

An investigation into dental services in Hackney during the COVID pandemic

September - October 2020



“I was hoping you could help me - I’ve called approximately 15 dentists from the NHS dentist search directory and none are taking NHS patients.

I have extensive dental problems and daily dental pain and really would like to see a dentist to start tackling these issues - I also have severe anxiety so have been struggling to call them in the first instance at all. After managing to call so many and get nowhere I was wondering if you had any advice on who will take me?”

Local resident 3 Oct. 2020

“I need an appointment for my son who is 5 years old. We have been to a private dentist, non-NHS and they suggested he needs 5 fillings and 4 sealants. But I cannot simply afford a private dentist. And he needs treatment as soon as possible as we have been delaying it for 3 months now because of coronavirus”

Local resident 5 Oct. 2020

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Introduction

The Covid-19 pandemic has had a significant impact on the delivery of both routine and urgent dental services.

In March 2020 all non-urgent dental care, including orthodontics, was stopped **as part of stricter measures to help stop the spread of coronavirus**. The guidance said that all dental practices should establish, either independently or with others, a telephone triage service for patients with urgent dental needs. Urgent care would be based on telephone advice and the prescription of analgesics and/or antibiotics.

This meant that during the first lockdown period starting in March 2020 dental practices were closed for face-to-face treatment. Dentists were told to refer patients with urgent dental problems to an Urgent Dental Care hub or to NHS 111 for further advice. Local Urgent Dental Care (UDC) systems were created across every NHS region to ensure everyone could continue to access high quality urgent dental care in line with national guidance. However, there were no UDCs in Hackney and residents were referred to sites many miles away such as King's College Hospital. Practices were told that they could reopen from Monday 8th June 2020 for face-to-face care if they had appropriate safety measures in place. Practices were later told that they needed to return to offering a full range of NHS dental services from 5th October 2020.

Residents told us that the national information provided about dental services was confusing and unclear, leaving people unsure about whether services were running again and what treatment would be available.

At Healthwatch Hackney's September Information Exchange meeting on dentistry services, guest speaker Jeremy Wallam, Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy NHS London, talked about the reopening of the full range of dental services from Monday, 5th October 2020.

Dentists were expected to operate with a range of safety measures in place to limit the risk of COVID transmission. Following our meeting we checked with some local dentists. They confirmed that they were ready to fully resume services by 5th October. They told us they had reduced capacity because of having to leave treatment rooms empty for a fallow period of an hour between each patient. They also confirmed that they worried that coupled with increased demand for treatment this would lead an inability to provide services to all.

Many Hackney residents were severely impacted by mouth and tooth pain and discomfort. Swelling, pain and discomfort can mean that a person is unable to chew and swallow, affecting their nutrition, general health and potentially causing infection. From the start of the pandemic, we heard from people who wanted to access NHS treatment including routine appointments but found it either challenging or impossible to get an appointment. They were told either that the practice is not accepting new NHS patients or that there is exceptionally long waiting time for non-urgent appointments.

On other occasions, while routine appointments were on hold, people did not know how to access urgent dental care, causing them extra stress, acute dental pain or other serious symptoms.

Advice from the Chief Dental Officer England

A phased transition for dental practices towards the resumption of the full range of dental provision

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf>

Our aim

Healthwatch Hackney undertook two different projects to assess how all NHS-commissioned dental practices were operating in Hackney during the Covid-19 pandemic.

We set out to explore the processes and access times for getting an appointment with local dental surgeries, with the following objectives:

1. To explore patients' experiences of dental care across all of Hackney's dental practices during the pandemic.
2. To identify the availability of dental appointments, including whether appointments were offered for regular check-ups and to treat a broken tooth when the patient was not in pain.
3. To review what changes had been made at dental practices to avoid the spread of the virus, and how this affected service provision.

The project was developed in response to the government's restrictions and guidelines for the Covid-19 pandemic.

We wanted to find out about:

- How to access services as an NHS patient
- the access times for non-urgent appointments as an NHS patient
- the access times for non-urgent appointments as a private patient
- whether a patient with a non-urgent concern would be signposted to another service *in case of an emergency*

Our approach Project 1

Phone calls were made to all practices in Hackney to speak to the practice principal where possible, and to identify the current services offered, the availability of PPE, whether they were accepting new registrations for NHS patients, and the earliest date for a non-urgent routine appointment.

During some of the interviews with the principals, we were not able to collect all the information we wanted, due to the increased volume of calls and demand for services the practices were experiencing.

Phone calls to all practices were undertaken on weekdays, in the mornings and the afternoons, between 9am and 4pm.

Data collection sheets were provided for all calls to ensure as much consistency as possible in the information collected.

Our approach Project 2 Mystery Shopper

A mystery shopping scenario to test the availability of any appointments with any dental practice. This required phone calls to all practices.

- to request new registrations as an NHS patient with a broken tooth but no existing pain
- to enquire as to the availability of non-urgent routine appointments.
- to enquire whether the practices would see the patient even if not registered with them in the event of acute pain.
- to enquire whether the practices were able to signpost patients to another service where the patient could be seen earlier.
- No appointments were actually booked throughout the mystery shopping exercise; excuses being made to terminate the phone call before the point of booking.
- Phone calls to all practices were undertaken on weekdays, in the mornings and the afternoons, between 9am and 4pm.

Data collection sheets were provided for all calls to ensure as much consistency as possible in the information collected.

Our team

A small project team was assembled to undertake this project comprised of Healthwatch Hackney staff and volunteers.

Individual meetings were held to brief team members on the project, provide a full understanding of the objectives and methods to be used, and to allow familiarisation with the supporting documentation.

Healthwatch Hackney undertook both projects during Sept and October 2020 across 32 dental practices in Hackney.

Acknowledgments

Healthwatch Hackney would like to thank all our volunteers for their help with the interviews and the mystery shopper exercise.

We would also like to thank the staff from all the dental practices for their time and the information they provided.

During the phone calls we made for both projects, every member of staff we spoke to was very polite and understanding.

We have sought feedback to our findings from the Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy, NHS England and NHS Improvement - London Region.

Unfortunately, they have not been able to respond because of the extra workload due to the coronavirus pandemic. As soon as we receive their response, we will update the report.

