



Community dental Services in Barking
and Dagenham
February – April 2024

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About us

Your health and social care champion

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services.
- listen to what people think of services.
- help improve the quality of services by letting those running services and the government know what people want from care.
- encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does will bring the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

Summary

This research was launched to investigate the quality of community dental services provided by Kent Community Health NHS Foundation Trust. In addition to clinic-based dental services, the team also deliver outreach dental services, such as domiciliary care and oral health promotion services.

This project aims to explore the accessibility and functionality of the service and highlight the areas that are working well as well as those that require improvement. Areas such as the referral process, booking an appointment, accessing the clinic and the quality of appointments and follow-up care are discussed in this report.

Healthwatch Barking and Dagenham attended several clinics at Five Elms Community Dental Clinic and South Hornchurch Community Dental Clinic to speak to patients and their carers accessing dental services. Individuals who receive dental care at home were also contacted to share their views. and an interview with an oral care lead took place at George Brooker House care home to gather insight into dental services provided at care homes. Additionally, we interviewed a Practice Manager and a Special Care Lead for Adults from Outer North East London Community Dental Services to find out more about dental care services offered to those who are housebound.

Overall, residents gave good feedback about the quality of the service, booking appointments and follow-ups. Most residents find it easy to utilise the community dentistry service, and their positive experiences demonstrate how professionally the team treats patients with a range of needs and disabilities.

Additionally, research demonstrates that the frequency of dental appointments is determined by the dental needs of each individual patient. There were a few areas that were highlighted as needing improvement, including the check-in system upon arrival, perceived long waiting times for an appointment, and the potential for an unsatisfactory experience for patients with additional needs that are caused by appointments occasionally running behind schedule.

Introduction

Individuals with special needs may be able to receive treatment from dentists at their usual surgery. On the other hand, a disability or other health issue could prevent some people from travelling to their dentist's clinic.¹ The community dental service consists of dental professionals such as dentists, dental therapists, and dental nurses who specialise in delivering dental care to both adults and children with specific dental care requirements. Their facilities are designed to accommodate wheelchair users and patients with limited mobility. Additionally, they have specialised equipment to ensure the provision of dental care to individuals who cannot move from their wheelchairs.

In addition to providing treatment at venues, the dental team also carry out:

- Fluoride varnish and daily supervised tooth brushing programs in both mainstream and SEN schools
- Oral health promotion within the community such as at children's centres and care homes
- Working with vulnerable children and adults such as the homeless or drug and alcohol support groups

Partnership working with other health professionals such as nurses and health visitors. Maintaining good dental health is only one of several areas in which people with disabilities frequently require additional assistance:

- Compared to the general population, those with developmental disabilities experience greater oral health issues. Dentists must modify their daily practices to accommodate individuals with developmental disabilities and additional mental or physical health needs when providing oral care.
- Oral hygiene might be made more difficult by behavioural issues. Uncooperative behaviour in patients might be attributed to feelings of fear associated with dental procedures. People with learning disabilities may find medical situations frightening, particularly if they interpret sensory data differently.²
- Community dental clinics must ensure that people with disabilities and mobility issues can easily access the venue and facilities and be aware that patients may need assistance. Furthermore, uncontrollable bodily movements can endanger patient safety as well as the dentist's ability to provide safe dental treatment.³

¹ <https://www.nhs.uk/nhs-services/dentists/dental-treatment-for-people-with-special-needs/>

² [Accessing dental care - Challenging Behaviour Foundation](#)

³ Continuing Education - Practical Oral Care for People With Developmental Disabilities (nih.gov)

For residents who are unable to see a dentist, community dental services may be able to provide dental care in their homes. However, home treatment does not provide many options for more invasive treatment. Regular surgery hours may also restrict the time of day the dentist can visit.⁴

Community dental services are vital when it comes to ensuring good oral health for the most vulnerable residents in the community. It provides personalised care to individuals with varying needs and disabilities. The community dental team is essential in offering routine check-ups and treating any oral health concerns, therefore improving general health and welfare.

Why Healthwatch explored the Community Dental Service

Healthwatch Barking and Dagenham previously engaged with a group of parents whose children have Education Health and Care Plans (EHCP). These parents expressed that they had long waiting times to access the community dental service. In addition, feedback from adult with disabilities indicated that there is room for improvement in their overall experiences. Additionally, Barking and Dagenham, 29.8% of households in LBBDD have at least one person who identifies as disabled, which is the highest proportion in London (Census 2021)⁵, and as

For these reasons, Healthwatch Barking and Dagenham recognised the necessity of launching this project to investigate areas within community dentistry that are working well and those that may require improvement.

There has not been a similar initiative to explore community dental services in North East London by other nearby Healthwatch organisations.

Methodology

A survey was primarily used to gather the information through a structured questionnaire that had multiple and single-choice questions, rating scale questions and open-ended questions. Engaging with patients on the same day of their appointments allowed us to gather their fresh reflections on the experience. The following aspects of the dental appointment journey were considered:

- Referral and booking process.

⁴ [Dental care for people with disabilities | nidirect](#)

⁵ Co-designing Inclusive Digital Zones in Barking & Dagenham - LOTI

- Access to the community dental care clinic.
- Experience in using the service and aftercare.
- Waiting times externally and internally, support, and quality of treatment.

To enable us to hear the personal experience of service users, the survey included open questions for feedback to understand the behaviours, motivations, and emotions linked with accessing the dental pathway, as the service is often used for those with sensitive or specific needs that must be taken into consideration.

For example, some patients are afraid of dental treatment and therefore it is important to find out how the service addresses that. We also chose to use an open-ended question to explore the patients' thoughts on how the service can be improved, as presenting options of ideas would limit our findings, as each person's experience and perspective will differ, but common themes could be identified if similar improvements are repeated, which will indicate the severity of an issue and necessity of the improvement quantitatively.

We initially planned to collect data from both Five Elms Community Dental Clinic, which is located in Barking and Dagenham and South Hornchurch Community Dental Clinic in Havering, as patients from our borough have the choice of attending either clinic. However, after attending a session at South Hornchurch, a very low number of Barking and Dagenham residents went there. Further visits were focused on the Five Elms Clinic, where data was collected on multiple visits. We also delivered leaflets to both Five Elms and South Hornchurch Community Dental Clinics which were displayed in reception areas to ensure that patients or their carers can share their views by scanning a QR code or using other contact methods to provide feedback.

There were limitations to carrying out face-to-face surveys, as often patients/users were busy with events after their appointment or were upset/uncomfortable post treatment which limited the uptake of survey participation per visit. On arrival, the dental team requires patients to complete a form before they are treated, so this also impacts the time that people could spend with us, particularly if they did not arrive early for their appointment.

Community dental services are often used by the more vulnerable members of society, which means that they need special care, support, or protection because of age, disability, or risk of abuse or neglect. Therefore, some participants in the survey may have not been willing to share their experiences in detail, such as what interventions they received or to disclose their disabilities or impairments. However, we included options in the survey for participants to have the choice to disclose their conditions, and we also allowed trusted carers of the patient to participate in the survey.

Additionally, an oral health lead was interviewed at George Brooker House Care Home and gave valuable feedback about residents' experiences accessing community and domiciliary services. Also interviewed with a Practice Manager and a Special Care Lead

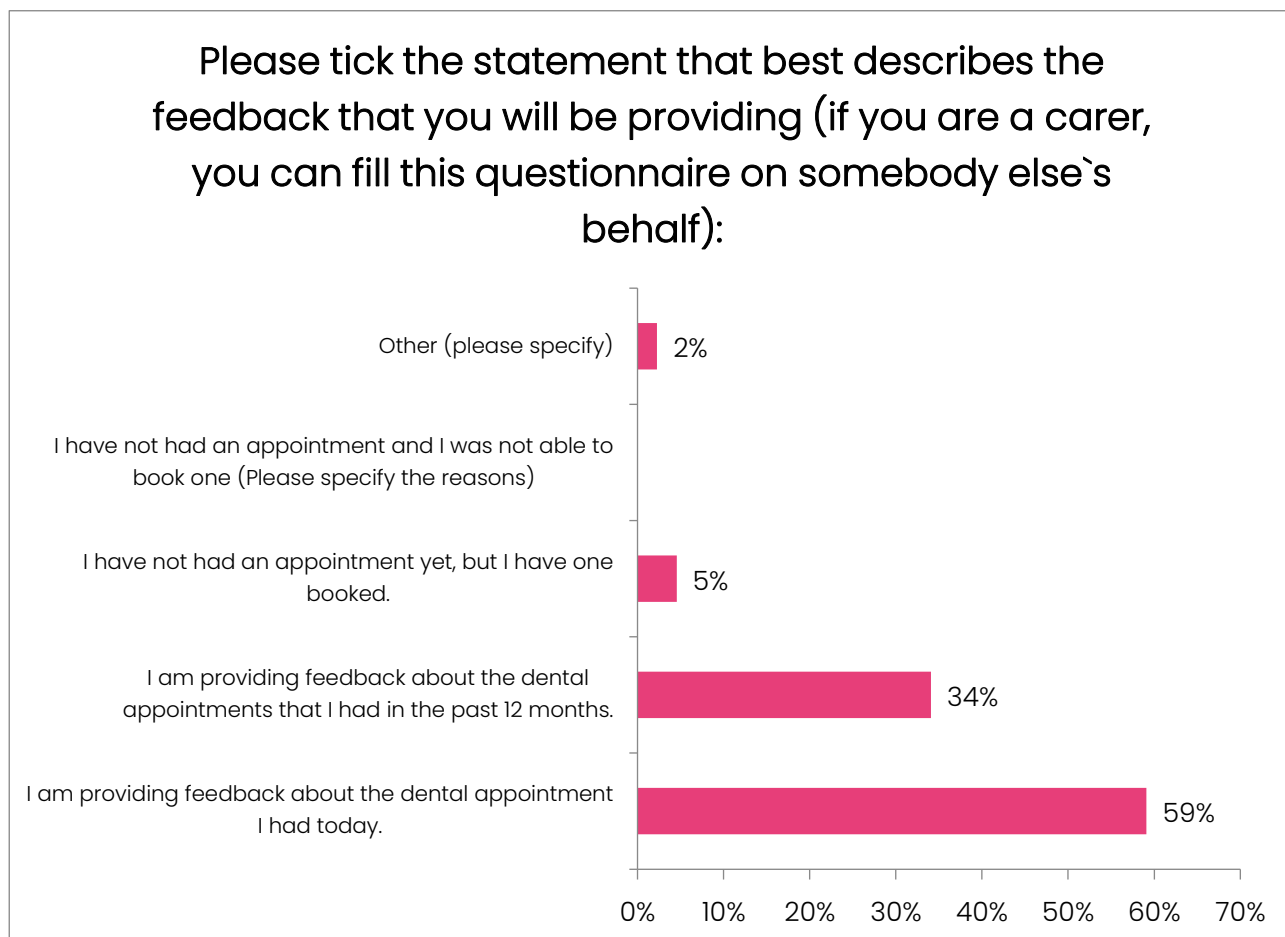
for Adults from Kent Community NHS Foundation Trust to get more data about dental care services offered to those who are housebound.

The research took place from February 2024 till the middle of April 2024. 48 people took part in this project individually.

