



Experiences of dental services in Gateshead

March 2020 to December 2021

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012.

Healthwatch Gateshead is an independent not-for-profit organisation. We help children, young people and adults to have a say about social care and health services in Gateshead. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

Healthwatch Gateshead is part of Tell Us North CIC (company no. 10394966).

Contents

1.	Introduction	1
2.	Methodology.....	1
3.	Findings	3
	Dental practices – ‘a moment in time’	3
	Survey responses	4
4.	Conclusion	24
	Dental practices – ‘a moment in time’	24
	Finding a dentist in Gateshead	24
5.	Recommendations.....	26
	1. Make information simple and available	26
	2. Improve patient registration processes.....	26
	3. Improve NHS patient access.....	26
	4. Review affordability in line with cost-of-living increases	27
	Acknowledgements.....	27
	Contact details	28

1. Introduction

In October 2021, the 13 local Healthwatch in the North East and North Cumbria Integrated Care System (NENC ICS) area came together to discuss working together to better understand people's experiences of dentistry services. We wanted to understand any access barriers and inequalities relating to the availability of NHS dentistry.

The background to this work included an increase in feedback about dentistry within the NENC ICS local Healthwatch network and evidence emerging nationally that there were issues around access and provision. The aim was to achieve the following.

- Gather evidence to help us to identify and understand issues.
- Share our findings at a local, regional and national level.
- Influence and inform decision-making in the commissioning and provision of dentistry services.
- Improve information for patients and members of the public.
- Strengthen joint working between the NENC ICS local Healthwatch network.

All 13 local Healthwatch were invited to develop and take part in this work, and eight were able to do so. These were:

- Healthwatch Darlington
- Healthwatch Gateshead
- Healthwatch Hartlepool
- Healthwatch Middlesbrough
- Healthwatch Newcastle
- Healthwatch North Tyneside
- Healthwatch Northumberland (overall lead)
- Healthwatch Stockton

2. Methodology

During the scoping phase of this work, we involved colleagues from NHS England and NHS Improvement and Local Dental Committees. It was agreed that the public engagement activity should be done at pace. There were three elements to the work:

1. A public survey to gather experiences.
2. Contacting dentist practices to understand the availability of services.
3. Myth buster information.

Public survey to gather experiences

An online survey was launched in late November 2021 and closed in early January 2022. This method was chosen because of the continuing impact of the COVID-19 pandemic and new guidance from the government. The survey was promoted across all social media platforms, in our newsletter, at meetings and with partners.

Contacting dentist practices to understand the availability of services

We contacted dental practices in Gateshead. This was to get a 'moment in time' picture of what was available and to compare this with the information about local dental services that are available online. Of the 16 practices we contacted 18% answered the questions; 81% of the practices stated they were too busy at that time to respond. The same process was carried out for Newcastle dental practices, with 16% of practices answering the survey and the remainder (84%) too busy to respond.

Respondents were told at the beginning of the telephone call that the survey would take no more than ten minutes. There were three questions in total and the purpose was to ascertain current service provision around waiting time for patients and NHS provision of service. The low number of practices able to participate in the survey was disappointing. We recognise that the timing of the survey, in the run-up to the Christmas break, may have had an impact on responses.

Myth buster information

Finally, participating Healthwatch developed a myth buster booklet designed to address misunderstandings and inaccurate information that appeared to be preventing people from getting the dental treatment they needed. This has been promoted and is available on the Healthwatch Gateshead website.

Each participating Healthwatch produced a local report and the results were collated to produce a regional view, led by Healthwatch Northumberland.

3. Findings

Dental practices – ‘a moment in time’

In December 2021, our volunteers (known as Healthwatch Champions) phoned dental practices in Gateshead. They followed a script and asked a short series of questions to understand the position on waiting lists and registration of new NHS patients. The questions were:

1. Is the practice currently accepting new NHS patients for treatment?
2. What are the approximate waiting times for new NHS patients to have routine dental treatment, i.e. check-up and/or scale or polish?
3. Do you ask about patients’ symptoms and level of pain before allocating an appointment or are appointments allocated on a first come first served basis?

We contacted 16 dental practices, which were picked at random and covered the whole of Gateshead. This included Crawcrook and Chopwell in the west, Felling and Leam Lane in the east, as well as Central Gateshead and immediate surrounding areas such as Dunston, Low Fell and Felling.

Of the 16 dental practices we called:

- Seven practices were constantly engaged on three different attempts over the day. One practice had an answerphone that kept the volunteer on hold for over ten minutes, which the caller ended with no response.
- Six told us that they were too busy to answer questions at that time and asked if they could complete it in the New Year when they hoped to have more time.
- One practice hung up on the caller when they explained the purpose of the call.
- Three practices were willing to engage with this research and answer our short survey.

Of the three practices that we spoke to, the average waiting time for an appointment was under one month and all were accepting both NHS and private patients.

It is noteworthy that the experience of our volunteers is echoed in responses to the public questionnaire. Each of the five sections (not just those not asking about booking systems) had negative comments, with some people feeling that they were being ‘fobbed off’.

Recommendations for dental practices

In making the recommendations below we are conscious of several factors that are likely to have impacted this work: the timing of our contact, the well-documented abuse that frontline staff across health services have experienced during the pandemic, heightened anxieties around the emergence and rapid spread of a new coronavirus variant, and uncertainties around a potential lockdown over the festive period.

1. It may benefit frontline staff and patients if there was additional training available in customer service skills and how to manage challenging conversations. For example, acknowledging how people feel if they have been unable to get through, which could prevent difficult conversations from becoming abusive.
2. When possible, it would be useful to explore with frontline staff what their experience has been, what may have made this period better, and what they would recommend for the future to enhance their wellbeing and self-care.
3. Explore telephone system improvements to aid a timelier response, such as those with call back features or those capable of sharing placements in a queue.
4. Develop and encourage the use of an online booking system.
5. Promotion of available online patient advice services may help to alleviate the number of callers to practices.
6. Promotion of relevant information, such as myth-busters and other documents. Especially around what is and is not classed as an emergency and greater clarity on charging and eligibility for free care.

Survey responses

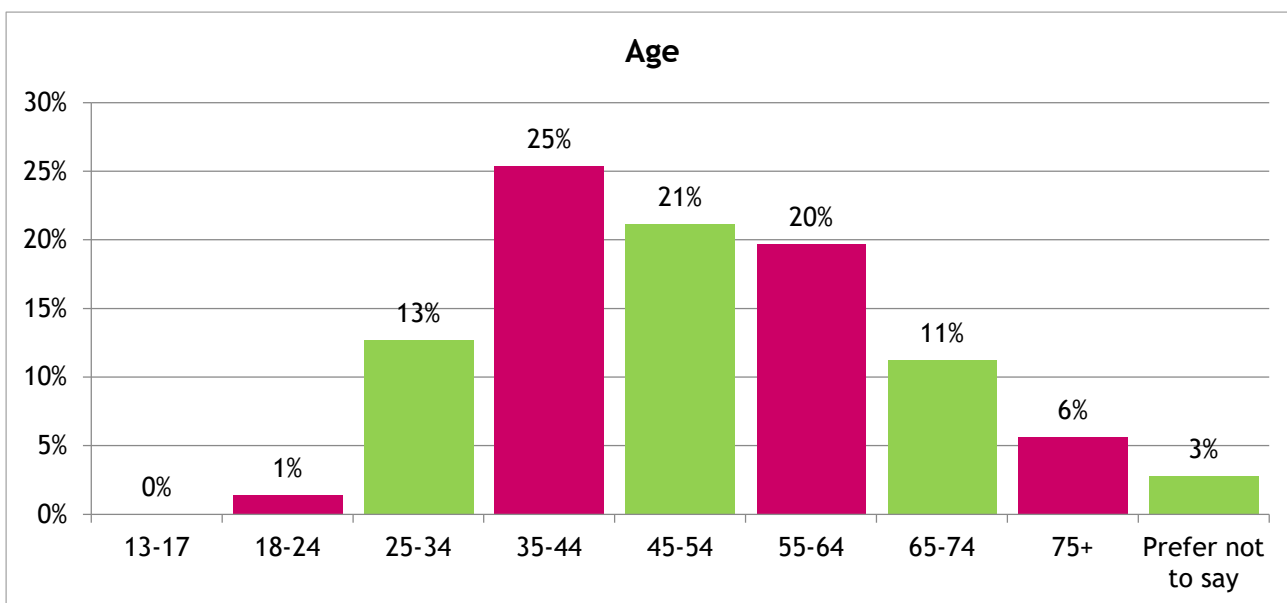
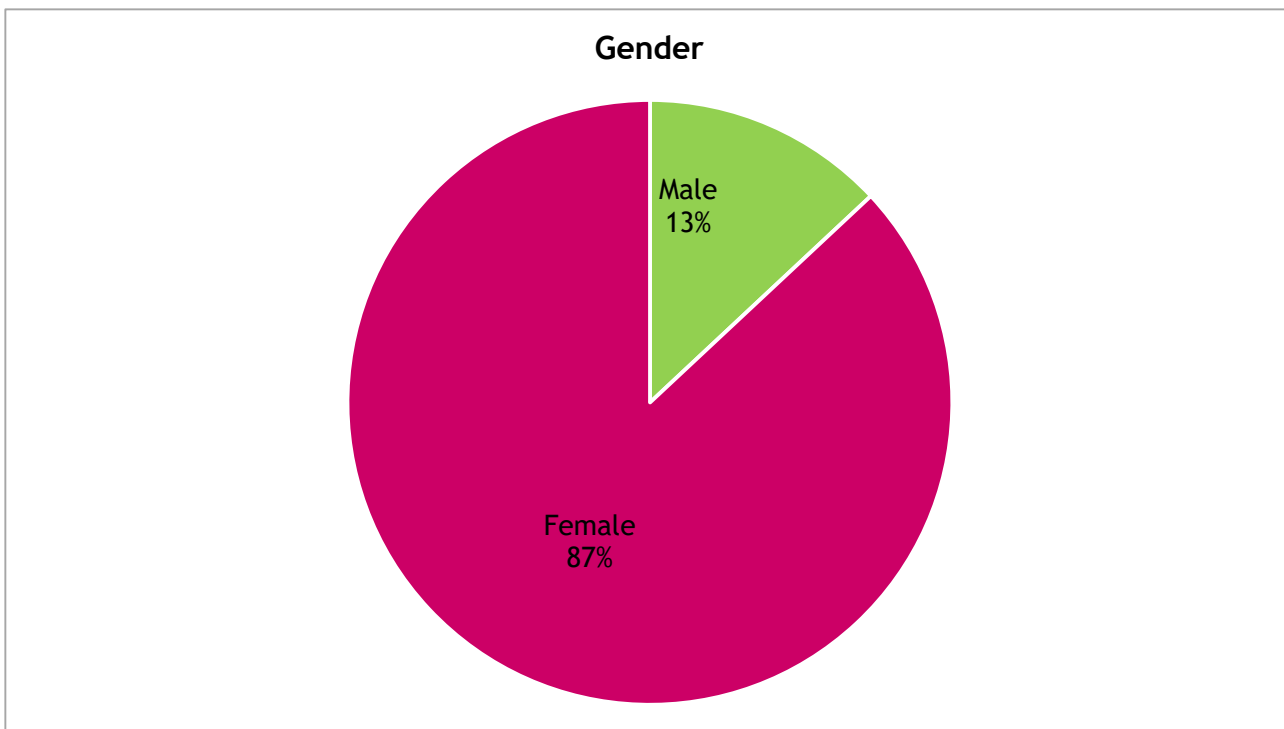
In total, 147 respondents shared their experiences of dental services between March 2020 and December 2021. The questionnaire was designed to allow respondents to answer only the questions relevant to them and, in some sections, there was an opportunity to leave comments. We refer throughout this report to the percentage of respondents to each question.

