

Experiences of NHS Dental Care

Norfolk 2024

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Please contact Healthwatch Norfolk if you require an easy read; large print or a translated copy of this report.

Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

This report presents the findings of the dental experiences survey, that Healthwatch Norfolk created, in order to gain a greater understanding of the perspectives of local people in regards to NHS dentistry. This report will help inform the Dental Summit that Healthwatch Norfolk is hosting this September where people can further share their experiences of dental care in the region. Its relevance has increased in light of the recent introduction of the Norfolk & Waveney Integrated Care Board's Long Term Dental Plan 2024-2029, which sets out to improve dental care in the region.

The survey Healthwatch Norfolk distributed locally, via a mixed media format, received 221 full or partial responses. From these responses an analysis of the quantitative and qualitative data was undertaken, which included identifying recurring themes and sentiments amongst the respondents.

From the analysis, it became apparent that access to both emergency and non-emergency NHS dental services were extremely limited within the county, with 76.5% of adults stating that they had been unable to get a non-emergency dental appointment, while 48% of those trying to arrange an emergency appointment were also unable to do so. Of those who did receive an emergency appointment, half of respondents were given confirmation of an appointment at least five days after their initial enquiry. Many participants expressed that their NHS dentist had recently switched to practicing privately and they had not been able to find a suitable alternative since, with many people citing the cost of private dental care and the lack of NHS dentists in the region as reasons for them not being able to do so. There was also concern regarding the number of participants who had expressed resorting to self-dentistry

due to their dental issues becoming so serious that they had no other option but to do so, in light of not being able to access NHS dental care.

Based on the findings of this report, Healthwatch Norfolk recommended that the accessibility of NHS Dentistry is prioritised in the region, in terms of both emergency and non-emergency appointments. It also raised the point of special thought being given to both children, and those who are vulnerable in terms of their access to NHS dentistry- with a suggestion of better signposting information and an improved home-visit dental service. There was also the suggestion that, in relation to the Norfolk and Waveney ICB's commitment to an improved out-of-hours dental service, people would be willing to travel within a 60-minute radius to access this service.

Why we looked at this

Healthwatch Norfolk has continuously monitored the state of dentistry in the county, with update reports being published at the start of both 2024 and 2023. The findings of our most recent update report (Healthwatch Norfolk, 2024), published in February of this year, were consistent with that of the previous report, with concerns still being highlighted in relation to:

- No practices in Norfolk taking on new NHS patients
- Waiting lists being long: West Earlham Dental Practice in Norwich said it had 4000 people on its list, for example.
- More dental practices shifting to only offering treatment privately

Should you wish to read more about our previous update report, you can do so at: <https://healthwatchnorfolk.co.uk/reports/dentistry-in-norfolk-update-2023-24/>.

With the findings of Healthwatch Norfolk's previous research in mind, and the commitment to host a Dental Summit in October 2024, we wanted to collect feedback about your experiences of dental care in Norfolk. More specifically we wanted to find out more about the issues you were facing, what was working well, and where the issues were located. This includes both emergency and non-emergency NHS care, as well as the challenges of getting help for your children. The findings of this report will be used to inform our upcoming Dental Summit where we will aim to look at the issues, share patient stories and ask key people to update us on the progress being made to deal with the problems we are hearing about.

The pertinence of this report became increasingly apparent in relation to the recently published GP Patient Survey (Ipsos, 2024), which highlighted that within Norfolk and Waveney:

- 46% of 6164 respondents were unable to book an NHS dentist appointment in the last two years.
- Of those who did manage to see an NHS dentist in the last two years, 34% found their experience to be either 'fairly poor' or 'very poor'.
- 5,153 respondents did not try accessing NHS dental care in the last two years, of which 27% attributed this to not thinking they could get an appointment.

In order to attempt to tackle some of these issues, the NHS Norfolk and Waveney Integrated Care Board (NWICB) recently carried out an engagement survey (2024) in January and February to help inform their Long-Term Dental Plan 2024 – 2029. The results of this survey highlighted numerous themes in regard to respondent's comments on what the NWICB's priorities regarding NHS dentistry should be:

- "There was an urgent call for more NHS dentists NOW to improve access for everyone."
- "Respondents were critical of NHS dentists turning to private practice, which respondents said they considered to be prohibitively unaffordable for many"
- There was also concern around issues of accessibility and travel for those on low incomes, the elderly and disabled people.

You can view the 2024 GP Patient Survey and the Norfolk and Waveney ICB Dental Long-Term Plan Engagement Survey Report respectively, here:

<https://gp-patient.co.uk/surveysandreports> and here:

<https://improvinglivesnw.org.uk/~documents/route%3A/download/1066/>.

How we did this

Due to the purpose of this study being one that focused on how people experienced multiple aspects of NHS Dentistry in Norfolk, the survey questionnaire was designed to reflect this. With NHS Dentistry being divided into non-emergency and emergency appointments, the survey was segmented accordingly, with respondents being able to input their experiences regarding each separate service. With the focus also being on children's dentistry, sections were also included to capture this important aspect of the study. It was also deemed important to give respondents the opportunity to express their thoughts and experiences in a more detailed manner than closed questions allow, hence while the survey does utilise closed, multiple-choice questions, it also provides ample opportunity for respondents to offer their own in-depth opinions in a qualitative, text box format. There was a specific question which gave people the opportunity to share any more thoughts they had regarding the topic before the end of the survey. The survey questionnaire can be found in the Appendix of this report. It is also worth noting that there was no desired sample size for this survey due to wanting as much and as broad an amount of feedback as possible- as such an extensive communications plan was implemented to help achieve this.

To collect responses to the survey, information was placed on the Healthwatch Norfolk website alongside various social media outlets. A press release was also distributed to local media companies, including interviews carried out on radio stations- such as BBC Radio Norfolk, to share information regarding both the survey and the following Dental Summit taking place in September. It was also detailed in Healthwatch Norfolk's newsletter and a QR code was created to enable easy access to the questionnaire.

The survey ran from the 22nd May to 26th July 2024, and once closed, an analysis of the results was undertaken to appreciate any relevant findings that may have been identified. To do this, the gathered data was exported from Smart Survey, the program used to host the questionnaire, to Microsoft Excel and then multiple forms of data analysis were undertaken. This included a thematic analysis of the qualitative data, to identify various correlations within respondent feedback. The demographic make-up of the survey population was also analysed to compare it with that of the wider population of Norfolk.

Who we heard from

We received full or partial responses from 221 people. Of these, respondents told us, based on answers for each individual demography question, that:

- 63% were female (130 people)
- 26% were aged between 56-65 (53 people) with the (mean) average age of participant being 72.
- 94.7% were of White- British/English/Northern Irish/Scottish/Welsh ethnicity (197 people), for comparison, 94.7 per cent of Norfolk's population were also recorded as 'White' in the 2021 UK census (Norfolk Insight, 2024).
- 123 people had either a disability or long-term health condition or both.
- 70% of respondents had heard from us via the Healthwatch Norfolk Newsletter or through social media.

