

Dental Services in Thurrock

Report 2019



healthwatch
Thurrock



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Introduction

Healthwatch Thurrock is the independent Health and Social Care Services champion for the people of Thurrock. We gather and represent views of local residents in order to build up a picture of services that are doing well and where they can be improved.

Along with consultation work and gathering the voices of residents, Healthwatch Thurrock also provide an information, guidance and signposting service.

Residents are invited to “speak out” via an online forum as well as through targeted surveys, conversations and face to face engagement within the community.

Healthwatch Thurrock presents the voices of Thurrock to aid in identifying the need for change, considerations before commissioning and to support best practice across services.

Learning from a user led approach and hearing the voice of residents

Through conversation and engagement with people actually using the services Healthwatch Thurrock highlight and promote improvements.

We know that services are better when people are treated as individuals and are actively involved with shaping support.

To do this, services need to learn from examples of real experiences, how they can be adapted and fit around local needs.

It is also important to understand where services are working well and that should be considered to be a blueprint of change when designing services and support.



Overview

Through anecdotal discussion from service users and residents, a need to better understand Dental services for both Children and Adults living in Thurrock was identified in Autumn 2018,

In particular to assess the availability of NHS Dentists for Thurrock residents was identified as a priority.

Coupled with this anecdotal information and with evidence suggesting that Oral Health is often one of the areas paid the least attention to, Healthwatch Thurrock has collected views and evidence from Parents, young people, Care Staff and residents in Care homes, information from LD clients.

Forty three community groups were consulted to establish the suitability of the Dental services provided in Thurrock.

Public Health England was keen to work with Healthwatch Thurrock to further evaluate the Thurrock provision and ensure this provision meets resident's needs. The results have been discussed with PHE Dental services and Healthwatch Thurrock has been invited to present this report to The Essex Oral Health Committee.

Healthwatch Thurrock identified gaps within Dental Service provision within Thurrock which prompted several recommendations.

Children's Centres

- Although many of the Children's Centres staff was trained, the remaining staff (new employees) who were highlighted in the data collection were put on an in-house training programme by the responsive Children's Centre Manager

Dentists

- This reports highlights the need for dentists to have information on treating patients with COPD
- More information shall be given to denture wearers

Public Information to promote and educate

- Additional information should be available for public / carers in environments such as Children's Centres and dentist practices
- Information regarding care of dentures and continued dental visits should be promoted and made readily available



Our Mouths are Changing

Oral health refers to the condition of gums, teeth, surrounding bone and soft tissues of the mouth with good oral health enabling function and being free of disease and pain.

Evidence from research suggests the risk of developing oral disease can be reduced by the adoption of healthy behaviours. Tooth decay risk can be reduced by restricting the consumption of sugary foods and drinks and brushing daily with fluoride toothpaste. Gum disease can be controlled by effective daily removal of plaque and stopping smoking. Risk to oral cancer can also be reduced by limiting alcohol use to moderate levels and not smoking.

Oral health problems for children include dental caries, gum disease and facial and dental injuries.

If tooth decay is not treated, the consequences can include pain and discomfort on chewing; abscesses and extractions which may affect children's growth and development. Poor oral health can lead to difficulties in eating; sleeping and socialising, thereby affecting health related quality of life.

Inequalities are still observed which are strongly associated with deprivation and social background.

However, improvements are attributed to advances in medical science, use of fluoride toothpaste, better nutrition and increased awareness of dental health issues.

As people are living longer, they are also retaining their teeth longer. In 1968, over a third of the national population (37%) had no teeth; by 2009 this has fallen to a much lower occurrence (6%) (ADHS 2000).

