

Dental Long-Term Plan Engagement Survey Report

Contents

Background.....	1
Engagement Survey Questions	1
How responses were received	3
Question 1: Profile of survey respondents	3
Question 2: Review of immediate priorities	4
Question 3: What respondents want to see in our longer-term plans.....	6
Question 4 - The Urgent Treatment Service.....	8
Respondent suggested ideas.....	11
Optional Demographic data	12
Conclusion and next steps	13

Background

From 24 January – 21 February 2024, NHS Norfolk and Waveney Integrated Care Board (ICB) ran a period of public and stakeholder engagement to gain feedback on our long-term plans to commission NHS dental services in Norfolk and Waveney.

The aim of the engagement was to seek feedback on our planned priorities and approach to commissioning dental services, and to hear what stakeholders think about our planned priorities for NHS dental services over the next two years. We also asked for respondent's views on what priorities they want us to consider in our five-year long-term plan.

Additionally, we also sought feedback from those who have used the Urgent Treatment Service to inform future development of that service.

Engagement Survey Questions

We asked the following questions:

1. Are you responding...?

- ☐ As yourself
- ☐ On behalf of a group or organisation

If you are responding on behalf of a group or organisation, please tell us the name of the group or organisation.

2. Our commissioning priorities for oral health and dental care services for the next two years are below. These are the areas where we plan to invest our resources to have the greatest impact:

- **Urgent Care** – Continue to commission dental practices across Norfolk and Waveney to deliver urgent treatment appointments through the Urgent Treatment Service. Investment in this service will ensure individuals who are clinically assessed as requiring urgent dental treatment after contacting NHS 111 or a dental practice directly to request urgent care can access an NHS dentist or dental care professional within 48 hours.

- **Developing Capacity in our Dental Teams** – Without dentists and dental care professionals coming to work and stay in Norfolk and Waveney, it is not possible to improve access to NHS dental services. It is critical that we build a sustainable workforce model to recruit, retain, and upskill dentists and the whole dental team. We will work with higher education institutes, colleges, and NHS England to do this.

- **Improving Access** – Our ambition is to improve access to NHS dental care for everyone across Norfolk and Waveney. This will take time to achieve because, as stated above, we need to develop a sustainable workforce model to recruit and retain enough dentists and dental care professionals to provide services. Therefore, our initial priority will be to focus on securing access to treatment for our children and young people, and for individuals and patient groups with the greatest need so we can begin to reduce health inequalities.

- **Promoting Good Oral Health** – Poor oral health can have a negative impact on many areas of life. It can cause pain and infection, leading to difficulties with eating, socialising, sleeping, and wellbeing. There are also significant costs to society associated with oral diseases. It can lead to days lost from work and school and it negatively affects people's quality of life. Dental decay and gum disease are the most common oral conditions and are largely preventable. Through a recent study we know that more 5-year-olds in Norfolk and Waveney experience dental decay compared to the England average. Providing our local population with the right advice, education, and tools to help you to manage your own oral health and that of your children will be an early priority.

To what extent do you agree or disagree that these are the right priorities?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

Please use this box if there are any other comments you would like to make about our immediate priorities.

3. What would you like to see in our five-year plan for NHS dental services in Norfolk and Waveney? What matters most to you?

4. In September 2023 we published our Short-Term Dental Plan for immediate priorities and investment decisions we could take to help stabilise services and begin to improve access for those who need urgent dental treatment. This included setting up the Urgent Treatment Service described above. A copy of the Short Term Dental Plan is here, which provides more information about that service.

Have you used the Urgent Treatment Service?

- ☐ Yes
- ☐ No
- ☐ I am not sure

If yes, how did you access the service?

- ☐ Through NHS 11
- ☐ By calling a local dental practice
- ☐ I don't remember

If yes, how would you rate your experience?

- ☐ Very Good
- ☐ Good
- ☐ Average
- ☐ Not Very Good
- ☐ Terrible
- ☐ Other

Please use the space below if there is anything else you would like to tell us about your experience.

