



**Croydon residents' experiences
of accessing and using NHS
dental services in 2021**

June 2022

Findings in brief

There is variability in access within Croydon.

Most contact a dentist because they are in pain.

Most found information on websites was not that useful.

Most rely on their regular dentist even if not attending often.

Once they get seen, most are happy with the service they get.

NHS dentistry is much appreciated but there are cost concerns.

Recommendations in brief

Access needs to be less variable.

Undertake a local needs assessment.

Understanding the perception of the regular dentist.

Prioritise urgent need with regular dentist over check-ups.

Provide better information to manage expectations.

Communicate costs better and engage with patients.

Executive Summary

The impact of COVID-19 has had a significant effect on Croydon residents in accessing and using dental services. Although this was not unique to Croydon, we wanted to gain a better understanding of the specific issues taking place to help local stakeholders understand the challenges from the residents' perspective.

Bearing in mind the amount of work being undertaken nationally on this, we wanted to be sure we added to insight and took into consideration the supply challenges in understanding this. We chose to consult with the Croydon Local Dental Committee on this at all stages to ensure we could provide insight which would help them with their planning and conversations with NHS commissioners.

Working with the Local Dental Committee has been a very positive experience for both organisations. We learnt much about the complexity of dental commissioning and how this may well affect resident access and usage of the service. Over several discussions with the Local Dental Committee, we developed the survey to help gain the insight we need to know but also ensured that it would be useful to those who could influence service change in some way. As a result, the experience of working with Healthwatch has been profiled by Sushil John of the Croydon Local Dental Committee in the Integrated Care Journal in April 2022, as an example of strong partnership working between us.¹

For example, our decision to ask people to talk about the experience after 5 October 2020, when all dentists were expected by NHS England London region to reopen for regular face-to-face treatments², reflects these discussions.

We wanted to understand how the experience of service has been for residents since this time. The survey ran from 29 January to 3 June 2021. We presented initial findings in July 2021 with the Croydon Local Dental Committee which

¹ Integrated Care Journal (2022) Healthwatch and Croydon LDC working to highlight local patient needs: <https://integratedcarejournal.com/newsdit-article/7f6d0005cfe999ea002f699c0088d21d/healthwatch-and-croydon-ldc-working-to-highlight-local-patient-needs/>

²This was the date that NHS/1(London Region) expected all practices were to be able to reopen for face-to-face services, unless specific issues after risk assessment prevented them from doing so. It should be noted that many dentists were still prioritising urgent work and children, though some regular check-ups were taking place too.

presented mostly quantitative data. This report places qualitative insight to support the initial findings and show the impact of accessing and using dental services in Croydon.

Healthwatch Croydon hope this report will enable practical discussions with all stakeholders to improve access and patient experience for all Croydon residents.

These are our findings based on 156 responses from the survey:

- **Variability in access:** 49% of respondents found it easy or very easy to access their NHS dentist to enquire about appointments, while 46% found it difficult or very difficult. For routine appointments with an NHS dentist, 52% of respondents found it difficult or very difficult, while only 26% found it easy or very easy (see page 19-20).
- **Most contacted because they had an urgent need or were in pain, but a quarter just wanted a check-up:** Similarly, a higher percentage of respondents (49%) found it difficult or very difficult to get a dental appointment when there was a problem, whereas 30% found it easy or very easy. In emergency situations such as a broken tooth, 38% of respondents found it difficult or very difficult to get a dental appointment, 18% found it easy or very easy. Only 26% wanted a check-up. Overall, about 1 in 4 respondents consistently encountered difficulty in accessing an NHS dentist, including in emergency situations. Most generally found it difficult to have an appointment (see page 24-25).
- **Respondents got their information about dental treatment from dentist and national NHS websites but did not find it that useful;** 23% of respondents found information on their dentist's website useful or very useful; the percentages are 12% and 7% for the NHS website and 'other websites', respectively. The remaining did not use these information sources. However, respondents equally found information about dental treatments from these sources 'not that useful', with a slightly higher percentage of respondents finding the information 'not useful' (which is consistent with all three information sources) (see page 21-23).

- **Most rely on the dentist they usually use even if they are not regular attendees:** Most respondents (78%) mostly tried to get help by contacting the dentist they usually use, 16% contacted another dentist, 5% contacted NHS 111 and obtained details for a local dentist, 5% were directed for urgent dental care (after contacting 111). Nearly 1 in 10 (9%) of respondents did not act at all, and none visited the Accident and Emergency (see page 26-32). It should be noted that many patients perceive that they have a regular or usual dentist even though that is not how the service is commissioned or delivered as referenced, see page 11 and 12.
- **Once patients can get an appointment, they are usually happy with the aspects of service they get.** 44% of respondents found the waiting times to get a dental appointment good or very good, with 24% finding it very good. However, 26% found it bad or very bad, of these 22% finding it very bad. 33% found the dental treatment they received very good, and a further 19% said good compared with 10% who said bad or very bad - just 6% found it very bad. 53% found the waiting times at the dentist to be good or very good, while 13% found it bad or very bad. A much higher percentage of respondents (57%) found the facilities at their dental surgery to be good or very good than otherwise (see page 33-37).
- **Almost half were satisfied with the outcome of their appointment, but over a quarter were not satisfied:** About 49% of respondents were either satisfied or very satisfied with the outcome of their dental appointment(s), 11% were neutral, 29% were either unsatisfied or very unsatisfied, while 11% did not use a service. This may relate to whether they got their problem solved, which is not always possible, and other factors (see page 38-42).
- **Almost all see access to NHS treatment as important:** 98% state that it is either important or very important to have regular access to an NHS dentist. One third will only attend if they have a problem, which reduces the possibility of early interventions and may mean more work when they are seen. Most (67%) visited an NHS dentist regularly prior to the Covid-19 pandemic; the remaining 33% visiting only when there was an issue (see page 43-46).

- **Cost is a significant factor:** Even for NHS services, two thirds are concerned about cost. 57 of 74 comments mentioned cost, primarily about private dentistry (see page 47-50). 81% said they were aware of free NHS dental entitlement for those who are in receipt of certain benefits, but 19% are unaware (see page 51-52). This may affect decisions on taking up regular examinations as there is a cost to this, even though it may save costlier work later.
- **Private appointments are offered but only half were taken up:** Many are prepared to wait for NHS care. Over a third (36%) of respondents had been offered private appointments when NHS ones had not been available. Just under half (17%) of those did take up the private appointment and 19% did not. Cost was mostly the deciding factor (see page 53-55).

These are our recommendations which are relevant to providers and commissioners:

- **Access needs to be less variable:** The problems in the way NHS England commissions NHS dentistry and allocates appointments is causing variability in access to NHS dental services. Some Croydon residents can get an NHS check-up while others cannot access urgent NHS care, yet they live within miles of each other. This needs to be explained and addressed.
- **Undertake a local dental needs assessment:** The current allocation of NHS appointments is based on information that is 16 years out of date. Croydon has seen a population increase of 10% in the last decade causing significant demand challenges which need to be considered under such an assessment. This would help ensure dental unit supply meets current demand.
- **Understanding the perception of a regular dentist:** Many patients perceive that they have a regular dentist, because they have been going to the same dentist or surgery for many years - even if it is not for regular check-ups. Some who are not regular attendees are disappointed, even shocked, to find that they do not have access to an appointment when they need one, or are told they are not registered. Unlike in primary care where patients register

with a GP practice, dental patients are not registered with a specific dental practice. even though no official list exists. This communication gap causes a challenge. Many only shop around in an urgent situation when they cannot get an appointment. Better communication with patients is required about how dentists allocate appointments, with each practice clearly showing the limits of what they can offer. This would create better understanding of dental 'registration' and what it means, as well as the importance of making and keeping appointments.