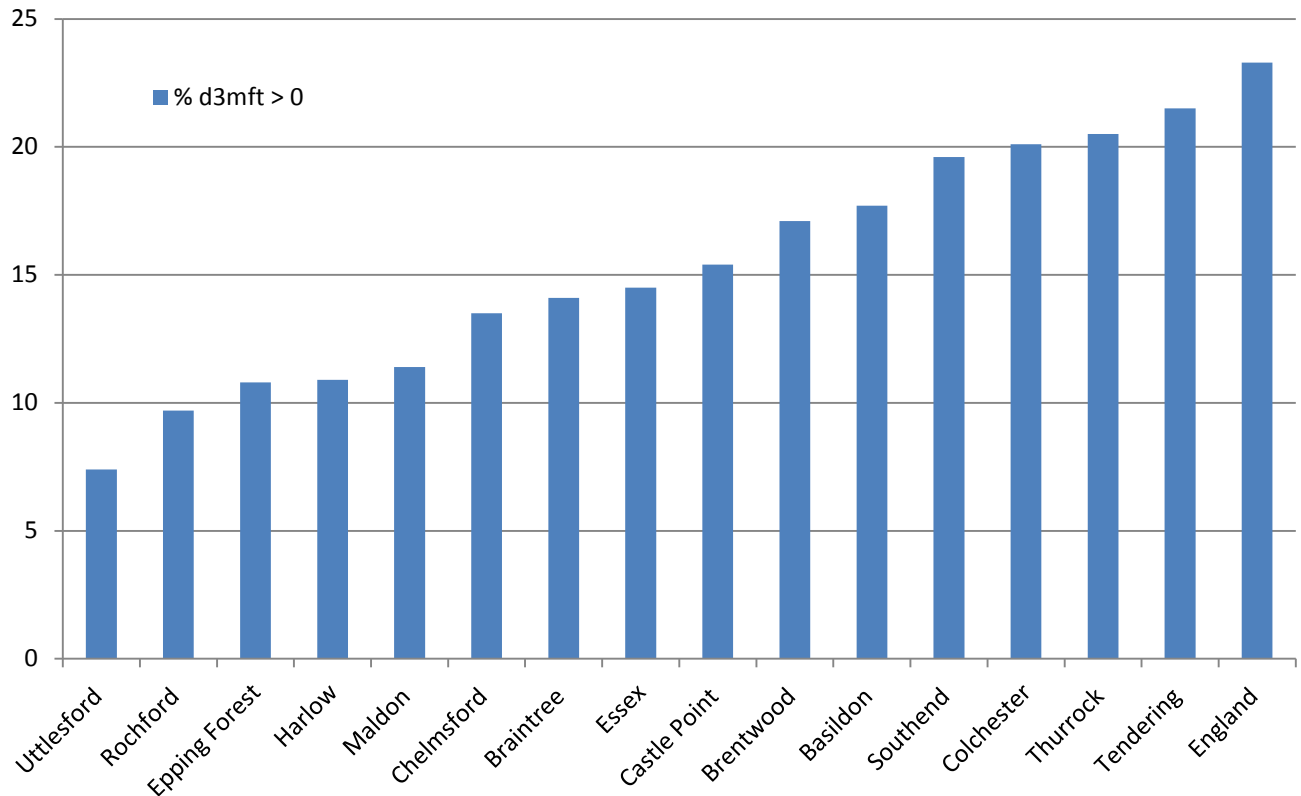
There is concern about the significant impact that poor oral health is having on older people's general health and quality of life. As well as causing pain and making it difficult to speak, eat and take medication, poor oral health is also linked to conditions such as malnutrition and aspiration pneumonia. Across England, Wales and Northern Ireland at least 1.8 million people aged 65 and over could have an urgent condition such as dental pain, oral sepsis or extensive decay in untreated teeth. By 2040, this number could increase by more than half (50%).
[Ref 1: Royal College of Surgeons - Faculty of Dental Surgery August 2017.]

For children, key aspects of good oral health begin with routines and managing increasingly high sugar products available. Along with regular check-ups with a dentist, early understanding for both children and carers can impact on various aspects of a person's life and continue through generational behaviours.



