



# Focus on: Dental services

*Finding out more about experiences in Surrey*

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## Executive Summary

### Background

Since April 2017, around 100 people have shared experiences with Healthwatch Surrey about dental services via Local Citizens Advice (LCA), our Helpdesk and our Independent Health Complaints Advocacy service. We also heard about these services during our routine events.

The House of Commons Health Select Committee launched an inquiry in July 2019 into dental services and the committee is looking at a broad range of topics. Healthwatch Surrey has an important contribution to make to the inquiry and, in particular, to support the committee's work in answering the following questions:

***How could access to NHS dentistry be improved? Are there inequalities in access to dentistry services? If so, why, and what could be done to address them?***

This report summarises what we heard, and these findings were reported to the Health Select Committee.

### What we did

We undertook an analysis of all experiences listed in our database as relating to dental services. This report summarises the findings of that analysis.

### Key findings

In the conversations that people have with Healthwatch Surrey:

- The standard of clinical treatment is particularly important to people
- There is often confusion about 'who pays the bill'
- When things go wrong, people often feel let down by the complaints process
- Some people at risk of health inequalities faced substantial problems
- Some people are positive about how quickly they can be seen by their dentist, although people also reported difficulties finding an 'NHS dentist' in the first place and long waits on waiting lists once they find one

## What we heard (in detail)

### 1. Standard of clinical treatment is particularly important

People tell us that the standard of treatment they get from dentists is particularly important when accessing these services. This contrasts with other aspects of health and social care where other topics emerge, such as ‘getting an appointment’ and ‘support after discharge’.

‘Standard of clinical treatment’ is the strongest theme we hear about, but the sentiment of these experiences is mixed and comparable with other services i.e. the standard of treatment is not particularly better or worse than other services we hear about.

Nevertheless, it is a particularly important feature of the service.

People have mentioned how services have been tailored to them and the positive experiences they have of the staff involved:

***“Lady fell over and broke her two front teeth ... [the dentist] gave her an emergency appointment and [the dentist] repaired both teeth easily and gently. She was kind, caring and repaired her teeth beautifully...”***

***“...very good treatment”***

***“...gets personalised treatment...”***

People also, often, report poor experiences:

***“[Person] attended a private dentist... to have root canal work done... The treatment was painful and... the tooth remained very sensitive and painful and turned black... Seven weeks later it was x-rayed... [the dentist] said all was ok... The client has had repeated sinus infections since. She went to another dentist, who apparently said the [previous] treatment was poor... He reported that there was a 1.4mm deficit in the canal filling.”***

*“[Person] felt that the dentist was very rough and careless. For example, she tapped his tooth and was rough with the gum prick. Both times when he flinched the dentist said, “Just seeing if you were awake.” When drilling to prepare for the crown again the dentist tapped a tooth and then she scratched the side of his tongue with the drill which drew blood.”*

*“My wife attended with my daughter; she found the whole procedure rushed. She was sent out to book another appointment with the receptionist whilst my daughter was being treated. My daughter later told us that she overheard the staff complaining about having to work late. A few hours after having the brace fitted it fell off as it wasn't fitted properly... Because the job was not done correctly this caused distress to my daughter, she has had more time off school and my wife and I have had to take time off work.”*

## 2. Clarity about who pays

The issue we hear most about is confusion about who pays the bill. People sometimes access services without a good understanding about what they are entitled.

*“[Person has] a debt of approx. £156 for dental treatment she had when she thought she was entitled to free treatment. At the time of treatment, she was not made aware that she would have to pay as she was an NHS patient”*

But, more often, we hear that people’s rights to treatment and/or the costs involved are not sufficiently transparent or clear.

*“...at [the initial consultation] they were told that the treatment would cost a substantial sum of money so [they] decided not to take the matter further.*

*[they consulted a personal friend who was a dentist] who sent [them] for a second opinion to the [local Hospital] Orthodontic Department who told [them] to get a referral direct to [the local Hospital] and it would be free on the NHS. After considerable number of letters and calls to [the practice] this was eventually done.”*

*"I recently had my fillings done from my dentist... I was interested in NHS treatment and registered because the practice was offering NHS treatment. I have an NHS treatment exemption certificate. [The dentist] suggested a filling and gave me an appointment. On the day of my appointment, I was double minded about whether to have a silver or white filling. I asked the dentist again and again what he thinks is suitable in my case and discussed the trade-offs. The dentist didn't give away any information and kept on mentioning 'whichever you would like'... eventually, I chose the white filling. After my treatment, he charged me £80 mentioning that the white filling is not covered in NHS band 2 treatment. I am not happy and felt like I was not informed properly before the treatment."*

#### Case study: Confusion about who pays for orthodontic treatment

[Child] is aged 11 and she is an NHS patient... When she was 9, she was referred to an orthodontist for assessment. Her parents were told that she would require treatment, but this could not commence until there had been further tooth development and several teeth will have to be extracted.

[Child's parents] were told that her condition means that she would be eligible for NHS-funded treatment. [They] had this confirmed in writing by [the dentist].