- **Review allocation of regular check-ups:** While increasing supply of units of dental activity to meet local needs is a significant priority, is there something that each dentist can currently do with their current allocation? National Institute of Clinical Excellence (NICE) guidelines allow for a recall period of up to 2 years for adults and a year with children, subject to dentists' clinical decision on a patient's oral health and the patient's agreement.³ By extending the gap between appointments, where this was clinically appropriate, units of activity would be freed up for new patients. In Wakefield, this was done successfully and increased access for the local population.⁴
- **Those who have urgent need should be prioritised on the NHS with the dentist they regularly attend:** Access for those with an urgent need should be considered before those requiring general check-ups unless demand is reduced or referrals made via that dentist to another location. Very few use NHS111 to start their journey – they start with their local dentist. NHS dental pathways need to be designed from the patient perspective as well as understanding barriers to regular attendance such as cost, or the need to access services when nothing seems wrong.
- **Manage expectations for patients:** Effective communication with patients on why they must wait and insight into prioritisation will help manage

³ NICE (2004) Dental checks: intervals between oral health reviews <https://www.nice.org.uk/guidance/cg19/chapter/Recommendations>

⁴ Healthwatch Wakefield (2018) 'Recall matters' - New dental check-up intervals for people with healthy teeth. <https://www.healthwatchwakefield.co.uk/about-us/work-weve-done/recall-matters-new-dental-check-up-intervals-for-people-with-healthy-teeth/>

expectations. Each surgery could state its allocation of NHS work and keep it updated, so patients understand the challenges, as well as provide information on other routes to access.

- **Dentists and the NHS need to provide more useful information... and not just online:** Most people found it difficult to use dentists' websites and nearly half of patients did not use websites at all. Producing new printed material explaining dentistry and placed in relevant locations such as pharmacies would be useful. This would include a full explanation about the relationship between NHS work and private work and how they can take place at the same time in each practice.
- **Communicate costs better:** There is much confusion on why costs are much higher privately and how services may be different between NHS and private from quality of materials to the role of hygienists. Even for NHS services, two thirds are concerned about costs. Clearer information on exemptions for benefits are needed as well.
- **Celebrate what the NHS does with continued conversation with patients:** NHS dentistry is very much appreciated by all who use it, even under challenging times, look to create a positive relationship with patient with open engagement, showing that dentists are listening to their concerns and responding. This also helps manage expectations.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

As a result of the COVID-19 pandemic, there were many reports of the difficulty of accessing and using dental services nationally. For the first six months, there was a very limited service, but since 5 October 2020, NHS London asked dentists to reopen services.

Healthwatch Croydon heard from residents about difficulties accessing dental services, and this was raised as a priority subject to consider after Healthwatch Croydon Annual Meeting poll on themes they should consider.

From the beginning, Healthwatch Croydon was already aware that many reports had been produced by other Healthwatch and patient groups, but these tended to focus on the first period of lockdown when dental service access was very much limited. Following discussions with the Croydon Local Dental Committee, we discussed both the context and factors that may have led to supply issues which could help shape questions which could bring relevant insight.

The result was a survey that could explore aspects not necessarily covered in other reports and at a timescale once services were supposed to be more open to the public more than the very restrictive period of March to September 2020.

1.2 Some context about dentistry and how it is commissioned

While our role as Healthwatch Croydon is to communicate the patient experience as we have done here, we do usually explain the context and background behind the area we are exploring.

One of the points raised in our findings is that public perception of dentistry is not always aligned to how the service is commissioned and delivered. This section helps clarify some of these aspects. This has come out from our discussions with the Croydon Local Dental Committee who have been open to our findings but asked if we could provide more context.

Lists

We asked a question on regular lists and seeing a regular dentist as that is how patients understand their access and use of the service, like that of a GP. No actual lists by dentists exist and therefore there is no formal registration process. Patients may regularly see the same dentist, twice a year for many years, and their details will be kept in some form of business record but there is no official list. This differs from GPs where patients do fully register and can only be registered at one surgery and when they move their records move with them. Patients can be seen at any dentist without records being carried across. Dentists will usually undertake an assessment and take a detailed record of new patients at their first meeting.

Funding

This in turn affects how dentistry is funded. Unlike GPs who get paid a standard amount for each patient on their list irrespective of whether they use services, dentists do not get paid this way. Dentists are paid by Units of Dental Activity (UDAs) which they are allocated each year and need to use within that year but try to ensure they are evenly spread throughout the year. If they use them too quickly or too slowly, they could lose funding from NHS England. Each UDA is worth a certain value, agreed between NHS England and the specific practice. This can differ from dentist

to dentist and in some cases the amount a dentist gets is less than patient charge: currently £23.80⁵ for a band 1 standard examination. The amount a patient pays does not correspond to the cost to the dentist.

For a patient that has complex needs, many UDAs could be used on one patient, whereas one who has healthy teeth may only use a single UDA. This unpredictability in the way dentists must manage their NHS allocations makes it a challenge to plan and can lead to dentists using up their allocation at certain stages in the year, leading to disappointment for the patient.

Each dentist is a private company taking an NHS contract and they are not legally obliged to take on more than their contract allows. They can oversupply up to 2% but will not be paid for anything they do above that. However, this 2% will be deducted from their allocation for the following year meaning they will only have 98% of their contracted amount for that following year.

Therefore, sometimes all they can offer is private work which is not at NHS prices.

Dentists also take on different NHS contracts, some seeing all NHS patients, others only seeing children or those who can gain exemption from costs on benefits. This again affects the supply of appointments.

Commissioning and need

If this was not already complicated enough, the allocation for how many UDAs each dentist has and how much they get paid for each UDA was decided in 2006. Even then, the allocation was based on what the dentists had done in the previous year, so some dentists who had a quieter year maybe due to having less staff would have had a smaller allocation. This means that for many dentists they are working in communities where demand has changed significantly in the last 16 years but UDA allocations have not. Croydon alone has seen a 10% rise in population. This therefore affects demand, access, and patient experience.

⁵ NHS (2022) How much will I pay for dental treatment? <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

1.3 Rationale and Methodology

Healthwatch Croydon ran a survey from 29 January to 3 June 2021 online where we received 156 responses, of which six were repeats bringing the total number to 150.

1.4 Method

The survey was set up on Smart Survey. Healthwatch Croydon promoted the survey across our social media platforms and used paid advertising on social media. This was shared across our network of NHS, social care, and voluntary organisations. The Croydon Local Dental Committee also shared it across their network.

Questions:

1. Have you used a Croydon NHS dentist since 6 October 2020? *

Yes / No

2. How easy was it to: *

Access my dentist to enquire about appointments.

Have routine appointment (checkup, scaling and polishing).

Get an appointment when there was a problem.

Access emergency care such as a sudden broken tooth.

Very Easy/ Easy/ Difficult/ Very Difficult/Did not require

3. Where did you get information about possible dental treatment and how easy was it to use?

My dentist's website

NHS.co.uk

Other websites, please state in comment below

* Very useful / Useful/ Not that useful/ Not useful/ Did not use

Please state where.

4. What was your immediate dental need? *

A filling

A broken tooth

An abscess

Pain relief

Did not have an immediate need, just wanted to get a check-up.

Other (please specify):

5. How did you try and get help? *

I contacted my usual dentist.

I rang another dentist.

I rang NHS 111 and was given contact details for a local dentist.

I rang NHS 111 and was directed for urgent dental care.

I contacted my GP or GP Hub and was referred to care by this route.

I visited Croydon University Hospital Accident and Emergency / Urgent Care Centre.

I did not take any action.

Other (please specify):

Tell us more about your experience of seeking help:

6. If you were able to get treatment where was this provided?

Please give name address and postcode if possible.

7. What was the experience of the following: *

Waiting for an appointment

Treatment

Waiting time at dentist

Waiting location

Facilities at surgery

Very Good/Good/Neither good nor bad/Bad/Very bad/Did not use service

Tell us more:

8. How satisfied were you with the outcome? *

Very satisfied

Satisfied

Neutral

Unsatisfied

Very unsatisfied

Did not use service

Tell us why (text):

9. Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue? *

Regularly

Only when there was an issue

10. How important is it to you to have regular access to an NHS dentist? *

Very important

Important

Not that important

Not important at all

Tell us why:

11. Has cost been a factor on whether to use an NHS dentist? *

Yes

No

Tell us why:

12. Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits? *

Yes

No

13. If you are accessing free entitlement for NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist? *

Yes

No

Not applicable as I am not claiming benefits

14. Have you been offered private appointments by Croydon dentists when NHS appointments have not been available? *

Yes

No

Standard demographics on gender, age, ethnicity, disability, and resident's location.