How responses were received

Respondents were able to provide feedback through a variety of methods. A digital survey was developed. The survey document and an Easy Read version of the survey were hosted on the ICS website. Printed copies, alternative formats and translations were available on request from the ICB's Patient Experience team.

The survey received a total of 2,054 completed responses. People completed the survey in the following ways:

- Digital survey
- Printed copies returned via Freepost
- Copies emailed to the ICB

The emailed and printed copies received were manually input to the digital survey to contribute to the total overall number of responses. No requests for alternative formats or translations were received.

Question 1: Profile of survey respondents

Respondents were asked if they were completing as themselves or on behalf of a group or organisation.

- 2,015 surveys were completed "As Myself";
- 7 surveys were left blank;
- 32 responses were received on behalf of a group or organisation.

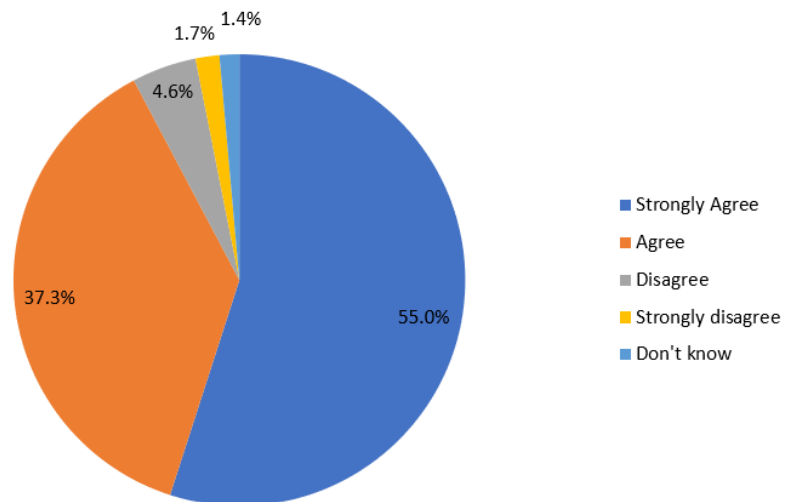
Question 2: Review of immediate priorities

The survey provided a summary of the ICB's commissioning priorities for oral health and dental care services for the next two years, which are the areas where the ICB plans to invest its resources to have the greatest impact. These included: Urgent Care; Developing Capacity in our Dental Teams; Improving Access for children and young people and with a focus on reducing health inequalities; and Promoting Good Oral Health.

Respondents were asked to what extent they agreed or disagreed that these were the right priorities.

- 92.3% Agreed or Strongly Agreed that these were the right priorities.
- 6.3% Disagreed or Strongly Disagreed that these were the right priorities.
- 1.4% were unsure.

To what extent do you agree or disagree that these are the right priorities



Segmenting responses by audience

- Of the 32 responses received on behalf of a group or organisation: 20 Strongly Agreed, 10 Agreed, and 2 Disagreed that these were the right priorities (94% agreed, and 6% disagreed).
- Of the 2,015 responses from individuals: 753 Agreed, 1,105 Strongly Agreed, 29 Didn't know, 93 Disagreed, and 35 Strongly Disagreed (92% agreed, 6% disagreed, 1% unsure).

A comment box was provided for respondents to provide any other comments about our immediate priorities.

743 comments were provided, which have been reviewed and grouped together according to common themes.

- A high number of respondents commented they had been **unable to access an NHS dentist**. There was an urgent call for more NHS dentists NOW to improve access for everyone.
- Many respondents were **critical of NHS dentists turning to private practice**, which respondents said they considered to be prohibitively unaffordable for many.

