



2017 Dentist Schedule: Sharing Smiles Orthodontics

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1. Introduction

1.1 Details of visit

Details of visit:	
Service Address:	1 st Floor, 54 Alma Street, Luton, LU1
Service Provider:	Sharing Smiles Orthodontics
Date and Time:	13 March 2017, 9am-11am
Authorised representatives:	Lucy Nicholson, Phil Turner
Contact Details:	01582 877 108

1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View Programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in

accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the practice manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To engage with service users of dental surgeries and understand how NHS costs are communicated to the public
- Identify examples of good working practice
- Observe patients engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Healthwatch England's 'Access to NHS Dental Services' report
- Healthwatch Luton's increase in intelligence and feedback on Luton dentists after speaking with Seldom Heard groups in Luton (Sept-Dec SH Report 2016)

2.3 Healthwatch Luton's interest in Dentists

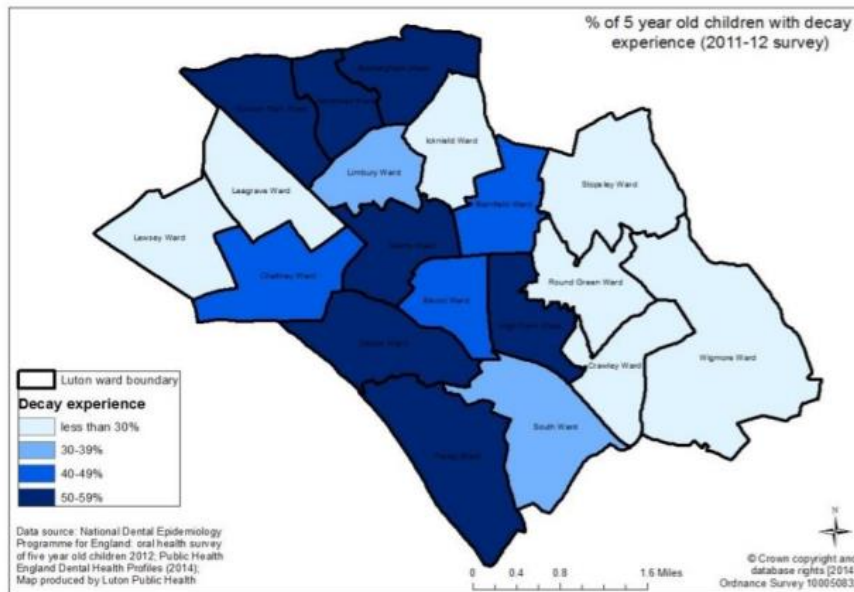
Healthwatch Luton target their engagement on seldom heard groups in Luton. In 2016, we targeted young, those with mental health and the homeless to gather their feedback on health and social care services in Luton. Over the course of 3 months, experiences from these groups on dentistry increased showing a trend Healthwatch Luton wanted to investigate further.

Healthwatch Luton also ran a community event in High Town in 2016, bringing together people of different cultures to experience feeding their children in the school holidays nutritional cheap foodⁱ. During this funded fun day, we captured feedback from parents where it was mentioned the confusion over costs of dental care prevented some people attending their dentists, and prevented them taking their children.

Healthwatch Luton contacted other local Healthwatch who had used Enter and Views, and other work on dentists in their areas. We were contacted by Healthwatch Herts, who had worked with Public Health England on dentist care in Hertfordshire in 2015-2016. Public Health England and Healthwatch Luton agreed to begin a yearlong project on dental care in Luton, initiated by Healthwatch Luton's Enter and Views.

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Luton has one of the worst dental disease in East of Englandⁱⁱ. Information below on dental care in children is highlighted by Public Health. Results from Public Health show that in Luton, by age 5, there is a sharp increase in tooth decay and active disease, and while statistically dental care is improving in Luton, there are still areas where there are issues, which fitted with our intelligence and feedback trends. The wards with the highest child decay experiences are Bramingham, Dallow, Farley, High Town and Northwell, Saints and Sundon Park.