Thurrock Children's Oral Health

% of children with decayed, missing, filled teeth



Narrative: Samantha Glover, Dental Public Health Program Manager, PHE

Over half (57.7%) of the sample was surveyed so compliance is something that could be improved. A small percentage (3.7%) had incisal caries which is low for a national figure but higher than the Essex average, this could be used to encourage Health visitors and children's centres to focus on what children have in bottles and moving on to free flowing cups earlier. These children still had this decay present at 5 years old suggesting they had not received restoration of this. This could be due to the child refusing treatment, not attending a dental practice or treatment could be planned and not yet received. To prevent bottle caries good oral health measures need to be delivered to parents at a very early stage. The average number of dentally decayed teeth was 0.6 decayed, missing or filled teeth. Of those with dental decay 0.5 teeth were untreated or had not been filled.



Themes and Indicators – Children’s Survey

The Thurrock picture of 5 year olds shows that 20.5% of Thurrock children had decay experience (one or more decayed, missing or filled) which was the second highest local authority in the county but below the national average.

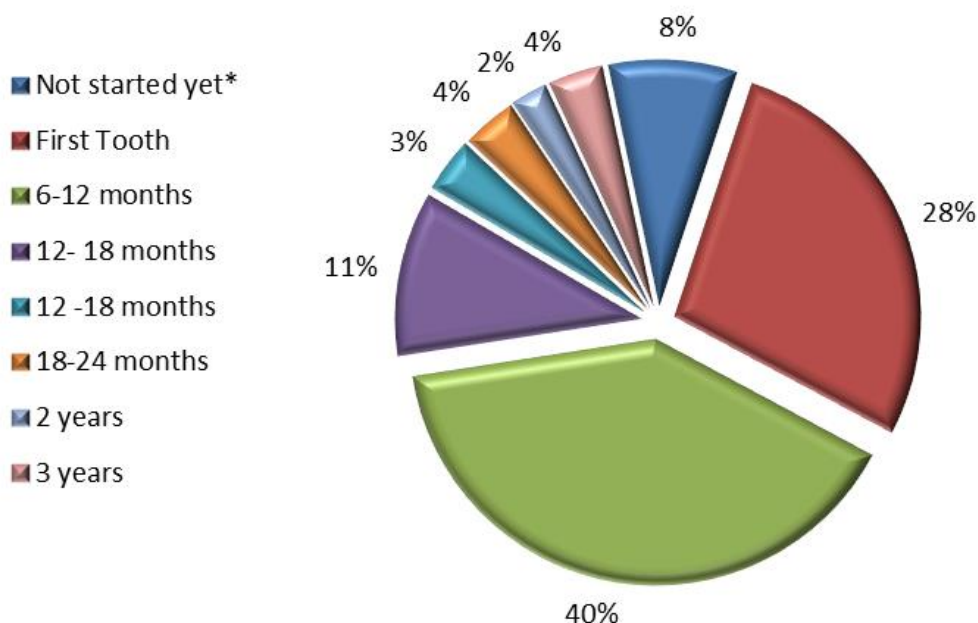
Public Health England offer guidance that there are 3 main interventions for preventing tooth decay:

- reduce the consumption of sugary foods and drinks
- brush teeth daily
- take your child to the dentist when the first tooth erupts (around 6 months)

Data from Healthwatch Thurrock work found the age most children begin oral hygiene routines is between 6-12 months and that a high percentage (79%) brushed twice a day. However, some (15%) only brushed once a day with a small but concerning (2.5%) brushing every couple of days.

There was a return of 8% who had not started an oral hygiene routine yet as they were awaiting the first tooth to erupt or the child to reach 6 months old.