Alongside the engagement heatmap below, a series of graphs and charts that show the demographic data from the survey in further detail can be found below:

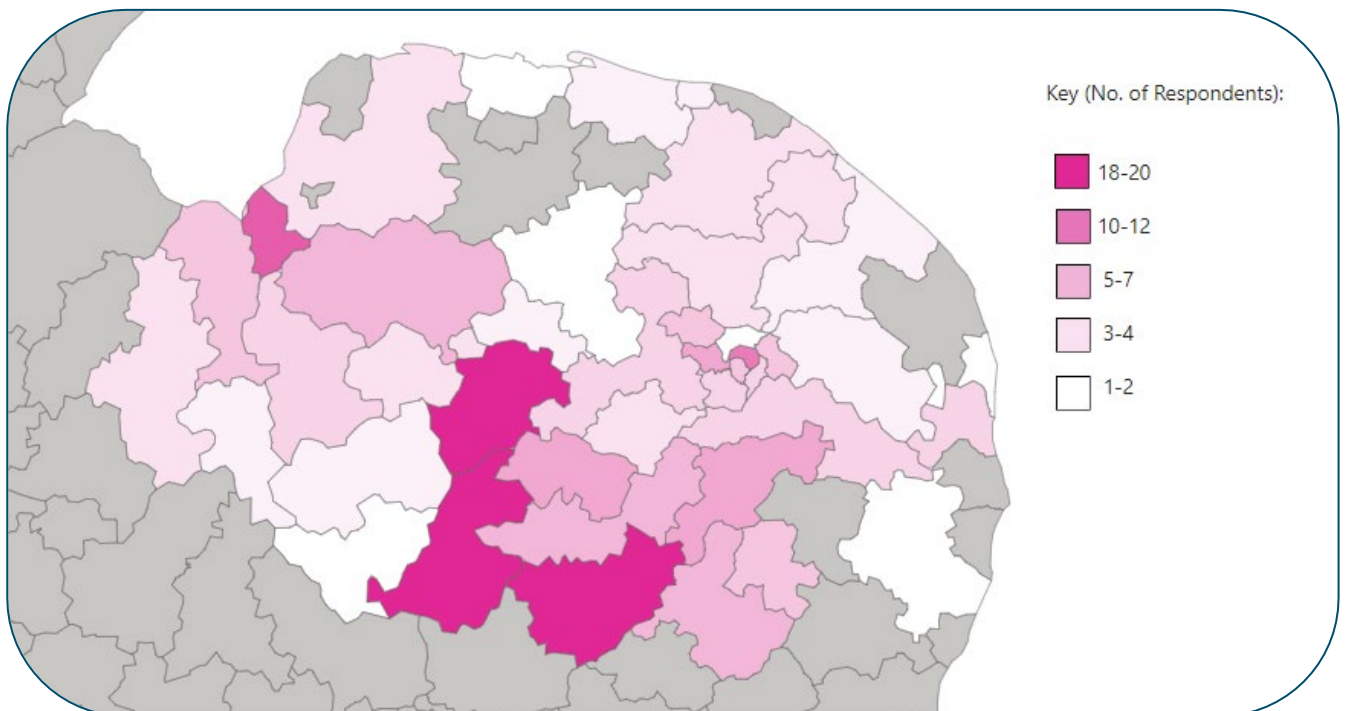


Figure 1 Heat map displaying where survey respondents reside in Norfolk, and the surrounding localities.

As depicted by the heat map- a large proportion of respondents (55 people) came from the South Norfolk areas of Thetford and Diss and more specifically the postcodes of IP25, IP24, and IP22.

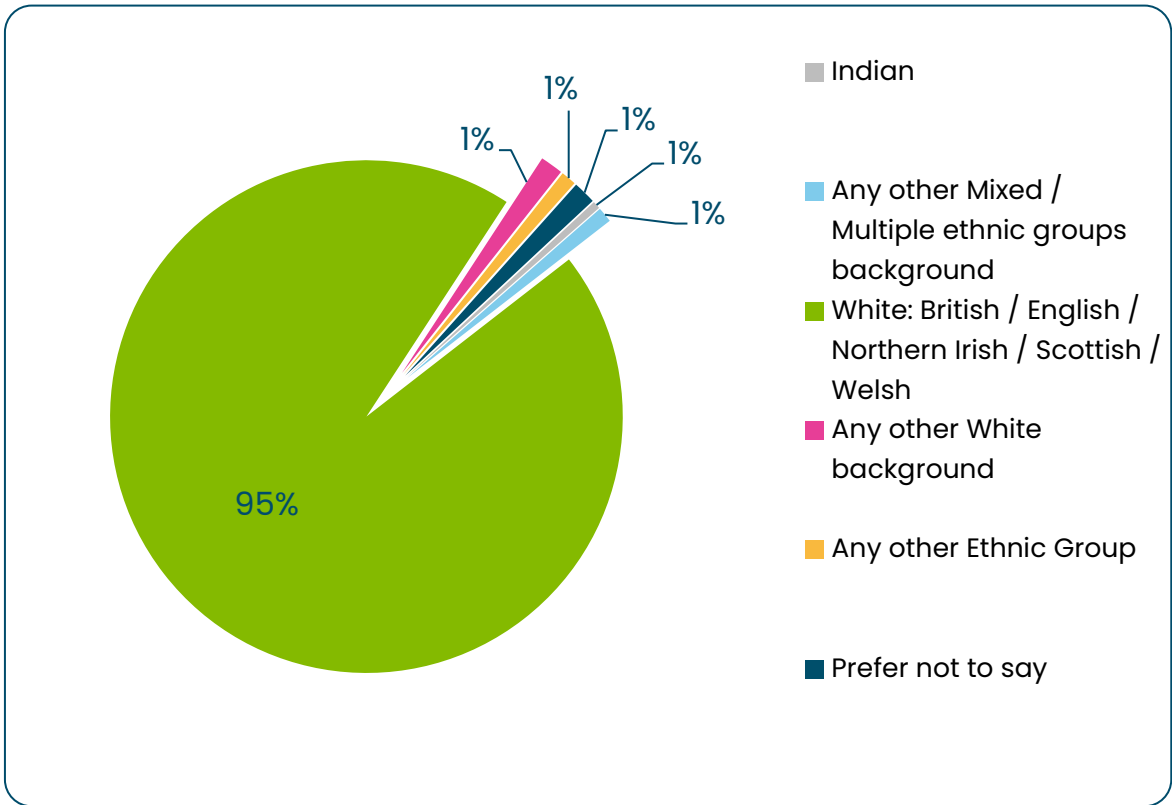


Figure 2 Pie chart displaying the ethnicity breakdown of the survey population. Total responses for this question numbered 208. Percentages are rounded to the nearest whole number.