The findings were analysed and we were able to identify individual experiences and themes.

Who shared their experiences?

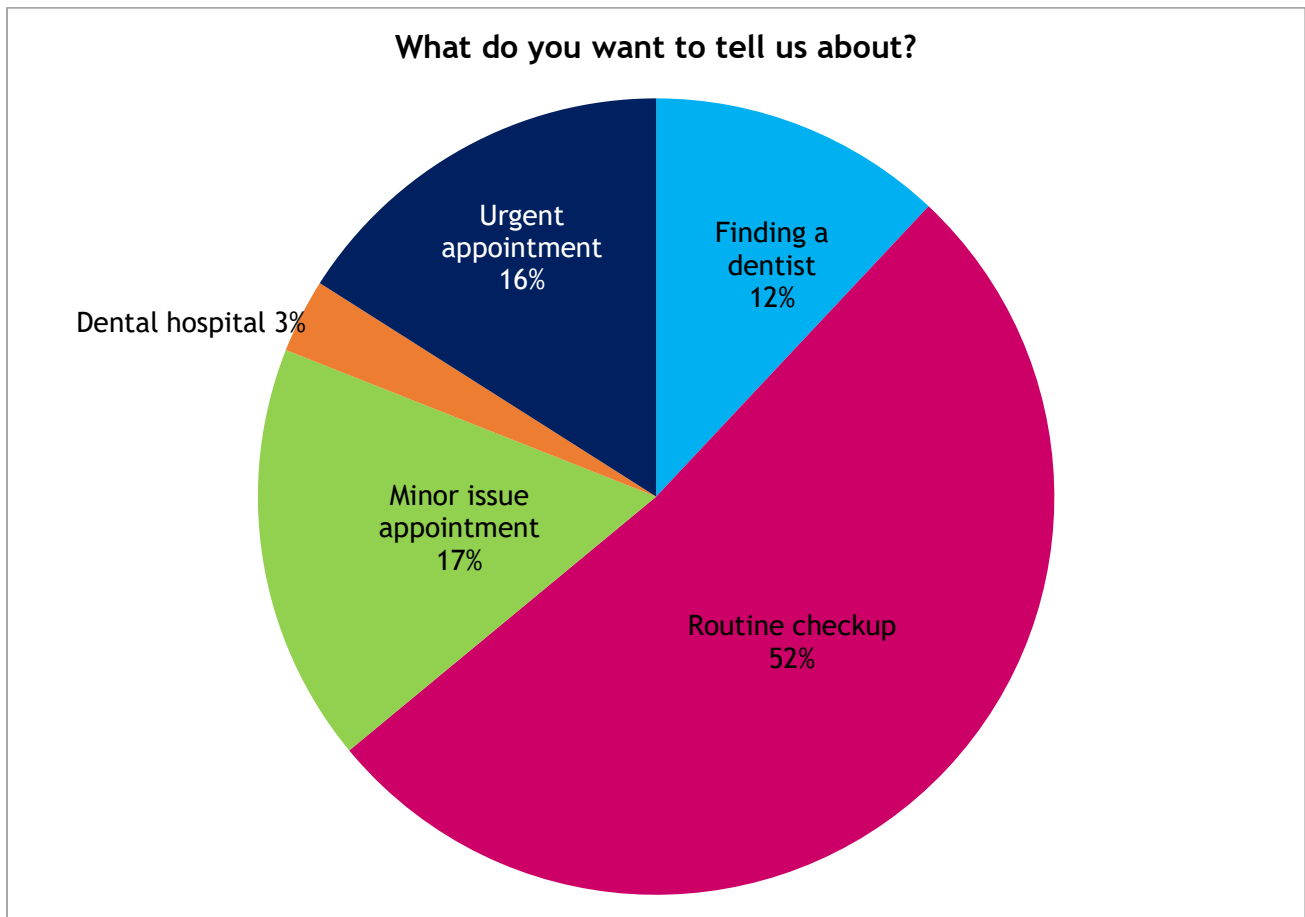
The demographic information for respondents to this questionnaire is below. It should be noted that not everyone answered every question and we are mindful of this in our analysis.

We recognise that our data is not representative of the population of Gateshead for example 87% of people who answered the question on gender recognised themselves as a woman. This lack of representation is disappointing as we are committed to hearing from all people and communities, including those who face multiple layers of disadvantage and discrimination, so that their views and needs are better represented.



There was a peak in response rates in middle age groups and a good response from the older population. This is representative of the Gateshead population as the average age is 40 years old, with 64% aged 18–64. Sadly, younger people were unrepresented in this work. We had hoped the digital nature and promotion of the survey across social media channels would have increased the response rate for this group. We wonder if this is related to a downturn in young people seeking dental treatment as they become responsible for their own dental care and have to pay for it?

What they told us about



The focus for many was around routine check-ups and difficulties in accessing a service. Some expressed how they had difficulty accessing an annual check-up, which demonstrates a misunderstanding or lack of awareness around how often a check-up is needed. The recommendation is that this can happen up to every two years, depending on individual patient needs. This lack of understanding or awareness may contribute to some people overusing the service.

During the pandemic, people got out of the habit of going to see the dentist regularly and were also struggling because of poor information on where to find a practice that accepted NHS patients. This may account for some of the 52% of respondents trying to access a routine check-up as well as the 12% trying to find a dentist.

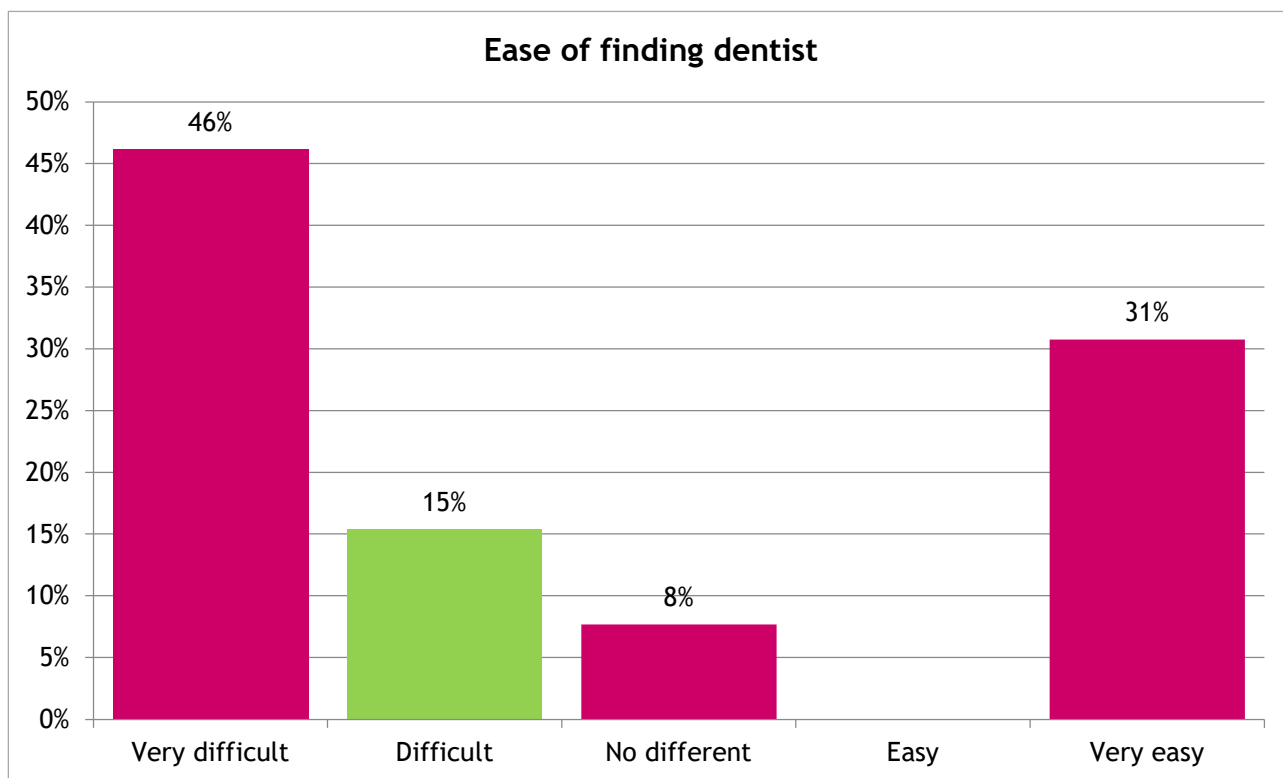
Section 1: finding a dentist

In questions where a positive or negative experience could be identified, respondents to this section had a mainly negative view (61%). This reflects the feedback we were receiving through our usual Healthwatch Gateshead service in the period leading up to this work.

As well as the lack of accurate information on the NHS website regarding the accessibility of a dentist, the negative responses could be linked to a growing population in Gateshead without additional NHS capacity keeping pace with this growth.

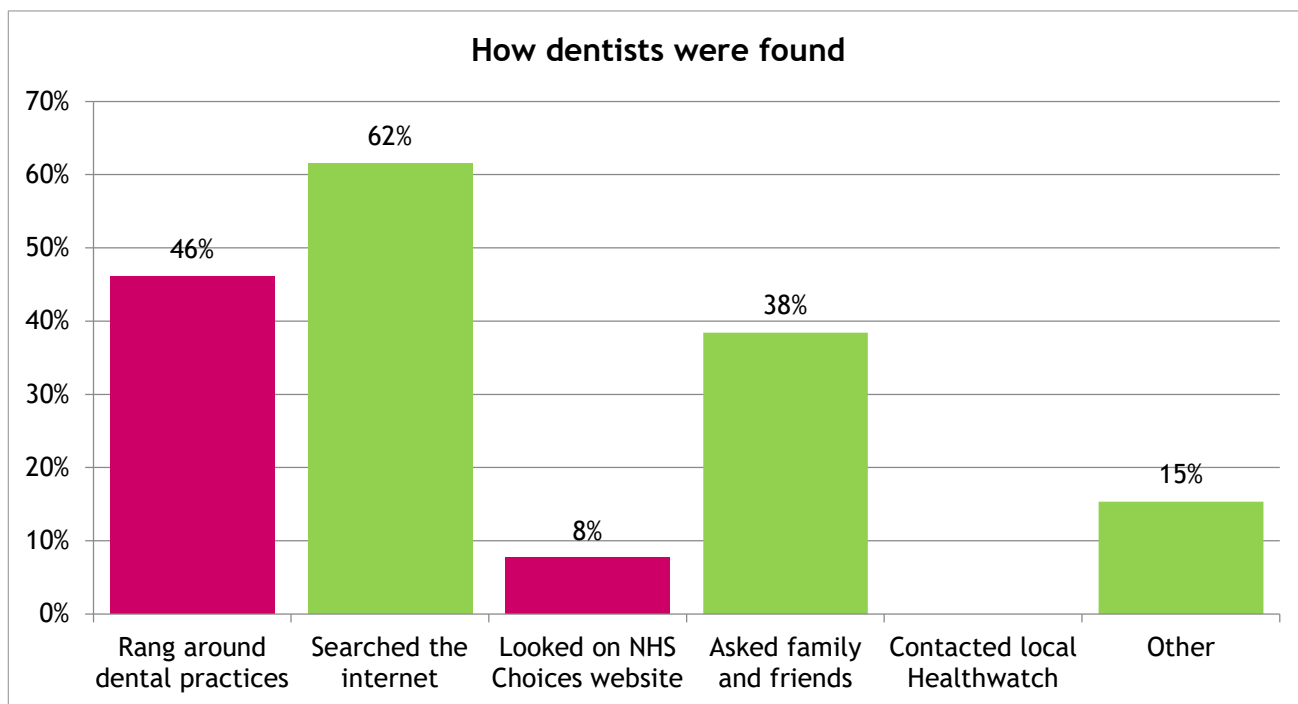
The negative responses may be due to NHS capacity not keeping up with demand from a growing population in Gateshead, as well as a lack of accurate information on the NHS website www.nhs.uk about dental practices that offer NHS treatment.