Thurrock Oral Hygiene Routine





The majority of children surveyed (81%) were under the age of 3 and had visited the dentist, however:

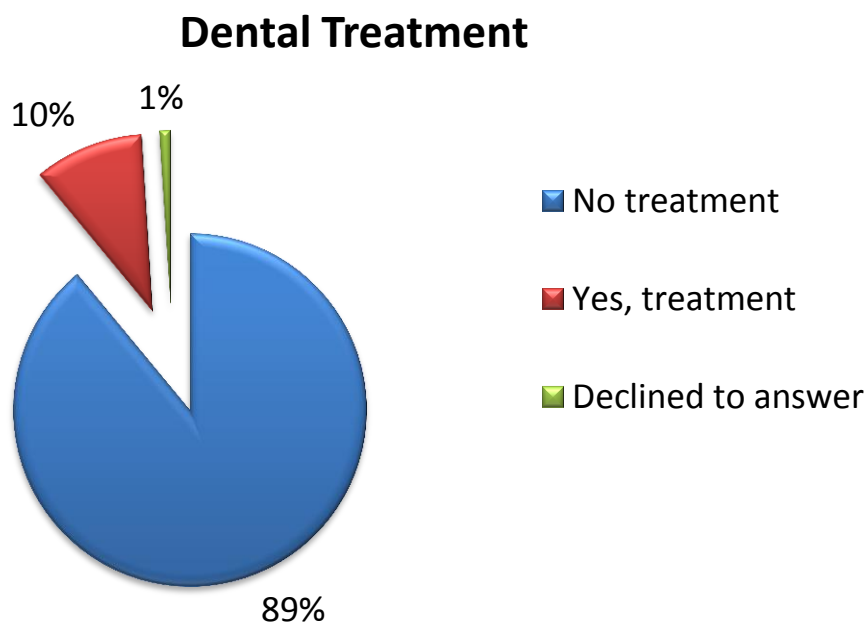
- 11.25% of children were yet to have their initial visit at 2 years of age
- 2.5% of children were yet to have their initial visit at 4 years of age

In response to a question around what dental work a child in Thurrock may have had, the following data was collected.

Question :

Has your child had any dental treatment and if so what was it?

No treatment	89%
Yes dental treatment	10% (20% of which were extractions)
Declined to answer	1%





Themes and Indicators—Children’s Survey

From the age group of children Healthwatch Thurrock surveyed, over half (60%) were registered with a dentist locally, with no issues or difficulties.

Those not registered yet equated to less than half (40%). Reasons given in a small number (2.5%) were that the child was still waiting for the first tooth eruption. Of the remaining (37.5%), all had begun tooth brushing regularly although were unaware that a dental registration and first visit were required.

This was further supported with over half (53%) of parents saying they would like more information at nursery's and children's centres.

Although just under half of the parents felt they did not need additional information, the lack of understanding around first dental visits would indicate more information would be beneficial.

Public Health Infographic - Preventing tooth decay





Staff in Children's Centres

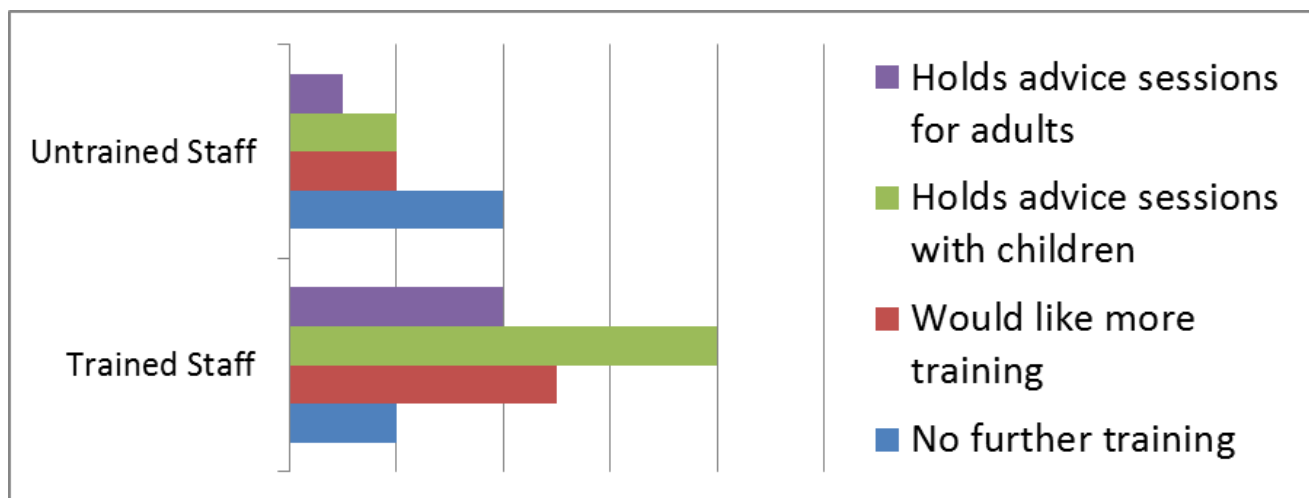
Along with parents, staff at children's centres were asked about their knowledge and training with regard to good oral hygiene.