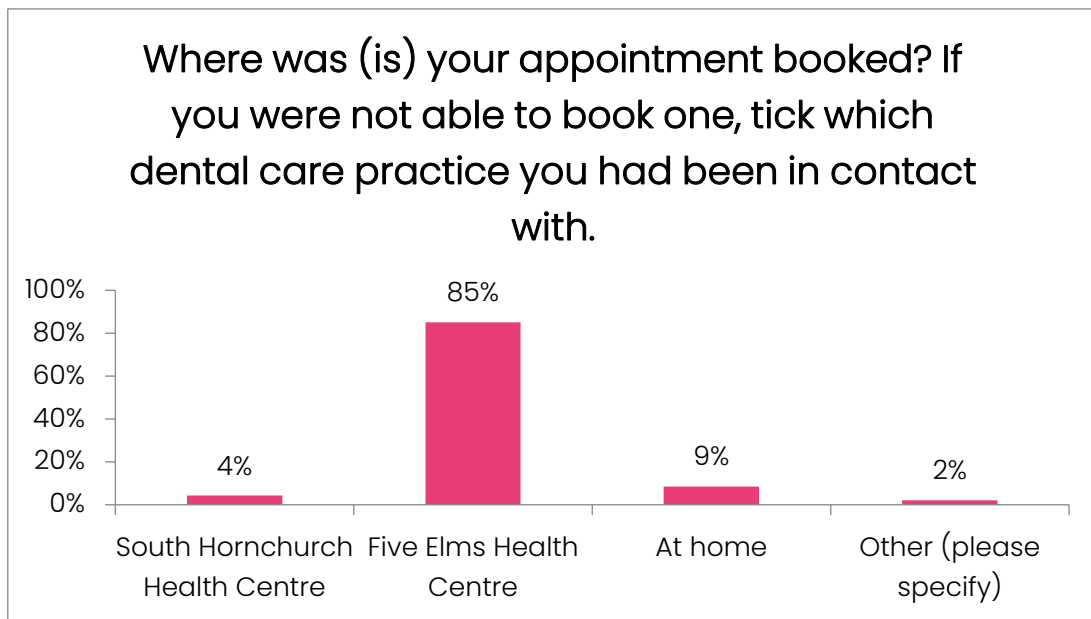
Findings

1. Background Information

At the start of the survey, respondents were asked to tick the statements which best described the feedback that they would be providing. The majority (59%) of respondents said that they would be providing feedback about the appointment which was booked on the same day when they were surveyed. 34% of respondents were providing feedback about the appointment they had within the last 12 months, while 5% of respondents said they had not had their appointment yet, but there was one booked. 2% said other and specified that their appointment would be taking place later that day.

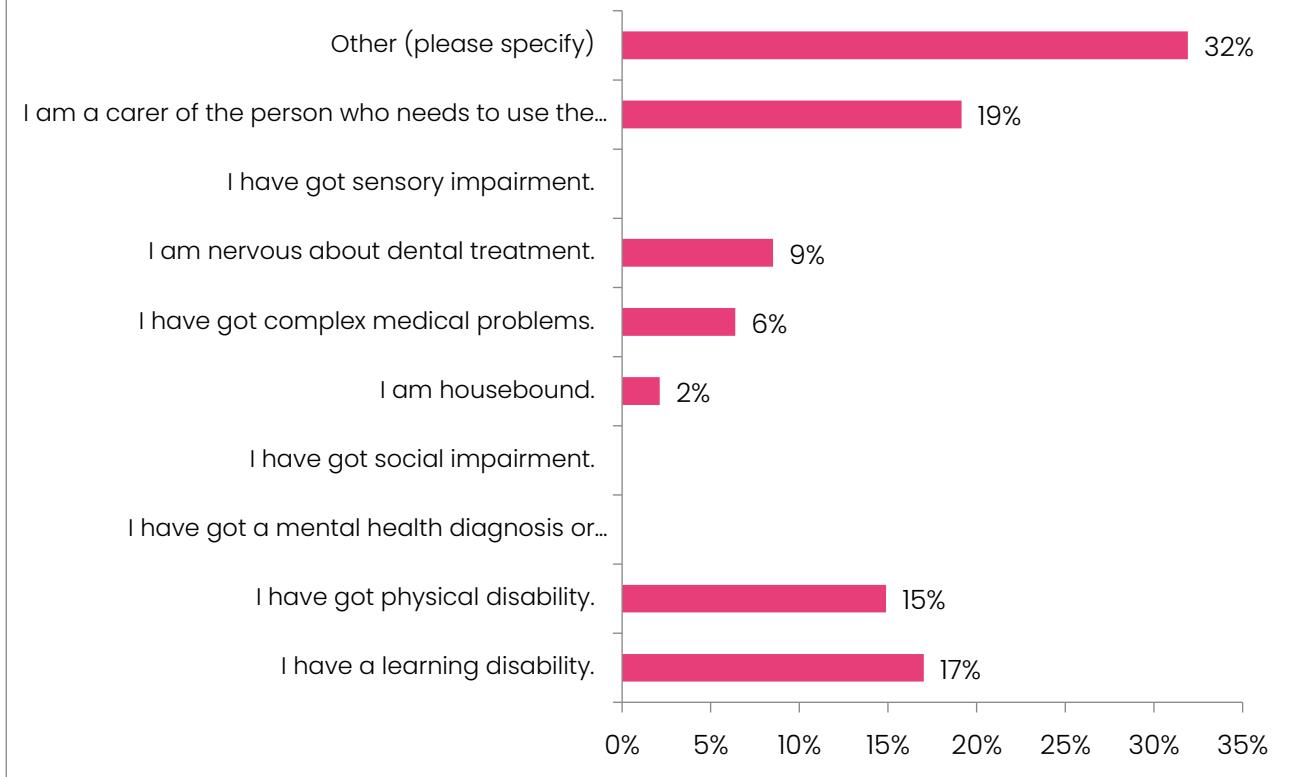


Next, respondents were asked where their appointment took place. 85% said they had their appointment at Five Elms Community Dental Clinic, and 4% had their appointment at South Hornchurch Community Dental Clinic. 9% of the feedback received was from those who had their appointment at home, and 2% said `other` and clarified saying that their appointment was at the care home.



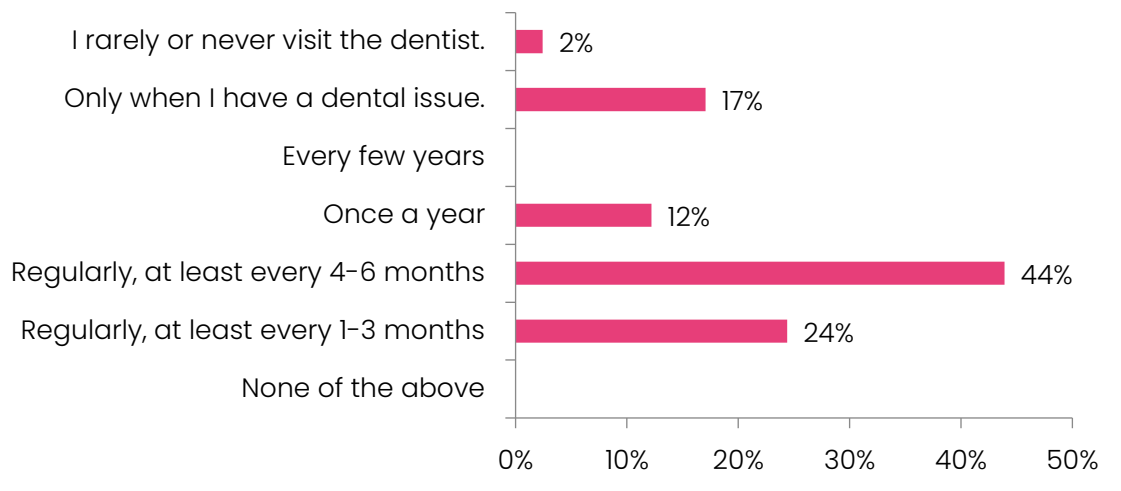
Next, those who were responding to the survey were asked to select a statement which best described them. 19% were carers of the person who needed to use the community dental service, 17% had a learning disability, and 15% had a physical disability. 32% stated `other` and specified by saying that they had conditions and disabilities like autism, stroke, or diabetes, or were under assessment for other conditions.

Please select the statement below that best describes you.



Following that, respondents were then asked how frequently they receive community dental services. The majority (38%) expressed that they receive community dental services every 4-6 months, whereas 21% stated that they receive these services every 1-3 months. 15% of respondents indicated that they only attend community dental services when they have a dental issue. A small proportion (11%) said they attend community dental services once a year, and the remaining 2% said they rarely or never visit the dentist. 13% of respondents stated other reasons, such as that their first appointment was today, another reason was the respondent being unsure why the appointment took place in the clinic as previously he/she had to go to the hospital, while another one said the referral to access a community dental clinic was made due to needing tooth extraction.

How frequently do you receive community dental services?



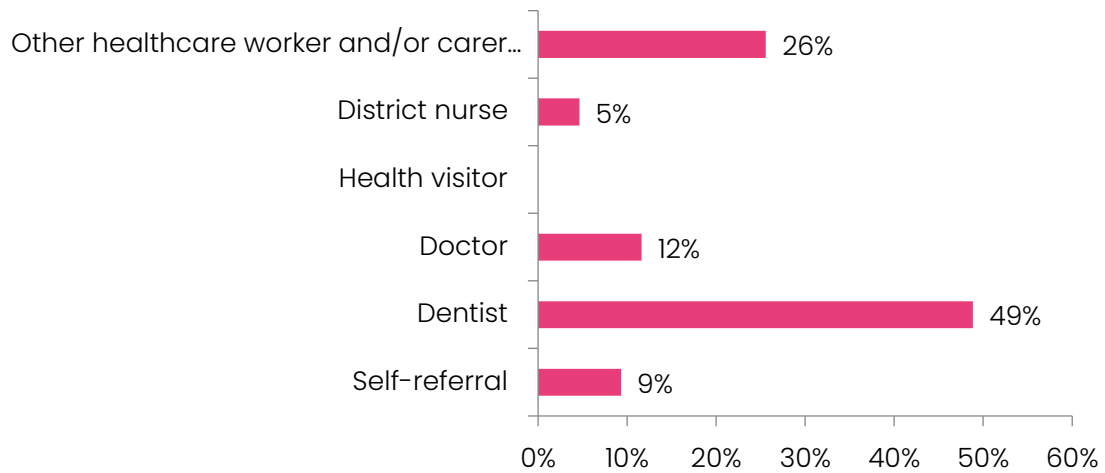
According to this data, residents' frequency of using community dental care services varies depending on why they use them. People with permanent disabilities or conditions, for example, may schedule more frequent appointments, while people with more transient problems, like young children who are afraid of the dentist, might not.

2. Booking an appointment

2.1 Referral Process

Respondents were asked who referred them to the community dental services. Almost half (49%) were referred by their regular dentist, who thought that an appointment with a specialist was required. 12% were referred by their doctors. 9% said that they completed a self-referral, while 26% of respondents said they were referred by other healthcare workers such as care home staff, paediatricians, Portage, and family members.

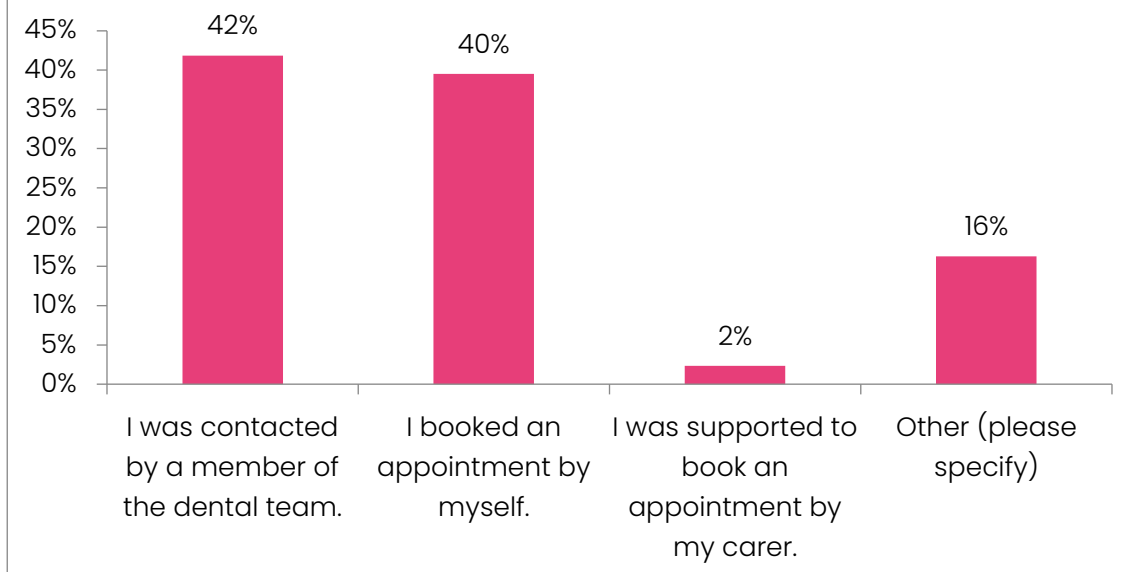
Who referred you to the community dental care services?



