



Healthwatch Lambeth
Enter and View: Right for Everyone
Dental Practices Visits Report

June 2017

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained, authorised volunteers. Our Authorised Representatives have completed the full Enter and View training and our Authorised Visitors have completed an adapted programme.

Visit overview

Services Kings College Hospital Community Special Care Dentistry at West Norwood Health and Leisure Centre and Akerman Health Centre, Dental Practice 302-304 Kennington Road, Blue Dental Care, Clapham South Dental Care, Southside Dental Care, Pavilion Dental Centre, Knightshill Dental Practice.

Date of visits February 2017

Enter and View Team **Authorised Visitors:** Jason Alder, Gina Barrett, Faye Bennett, Maggie Brennan, Julie James, Richard Keagan-Bull, Sabina Laher, Heidi Nestor, Brian Stocker, Bobbie Allen (family carer), Liz Hanlon (family carer), Sandra Long (Rathbone Society support worker)

Authorised Representatives: Jane Abraham (Lambeth Learning Disability Assembly service user involvement worker), Catherine Pearson (Healthwatch Lambeth CEO)

Service liaison link Practice managers



Introduction



Purpose of visits

This visits programme is part of our Right for Everyone project, a partnership initiative with Lambeth Mencap and Lambeth Learning Disability Assembly to investigate how well community health services work for people with learning disabilities. It is funded by NHS Lambeth Clinical Commissioning Group. The project, which is running from 2015 to 2017, also includes visits to healthy living pharmacies, GP practices, opticians and foot clinics.

We are focusing on services for people with learning disabilities because there is wide-ranging evidence of inequalities experienced by this user group in accessing and receiving healthcare¹.

Our visits aim to assess:

- how accessible the service is
- the quality of information and advice provided
- how kind the service is.

By drawing on the insights from our visits featured in this report, we hope that good practice can be supported and extended across all dental services in Lambeth.

¹ Department of Health: Premature Deaths of People with Learning Disabilities: Progress Update, Sept 2014

Our Right for Everyone programme also aims to support the learning disability community in Lambeth to develop greater confidence to use primary care services more effectively². The project does this in two ways; by training local people with learning disabilities to carry out these visits as experts by experience, and by running a series of events hosted by the Learning Disability Assembly to share our findings and promote the services and support available.

We also believe that by working to ensure services are right for people with learning disabilities, they are more likely to become **right for everyone**. Further details of our Right for Everyone project is available at www.healthwatchlambeth.org.uk/r4e

Participants

Services

For this programme, given the project resources, we aimed to visit eight dental practices across the borough. We selected practices from each of the three localities in Lambeth (see page 1). Half of our sample were services which people with learning disabilities told us they use. This included the

² In Lambeth, there is a particularly low take up amongst people with learning disabilities of GP health checks and high levels of preventable hospital admissions: Public Health England: Lambeth Learning Disabilities Profile 2013



Introduction

two sites run by the community special care dentistry service for people with learning disabilities and other conditions which make other local dental services unsuitable³. Visits were pre-arranged with each practice and we completed all eight as planned.

Visitors

Fourteen Right for Everyone Enter and View Authorised Visitors took part in this programme. Each visiting team included two people with learning disabilities and a supporter (either a family carer or support worker). A note-taker was also present. Team members had a range of communication and mobility abilities.

Visitors and supporters had completed an adapted Enter and View training programme to become Healthwatch Lambeth Authorised Visitors for services which are open to the public. Authorised Visitors must have a criminal record check from the Disclosure and Barring Service (DBS) or be accompanied by a person with a DBS certificate. In addition, three of our lead supporters for this programme are full Enter and View Authorised Representatives, approved to visit any publicly funded health or care service⁴.

³ This also includes people with: physical or sensory disability, medically complex conditions, autistic spectrum disorder, severe mental health conditions and, for children, high decay rates: www.kch.nhs.uk/service/a-z/community-special-care-dentistry

Methodology

During the visits, our Enter and View team used a range of criteria to assess each dental practice including physical accessibility, staff behaviours and attitudes, and the type and accessibility of information provided (see appendix). Indicators for the physical accessibility of the service were partly developed from an easy read access survey by Leonard Cheshire Disability and were also designed to complement the recent DisabledGo premises audit⁵ of local services in Lambeth.

Alongside a checklist, our visitors asked questions to the reception team, a dentist and the practice manager (where available).