Ease of finding a dentist



Interestingly, responses to this question were from the two extremes, with the top response being 'Very difficult' (46%) and the second was 'Very easy' (30%). It is noteworthy that respondents contacted a private dental practice. Although we did not ask specifically, people told us that NHS dental treatment charges were expensive and more stated that they either struggled to pay or avoided dental treatment altogether, because they could not afford the costs.

How dentists were found



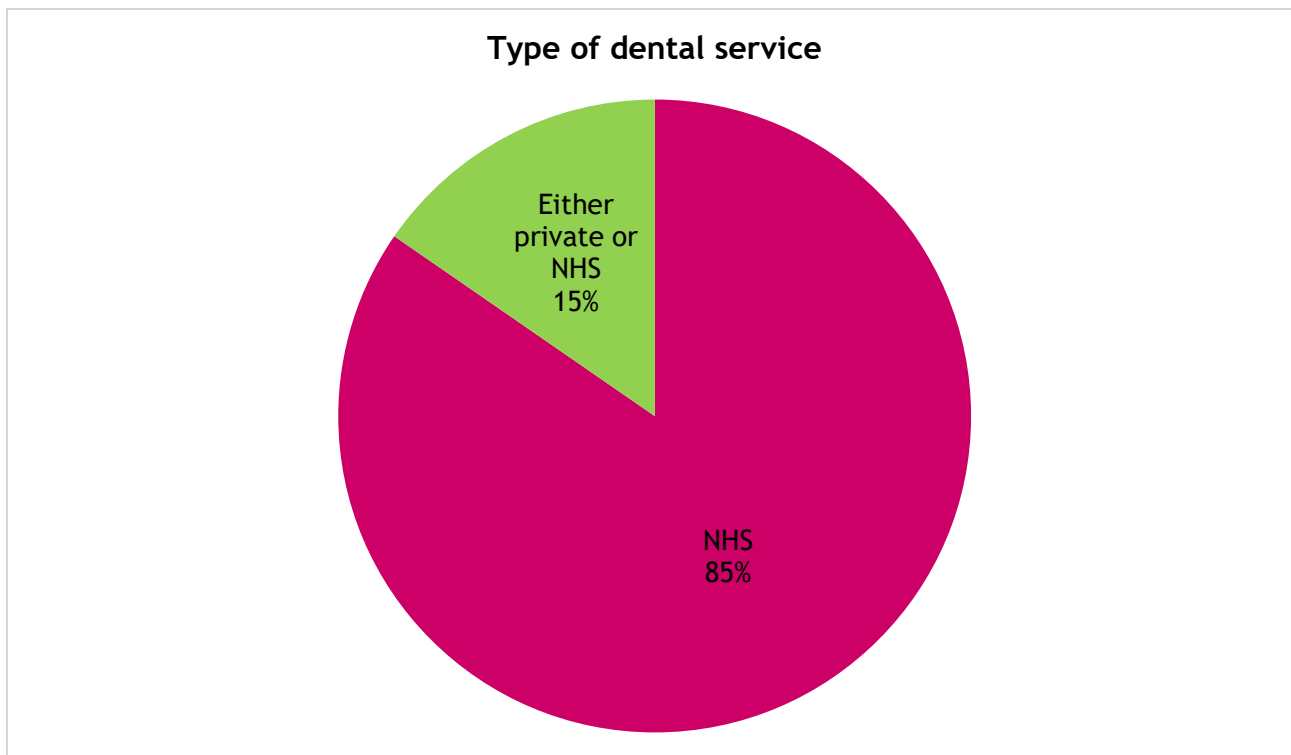
Most people found a dentist by using the internet (eight people). However, our survey found however that many surgeries were not up-to-date with their information. Six people rang around dental practices trying to register and five relied on family and friends.

Comments mainly focussed on how difficult it was to register with a dentist. The limited use of the NHS website suggests more could be done to promote this service. Services need to bear in mind that people with learning disabilities and older people particularly may find it difficult to access information.

“Cannot be registered anywhere it’s impossible!”

“I have been unable to register at a dentist as they are all fully booked.”

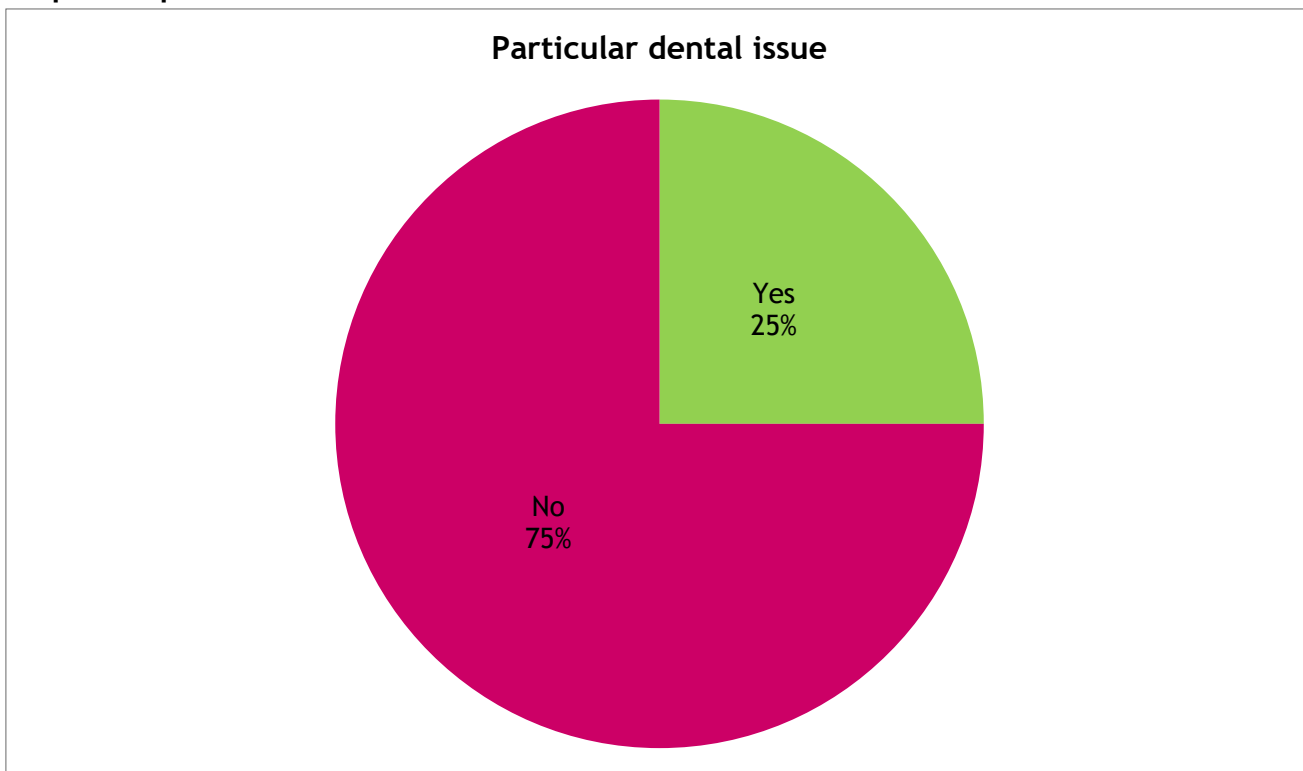
What dental service was needed?



We were not surprised that over 80% of respondents were looking for NHS treatment – participants raised affordability as a barrier numerous times. This is particularly noteworthy as Gateshead is ranked 47th out of 317 local authorities in England in the overall Index of Multiple Deprivation 2019¹, where ‘1’ is the most deprived (rank of average score). Around 32,700 (16%) of Gateshead residents live within the most deprived 10% of LSOAs (Lower Layer Super Output Area) in England.

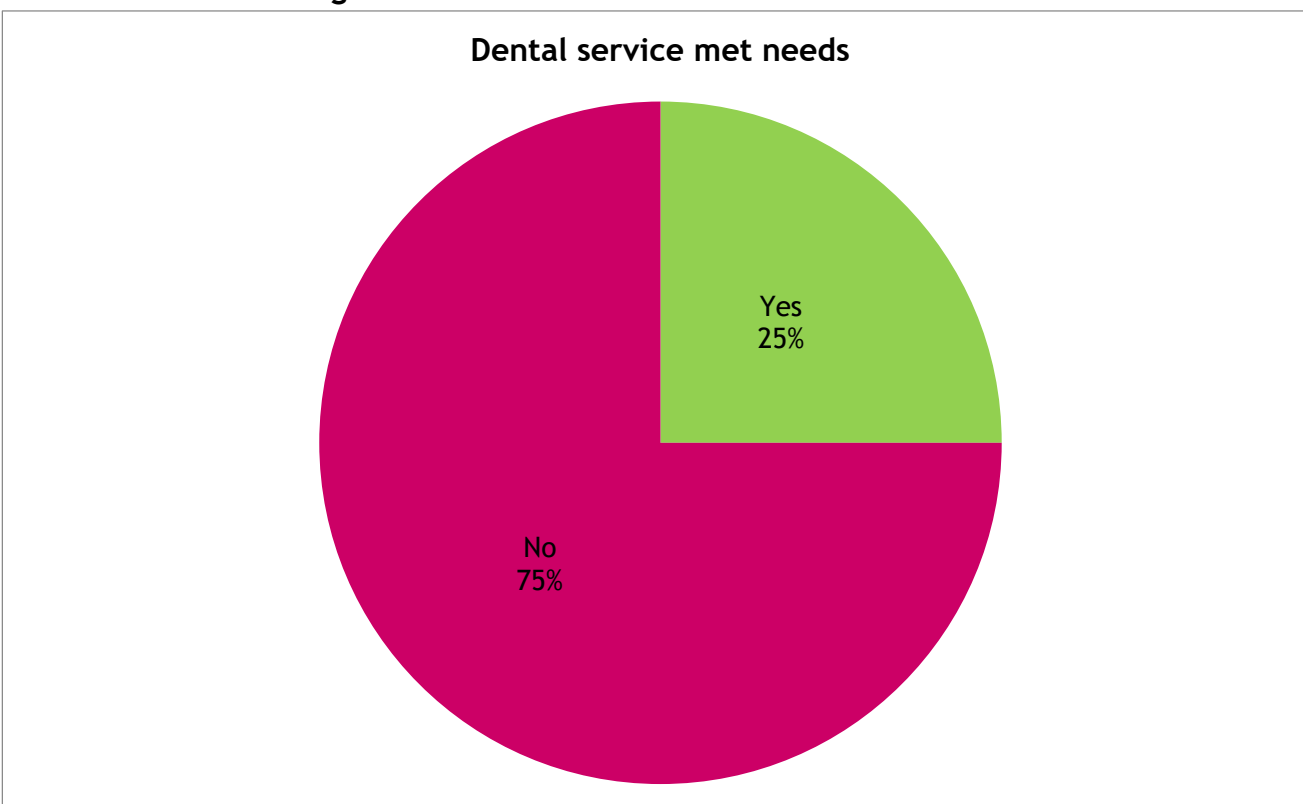
¹ www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Help for a particular dental issue



Overall, 75% of Gateshead residents did not need help for a particular issue. This is reflective of 52% of respondents who wanted to make an appointment to arrange a routine check-up. Those who answered 'no' to this question were enquiring about finding a dentist. Some who told us they had a particular issue included the need to be sedated and required a filling.