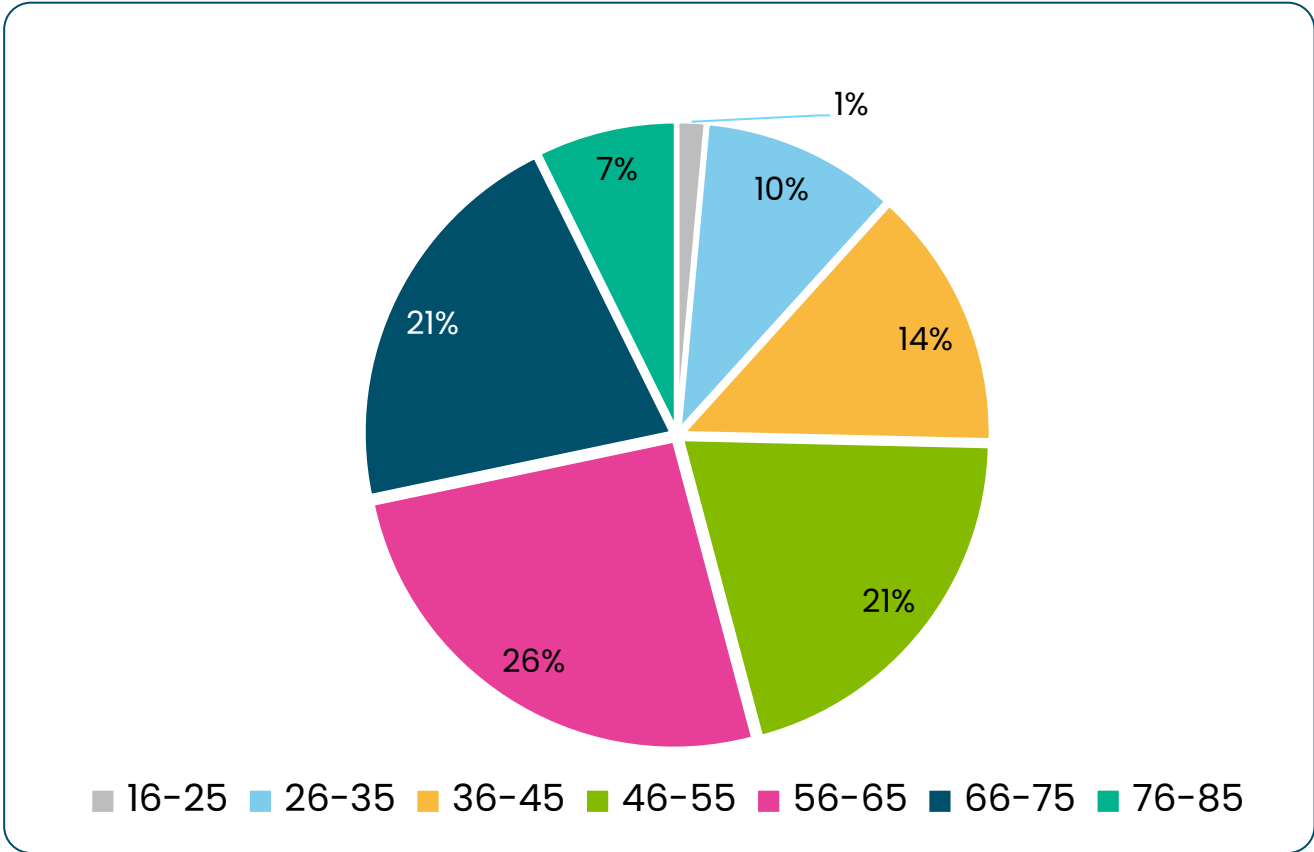


Figure 3 Pie chart displaying the distribution of age ranges within the survey population. Total responses for this question numbered 205. Rounded to the nearest whole number.

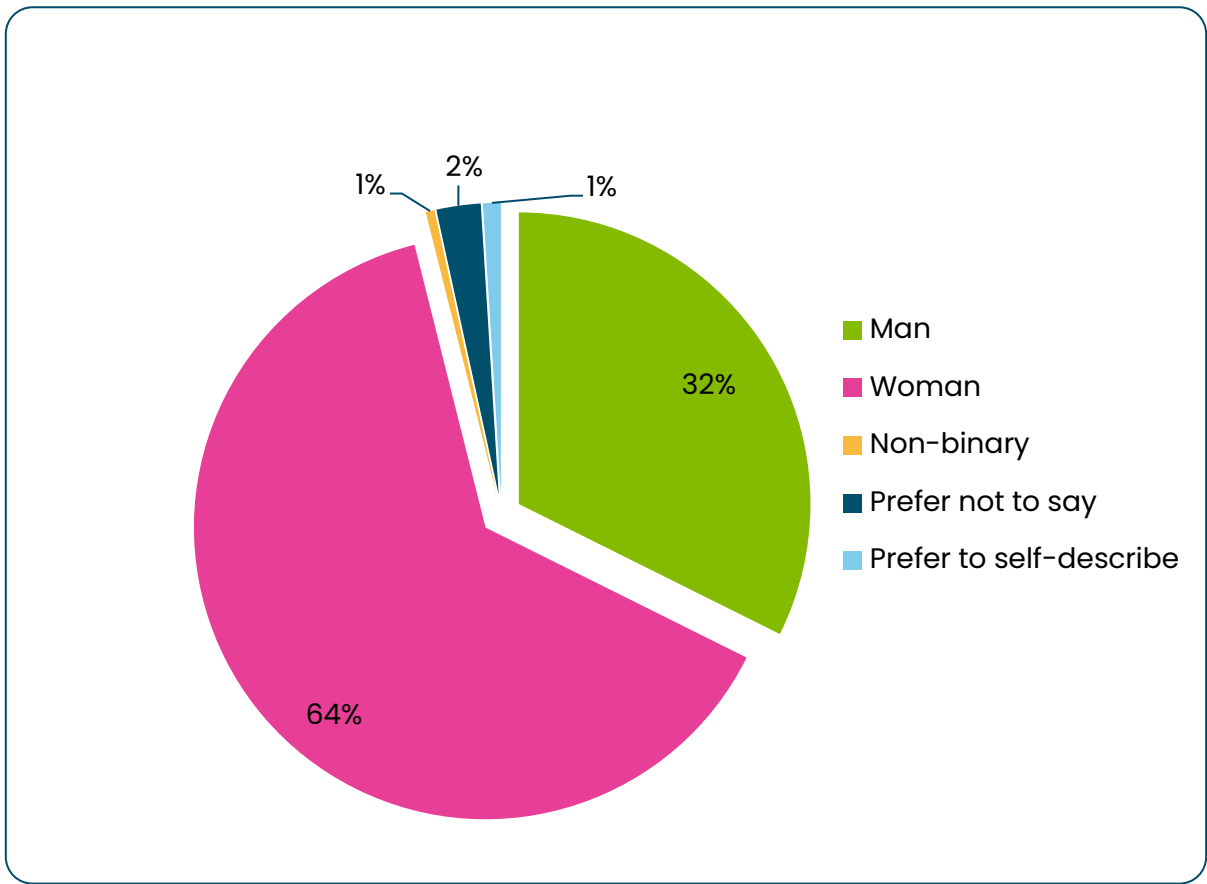


Figure 4 Pie chart displaying the distribution of gender statistics within the survey population. Total responses for this question numbered 204. Rounded to the nearest whole number.

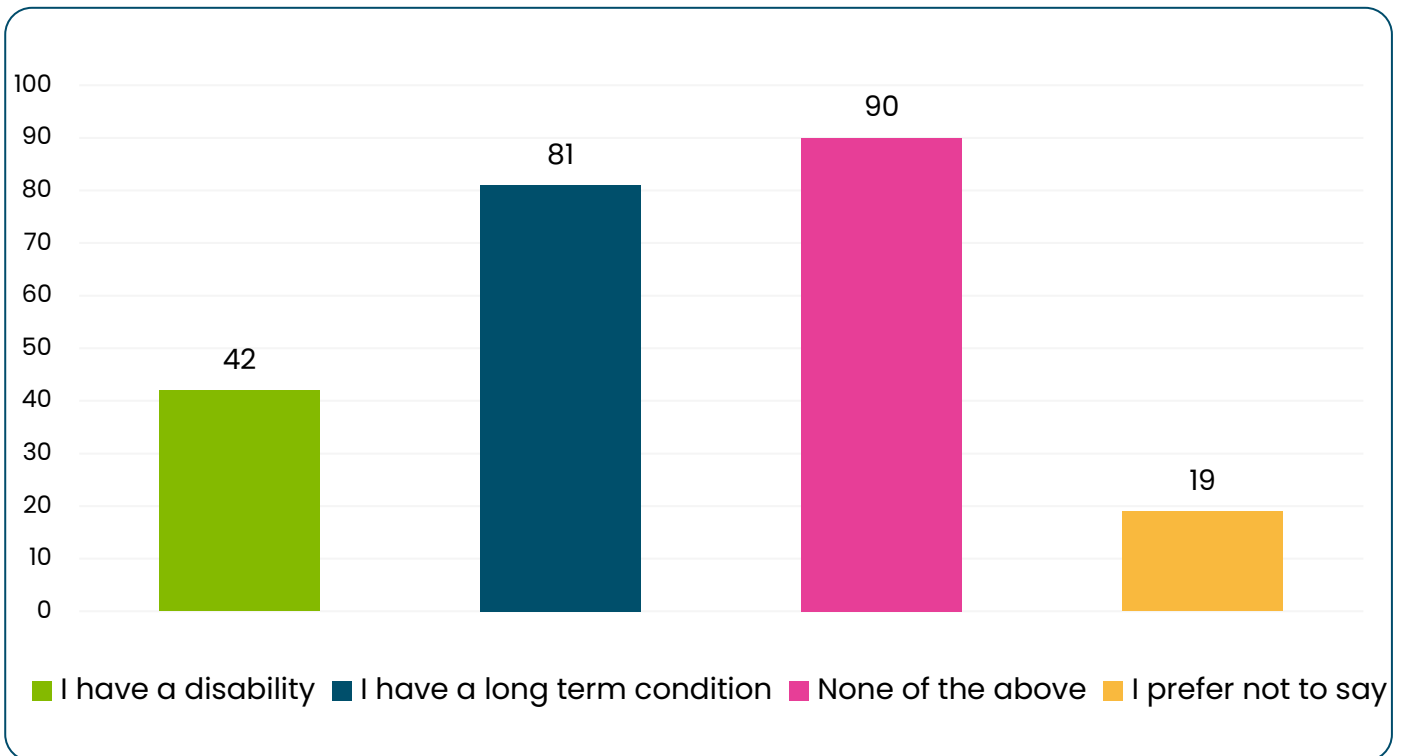


Figure 5 Bar chart depicting the number of respondents who identified as having a disability, long-term health condition, neither, or both.