Summary of findings from Project 1 and Project 2

- Most of the practices were prioritising patients with the most urgent needs
- Fewer practices were able to accept new NHS patients, but the first available appointment was likely to be in mid-October or the beginning of November. We were even offered an appointment in six months' time in April 2021. However, most of the practices were able to see new patients who were in pain
- Most dentists were undertaking urgent treatments when indicated following telephone triage, and continuing to treat patients whose treatment was interrupted by lockdown
- Most dentists aimed to see urgent patients on the same day or within 48 hours
- Most of the practices were referring patients to 111 if they could not see them
- Dentists were implementing the telephone triage process rather than accepting 'walk in' patients
- The time-consuming infection control procedures and extra cleaning led to dentists being able to see fewer patients per day

Findings from Project 1

Dental practices made significant changes to contain the spread of the COVID-19. This had a direct impact on the number of patients that could access their services. This affected NHS patients more than the private patients or those on the practice's list already as the study will show. The changes were mainly:

- Fallow time (i.e., rooms had to be left empty for one-and-a-half hours between patients). Dentists were seeing far fewer patients per day than before COVID-19 because of the time they had to allow for cleaning after each Aerosol Generating Procedure (AGP). This led to waiting times being extended.
- Prioritising urgent cases. Almost all practices had to prioritise patients with urgent needs, resulting in a backlog of patients waiting for regular appointments.
- PPE - To ensure patient and staff safety, practices had to be equipped with the appropriate personal protective equipment during the pandemic. Most practices confirmed they had sufficient PPE; however, one was concerned about not being able to always access the right kind of equipment of an appropriate quality.

The main findings of the survey are:

- Most practices were able to offer an urgent appointment on the same day
- Most of the practices had reduced working hours and reduced capacity
- Fallow time was given as one of the main reasons for the backlog that practices had to deal with. *“Pre-COVID-19 we were able to see 15 patients a day, now it's down to 4 patients a day.”* Many practices were worried about the fallow period, saying *“unless the rules change, I can't see when we will be able to take on new NHS patients due to time constraints”*. This increases their backlog of patients already on the waiting list
- All practices were prioritising urgent cases
- Most practices were not taking any new NHS patients; however, those doing so had a waiting time up to 2021 for a routine appointment. Some practices told us that they received many calls from new patients unable to register or get treatment elsewhere
- Some practices were able to offer pain relief and antibiotics but not treatment to non-registered patients after telephone triage
- The majority of practices were ready to provide a full range of services as of 5th October, although with reduced capacity
- Most practices were open for some routine appointments with existing patients, however they were prioritising urgent cases
- Most practices confirmed they had sufficient PPE

There is no need to register with a dentist in the same way as with a GP, because you are not bound to a catchment area. Simply find a dental surgery that is convenient for you, whether it is near your home or work, and phone them to see if they have any appointments available.

To find an NHS dentist go to www.nhs.uk

What practice staff told us

Most of the practices were concerned about the fallow time inevitably resulting in fewer patients being seen. This made their work slower and harder. They were also worried about the unpredictable future of dental services as the pandemic continues. *“This will cause a long-term problem in the future as people without immediate dental needs won't go to the dentist for several months or until a problem presents itself”*.

Most principals shared their worry around protecting staff and patients. One practice had an issue with Hackney Council wanting to withdraw their parking permits which would mean the staff travelling by public transport. The principal was keen not to allow this because of the potential risks for both staff and patients. After discussion with the Council the parking permits were reinstated.

One principal was worried about 111 signposting patients directly to the practice without completing the referral process. This led to many patients walking in without an appointment. It took substantial staff time to explain to these patients that they must book an appointment to be seen. The principal believes this was related to untrained member of staff at 111. Fortunately, this issue did not continue for long.

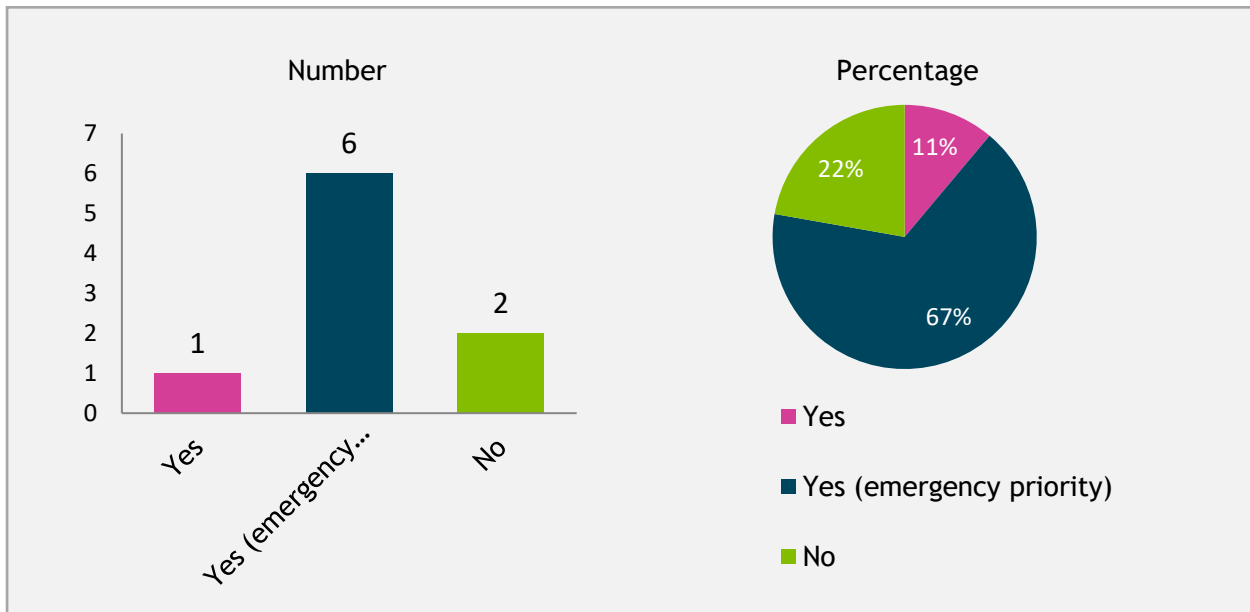
When we asked principals whether they felt ready to resume the full range of services on 5th October, one principal said *“All routine appointments are on hold and there is a limit on appointments per day. I am concerned that if this becomes publicly available, people may assume that the practice is working as usual and we will end up dealing with high demand for appointments, which could cause further delay”*.

Another principal said: *“With the current increased rate of positive cases, I am worried about staff and patients even more. Fallow time will be difficult. We can't fulfil all the patients' requirements on time. Sometimes we don't get what we want in terms of PPE and have to change, and this brings further delays”*.

“Until we are able to obtain masks which specifically fit the dentist's face and they are available in sufficient numbers, we will be unable to provide care at the level we would wish to.”