2.2 Booking the appointment

After that, we asked questions about how respondents made their appointments. 42% of respondents said that they were contacted by a member of the community dental team, and 40% booked appointments themselves. 2% expressed that they were supported to book an appointment by their carer. The majority of the 16% saying 'other' expressed that they get the next appointment booked straight away in the clinic after their treatment, others stated that support workers, family members or care home staff booked it for them.

How did you book your appointment?



According to the findings, residents are using a variety of ways to make appointments. They can make an appointment by calling the clinic directly, scheduling the next appointment in advance, or getting a call from the clinic.

Following that, respondents were asked how communication with reception staff was. The majority have said it was 'good or very good, or very easy.' Here are the selected quotes from respondents:

'I cannot remember, my wife spoke to them, I was on a lot of medication at that time and cannot remember. But she did not have any problems.'

'I only had issues with the care home. They are saying it is the family's responsibility to book an appointment, but she is living and receiving care in the care home.'

'When you call it takes time to get everything arranged.'

'Good, especially when rescheduling to earlier availability due to cancellations.'

'It was good, the only issue is when you arrive here and have to phone to check in, not everyone has a phone to do that.'

'Good, they were friendly and helpful.'

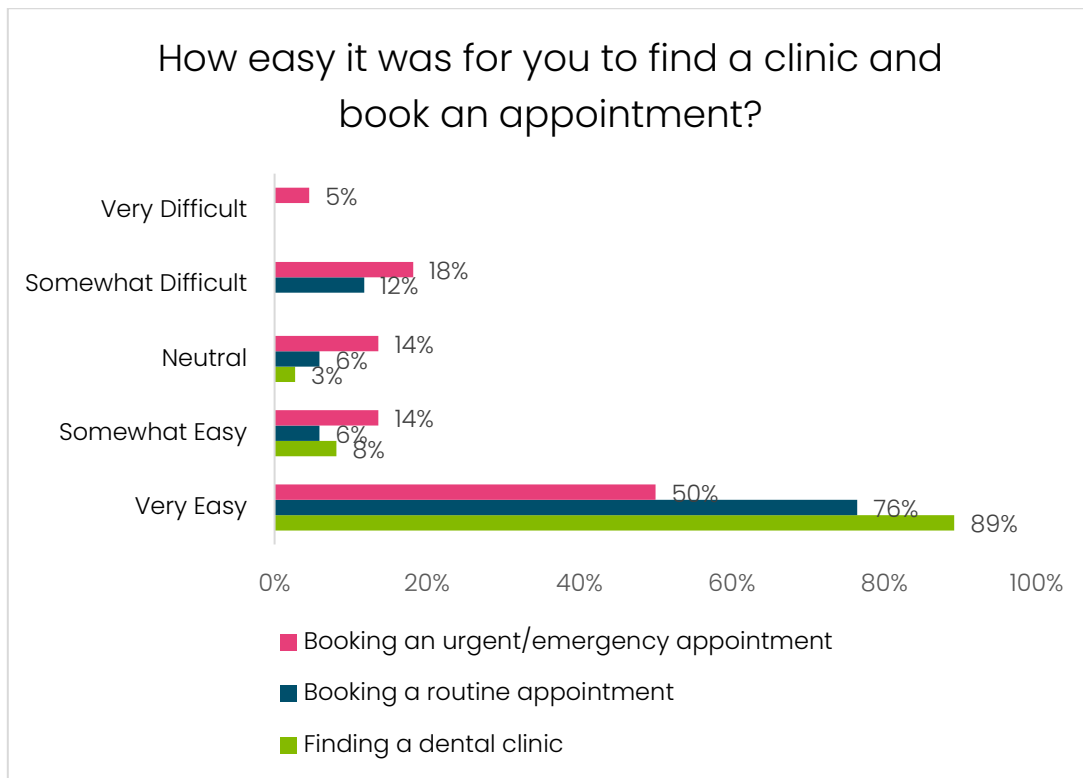
'Initially, her dentist referred her, and we waited for 6 months, but no appointment came. Then I called them and had to fight to be seen, an appointment was given within a week.'

'It was good, this appointment was booked to discuss anaesthetics for her tooth extraction.'

'Initially was contacted by a team to book the appointment, and then I had to call to follow up on the appointment as it was not offered.'

Despite a few minor communication issues, these comments seem to indicate that residents typically have a favourable relationship with reception staff.

After that, participants were asked to evaluate how easy it was to locate their local dental clinic and make regular and urgent appointments.



When questioned about making regular appointments, 76% of respondents said it was very easy for them, while 6% said it was somewhat easy. While 12% of respondents claimed that scheduling a normal appointment was challenging, 3% of respondents had no opinion at all. Here are some selected comments from respondents who had their routine appointments booked:

“It is hard to get booked in, there is a long waiting list. We had our initial appointment in January, treatment only started end of March.”

“All straightforward.”

“Consistent-1-2 years with them.”

2.3 Urgent Appointments

People who have firsthand experience scheduling an urgent appointment also shared their opinions. 50% of those who needed an emergency appointment said it was very easy to book it, while 14% of respondents respectively found it to be somewhat easy and neutral. 18% expressed that booking an emergency appointment was somewhat difficult for them, whereas 5% found it very difficult.

These findings suggest that in an emergency, respondents would want to be seen more promptly, and they will consider the appointment to be more difficult to plan if there is a

slot available that requires them to wait. Those who had experience booking urgent appointments shared their experiences:

`I was in a lot of pain due to needing my tooth to be extracted. `

`They don't come until you call them, and it can take time to arrange an appointment. `

`They did not want to give an appointment and said they were fully booked; my daughter could not eat due to tooth pain and I pushed for that appointment. `

`Sometimes they do not have availability. `

`You might have to wait if they are very busy. `

`Waited a long time. There was a mix-up. `

`Waited a long time. Cancelled when halfway there, wasted school time. `

2.4 Locating a clinic

According to survey results, 89% of participants thought it was easy to find the dental clinic, while 8% said it was only slightly easy. The reason(s) for selecting that clinic for their appointment were subsequently asked of the responders. The majority said that the clinic they visited was the one that was nearest to them. Respondents supplied the following comments:

`Unable to go to a dental clinic, home visit only. `

`It was the choice of care; previous experience went well. `

`Staff are good, I am satisfied with the previous appointment. `

`Maybe better treatment, this place is wheelchair accessible. `

`Best suited for his need. `

`The closest one, she has been coming here since she was a baby. `

`We were seeing a dentist in Barking, but that clinic was closed. `

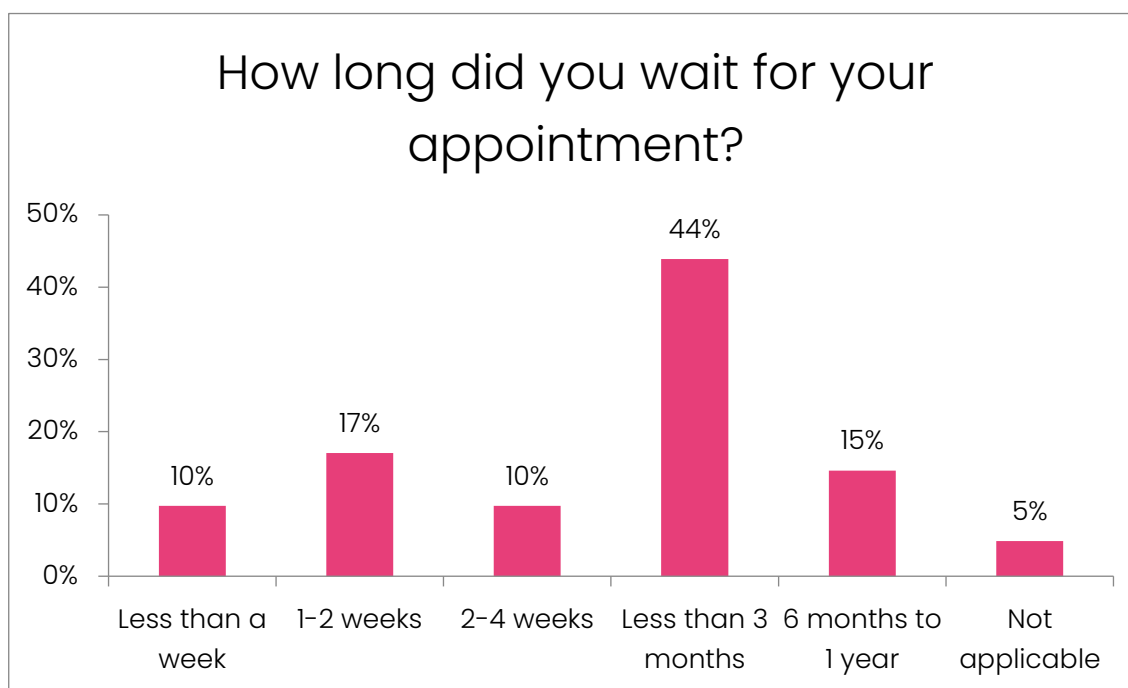
`He must be with someone for 24 hours after sedation (his mum lives here). `

These comments imply that the clinic choice is influenced by the resident's needs, accessibility, and proximity. Notably, the locals' only nearby option is Five Elms Community Dental Clinic.

2.5 Waiting times for regular and emergency appointments

Subsequently, the participants were questioned regarding the duration of their wait for their regular appointment. The majority (44%) said they had to wait less than 3 months. 17% were waiting for 1-2 weeks, 15% were waiting for 6 months to 1 year, and 10% respectively were waiting for 2-4 weeks and less than a week.

According to these findings, respondents' wait times for appointments vary, which is also indicative of their ongoing dental needs. For example, a patient undergoing treatment might be seen by a dentist sooner, but a person going for a checkup might have to wait longer.



When asked to provide more information about their experience of waiting for a routine appointment, respondents provided these comments:

Reasonable wait.

The hygienist only works one day a week, so appointments get booked quickly.

We book 6 months in advance.

About 2 months week's appointment got cancelled as the dentist was sick.

‘I got the appointment quicker because there was a cancellation.’

‘I would prefer it to be quicker, she had a broken tooth with a nerve exposed.’

