

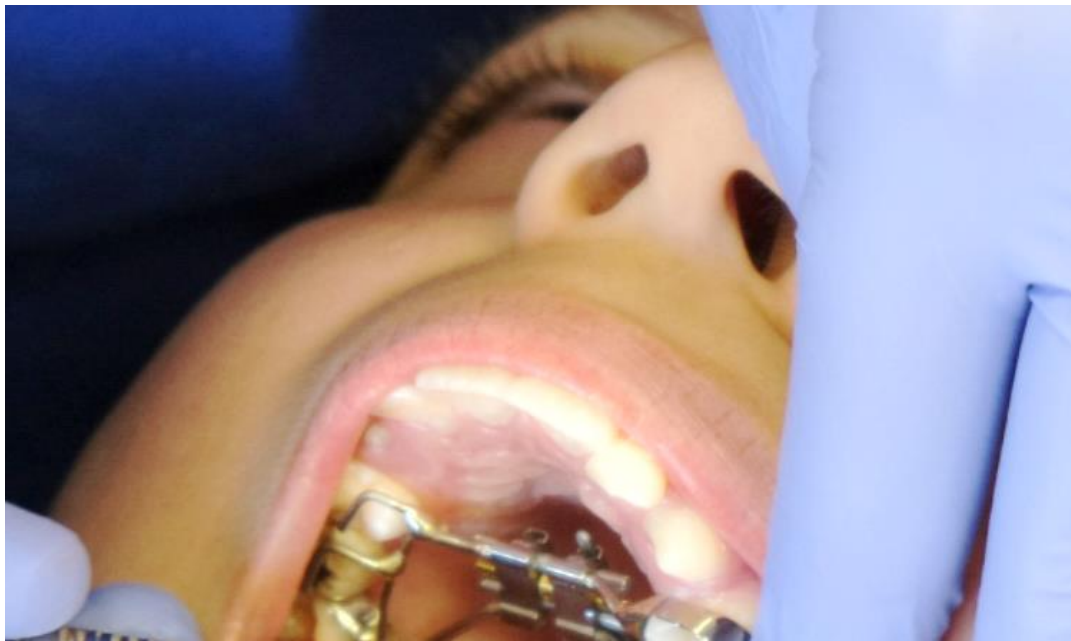
Orthodontic Care in West Essex

March – May 2024

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Healthwatch Essex



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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience.

One of the functions of a local Healthwatch under the Health and Social Care Act 2012, is the provision of an advice and information service to the public about accessing, understanding, and navigating health and social care services and their choices in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team are dedicated to capturing the health and social care experiences people in Essex are encountering daily. The team respond to enquiries relating to health and social care and are equipped through training, to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share difficult experiences such as the one's shared in this report.

1.2 Topic Background

Orthodontics is a dentistry specialty that addresses the diagnosis, prevention, management, and correction of mal-positioned teeth and jaws, as well as misaligned bite patterns. Patients are assessed through the Index of Orthodontic Treatment Need, and those who are at or above the threshold are eligible to receive treatment under the NHS arrangement. Referral guidelines are published on the [British Orthodontic Society website](#).

Orthodontic treatment can improve the appearance, function, and health of the teeth and mouth. It can also prevent or reduce the risk of tooth decay, gum disease, and jaw disorders. It can be done at any age but is usually more effective and easier in children and adolescents, when the bones and tissues are still developing.

Orthodontic treatment can vary in duration, cost, and complexity, depending on the individual case and the type of appliance used, and can also improve the confidence

and self-esteem of the patients. It can also enhance their smile and facial harmony, as well as their oral and overall health.

The British Orthodontic Society estimate that 200,000 young people undergo NHS-funded orthodontic treatment annually across the UK.

1.3 Acknowledgements

Healthwatch Essex would like to thank the many people who engaged with us, participated in this project, and completed the survey.

Our thanks are also made to those individuals who took the time to speak with us and share their personal stories.

We would also like to thank our many partners, contacts, and networks who worked with us to share the project and survey throughout West Essex and help generate such a strong level of interest and feedback.

1.4 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement period. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

2.0 Purpose

Orthodontic services for West Essex haven't been re-commissioned since before the Covid pandemic. If the provision is to be as successful as possible going forwards, it's important to have clarity on the lived experience of the local population regarding the service as it currently stands.

Lived experience provides vital input about whether carefully designed service process and provision is working on the ground. It identifies areas that are effective and efficient, and it identifies areas that need improvement, as well as what's missing.

Two thirds of young people are eligible for orthodontic treatment, so the impact on our local population is huge. In our new world order of social media, reality TV, and so-on, the pressure to look right has never been greater.

As more parents become aware of these pressures, demand will increase and more children will take up the offer of braces, so the local service will need to be aligned to meet that demand.

The purpose of this report, therefore, is to provide as much feedback as possible from the people of West Essex, so fully informed decisions can be made to provide gold standard orthodontic care to our population.

2.1 Engagement methods

Participants were contacted through the Healthwatch Essex website, through local West Essex based Facebook groups, the Healthwatch Essex newsletters, our own Facebook page, Instagram account and Tik-Tok. Word of mouth also played an important role along with promotion of the project via our extensive networks.

Our partners, other organisations and working groups in West Essex, together with our volunteers and many individuals inside and outside of the NHS and ECC helped and supported our efforts to engage with and reach as many people throughout the area as possible.

They were engaged with in three ways:



Survey

A survey was created to gain perspective and insight from residents who have had experience of orthodontic treatment.



Interviews

Individual interviews were conducted to collect personal stories from members of the public. Interviews took place by telephone during April and May 2024. Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and confidentiality of information they provided, all names used are pseudonyms to protect identities.



Group Discussion

A group of mums from neighbouring postcodes in Harlow also discussed their differing experiences of care and treatment with us.

2.2 The Survey

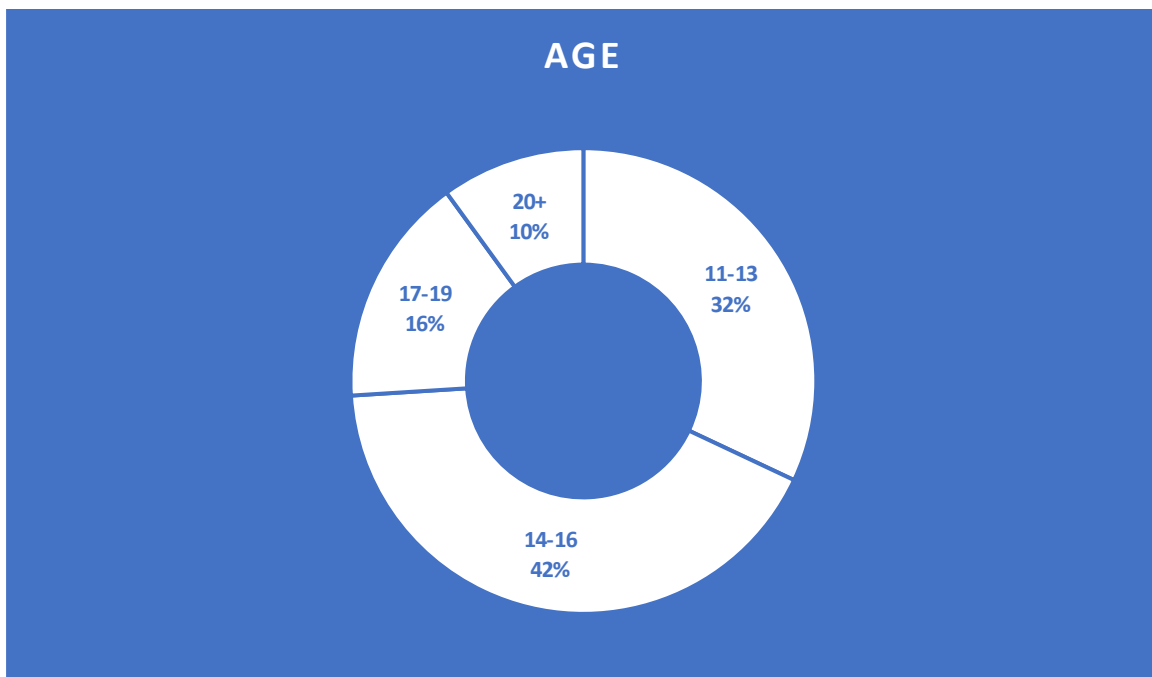
The survey had a series of core multiple choice questions, together with some supplementary questions asking for more detail about why they selected what they