For this project, we did not ask for feedback from other patients during our visits. Instead, our trained visitors used their own insights as experts by experience to assess how well the services work for people with learning disabilities.

Findings from each visit were discussed by the whole visits team and analysed by Healthwatch staff before being presented to the Local Dental Committee.

⁴ Details of our Enter and View programme: www.healthwatchlambeth.org.uk/enterandview

⁵ www.disabledgo.com/organisations/london-borough-of-lambeth/main

Findings

Physical accessibility

Our teams visited practices housed in a range of buildings. Some were custom built and others had been adapted. On each visit, the teams looked out for different features such as automatic doors, ramps, signage and layout, to assess how physically accessible the facilities were.

External environment

Our teams found that five of the eight sites they visited were easy to enter. This included the two health centres accommodating the special care service. Both these facilities had automatic doors plenty wide enough for wheelchairs and pushchairs. Another premise also had automatic doors, although they weren't working on the day of our visit.

These five facilities also had good external signage. However, one practice which had a temporary ramp to place over the front door step would have benefitted from a sign to advertise this access option.

Two practices had sandwich boards on the pavement outside which our teams found particularly effective in helping to locate the service. However, our visitors noticed that these were only displayed during opening hours.

Of the three practices that were less easy to get into, one had a small entrance with heavy doors. Our visitors were surprised to be told

that the entrance was wheelchair accessible but the team did later see a parent with a double-buggy use it. Our team also felt the doorway wasn't very obvious, even taking into account that on the day of the visit it was partly obscured by scaffolding. However, this was one of the services with a sandwich board outside which helped to indicate the way.

Another practice was located behind a bus stop which also obscured the exterior sign on approach, although the sign itself was clear.

Another service had no external signs that the team could see and the building appeared to be a house with no indication that it was a dentist.

Internal environment

Three of the practices in adapted premises had steep internal stairs which limited the accessibility of the service. One did not seem to have any wheelchair access as there were steps both down to reception and up to the treatment room, and the other two facilities provided access to the ground floor only. Another facility had a narrow corridor which our team thought would make it difficult for a wheelchair user to access the toilet facilities. One team thought the steep stairs to the basement made a corridor in another practice feel *quite scary*. Our visitors also felt the lift in one of the health centres was very small to take a wheelchair and a companion.

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Signage within both the health centres was also very poor. The sign for the dentist in one centre was not obvious and when the team found it, the sign's lettering was small and the words to describe the service were not very accessible: it read 'Patmos Suite, Special Dentistry'. The team noted that there was plenty of room on the walls to add an easy read sign and/or image to indicate the service in a clearer way.

In the other health centre, our visitors couldn't see any signs to the dental service and in the absence of anyone at the centre's main reception desk, the team asked the leisure centre staff in the adjacent reception area for directions. On arrival at another reception desk with a closed grill and a member of staff behind it, our visitors discovered that they had been signposted to the teaching dentist service. The receptionist then redirected the team to the special dentist service which involved walking down a long corridor, again without any signage. Our visitors were later informed about a more direct route from a lift at the back of the ground floor.

Recommendation 1

a) Practices should review their signage and in particular, for those without one, consider investing in a sandwich board to maximise the visibility of their service.

b) West Norwood and Akerman health centres should audit and improve their internal signage.

Response from King's College Hospital Community Special Care Dentistry:

The two sites occupied by our service are leased from a landlord and there are multiple leaseholders within the centres. This being the case, it is not feasible for the service to utilise sandwich boards. We have spoken to the landlords regarding the internal signage, and this is being reviewed in both sites.

Waiting rooms

One of our teams was asked to wait in the staff room at the practice rather than the waiting room but it wasn't clear why. All other teams used or saw the waiting rooms. None of our visitors were kept waiting long to see the dentist.

The waiting rooms were all pleasant. Four had TVs although none were switched on. Two teams noticed there was no music playing. Only one team reported seeing a few magazines to read. Another waiting room had a children's play table. One team saw framed pictures on the walls of one waiting room which they thought added to the ambience. The visitors' general impressions were of calm, quiet waiting areas at all the facilities we visited.

Findings

Information displays

Half the visit teams saw several posters on the walls in the waiting room, but two other teams reported that there was nothing on the walls at the practices they visited. In contrast, one team felt there were too many posters on display at the facility they visited.

None of our visitors felt any of the posters they saw were particularly striking and most had small writing, except one poster advertising the out-of-hours service which was very visual. However, one of the visitors who saw it still reported that they didn't know what it was meant to communicate.