From staff surveyed, over half (55%) had received training in dental health care and the majority said they would like more. From the remaining (45%) of staff that not received training, over a third (33%) confirmed they would like training.

Half of all staff run sessions for dental health for children within the children's centres and over a third (36%) ran adult sessions.

Training of staff directly impacts on increased advice sessions being held for children and parents supporting improved knowledge and understanding.

Trained / Untrained Staff in Children's Centres



Healthwatch Thurrock recommendation:

Additional information should be available for public / carers in environments such as children's centres and dentist practices

All staff in children's centres should be trained to provide information and guidance to reduce dental decay including diet; oral hygiene and dental check-ups



The Thurrock Picture

Themes and Indicators – Adult's Survey

Through Healthwatch Thurrock's adult focus on oral health, face to face and surveys heard the voices of 669 people including a residential home and its staff with 221 formal surveys being completed.

Questions were based on NICE guidance and surveys were supported by scribing and informal interviews to ensure a robust data set was achieved and an inclusive approach was practiced.

The adult survey focused on several areas:

- Are you registered with a dentist
- How often you visit a dentist
- Barriers to access or attending dental appointments
- General experience of dental visits, current or historical

Whilst questions within the Healthwatch Thurrock survey provided specific answers, a theme overriding responses was around psycho-social factors which act as barriers to registration, visit frequency and accessing services.

Most of these fell into 4 areas:

- Perceptions of need
- Financial costs
- Dental anxiety
- Lack of access

Overwhelmingly the main reasons people are not registered or visit a dentist regularly was around perception of need. Responders who had dentures or no teeth along with others that felt their teeth were healthy; and considered they did not require regular dental services.

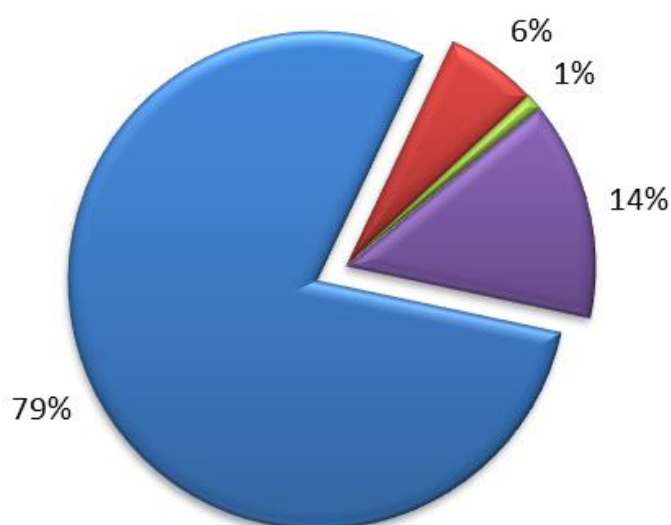
Nice Guidelines suggest that:

- You should see a dentist regularly for check-ups even if you have no teeth, or are free from apparent problems with your mouth or teeth, as this helps you and your dentist to keep your mouth, teeth and gums in good health.



Are you registered with a dentist?

Registered with a Dentist?



■ Yes ■ Unconfirmed ■ Unknown ■ Do not need one

When looking at the reasons people felt they do not need a dentist, many of the respondents have cited one of two reasons.