- **Capacity building is urgent and needed now**, and many respondents recognised it as an important first step before improving access – or any of the priorities – could be achieved.
- **Improving access to an NHS dentist, including regular check-ups**, is urgently needed.
- We need to **prioritise access for children now, and children up to 18 should receive free NHS care**.
- Many respondents also felt that **the elderly and those on low incomes or who receive benefits** should also be prioritised.
- Many respondents were concerned about access for **older people in care homes who were unable to travel**.
- While there was agreement that these priorities are correct, a number of respondents questioned **where is the plan to deliver on these priorities?** Several questioned if achieving these priorities would actually happen, and on the proposed timeframes of two – five years.
- Linked to this, several respondents **questioned the ICB's ability to influence the NHS dental contract**, which they felt would be necessary for any improvements to be made.
- Many respondents agreed that **promoting good oral health for children and young people is a good priority**; however, while some called for this to be done in school (and pre-school), others felt this should be done at home.
- A number of respondents commented on the need for **accessible local services for those with learning disabilities and autism**, and ensuring there is an adequate number of specialist dentists and sedation clinics.

In addition to the above summary, individual comments have also been provided as examples of feedback received:

- *"I have some concerns over the effectiveness of public health interventions/promoting good oral health. Specifically, targeting of problem/disadvantaged families and how successful Public Health is in changing behaviours."*
- *"Not everyone working or not can afford to go private nor can they take time out of work to travel far and wide for appointments when they have emergencies."*
- *"No matter how you word it the priorities must be that patients can be registered with a local NHS dental provider, they must be able to have routine dental checks at least every nine months."*
- *"Developing capacity should be number 1 then urgent care might not be such a major issue."*
- *"Also a major priority is to get dental help for the elderly, as mostly on a pension and some receiving pension credit, they do not have the opportunity to go out to work and earn enough to pay for private dental care"*
- *"I am a GP. There are patients who's health is significantly affected or new medication is delayed due to not having access to NHS dentists - can they be included (? by referral) to have urgent dental care"*

- *"I partly agree..... However 'our aim is to improve access' is a woefully inadequate aspiration in both the short and long term. The NHS should be aiming to provide every citizen with the best and most appropriate treatment available."*
- *"Two years seems very optimistic when the government / NHS England aren't going to be investing at anywhere near the level you need to implement these immediate priorities. Recruiting, retaining and upskilling dentists also seems quite naïve in terms of a immediate priority, this will likely take at least 5 years? Turning this supertanker around isn't going to happen any time soon."*
- *"Actually provide access to dentists for people with dental emergencies. I'm a Nurse and we end up with so many patients sat in A&E with dental issues as they can't get appointments or seek help when they have dental issues."*
- *"Oral health care for the non ambulatory, the elderly and especially those in care homes are over looked and not seen as a priority. More training needs to be given for all members of staff in the care sectors detailing with these groups."*
- *"Nhs 111 needs to radically improve, we...have used nhs 111 to receive urgent dental care but it took 4 months to get seen by an urgent dentist."*
- *"How effective can investment in these areas be locally if the NHS contract is not addressed nationally?"*
- *"Your priorities also do not include any geographical info (where do you urgently need to improve access? There is no point getting more dentists in Norwich and leaving none in South Norfolk.)"*