Two teams also saw a few leaflets on display and one team noticed a complaints policy on the wall but the writing was very small. There were no easy read materials displayed, even at the special care service sites.

At reception

Our teams noted that on arrival patients at all the practices were required to book in with a receptionist. None of the facilities had a touch screen system like in some GP practices.

Making an appointment

All eight services said patients could book appointments by phone or in person. Three practices told us they also offer online booking and two said that patients can drop in for emergency appointments while a third told

us it had daily emergency slots. The special care service told us they contact patients after receiving a referral to arrange an appointment, including the option of a home visit if necessary.

Each service also said there was a choice of dentists and five added they had both male and female dentists. One practice said patients would need to ask for a choice of dentist and the receptionist at one of the special care sites told our visitors: *'%& you don't get on with your dentist, I'll give you another one.'*

Charges

All practices, including the special care service, confirmed that NHS patients pay for treatment unless they are on certain benefits. One special care dentist also showed our visits team an A4 sheet which clearly showed the prices for treatments and the other special care dentist at the second site we visited showed the payment form and the tick boxes for different benefits.

Two receptionists told our visitors that they help explain to patients which benefits qualify for free treatment and one also added that they give other relevant forms to those they think shouldn't pay.

The special care service receptionist also told our visitors there is a £100 fine for mistakes with claiming free treatment. They added: *'%& we say bring in your last DWP letter to show*



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us. We're not supposed to help with payment forms. I advise people to get help to complete it.+

Registering as a patient

The six high street or general dental practices all told us that they ask for new patients details in order to register them. One receptionist specified this included taking a medical history. None of the services said they have a geographical catchment area. Two practices said they also ask for ID and one requests both photo ID and proof of address. One practice manager said they ask patients to register using an iPad. It wasn't clear whether staff offered to support patients to use this equipment and afterwards, our visitors were concerned it might be off-putting for people who aren't used to this type of technology.

Staff at the special care sites explained that patients had to be referred to the service by a health or care professional, which could include a local general dentist. The receptionist at one of the sites said that prospective patients can pick up a referral pack to pass on to a relevant professional, or ask that person to call the receptionist for information. The team were given a copy of the referral form and covering information but it was not in easy read format.

Recommendation 2

The special care service should develop an easy read introductory leaflet to the service for patients. All general dental practices within the catchment area should receive copies to give to patients with learning disabilities who they refer.

Response from King's College Hospital Community Special Care Dentistry:

We are working with our communications department to convert our service information leaflet to an easy read version. Any patients that are accepted into the service following referral from a local general dental practice are sent an information pack when their initial assessment appointment is made. This leaflet is available on our website along with the referral guidance and referral forms for the service.

Patient records

All the practices we visited said they can provide patients with a copy of their records. A receptionist told our visitors: *"The citizens' charter says people have the right to see your own record."*

Five practices, including both special care sites, said requests for records needed to be made in writing. Six of the services we visited said there was no charge for receiving copies of records. One dentist added: *"It's your record!"* However, two practices said they did

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charge, and paper copies were more expensive than electronic formats.

Recommendation 3

Practices that charge for copies of dental records should consider one flat fee for all formats to avoid penalising digitally excluded patients.

Response from King's College Hospital Community Special Care Dentistry:

The NHS guidance relating to charging for copies of dental records requires dentists to make reasonable charges (up to £50 maximum). This is to allow flexibility if the record is very large and requires a lot of time to be spent making copies, or if the record includes radiographs that have to be copied, possibly off site.

Complaints process

When we asked how patients can make complaints, three practices said the practice manager deals with complaints and two said patients should speak to the dentist or receptionist to try to resolve any problems.

One practice told us that complaints needed to be made in writing, however the NHS complaints process specifies that complaints can also be made verbally⁶. Another practice said that in addition to face-to-face feedback,

complaints could be made by email or phone. Two practices gave our team a complaints leaflet and another showed us a complaints poster on the wall.

The special care service staff at both sites we visited said patients need to contact PALS at King's College Hospital, but they did not explain that this is the patient advice and liaison service. The receptionist at one site also said the complaints information they had for patients was not easy read. Both sites had NHS Friends and Family Test satisfaction forms on the reception desk and one staff team showed us an easy read patient survey they had recently run.

Patient communication needs

Following the recent introduction of the Accessible Information Standard, we asked practices how they find out about and respond to their patients' information and communication needs.