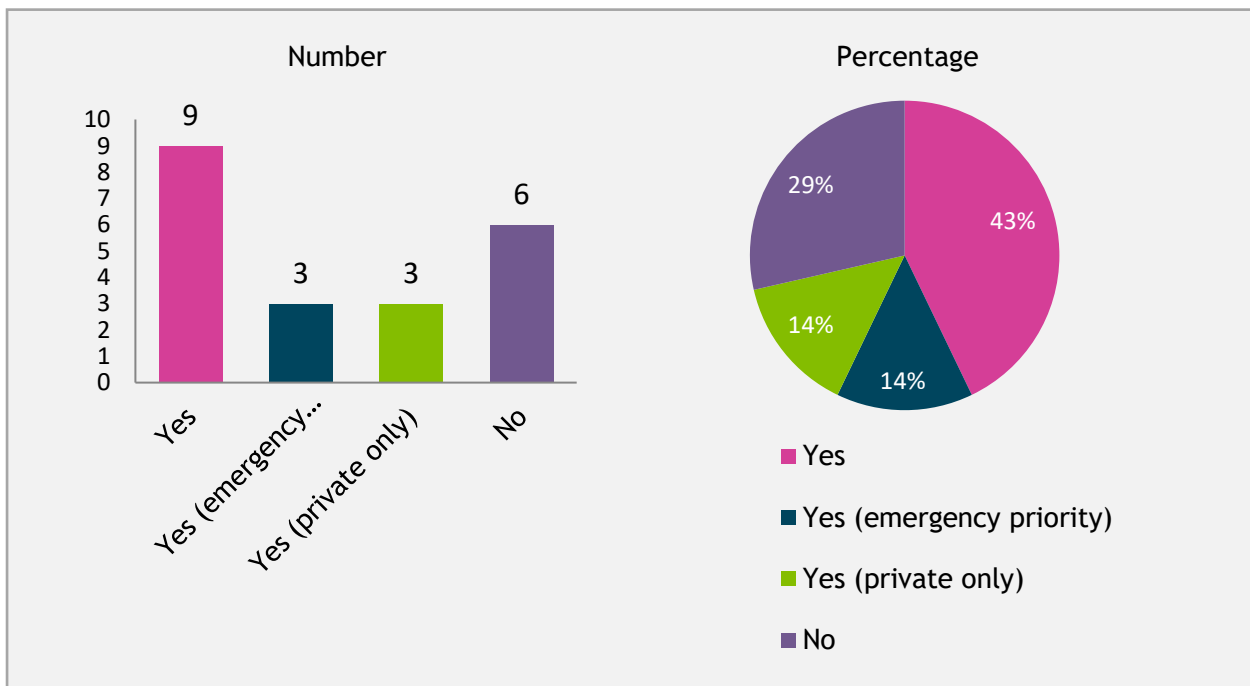
The data presented below details the results of the research.

Are you providing the full range of services as of 5th October 2020?



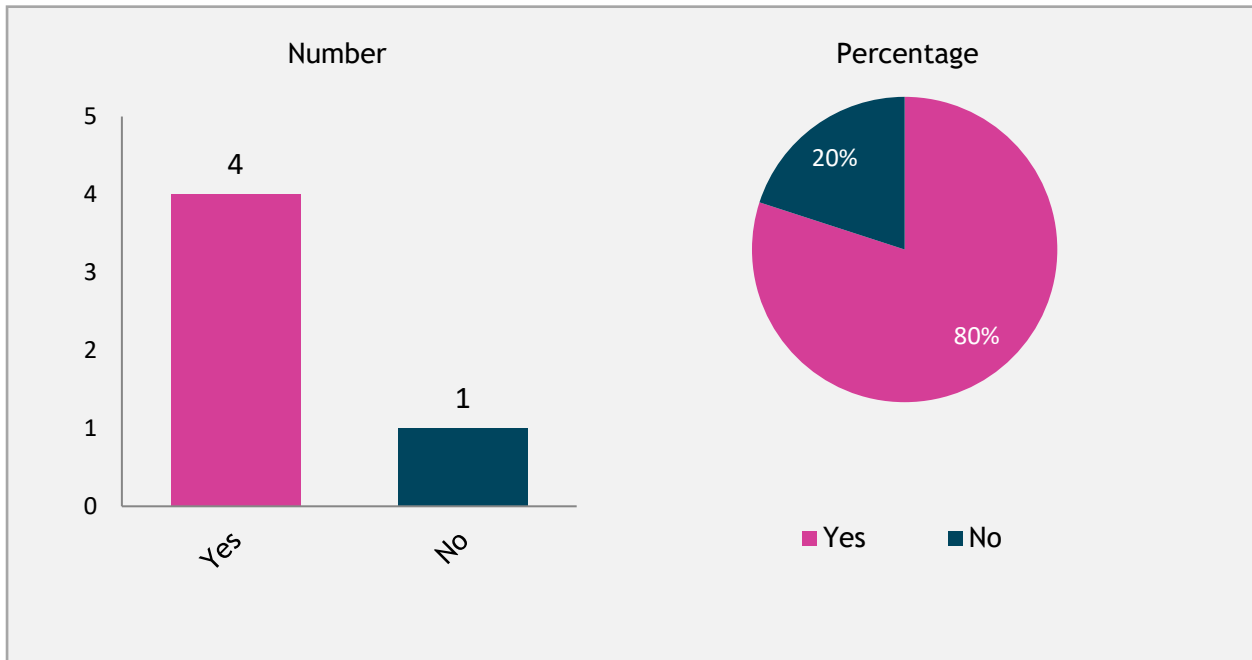
78% of respondents (7 practices) were providing a full range of services as of 5th October, with the majority prioritising urgent cases.

Are you open for routine appointments?



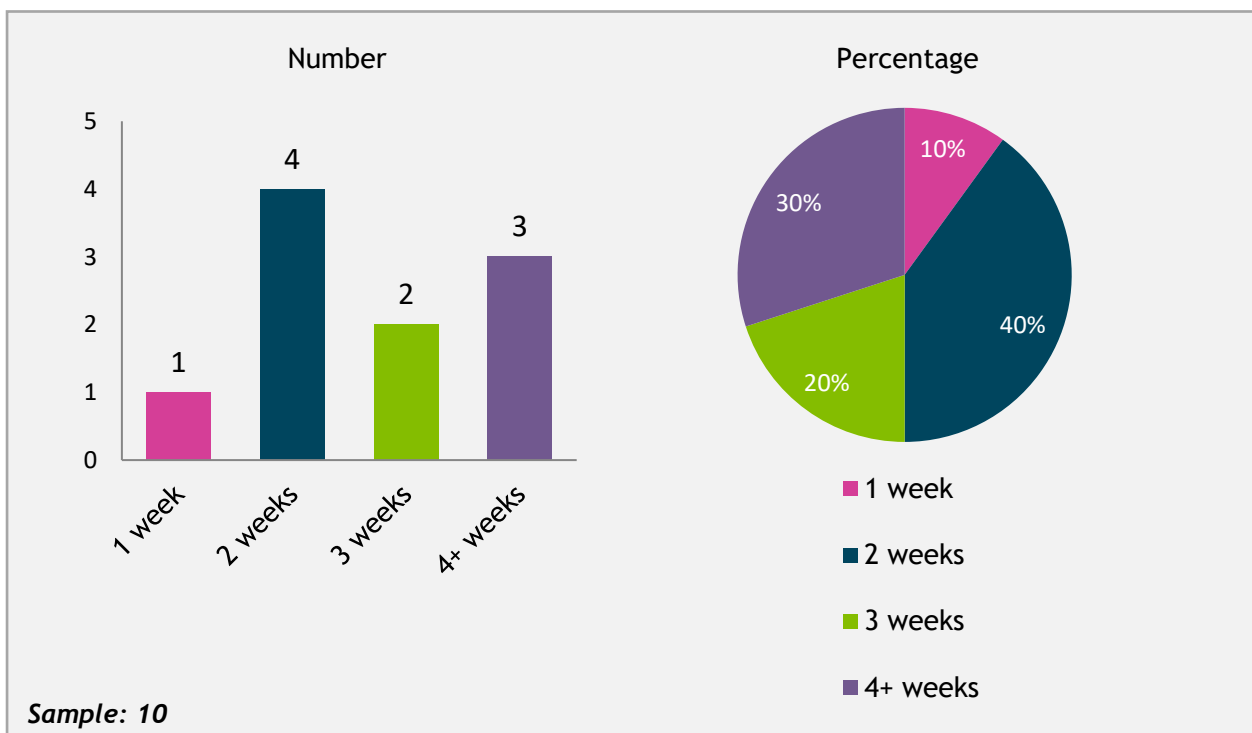
57% (12 practices) were open generally for routine appointments, while almost a third (29%, 6 practices) were not. A further 14% (3 practices) were accepting private patients only for routine appointments.