did, mixed with a number of free text questions. There were some additional demographic questions to finish.

The survey was primarily in an online format but was also available to be printed off and filled out manually as required. The Information and Guidance Team at Healthwatch Essex were also available if the survey needed to be completed in any other format, such as over the telephone. The questions, and responses received, were as follows:

Question 1

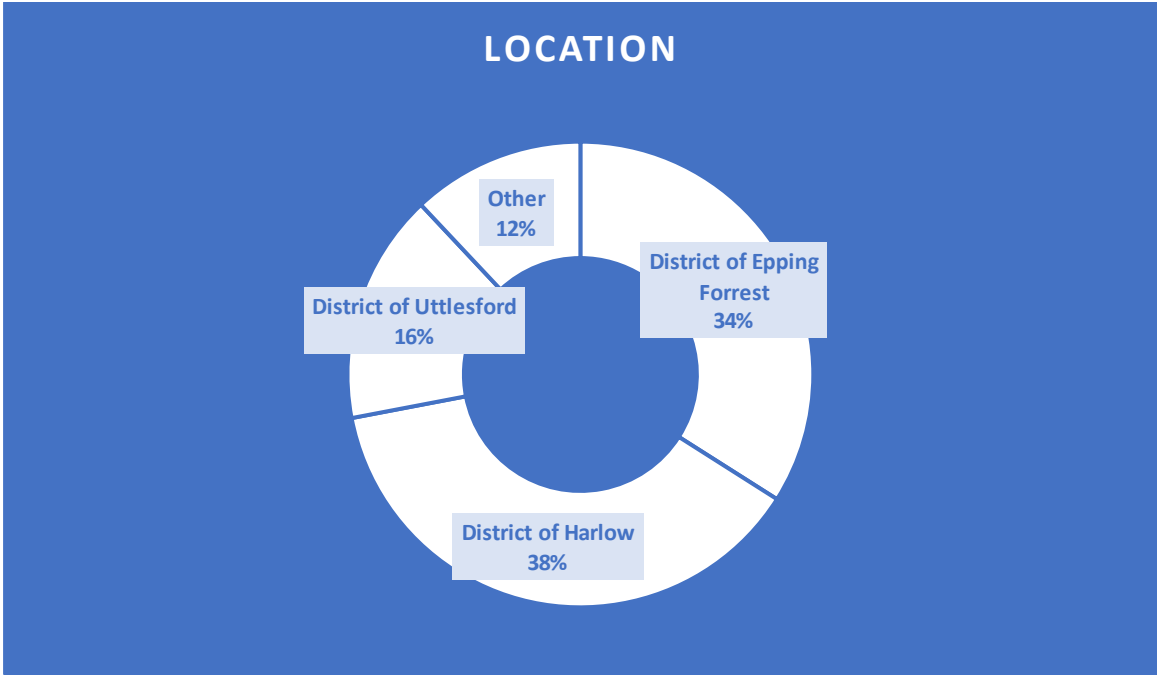
If you are a parent/carer, how old is your child/person you care for? If you are a young person, how old are you?



The general advice is that children should be referred between 11 and 14 years of age, and our survey covers people currently undergoing treatment, or having had treatment in recent years.

Question 2

What area do you live in?

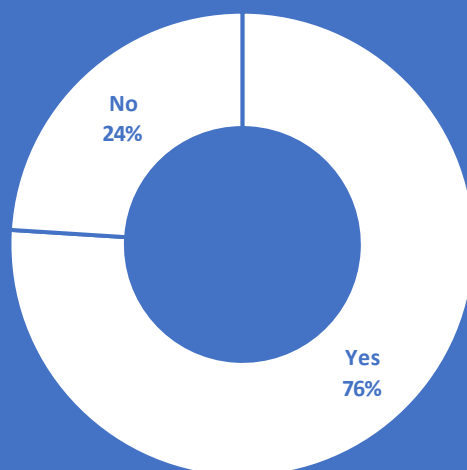


The other category included places bordering West Essex, including Brentwood, Bishop's Stortford and Braintree - many of whom are referred to West Essex Orthodontists.

Question 3

Have you experienced any difficulties accessing NHS orthodontic care? Examples could include location, waiting times, opening hours, and appointment availability.

DIFFICULTIES ACCESSING CARE



This is a very high percentage, although it should be noted it's somewhat of a 'catch-all' question.

Q3 Supplemental - 'Please explain more about your answer'.

Please find a representative sample of responses below:

'The appointment took 18 months to come through and was miles from home and in the middle of the day'.

'A two-year waiting list and I am now paying for the braces in order to get it done now not later'.

'I was referred by my local dentist 18 months ago and am still no further up the waiting list for an orthodontic assessment'.

'It took 18 months for a referral to an appointment'.

'The referral was made 18 months ago, and I am due to begin treatment in July'.

'A year and a half wait and miles from home. No idea I had a choice until a neighbour told me their daughter is being treated a few miles away - and the wait was a year (still too long, but much better). Do they have some sort of deal with the orthodontist they referred me to? Patients are absolutely not being put first!'

'We had to wait nearly a year for an appointment to come through and all the time my son's teeth were getting worse'.

'It took two years to get an appointment, and I was then told he might be too old. The Orthodontist wasn't easy to get to without a car, so I had to try and get a lift from a friend'.

'We have been told it's an 18-24 month wait'.

'My son has additional needs. He was referred by his dentist to an orthodontist because of severe overbite and angled front teeth. The dentist forgot to put in the referral. We then saw the dentist's own orthodontist, who sent a referral to the hospital. Despite chasing up, we are still not getting anywhere. This has been going on for over two years now'.

'We were referred by our dentist prior to Covid then had to wait two years before treatment started. A brace was fitted when our child was 14 years old rather than the original 12 years'.

'The dentist advised that my son requires braces. The orthodontist advised he doesn't and said to come back in a year. We went back a year after and were told he is still growing, and his jaw is still growing, and braces wouldn't be beneficial. We requested his notes to discuss with my dentist. We are still waiting'.