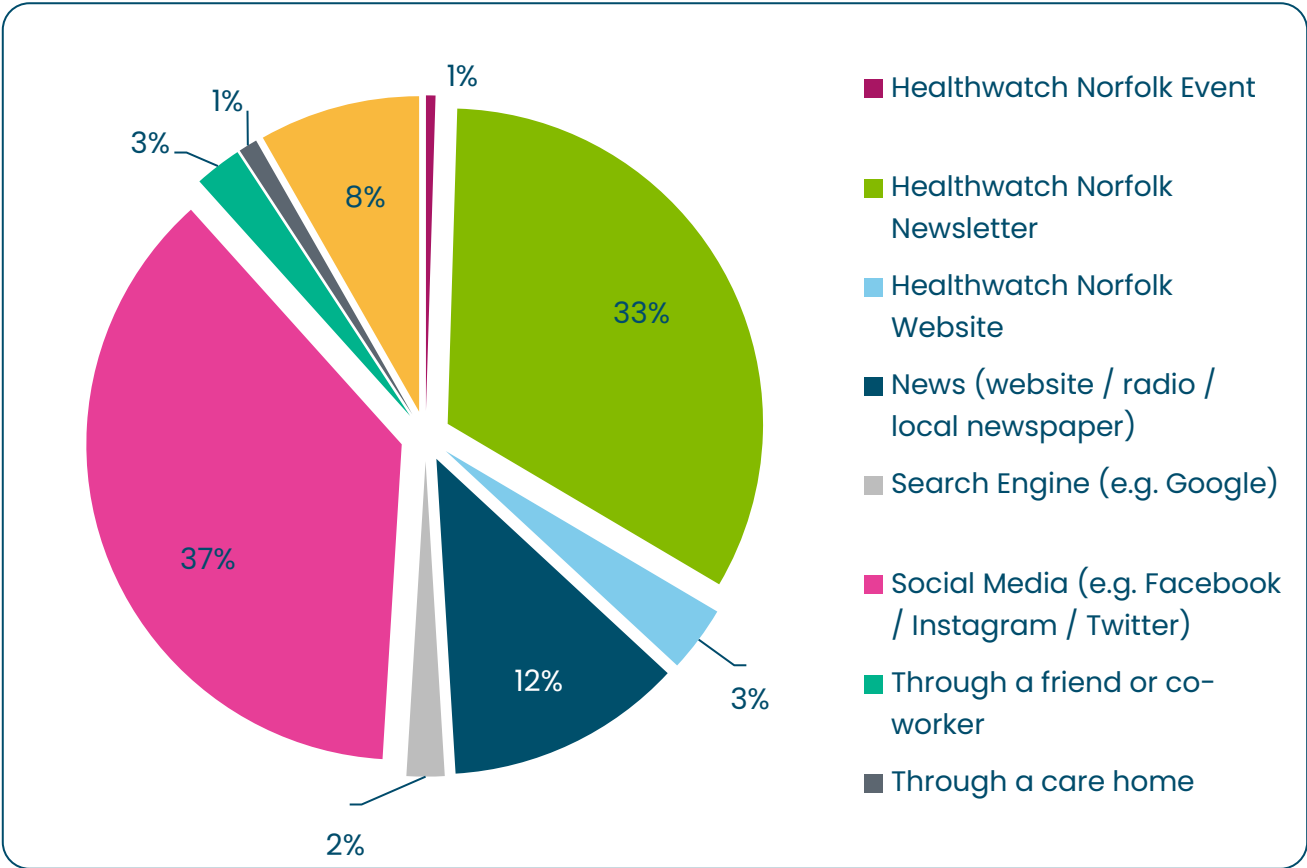


Figure 6 Pie chart depicting the breakdown of how respondents became aware of the survey. Total responses for this question numbered 206.

What we found out

NHS Non-Emergency Dentistry

We asked respondents if they had been successful in making an NHS non-emergency dentist appointment. Over three-quarters of respondents (76.5%- 169 people) said that they had not been able to do so:

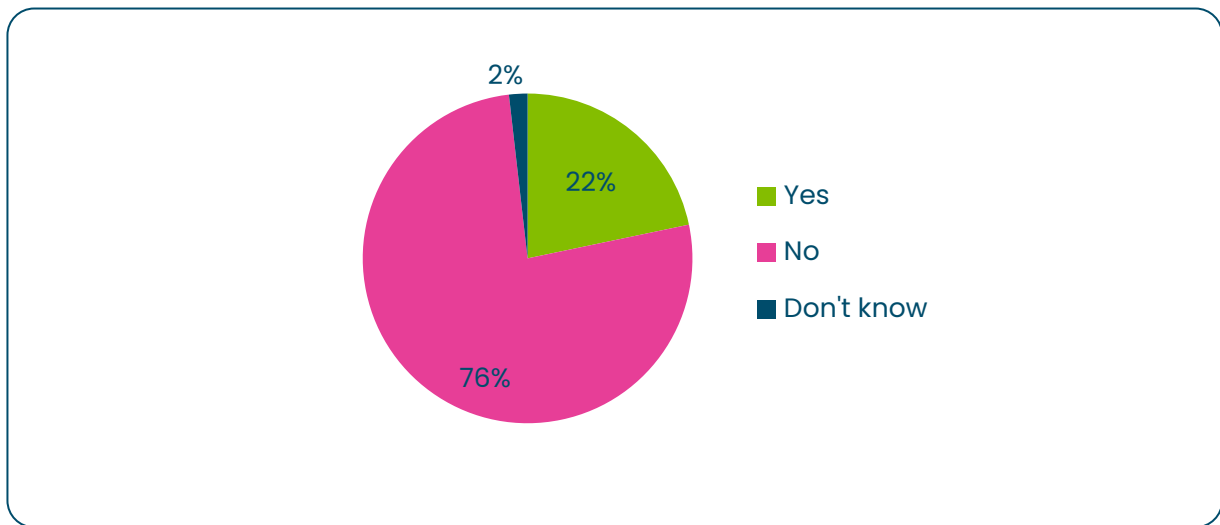


Figure 7 Pie chart depicting percentage of survey respondents able to make an NHS non-emergency dentist appointment.

Respondents were asked to explain why they were unable to get a non-emergency appointment. The most common reason was that there were no NHS dentists accepting patients. A large number of respondents (137) highlighted this as a reason for not being able to get an appointment, showing a significant lack of access within the Norfolk county. For example, one respondent stated that:

It is impossible, I am not aware of a single NHS dentist anywhere in Norfolk or Suffolk for that matter.

The second most prominent reason cited (by 49 people), often given in tandem with the previous explanation, was that a respondents dental practice had recently converted to only carrying out private dentistry and as such they were left unable to find an alternative practice providing NHS dental care. This can be seen with this person's account:

Our dental practice ceased providing NHS dental work and we have now had to become private patients. We were unable to find a dentist anywhere in Norfolk who was taking on new NHS patients.

It is worth noting that a small number of respondents described how their practice had specifically stopped NHS dentistry during or in the aftermath of the Covid 19 pandemic. While the effect of the pandemic on NHS dentistry is outside the scope of this study, it is worth considering the implications that this had on both the service and the public.