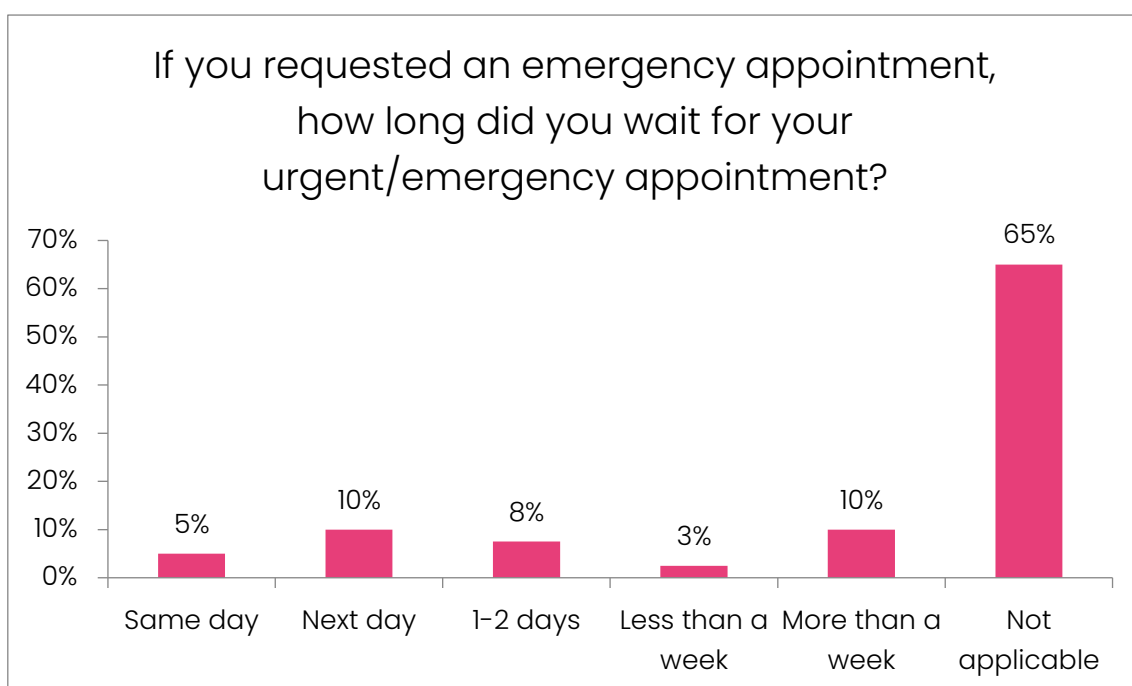
‘I called yesterday and was given an appointment today.’

‘My daughter had thrush and she was in pain. Her paediatrician suggested her teeth need to be extracted. We were meant to have an appointment with the dentist last week, but the doctor was not available. Today we were given different advice - the dentist said her teeth would not have to be removed.’

The feedback from residents indicates that while staff try to accommodate clients if there are cancellations, some respondents would rather be seen more quickly. Staff illness is one of the concerns that occasionally arises at the clinic.

Respondents were then asked how long they had to wait once an emergency appointment was requested. 65% of respondents expressed that they have not had to request an emergency appointment, 10% of those who had it booked had to wait more than a week and an equal amount (10%) got a next-day appointment. 5% of respondents got the same-day appointment, and 3% were seen in less than a week.

Overall, those who needed an urgent appointment were seen in approximately a week.



Here are some selected comments from respondents about their experience waiting for an emergency appointment:

“A dentist and assistant came to see me at home, and they arranged for me to be seen at Royal London Hospital for my tooth extraction, as local anaesthetics don't work for me, I had to go under general anaesthesia.”

“During Covid, they went the extra mile.”

“I have full confidence that I could get an appointment if I needed one.”

According to data, residents anticipate seeing a dentist as soon as possible in the event of an emergency; however, this also depends on staff availability.

3. Experience at the Community Dental Care

Clinic

3.1 Accessibility of the clinic

A community dentistry clinic's accessibility is crucial since everyone, including those with special needs and disabilities, should be able to visit the facility with ease for examinations and treatments.

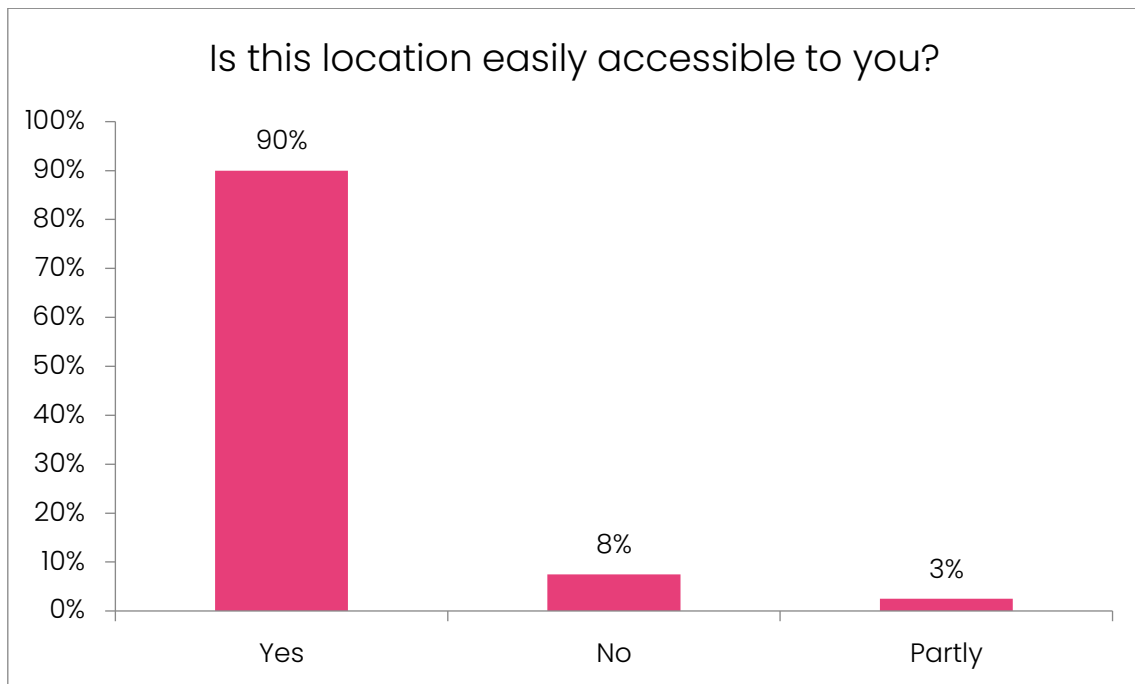
Respondents were asked if the location where they had their appointment was easily accessible to them. 90% confirmed that the location of their appointment was easily accessible to them, and 8% found the location to not be easily accessible. 3% said that the location was partly accessible. Respondents have provided these comments to illustrate their experiences:

“I was taken there by an ambulance.”

“I must take 2 buses to get here.”

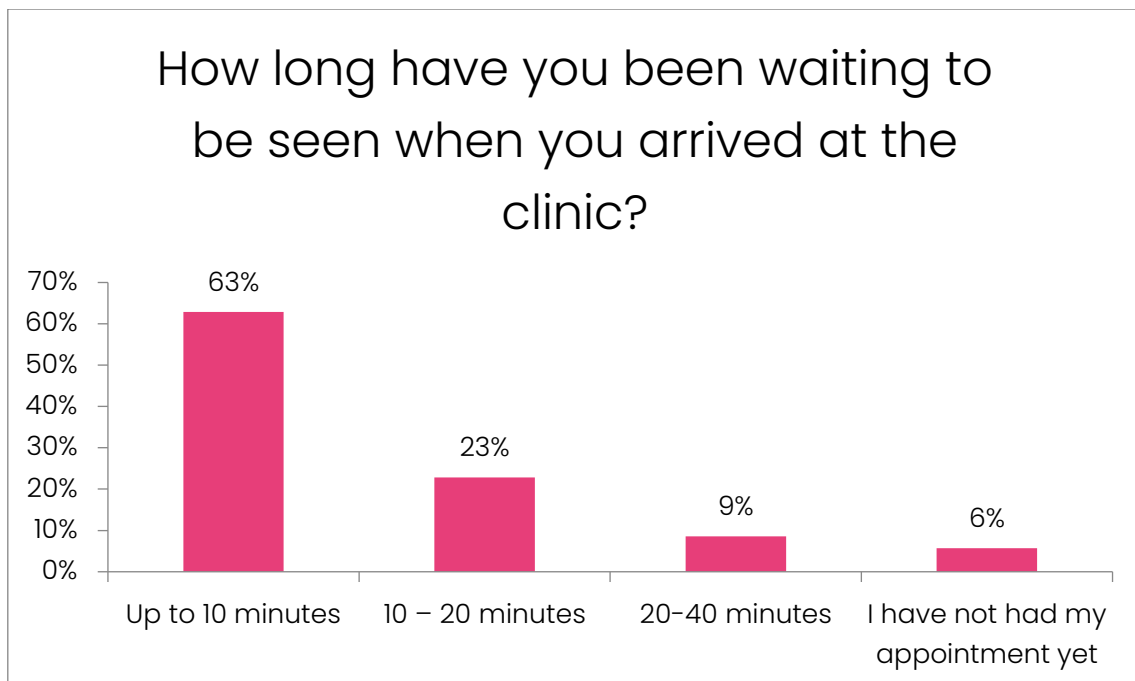
“Very accessible, I am a wheelchair user.”

“I would prefer to come to Five Elms Specialist Dentist Services. Dentists are much easier to understand.”



3.2 Waiting times at the clinic

We asked the respondents how long they had to wait at the clinic before being seen. The majority (63%) had to wait up to 10 minutes, 23% had to wait for 20-40 minutes and have expressed that they arrived earlier than their appointment time, and 6% of respondents were still waiting for the appointment at the time of surveying them.



Respondents were requested to explain their wait experience and offer any recommendations for improvements. Five Elms Clinic is a GP surgery in addition to

providing community dental services. On arrival at Five Elms Clinic, patients do not check in with reception staff; a sign on the door notifies them to call a phone number to check-in. Healthwatch observed a handful of occasions where GP reception staff seemed frustrated that people had not observed the sign and instead went straight to the GP reception. In contrast, The South Hornchurch clinic has its reception area for dental services.

“Change the call to declare arrival, not accessible for those who don't know English well.”

“She must wait for the paperwork to be checked before they call her in for an appointment.”

“If they are running late, they notify us, children with special needs can get very annoyed if they must wait a long time to be seen by the dentist.”

“Telephone check-in does not always work, sometimes they don't answer their phone so it can be tricky.”

“Check-in online would be preferable. You must ring them when you arrive.”

“Weird to phone to let them know.”

“Fine, not a busy waiting room.”

“One of the best experiences ever at a dentist.”

“He requires lifting into a regular chair if he goes to another dentist, he can stay in his wheelchair to be seen here.”

“Had to phone a number to notify them of our arrival, may be useful to let people know in advance to ensure they bring a phone, had to fill in forms while waiting, seen on time.”

“With him, waiting is not an option, had to book another appointment and arrange to come through the back door to avoid the waiting area.”

“Hard to wait when you have a person with challenging behaviours.”