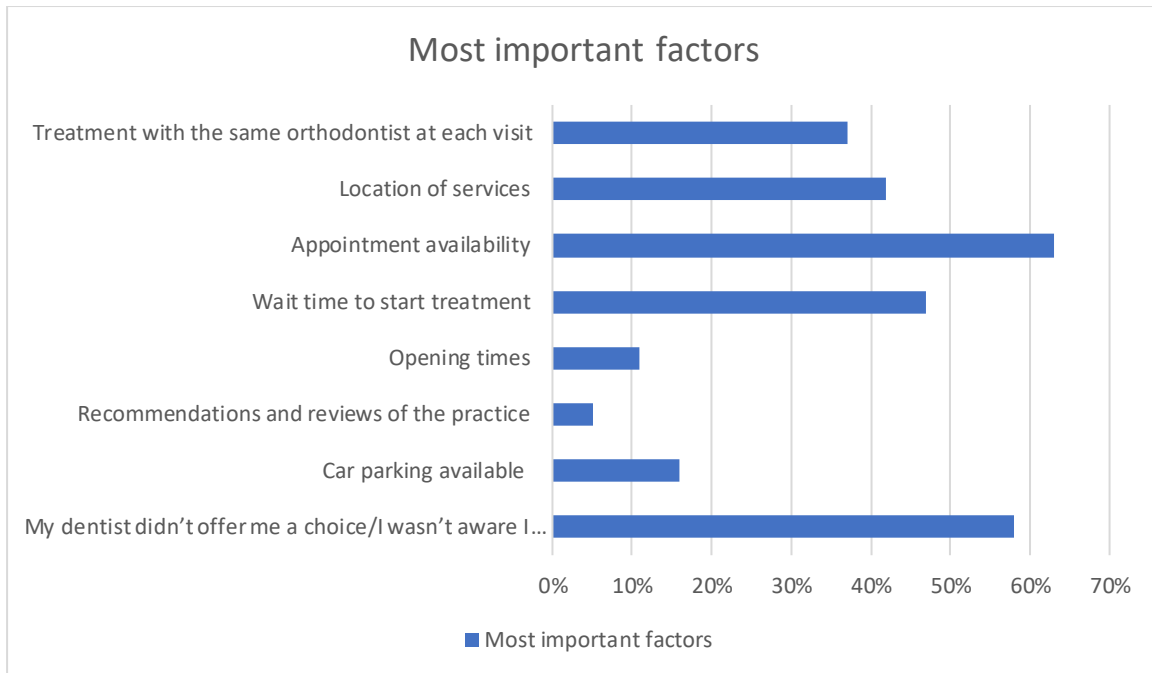
'I had 7/8 years of orthodontic work'.

'The dentist has advised that my child needs to be referred for orthodontics for an overbite and will require braces. He has referred to two places who have advised the wait is at least two years for the initial consultation.... unless we would like to pay privately which we cannot afford'.

'There are ridiculously long waiting times'.

Question 4

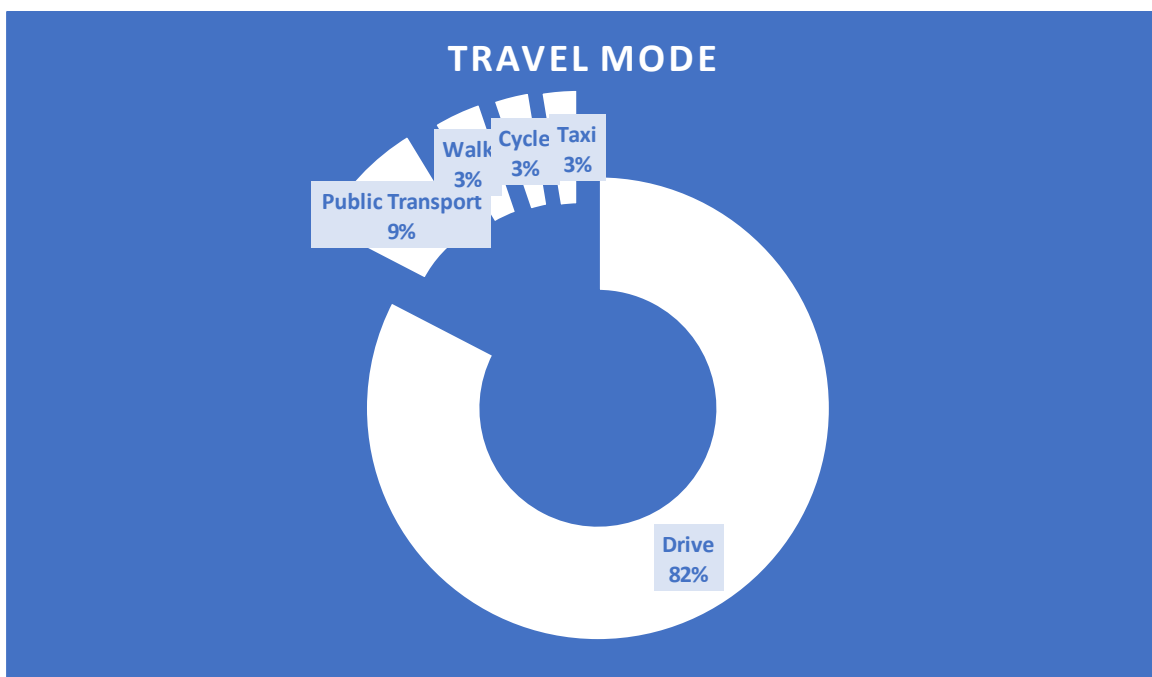
What is the most important for you when choosing an NHS Orthodontist? You may tick up to three options.



The three most important factors are Availability, Wait Time, and Location. However, it very important to note that the majority of people are not aware that they have a choice!

Question 5

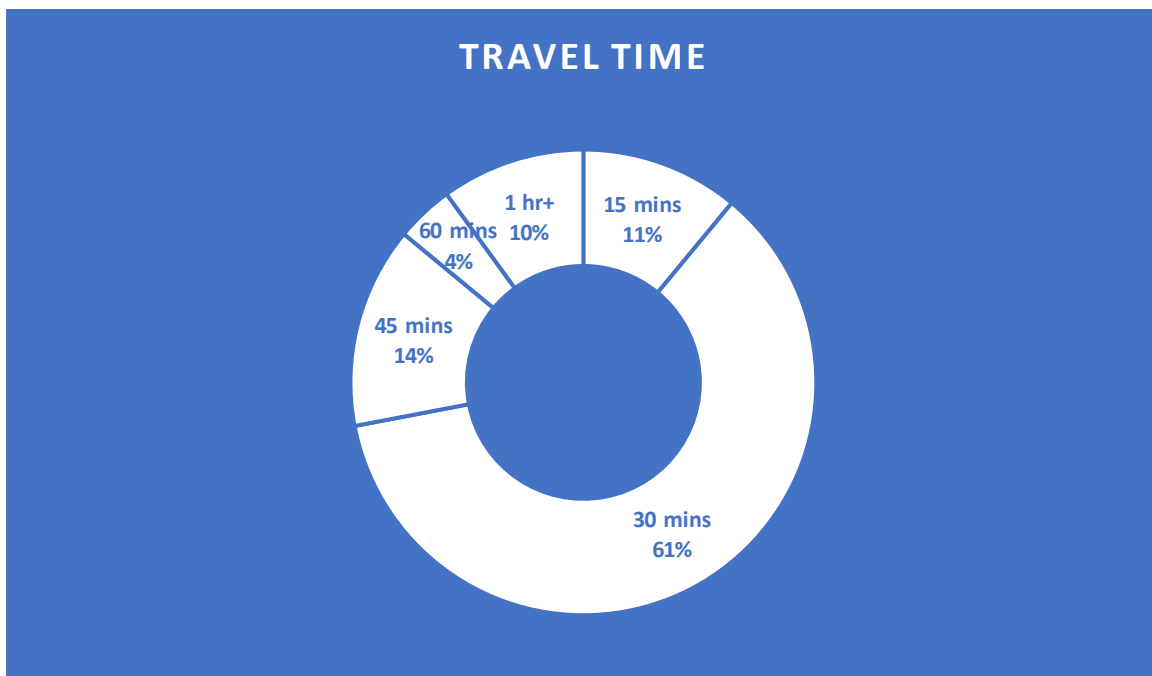
How do you, or would you, get to the orthodontist?