Of those who were successful in making a NHS non-emergency dental appointment, over a third of respondents (39%) received correspondence confirming an appointment more than two months after the initial enquiry:

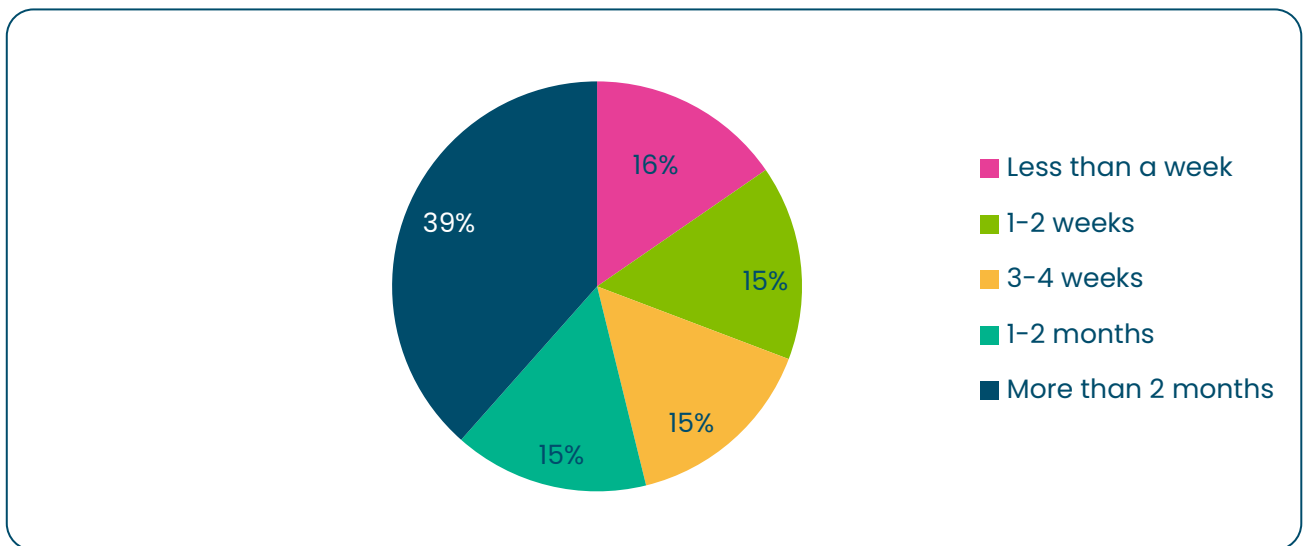


Figure 8 Pie chart depicting percentage of wait times to receive an NHS non-emergency dentist appointment once an initial enquiry had taken place. There were 52 responses to this question.

While initial access to NHS dentistry is difficult, it is apparent that there is also the matter of waiting times once the appointment process has been instigated. Alongside this, there is also the issue of whether the appointment takes place as arranged, with 7 of the 52 respondents reporting that their appointment did not take place.

When respondents were able to book and attend an NHS non-emergency dental appointment, over two-thirds (65%) considered their experience to be 'good'. This suggests that while respondents found accessing NHS dentistry challenging, the service provided, to most, was considered satisfactory.

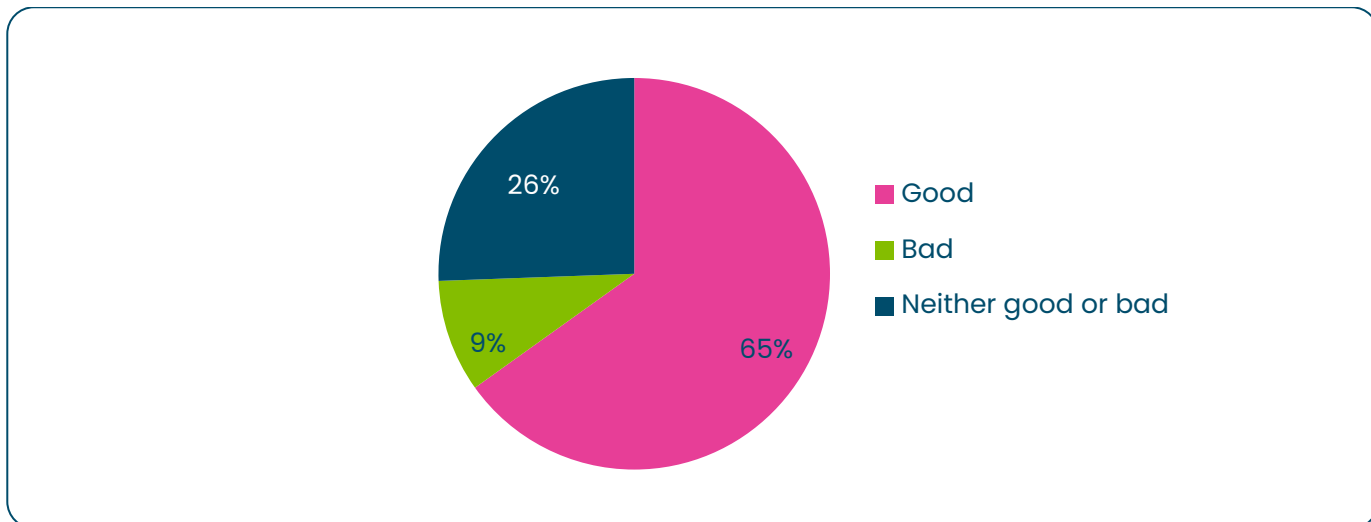


Figure 9 Pie chart depicting experience of respondents given as in percentages, when they attended an NHS non-emergency dental appointment. Responses for this question numbered 43.

Of those who rated their experience 'bad', a number of respondents said the amount of time that their appointment takes was too short, alongside a lack of services being offered:

All they seem to do is count how many teeth you have no scale or polish just keep pushing hygienist which is way too expensive.

Very quick, did not get a clean or other care procedure.

NHS Emergency Dentistry

In the second section of our survey, we asked people if they had needed an emergency NHS dentist appointment. Of the 218 responses, 43% (94 people) said yes, while 57% (124 people) said that they had not needed one.

Of those who said that they needed an emergency dental appointment, when asked how they managed to get one, just under half of respondents (48%) selected that they had been unable to obtain one at all. Secondly, visiting/contacting their current dentist was the most prominent way of booking an emergency dental appointment.

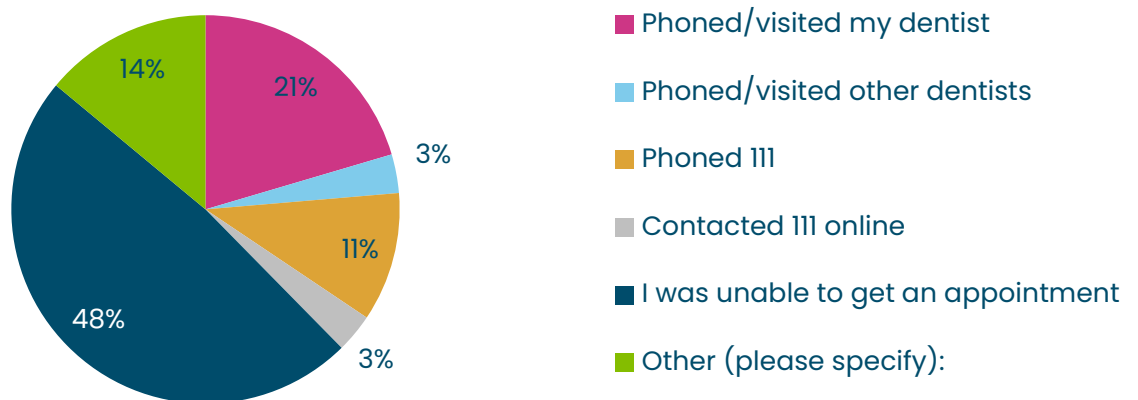


Figure 10 Pie chart depicting how users booked an emergency dental appointment based on percentage. Responses for this question numbered 93.

This, alongside the statistics for those unable to get a non-emergency dental appointment, highlights an issue of access to NHS dentistry for the participants of this survey. This is then exacerbated by the fact that of those who did manage to receive an emergency dentist appointment, only 28% of patients (19) received confirmation of an appointment on that same day or the following day compared to over half (53%, 36 people) of respondents having to wait longer than 5 days to receive an appointment:

I had to wait 4 days in excruciating pain before I could get in to see anyone.