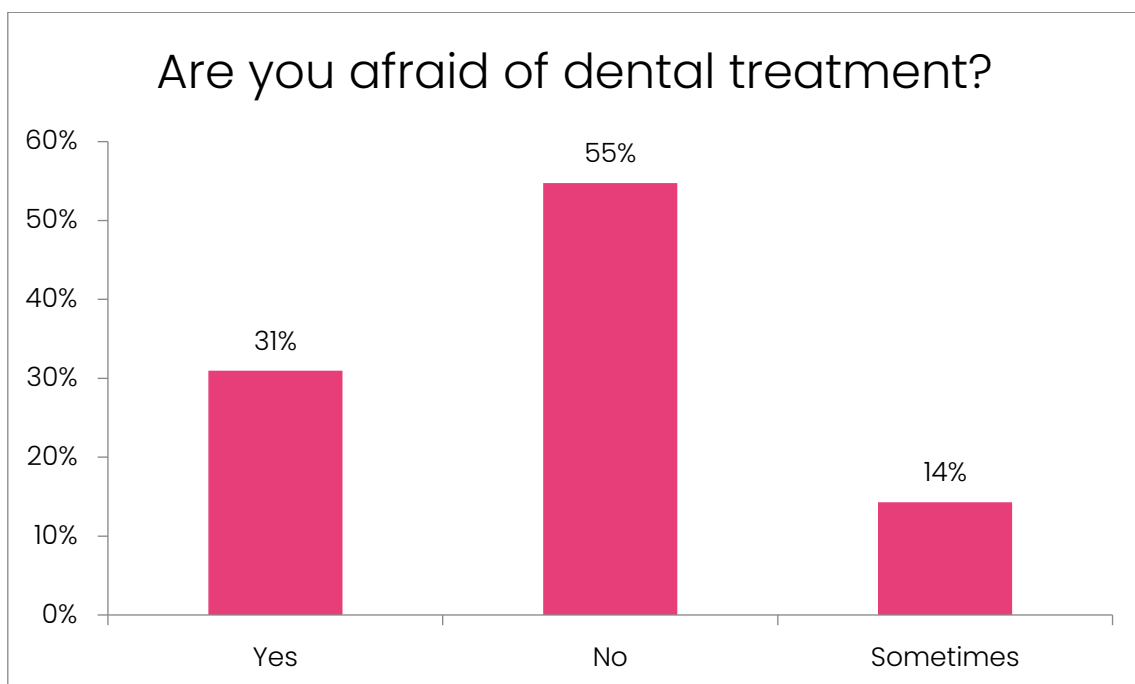
The remarks indicate that the problems encountered by the individual in need of treatment throughout the waiting period can impact their experience of waiting.

Some respondents, whose children exhibited problematic behaviour, said that they could not wait longer for an appointment because it was too difficult. Others responded that they had another way to let people know when they would be there because calling can be problematic because receptionists don't always answer or people who need to call don't always have phones or credit on them.

4. Experience with Dental Appointment

4.1 Patients with anxiety about dental treatment

To learn how people who utilise the service view it, respondents were questioned about their experiences receiving checks or treatments. When asked if they were nervous about receiving dental care, 55% of respondents answered they weren't, 31% said they were, and 14% said they were occasionally afraid of it. This question was asked to find out how these patients are assisted in the community dental clinic. Based on available data, anxiety related to dental treatment primarily affected younger children. Subsequently, individuals who expressed fear towards dental procedures were questioned about the steps taken to guarantee their comfort throughout the process.



Respondents provided these comments to explain how their anxiety about the dental treatment was managed:

“The staff were brilliant, and my daughter cooperated very well, she happily opened her mouth. She is nearly 3 years old and cries a lot at a regular dentist.”

They talk him through it and show him what is going to be done.

They talk to him to make him cooperate.

The dentist gives lots of time. Easy to understand language, same dentist.

I must play music to calm him down.

Reassurance through detailing the procedure so that we know what to expect.

He has behavioural problems and therefore it is hard to manage his behaviour.

Seeing the same dentist.

Trying to go regularly helps. The dental nurse was very good, very patient, and allowed her to touch the machinery and turn it on, she was allowed to hold it.

Very professional, they can calm him down.

Reassuring staff. Sometimes sedation.

Remarks indicate that personnel are skilled in talking to patients and providing comfort when necessary. Additionally, they allow time for individuals who require it to assimilate the information and comprehend the course of treatment. Furthermore, several respondents who were parents of small children mentioned that the fact that the staff let them handle the devices was crucial in helping them feel less anxious about receiving a check-up or treatment.

4.2 Addressing questions and concerns

Next, respondents were asked if their questions and concerns were addressed adequately by the dentist and other dental clinic staff. 93% of respondents stated that their questions and concerns were adequately addressed by the dentist and other dental clinic staff, whereas 5% said that they weren't. 2% said that their questions and concerns were only partly addressed.

The staff were good. my wife requires dentures (lower jaw), and the care home seems to not help arrange this. She can't chew food without it.

I was given advice not to give her a bottle and not to put honey in her tea.

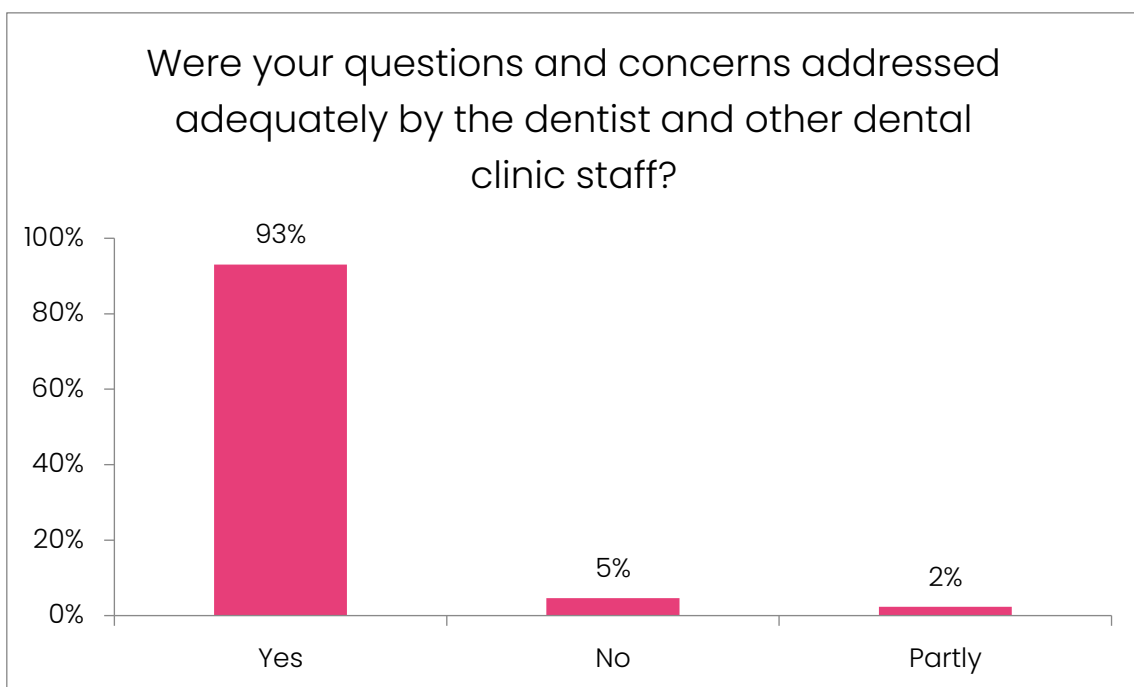
“They provided specific toothpaste and prescriptions, with clear information about it.”

“They inform both the patient and the carer.”

“Staff were presented with questions and they answered politely and comprehensively.”

“We had frequent abscesses in the mouth, paediatrician suggested a blood test. The dentist suggested nothing could be done about the situation.”

Results demonstrate that the community dentistry clinic is making sure that patients receive all the information they need and that their worries are taken care of.



4.3 Overall satisfaction

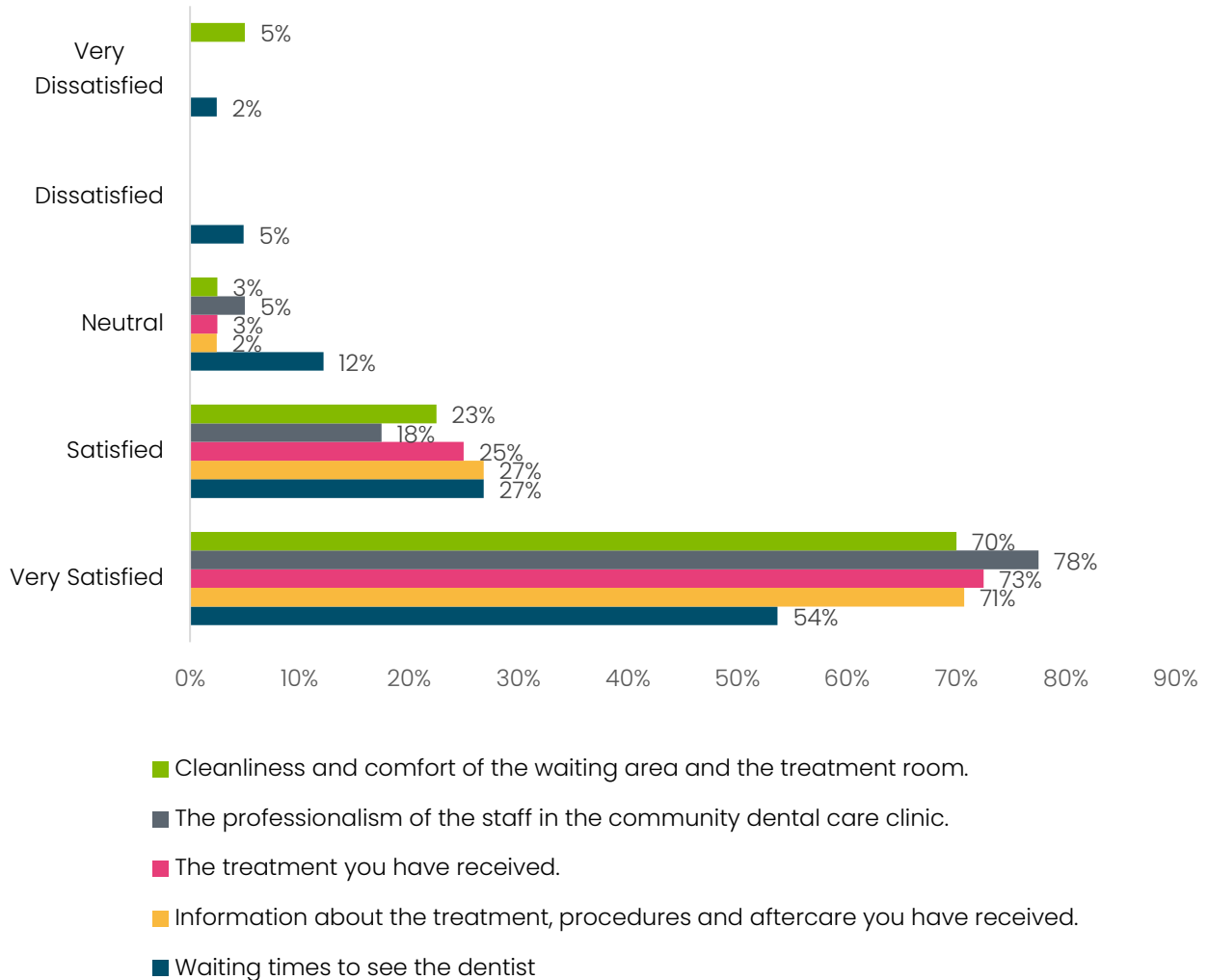
Next, respondents were asked to rate their satisfaction with their experience of the community dental care services. Respondents were asked to rate waiting times to see the dentist, information about the treatment, procedures, and aftercare they have received, the treatment they have received, the professionalism of staff and the cleanliness of the waiting area and the treatment room.

- **Waiting times to see the dentist.** More than half (54%) were very satisfied, 27% were satisfied, 12% felt neutral, 5% were dissatisfied, and 2% were very dissatisfied.
- **Information about the treatment, procedures and aftercare.** 71% felt very satisfied, 27% were satisfied, and 2% felt neutral about it.

- **Treatment received.** 73% felt very satisfied, and 25% felt satisfied, whereas 3% felt neutral about it.
- **The professionalism of staff in the community dental care clinic.** 78% were very satisfied, 18% were satisfied, and 5% felt neutral.
- **Cleanliness and comfort of the waiting area and the treatment room.** 70% were very satisfied, 23% were satisfied, 3% felt neutral, and 5% were very dissatisfied.

The data indicates that community dentistry services are effective in managing patient wait times and providing information about diagnosis, treatment, and aftercare. Community dental services are professional and offer their patients good care. Staff are doing an excellent job of keeping the treatment room and waiting area tidy and comfortable. The data indicates that minor enhancements are necessary in the areas of waiting room cleanliness and comfort and dentist appointment wait times, which are outside the control of the staff.