Dental service meeting needs



Comments added by respondents here stated that six people were put on a waiting list to register at a dentist. Twelve people answered this question (16%) and of these, 75% did not find a service to meet their needs. Of those that responded negatively to this question, two who could not find a dentist to register with were placed on a waiting list. Two received a service from their dentist but felt that they did not get the same degree of care had they been seen privately. One person stated that their dentist refused to see them due to the fact they did not wear a mask, despite having a medical exemption. Another person was eventually seen but felt that the wait was too long.

Reflecting on our ‘a moment in time’ exercise above, the three practices we spoke to told us the waiting time was no more than a month. Therefore, more research is recommended to quantify this as the numbers in this report are too low to be significant. What is noteworthy is the need for dental practices to improve information on what is a reasonable wait for a routine dental appointment, as this is a subjective measure based on an individual’s opinion of a long waiting time. A need to clarify timescales for dental work will be of significance when trying to clear the patient backlog so that timescales are clearly understood.

Travel for dental care

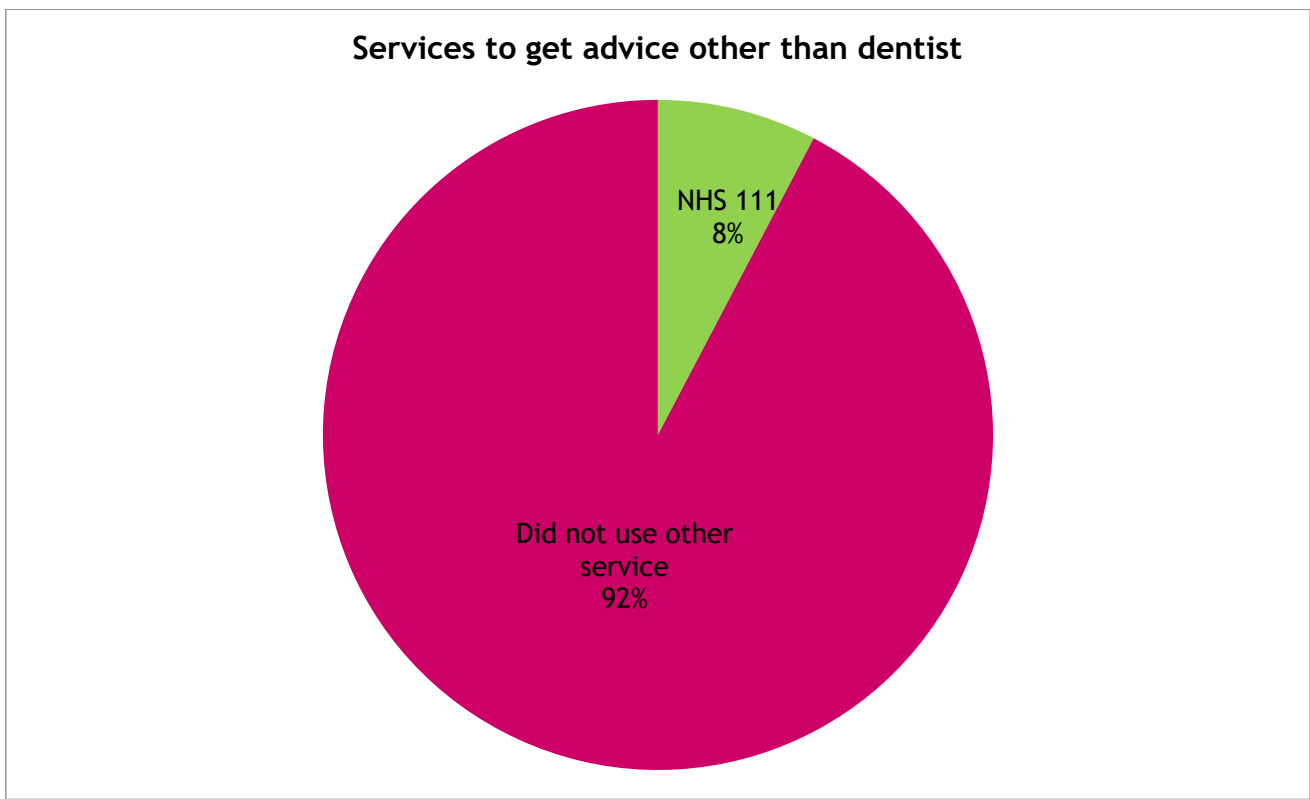


It’s interesting to see that for Gateshead residents there is a variety of distances travelled to access dental services. We note that these are reasonable in comparison to other areas, where local Healthwatch and Healthwatch England have recorded people travelling more than 50 miles to see a dentist.

It is important to note how rural some parts of Gateshead are. Many villages don’t have a dentist, requiring residents to travel further to access services.

Reflecting on low-income levels and high deprivation within some parts of Gateshead, it is likely that extra travel costs may reduce dental service uptake, thus risking increased health inequalities.

Alternative services for advice on dental access



Most respondents to our questionnaire (92%) did not use services other than dentists to access advice. Only 8% used NHS 111 to access dental advice, with no other services being used. Literature on where to go for help needs to be publicised on NHS websites and at dental practices, with a clear information pathway that utilises existing networks and channels. This could include Healthwatch Gateshead and organisations in the voluntary and community sector, which have links with specific communities. Consideration needs to be given to address the digital divide and other barriers that contribute to inequalities around access to information and dental services.

Improvements for finding a dentist

Only eight people gave recommendations for improvements in finding a dentist, with some making more than one recommendation. Four people focussed on the difficulty registering and a lack of NHS spaces at dentists and three people commented about the lack of information and how it was displayed or shared.

“Letting people know which dental practices were taking on new patients- (seems very little done to advertise this).”

“Better Information on finding local NHS dentist.”

“More info on websites, it would have been helpful for the dentists to have messages to say they have no spaces for new patients.”

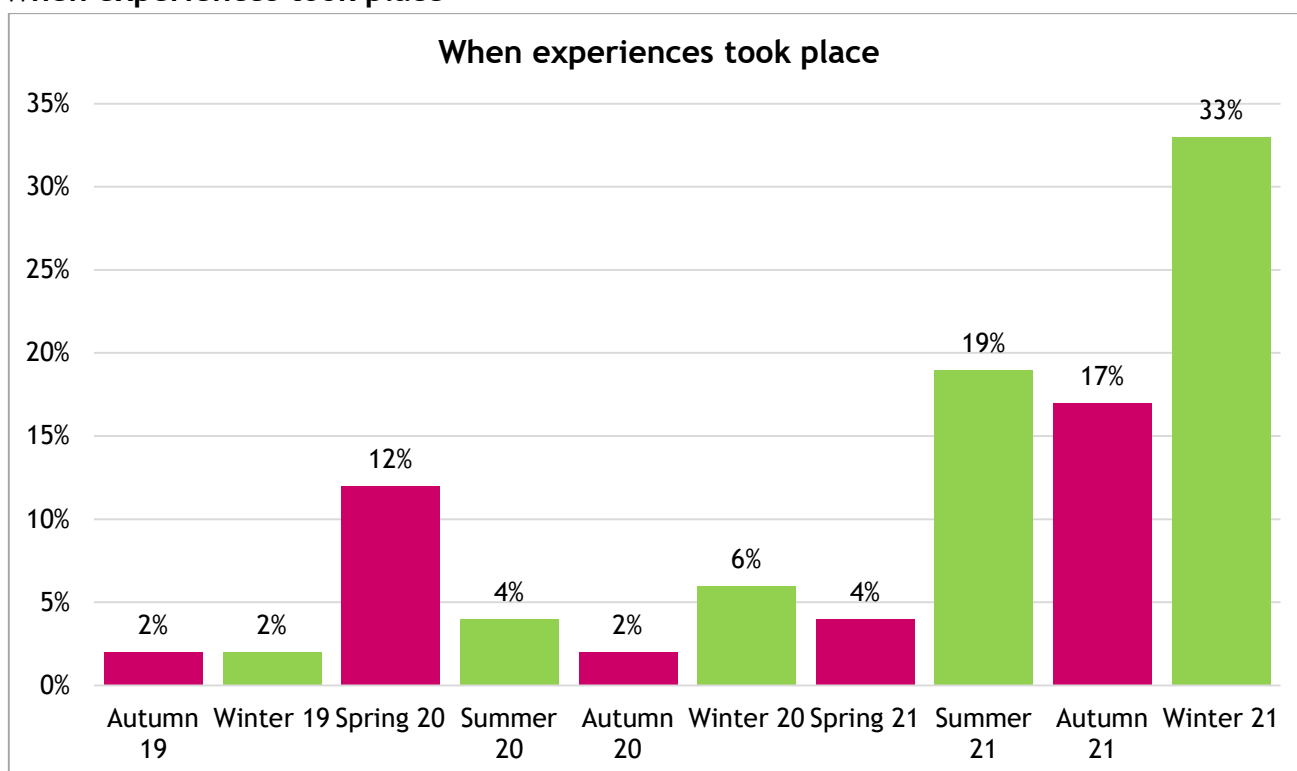
“There should be one clear place the public could go to that was friendly, knowledgeable and understanding (that could give choices of what services, even emergencies and when you could go).”

Section 2: experiences of booking appointments

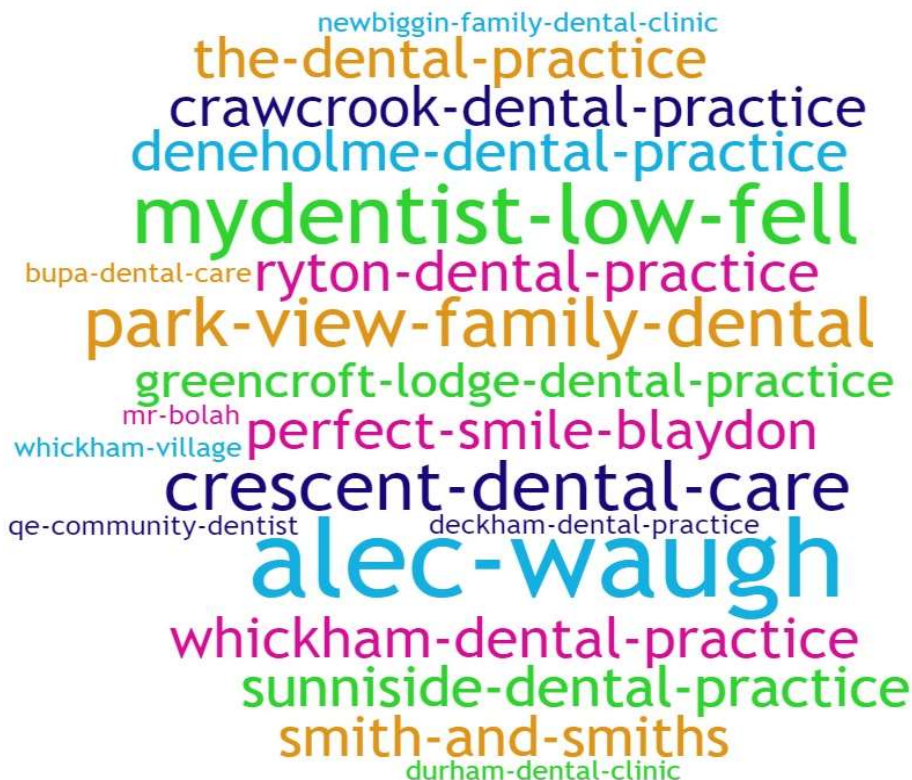
Whose experiences are you telling us about?

We asked respondents whose experiences they were telling us about. More than 90% told us about themselves and only 6% focussed on their children. Although not the focus of this survey, it might be interesting to further explore the uptake of dental services among children in Gateshead, links to childhood health inequalities and ensuring every child has the best start.

