



Enter & View

Cathedral Dental Practice

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1 Introduction



1.1 Details of visit

Service provider	Cathedral Dental Practice
Service Address	Cathedral House, Wilkes Walk, Truro TR1 2UE
Date and time	3 rd September 2024 2pm-5pm
Authorised representatives	Abi Harding-White

1.2 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their positive contribution to this Enter and View visit and the subsequent report.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the following legislation;

- Local Government and Public Involvement in Health Act 2007
- Local Authorities Regulations 2013 (part 4)

These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

The goal of Enter and View is to see services in action and understand the experiences of individuals who use them. It is an opportunity for us to observe service delivery, listen to the views of the people using health and social care services and make recommendations where there are areas for improvement.

Enter and View visits are organised based on feedback received about individual services, in response to themes identified in our research, or when services have a good reputation enabling us to share examples of best practice from the perspective of people who experience the service first-hand.

Healthwatch Cornwall Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To observe the nature and quality of service facilities
- To observe how people experience the service

- To gather views from patients and staff on the service

2.2 Strategic drivers

Over the past year, the most consistent feedback Healthwatch Cornwall have received has been related to dentistry and access to dental care. In response to these concerns, we are undertaking a dentistry research project and conducting Enter and View visits to dental practices across the region. We selected practices based on their provision of NHS care and their location, ensuring that we cover a broad geographic area within Cornwall. This approach helps us understand the accessibility and quality of dental services across different communities. Healthwatch Cornwall can use this evidence to make recommendations and inform changes for both individual services as well as system wide.

2.3 Methodology

This was an announced visit, and we worked with the practice to organise the date and time of the visit. An initial email was sent explaining the role of Healthwatch Cornwall, what Enter and View is, the purpose of the visit, and a proposed date and time for the visit to take place. A further email was sent confirming the agreed details of the visit and included a formal letter, Enter and View notice and a general Healthwatch Cornwall poster.

The authorised representative (Enter and View officer) conducted the visit between 2pm and 5m in the main waiting areas in reception and upstairs.

Patients were approached and asked if they would be willing to discuss their experiences. Additionally, they were asked if they felt they had time to do so before their appointment so as not to cause stress or disrupt service delivery. A reflective conversational approach was used to gather feedback on what they felt the practice did well and what could be improved.

In addition, we were able to speak with the practice manager and two dentists to gather their perspectives. Observations were also made regarding the quality of the facilities and patient experience of the service, including their interactions with staff.

At the end of the visit, the authorised representative was able to give initial feedback to the practice manager and explained the next steps regarding reporting.

3 Findings

3.1 Overview

At the time of the visit, Cathedral Dental Practice provided approximately 99% NHS dental care for around 7,000 patients. The practice is operated by three principal dentists, supported by four qualified dental nurses, three dental nurse trainees, an Infection Prevention and Control (IPC) lead, a practice manager, two receptionists, one hygienist, and one dental therapist. Each dentist allocates 1–2 emergency slots per day.

Between October 1, 2024, and January 1, 2025, the practice will transition to offering 100% private dental care for adults while continuing to provide NHS services for children.

They are located in the centre of Truro, adjacent to Truro Cathedral. It does not offer on-site parking, and street parking is extremely limited; however, there are nearby pay-and-display car parks and efficient public transport options, including Park and Ride services.

The exterior of the building is clearly signed, displaying opening hours and information about the clinicians. The entrance features a ramp, and an additional ramp has been acquired to accommodate a specific patient's needs. The facility includes surgery rooms on the ground floor and an accessible toilet equipped with a baby-changing station. While a hearing loop is not available, several NHS resources are provided in extra-large print. Two waiting areas are available: one located downstairs near reception and another on the upper floor.

3.2 Practice Observations

The practice is aesthetically pleasing, well-maintained, and offers a clean, airy, and comfortable environment. Soft music was playing in the upstairs area, and a selection of children's reading materials were available. Feedback forms, including the NHS Family and Friends Test, were provided at reception, encouraging positive comments in addition to addressing complaints.

The overall atmosphere in the practice was warm and inviting. Observations revealed that patients enjoyed friendly interactions with the staff. The team skilfully managed

patient flow, preventing overcrowding in the upstairs area. It was clear that staff were familiar with the patients, who received warm greetings upon arrival.

The reception team displayed a direct yet friendly approach. One receptionist was observed managing a challenging phone conversation regarding the transition to private dental care, demonstrating professionalism and empathy throughout the exchange. The receptionists maintained a quiet tone, ensuring that patients waiting upstairs were unable to overhear the conversation.

3.3 Summary of Feedback

Discussions with both patients and staff revealed that the transition to private dental care is perceived as a challenging time. While patients expressed satisfaction with the practice team and the quality of care currently provided, there were notable concerns regarding the shift to private services, particularly in relation to potential cost implications. Conversations with the practice team emphasised the various factors influencing their decision to discontinue NHS services, as well as the difficulties associated with this transition.

3.4 Patient Feedback

Feedback was collected from six NHS patients, four of whom have been with the practice for over ten years. One patient joined the practice three years ago after their previous dentist transitioned to private services.