Question 3: What respondents want to see in our longer-term plans

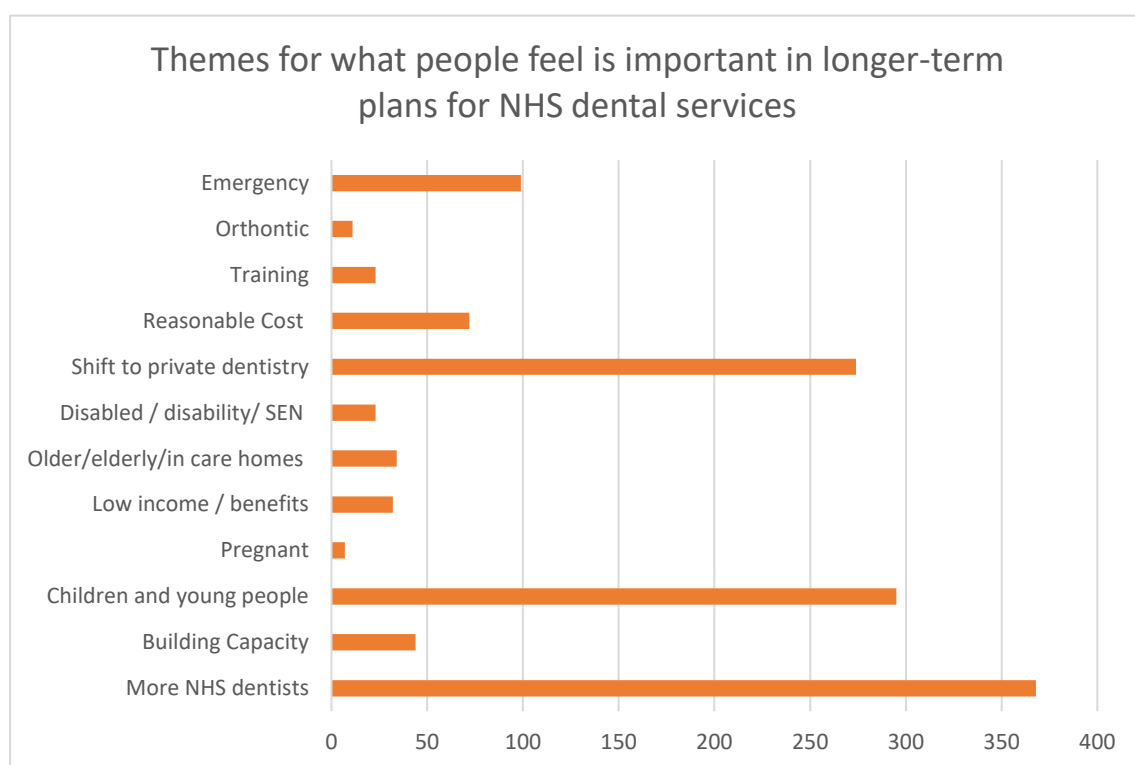
We asked respondents what they would like to see in our five-year plan for NHS dental services in Norfolk and Waveney. We asked what matters most to them.

1,870 responses were received for this question, which have been categorised into the following themes:

- Overwhelmingly and above all else, respondents just wanted **more NHS dentists so that all people can access regular NHS dental care**.
- There were many comments to reflect that if there were more NHS dentists then the need for urgent care would be reduced as people would have had access to **regular check-ups** and preventative care.
- Following that, there was a huge call for **children to be guaranteed a place with an NHS dentist** where they receive treatment for free.
- Many comments were made about **private dental practice** linked to improving access to NHS dentists: patients not being able to afford to go private, ensuring access to NHS care isn't hindered by private practice, and sharing how much had been spent on private care because an NHS service wasn't available.
- A call for costs for NHS dental treatment to remain **affordable**.

- Ensuring there is dental capacity for people to be able to access **emergency** care quickly, without having to wait days/weeks/months.
- Reduce long waiting times for **orthodontic** treatment (currently 2-5 years)
- Ensuring there is provision for those with **learning disabilities and autism, pregnant people, the elderly, and those on low incomes or receiving benefits.**

The graph below shows the frequency particular themes were mentioned in the feedback.



A selection of quotes is provided to give examples of feedback received:

- *“Access to NHS dentists. People have actually been taking out their own teeth.”*
- *“Regular checkups as prevention better than cure.”*
- *“Every child must be able to receive NHS dental treatment at the dentist of choice regardless of the NHS waiting lists with each provider. It is not appropriate or ethical to expect this cohort of service users to have to pay to see a dentist.”*
- *“I think what matters also is that Dental students must make a commitment once they have completed their training and qualified that they work in their own country or counties for a minimum of 5yrs, and not use their qualifications abroad.”*
- *“How we can link up primary dental services with secondary dental services, including orthodontics. Making orthodontics accessible to all patients who need it needs to be part of the wider provision. Would also like to see a broader reference to cancer prevention / detection, dentists can spot mouth/tongue cancer so if patients could get in to see a dentist*

this would be an additional opportunity for prevention and we should make this explicit in our planning.”