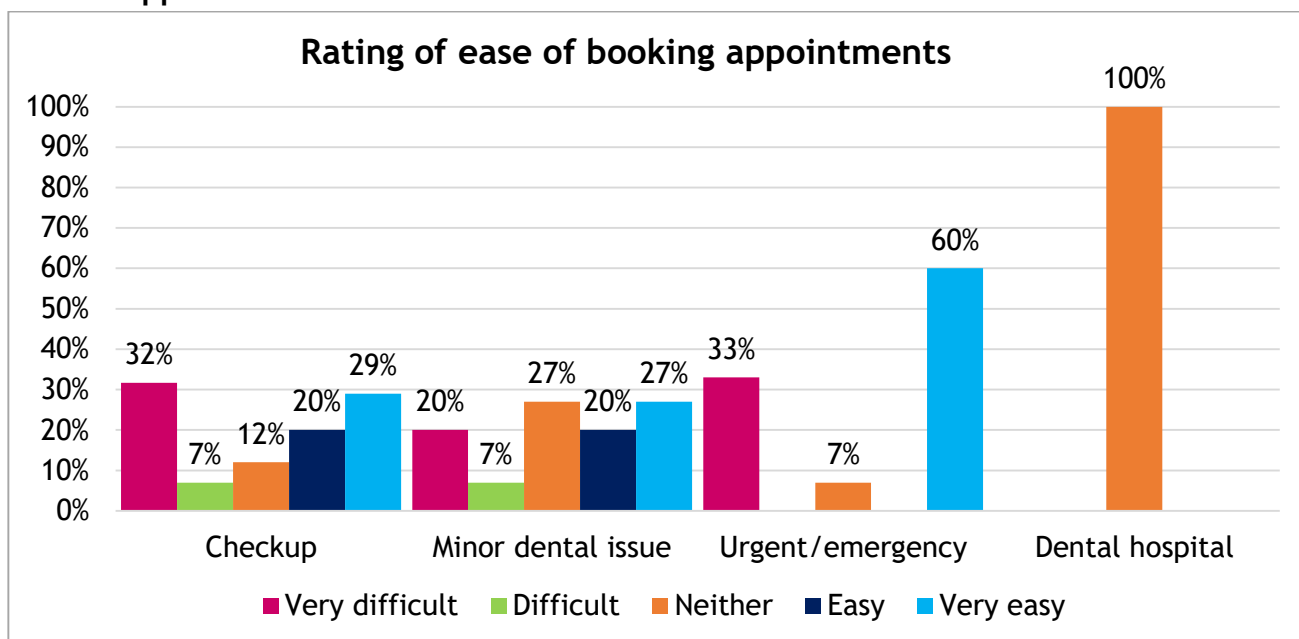
When experiences took place



Which dental services were the experiences about?



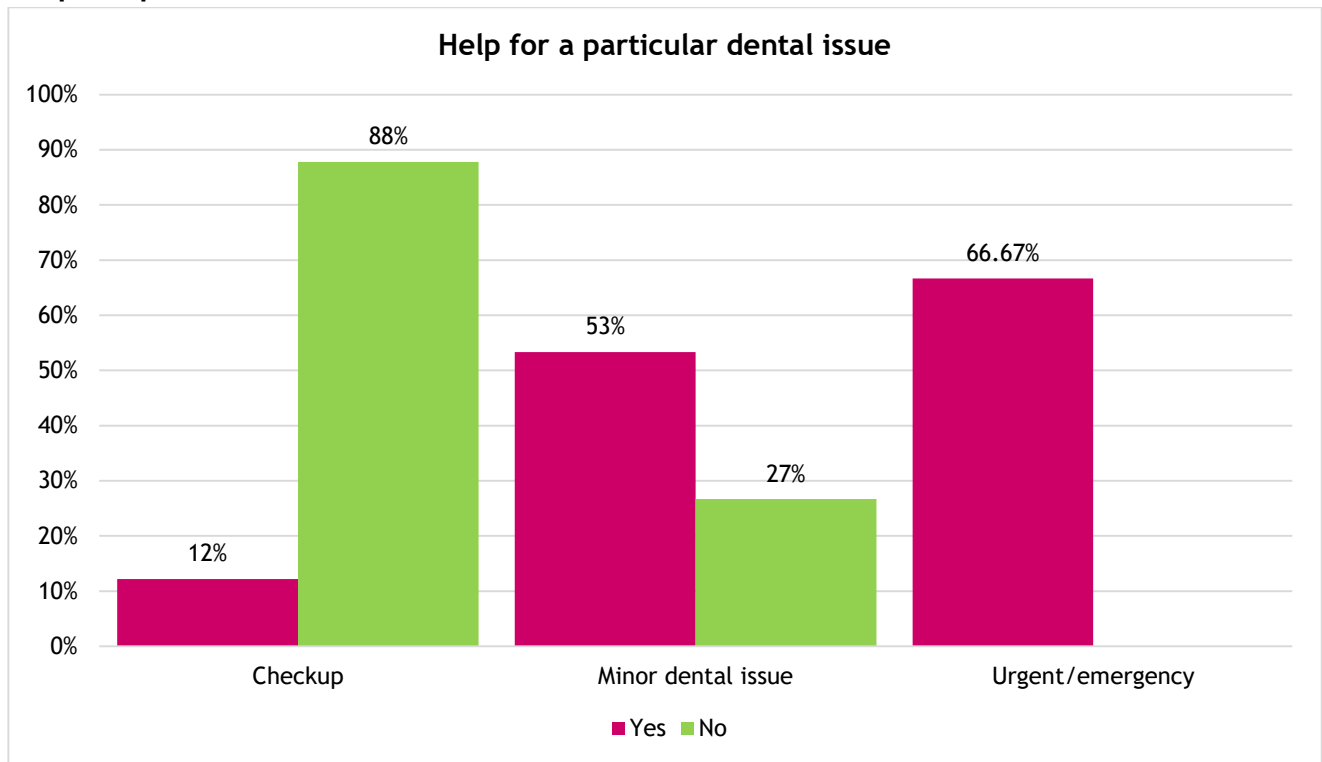
Ease of appointments



Urgent/emergency care was deemed to be very easy in terms of accessing a dental service by 60% of people. Check-ups and minor dental appointments were seen as the most difficult to access (32% and 20% respectively). The pandemic made it difficult for most people to access non-urgent appointments and access to dental services was severely limited. This will likely take some time to recover, with a backlog of patients in need of oral treatment and care due to the reduced capacity. Despite this, it was good to see most

people overall found access to services across the board as easy or very easy. This is significant given the pandemic and restraints in accessing dental services nationally.

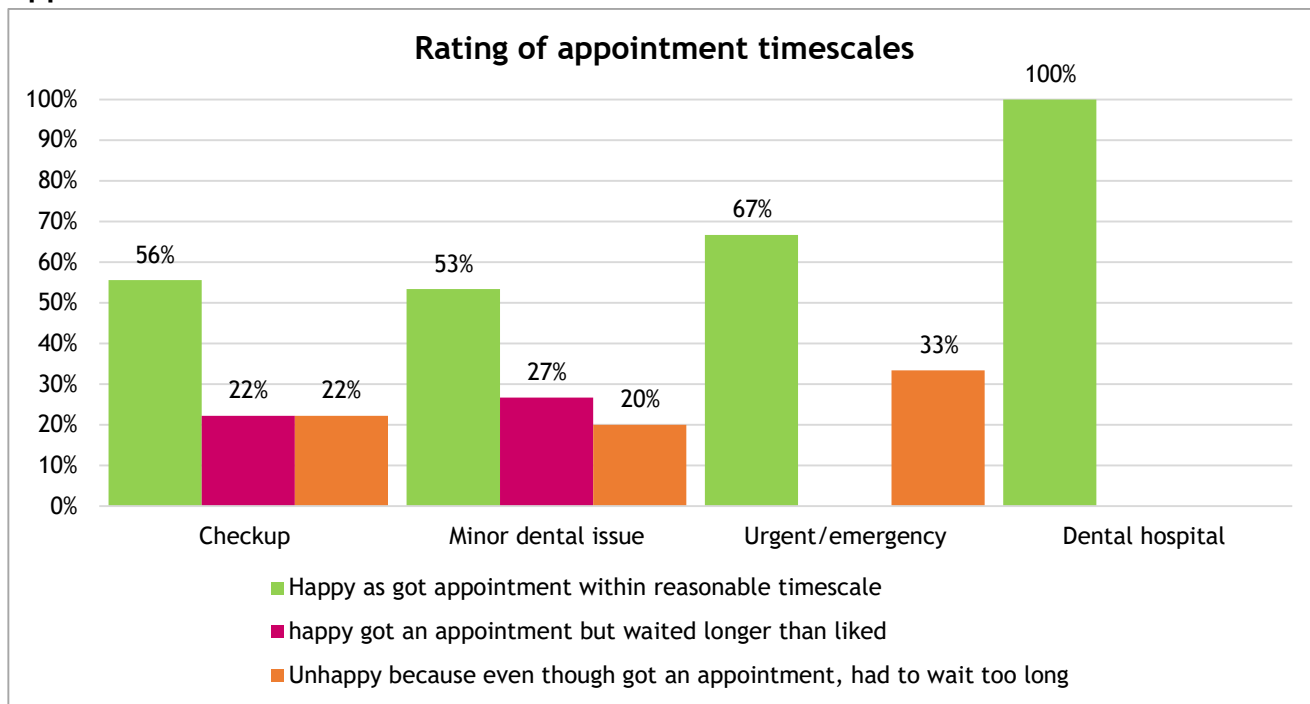
Help for particular issues



Routine dental visits are an opportunity to provide preventative oral health care as well as identify early disease and decay that may later manifest itself. Of the respondents who chose to provide details, the main dental issues they needed help with were broken teeth (23%) and severe pain (21%).

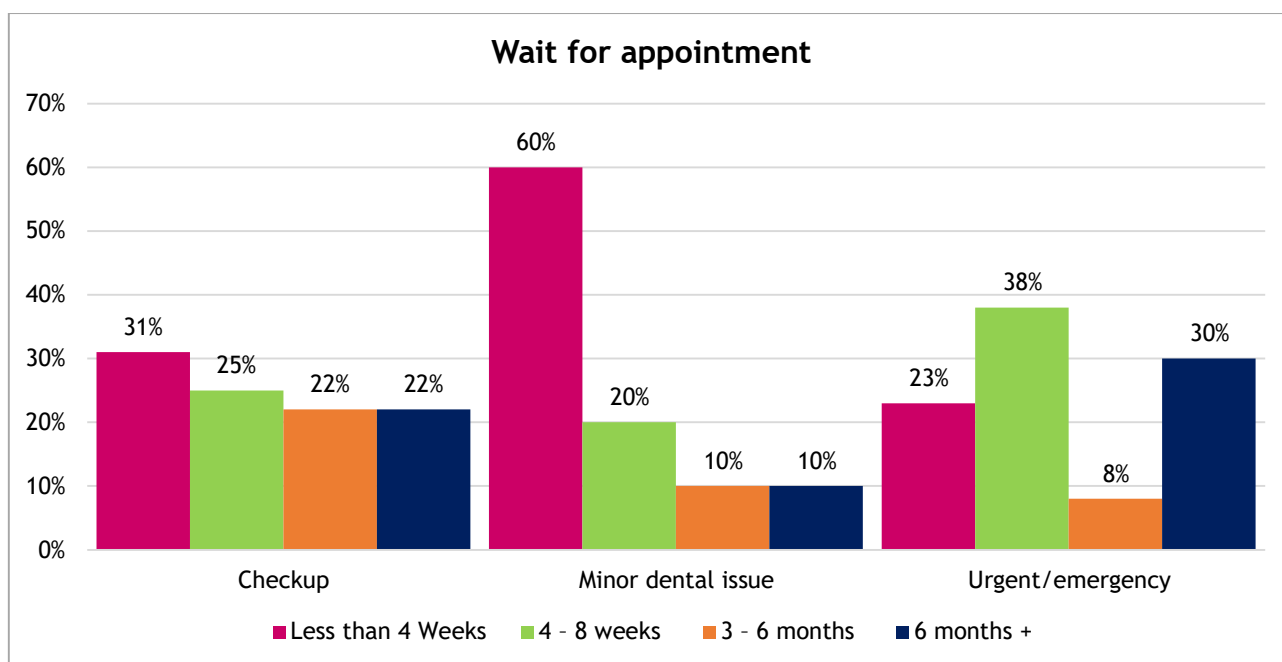
In the case of urgent/emergency care, issues mostly involved severe pain (25%), a broken tooth (15%) and needing a tooth extraction (15%). Whilst these are understandable reasons, it must be noted that broken teeth are considered to be part of both a check-up and a minor issue appointment. People with a broken tooth who access information via the NHS website may be confused by advice that broken teeth as 'not serious' and to see a dentist, but then goes on to advise on how to access a dentist in an emergency.