When asked how survey users found their experience of NHS emergency dental care, of the 80 respondents, 41 people (51%) found their experience to be 'bad'. This is in contrast to NHS non-emergency dental care, which the majority of users found to be good when they could access it.

The current guidance for those requiring NHS emergency dental care is to telephone the 111 service who will be able to refer the user to a dentist. Several people had issues with this system and one participant's account is as follows:

I had a dental abscess which caused my face to swell up. I phoned 111 to try and get a dental appointment. They took my details and said I would get a call back within 4 hours with an appointment. I waited 24 hours and didn't get a call back, it said on the 111 website not to call again if the call back was later than expected but after a whole day I was desperate so I called again. They said they had no record of me calling and 'I must have called a different 111'? They then told me just to take painkillers and make an appointment myself at a dentist. This was of course impossible, there are no dentists with appointments available without referral from 111 so I just took painkillers and left it. The swelling eventually went down, I was worried as I know this is a situation which could have made me seriously ill. It's worrying knowing there is nobody there to help if you are in pain.

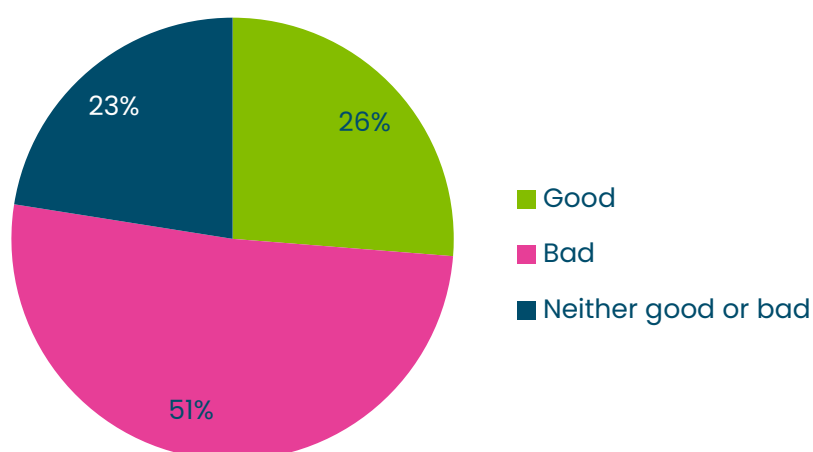


Figure 11 Pie chart depicting experience of respondents given in percentages, when they attended an NHS emergency dental appointment. Responses for this question numbered 80.

Children and NHS Dentistry

Within this survey, there was a desire to better understand the challenges of those with children in relation to NHS dentistry. A section of questions was dedicated to meet this end.

Of those who required an emergency NHS dentist appointment for their child/children (22 people), 9 respondents were unable to get an appointment entirely. Amongst those who did manage to book an appointment, the most common way to do so was via a phone call/visit to their dentist (26%, 6 people).

This is problematic for those who are not currently registered with an NHS dentist as their access to an emergency appointment could be hindered:

My son knocked his front tooth couldn't get NHS dentist anywhere it has now turned black and I can't afford private dentist bills, the guilt of this is horrible

Unlike the experience of adults seeking an NHS emergency dental appointment (see section above), where over half of service users had to wait longer than 5 days to get confirmation of when they would see a professional, 61% of children (11 people) received an appointment either the same day or within 5 days of making an enquiry.

47% of respondents (9 people) found their experience of taking their child to an emergency appointment to be 'good'. This is again in contrast to adult's experiences of emergency dental care where just 26% of users had a 'good' experience.

However, it is worth noting that due to the small number of responses (19 people) for this question on children's dentistry it's generalisability could be called into question.

In terms of whether respondents were able to access non-emergency NHS dentistry for their children, results were similar to those of adults trying to do the same (see previous section). Just under two thirds of respondents (64%) were unable to make a non-emergency appointment for their child.

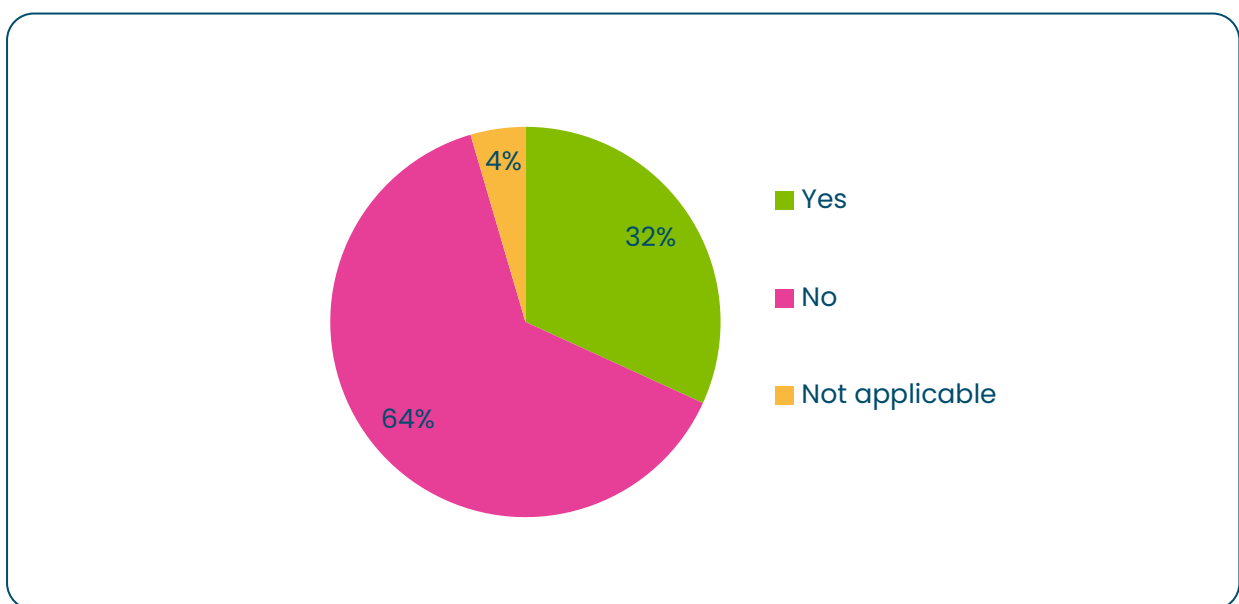


Figure 12 Pie chart depicting percentage of respondents able to make a non-emergency dental appointment for their child. Responses for this question numbered 22.

Out of Hours Dental Service

The Norfolk and Waveney ICB, as part of their recently released Long-Term Dental Plan 2024-2029, committed to creating 'out of hours' arrangements for dentistry across the locality (Norfolk & Waveney Integrated Care Board, 2024). To help inform this service, we asked respondents how long they would be able to travel to attend this service. The most popular response (49%) to this question was that participants would be willing to travel between 30-60 minutes in order to access this service. However, 9% of respondents highlighted that they did not have access to their own transport, with another 2% not having access to public transport- it can be assumed that accessing the out-of-hours service for those in this situation would be difficult.