How satisfied were you with your experience of the community dental care services?



After that, a question about respondents' general impressions of community dentistry services was asked.

Issues with the one-hour appointment, they are not acting on concerns.

Everything was very good.

Good, provided new information and explained everything that was needed post-treatment. Referred to the hospital but the staff tried their best to treat him.

They were very good and have shown a lot of care.

`It is good. The only downside is that we do not always see the same dentist, a familiar face for someone with SEND is very important. `

`Booking an appointment was a struggle but the experience of the actual appointment was very good. `

`Satisfied, carer's choice based on positive previous experience. `

`Good, kept up to date with details - phone calls were made the day before the appointment. `

`It has enabled my son to access dental service.

`Awesome, feeling happy and not scared. `

`Wonderful service, there should be more of them, I have seen people with severe difficulties. `

`Looking forward to coming back, explained things well for son. `

`Very good treatment. Helps with anxiety and addresses issues. `

The feedback provided by respondents indicates that the service is effectively fulfilling the requirements of those who are more vulnerable. A statement was made pointing out that certain children with SEND could need to see the same dentist; however, this might not fall under the responsibility of the service control, particularly if the treatment needs to start sooner or is urgent.

4.4 Recommendations from patients

Finally, the participants were requested to offer any recommendations aimed at enhancing their experiences with the community dentistry practice. The following is the feedback that was received:

`Waiting list should be shorter. `

`Change the calling system to declare arrival. `

`They should change their phone check-in system; some people may not have credit on their phone to check in. `

`Only the check-in system needs to be changed as calling does not always work.`

More toilets and longer parking time (only 1 hour)

`Calling to book in when arrived-annoying.`

`Ability to speak to a doctor, I got a prescription for toothpaste which he was not meant to spit out. but it was an ordinary toothpaste which you must spit out. The doctor said just go ahead and use it. My son won't spit out.`

`Quicker appointment times for children. It is hard when the child is crying. Phone advice would be good.`

`Information sharing. Need to know the length of the appointment. The patient became nervous.`

`Waiting times.`

`Check-in online for the appointment, not having to ring.`

According to the comments made by respondents, the primary way to improve the service would be to have a different check-in procedure. Many residents believe that calling the surgery after arriving is difficult for them because of the problems that were discussed in the preceding paragraphs. Additionally, several respondents said that it would be more convenient to consult with a dentist while waiting for an appointment because it might be upsetting and worrisome to have a child with special needs with a tooth problem.

5. Community Dental Service in Care Homes

The experiences of care home residents are highlighted in the case study that follows, along with information on how to schedule and receive dental care at the home. It also provides useful insight into the difficulties that residents in care homes have in receiving dental care. Older and frail people, who are often dependent on others for their diet, personal care, and access to health services have been identified to be at risk of poor

oral health. Additionally, physical impairments and reduced manual dexterity increase the difficulty in cleaning their teeth properly⁶.

Information provided by Jess Adams, Senior Carer, Oral Health Lead at George Brooker House care home.

There are 45 residents living in George Brooker Care Home, and 4 of them have received domiciliary dental care due to having reduced mobility or being bedbound. For example, one female had an amputation of her leg and required a community dental visit at home. She had some loose teeth which were taken out and the remaining ones were cleaned and polished.

When somebody requires a community dental appointment, our admin team fill out the required forms, and specify why a home visit is required, and the service normally get in touch in six weeks after receiving these documents to let us know if they will be accepting a referral. We have not had any urgent home visits that had to be requested.

Residents, who do not have mobility problems, access dental treatment at Five Elms Community Dental Clinic. One male had loose teeth and an urgent appointment was requested at Five Elms Community Dental Clinic. A next-day appointment was offered as he was not able to eat. Feedback about accessing dental services in the community has been good, we never had anyone say anything negative about it. Everyone was happy with how they were treated by the dentist.

I remember one female had a swollen tongue and a referral to see a Maxillofacial Team at Queen`s Hospital was made, she then got diagnosed with oral cancer. Another gentleman was found to have screws and pins in his jaw from when he was wearing dentures, he stopped eating and started losing weight. We referred him to be seen by the dentist and he is now in the process of getting them removed. Not all of our residents would say if they had pain and discomfort in their mouth, that is why we must look for signs and get them examined for any oral issues.

The staff that look after our residents at the Community Dental Team are very professional. We always get given a booklet with information after the appointment which gives us some guidance on aftercare. We do have some challenges with one resident, however, who does not want to be seen by a dentist.

We have an oral health policy, and we complete a spreadsheet every month to update oral records for every resident. We do monthly oral assessments when we check their gums and lips. If their lips are dry, they can be an indication of some health issues like

⁶<https://modgov.lbbd.gov.uk/internet/documents/s109386/Oral%20Health%20Promotion%20Strategy%20Appendix%20A.pdf>

inadequate hydration. We have a monthly hygiene meeting where we discuss oral care equipment, discuss toothbrushes required for dentures. Our staff also had training delivered from Five Elms Community Dental Clinic. This training helped to support one resident who was not compliant with teeth brushing but is now brushing his teeth.

Every resident has an oral health poster which is laminated and placed in their room and bathroom. For dementia residents remembering to brush their teeth and look after their oral health is the biggest challenge, but once we get them in the routine, they find it easier. We also do spot checks with residents who have dentures. Some of them do not like to take them out and clean them, as they believe they are their real teeth. We also observe residents when they eat; if they make faces or their speech has changed, we examine their mouths as that could be an indication of an oral issue.

We interviewed a Practice Manager and a Special Care Lead for Adults to understand how home dental treatments are provided for patients that are housebound.

Information provided by Marjan Ghahreman, Special Care Lead for Adults, and Patricia Phillips, Practice Manager, Outer North East London Community Dental Services

The process of home visits in a dental clinic initially starts through a self-referral where the patient fills out a form or they are referred to by someone else (a doctor or carer). There is a dedicated staff member who supervises the waiting list after the referrals have been sent. Every patient on the waiting list is contacted and is sent paperwork which they must fill out to determine if this is the appropriate service for the patient. This process helps to establish whether the patient requires home service.

This service is more specifically for people who are bedbound as most dental services cannot be carried out outside the clinic (e.g. x-rays) therefore services at home are limited and patients are encouraged to come to the clinic if possible (many patients believe they are housebound, but they are not). Some examples of services that can be done at home are checkups, extraction of very loose teeth, making dentures and doing simple fillings, such as patching in. We can only extract very loose teeth because other extractions can cause heavy bleeding, and the medications that residents take can affect bleeding and clotting, making their home an unsafe environment to carry out those extractions. Previously, the number of patients with dentures being seen by the home visiting team was quite high, however, it is much less now. We notice that people can keep their natural teeth for longer.

Emergency services are carried out within 48 hours (about 2 days), which follows national guidelines, and for any urgent problems, it is usually between 1-2 weeks. Any patient that can't be seen is referred to the hospital. The team carrying out community

dental services is not big, and we have experienced reductions in the team, which only adds to the challenge.

In care homes, usually 20-25 patients are seen together, if the care home does regular checkups usually there isn't any complicated procedure that needs to be carried out. For patients with different conditions such as agoraphobia, the clinic tries its best to accommodate their needs and make them feel comfortable. Usually, the clinic discusses their treatment option with the carer and doctors to see if it would be better for them to come to the clinic.

We previously treated an agoraphobic patient who had not left the house for 15 years. We went to see him, and he wanted to have treatment. He was given sedation at home and brought to the clinic early in the morning to avoid crowds and the patient was given the proper treatment.

When we treat people, we always make decisions that are in their best interest and involve other professionals in making that decision. For example, we were treating a person with a learning disability who had aggression, and we worked collaboratively with other professionals and 2 other dentists to come up with a decision that was in that person's best interest.

We also treated someone who wanted treatment for a toothache and had not left the house for 8 years. We had a conversation with parents and a GP and decided to sedate the patient and bring him into the clinic early to avoid other people. The patient then had an x-ray and a tooth extraction and was happy with the treatment afterwards.

The majority of patients have dementia. For dementia patients, everything is scary for them. You have to remove your uniforms to make them feel more at ease. It is important to understand that their fear shows as aggression, and sometimes moderate holding is required to ensure their safety. Staff are trained in clinical holding, and we sometimes need to use intravenous sedation. We have 1 dentist and 3 nurses to enable clinical holding and a lot of planning goes into it. We do it in a way that patients find comfort in that.

And finally, we work with families a lot, as they sometimes have a lack of understanding about the community dental care services, especially when it comes to payment. The information that is available nationally is not shared in a way that makes people understand it.

6. Conclusions

Community Dental Services provides dental examinations and care for residents with special needs and disabilities as well as for children with anxiety about going to the dentist and the elderly and housebound. Referrals to community dental services come from a variety of sources for residents; some self-refer, while others receive referrals from other medical professionals.

The number of appointments required is determined by each person's unique demands and dental care requirements. Depending on what kind of support is needed, there are different wait times for appointments. Due to clinic availability, residents in need of emergency appointments have to wait around a week; some residents are seen the following day.

While many respondents are highlighting a phone check-in mechanism that makes it challenging to check in for the appointment, the majority of respondents are usually satisfied with all parts of the service.

Although some respondents would prefer to be seen at the exact appointment time due to potential behavioural issues that the patients may present with—which can be challenging to manage if the appointment is running late—respondents express appreciation for the staff's skills and professionalism in supporting patients with additional needs and disabilities.

7. Recommendations

Having considered the data gathered throughout this project, Healthwatch Barking and Dagenham would like to make the following recommendations to the service provider:

1. The service should aim to identify areas of improvement regarding patient awareness of how emergency appointments work, as a proportion of respondents indicated they find the experience of booking one as difficult as they were unhappy with waiting times. This should also include sharing information about how to manage dental emergencies while waiting for an appointment.
2. Employees should maintain their excellent communication with clients who are contacting the service, as the community values this.
3. Staff should continue to maintain their high levels of professionalism when welcoming patients to their appointments and treating them.
4. In order to effectively manage the waiting experience, staff members should alert parents and carers if the appointment is running late, particularly if they are with a patient who exhibits challenging behaviour.

5. Explore providing an alternative way for patients and their carers to check in on arrival at the clinic, as the current phone call procedure can cause stress and annoyance, especially for those less likely to have a phone, and people naturally gravitate towards a reception desk.