Appointment timescales



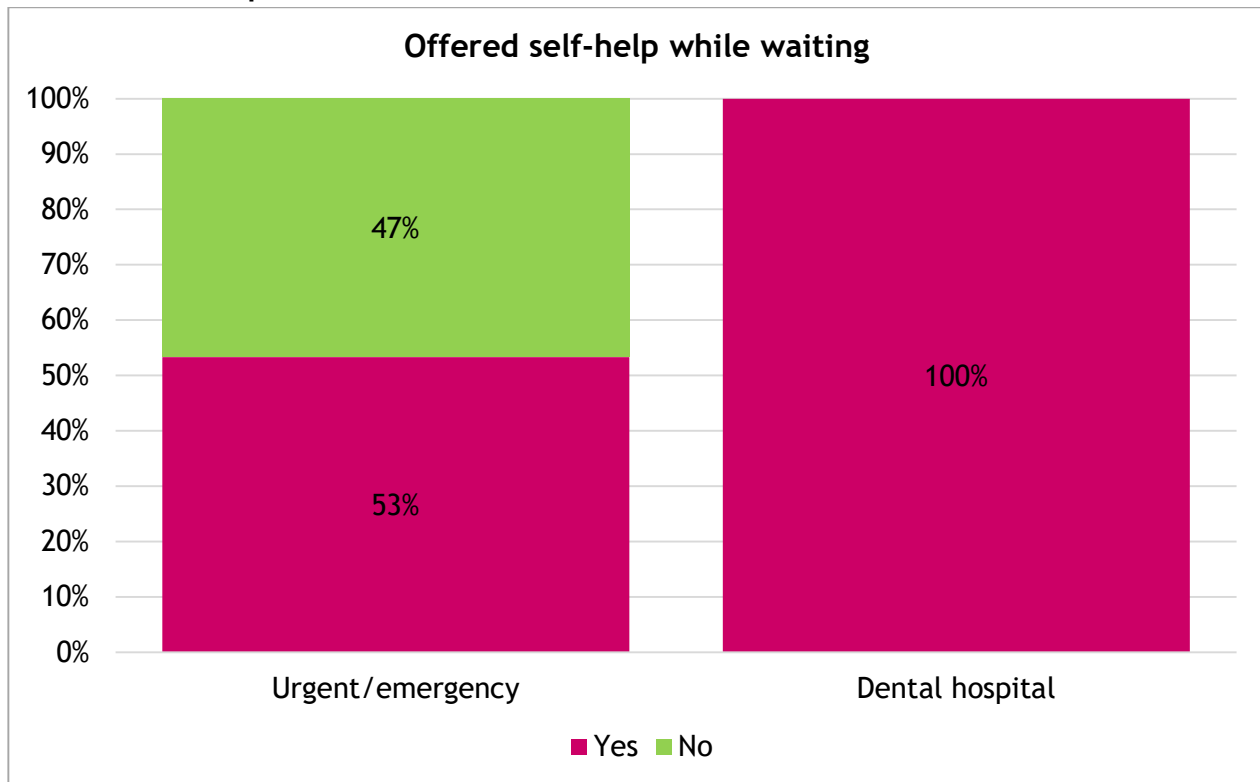
Most people stated they were happy with waiting times for all services. Satisfaction for dental hospital waiting times appears high but it must be noted that this was one person's point of view and cannot be seen as significant within the context of this survey.

In the case of urgent/emergency appointments, 67% of respondents felt happy but 33% reported feeling unhappy. This varied response may reflect the different services that were accessed. Minor dental and check-up appointments showed an even spread of results. This is not surprising given that priority was given to urgent cases during a particularly difficult and extraordinary period.



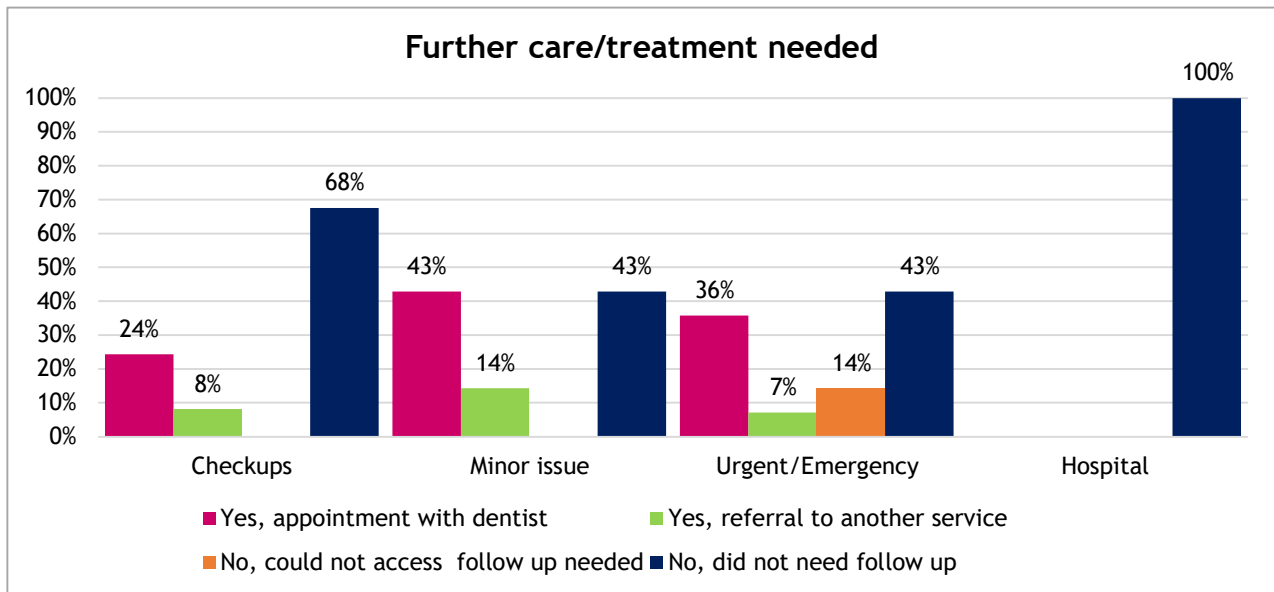
Some people chose to share how long they had to wait for their check-up, a minor dental issue, and urgent/emergency appointments. It is pleasing to see that most people waited less than four weeks for an appointment, regardless of the type of care needed. This level of service is to be commended when compared to previous research carried out by Healthwatch England with local teams in May 2021 which stated people in England “face three year waits for dentist appointments”.

Offer of self-help advice for an issue



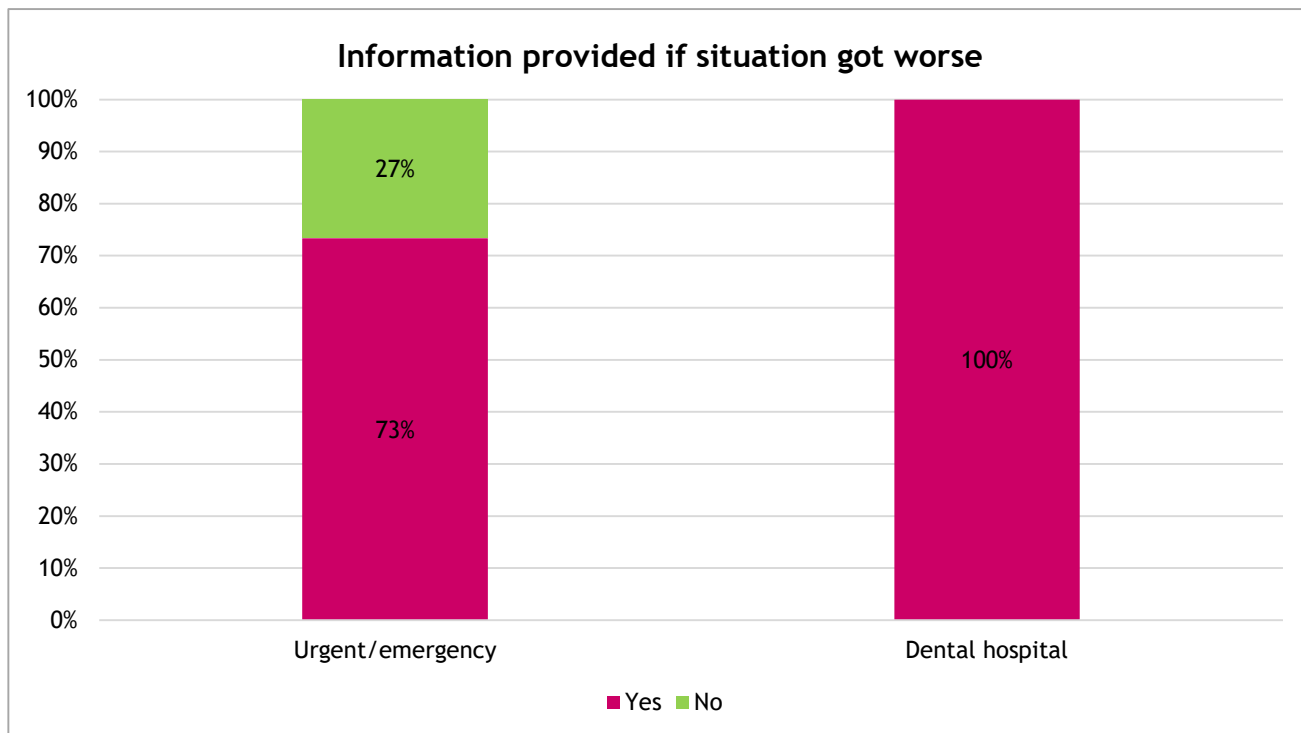
Just over half of respondents were offered self-help advice while waiting for urgent help from their dental practice was evenly balanced (53%). Local Healthwatch are now witnessing a spike in enquiries from people looking for help with their dental services. It is important that at both a local and central level, more resources are made available to allow the dental sector to resolve backlogs, signpost people, and offer sound advice to individuals to manage their pain