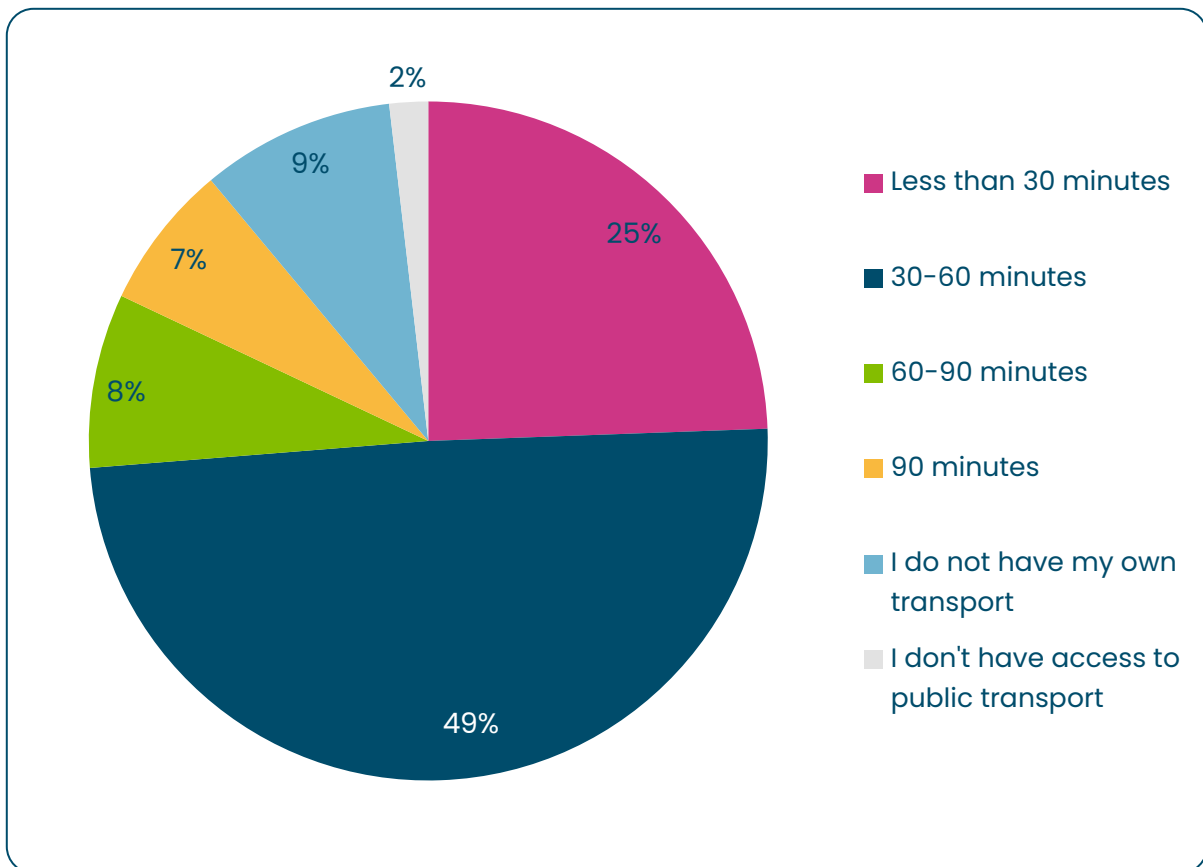


Figure 13 Pie chart depicting the percentage of respondents based on how far they would be able to travel to attend an out-of-hours dental service. Responses for this question numbered 217.

Other Noteworthy Themes

As mentioned previously, survey participants were asked, at the end of the survey, to tell Healthwatch Norfolk about their experiences of dental care in more detail. This section highlights the sentiments and themes of the responses to the question, and to the wider survey.

Financial Concern

The financial cost of private dentistry was made direct reference to in 42 separate responses, with many people expressing that it was too expensive for them to have regular treatment, or in some instances, to have treatment at all. Here are two people's accounts:

I have tried to get a NHS dentist for over 3 years now, during this time my tooth has cracked and I'm in extreme pain, during this I was pregnant and no one could help me, I rang 111 they gave me numbers for 2 emergency dentists, however when you ring these dentists they never have any availability, I should be entitled to free NHS dental treatment because of maternity however I have had to save up for 6 months whilst being in pain to get my tooth pulled at the end of this month, but that's not the worst if it, they have said I need fillings etc to prevent further damage, so the bill is now £1200 which I will never be able to afford so I'm just in pain all the time.

No dentist after Covid. My dentist closed and did not reopen. Needed a dentist this year so I am paying privately at my wife's NHS dentist. I take a lot of medication for diabetes and prostate cancer and my teeth have started to crumble. I had 10 teeth taken out £2000. In the autumn I go back again for two half dentures £3000. That's £5000. I've worked until 70 and even as a student I paid taxes. I think it's about time a government revisits the amount they pay dentists for NHS work done.

Another shared grievance was that many survey participants had found that their dental practice, that was previously an NHS practice, had since turned private since their last appointment- often without informing them of doing so.

Self-Dentistry

Due to a lack of access to NHS dentistry and a lack of means to be able to afford to pay for private treatment, there were some unfortunate accounts of people resorting to self-dentistry in order to attempt to alleviate pain or complications that had developed due to being unable to access a dentist. There were 11

accounts of self-dentistry exhibited within the survey results, some of which are as follows:

I still couldn't see a dentist even with pain I had to persevere at home using home remedies and hoping it would stop hurting, I've been filling my tooth myself with temp repair kits for over 5 years with no dentist in area.

A paramedic carrying out their own dentistry stated:

I have multiple mouth and dental issue I had my teeth knocked out years ago and have not been able to access care to support the damage. I get regular pain in my teeth and end up filling them with superglue and over the counter filler. I am scared without care I will end up toothless. As a paramedic this scares me greatly as it would effect my work.

A care home manager expressed:

I am compelled to go privately for dental care as it is not possible to register for NHS care locally. As a Registered Manager of a care home I have residents who have extracted their own teeth as they have been unable to access NHS dental care.

Issues of Accessibility/Travel

Due to the lack of access to NHS dentistry in the Norfolk and Waveney region, respondents expressed that they had to travel long distances to receive dental care, in some instances participants said that they were travelling out of the county to receive dental care as they could not get it locally- this also included people who had recently moved to the area, remaining registered at their previous dental practice to avoid being without a dentist. Two people wrote:

Not able to register as an NHS patient with a dentist in or near Norwich since moving to Norwich in March 2022. None accepting new NHS patients. As a result am still travelling to Wakefield in West Yorkshire where I was already registered for dental care.

Having moved from Kent to Norfolk some 2 years ago I was unable to secure a NHS dentist in my area. Experiencing some problems I contacted my previous NHS dentist in Kent and they agreed to see me. At that appointment I was informed that I needed an extraction and as it was a complex one they would refer me for this treatment. That process took a YEAR!!!

For those who are disabled or without a means of transport, this option is not available and positions people who are on lower incomes, elderly, or vulnerable (often those who would benefit most from NHS Dentistry) in a difficult situation when it comes to accessibility. Concern relating to a lack of access for those who have difficulty traveling was expressed by several participants who were themselves disabled or had relatives that were, with people stating that they were either unable to travel very far due to their health, or were unable to travel at all. Thetford was specifically raised as an area of concern by one respondent, who stated that the only available dental practice in the locality, was situated on the first floor of a building in which the stairlift was often out-of-use, and that there was nowhere to leave pushchairs and wheelchairs; rendering it unsuitable for many patients.

What this means

This report has found that, amongst the population of the survey, there are significant issues surrounding access to and experience of dentistry in Norfolk, specifically in emergency and non-emergency NHS dental care. This aligns with the findings of the 2024 GP Patient Survey (Ipsos, 2024) and the recent engagement survey undertaken by the Norfolk and Waveney ICB (2024). Respondent's demographic data aligns with the Norfolk population in regard to ethnicity and age statistics. However, there were a disproportionate number of women who contributed to the survey (Norfolk Insight, 2024).

Non-emergency NHS Dentistry was discovered to be highly inaccessible to respondents, with over three-quarters of people unable to book a non-emergency NHS dentist appointment- this mirrors the findings of the ICB's engagement survey in which "a high number of respondents commented they had been unable to access an NHS dentist" (2024, p. 4). A lack of access to NHS dentistry had left many participants with no alternative but to resort to private dentistry, while others who could not afford the expense were left unable to access a dentist entirely. Many people also expressed how their dental practice had recently turned into a private surgery. This concern was also expressed in the ICB report: "Many respondents were critical of NHS dentists turning to private practice, which respondents said they considered to be prohibitively unaffordable for many." (2024, p. 4). Of those who were fortunate enough to access NHS dentistry for a non-emergency appointment, over a third of users reported a wait time of longer than two months before receiving an appointment time- this suggests that not only is there not enough access to NHS dentistry, but that there is serious demand on those NHS practices that are still available. However, it should be of note that when respondents did manage to book and attend a non-emergency NHS dentist appointment, most users were satisfied with the experience.