- “If it’s not broken, don’t fix it”
- I have dentures so do not need to see a dentist

There were only 2 residents from the dataset that could not register with a local dentist and had to go out of Thurrock for NHS services.

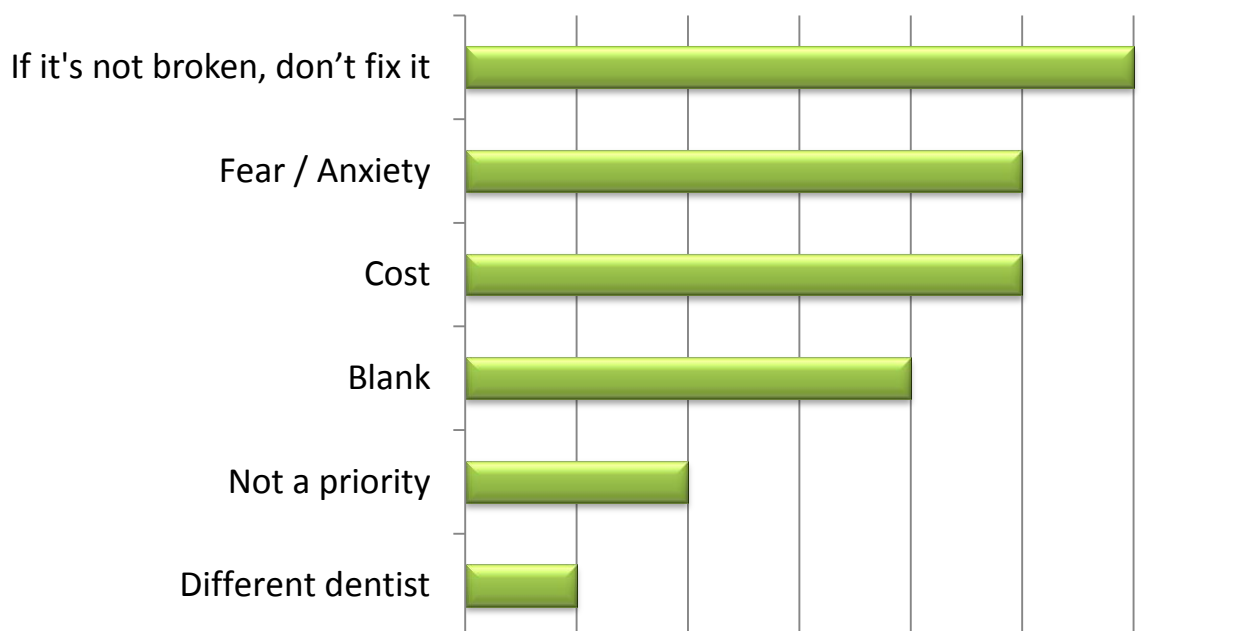


Dental Visits

Similarly to the reasons why Thurrock residents are not registered with a dentist, the top reason (23%) people do not have regular check-ups was “if it’s not broken, don’t fix it”.

Equal on just less than 1 in 5 people (19%) was dental anxiety and cost. Notably was the amount of responders that declined to say (15%), although the rest of the survey had been completed.