1.5 Limitations of the study

It was completed online: Due to COVID restrictions, we could only offer the survey online as we were unable to undertake face-to-face engagement. This means that certain ages and ethnic groups may be underrepresented as they may be less likely to complete online surveys.

This was self-selecting: The respondents chose to fill in the survey based on the promotion we undertook. We did not speak to certain groups. Therefore, we may well hear from people who had more challenges in accessing and using services than those who did not.

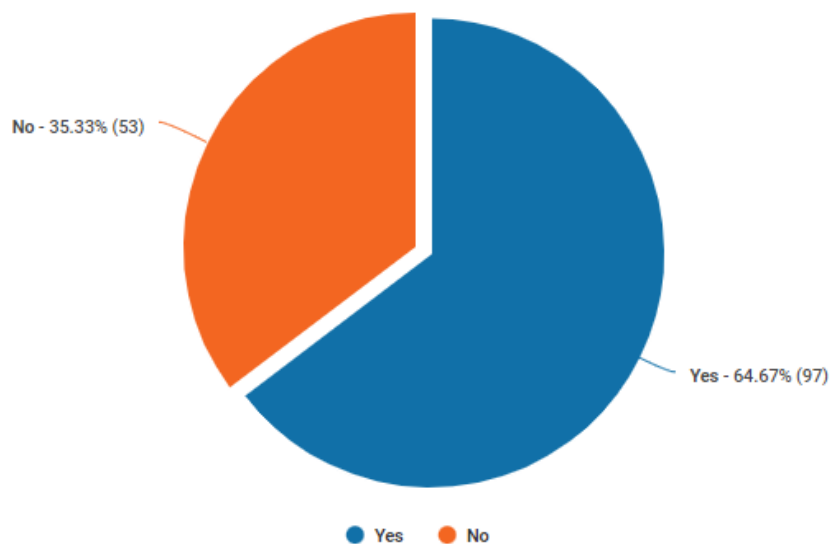
Timescale: The survey ran from January to June 2021. There have been many changes in the delivery of service in this time, in response to COVID restrictions, which may affect supply of services.

2 Insight results

These are our findings based on the survey responses we received, each new space or new line is a separate comment. Please note we have not edited comments, so typos, grammar and phrasing are intentional.

2.1 Have you used a Croydon NHS dentist since 6 October 2020?

Have you used a Croydon NHS dentist since 6 October 2020?



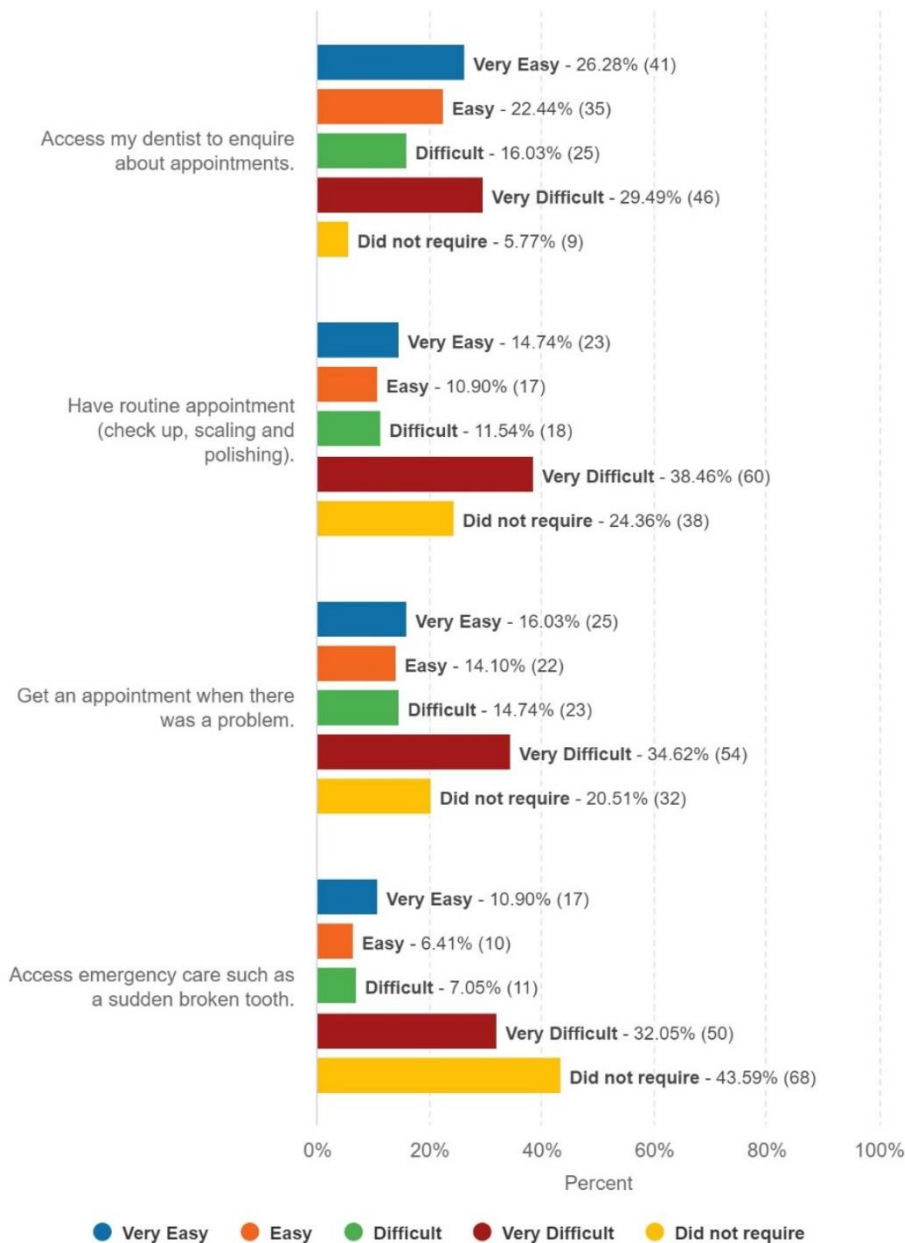
N=150

- 65% of respondents said that they had used an NHS dentist in Croydon since 6 October 2020, while 35% have not.

2.2 How easy was it to?

- I. Access my dentist to enquire about appointments?
- II. Have routine appointment (check-up, scaling, polishing)?
- III. Get an appointment when there was a problem?
- IV. Access emergency care such as a sudden broken tooth?