Emergency dental care via the NHS also was found to have issues regarding accessibility, with approximately half of respondents who had said they'd wanted an appointment being unable to receive one. Of those participants who were fortunate enough to get an appointment, over half of them took place longer than five days after the initial enquiry- this is troubling, especially when considering that patients needing emergency dental care are often experiencing symptoms

of significant pain. Participants also critiqued the effectiveness of the I11 system when trying to make an emergency appointment.

Regarding children's access to NHS dentistry, the number of responses to each question relating to children could be considered too low for the results to be generalised, however they can still be of some value to the overall report. While their access to non-emergency NHS dentist appointments seemed to be just as limited as adults trying to seek the same service (63% were unable to get an appointment for their children), when a situation was deemed urgent enough for a child to receive an emergency dental appointment- over half of appointments were given either on the same day or within five days of the initial enquiry. This suggests that people trying to access emergency dental care for their child were likely to get an appointment faster than adults.

Concerning the ICB's Long Term Dental Plan, the majority of people expressed that they would be willing to travel between 30-60 minutes to access the proposed out-of-hours service. Distance travelled was a recurring theme within the survey responses, with participants expressing having to travel outside the county to receive NHS dental care as there was none available to them in the locality. This included going to the dentist they were previously registered with before they relocated to Norfolk. Participants who were disabled also expressed difficulty in accessing dentistry further afield due to their limited range of travel. This suggests that a functioning out-of-hours dental service, that people could access within a reasonable amount of time, would be welcomed in the region- provided that access via public transport and access for those who are disabled was also taken into consideration. In a more general sense, concern around a lack of access for those who are vulnerable was also a prominent feature within the survey results, whether that be through a disability, old-age, or being on a lower income- people expressed their fears of being disadvantaged when it came to accessing NHS dentistry. It is worth noting that these concerns have been echoed in recent enquiries to Healthwatch Norfolk, where people have requested signposting information relating to dental services for those who are disabled.

It is apparent that there are significant issues in terms of access, wait times, and experience of NHS dentistry in Norfolk. In some instances, respondents had gone to book a routine appointment with their NHS dentist, only to find that they had shifted to practicing privately, this has led many people to be without dental care as they cannot afford the cost of private treatment, cannot find another local NHS dentist, and cannot travel further afield to access another NHS dentist. Unfortunately, and this is now not uncommon in a countrywide context (YouGov,

2023), some people have been forced to engage in self-dentistry due to their dental issue becoming too prominent to ignore any longer. This is indicative of the troubling state of NHS dentistry in the region and improvements are needed immediately to reduce issues of access, and particularly access to urgent emergency appointments.

Recommendations

- Access to NHS dentistry in the region should be improved as a priority. Regular access to non-emergency appointments/ check-ups would reduce pressure and demand for urgent and emergency NHS appointments due to people receiving pre-emptive care as opposed to care when the situation has deteriorated to the point of becoming an emergency.
- The amount of availability for NHS emergency dental appointments and the out-of-hours service needs to be increased to meet the demand of those seeking emergency dental care. People should not be waiting longer than five days to receive an appointment.
- A functioning out of hours service would be a welcomed provision within the region, ideally within a 60-minute travel radius for those in the county and an assurance that it is widely accessible via public transport.
- Extra-consideration needs to be made for those who are vulnerable in relation to the difficulties they face in terms of accessing NHS dentistry. This could include better signposting information for services available and a more widely available home-visit service.
- Consideration also needs to be made for children and young people, whose access to NHS dentistry should be prioritised, so as to reduce the risk of them needing further dentistry in later life.

References

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Appendix



Dental care experiences in Norfolk 2024

1. Please tick to confirm

I have read and understood the above statement

2. Healthwatch Norfolk produces newsletters about health and social care in Norfolk. If you would like to receive this newsletter, please leave your email below.

2. Dental care

Have you seen or tried to see an NHS dentist in the last three years? If so, we would like to hear from you.

3. Have you been able to make an NHS non-emergency dentist appointment?

Yes

No

Don't know

If the answer is no, please explain why below:

3. Adult non-emergency dental appointment experience

4. How soon after asking did you receive an appointment?

- Less than a week
- 1-2 weeks
- 3-4 weeks
- 1-2 months
- More than 2 months

5. Did the appointment with a dentist or hygienist take place as booked?

- Yes
- No

4.

6. How was your experience?

- Good
- Bad
- Neither good or bad

Tell us about your experience:

5. Unable to get an appointment

7. Why didn't the appointment take place?

- Changed or cancelled by the dentist
- Changed or cancelled by me

6. Emergency NHS appointment

8. Have you needed an emergency NHS dentist appointment?

Yes

No

7.

9. How did you get one?

Phoned/visited my dentist

Phoned/visited other dentists

Phoned 111

Contacted 111 online

I was unable to get an appointment

Other (please specify):

10. How quickly could you get an appointment?

Same day

Next day

Less than 5 days

Longer than 5 days

11. How was your experience?

Good

Bad

Neither good or bad

Tell us about your experience:

8. Dental care for children

12. Have you needed an NHS emergency appointment for your child/children?

- Yes
- No
- Not applicable

9.

13. How did you get one?

- Phoned/visited my dentist
- Phoned/visited other dentists
- Phoned the 111 service
- Contacted the 111 service online
- I was unable to get an appointment
- Other (please specify):

14. How quickly could you get an appointment?

- Same day
- Next day
- Less than 5 days
- Longer than 5 days

15. How was your experience?

- Good

bad

Neither good or bad

Tell us more about your experience:

16. Have you been able to make a non-emergency NHS appointment for your child/children?

Yes

No

Not applicable

10.

17. How soon after asking did you receive an appointment?

Less than a week

1-2 weeks

3-4 weeks

1-2 months

More than 2 months

18. Did the appointment take place as booked?

Yes

No

19. Why didn't the appointment take place?

Changed or cancelled by the dentist

Changed or cancelled by me

11. Out-of-hours service

20. One of the first priorities of NHS Norfolk and Waveney in tackling dental issues is to provide an out-of-hours service. How long would you be able to travel for this?

- Less than 30 minutes
- 30-60 minutes
- 60-90 minutes
- 90 minutes
- I do not have my own transport
- I don't have access to public transport

12. Share your story

We are keen to hear from some people about their experiences of dental care and how it has affected them and/or their family. This can include struggles you faced around getting care, or sharing good practice.

21. Do you consent to Healthwatch Norfolk contacting you about being a case study?

- Yes
- No

22. Please write your name in the box below

23. Tell us more about your experience

24. Please share your contact email address below

25. Please share your contact telephone number below

13. Demographics

In this next section we will be asking you some questions about yourself and your life. The first three questions are mandatory. **The rest are optional.**

Why we ask these questions

Your answers help us make sure that we hear from people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

26. What is the first half of your postcode (eg NR28)

27. How old are you?

28. What is your ethnic group?

Arab:

Arab

Asian / Asian British:

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian / Asian British background

Black / Black British:

African

Caribbean

Any other Black / Black British background

Mixed / Multiple ethnic groups:

Asian and White

Black African and White

Black Caribbean and White

Any other Mixed / Multiple ethnic groups background

White:

British / English / Northern Irish / Scottish / Welsh

Irish

Gypsy, Traveller or Irish Traveller

Roma

Any other White background

Other:

Any other Ethnic Group

Prefer not to say

If other, please specify:

29. Please select any of the following that apply to you:

- I have a disability
- I have a long term condition
- None of the above
- I prefer not to say

30. What is your gender?

- Man
- Woman
- Non-binary
- Genderfluid
- Questioning
- Prefer not to say
- Prefer to self-describe:

31. Where did you hear about this survey?

- GP website
- Healthwatch Norfolk Event
- Healthwatch Norfolk Newsletter
- Healthwatch Norfolk Website
- News (website / radio / local newspaper)
- Search Engine (e.g. Google)
- Social Media (e.g. Facebook / Instagram / Twitter)
- Through a friend or co-worker
- Through a care home
- YouTube
- Other (please specify):



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