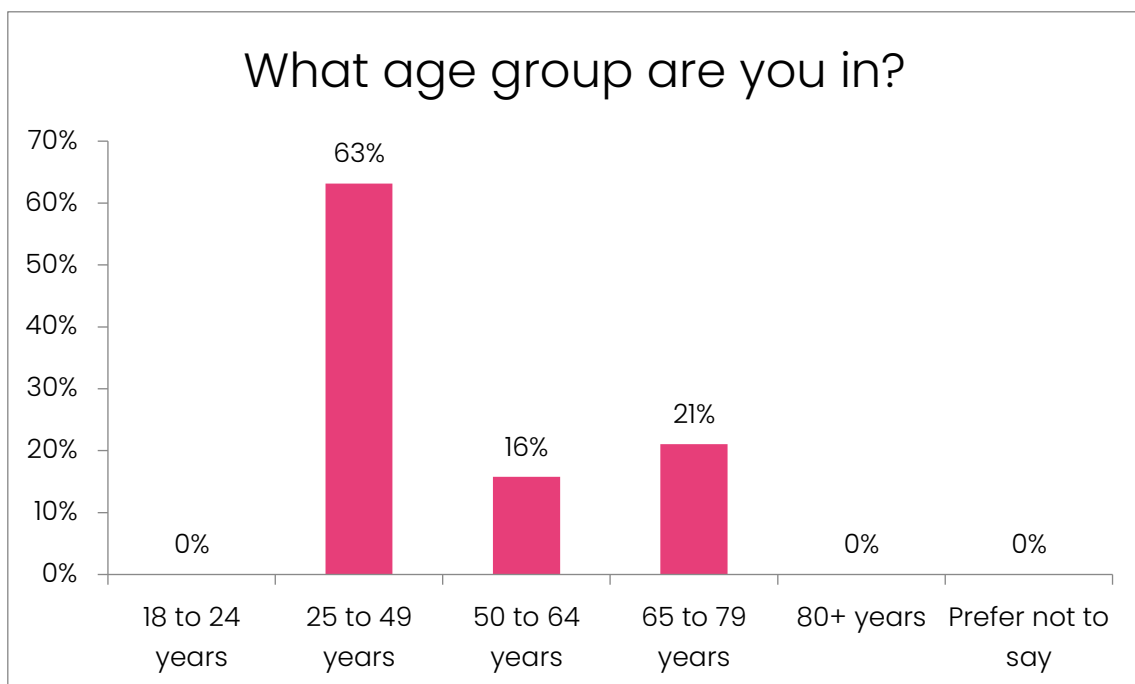
8. Acknowledgments

Healthwatch Barking and Dagenham would like to thank Operational Lead Kim Murphy and Dental Practice Manager Patricia Philips at Kent Community Health NHS Foundation Trust for their valuable support in arranging visits to speak to residents accessing community dental services and for their ongoing support to reach as many service users as possible.

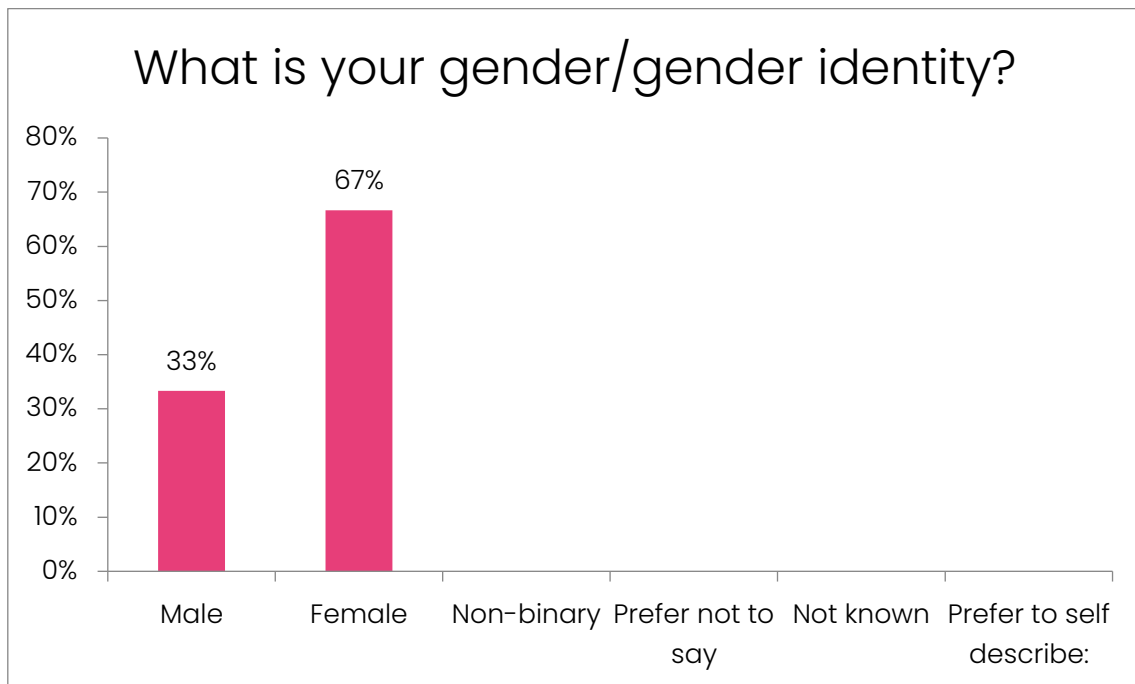
Healthwatch Barking and Dagenham would also like to thank all staff at Five Elms Community Dental Clinic for accommodating Healthwatch staff and volunteers to carry out surveys.

Healthwatch Barking and Dagenham would also like to thank Jess Adams, Senior Carer, and Oral Health Lead at George Brooker House care home for valuable feedback about community dental services.

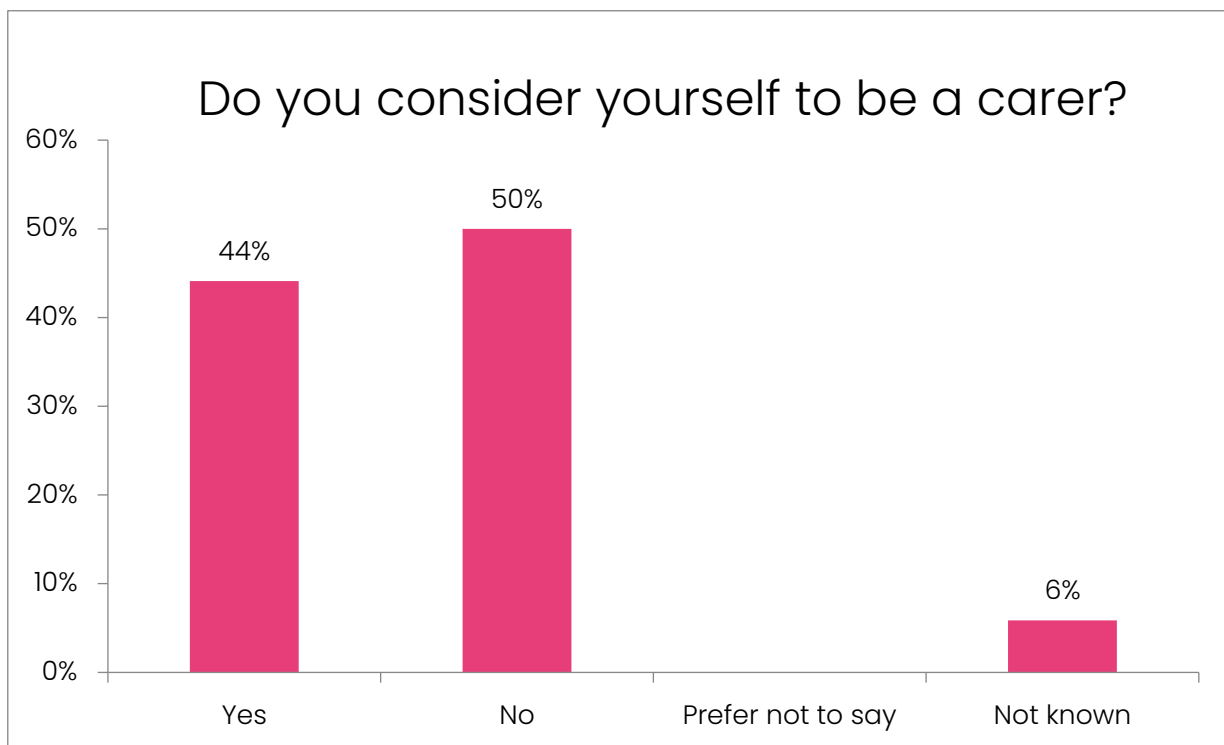
9. Demographic information



The majority of respondents (63%) were 25-49 years old, 21% were 65-79 years old and 16% were 50-64 years old.

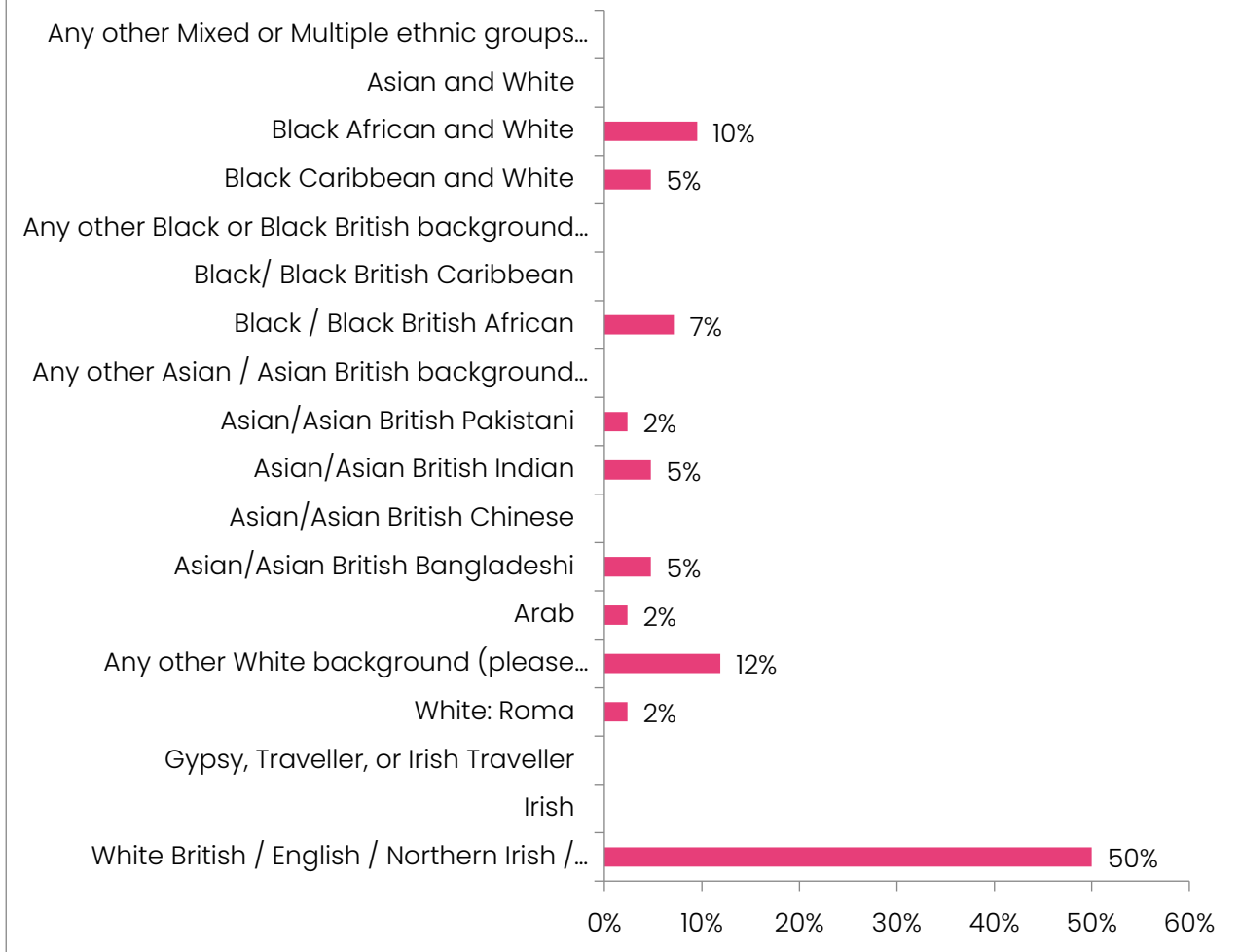


67% of respondents were female, and 33% were male.