How easy was it to:

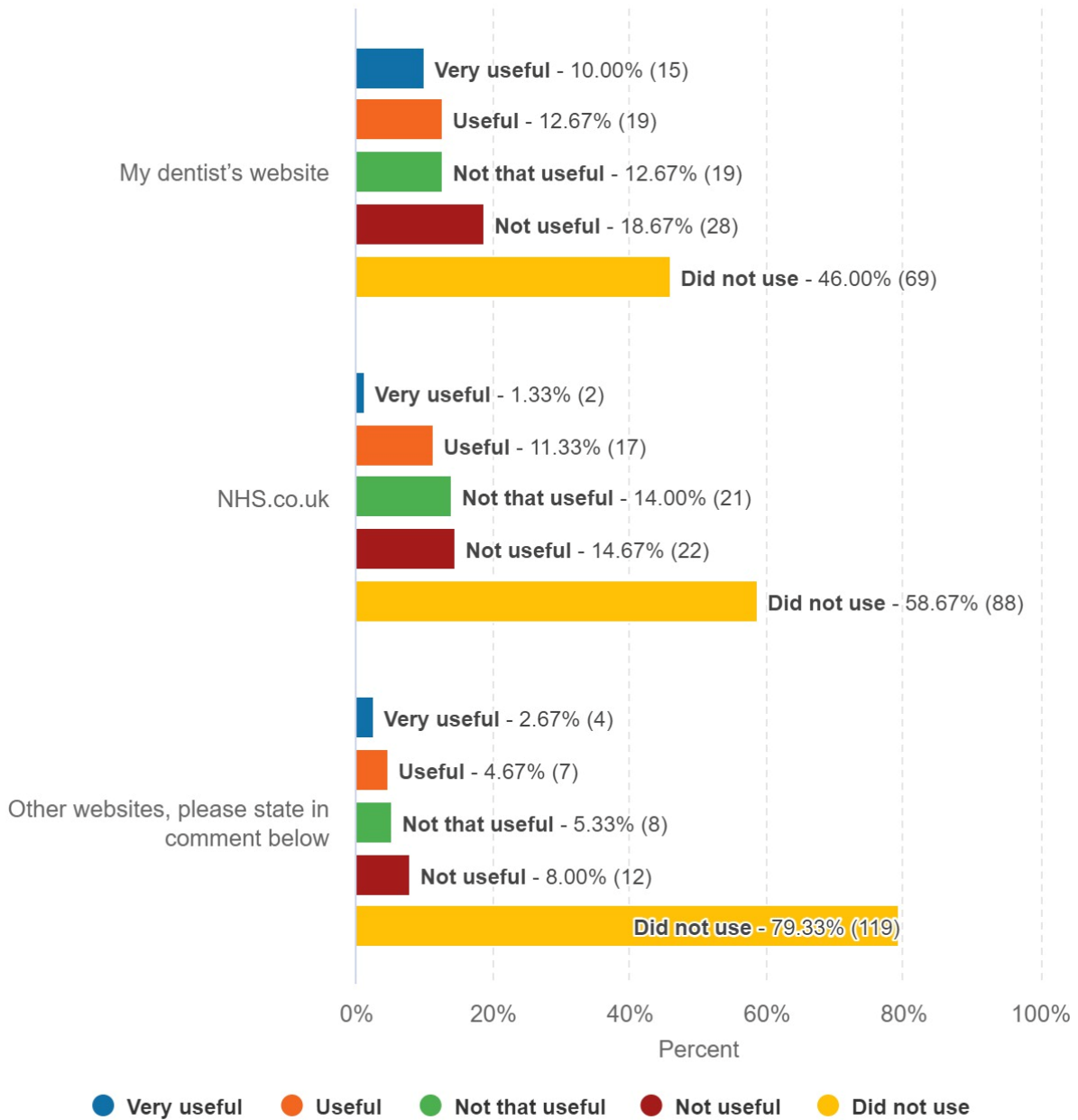


N=150

- 49% of respondents found it easy or very easy to access their dentist to enquire about appointments, 46% found it difficult or very difficult, while 7% did not require.
- 52% of respondents found it difficult or very difficult to have a routine appointment with an NHS dentist, while 26% found it easy or very easy.
- Similarly, a higher percentage of respondents (49%) found it difficult or very difficult to get a dental appointment when there was a problem, whereas 30% found it easy or very easy.
- In emergency situations such as a broken tooth, 38% of respondents found it difficult or very difficult to get a dental appointment, 18% found it easy or very easy, while the remaining 40% did not require an emergency appointment.
- Overall, about 1 in 4 respondents consistently encountered difficulty in accessing an NHS dentist, including in emergency situations. Although 49% found it either easy or very easy to enquire about an appointment, most generally found it difficult to get an appointment.

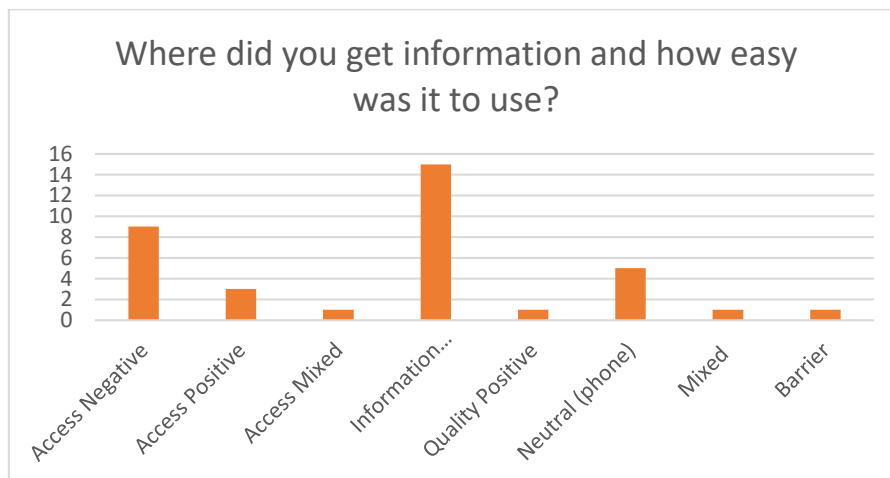
2.3 Where did you get information about possible dental treatment and how easy was it to use?

Where did you get information about possible dental treatment and how easy was it to use?



N=150

- Respondents got their information about dental treatment from different sources such as their dentist’s website and NHS website.
- 23% of respondents found information on their dentist’s website useful or very useful; the percentages are 12% and 7% for NHS website and ‘other websites’, respectively. The remaining did not use the information.
- However, respondents equally found information about dental treatments from these sources ‘not that useful’, with a slightly higher percentage of respondents finding the information ‘not useful’ (which is consistent with all three information sources).
- Most of the respondents did not use the information about dental treatment; the percentage of respondents that did not use information they acquired from their dentist’s website, NHS website, and ‘other websites’ are 46%, 59% and 79% respectively.



Of respondents who gave further comments:

“Was already registered and just phoned for an appointment which I got.”

“Could not get an emergency dentist on weekends. My dentist did not have what to in an emergency.”

“Why just ask about websites? I called them!”

“Just walked down a road and saw a sign which said Croydon Dental Centre and asked, if I could have an appointment.”

Positive experiences

“Access: “Was already registered and just phoned for an appointment which I got.” “I just call my dentist and enquired about the possibility of booking an appointment. I needed a check up regarding as a tooth filling. i have an appointments and with contact details.” “Just walked down a road and saw a sign which said Croydon Dental Centre and asked, if I could have an appointment.”

“Quality of service: “Dentist contacted me.” ; “My dentist sent me an appointment in the post and by email.”

“Specific surgeries gave information (each a separate comment) :
“Gillet road Thornton heath; Dental Beauty, Addiscombe Road;
Coulsdon dental practice on Brighton road; Rosewood, Addiscombe;
Purley Whites.”

“Information sources: “Nhs 111.” “I phoned my dentist.” “Health watch.” “Any sites on Google search; I did a Google search; Google

“My own dentist.” “Private practice.” “Contacted my dentist by telephone.” “I rang my dentist directly.”