Healthwatch England also did a national report on ‘Access to NHS Dental Services’, highlighting issues across the country where people were struggling to access dental care or were inhibited due to NHS costings, or understanding of the cost bands.ⁱⁱⁱ

The report highlighted some emerging issues relevant to the feedback Healthwatch Luton had gathered, such as:

- People in particular groups who may find it difficult to access a high-street dentist
- People who don’t currently do to the dentist, or who attend only when they are having problems

Cost of treatment also was highlighted as an issue nationally, where more than a third (36%) of those who had not been to a dentist in the last two years said it was because it was too expensive. 46% of 18-24 year olds nationally said they did not think going to a dentist was necessary. The most common question highlighted by some local Healthwatch nationally was ‘How do I get an NHS Dentist?’

Healthwatch Luton, with their feedback, and with the above information decided to use Enter and View on 3 dental surgeries in Luton we had received feedback from

(both positive and negative) and also attend the Community Dental Service available in Luton.

2.4 Methodology

This was an announced Enter and View visit.

We wrote a letter to a member of management before we spoke to anyone in the surgery and took their advice on whether any patients would be available as well as staff.

Authorised representatives conducted short interviews with members of staff, patients and relatives.

Topics such as experience of dental care, access, costs and the patients themselves were explored. We also informally noted observations on environment.

Our representatives explained to all those interviews why they were there and took minimal notes.

A large proportion of the visit was observational, involving the authorised representatives walking around the public and waiting areas, observing the surroundings to give an understanding how the surgery works and how the patients engaged with staff and facilitates.

2.5 Summary of findings

We visited Sharing Smiles between 9am and 11am. We spoke with 8 patients (between the ages of 11-15 and their parents) and 4 members of staff, including two receptionists, the practice manager and a dentist.

Of those patients we spoke with one was English, 2 were Bangladeshi, 2 were Polish and 2 were Pakistani, and one was Lithuanian.

Everyone attending Sharing Smiles is referred from their local dentist, as it is a specialised orthodontics for children service. Due to children not having to pay for dental care in the UK (up to 18), we could not ask the patients any questions regarding costs.

Overall, everyone we spoke with on the day, including staff and patients thought the service was run very well.

Clear information was provided regarding costs and structure of costs, as well as how to make a complaint. It was noted that most of the patients did not have English as their first language, and many translated information to their parents.

Sharing Smiles takes between 30-40 referrals a week, and for the week before our Enter and View they had on average 16 DNA's (did not attend).

3. Results of visit

Environment

Overall the environment of this dentist was clean, light and airy. From the outside, the only access to this orthodontics was via steps from the street, and then steps to the first floor of the building. Access was allocated downstairs for prams and wheelchairs. Due to the leasing of the building, no other access for disabled people was possible, although it was noted that few referrals with people with disabilities attended (in two years no request had been made for access).

The dentists was visible by signage from the outside, and on entering was colourful and bright. The reception staff were welcoming and friendly, and the surgery was large and open. There were plenty of available seating for the number of patients attending surgery on the Monday morning. Toilets were only accessible via request from reception.

The Dentist and staff

All of the staff were welcoming and friendly and approachable. We observed conversations with patients on arrival for appointments, and on the telephone, all of which were conducted professionally and responsively.

All of the patients had been referred to Sharing Smiles, so patient choice was limited, however, all the patients responded that they liked the dentists they saw at Sharing Smiles.

Everyone had been referred but when asked, they all found making an appointment easy, although it was noted that sometimes the referrals themselves took a long time (one patient had waited 2 weeks and one had waited 4 weeks).

Asking if the dentist could improve on anything, most people said no, but some suggested allowing more time for appointments (they felt appointments use to be longer) and clear communications on appointments (one lady had been missing a letter that she had requested prior to her appointment).

Asking if there was anything the dentists did well, responses included 'it is a good place', 'they put the children care first' and that 'the service is good and efficient' (patient, aged 11).

Access

Everyone found Sharing Smiles easy to access, and the distance they had to travel to attend appointments satisfactory. All those we spoke with found the building and environment met their needs, although one person commented, 'Parking can be a

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problem as there is a pay and display outside which costs too much for me to come as often as I need to'.

When asked if the patients receive reliable and accessible information about NHS dental services provided by Sharing Smiles, all the respondents said yes. However, when asked if they understood the information provided to the patients, nearly half the patients (3) said that they could not understand the communications sent to them very well. When asked to elaborate, 2 of the 3 stated that they used their children to translate the communications to them (as parents).