One practice said they determine any needs a patient may have during the initial registration process. Two dentists described how they make their own assessment of a patient's communication skills through discussions with them. One added that if they felt it would help, they encourage patients to bring a supporter along to appointments. Another practice also said in

⁶ NHS Complaints Process:
www.england.nhs.uk/contact-us/complaint/

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response to this question that if patients have a carer, they ask them both to attend the registration session to assist the process. One practice said they rely on patients informing the reception team of any communication needs. At another practice, we were told the receptionist asks about this when calling patients.

Both special care teams said they rely on details provided by the referring professional for this information. They also ask patients when booking appointments whether they need any help to attend.

Recommendation 4

a) All practices, including the special care service, should develop procedures to ensure they ask or check with all patients whether they have any communication needs, record those needs and act on them, in line with the Accessible Information Standard⁷.

b) The Local Dental Committee should ensure training on the Standard is readily available for practices and identify ways to share best practice ideas for implementing procedures.

Response from King's College Hospital Community Special Care Dentistry:

We have added a section to our information pack asking patients to notify us of any communication needs when they attend their initial assessment appointment. All staff will be briefed on the revised information pack at our next service wide staff meeting.

Help for patients with learning disabilities

Our teams asked each practice they visited what particular support was available for people with learning disabilities. Our visitors had the impression that receptionists at two of the general dental practices were unclear about what kind of support needs people with learning disabilities might have. One was unable to provide an answer and the other mentioned a support service for another user group.

The range of relevant support mentioned by practices included:

- Longer appointments (4 practices)
- First appointment of the day to avoid a wait (1)
- Help with forms - one receptionist mentioned that they offer a separate room for this to ensure patient privacy (5)
- Telephone calls instead of letters for patients who don't read (3)

⁷ Accessible Information Standard:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

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- Explaining processes or forms for patients who don't read (3).

In addition, several practices told us about the support they offer to other user groups. Two receptionists said their practice offered a sign language service and another had an induction loop for deaf patients. Three practices had access to translation facilities for patients who speak other languages. One staff member added that they also ask patients/family members and use Google Translate to aid communication.

Help for patients who are carers

Although the main focus of our visits were to see how well dental services work for people with learning disabilities, we were also interested to know whether any particular support was available for unpaid carers.

We asked each practice whether they enquire if patients have a caring responsibility. Only one of the eight services we visited said they did. They explained they use the information to support the patient and family as needed, although they didn't give examples. One other practice also said they try to accommodate the needs of the carers they know about.

Information provision

All eight dentists gave clear information on the range of services their practice offered.

Our teams also asked the dentists they met how they help patients to take care of their teeth. All the dentists said they provided information and advice during appointments.

Five mentioned giving particular advice on how to brush your teeth - three demonstrated to us how they use a model and a toothbrush to explain techniques to people. One dentist explained there were different techniques for electric and manual brushes. A different dentist said they ask patients to bring in their toothbrush to see how they brush. One of the special care dentists showed our visitors an A4 laminated poster with photographs which they give to patients to put on the wall by their bathroom mirror to guide them as they brush. Another dentist told us that for patients with carers, they encourage the carers to help with technique if needed.

Explaining treatment options

Seven of the dentists we met said they talk through treatment options with a patient. One practice told our visitors that one of the nurses explains options with patients, as they have time to cover all aspects including aftercare considerations. Five practitioners emphasised in their reply that the decision hinges on patient choice. Two said they would arrange a second appointment if needed, to give patients time to think difficult decisions through. One other practice also mentioned the option to have a mix of private and NHS treatment. In contrast, the special

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care service informed our teams that they could only offer NHS options.

Check up demonstration

As part of the visit, we asked each dentist to demonstrate what a check up involved. Four of the eight dentists did so (including both special care service dentists). Two asked their nurse to act as the patient, the others invited visitors to sit in the chair. These demonstrations were all very good, with the dentists putting on their protective gear, moving the chair around and showing the different instruments and equipment such as the aspirator.

There was a misunderstanding about this request for a demonstration during one visit, when one of the visitors actually received a check up from the dentist. Despite being outside of the scope of the visit, the visitor said that the check up was a positive experience!

Of the other three dentists who didn't provide a demonstration, one explained a traffic light system for recording teeth and gum health on a patient's record, showing how it worked on the computer screen. Our visitors gave a thumbs up to this approach as it was very visual and easy to understand. Another

dentist gave a verbal description of the check up process and the third explained how regularly patients are invited for check ups.