Unsurprisingly, 82% of people travel by car to their orthodontist. However, if there was greater provision closer to people's homes, then more people would be likely to use public transport, or cycle or walk - which would clearly be a positive.

Question 6

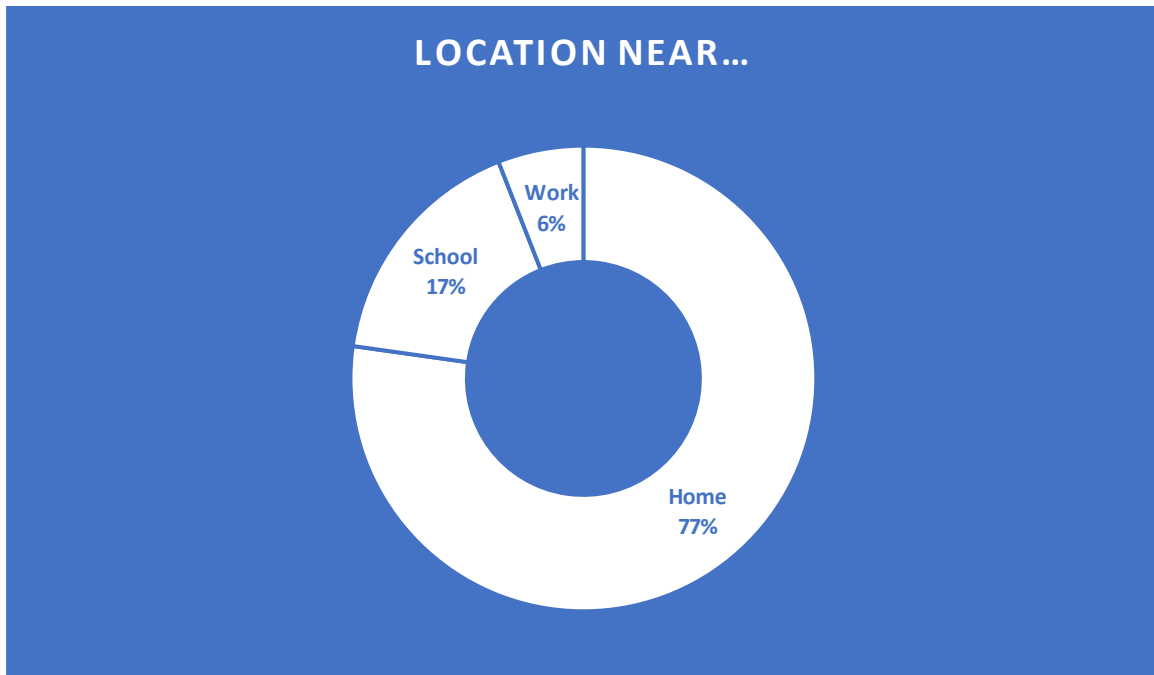
How far would you be willing to travel for your appointments with an orthodontist?



The clear minority of people would want or be willing to travel more than 30 minutes to access treatment.

Question 7

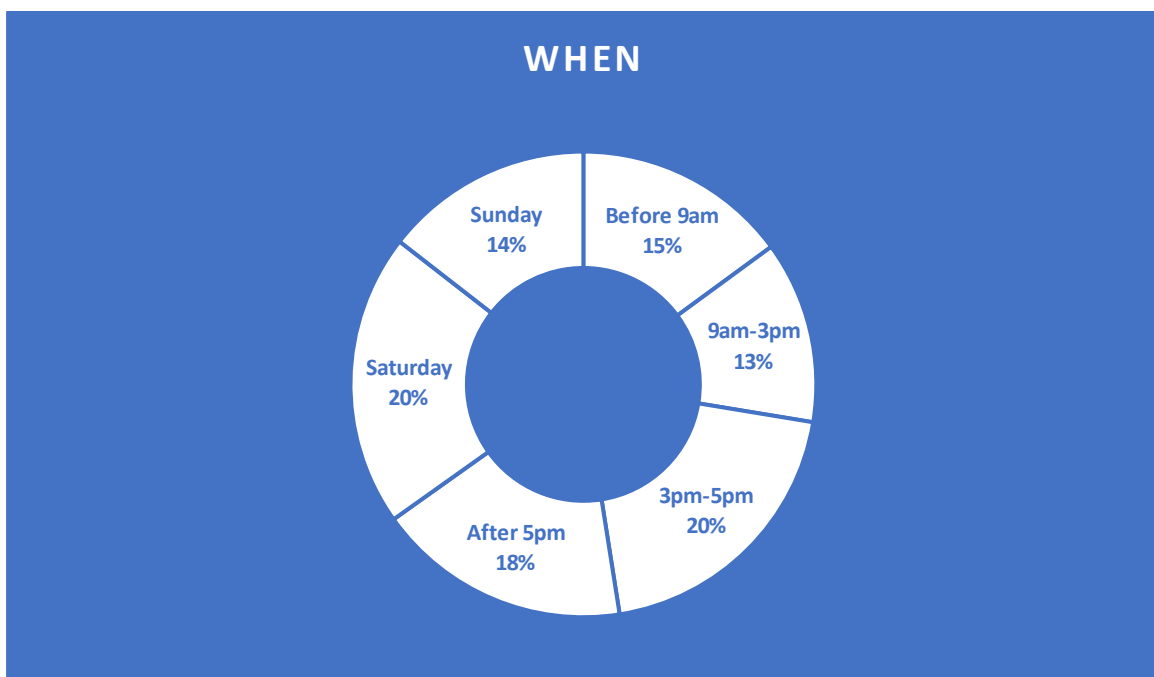
Would you prefer the orthodontic practice to be nearer your home, school or place of work?



As with the previous two questions, there is clear definition within the answers. In this case, having a practice near to home is the preferred option.