Do you have reduced working hours?



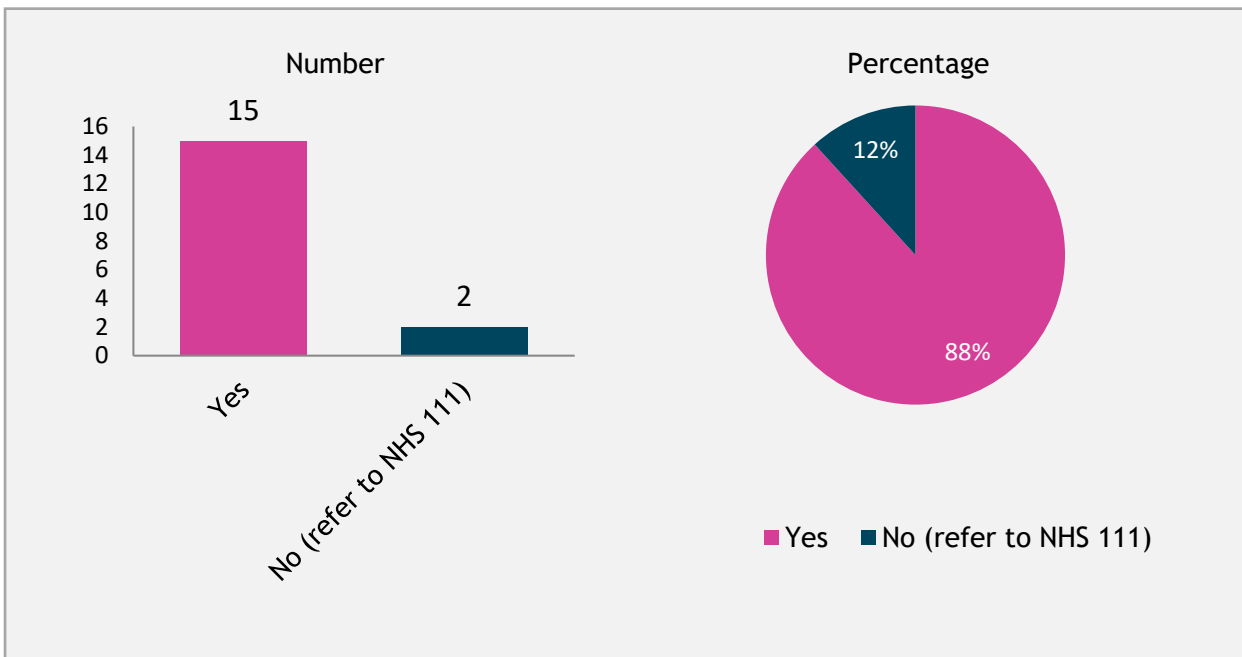
80% of respondents (4 practices) indicated that working hours were reduced.

What is the waiting time for non-urgent treatment?



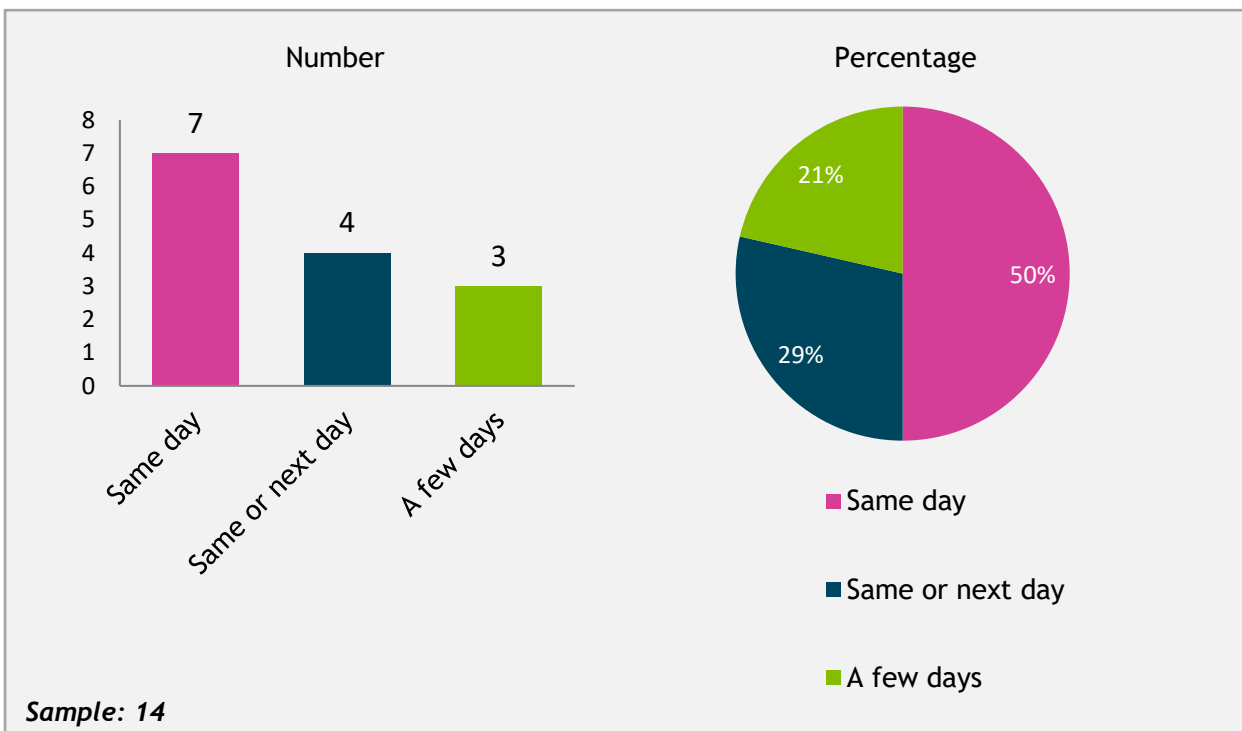
Half of respondents (50%, 5 practices) would see patients within one or two weeks for non-urgent treatment, while the wait was longer with the remaining 50%.