On the most recent visit she was referred again to the orthodontist. On this occasion it was to [another dental practice] which [Child's parents] believe is part of the same company...

They confirmed the need for treatment but are now saying [the daughter] is not eligible for NHS funding. [The parents] were told that the letter she received previously was not valid as it was not signed by the orthodontist even though they are the same [group of organisations].

They have subsequently been contacted again by [the practice] to ask if they have re-considered and they said no. The practice then appeared to suggest that [the Child] may become eligible for NHS treatment in the future. [The parents are] now very confused and wondered if they should get a second opinion.

In some cases people report being charged for services that they believe they are entitled to under the NHS:

*“[Person’s] NHS dentist recently retired and has been replaced by another dentist in the same practice who is apparently also an NHS dentist... in recent months the client has twice been charged (£30 and £60) for routine dental work, one a check-up. Previously all her dental treatment was free.*

*She has now lost one of her front teeth and the dentist has quoted her £600 for a bridge replacement. As she is on guaranteed pension credit, which tops up her state pension, she is entitled to free dental treatment... the NHS helpline (0300 330 1343) confirmed that she is exempt from all dental costs, including dentures and bridges.”*

And being given advice to that effect:

*“[Person] had been told that he cannot get free dental treatment if he gets Personal Independence Payments or Disability Living Allowance in addition to Employment Support Allowance. This is by the receptionist at his NHS dentist...”*

The complexity of the forms involved was also cited as a contributory factor by one individual:

*“I was charged even though I have an NHS exemption certificate. It isn't clear on their forms which part you have to sign in order to not be charged for various reasons. Why is it not clear? So, in the end I had to pay until the 4th visit when I said that I didn't think I should have to pay the full charge as I have an exemption certificate. It isn't clear on the form; it is confusing and causes embarrassment.”*

And some people appear to remain confused after researching, and trying to enact, what they believe they are entitled to:

*“I had a check-up today ... the service was very good however; I was concerned following it finishing. I was told that I would need a root canal on a molar tooth and that they would*



*have to refer me privately. I queried this given that a root canal is covered on the NHS under Band 2. They stated that as it was a bit more complex, they could only refer me privately for a huge amount of money... I simply cannot afford this and essentially it is either try and find the money or your tooth decays and dies. The treatment is covered on the NHS, and it appears to me that because it is a more costly treatment, all dentists in the local area force you into private treatment.”*

Feeling pressure to pay for services has been mentioned on a few occasions:

*“[Person] felt that she was being pressured into paying for this service when she believes it should be available on the NHS.”*

*“[Person] has a five-year-old daughter who was seen at [a dentist] for an examination. The dentist identified a cavity and told [the parent] that she would have to refer the child to hospital for treatment... The referral did not happen so [the parent] took her daughter back to the surgery... The dentist had not made the referral and was only prepared to repair the tooth if [the parent] paid. Otherwise she would do an extraction.”*

### 3. Poor responses when things go wrong

When things go wrong, people often have a poor experience of the complaints process:

*“[Person] is currently in the process of making a complaint against [practice]. She has received an email as part of this complaints process which lists the various aspects of the case being investigated. Certain pieces of the information listed in this email are not correct and she wished to rectify them before the case proceeds. Whilst she had been provided with the name of the complaints officer, she had no contact information and didn’t know how to make contact.”*

*“[Person] felt that his dentist had behaved in a condescending manner at his last appointment. He made a complaint to the Practice Manager and was surprised to receive*



*a response from the dentist. He felt that the response reinforced his earlier view that he was being treated in a condescending manner”*

*“I emailed the Practice Manager with my complaint... outlining my issues and she replied and told me the branch is doing a full investigation and the outcome would be sent to me within 20 working days of my email to them. I gave the practice manager a month (4 weeks) to reply which she didn't so I contacted her by phone to find out why she had not given me an update. She then told me she could not do anything until [dentist] legal representatives have got in contact, no apology and no explanation as to why this could not be resolved at the practice.”*

Some reported a poor attitude in practice staff in response to complaints:

*“She complained to the practice manager who she felt had brushed the matter aside.”*

With an extreme example:

*“[Person] raised complaint to [dental practice], where he has been a patient for more than 20 years. The complaint was upheld and resolved. Subsequently, the [person] was accosted by an employee of practice... [in a public place] ...and verbally abused. The client has now received a letter from the practice, registering a complaint about him by the staff member, and advising him that he will no longer be treated at the practice. The client considers that this is unfair and is very upset.”*

It is important to view this in a context where some people feel a reluctance to complain when things go wrong:

*“[Person] wished to complain but did not wish to do this to the practice as the dentist treating her daughter is the owner.”*

Some people reported having a poor experience when trying to correct mistakes made by services:

*“[after a failed orthodontic procedure] ... a lady sent a letter to her original dentist... with all reports and x-rays requesting the £750.00 and a sum (left at his discretion), for the pain and suffering, stating she wanted to resolve the situation amicably. Her letter has not been acknowledged in writing.”*