Three dentists talked to us about timescales for check ups. Two dentists (including one from the special care team) told our teams that standard appointments were every six months and another dentist said timescales range from three months to two years, depending on the need, which we note is in line with guidance from the National Institute for Health and Care Excellence⁸.

Written resources

The special care dentists showed our visitors a set of A5 flash cards which they use to explain key points. They also said they had been trained on developing easy read materials and were planning to produce more. None of the general dental practices had any easy read resources but three practices showed the visiting team a copy of the British Dental Association (BDA) book *Pictures for Patients* which contained clear photographs of different treatments in it. Our visitors thought this was a very effective tool in helping to explain procedures and techniques. The BDA has informed us that unfortunately this book is now out of print. Some of our teams were also given leaflets

⁸ Dental checks: intervals between oral health reviews, NICE:
www.nice.org.uk/guidance/cg19/chapter/1-Guidance

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with cartoons on the front but the contents were not easy read.

Recommendation 5

The special care dentistry service should make its easy read materials available to the Local Dental Committee to share with its members.

Response from King's College Hospital Community Special Care Dentistry:

We are working with our communications department to have our easy read oral healthcare information leaflets uploaded to our website. Local general dental practices access the website for referral forms and the leaflets will be available along with the service information leaflet. We will ensure that the Local Dental Committee is informed as soon as the leaflets are uploaded.

Care plans and health passports

Three dentists including the two special care practitioners said they develop individual care plans for their patients. The special care service gave copies of the plans to our teams, who noticed these resources were in easy read format. None of the dentists we spoke to mentioned or showed our teams the standard Personal Dental Treatment Plan form used to record an oral health assessment and record a patient's care and treatment requirements.

Only one dentist (from the special care service) was familiar with health passports and said that if patients have them, the dentist takes a copy to add to the patient's file.

Anxiety about injections and procedures

Our visitors asked each dentist they met how they support patients who are nervous. One of the dentists from general practices said it was difficult now because they no longer use sedation. Two said they use gel to numb the gum before an injection. Three dentists mentioned the importance of calming or settling patients. One dentist said patients can bring their own music to relax and another stressed the importance of doing things at the patient's pace and stopping when the patient raises their hand.

We also enquired about quiet rooms to help patients to prepare themselves but none of the facilities had a dedicated area for this. One dentist said they refer to a hospital service only as a last resort as there is a long waiting list. A different dentist said they refer nervous patients to the special care service. This was the only time any of the general dental practices mentioned this option.

The special care dentists mentioned all of the techniques already described and also said they use a wand to give injections at a much slower pace which is barely felt, as well as inhalation sedation where necessary. The practitioners also stressed that they can

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spend much longer with patients; for example, people do not need to leave the treatment room while an anaesthetic takes effect.

Practice staff behaviour and attitudes

Kindness

Our visitors found all the receptionists we met to be friendly and helpful. The receptionists looked at our visitors when they were talking to them and listened to what they had to say. Most also smiled, were cheerful, kind and professional. Our teams also described some of the receptionists as thoughtful, patient, respectful and polite. One of the supporters said of a receptionist: *“they gave us a good vibe, had a laugh with us.”*

Only one team fed back that they found the receptionist they met *“not warming”*.

When reflecting on their experiences, our teams reported that, as a whole, they found the dental practices they visited welcoming and friendly . even when our teams arrived late on a couple of occasions. This overall impression extended to the dentists and practice managers we met.

Other observations

Several dentists demonstrated a range of good communication techniques that were particularly effective.

These included:

- addressing our visitors with learning disabilities when answering their questions, rather than the supporter
- using positive body language and facial expressions to show engagement
- using visitors names
- explaining things in different ways if an initial answer was not understood
- asking questions to our visitors, showing an interest in our project and an interest in improving the service.

As one team fed back: *“the dentist was not bored by what we were saying - she talked to us well, made you feel comfortable, used our names a lot.”*

However, we also observed some less successful interactions. For example, one team found that the dentist they met, although friendly, was slightly patronising in their attitude towards the needs of people with learning disabilities, using phrases such as *“quite straight forward stuff”* when asked about providing appropriate information on treatment options.

Another team found a dentist rather loud and over-confident which our visitors found off-putting. One of the visitors also noticed that this dentist did not make direct eye contact with them either.