Negative experiences

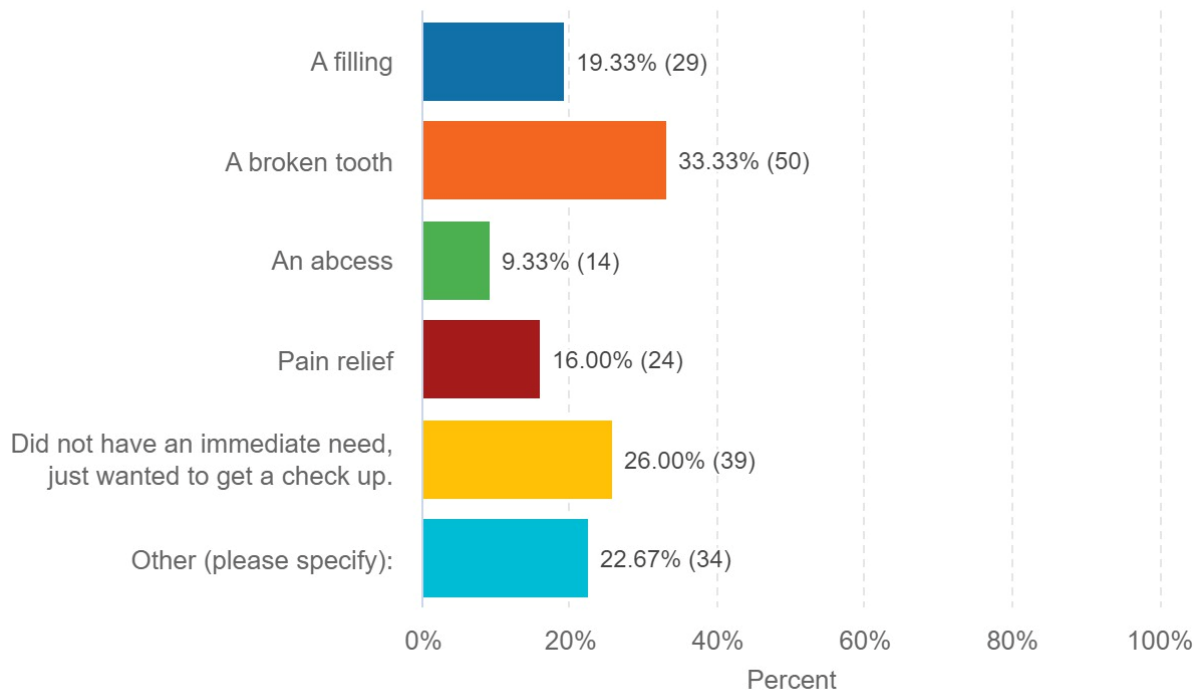
“Access: “I now go to Guys Teaching Hospital to be seen but have not been able to get the appointment. I ended up going to Dentist in Tadworth for routine check up.”

“I COULD NO APPOINTMENT TO ACCESS THAT INFORMATION.”

“Barrier: “Deafness need BSL INTERPRETER because of difficulties communication n make mistake that special needs support communication for BSL INTERPRETER FOR DEAF PEOPLES NEEDS.”

2.4 What was your immediate dental need?

What was your immediate dental need?



N=150

- 1 in 3 respondents had a broken tooth.
- Over 46% needed a filling, had an abscess, or wanted pain relief.
- 26% did not have an immediate need but wanted a check-up.
- 22% stated Other and raised the following themes: The need for extractions, the need for crowns, toothache, root canal surgery, fillings, child-related issues, braces, hygienists, and routine checks. Some also needed BSL interpreters or needed help as part of their cancer treatment. See below, each specific comment is separated by a semi-colon.

“Extractions: “Extraction at Specialist dentist, tooth might(and did) break up; Loose tooth; Tooth removal due to lockdown and unable to access a dentist; My tooth shattered was not able to get a dentist.”

“Crowns: “Loss of a crown; Crown re cement; due to previous crowns i still had the roots of the toothe (sic) and had 2 extractions or different dates and wanted check up for my children they were only dealing with emergencies; Both a filling & broken crown; broken cap.”

“Toothache: “tooth ache; Toothache - not sure of cause as I could not get an appointment: Infected wisdom tooth.”

“Root canal treatment: I had 3 courses of antibiotics for a dental infection before the dentist reopened, then an assessment, then initial root canal treatment - all this before 6 Oct. After 6 Oct I required the full root canal treatment”

“Access & root canal; Pain and Gum Infection; root canal treatment: Infected root (repeating).”

“Fillings: “Leaking filling; Didn't need pain relief but had some pain and wanted to check if it needed a filling.”

“Braces: Check for orthodontist; Braces and wonky front tooth for my 14 year old daughter.”

“Dentistry related: As part of cancer treatment; Dental implant; NEEDS BSL INTERPRETER.”

“Children: Baby with tooth injury; Sons decaying tooth.”

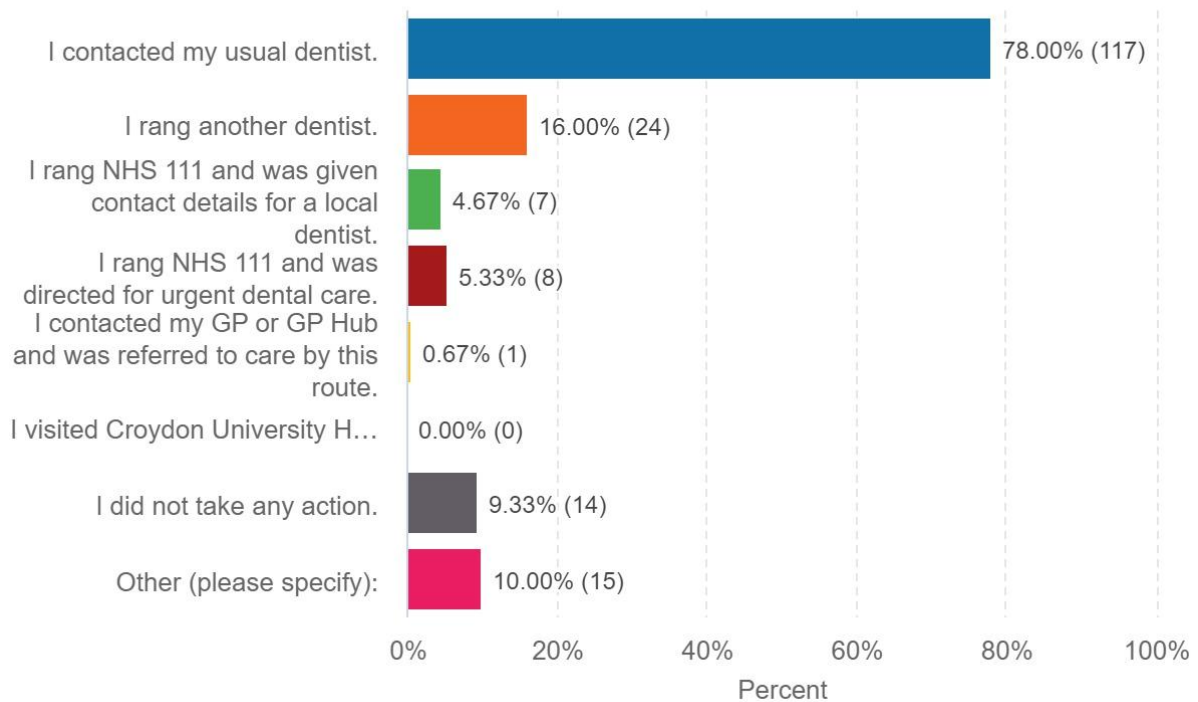
“Hygienist: “Hygienist appointment; To see the hygienist; A deep scale and polish.”

“Routine checks: “I missed my last routine check up because of government restrictions. It is now over a year since I have been to the dentist, and I have some minor problems but no pain. I have not made an appointment with my dentist because I have been shielding and I don't feel safe going into town - there are too many people out and about, neither wearing masks nor keeping their distance. Plus visiting the dentist involves very close contact. I might have been reassured if my practice had contacted me to let me know what precautions are in place e.g. are the dentist and dental nurse getting tested regularly? Is the waiting room safe? What about cleaning between patients? I've had a reminder of my overdue appointment but no assurances of a Covid-safe surgery.”

“Access: “I need a dentist but mine retired and Covid has kept me from trying to find a new one; i think my dentist wasnt open, only the hygienist offering appointments.”