*“[Person] noticed metal coming through her gum [after a dental procedure] and she made an appointment at the [practice where she had the procedure]. A dentist took an x-ray which showed that it was a piece of needle. This was taken out and shown to her. She was then charged £50 + vat which upset her. The [person] asked to speak to the practice manager and was given an appointment. When she went into the room she was confronted by a roomful of people. It seemed like the whole practice was there. The [patient] made it clear that all she wanted was not to be charged for their mistake. A man then confronted her and was very rude. He said that there was no needle showing on the X-ray and that needles don't break.”*

This was not the only example we've heard of having to pay to correct mistakes:

*“[Person] saw a dentist... for a routine check-up. Nothing was found but the dentist decided to do x-rays and from these suggested that [they] needed a filling. [They] made an appointment and completed a consent form. This gave her a choice of filling type either grey or white. [The patient] chose white and that was included on the consent form, which she signed. The dentist then did the filling but put in a grey filling. This was not discussed with the [the patient] at all. She only realised when she went to reception to pay and saw the filling in a mirror. After this the [patient] had problems with the tooth and it has now developed a crack. She has been told that she basically needs to have the tooth removed and a false one put in. The dentist has admitted that the wrong type of filling was put in the first time and they have offered to deduct 50% of the cost of the work she now needs to have done.”*

#### 4. Treatment of those at risk of health inequalities

We've heard about a number of serious problems faced by people who are at risk of health inequalities, seldom heard and/or disadvantaged.

*“[Person] recently attended [dental practice] for fittings for 6 dentures. He suffers from a long-term spinal injury and has mental health issues suffering from a personality disorder which makes it difficult for him to deal with people. When the dentist went to fit the dentures none of them fitted properly. When the [person] complained, the dentist said that he should complain to the dental practice or to the laboratory who made them. The dentist offered no further help. The [person] and the dentist ‘exchanged words’ over this which led to the practice writing to the [person] and removing him from their patient list as he was not a suitable patient for their practice.”*

*“[Person] suffers from Alcoholism, eating disorder and depression. He reported that he has lost several teeth and others are broken and he has difficulty eating solid food. He is in constant pain with abscesses but says that no dentist will fix them unless he pays privately. He had a dentist, but, says that over a five-year period he did temporary repairs on the same teeth over and over every 3 or 6 months, it was like torture, so he hasn't been for 18 months now. The dentist said that he could do permanent work BUT he would have to go private and pay...saying it's not his fault it's the government.”*

*“[Person] rang seeking contact details for dentists that offer home visits for his wife who is housebound. He has tried to ring [service provider] but has not succeeded in getting an answer [they are] constantly engaged. There was no information available on NHS Choices.”*

## 5. Other insight

Whilst not substantial concerns in isolation, there are other issues reported to us which may become relevant if other submissions point to issues in these areas.

People are frequently positive about the length of time they had to wait to access dental services:

*“there's loads of dentists... go into book, always get seen quickly.”*

*“...staff at reception are pleasant and thorough and efficient... text you to remind you of your appointment and call if you forget to check you're okay... also really good at fitting me in for emergency appointments.”*

*“It's easy to get an appointment, just one week wait, even to see the Hygienist.”*

Although this is not the case for everyone. When talking about access to services, people often reported difficulties finding an ‘NHS dentist’:

*“I've moved house and I'm looking for an NHS dentist for me and my family. But all the practices I've contacted are not taking on NHS patients. Doesn't everyone have the right to NHS dental treatment?”*

*“It took 18 months to find a new NHS supported dental practice...”*

*“I'm unable to find an NHS dentist in my area taking on new patients. I've had an appalling experience with my current dentist in East Molesey and wish to change to a new practice. I've contacted every local practice I can find, and none are taking on new patients.”*

*“[Person] looking for a dentist that is taking on new NHS clients. He has been unable to find one in the Horley area.”*

And others report long waiting lists once they have found an ‘NHS dentist’ to register with:

*“[Person] says it took over two years to find a dentist taking on NHS patients.”*

*“I've been on an NHS waiting list for the dentist I used growing up for what is now a year and 5 months. This is worrying as I should have had almost 3 check-ups in this time...”*

*“[Person] has had no NHS dentist for 2 years as the practice went private. They tried to book an appointment after a period away from [dental practice] and found that it had turned private. They were given no notification on this. Just enrolled in [another practice], it has taken ages.”*

## Summary

In the conversations that people have had with Healthwatch Surrey about dental services since April 2017:

- The standard of clinical treatment is particularly important to people
- There is often confusion about ‘who pays the bill’
- When things go wrong, people often feel let down by the complaints process
- Some people at risk of health inequalities faced substantial problems
- Some people are positive about how quickly they can be seen by their dentist, although people also reported difficulties finding an ‘NHS dentist’ in the first place and long waits on waiting lists once they find one

## Next steps

This report has been shared with the Health Select Committee to inform their inquiry on dental services. The findings will also be shared with people who oversee and plan NHS dental services in Surrey.