Question 8

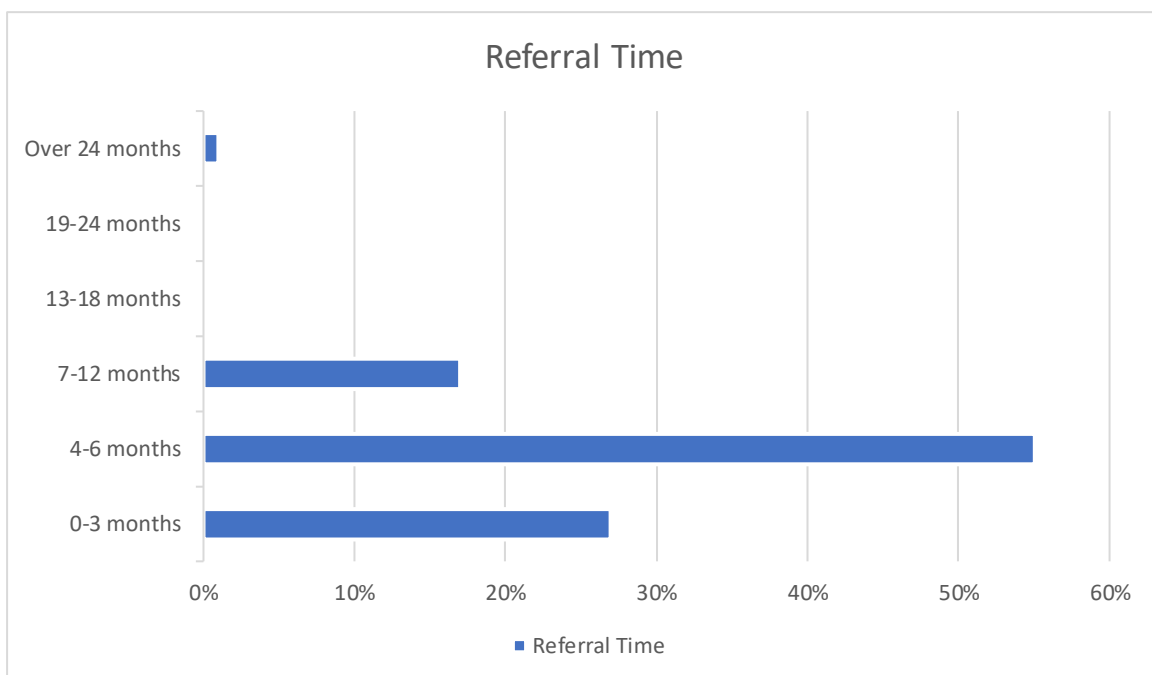
When would you prefer to have an orthodontist appointment?



Overall, there is a reasonably even split between the best time of day, but the significant demand (one third of respondents) for the weekend should be noted. There can be a significant strain on parents taking time off (in many cases unpaid) to take children to medical appointments.

Question 9

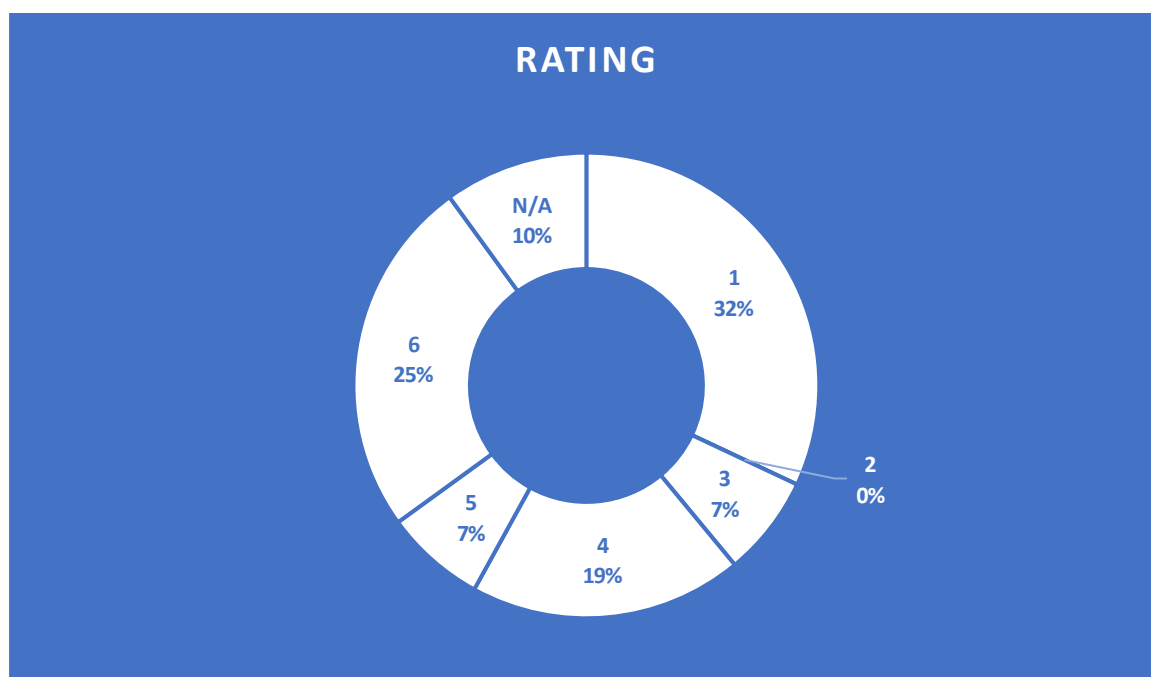
What would you consider to be an acceptable time to wait to start NHS orthodontic treatment?



With 4-6 months as an acceptable waiting time for the majority, it's clear that people have reasonable expectations. We suspect the 1% who chose the 'Over 24 months' option were being cynical with their answer.

Question 10

If your child or the young person you care for has had orthodontic treatment in the last two years or is currently undergoing orthodontic treatment: With 1 being very bad, and 6 being very good, how would you rate the care they received during treatment?



Satisfaction levels are pretty polarised between very bad and very good.

Question 10 supplemental - 'Please explain more about your answer':

A representative sample:

'The team were very good and efficient. They explained the process very well and made sure my son and I both understood how it all worked and how long it might take'.

'Overall, I've been happy, but we did have to wait a long time before getting an appointment'.

'We got regular appointments and not much waiting for appointment time'.

'I had an assessment and treatment is to begin in July'.

'Staff were nice, but you are in and out like a conveyor belt and things aren't explained that well'.

'I had a long wait to be seen, was not checked up on often enough and it's been really difficult to get an appointment time that suits us. Staff are friendly and good'.

'We are still waiting. His bottom teeth don't touch his top teeth, just the roof of his mouth. I'm just so frustrated as my enquiries end up nowhere'.

'Outstanding hospital care which involves many staff. Excellent communication throughout'.

'My daughter has braces and the availability of appointments were not very convenient for schooling. They are usually in the middle of the day'.

'We are still awaiting an initial consultation'.

Question 11

Is there anything that could be improved about the treatment they had?

A sample of responses:

'Hygienist appointments should also be made available via the orthodontist with an in-house hygienist rather than the dentist'.

'The treatment was very good, it's just the waiting time and distance from home which was ridiculous'.

'Give emergency appointments to fix broken braces, they have to wait until their routine appointments'.

'Be seen sooner, better communication about a care plan and follow-up'.

'A bit longer appointment time to go through everything, and less of a wait to be seen in the first place'.

'Initial wait time being shorter, more flexibility with appointment times, more convenient location (closer)'.