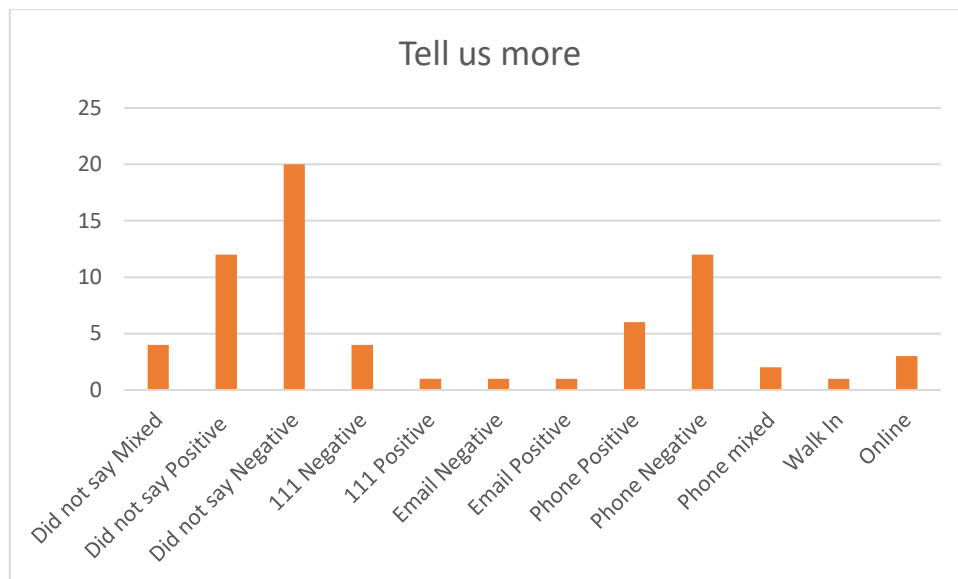
2.5 How did you try and get help?

How did you try and get help?



N=150

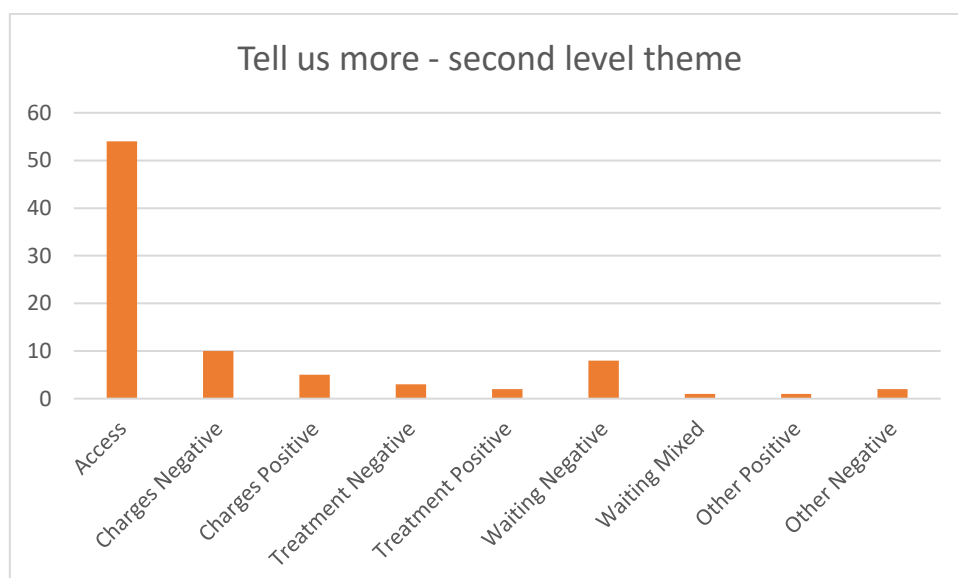
- Respondents (about 78%) mostly tried to get help by contacting their usual dentist.
- 16% contacted another dentist, 5% contacted NHS 111 and obtained details for a local dentist, 5% were directed for urgent dental care (after contacting 111).
- 9% of respondents did not act, and none visited the Accident and Emergency.



N=64

There was a free comment box here for respondents to tell us more about their experiences of trying to get help. We separated their answers into themes and sub themes. The first graph above was their experiences of the initial attempt to get help via 111, email, telephone, and walking in. Most respondents did not specify.

Overall, respondents reported 36 negative experiences and 20 had positive experiences. 6 were mixed.



N=93

When coded access with 54 comments was the biggest issue followed by charges (10) and waiting (10).

Access comments - positive and negative

“No problem. Phoned up when I needed an appointment and got one.”

“I contacted them via a web form over Christmas and they called me to make the appointment which was for the following day.” “I had no problem in getting help.”

“I rang my dentist to have an inlay put back in. I needed to arrange for a dentist to call me (around 3 days later) and then an appointment was made.”

“Apart from the fact that dentist shut 24/12 to 4/1 no problem. Got appointment 7/1.”

“Was able to get help by contacting my dentist by email. (Ongoing dental issue that requires surgery).”

“Called my usual NHS dentist for an appointment, went along following their Covid procedures, was seen and left the surgery.

“My dentist retired before lockdown. After a filling came out, I contacted the same practice & was told a new dentist had taken off and it would cost £200 to see her. I gave up and left it for quite a few months. Then I had to get something done and tried to register with a new dentist and obtain NHS dentistry, but was told by a few, that no way would you get NHS treatment. Eventually I gave up in desperation signed up to a dentist and had to pay for my treatment by credit card £210, which was for a check up, a small filling and a hygienist clean. I need another hygienist clean in 2 months time at another cost of £60. It’s absolutely outrageous and it’s a wonder we aren’t all walking around with a mouth full of gums only!”

“i emailed my own dentist on a friday morning explaining i had a tooth ache and could i have a prescription to prevent a painful weeknd. i was emaled back and told ' no sorry, because you havent seen us for a year, we can't see you but you can have an apt in 12 days time' I was shocked by this reply. I hadnt used my dentiat In a year due to not needing or not allowed due to the Pandemic. Giving me an apt in 12 days wasn't helpful for an emergency. I was told to call 111 if i didnt improve.Luckly my toothache improved however my own dentist was of no help. I did attend my apt after 12 days explaining my tooth was much better. I was given a check on the tooth concerned and an x ray. the dentist explained my tooth needs etracting by a specialist dentist as she wasnt confident to do. At this apt, i paid a band 1 tretment, but a check of all my teeth wasnt carried out which i dont agree with. why wouldnt the dentist do a check and clean esp that we arent able to frequently visit i was told another apt will be made to remove the tooth, with an additional cost of 65.00 which i also didnt agree with. im taking this up with thr dentist manager not a good experience at all and i dont consider waiting 12 days for an emergency apt is acceptable.”

Access comments - negative

“I have been trying to contact community dental service in Gilet Rd for ages so that my son who has Autism and complex learning access requirements can have a routine check up ever since they closed the New Addington surgery. It’s a nightmare>”

“I would just like to have a check up. I always had 6 monthly checkups and now I have not seen my dentist for 18 months!!”

“Tried to get appointment for toothache in December at my usual dentist. Dentist phoned me and said they were not seeing patients and to use a specific mouthwash. Told me to try again after lockdown. I still need to be seen.”

“Rang 111 and got a recording message lines very busy to go on line. Did that was referred to private dentist. Left a message and they never called back.”

“It was hard to get appointment, the dentist could not do a proper job as he wasn’t allowed to put a crown in. I had lost the crown and tooth was agony. Then he tried to put in a filling which has been fallen out ever since. I’m now quite desperate again I have made my own tooth shield with plastic glue and it’s now made bottom teeth loose. It’s appalling.”

“No one was able to help me and I am still in pain and discomfort. With many more cavities. I don’t feel confident in approaching a dentist let alone a local Croydon one.”

“I had many sleepless nights with pain before I was able to see private dentist by paying high fees This was difficult as I am Old age pensioner.”

“I rang the dentist, but they did not answer, so I hung up.”

“The issue is not only access but the dentists were refusing to provide a NHS service insisting on private work.”

“No access now for 18 months.”

“They basically said that I had been removed from their list because I had not seen them in 3 years. They did not inform me of this removal or send out reminder appointments beforehand. They then offered to do it privately so I said if you can fit me in privately why can’t you do it on nhs. Basically they just wanted more money from me which is shocking but true.”

“I was told i had to go private which i cannot afford since being furloughed plus pregnant. So i still have bit (sic) seen a dentist.”

Access comments - negative

“Initially happy to be seen quickly and a temporary filling applied. I have an appointment to replace the filling in mid March - a five week wait from the first appointment. The temporary filling has failed and I've called to get this addressed but to date have not had any response or solution offered. I have purchased a solution online to try and do the job myself at home.”