The feedback has been categorised into two sections: comments regarding the practice itself and perspectives on the shift to private dental care.

All patients provided positive feedback about their experiences with the practice while also expressing concerns about the transition to private services.

3.4.1 Practice



“Absolutely Brilliant.”



Positive Feedback

- Patients noted that making appointments is a straightforward process, although there may be a wait time before the appointment can be scheduled.
- The quality of care provided at the practice was consistently described as high, with patients expressing confidence in the services delivered.
- Staff members were recognised for their efficiency while maintaining a professional demeanour, avoiding any perception of over familiarity.
- Appointments were reported to consistently start on time, contributing to a well-organised experience for patients.
- Patients praised the dentists for their friendly and professional approach, highlighting their ability to create a welcoming atmosphere.
- The dentists were particularly commended for their skill in working with children, effectively managing those who may be reluctant to sit in the dental chair.
- Patients expressed trust in the dentists' expertise, noting that they demonstrated a thorough understanding of procedures and treatment options.
- Many patients felt reassured by the dentists' ability to put them at ease during visits, fostering a sense of comfort and trust.
- An important aspect of the patient experience was the continuity of care, as patients appreciated seeing the same dentist for their appointments, which helped to build rapport and familiarity.



"It's a really good practice."



Constructive Feedback

- Patients reported a wait time of 2-3 months for appointments, which may pose challenges for those needing timely dental care.
- Some patients noted that obtaining a night guard through private care is more cost-effective than acquiring it via the NHS. This feedback highlights broader concerns regarding the NHS system rather than the specific practices of the dental practice itself.



“I like coming here.”



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- **3.4.2 Transition to Private Care**

The practice recently communicated with all patients via an initial email regarding the transition to private dental care. This correspondence aimed to provide clarity and transparency, allowing patients ample time to consider their options for remaining with the practice. The rationale for the move to private services is further detailed in the feedback received from staff, outlining the factors that influenced this decision.

- Five of the patients expressed a level of anxiety and frustration about losing their access to NHS dental care, feeling that they have no other choices.
- None of the patients spoken to had received the costs of going private as at the time of the visit the costs had not been finalised. Those five patients could not make this decision until they did, and this was contributing to the anxiety.
- The remaining patient when asked about the move, was of the understanding that most dentists are moving to private care and think there is a lot of talk about the privatisation of healthcare generally, and so this news was not a surprise to them, and they will be happy to stay with the dentist as a private patient.

- There was concern amongst a few patients that they wouldn't be able to afford private care at all, either needing to use savings if they had them, or that if there was a dental plan that it wouldn't offer enough treatment needed for the level they could afford. One patient stated they would give up regular dental care in favour of accessing emergency care when issues arise.
- A patient was able to identify that while they must go private, they do not need to attend appointments as often, which was a requirement of staying registered as an NHS patient, and this will help them keep the costs down.
- Despite the email which we perceived to be very clear, there was still some misunderstanding around the reasons for going private with one patient feeling that it's through greed and "looking out for number one". This sentiment was reflected in one email response to the news that we were able to view.
- While it does not consider the recruitment issues the practice has been facing, a couple of patients offered suggestions they felt would help the practice continue providing NHS care for adults in some capacity. These included keeping the current patient base but not taking on new NHS patients and topping up the shortfall with private. The second was that while they understand the practice cannot operate at a loss financially, they feel some consideration should be given to people that have been there a long time.
- There was gratitude towards the practice for still taking on NHS children.

Some of the comments about the move are listed below and reflect a mix of opinions, both positive and negative.

- "Up a river without a paddle. If you don't go private you don't have a dentist"
- "They couldn't have done anything differently, it's just a bad situation"
- "It's not their fault but it puts me in a difficult position"
- "We're between a rock and a hard place"

3.5 Staff Feedback

We were able to speak with the practice manager and two dentists who are also two of three principal owners of the business. These conversations were around their decision to transition to private care and the challenges of working within the context of NHS dentistry.

Typically, when dental practices become private, they will slowly reduce their NHS provision while increasing their private care provision. The team at Cathedral Dental decided the best course of action was to transfer to fully private straight away rather than trying to manage the crossover of both NHS and private care. However, the practice has decided to continue providing NHS care for children.

Currently each dentist sees about 20–30 NHS patients a day and this will reduce when they become private. This alongside already being oversubscribed means they don't have the capacity to take on their entire existing NHS patient base as private. Therefore, registration will be on a first come first served basis. Currently they have double the number of patients to the amount of space they have, and they want to ensure they do not take on so many private patients that they are not able to provide appointments in a timely manner.

They recognise that the email sent to patients has alleviated one issue in giving patients time to consider their options but has created another in that patients are anxious and do not have any information on cost to base their decision on. This has been reflected in the feedback gathered from patients and in the recommendations.

The use and cost of dental plans has not yet been confirmed but the practice is considering plans starting at £16.50 per month which could include two checkups and one hygiene appointment a year. When the practice changes to private, the aim is not to profit from patients but to cover their costs.