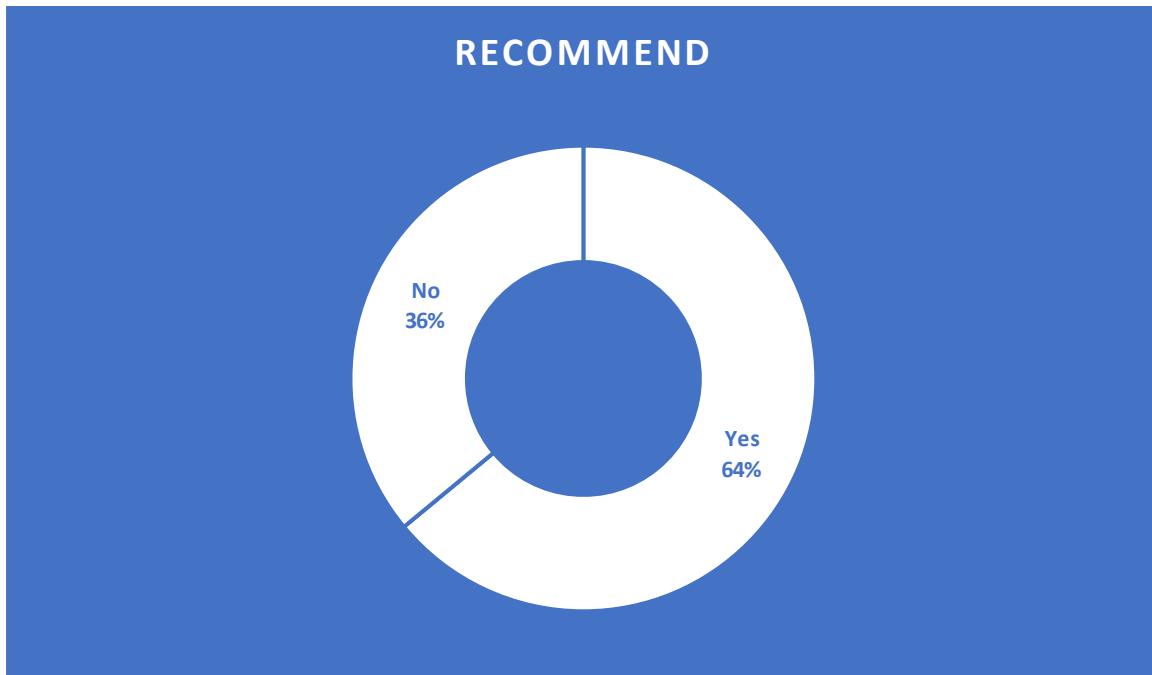
'Getting seen!'

'We are still waiting for the treatment plan as my son has complex needs. This will need discussion amongst consultants and their teams across three hospitals'.

'A lot'.

Question 12

Would you recommend the orthodontic practice to family and friends?



It's very encouraging that two thirds of our respondents would recommend their Orthodontist to their family and friends.

Question 13

Do you have any other comments or suggestions on how the experience could be improved?

'The waiting time is just too long. If my dentist realises there is a problem, then waiting for over a year and a half only means that it will be more difficult and longer to address and rectify'.

'Car parking would be good, an orthodontist in the town we live in would be excellent'.

'Better communication and updates'.

'Better geographical distribution of orthodontists and instructions to dentists that they MUST tell people they have a choice of where they are referred to. They also need to know the waiting time for an appointment at each orthodontist'.

'Communication. Getting appointments'.

‘Sadly, my son had to finish treatment early due to high sensory processing difficulties down to his autism. He just couldn’t take the pain and pressure and feelings in his mouth any longer’.

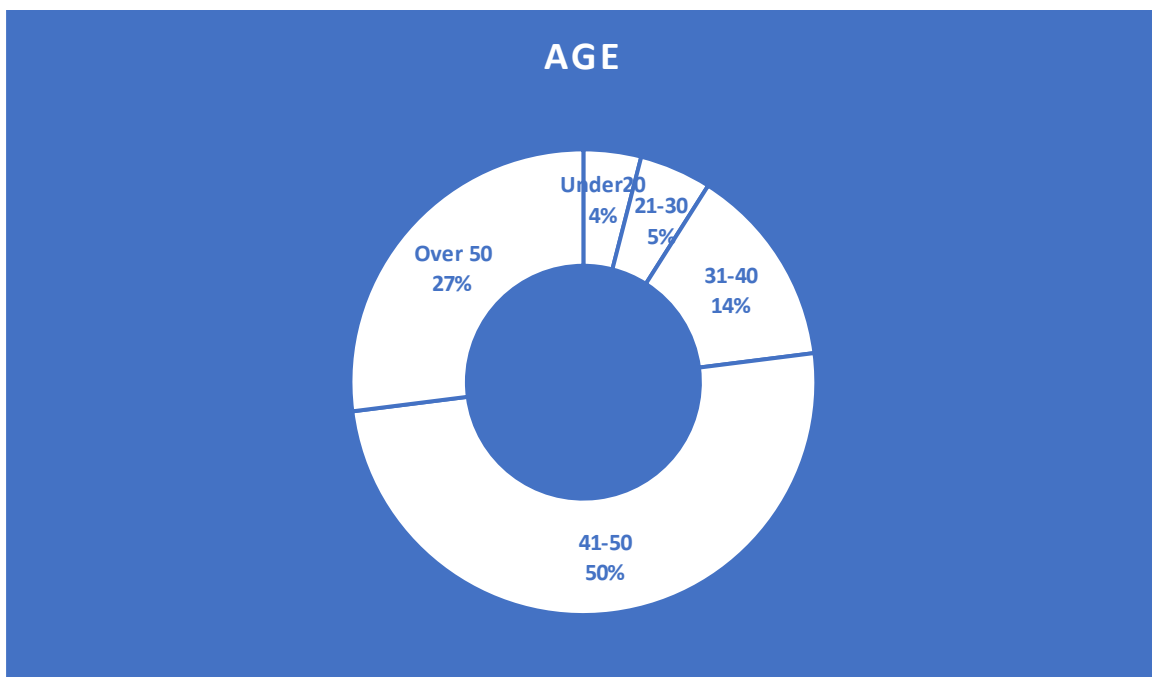
‘Early intervention to local options’.

‘More convenient times’.