Are you open for urgent appointments or triaging to an emergency hub - if so where?



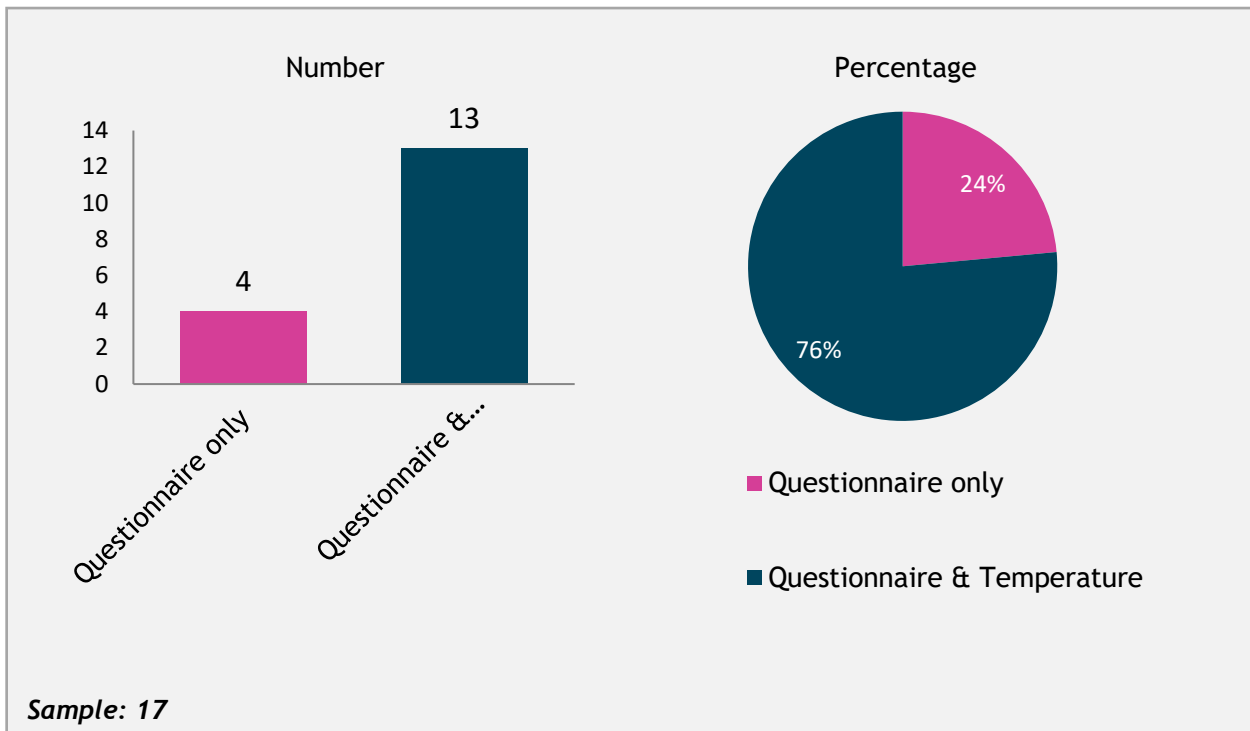
15 practices were open for urgent appointments, while 2 referred patients to NHS 111.

What is the waiting time for urgent appointments?



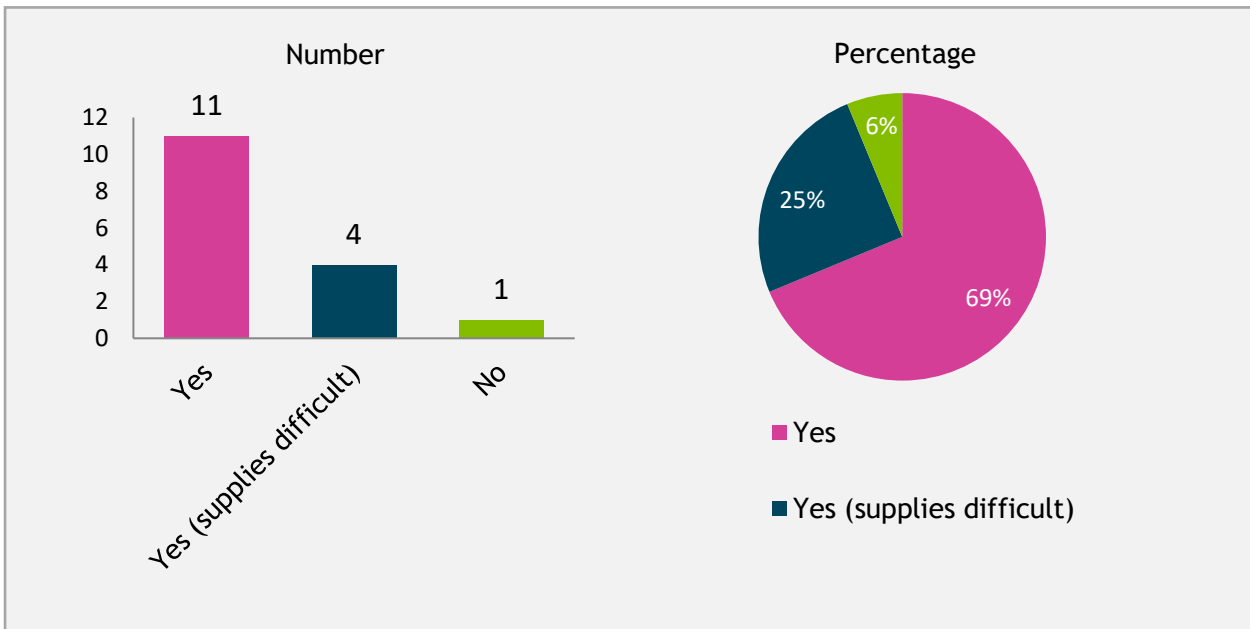
Majority of respondents (79%, 11 practices) saw urgent cases the same or next day.

If you offer appointments, do you ask patients if they have/had Covid-19 symptoms, and/or check temperature?



