an appointment, and the lack of interpretation support.

7. What have we learned?

Our survey was open for a limited time, from November 2020 to January 2021, therefore mainly captured people's experiences of dental care from later on in the pandemic. However, it showed that restricted access has meant that people who cannot see a dentist for urgent care have been left in pain or with worsening oral health. While wealthier people access treatment by paying privately, this effectively excludes those on lower incomes. People told us they wanted more and fairer access to dental care across public and private sectors, especially for urgent or emergency treatment.

When dentist surgeries are closed or when services are restricted, NHS and individual dental practices must ensure they provide accurate and up-to-date verbal, written, and online information on what services are available and other useful contacts to access treatment. They should communicate well, and regularly, with their patients and to keep them informed about changes to services.

Despite NHS England targets being imposed, many people are still finding it difficult to get a dentist appointment. As a consequence of restricted services

there is a backlog of cases and dentists are compelled to prioritise patients in need of urgent treatment. However, the evidence shows that dental services can open and operate in COVID-secure ways and continue providing patients with high quality care when necessary. Best practice can and should be shared and reproduced across all private and NHS providers to ensure equitable access and protect oral health for all.

To find out more about Healthwatch Oxfordshire please see:
www.healthwatchoxfordshire.co.uk

If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:



01865 520520



hello@healthwatchoxfordshire.co.uk

Write to us at:

The Old Dairy
High Cogges Farm
High Cogges
Witney
OX29 6UN

healthwatch
Oxfordshire

Your voice on health and care services