“Dentist was not booking appointments for my primary school aged children.”

“Our baby, who hasn't been able to register with a dentist since birth because of covid, had a nasty tooth injury. We contacted our local dentist who refused to see her because she hadn't been registered with them, even though both parents were. We were sent to NHS 111 who suggested we contacted our local GP. Our local GP was the most helpful, but wasn't an expert.” “I left a message, was called back and told they were doing urgent care only.”

“Was told they are still not able to practice as usual. Could do a telephone appointment to ascertain the need for pain relief. I believe the upkeep of my teeth have suffered from this.”

“My dentist had confirmed by telephone consultation 30.9.20 that extraction was probably necessary. I had already waiting for several months including the period when dentists were not operating during lockdown. On 3.10.20 I woke up with my face completely swollen and an abscess. It was a Saturday and I was given via 111 an emergency appointment in Sutton - excellent service. I guess treated and back home within 2 hours of contacting 111. 4.11.20 Appointment with dentist for possible extraction but it was judged too complex for them to deal with therefore a further referral would be required. I am still waiting for the new appointment 27.2.21.”

“No debris (sic) in the area would see me face to face. They classed two broken front teeth not an emergency as not registered at a local dentist and would not treat me privately or in NHS. They all blamed this on Covid.”

“Croydon dentists have been difficult to get hold of & when you do they are not helpful. They don't send you reminders when you are due a check up despite them having your contact details. I have had to go to another Borough for my dental treatment.”

“Tried to get nhs dental care mainly for my 14 year old daughter but was told i would have to go private as nhs dentist not taking on patients. My daughter has a very pushed back front tooth and desperately needs braces (it is affecting her mental health) but i was told nhs dentists not taking on patients and would have to go private. I do not have the money to pay privately and feel this is a disgrace.”

Costs

“My cracked molar needed a root drilling. I paid privately to have it filled and capped. It was very expensive but done well and quickly. (£1,500).”

“My old dentist was reliable and honest but he was bought out by a dental practice which is dishonest. In September 2019 they made me pay for an invisible filling for my daughter but they put in a usual dark filling but charged for the more expensive one. They also gave me an unnecessary filling that did not stay on fully since recently somehow some of it fell out. If they had left well enough alone I would not now be worrying about losing the rest of the filling and even the tooth. They charged £368 for me and my daughter. My old dentist was much cheaper. I could trust him to always act honestly. They are called <name and address supplied>.”

“I was forced to go private as my tooth was very painful and no NHS appointment was available till May. The extraction cost me £132. <address supplied>”

“1. i wasnt offered annual check up as in pre covid years. 2. hygienist offered service which i accepted but its very expensive, up from £45 to £60 per session.3. the dentist has changed several times in the past few years. i regret the lack of continuity.”

“The whole reason i could not seek follow up treatment was due to the cost, i could not register with a NHS dentist so i am private - my teeth have deteriorated (sic) but cannot afford due to my husband being furloughed we have a reduced income.”

“My last check up was in October 2019. An appointment in March 2020 was cancelled as new ownership was taking over. This was followed by Covid restrictions. When opened up again in October 2020 on asking for appointment was informed that only emergency treatment was being undertaken not routine check-ups. Numerous enquiries up until end March 2021 received similar response. At beginning of April 2021 an appointment for 28 April was obtained for a check-up as I was sure I needed one or more fillings. In fact two fillings were completed at this appointment. I have to say that it did appear that check-ups and treatment was available at any time during October 2020 -March 2021 if you were a private paying patient.”

“NHS dentist saying they can't take new patients - but if you pay private we can see you today !!! Some saying they are booked up tii next year and this was in September. Madness abs it was an Emergency- just went private.”

“Was unable to get an appointment as I had not been since 2015. I was told I will no longer be treated as a NHS patient and was told I had to pay £79.00. I contacted another dentist in the area who administered the treatment I needed.”

“Had a bad tooth needed to get extract due to Covid was unable to do this was expected to go private was in a lot of pain and could not afford the private treatment, was encouraged to pay privately then he seen on nhs , most dentists only now see private patients not nhs which is unfair , found one that did but took a few visits to take out tooth.”

“I had a broken tooth and was told by dentist’s receptionist that it wasn’t an emergency and couldn’t give me an appointment, told me to use a self repair from boots. I felt this was an emergency and after talking to friends went to another dentist privately paying £120 to have a filling.”

“I was booked an appointment with my own dentist. I was seeing on the date but it was thought the filling was not urgent but gave me a choice to pursue the repair or wait until Lockdown restriction were better. To do the filling it would cost me a lot of money because PPE was required to be use by the dentist and staff involved and i had to pay for it.”

“I did not pursued to have the filling done but I booked a check up and dental hygienist check up. I was offered an appointment and I had the treatment completed. For the feeling I had to wait until Easter and see how the situation is.”

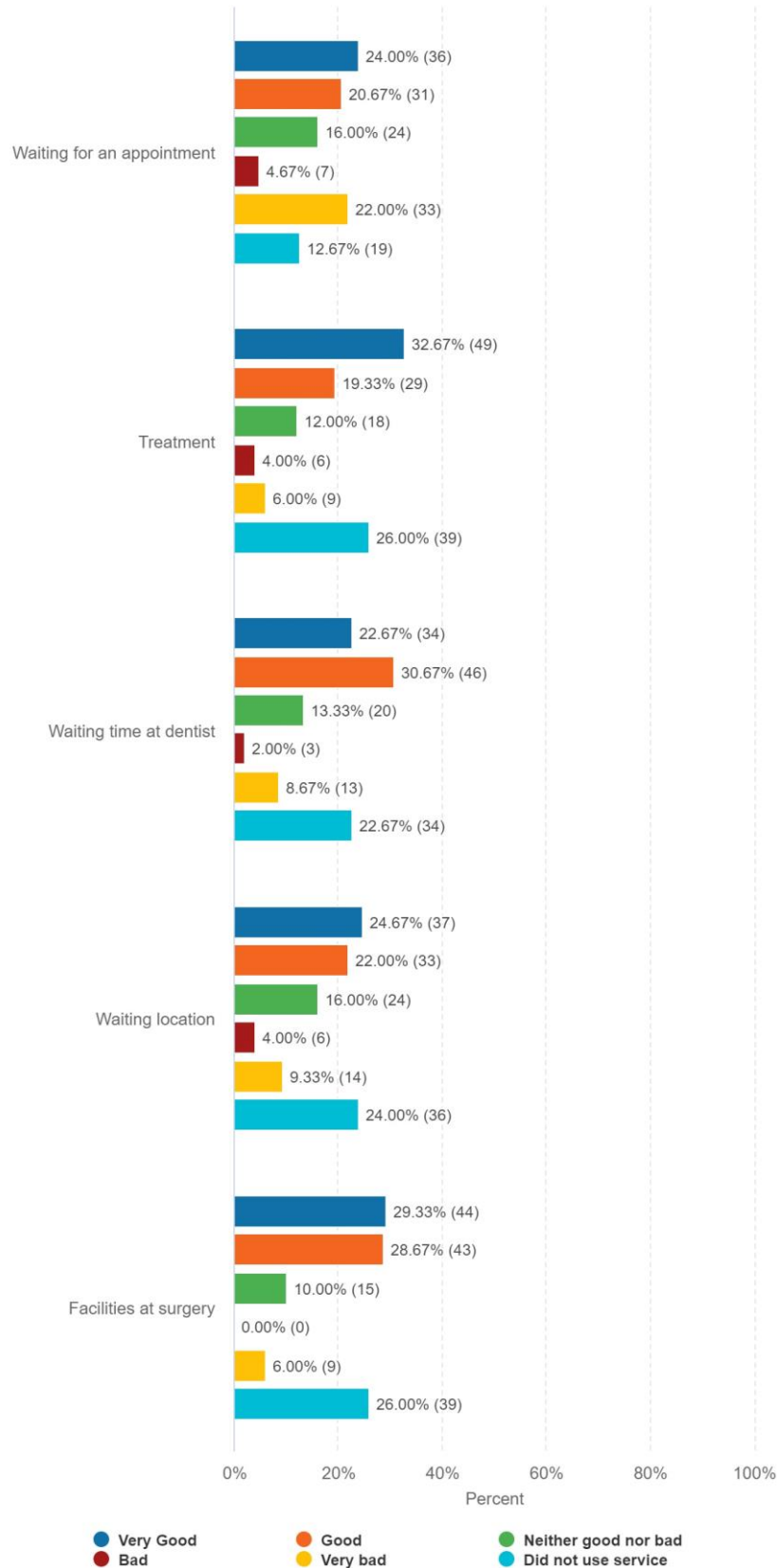
“My dental practice did not have an appointment before Christmas and the pain and broken tooth and loss of filling could not wait so I rang another dental survey who could only see me as a private patient. Thankfully they were able to provide another temporary filling until lockdown lifts of it falls out again.”