- *“Stop dentists going private. Make it compulsory to take at least 50% NHS work”*
- *“Price. Affordable treatment is as essential as access to care. There needs to be NHS treatment available to all or else we are going backwards.”*
- *“Improvement to OOHs services including clinical advice from the service and not a call handler or general nurse at 111.”*
- *“Improved local emergency service similar to the NHS walk-in centres.”*
- *“I would love to see bold and confident ambition. Everyone who needs an NHS dentist will have one which offers both urgent and regular appointments within 10 miles of where they live. What about an equivalent value scheme to the eye test subsidy which supports a thriving opticians sector. Vouchers for every child under 18. Subsidy for people aged over 65 and people on qualifying benefits.”*

Question 4 - The Urgent Treatment Service

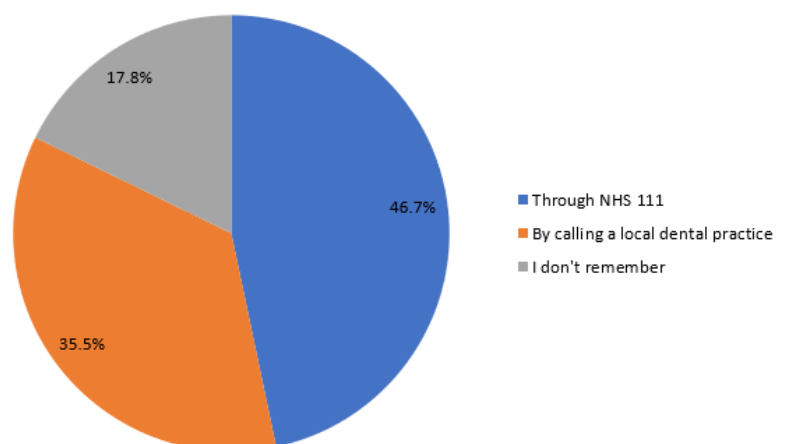
We provided a link to the Short-Term Dental Plan where respondents could see more information on the Urgent Treatment Service (UTS) which was set up in September 2023. We asked respondents if they had used the UTS.

- Yes – 15.8% (322 responses)
- No – 82.8% (1,690 responses)
- I can't remember – 1.4% (29 responses)

Patients that had used the service said they accessed it in the following ways:

- Just under half of respondents accessed the UTS through NHS 111 (46.7%).
- 35.5% had accessed the service by contacting a local dental practice.
- 17.8% of respondents couldn't recall how they had accessed the service.

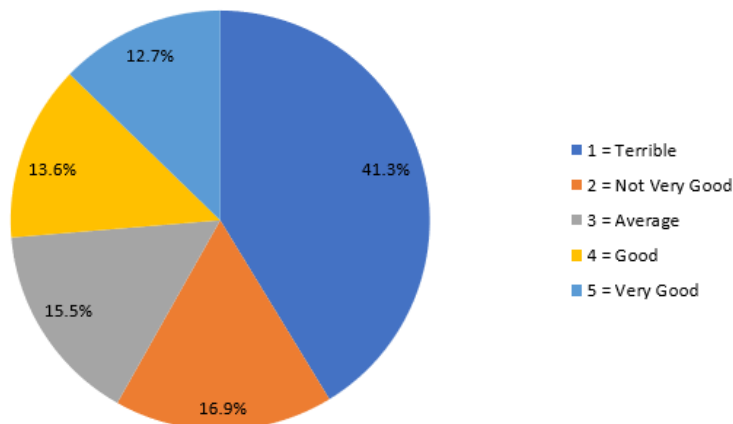
If you said yes, how did you access the service?



Patients that had used the service were asked to rate their experience, where 1=Terrible and 5=Very Good.

- 58.2% rated their experience as Terrible or Not Very Good
- 26.3% of respondents rated their experience as Good or Very Good
- Just over 15% (15.5%) rated their experience as Average.