Most people were contacted every 6 months, although some were contacted more regularly (6-7 weeks) depending on the treatment they were receiving.

Costs

Because Sharing Smiles only deals with children and orthodontics, all of the parents and patients did not pay for their dental care.

Other

When asked if patients knew where to make a complaint regarding any treatment they had received, half of those we spoke with said they would not know where to make a complaint.

3.1 Additional Findings

Overall this dentist was well run and well managed. The staff genuinely seemed happy to work here, and it was noted that 'they are a tight team and are all happy to work together'. The patients (parents and children) seemed to genuinely not mind attending, with 0 negative responses to questions regarding this dentist.

Some staff thought that their patients had 'hardly any' dental decay or disease, but the dentist confirmed around 25% of those patients seen had some form of decay or gum disease.

Most of the staff had been working here for a long period of time, and training was offered and provided often.

4. Recommendations

Healthwatch Luton observed the patients at this dentist and felt overall the surgery was efficient and well run.

Healthwatch Luton would like to suggest some recommendations to Sharing Smiles to consider when developing their surgery:

- Nearly all those patients we spoke with did not have English as a first language. When asked if they knew about translation services available at Sharing Smiles, most were aware of the service, but declined as they used their children (the patients) to translate for them. Healthwatch Luton would recommend to promote the translation services more widely (and highlight the 'free' aspect of the translation services) so the onus is not on the children to be responsible for all their continued dental care, and to include the parents more.
- Most people did not know what to do if they had a complaint regarding the treatment they received. Whilst a poster was observed on the wall, this could be highlighted more, and even provided in other languages if possible.

5. Provider Response

Provider Response:

1) We are developing a new poster for the waiting room which will give the patients more information and stress the "free" aspect of the translation service.

2) I have moved the complaints procedure posters to the front of the desk and enlarged the writing to make the information stand out more.

The only thing I would like to comment on is the fact that the report states that a dentist was spoken with. This is incorrect, I am an orthodontic therapist and cannot use the "dentist" or "doctor" title.

Please thank the inspectors who visited for being friendly and helpful, overall it has been a really good experience and confirmed to me that the staff and patient's are happy at Sharing Smiles

6. NHS Dental Treatment in England^{iv}

You do not have to pay for NHS dental treatment, if, when your treatment starts, you are:

- Under 18
- Under 19 and in full-time education
- Pregnant or you have had a baby in the last 12 months before treatment starts
- Staying in an NHS hospital and the NHS dentists carries out your treatment
- An NHS Hospital Dental Service outpatient (although you may have to pay for your dentures or bridges)

You can also get free NHS dental treatment if, when the treatment starts or when you are asked to pay:

- You're included in an aware of Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Pension Credit guarantee credit and Universal credit
- You're named on a valid NHS tax credit exemption certificate
- You're names on a valid HC2 certificate

If you receive any of the following benefits you will not be exempt from paying for NHS dental treatment unless you also fall under one of the categories listed above:

- Incapacity Benefit
- Jobseeker's Allowance
- Employment and Support Allowance
- Disability Living Allowance
- Council Tax Benefit
- Housing Benefit
- Pension credit savings credit

Proof of your entitlement

You'll be asked to show your dentist written proof that you're entitled to financial help with dental treatment. This will vary depending on your circumstances. To check what documents you need, see the NHS HC11 leaflet.

NHS Low Income Scheme

The NHS Low Income Scheme provides financial help to people not exempt from charges, but who may be entitled to full or partial help with healthcare costs if they have a low income. Anyone can apply as long as they don't have savings or investments over the capital limit. In England, the capital limit is £16,000 (or £23,250 if you live permanently in a care home). Help is based on a comparison between your weekly income and assessed requirements at the time the claim is made.

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Entitlement broadly follows Income Support rules to decide how much, if anything, you have to pay towards your healthcare costs, including dental treatment.

ⁱ Family Cooking Taster Session, Healthwatch Luton, www.healthwatchluton.co.uk

ⁱⁱ

https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/6.3%20Oral%20health%20in%20children.pdf

ⁱⁱⁱ 'Access to NHS Dental Services: What people told local Healthwatch', Evidence Review, November 2016

^{iv} www.nhschoices.uk