The team shared they had been struggling for two – three years before making this decision and didn't want to stop providing NHS adult care but feel things cannot continue as they have been. They feel the response from patients has been overwhelmingly positive, but the team is finding it hard because they believe everyone deserves NHS treatment, and they know their patients very well.

Difficulties with recruitment and retention intertwined with funding issues has contributed to the decision to move over to private care. The practice has lost three dentists in four years; one retired, one career change, one let go during covid. The loss of dentists has meant that their patient base has decreased from 9000 to 7000 as it was not manageable.

A funding issue led to the loss of one dentist during Covid and the subsequent loss of the additional patients taken on. Before Covid, the practice had their main contract with the NHS but applied for extra "non-recurring" funds to recruit an extra dentist. This enabled them to take on an additional 2000 patients off the NHS waiting list. During Covid, the dentists were not working which led to the NHS removing the extra funding

and losing the extra dentist. The practice was advised that those 2000 patients they had taken on would be put back on the NHS waiting list at the bottom. As they thought this was unfair they absorbed them into the practice to try to ensure they kept access to NHS dental care.

The biggest issue they have found is in recruitment. This is partially because geographically, Cornwall struggles to find dentists, but staff morale is low due to the pressures of working in the NHS. There's been a 40% pay cut in real terms over the last decade and so there's a need for pay rises but due to lack of funding this is not currently possible, and the practice cannot compete with private care salaries. The practice has found they are struggling to recruit and are almost constantly training new staff due to high staff turnover. At that moment in time they had three dental nurse trainees, which increases pressure on service operations, but they also have 4 fully qualified dental nurses who are longstanding members of the practice. Additionally, with full days in order to meet targets, the dentists have a lot of administration to do in their own time and feel that the system is punitive in picking you up for small mistakes.

The team have reached out to the NHS previously to ask for additional support as they were in "dire straits". Their contract was for 27,000 UDAs but with three dentists left and unable to recruit they only had capacity for 21,000 UDAs. When a practice does not meet the targets set then the NHS performs a clawback of funds which is taken out of the budget for the following year and means dentists must do the same amount of work but with less funding. At the time of the visit, the NHS had not changed the contract to reflect their capacity, however, they have now come to an agreement with the NHS to reduce their contract value for this financial year.

There is a huge amount of confusion for patients about how to access dental care but also how the funding system works currently. This is leading to ingrained misunderstanding about the motivations of dentists, which we have seen reflected in the patient feedback, and sometimes poor attitude towards staff.

Dental practices are not receiving enough to cover the cost of treatment and are therefore subsidising the treatment themselves. The funding and targets do not reflect the development of new types of treatments that take longer and now cost more but are better for the patients.

The NHS will pay more if you do more work, but the practice is already oversubscribed and lacks resources to do this. The money that the NHS pays currently goes towards patient treatment but does not contribute towards investment in equipment or upkeep of the facilities, which must also be funded by the dental practice.

These factors have contributed to the practice's decision to change to private care, but the team stated that they feel things are getting better with recent changes. Currently, Cornwall has some of the lowest UDA rates in the country. The new proposed national minimum UDA rate is £31 which is lower than all but a few practices' current UDA rate. They are still awaiting confirmation of when this will go ahead and this has not yet been confirmed. The UDAs have also been altered so that dentists receive increased pay if they go over a certain threshold within a course of treatment, for example, if they do three or more fillings.

The team feels that if the funding issue was fixed, this would assist with recruitment and retention and ease access for patients. They have offered a number of suggestions based on their experience within NHS dentistry.

- For the NHS to update targets based on the average length of time it takes to complete treatments and payments to reflect the true cost of treatment.
- Introduce a "fee per item" system.
- Re-invest funding, claimed through clawback and contracts that have been handed over, back into NHS dentistry.
- Improve the recruitment of nurses by ensuring they receive the same benefits as dentists in working for the NHS with regards to pensions.

4 Recommendations

The visit resulted in largely positive observations, prompting Healthwatch Cornwall to offer several recommendations informed by patient feedback and the overall experience.

- The installation of a hearing loop could enhance accessibility for patients with hearing impairments, fostering a more inclusive environment.
- Playing the radio in both the downstairs and upstairs areas may contribute to a more cohesive atmosphere throughout the practice.
- Clear and timely communication regarding the costs associated with private care could assist patients in making informed decisions about their ongoing dental services.

5 Provider Response

We would firstly like to take this opportunity to thank Healthwatch Cornwall for carrying out their recent “enter and view” visit. We appreciate the importance of Healthwatch Cornwall, and their remit within the broader framework of healthcare regulation.

It is always a useful opportunity for reflection and learning, and to be able to act when we receive feedback from our patients.

We accept all the recommendations suggested in this report, and will endeavour to address them accordingly.

It is good to see such positive feedback from patients regarding their experiences of dental care at the practice. We fully understand the concerns that patients have regarding the transition to dental care that is independent of the NHS. We will aim to provide as much information as we can to patients to help them make informed decisions regarding their dental care. A detailed price list, and information on the dental care plans are available on the website and in at the practice.

Contact us:

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