Further care or treatment needed



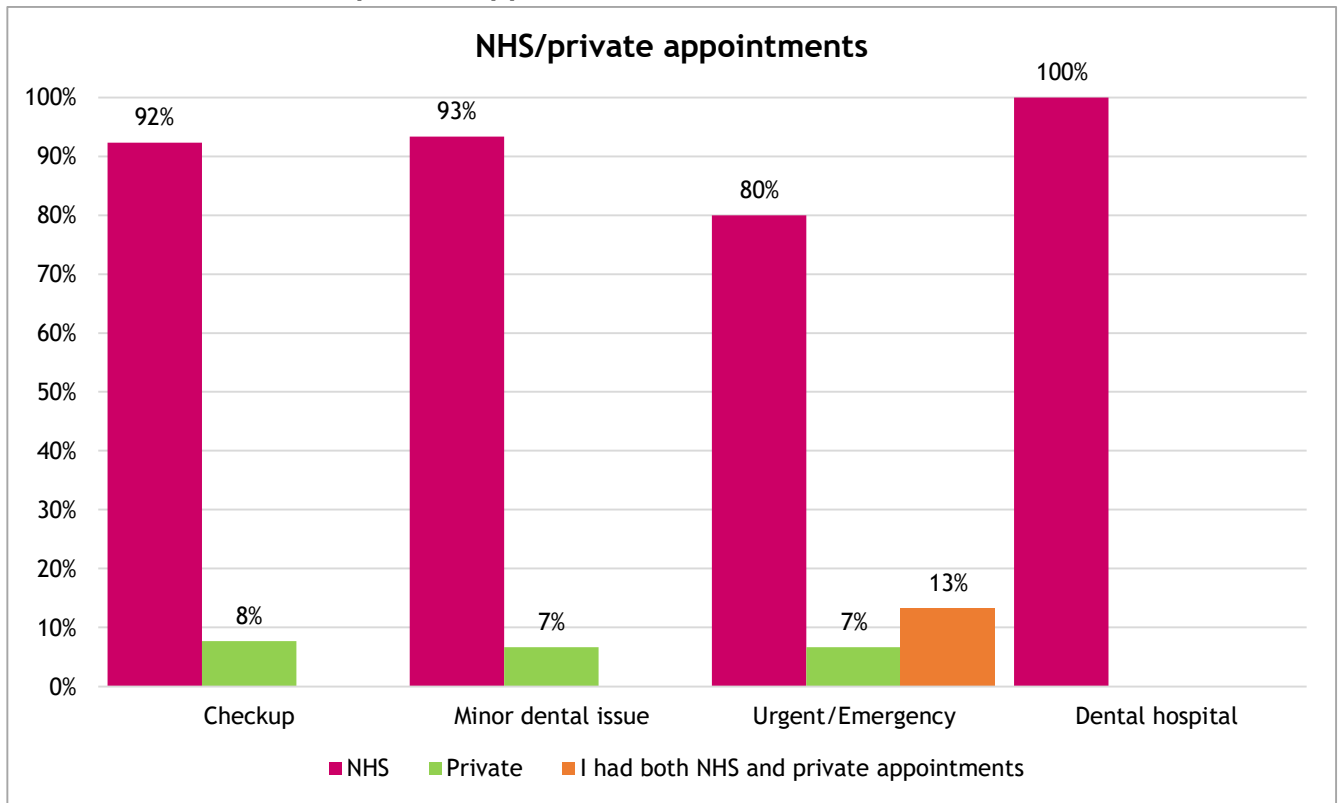
It is pleasing to see that most people did not require further care or treatment. It can be assumed that any dental procedures required were successfully dealt with in a single appointment, evidencing the high-quality treatment NHS dentists provide. Those requiring further care mostly reported that they were seen by a hygienist, had a follow-up appointment with the dentist after urgent care or were referred to the dental hospital. It is unfortunate that 14% of respondents could not access the further treatment they needed. One person commented that the cost was a reason for a lack of further dental care.

Information provided if the situation got worse



Respondents who received information around what to do if the situation worsened were given a range of advice, including self-help cold compress, saltwater rinse and painkillers. The majority of respondents reported they were provided with information but 27% of urgent/emergency cases did not. Therefore, it would be useful for dentists to provide a leaflet or online information to offer advice on worsening conditions and provide telephone numbers for emergency dentists in the event of severe pain.

Breakdown of NHS and private appointments

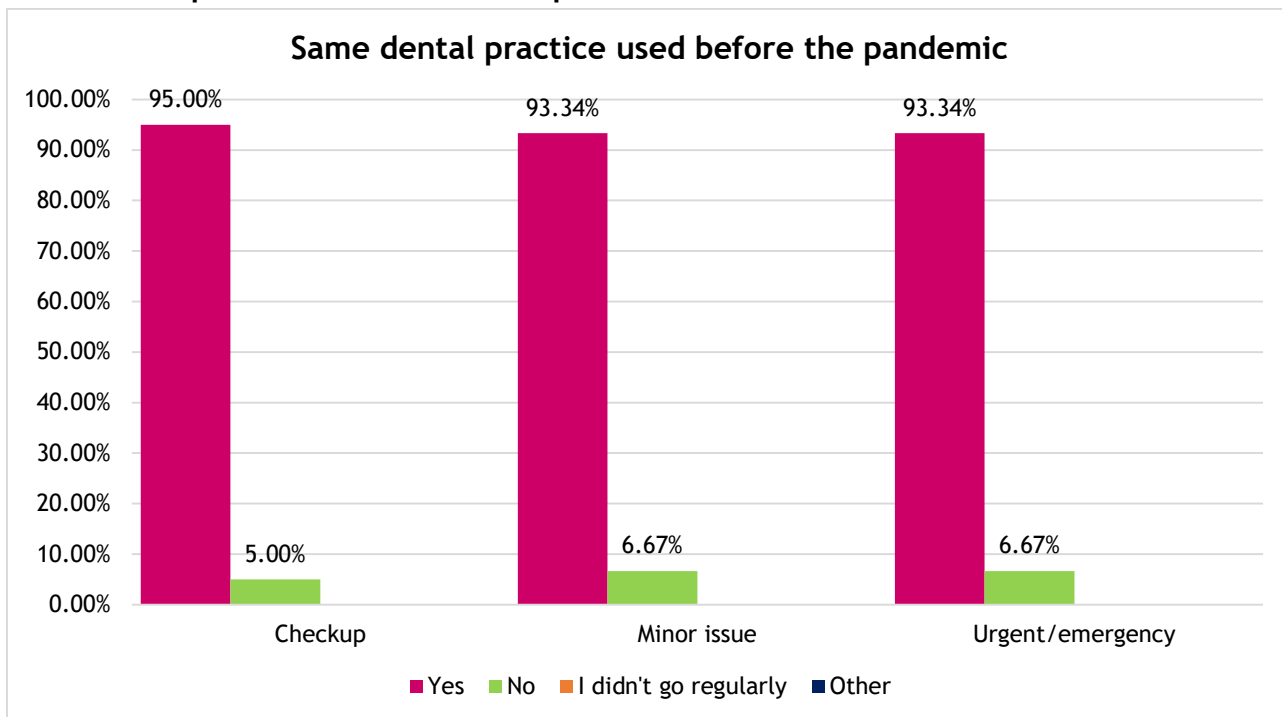


It is positive to see that most people had NHS appointments for all services. However, several patients were unhappy with charges for check-ups of ‘around £28’, when in fact NHS dental charges start with Band 1, which is currently £23.80. Cost was again an issue for people seeking help for minor dental issues. This reinforces the point that NHS and private practices should provide clear information about dental costs to make patients aware beforehand what they need to pay.

One patient who visited an NHS dentist felt reassured to be given a questionnaire to complete before the check-up. The use of pre-screening questionnaires, especially during the pandemic, ensure a COVID-safe and effective service and assures patients that surgeries are proactive in managing risks around COVID-19.

More respondents used a combination of NHS and private dental care for urgent care. The three dentists that we spoke to in Gateshead offered both NHS and private treatment. Clear guidelines on NHS treatment versus private treatment should be given to a patient before treatment begins. This allows patients to understand what a dentist deems as ‘necessary’ treatment and what is not covered (such as cosmetic treatments to improve appearance).

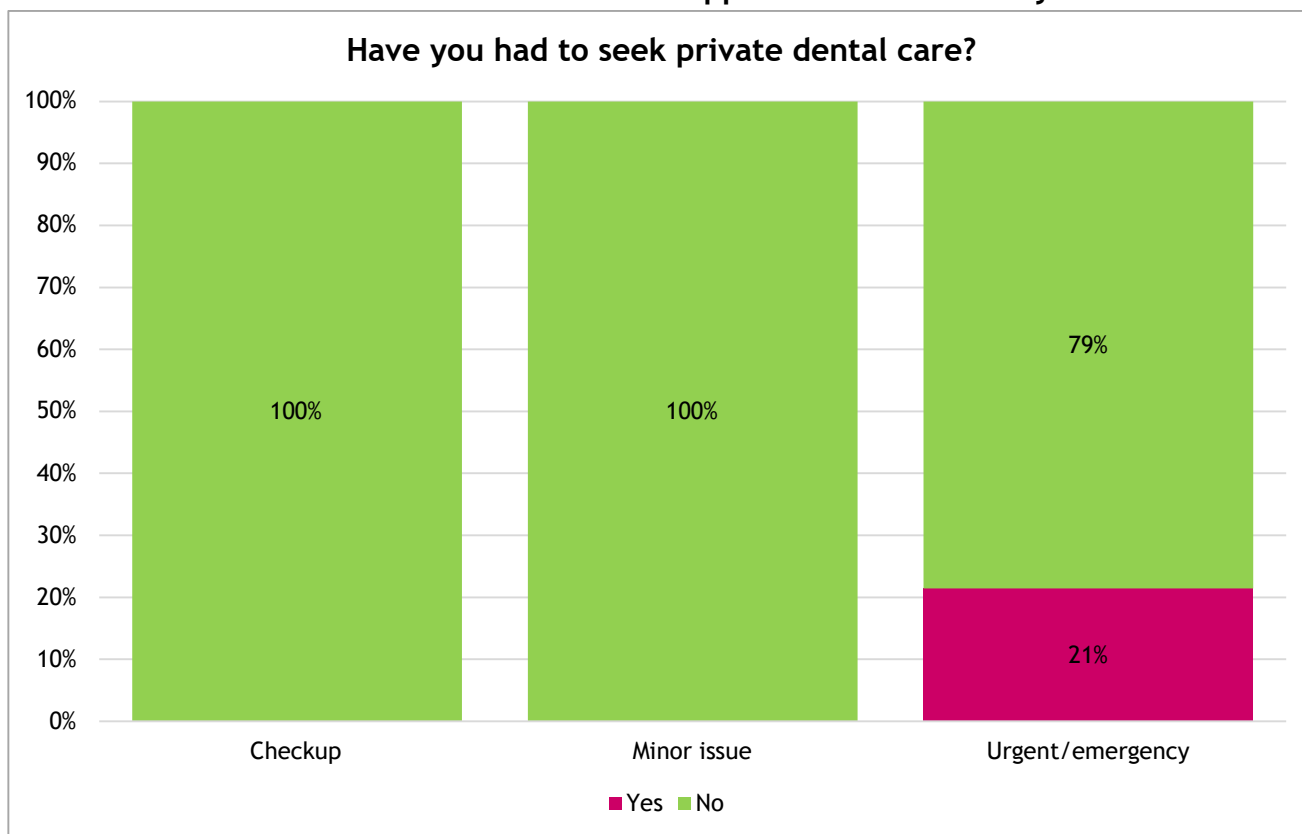
Same dental practice use before the pandemic



The fact that over 90% of patients continued to attend the practice they had used before the pandemic reflects positively on dental practices. However, this may reflect a commonly-held misunderstanding that people must attend the dental practice they are 'registered' with (there is no formal patient registration process to see a dentist). Responses to earlier questions suggest that dental practice staff may also be unaware there is no patient registration requirement as per GP practices: some respondents said staff told them they could not be seen because they weren't registered patients with the practice.

Patients may wish to change dentist for a variety of reasons. It could be to move to a more convenient practice, because they are unhappy with the care provided by their current dentist, or because they don't want to be seen by a dentist in the same practice. Providing information and informing people they are not bound by a catchment area, alongside advertising that a practice is currently accepting NHS patients, will allow patients better freedom and choice.