Two supporters on other visits noticed that staff tended to speak with them rather than

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the visitors with learning disabilities. At two other practices, nurses were present in the treatment room but didn't speak to our visitors at all. One wore a mask so it wasn't even possible to see their expression.

During two visits, our teams were accompanied by a member of staff for the entirety of the visit which our visitors felt inhibited the other staff we spoke to. A dentist at another practice did say they had felt nervous about the visit, as if it was an exam, but told our team at the end of the visit that they had made the staff feel at ease.

Conclusion

Our teams enjoyed their visits to all the dental practices that participated in the Right for Everyone project and we were pleased that all eight facilities agreed to take part.

Given the physical constraints of some of the premises, our visitors found the facilities generally easy to use and pleasant. However, we were surprised by the poor design features in the custom-built multi-purpose facilities which did not provide a positive user experience on arrival. As reflected in our recommendations, all services may also benefit from a review of signage to their facility.

The standard of verbal information our teams received about the services was generally high, with clear details given about options,

procedures and self-care routines. Where resources such as models and pictures were used, explanations were particularly effective. We would encourage all dental practices to invest in and maximise their use of these types of visual aids, in addition to easy read materials.

While we were concerned about the limited support available to help patients with the process of claiming free treatment, we recognise that practices are tied by Department for Work and Pensions directives. We would encourage practices to continue to invite patients to bring relevant benefits paperwork with them and to signpost to information and advice services such as Lambeth's Independent Living and Carer Partnership where appropriate.

Our visitors witnessed positive attitudes from all the practice staff we met and some excellent communication skills from particular individuals. Some staff may benefit from training about learning disabilities and we would encourage practices to ensure that any training they procure on the Accessible Information Standard (as featured in our recommendations) includes specific information on learning disabilities.

Finally, we would like to thank all practices for their time in hosting our Right for Everyone visits and we hope the experience and our findings prove useful in supporting the development of their services.



Recommendations

Below, we list our recommendations from our GP practice visits:

Recommendation 1

1a) Practices should review their signage and in particular, for those without one, consider investing in a sandwich board to maximise the visibility of their service.

1b) West Norwood and Akerman health centres should audit and improve their internal signage.

Recommendation 2

An easy read introduction to the special care service should be developed. All general dental practices within the catchment area should receive copies to give to patients with learning disabilities who they refer.

Recommendation 3

Practices that charge for copies of dental records should consider one flat fee for all formats to avoid penalising digitally excluded patients.

Recommendation 4


4a) All practices, including the special care service, should develop procedures to ensure they ask or check with all patients whether they have any communication needs, record those needs and act on them, in line with the Accessible Information Standard.


4b) The Local Dental Committee should ensure training on the Standard is readily available for practices and identify ways to share best practice ideas for implementing procedures.

Recommendation 5

The special care dentistry service should make its easy read materials available to the Local Dental Committee to share with its members.

Appendix: visit checklist






Right for Everyone Project Dentist Visit Checklist


Name of dental practice:

Date of visit:


Name of visitors:


On arrival







Is it easy to get into the Dentists?
For example is there an automatic door, steps, clutter round the door.










Are the signs outside and inside clear and helpful?








Is there space to get a wheelchair or buggy around?



Comments about getting in, signs and space:




Introductions—things to say to the receptionist:

Hello my name is....

I am from Healthwatch Lambeth.


I am here to do an Enter and View visit.

I have an appointment.





Booking in

How do you book in? For example with the receptionist or using a screen.



Is booking in easy or hard?






Questions for the receptionist



Ask the green questions.

What is the receptionist like? Choose some words in the box:


friendly	rude	smiles	helpful
cheerful	unfriendly	kind	listens
unkind	respectful	looks at me	unhelpful
patient	rushes me	thoughtful	professional




Appendix: visit checklist



 **In the waiting room**


 Is the information on the walls helpful for you? 


Please say why, for example, too many posters, helpful pictures, writing too small, hard words.




  Does the dentist/dental nurse come to collect patients? 

 Did you have to wait a long time? 

 How long?


 Is there anything that made your waiting time good or bad? For example music, crowds, noise, plants.

 **Seeing the dentist**

Who do you see today? dentist / nurse / hygienist


Questions for the dentist



Ask the blue questions.

 **Questions for a manager** (this may be the dentist or the reception staff).

Ask the pink questions.

After the visit

 Were you given any information on your visit today? If yes, what was it? Please include it with your checklist.

 Overall were the answers to your questions helpful? 

Any other comments about your visit?

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