

Dentistry during Covid-19 patient feedback



September 2020

Introduction

This briefing contains the experience-based insight gathered by Healthwatch Bristol, Healthwatch North Somerset and Healthwatch South Gloucestershire throughout the Coronavirus pandemic (March -Mid August 2020). 71 pieces of feedback were shared with us directly or gathered from closed/public groups on social media, rather than resulting from a project or survey.

Local Healthwatch gathers feedback about a wide range of health and social care services. Each year, we receive hundreds of lived experience accounts and stories from the public. These come through various sources including our website, telephone, email, social media, engagement activities, from our volunteers, and through our partnerships with community and voluntary sector organisations.

We have collated this briefing to highlight patient's concerns over reduced access to non-emergency/preventative dental treatment and communication from the dental sector.

During the Pandemic and Post Lockdown

Dental Practice and treatment ceased at the start of Lockdown and communication and provision of emergency treatment was in place after an initial delay while our local systems responded to national guidelines.

Following the easing of lockdown, we have received a high volume of feedback about dental services. We have sought to provide accurate information and signposting, so that patients could access treatment, make complaints or find advocacy. We have worked closely with the Local Dental Committee to help people understand their options and make choices. We have worked with local Healthwatch across the South West to consolidate key themes and have escalated these concerns to the South West Local Dental Network.

Restoration of dental services

Since the Government's announcement that dental practices could re-open (8th June 2020), we have seen an increase in contact from people who wish to access NHS treatment, including routine appointments, but have been unable to.

NHS England have referred people to Healthwatch for local information about services. However, availability of NHS treatment is unclear, and limits our ability to offer callers helpful up-to-date choices. The Local Dental Committee and others do not hold this type of information. Where we have not been able to provide advice, we have signposted individuals to the NHS England Complaints page.

Key Lived-experience Insights

1. Access to NHS Dental Treatment

The lockdown and difficulties dentists experience to create compliant settings for infection-control is compounding a pre-existing issue of supply of NHS dental services.

The impact on the public's oral health could be damaging and lead to the acuity of problems. Limits to the access to services could mean that the detection of diseases/conditions is compromised (head and neck cancers).

We are further concerned that if the situation continues it will widen health inequalities, as those without means are denied the options available to those able to pay for private appointments.

Feedback from residents:

"I have gum disease and need a deep clean every 3 months last done in January not heard once from (the dental practice) concerning this"



"The charge for this is beyond their budget with the loss of a job...the caller had tried to find an NHS dentist who would see them but has had no luck."

2. Communication from Practices

Good communication between patient and dentist is important to make a diagnosis, improve patient outcomes and satisfaction. The limited or absent communication during the lockdown caused concern for residents.

If communication is not resumed, the longer-term impact could be further uncertainty, a backlog for patients and longer waiting times.

Feedback from residents:

"My routine appointment was cancelled by text in April and I have heard nothing since to advise that they have reopened or to rearrange my appointment."



"Appointment cancelled, advised to ring surgery for new appointment but telephone answering service says don't phone this number for a new appointment"

3. Access to Emergency and Urgent Care

Where patients found the right information and accessed emergency treatment the outcome was good. However, service delivery during Lockdown did not meet the expected standard which was for all dentists to provide telephone triage and access to medication. This failure in many parts of Bristol, North Somerset and South Gloucestershire led to people having:

- Long waiting time on calls to 111 and emergency dental hubs
- Advanced infections (in severity and across multiple teeth)

Feedback from residents:

"Told during pandemic not to bother them unless it's a real emergency and even then I'd be better off going to the dental hospital"



"Half-way through May my tooth filling fell out. I rang the dentist, and they said they were only seeing emergency patients, and I could try getting a temporary filling kit from the pharmacy. I couldn't use the kit due to the position of the hole, between two molars."

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