If you said yes, how would you rate your experience between 1 and 5?



The respondents who had used the UTS were asked to provide any additional comments on the service.

343 responses were provided to this question, and the responses have been themed as below.

NB - There were a number of responses providing comment on urgent treatment service that had been received historically - both prior to the Covid-19 pandemic and prior to September 2023.

- Many respondents commented that they had been unable to get an appointment through the service and **ended up accessing an alternative health service** (Walk-in Centre, A&E)
- A high number of respondents had been unable to get an appointment and **had to manage their issues themselves** (painkillers/ self-removal / go private/ just wait)
- A high number of respondents reported **being given telephone numbers of dental practices that weren't offering the UTS**, or being provided numbers that were constantly engaged and they couldn't get through.
- Many respondents felt that urgent appointments take too long to get.
- Several respondents commented that appointments are **too far away to be reasonably accessible** (examples given were London, Cambridge, Ely, Wisbech, as well as Norfolk locations)
- A small number of respondents said the service they received was **good or excellent**, although a number commented that the process of getting the appointment wasn't good.
- A larger number of respondents reported having a **bad experience**, which included accessing the UTS appointment as well as the service received.
- A small number of patients reported getting an appointment but were then unable to access the UTS / get help at the appointment (**told to go elsewhere**)

- Several respondents commented **they didn't know the service existed**; if they had they would have tried to use it.
- There were many comments (from both individuals and providers) about patients being directed by NHS111 to practices that don't offer NHS services. Several respondents reported accessing the service but then **being charged high rates for treatment** (treatment not given under the NHS)
- Some respondents reported that **NHS 111 advised them to contact their own dentist** to request an urgent care appointment; this advice doesn't support those that aren't registered with a dentist.

Sample quotes from UTS feedback

- *"It was my husband that used it when a bad tooth caused an abscess that made him extremely ill. I was able to get him an emergency dentist appointment through 111, which was a huge relief. However, he was told by the dentist that he could either have the bad tooth removed OR have the abscess dealt with, but not both under the nhs price."*
- *"NHS 111 service give out numbers to surgeries that do not offer emergency services"*
- **Group/organisation feedback:** *"Despite numerous conversations they still give out our details offering services that we are not able to provide"*
- *"Absolutely amazing treatment but getting through on the phone to make an appointment was very difficult"*
- *"No NHS dentist was offered via 111 and had to pay over £300 for a tooth removal. I'm on benefits and this caused financial hardship."*
- *"Eventually, one dentist helped in Norwich - I live in Sheringham - and finally a tooth extracted, but still some left in. Many months of pain with numerous turn aways, one dentist -out of pity - gave me temporary filling paste to do my own filling."*
- *"111 give out numbers to get people off their backs. I work in a fully private practice and we get these calls all the time. 111 gave me your number. When asked did you know we are a fully private practice they always say no!!"*
- *"111 were fine, empathetic and tried to help but every number I called (over 5) had no availability or said they didn't actually provide urgent care."*
- *"Only available on the weekend. I had to call a mobile 93 times before I got through. During the week no urgent care was available via 111"*
- *"When I went, there was a single surgeon. One. For the whole of West Norfolk population requiring urgent care. If this was A&E there would be hell on, but because its teeth, and its been a poor state of affairs for ages now, folks just get on with it."*

- **Group/organisation feedback:** *“Almost impossible for professionals to book emergency treatment on behalf of clients without spending hours in telephone queues. The same-day 8am booking service by telephone is not conducive for professionals, and is inaccessible for many in minority communities.”*
- *“I was directed by 111 to dental practices that didn't even take nhs patients and had asked 111 to remove them from their pathways. I went around in circles. In the end I had to fund private treatment at great cost”*

Respondent suggested ideas

A number of ideas and suggestions were provided for ways to improve NHS dentistry in the area:

- Open a walk-in style service for emergency dental care.
- More local dental training programmes or schools
- A drive to recruitment in the Norfolk area would be great.
- Set up a dental hub which would be more sustainable than lots of smaller services that are harder to staff.
- A greater focus on dental hygiene promotion through schools, libraries and youth organisations.
- Sheffield have got it right NHS designated dental buildings just for 111 urgent calls Norfolk needs these.
- Health visitors, nurseries can help to promote dental care for children. Look for other agencies to promote this with you to reach more families.
- Dental students must make a commitment once they have completed their training and qualified that they work in their own country or counties for a minimum of 5yrs, and not use their qualifications abroad.
- Mobile dentistry services, travelling to existing services used by communities, particularly those living in poverty.
- Return to school nurses teaching children oral health skills in primary schools.

Optional Demographic data

The following optional demographic questions were asked. The tables below show the number of respondents, and a summary of the data.

What is your age?			
Answer Choice		Response Percent	Response Total
1	Under 18	0.1%	2
2	18 - 24	1.2%	24
3	25 - 34	8.0%	161
4	35 - 44	17.0%	343
5	45 - 54	21.7%	438
6	55 - 64	25.7%	519
7	65 - 74	19.9%	401
8	75+	6.0%	121
9	Prefer not to say	0.5%	11
		answered	2020
		skipped	34

Over a quarter of respondents were between 55-64

Over 2/3 of respondents were aged between 45-74.

Which of the following would you use to describe yourself?			
Answer Choice		Response Percent	Response Total
1	Male	21.1%	432
2	Female	77.3%	1580
3	Prefer not to say	1.2%	25
4	Prefer to self-describe (please specify)	0.4%	8
		answered	2045
		skipped	9

Over 77% of respondents were female.

Which area do you live in? (Usually where you pay your council tax)			
Answer Choice		Response Percent	Response Total
1	Breckland	15.0%	308
2	Broadland	19.0%	389
3	East Suffolk (Waveney area)	6.5%	133
4	Great Yarmouth	6.7%	137
5	North Norfolk	11.0%	225
6	Norwich	10.4%	213
7	South Norfolk	19.4%	398
8	West Norfolk	10.2%	208
9	Other (please specify):	1.9%	38
		answered	2049
		skipped	5

Responses were received from across Norfolk and Waveney, however the areas with the highest response rates were South Norfolk (19.5%) followed by Broadland (19%).

What is your ethnic group?			
Answer Choice		Response Percent	Response Total
1	White – English/Welsh/Scottish/Northern Irish or British	92.1%	1835
2	White – Irish	0.7%	13
3	White - Gypsy or Irish Traveller	0.0%	0
4	White – Roma	0.0%	0
5	Any other White background	2.8%	56
6	Mixed – White & Black Caribbean	0.2%	4
7	Mixed – White & Black African	0.2%	3
8	Mixed – White & Asian	0.3%	5
9	Any other Mixed or Multiple ethnic background	0.2%	4
10	Asian or Asian British – Indian	0.4%	8
11	Asian or Asian British – Pakistani	0.1%	2
12	Asian or Asian British – Bangladeshi	0.0%	0
13	Asian or Asian British – Chinese	0.0%	0
14	Any other Asian background	0.2%	3
15	Black or Black British – Caribbean	0.0%	0
16	Black or Black British – African	0.1%	1
17	Any other Black background	0.1%	1
18	Arab	0.1%	1
19	Any other ethnic group	0.6%	11
20	Prefer not to say	2.3%	45
		answered	1992
		skipped	62

The ethnicity of respondents was predominantly White or any White background (95.6%).

Conclusion and next steps

The feedback received from the public and stakeholder engagement has been put forward for internal review and consideration within NHS Norfolk and Waveney to support the ICB's longer-term plans for dental services commissioning.

The feedback will also help to inform additional engagement opportunities around future programmes of work both in dentistry and other primary care services.

A summary version is provided alongside this report, and is available to download from the ICB's website.

If you require this report in an alternative format, please get in touch with the Patient Experience team at nwicb.contactus@nhs.net or by telephone on 01603 595857.