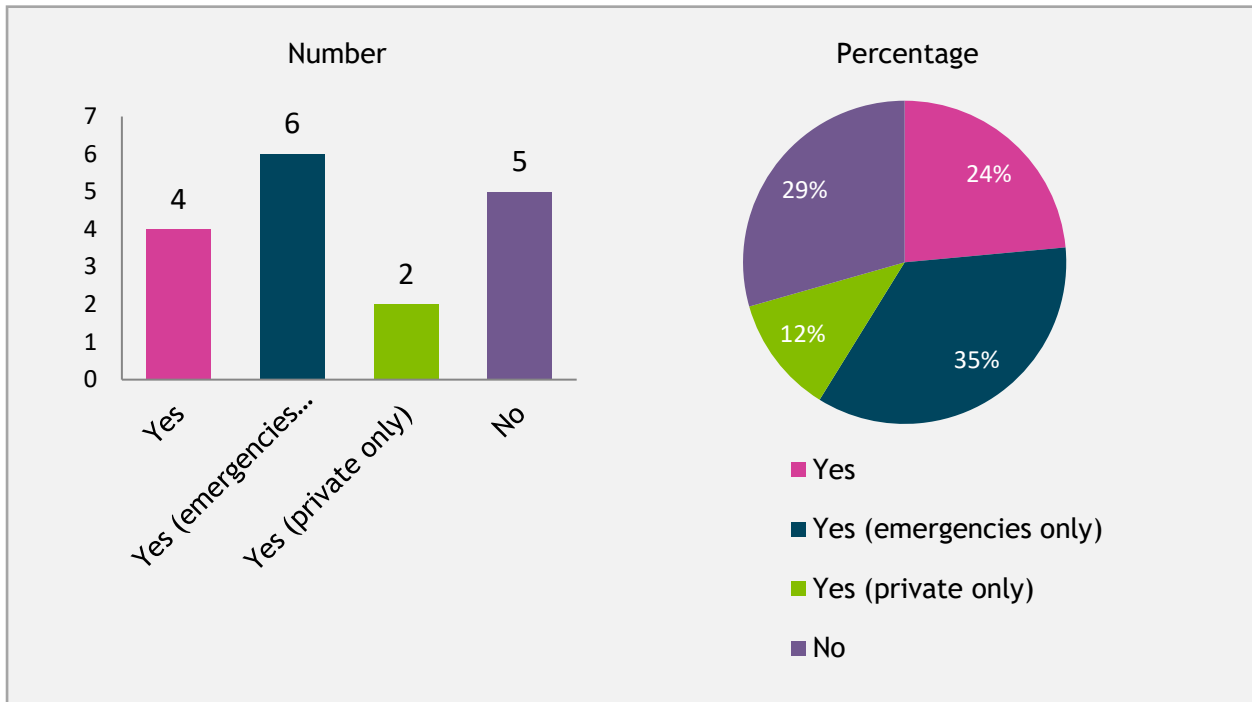
Three quarters of respondents (76%, 13 practices) asked questions and recorded temperature, while a quarter (24%, 4 practices) only asked question.

Is the practice equipped with PPE (personal protective equipment)?



A clear majority of respondents (94%, 15 practices) were equipped with PPE, however a quarter (25%, 4 practices) experienced supply or cost difficulties

Are you taking on new patients - either NHS or private?

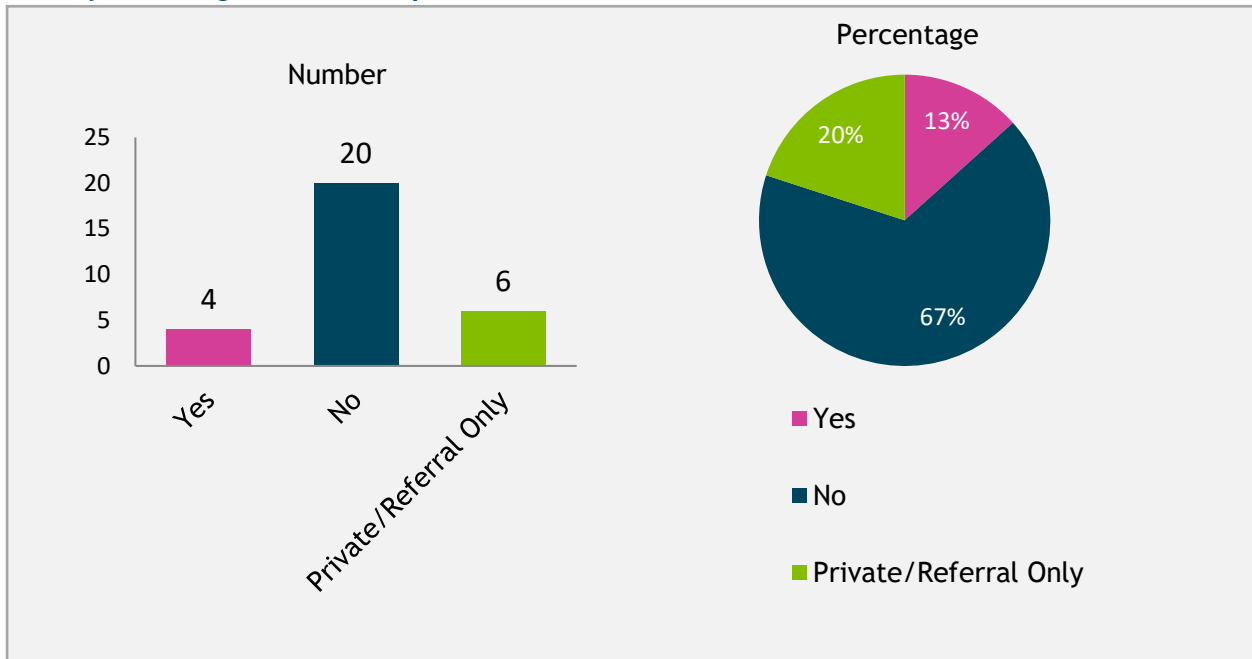


A quarter of respondents (24%, 4 practices) were taking on new patients, however, there was a long waiting time for routine appointment. A further 12% (2 practices) were accepting private patients only. 35% (6 practices) accepted emergencies only, while almost a third (29%, 5 practices) were not taking any new patients at all.