Reasons given not to visit dentist regularly



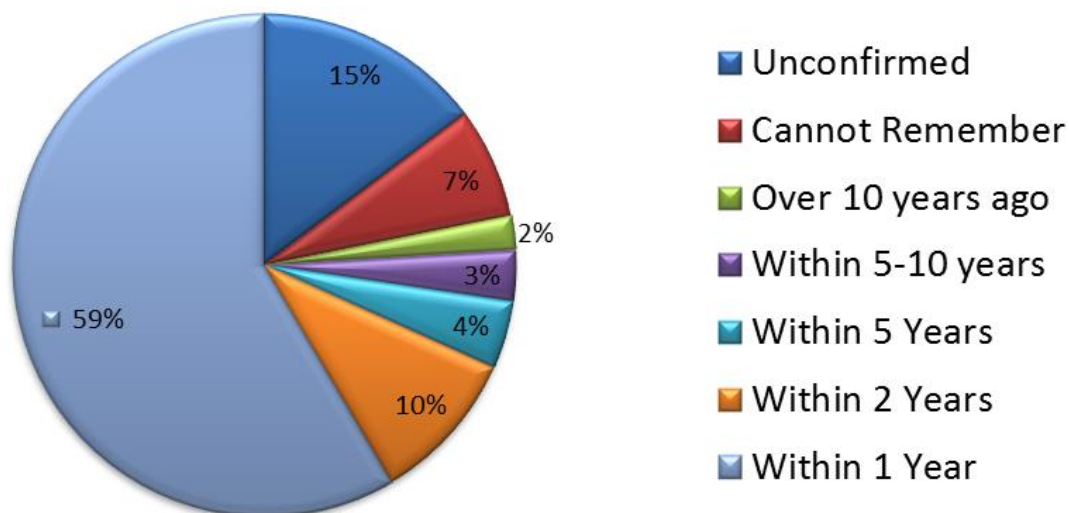
{ “I lose track of time, not a priority” }

{ “Too costly for caps and crowns” }



Regularity of Dental Visits

Last visit to dentist



The majority of people surveyed had visited the dentist within the last 12 months. A fifth (22%) of Thurrock residents surveyed could not remember their last visit or declined to say.

“Too expensive”

Thurrock resident that has not visited a dentist for 26 years

“I have dentures”

Thurrock resident that has not visited a dentist for 10 years

Healthwatch Thurrock recommendation:

Information regarding care of dentures and continued dental visits should be promoted and made available to the public and in suitable environments eg: care homes, sheltered housing and dentists.



Overall Themes

Healthwatch Thurrock looked at overall themes and over a third (37%) of residents in Thurrock that they surveyed was happy with their dental service.

Some of these respondents were happy in that they did not feel they needed or wanted to attend, so had no issues.

Two thirds (60%) did cite that whilst they were neither happy nor not happy, there were elements of difficulty in attending. These were mainly around cost and fear / anxiety whilst a small number (2%) stated they were not happy with their dentist.

The issues for not being happy were around specific historical treatments including denture fitting and appointment problems.





The Thurrock Picture

Staff in Care Homes

A separate survey was carried out within a care home within Thurrock. The focus was around how residents are supported with their oral hygiene routine, choice and denture care.

All staff reported that cleaning products were supplied by family members so residents did have choice in what was used.

All staff (100%) confirmed as per NICE guidance

- Assistance is given to clean natural teeth and dentures if required
- All residents had a care plan and oral health routines are recorded

All staff (100%) confirmed

- Dentures are not marked as a way of identifying who they belonged to
- They had not received any training on oral health care for residents

Healthwatch Thurrock recommendation:

All care home staff to receive basic oral health care training

The Thurrock Voices



“Practice can be difficult to reach because of stairs but care is brilliant”

“My dentist is really good and fits me in with urgency if and when I need treatment”

“I have always visited the dentist regularly since a child. Two years ago I had a terrible experience and now suffer with anxiety at the dentist but make myself go, would help if they played music to relax”

“Got straight onto the books, had not been to dentist 4 years previous”

“Do not need a dentist”

“Not happy, dentures didn't fit, had to go home with them in my hands”

“Good work but needs updating for disabled access”

“I have not been to dentist in over 5 years had a broken tooth and caused pain. Went to dentist recently and was very good and explained payment plan”

“Need to find someone aware of COPD”



Summary

From the conversation and anecdotal discussion received via engagement with Thurrock residents, Healthwatch Thurrock were prompted to look closer at dental services for both Children and Adults living in Thurrock.

There is a wealth of information in the public arena with Public Health England carrying out national surveys, NICE guidance and NHS promotional campaigns with which we could compare and inform where some of our enquiries took us.