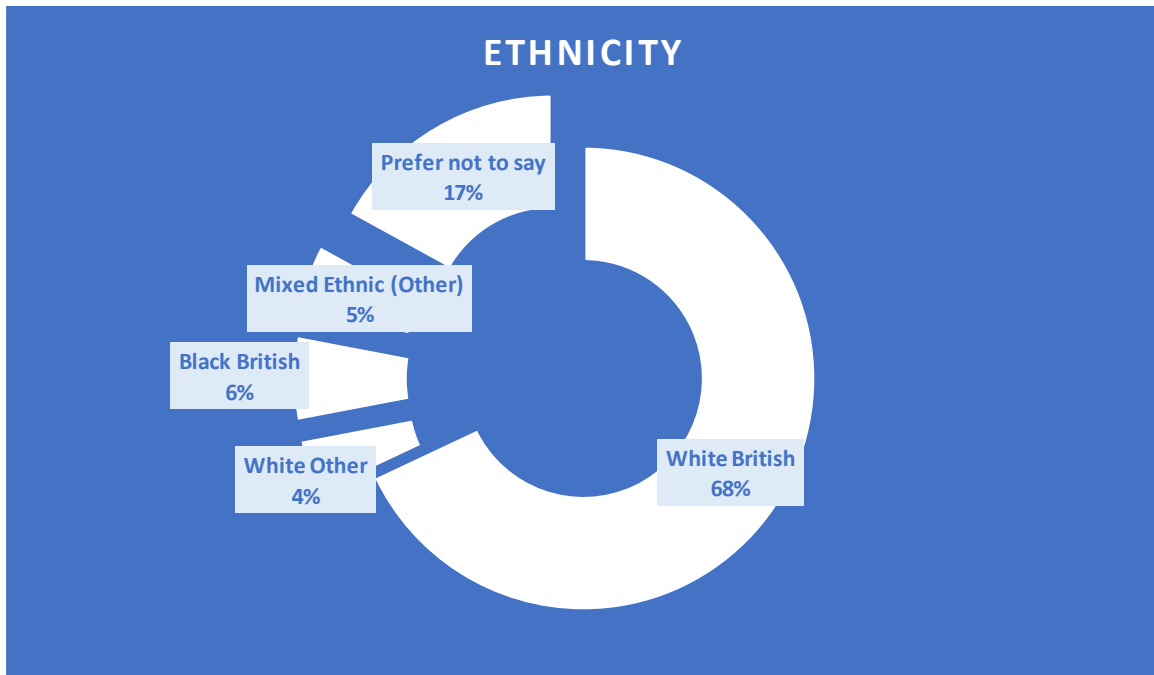
‘The NHS aftercare wasn’t great so sadly some teeth have moved again and as an adult I can’t afford to pay’.

Demographic Questions

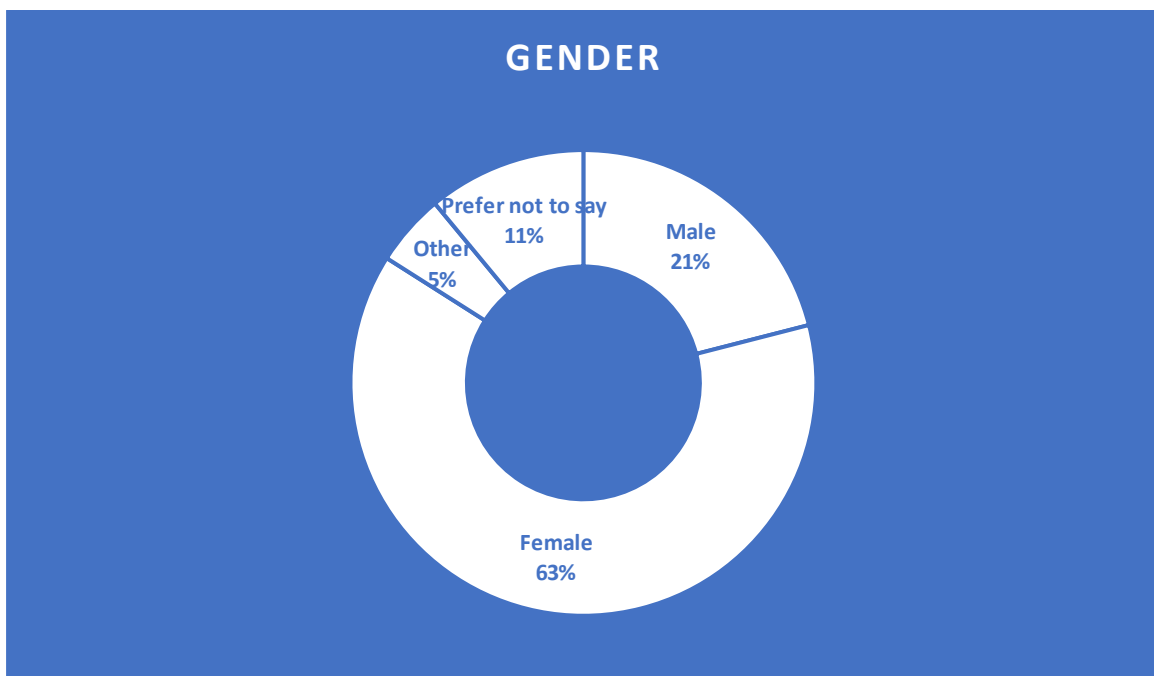
What is your age?



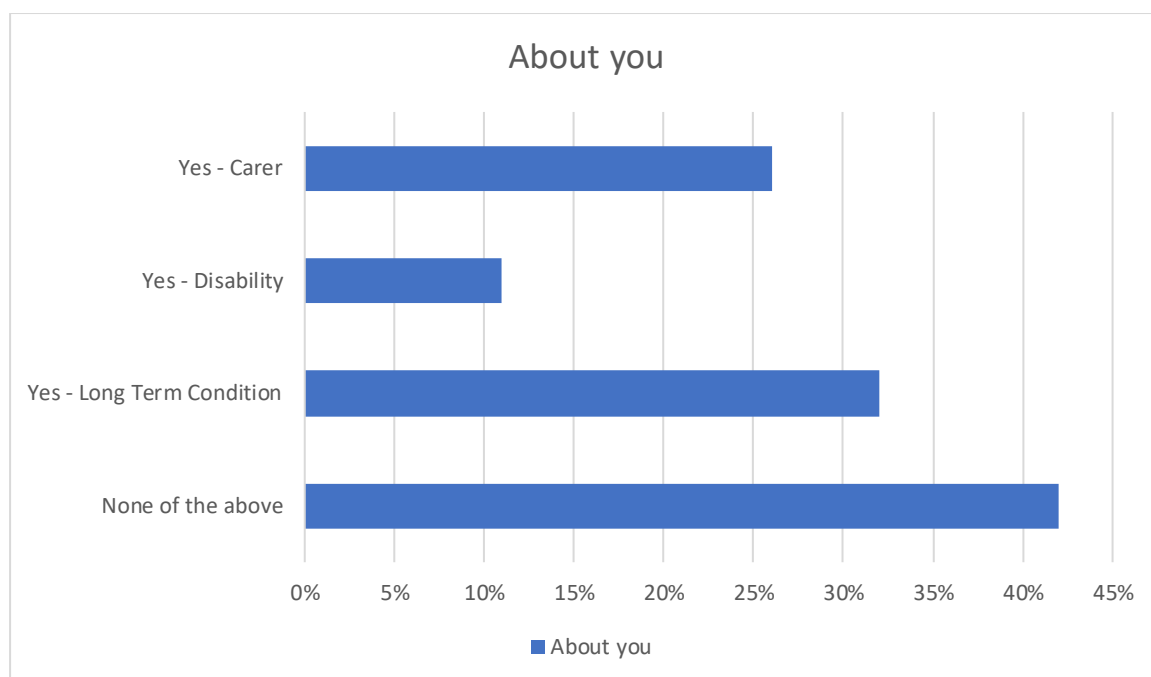
What is your ethnic background?



What is your gender?



Do you consider yourself to be a carer, have a disability or a long-term condition?
Please select all the options that apply.



What's the first half of your postcode?

Responses came from:

CM3
 CM5
 CM6
 CM16
 CM17
 CM18
 CM20
 CM22
 CM77
 CB10
 CB11
 EN8
 EN9
 RM4
 IG10

2.3 Interviews and Conversation

Many people offered to talk to us directly and tell us about their stories in depth. We would like to thank everyone who took the time to talk to us and share their

experiences, helping us to produce this report. From those that we have spoken to, we have chosen to highlight two case studies that reflect the lived experience of people in West Essex. We have also reflected on a group discussion that was held in Harlow with parents of teenagers who have had (or are currently getting) treatment.