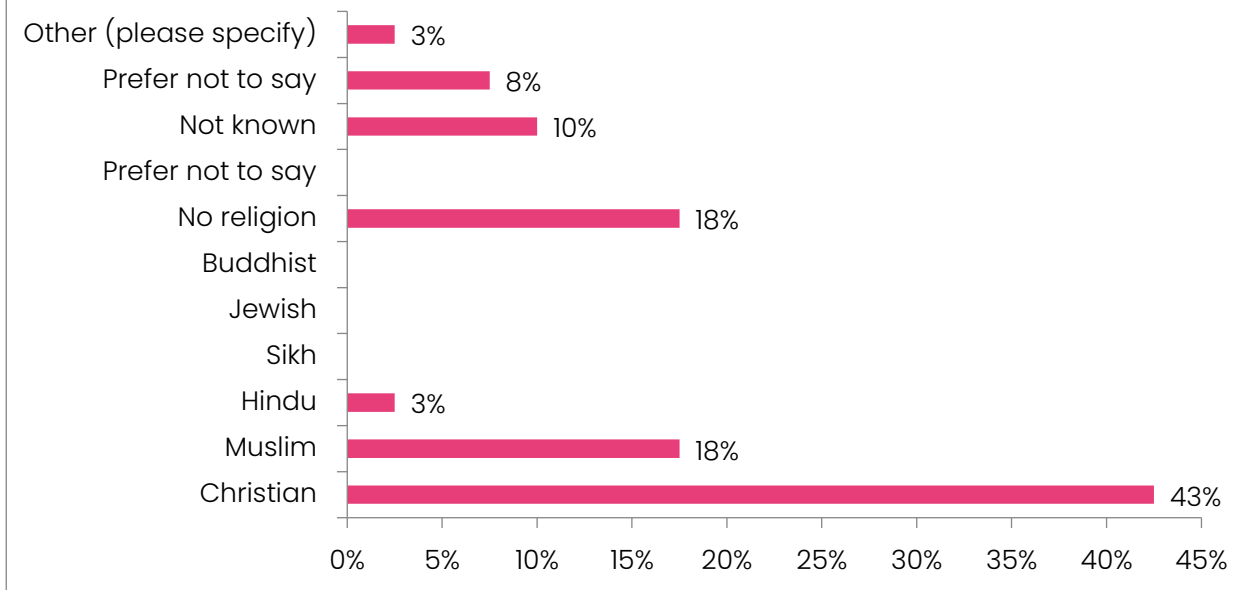
44% of those who responded identified themselves as a carer.

How would you describe your ethnic group?



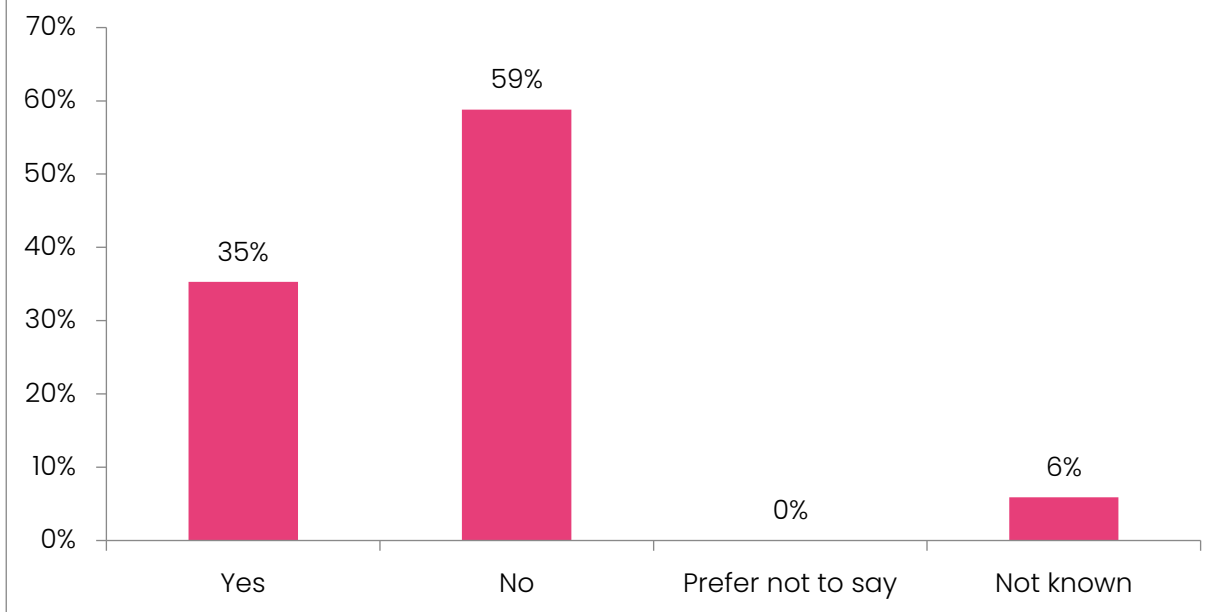
Half of the respondents were White British, 22% were Black or Black British, and 12% were Asian or Asian British.

What is your religion or belief?



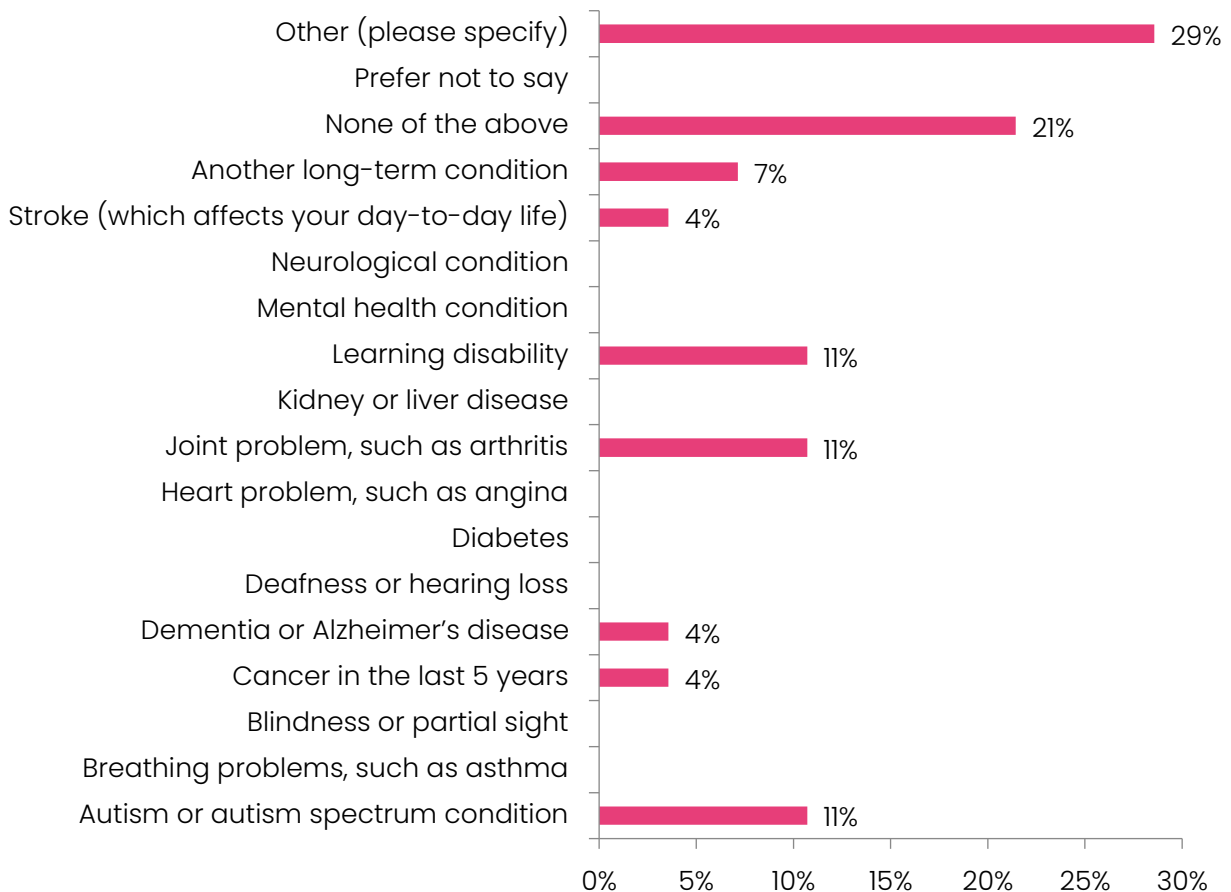
43% were Christian, 18% were Muslim, and 18% did not have a religion.

Do you have a disability?

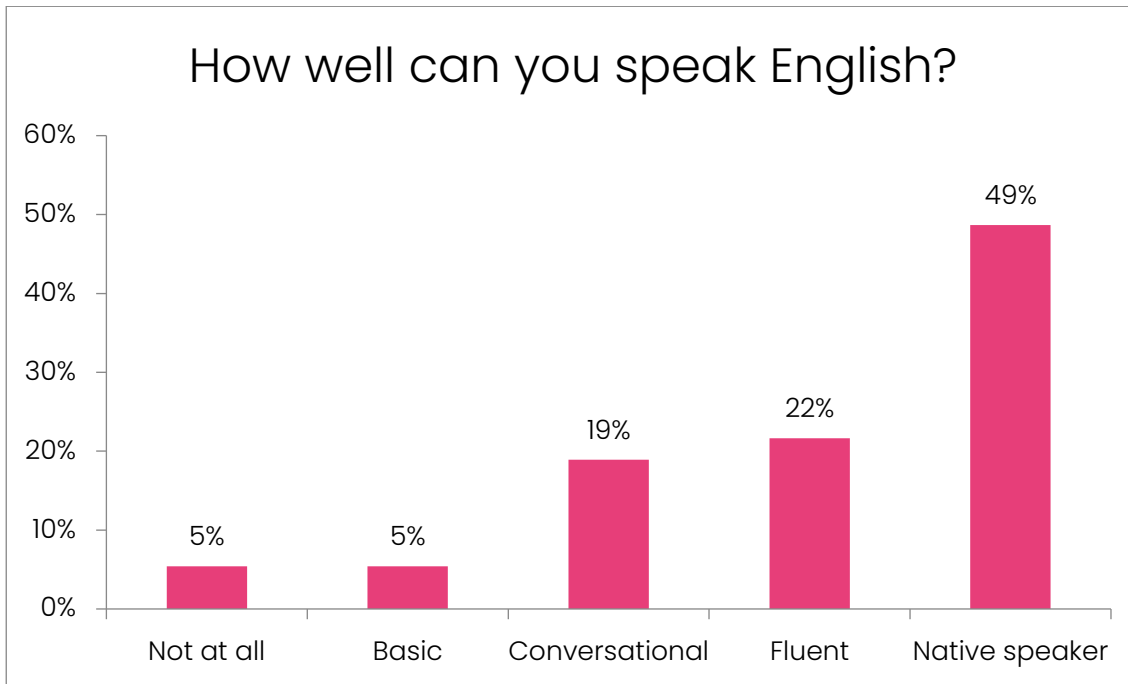


35% of respondents had a disability.

Do you have any of the following physical or mental health conditions, disabilities or illnesses that have been or are expected to last 12 months or more?



29% of respondents indicated having `other` disabilities and specified saying they got paralysed following a COVID jab, Hydrocephalus, curved back, stroke or neurological condition. 11% had autism, and 11% had joint problems.



49% were native speakers, 22% were fluent, and 19% were conversational. 5% had basic English language skills, and 5% could not speak at all.

10. Response from the service provider

Actions:

- 1) KCHFT and NELFT estates are working to improve access to the clinic on arrival.
- 2) KCHFT dental services are streamlining the checking-in process for patients' appointment.
- 3) Posters are displayed in the waiting area detailing how to gain an emergency appointment.
- 4) When triaged for an emergency appointment the caller is advised if the symptoms meet the criteria for an emergency appointment as per commissioned guidelines.
- 5) Recall appointments will be sent out to the most vulnerable patients rather than relying on them to contact the service.
- 6) Staff members will alert parents and carers if the appointment is running late, particularly if they are with a patient who exhibits challenging behaviour.
- 7) Staff will maintain their excellent communication skills with clients who are contacting the service and high levels of professionalism when welcoming patients to their appointments and treating them.

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