To fully understand the local picture, however, face to face discussion, group engagement and specifics were needed from Thurrock residents. The voice and experiences of real people tells the story of good practice, improvable gaps and general understanding or how residents are supported.

With dental services being considered secondary, optional and sometimes costly medical services, it was not surprising to see many adults not having regular check-ups. Without natural teeth, dental visits were considered unnecessary. Dentists not only provide restorative and preventative treatment for natural teeth, they are also the professionals that can monitor general mouth health ie: gum disease or oral cancer. As people age, the hard and soft tissues in mouths tend to change and this can alter the way dentures fit. Ill-fitting dentures create discomfort and increase the risk of developing mouth and general wellbeing issues such as malnutrition.

Highlighted in the data Healthwatch Thurrock collected through Children's Centres were the misunderstanding of when children should be taken to the dentist for the first time as well as when to start good oral hygiene routines.

More than 1 in 10 children in Thurrock that Healthwatch Thurrock surveyed had not had an initial visit to a dentist at the age of 2. This is in contradiction to NICE and Public Health England guidance that suggests this should be by the age of 6 months. Along with identifying any oral health problems at an early stage, the dentist can advise on prevention of decay and helps a child become familiar with them and the environment.



Healthwatch Thurrock originally looked to discover where there were problems registering with a local dentist, however, this only appeared in 2 of the surveys indicating this was not an issue.

NHS confirmed that all the dental practices below offer a NHS provision. The opening times for each vary as some do weekends and later evening appointments

St Clements Health Centre, Dental Suite, London Road, West Thurrock,	Grays	Essex	RM20 4AR
Dental Surgery, 65 - 67 High Street	Grays	Essex	RM17 6NX
Dental Surgery, 103 The Sorrells	Stanford Le Hope	Essex	SS17 7ER
Street Farm Dental Practice, West Road 126 Orsett Road	South Ockendon	Essex	RM15 6PL
Dental Surgery, 83 Lampits Hill, Corringham	Grays	Essex	RM17 5ET
Dental Surgery, 273 Southend Road	Stanford Le Hope	Essex	SS17 9AB
Dental Surgery, 273 Southend Road	Stanford Le Hope	Essex	SS17 8HD
Dental Clinic, Health Centre, Darenth Lane	South Ockendon	Essex	RM15 5LP
Dental Surgery, 279 Rectory Road	Grays	Essex	RM17 5SW
Dental Surgery, 116 High Street, Aveley	South Ockendon	Essex	RM15 4BX
Dental Surgery, 154 Dock Road	Tilbury	Essex	RM18 7BS
Dental Surgery, 107 Humber Avenue	South Ockendon	Essex	RM15 5JT
Elite Dental Studio, 13/14 Civic Square	Tilbury	Essex	RM18 8AD
Dental Surgery, 154 Dock Road	Tilbury	Essex	RM18 7BS
Riverview Dental Practice, 30 River View, Chadwell St Mary	Grays	Essex	RM16 4BJ

Concluding this report, much of the recommendations are focused on

- Information
- Training

Healthwatch Thurrock would like to thank each and every one we spoke to; everyone that took time to support the work by completing a survey; Liz Morrison, Children's Centre Manager; Sam Glover, Dental Public Health Program Manager, Public Health England; Public Health Thurrock; Melanie Pomphrett, Oral Health Improvement Manager from the Community Dental Services.



Children's Centres

- All staff in Children's Centres maintain up to date training including the promotion of healthy lifestyles and oral hygiene routines to inform and advise parents / carers

Dentists

- Dentists to have information on treating patients with COPD
- More information given to denture wearers with regard to dental visits and the importance of continued oral monitoring

Care Homes

- All care home staff to receive basic oral health care training
- Understand the importance of denture marking and how to arrange this for residents, with their permission

Public Information to promote and educate

- Additional information should be available for public / carers in environments such as Children's Centres and dentist practices
- Information regarding care of dentures and continued dental visits should be promoted and made readily available

References:

1. Improving older peoples oral health 2017: The Faculty of Dental Surgery of The Royal College of Surgeons of England