Findings from Project 2 Mystery Shopper

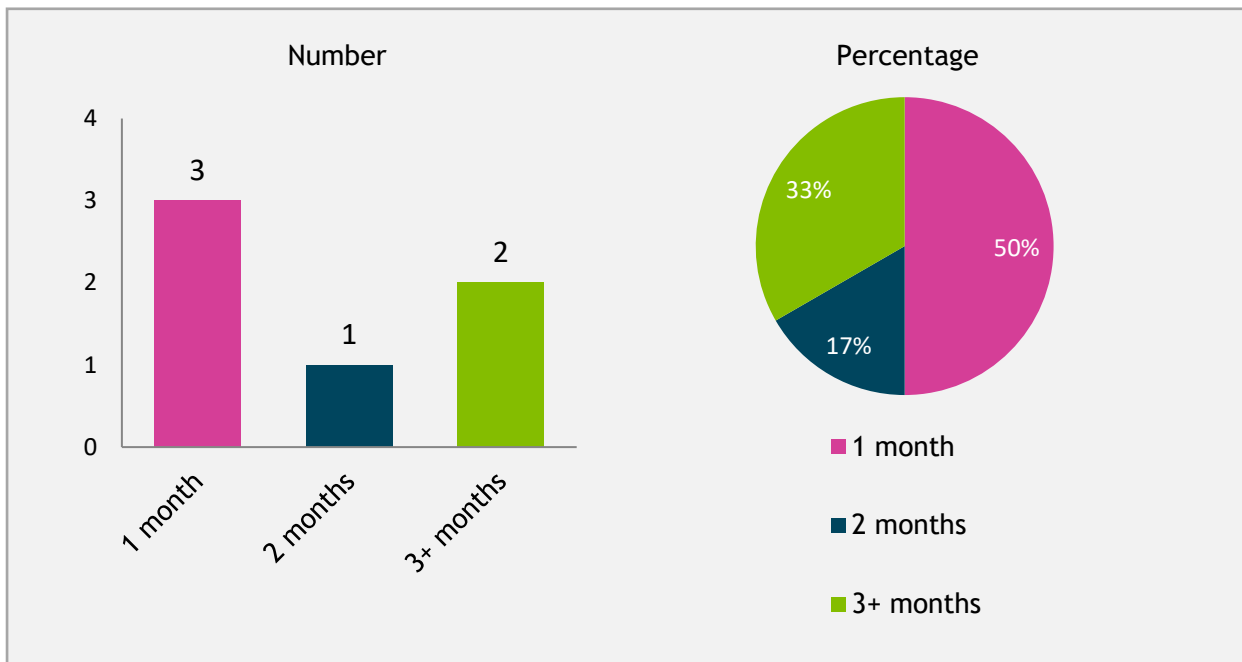
The mystery shopper project highlighted the widening gap between NHS and private patients with respect to waiting times and access to dental services, with most services not offering non-urgent care to NHS patients. The results of the survey are detailed below

Are you taking on new NHS patients?



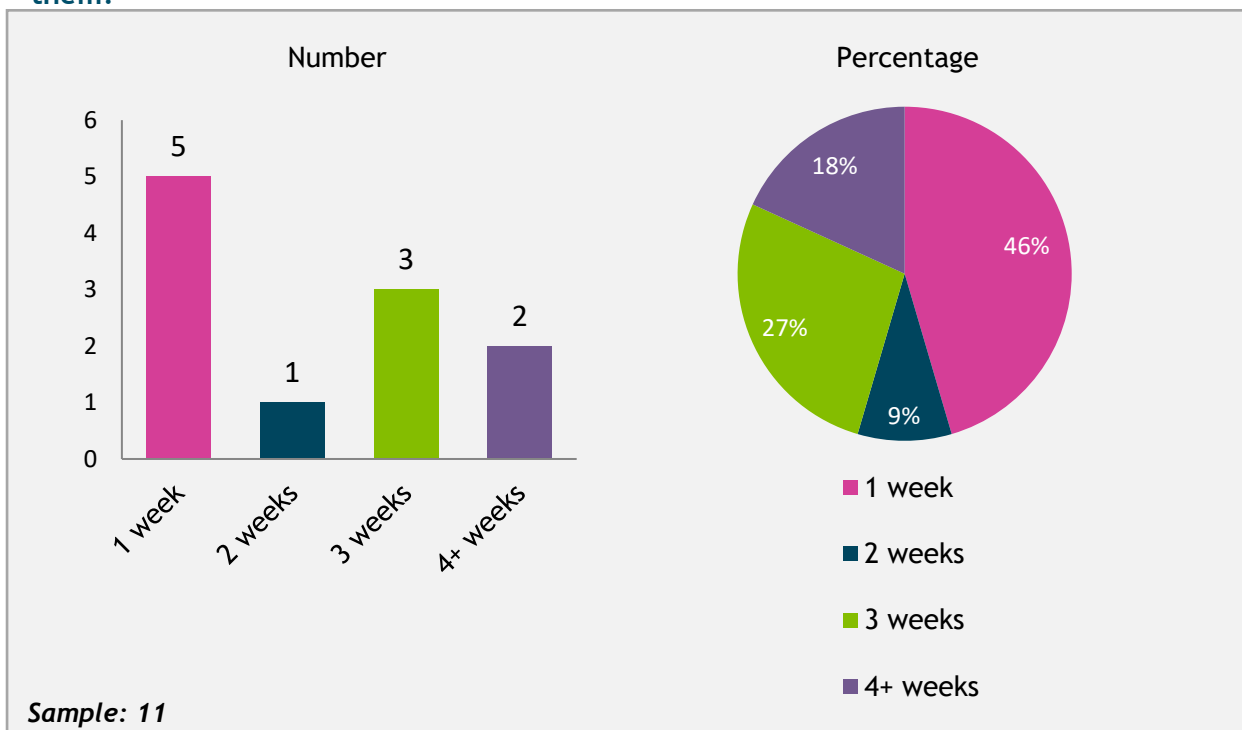
13% of respondents (4 practices) were taking on new NHS patients, while around two thirds (67%, 20 practices) were not. A further 20% (6 practices) accepted either private patients or referrals only.

What is the waiting time for a non-urgent NHS appointment?



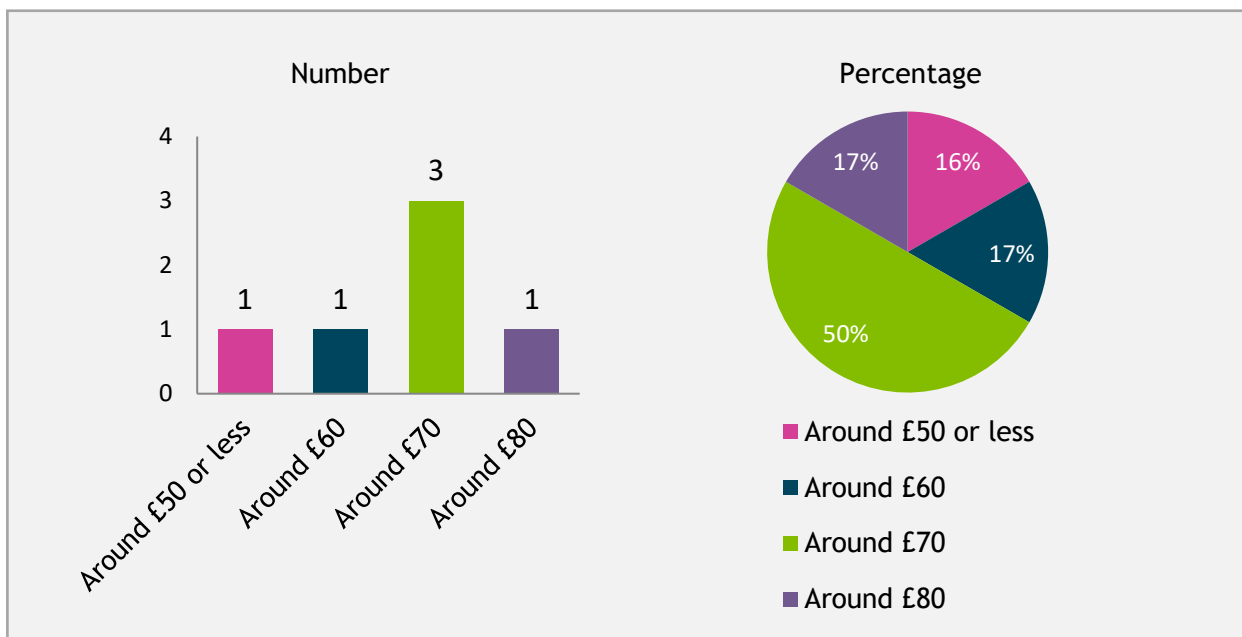
50% of respondents (3 practices) could see NHS patients in or around one month for non-urgent treatment. At 2 practices (33%) the wait was considerably longer.