Private dental care accessed because of NHS appointment availability



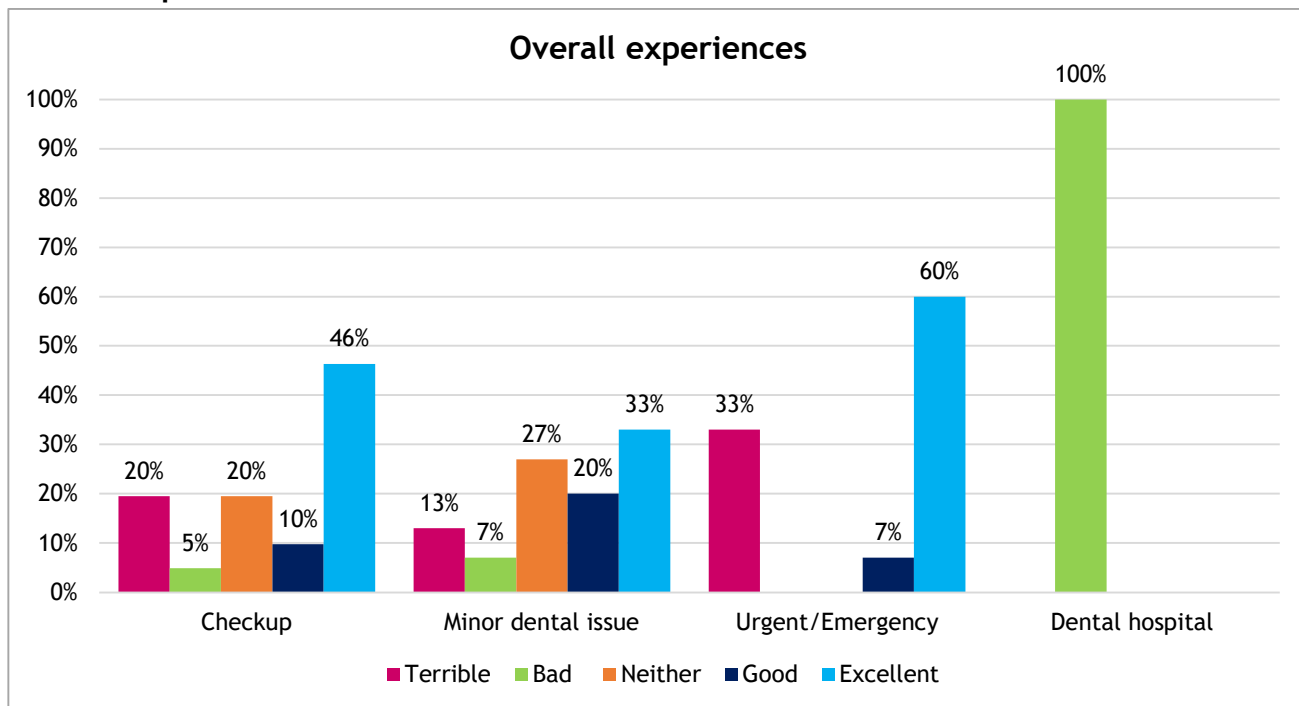
It is reassuring to see that all people who responded to the questionnaire reported that they did not have to seek private dental care for a check-up or minor issue because they could not get an NHS appointment. However, when asked for more detail there were a few contradictory comments, which included being unable to access a check-up unless they joined a monthly plan or no appointments were offered.

Most respondents (79%) did not need private dental care for urgent/emergency care. However, 21% said they sought private dentistry because they believed an NHS dentist had provided unnecessary treatment on a tooth or they had been waiting too long. Although 21% is still a significant percentage, it is reassuring that locally this is lower than feedback received by Healthwatch England from local Healthwatch across England. This suggests that some dentists appeared to prioritise private patients over NHS ones after reopening in June 2020 and dealing with the post-lockdown backlog.

Use of NHS 111 for emergency dental care

Most respondents (93%) had not used NHS 111 for emergency dental care. Although 7% had used 111, it is questionable if people are aware they can use this for dental issues. It could be due to fact that the criteria for NHS 111 states 'health' and many may not associate this with dental/oral health.

Overall experiences



Overall, experiences across all treatments were good, with urgent/emergency services receiving the greatest 'excellent' experience (60%), followed by check-up experiences. It is worth stating that 33% of respondents gave a low rating of their experience of urgent/emergency dental care. This also occurred for check-up experiences, with 25% reporting a negative experience. The dental hospital had the highest negative rating but this is based on a single respondent's feedback. When asked for greater detail about experiences, the following themes emerged.

Treatment quality (18%)

- Professional
- First-class service
- Good treatment
- Good response

No access (18%)

- No help for severe infection during lockdown
- Appointment cancelled
- Still not seeing patients, on a waiting list
- Community dentistry at the Queen Elizabeth clinic still closed
- Seeing patients outside of area

Staff attitude (15%)

- Amazing
- Competent and kind
- Caring
- Listen and offer excellent personal service



Out of the top three themes, it is good to see that two were positive. It suggests that, once people have been able to access dental services, they are satisfied with both the staff and the medical treatment. It is unsurprising that ‘no access’ emerged as the second top theme, given the responses overall in this report demonstrates the difficulties people in Gateshead have faced.

Improvements for dental service experience

Twenty people mentioned how their dental experience could have been improved. The following themes emerged.

Availability (35%)

- Hygienist
- Decrease appointment wait
- Employ another dentist

Communication (20%)

- Receive reminders from dentists for check-ups
- Improved information on websites
- Information on waiting times

Accessibility (15%)

- Understanding of disabled access
- Early and evening appointments for people who work

4. Conclusion

The findings demonstrate a positive experience for most people receiving dental treatment. Many who fed back were positive about their treatment. Patients praised staff and appreciated the extra efforts to assist them during the lockdown.

Dental practices – ‘a moment in time’

It is evident from this work that dental practices in Gateshead are under a lot of pressure, given the majority were too busy to answer questions or were uncontactable. The practices we were able to speak to had appointment waits of under one month and were accepting both NHS and private patients. Our volunteers found it difficult to contact practices and this is echoed in the questionnaire feedback, with many negative comments and some feeling ‘fobbed off’.

Finding a dentist in Gateshead

The majority of respondents reported negative experiences in finding a dentist. Interestingly, accessing dental care was either very difficult or very easy. The majority found a dentist through the internet or by calling dental practices. The limited use of the NHS website suggests more could be done to promote this service.

Most respondents sought treatment under the NHS – affordability was a barrier raised numerous times throughout the questionnaire. Many felt their needs weren't met, including difficulties finding a dentist or being placed on a waiting list. Gateshead residents travelled various distances to access services, however, this is substantially less than other parts of the country where some travel more than 50 miles to see a dentist.

Additionally, we found most respondents used dentists to seek advice. It shows a need for increased promotion of alternative pathways for support and advice. Suggestions for improvements included improving the ease of registering with a dentist and increasing the NHS patient list.

Experiences of booking appointments

Urgent/emergency appointments were deemed as very easy to access, whereas check-ups and minor dental appointments were seen as the most difficult. Urgent/emergency appointments were needed mainly for severe pain, broken teeth, and tooth extraction. Broken teeth were also considered to be an issue needed for check-up and minor issue appointments. Most respondents were happy with waiting times for all services, the majority needed to wait less than four weeks for an appointment. Gateshead residents mostly reported they received self-help advice when waiting for treatment. Whilst many restated they did not require further care/treatment after their appointment, those who did needed to see the hygienist, attend follow-up appointments or go to a dental hospital. A high proportion received information on what to do if the situation got worse.

Most people received NHS appointments for all services, however many had issues with charges for check-ups and minor dental issues. For urgent care, many used a combination of both NHS and private dental care. This is reflective of the fact that most people did not seek private care, but those that did for urgent care was due to waiting times and the treatment they received. Interestingly, many attended the practice they had used before the pandemic, which is positive. However, this reinforces and reflects the commonly held belief that individuals can only attend the dentist they are 'registered' with. Many respondents were unaware of NHS111 as a resource when seeking emergency dental care.

When asked how appointments could be improved, popular suggestions included increasing the number of dentists and hygienists so waiting times could be reduced. This was followed by improved communication, including check-up reminders and information on practice websites about accepting NHS patients and what to do when you need urgent/emergency care. Despite the difficulty of accessing oral care at this time, Gateshead compares favourably to the national picture; there was significantly better access and, once people could access dental services, they received good quality care.

5. Recommendations

Using all available knowledge and the insight of wider Healthwatch Gateshead information, we can formulate a view and make the following recommendations:

1. Make information simple and available

Residents have reported a lack of accurate, or any, information about when a dental practice is accepting NHS patients. Dental practices and NHS websites should ensure information on how access to a dentist is clearly displayed and up-to-date, including details of NHS dental charges. Language and communication problems can lead to misunderstandings that exacerbate worries and concerns about dental treatment. People from ethnic minority communities may experience language and communication difficulties as additional barriers to accessing dental care. Older people and those with sensory or physical disabilities or learning difficulties may also experience barriers when engaging with dental services. It is the role of dental health professionals to acknowledge that these barriers exist and to work together with patient and specialist organisations to improve service access.

Clear and consistent information from all practice staff, on websites, answering machines and waiting room posters can help patients know what to expect. This is particularly useful in ensuring that patients know how long appointments should last, the procedures when arriving at the dental practice, opening times, treatment fees, etc.

Avoiding dental terminology, abbreviations and jargon and, with the patient's permission, involving those close to them in the discussion where appropriate.

Utilising remote consulting, providing patient information leaflets or information about extra resources for the patient to read at home may all be helpful additions to the information provided to patients in the surgery, as well as ensuring leaflets are provided in accessible communication formats.

2. Improve patient registration processes

Steps need to be taken to address the confusion caused by the issue of 'registration'. While the NHS website clarifies that people don't register with a dentist as you do with a GP, dentists then 'de-register' patients for a variety of reasons, which causes confusion and frustration for the patient and ultimately leads to complaints.

3. Improve NHS patient access

Access to NHS dentistry is difficult for patients for a variety of reasons, including the pandemic. Consideration needs to be given to ways to reduce the backlog, improve access to dental care and reduce the confusion between NHS and private services.

In January 2022, funding of £8,904,000 was announced by the NHS for the North East and Yorkshire to provide more dental appointments. Children, people with learning

disabilities, autism or severe mental health problems will be prioritised as part of a dentistry treatment push over the coming months, with the one-off funding made available until the end of the financial year. This boost will allow people to access vital dental care when they need it, better support dentists and provide positive outcomes for patients.

4. Review affordability in line with cost-of-living increases

Many people struggle to afford NHS charges. Many have been negatively affected due to the pandemic, but people should be able to access the same standard of dental treatment, regardless of being an NHS or private patient.

Acknowledgements

Thanks to the following organisations and people who helped in promoting our survey during a particularly difficult time when COVID-19 restrictions were in place, limiting our ability to reach all parts of the community and preventing face-to-face work by Healthwatch Gateshead staff and volunteers.

Action Foundation
Albert Kennedy Trust
Carers Trust
Chinese Healthy Living Centre
Connected Voice
Crisis
Gateshead Older People's Assembly
HAREF
Isaac Carty
Kate Beattie
Peace of Mind
Public Health Gateshead
Sow Fong Cole
All our valued Healthwatch Champions

Contact details



Healthwatch Gateshead
MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS



0191 477 0033



07498 503 497



info@healthwatchgateshead.co.uk



<https://healthwatchgateshead.co.uk>



@HWGateshead



gatesheadhealthwatch



healthwatch_gateshead



www.linkedin.com/in/healthwatch-gateshead

**If you require this report in a different format
please call Freephone 0808 801 0382**