Case Study 1

*Susan

Susan lives in Waltham Abbey with her son who has complex needs. It was recommended that he should be referred to hospital for his orthodontic treatment as their capabilities were better suited to his needs. However, despite asking for information and updates, no referral seemed to go out and no appointment was given. She tried to get help through their GP, and they said they would make a referral, but there still seemed to be no progress. Eventually Susan decided she would need to contact the hospital direct and try and push them to sort out whatever was going on.

“I couldn’t just sit around any longer, but it was really difficult to get through to anyone, and even then, their first response was defensive and evasive.”

After two years she finally got an appointment through, although she isn’t sure if it was her badgering that made a difference, or the referral finally making its way through the system. Either way, it was extremely distressing for both her and her son, as his condition deteriorated throughout this lengthy process. All she wanted was clear lines of communication, and to know where she was in the system. There seemed to be nobody willing or able to give her a straight (and simple) answer on whether her referral had been made, received or actioned.

“Was it completely lost, and did anybody care? Because nobody seemed to!”

Since her son was first seen, the team have been great. He will need about two years of treatment, and she feels very relieved. However, she’s still angry that it took so much time, anxiety and stress to get to this point when it could so easily have been put right if someone had just made the effort to find out and communicate with her.

Case Study 2

*Jackie

Jackie’s two children were put forward to be assessed for braces in 2019. When they were seen in 2021, her daughter was told she needed braces, but her son was told he was borderline and to come back in 12 months. After a few more trips her

daughter's braces were fitted. When her son went back for a second assessment, it was decided that he should also be fitted.

Jackie lives near Saffron Walden but has been having all the orthodontic work for her children being done in Bishops Stortford.

"I had back-to-back dentist appointments for my two children and the dentist said he was going to refer them to the orthodontist. I didn't really think about where it would be at the time, it was only when the appointment letter eventually came through that I saw it was in Bishops Stortford."

She hadn't been told about any options or choice, and just assumed that that was where they had to go. Combining both children, with the assessments, re-assessments, scans, fittings, adjustments, check-ups and so forth, she has had to make a lot of trips down to Bishops Stortford and back.

"I've been back and forth more times than I can remember, and it's very difficult with work. I can't always swap my shifts, so sometimes I've turned shifts down, and other times got caught in traffic. It was annoying already, but then I heard from one of my son's friends that they had been seen in Saffron Walden. All that time and expense going to Bishops Stortford when I could have been going up the road! I couldn't believe it!"

Jackie's daughter has had her braces removed for some time now, and her sons are due to come off very soon.

"The treatment they've both had has been excellent. The staff there are really efficient and friendly, and I'd recommend them to anyone. But I just wish we could have been seen closer to home - it would have made a huge difference."

**names have been changed to protect participant anonymity.*

Group Discussion

I was able to have a group discussion with four mums at the Connected Communities Event in Harlow.

They all live near to each other in the CM17, CM18 and CM20 areas.

Broadly speaking, they shared similar treatment experiences. All were positive about the staff, the care, and especially the expertise at the orthodontists they went to. However, their experiences of waiting times and location were quite varied:

Three of the families were seen in Harlow, whereas one had been referred to Epping.

‘Why did they send my girl to Epping? I mean, I don’t really mind because I go down there a bit anyway, but why wasn’t it in Harlow?’

One on the group was seen within a couple of months...

‘Our dentist has its own orthodontist. When they said she would probably need braces, we had an appointment in about two months.’

Whereas another had to wait 18 months...

‘I only live about three miles from where she does [another group participant], and I was told my daughter needed braces at about the same time, but my wait was a year and a half. How can that be right?’

Overall, they completely agreed that the quality of treatment was their prime consideration, and they had all received good care.

They also all agreed that other factors combined together carry significant importance.

‘There’s no parking, so I have to find a parking place and pay, and then it’s quite a walk. I have a younger daughter in a buggy, so it makes the whole thing difficult and takes ages. It would be much easier if I could park right there. I think everywhere medical should have parking - I don’t know how some people manage.’

When discussing what ‘Quality of Treatment’ is, they were unanimous in their opinion that it should include waiting time, locations, and being offered a choice.

3.0 Key Findings and Recommendations

Key Findings

Straightforward care seems to be working well in most cases, with most people’s experiences being positive, and the majority happy to recommend their orthodontist to friends and family.

However, many of the processes and structures framing the technical procedures are not working...

Too many people are having to wait too long for their first appointment. This has come up throughout the survey and consultation process. However, it is of course important to be aware that Orthodontic services are still recovering from the legacy of the Covid pandemic.

People are not being offered a choice of location and time. An alarmingly high number of people were unaware that they had any say in where they were referred to.

People are having to travel much further than they should have to and in a number of cases they are not referred to the closest option.

More complex cases where hospital treatment and multi-disciplinary teams are involved, are not getting the service they need.

We continue to hear that people are not being listened to, they are not communicated with, and they face an ongoing 'battle'.

Recommendations:

Waiting Times

Time, effort and resource must be put into reducing waiting times for an initial consultation. This is the most important element to be addressed.

If a young person's condition is going to worsen, and the ability to rectify it successfully decreases as a person moves through adolescence, there is a clear correlation between timely intervention and successful outcomes.

Referral

Referrals should be acknowledged as having been received (by the hospital or orthodontist) immediately and directly to the patient (or parent/carer), through text or email service.

This should include an expectation of when they will receive notification of an appointment.

In turn, details should be provided for a single point of contact (an email address) they can approach for an update if they do not get notification in the time stated.

Communication is a hugely important factor across all aspects of healthcare and should be always factored into all commissioning plans.

Choice

All patients should be offered a choice of where they are referred, but our survey revealed that 58% are unaware of this. They shouldn't have to ask, it should be explained and offered. This should be captured for record on the patient notes.

A dentist's preferred orthodontist isn't always best for the patient, due to location, parking, accessibility, and numerous other factors.

Locations

Linked into the choice of where to be referred, time should be taken to reflect on where the orthodontists are located. Population mapping can play a part of this, but it should not be too sterile a decision. As it stands, many people have to travel too far, so consideration is needed, not just of centres of population, but centres geographically.

Weekend Appointments

34% of people we engaged with wanted the option of weekend appointments, so this should be given serious consideration. Any gold standard service includes flexibility, and there is a real opportunity here.

4.0 Conclusion

The local population of West Essex is receiving a good standard of orthodontic care, but not a gold standard.

There is much to be admired about the professionalism of the orthodontists, but there are a series of issues that need to be addressed. People's lived experience is not what it could be if some new practices and adjustments can be implemented.

There is no magic wand to eradicate waiting lists, but that does not mean that it shouldn't occupy as much thought, lateral thinking, and innovation as possible.

If we accept that people will have to wait for a certain length of time, then we work on making it the only area of concern, and we make the wait as open, honest and well informed as possible.

The recommendations for these are listed above, it's now time to implement them.

5.0 Terminology and Acronyms

West Essex - Districts of Uttlesford, Harlow and Epping Forrester.

ECC - Essex County Council.

Gold Standard Service - The very best service available, one that others would like to copy.

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