If the patient accepts to pay for private treatment, when is the soonest you can see them?



Almost half of respondents (46%, 5 practices) could see private patients within a week. 45% (5 practices) indicated the wait was 3 weeks or more.

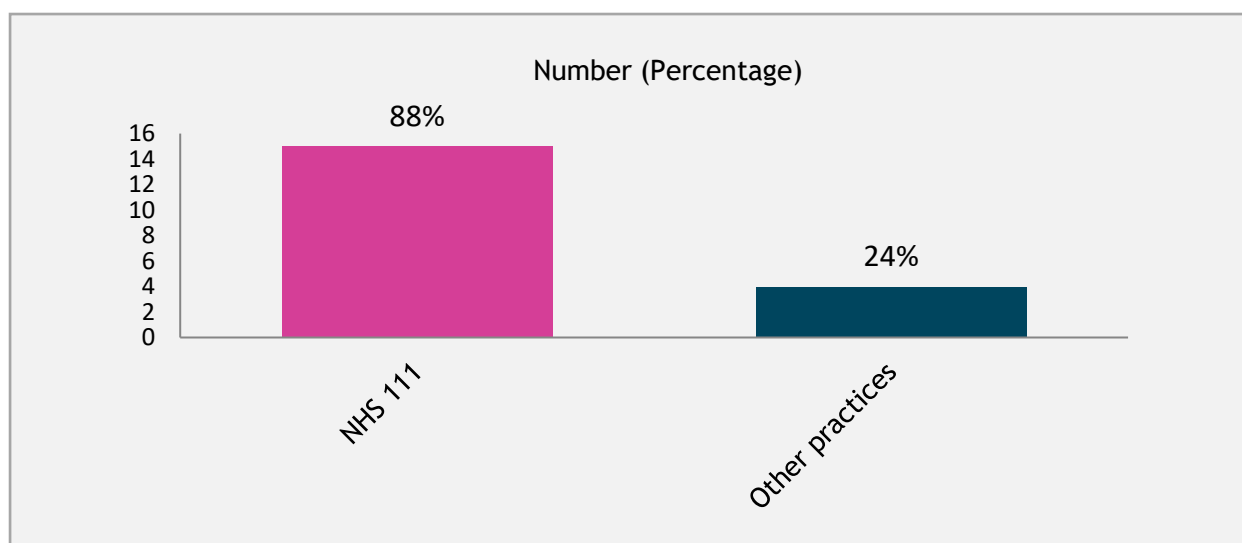
How much will the initial assessment cost?



6 practices cited a charge, with the average at £62.

Some people have felt they had no option but to “go private” if they wanted what their dentist considered to be non-urgent treatment. But not many were able to afford it. *“I need an appointment for my son who is 6 years old. We have been to a private dentist, non-NHS, and they suggested he needs 5 fillings and 4 sealants. But I cannot simply afford a private dentist. And he needs the treatments as soon as possible as we have been delaying it for 3 months now because of Corona virus. Can I get an appointment through you? I have been calling all possible NHS dentists around me, but they all say they do not accept new patients...”*

What if the patient needs treatment but would like to proceed as an NHS patient? Where would you signpost him/her?



13 practices would signpost to NHS 111, 2 to other practices, and 2 to both NHS 111 and other practice.

Conclusion and Observations

Our evidence suggests that:

- Dentists are doing their best to provide dental care in difficult circumstances.
- Surgery layouts/sizes may not lend themselves to the current Covid-19 rules and require them to take fewer patients.
- The fallow period after AGP (air generating procedures) reduces considerably the number of patients that can be seen per day.
- The difficulty in getting routine appointments means that early intervention is not happening, and this stores up problems for the future. Patients will present with urgent and more serious problems and routine work will be pushed back further.
- It was easier for patients to get private treatment than NHS treatment, as a result NHS patients were pushed further back in the queue for dental care. This potentially results in a worsening of health inequalities between those who could afford to pay for dental care and those who could not.
- The failure to provide an UDC centre in Hackney and poor information about access to dental care, suggests that the organisation of local dental care needs to improve. E.g. should dental care commissioning be locally accountable rather than run on a pan-London model.
- Responsibility for information regarding access to dental care needs to be provided locally in the short term, and accountability for this established.
- The operation of the 111 services in relation to dentistry needs to be monitored in view of the poor quality information that was provided in during the first wave of Covid 19.
- The Local Dental Committee should establish a means for patients to easily locate the nearest dentist for urgent and non-urgent care in Hackney.

Glossary of Terms

PPE - Personal Protective Equipment

Protects the skin and mucous membranes from exposure to infectious materials in spray or spatter.

- Should be worn whenever there is potential for contact with spray or spatter.
- Should be removed when leaving work areas. The PPE includes protective eyewear, face shields, disposable fluid-resistant (Type IIR) surgical masks, disposable apron and gloves.

AGP -Aerosol Generating Procedure - AGPs are defined as any medical or patient care procedure that results in the production of airborne particles - known as aerosols. In dentistry these are chiefly generated by high-speed instruments working in the mouth, for example dental drills - known as turbines, mechanised scalers and air tooth polishers. These instruments remove small pieces from tooth surfaces or from the teeth themselves, which become mixed with water and saliva, along with bacteria and microorganisms found naturally within the oral cavity. Unfortunately, they can also contain viruses, which is a concern regarding the transmission of COVID-19.

Without adequate safety precautions, aerosols are suspended in the air and inhaled by those close by, or fall as tiny droplets onto nearby surfaces, thereby posing a risk of the spread of infection.

Fallow period

The fallow period is the ‘time necessary for clearance of infectious aerosols after a procedure before decontamination of the surgery can begin’ (FGDP, 2020), and this has caused considerable discussion/stress amongst the dentist returning to practice after lockdown in the UK (BAPD, 2020, Heffernan, 2020).

Practice principal

The practice principal is the owner of the private dental practice. Practice principals are experienced dentists that oversee the operation of the practice to ensure that patients receive high quality dental treatment, but also focus on the business side of the practice.

Registration with dental practice

Registered patient is the one already on the practice list.

Registration with a dental practice is not a formal process. There is no need to register with a dentist in the same way as with a GP because you are not bound to a catchment area.

Dentists contract with patients to treat them for a course of treatment. They have no on-going obligation to provide treatment in the future, however, practices are usually keen to maintain a relationship with patients on their list.

Distribution and Comment

This report is in the public arena and available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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