“I was pushed into private dental care many years ago so no difficulty getting appointment. I was seen by quite new dentist who may have had NHS patients but I still pay.”

“My dental practice now taken over by large company that seem to be keener on teeth whitening and other cosmetic practices. Surgery was quite good with COVID safety. Hygienist was particularly careful.”

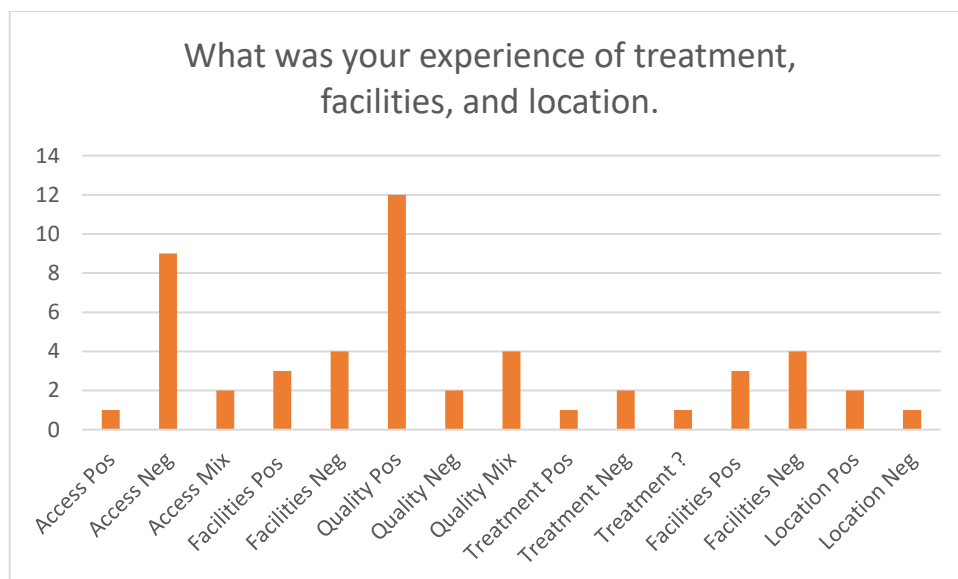
2.6 What was the experience of the following: Waiting for an appointment; Treatment; Waiting time at dentist; Waiting location; Facilities at surgery

What was the experience of the following:



N=150

- 44% of respondents found the waiting times to get a dental appointment good or very good, with 24% found it 'very good'. However, 26% found it bad or very bad, or these 22% found it 'very bad'.
- 33% found the dental treatment they received very good, and a further 19% said good compared with 10% who said bad or very bad - just 6% who found it very bad. 12% felt neutral about the treatment received.
- 53% found the waiting times at the dentist to be good or very good, while 13% found it bad or very bad.
- A much higher percentage of respondents (57%) found the facilities at their dental surgery to be good or very good than otherwise. Only 6% gave a negative response.



Comments - Quality and treatment

“All necessary precautions taken.”

“I liked the new dentist and they adhered to ppe and Covid rules excellently. I could not fault them. However for me, it was a very expensive experience They did go on a about me needing 2 crowns at a cost of about £1000, shocking prices.”

“Really polite and helpful receptionists and good dentists. The surgery was fully organised In accordance with corona virus prevention.”

“We had to wait outside so the appointment which was to be expected and it was a bit cool. Once inside, the facilities were great.”

“All safety COVID procedures were followed.”

“I called them, told me the price, appointment was quick, waited outside I told they were ready in full PPE. Straight forward filling.”

“I had to wait outside the surgery until the nurse came out to call me. The dentist was unable to complete the treatment and referred me to a specialist dentist.”

“Social distance, use of face mask etc was in place. I felt safe.”

“Hand sanitiser available. Didn't see patients using it. Waiting room chairs close together but patients sat apart. No sanitising seen. Reception staff behind screen. Handed tablet - hadn't seen it sanitized.”

“The Surgery was always clean the staff were very helpful letting me know what to do and not to do I felt very relaxed and happy with everything at the Surgery.”

“Hygienist is both efficient and careful with teeth.” “Protective equipment very good. Felt safe from virus.” BUT, if I had needed a filling, I don't think that was available as dentist apparently unavailable. I would prefer continuity of dentist to frequent changes.”

“On arrival, my temperature was taken. The Surgery was clean, the Staff wore masks, gloves and disposable aprons throughout. The Surgeon explained what he planned to do, and kept me updated throughout.”

“Private practice and it was worth it.”

“Modern dentists. All the latest technology equipment. Tv on the ceiling. Listen to classical music whilst in the chair.”

“Very clean well organised I felt very relaxed there Had to wait outside. Told to call on arrival but calls repeatedly went to voice mail. Otherwise ok.”

“I was great by the pleasant and friendly receptionist. The nurse was very caring and calming and tentative to my needs. The dentist explained my problem. Showed me in the screen and provided care there and then. He gave me options of my next stage and explained everything clearly. I am now pain free and a happy chappy.”

“After previously having a temporary filling in Sept 19, I made an appointment have a permanent one in March 20 when lockdown restrictions allowed. At the time of making the appointment I explained it was for both a filling and also the broken crown. However, when I saw the dentist she told me she could only do a dental clean and a further appointment would need to be made to deal with the filling. She did take an x-ray re my crown but stated it needed specialist treatment & she would refer me to Croydon University Hospital for an appointment. She also made an appointment for me to return to her clinic to deal with the filling. On my return 4 weeks later she put in a permanent filling & explained that a referral for my crown had been made, and that if I had not received an appointment (from CUH) in a few weeks, I should phone the clinic who would chase it up for me. As I had not heard anything from CUH for 4 weeks I phoned <<name supplied>> and found out that the referral had only been made after my second appointment with them! To add insult to injury the practice manager then suggested I should chase up the referral myself. I have since tried to do this but cannot get anyone at the Head & Neck clinic at CUH to answer the phone!”

“The appointment itself was very good. Arranging the appointment was quite complicated - needed to speak with a dentist before an appointment was made. I hoped to arrange a regular appointment/hygenist appointment but the practice owner explained in December that they were not open for routine appointments but perhaps would be in January.”

“Unbelievably disappointed in our dental surgery. I work in theatres/ITU, doing aerosol generating procedures at a major London hospital, and I was shocked at the lack of compassion, or even basic interest from our NHS dentist when we were really concerned for our 10 month old. We just wanted someone to give her an assessment.”

“No dentist helped still have two broken front teeth. Plus reoccurring abscesses that I get prescribed antibiotics without being seen.”

“Treatments were pre booked for each stage.”

"My last routine checkup was on 27 June 2019. I was booked in for another routine check up on 30 April 2020 but this was cancelled by the practice (fair enough as dental practices weren't open). I was given another date of 30 July 2020 but again this was cancelled and a new date of 24 September 2020 but again this was cancelled - the reason on both of these two occasions was that they were only dealing urgent cases and had a limited staff in the practice. The next available date I was given is on 25 March 2021. All appointments cancelled were by the dental practice and not me."

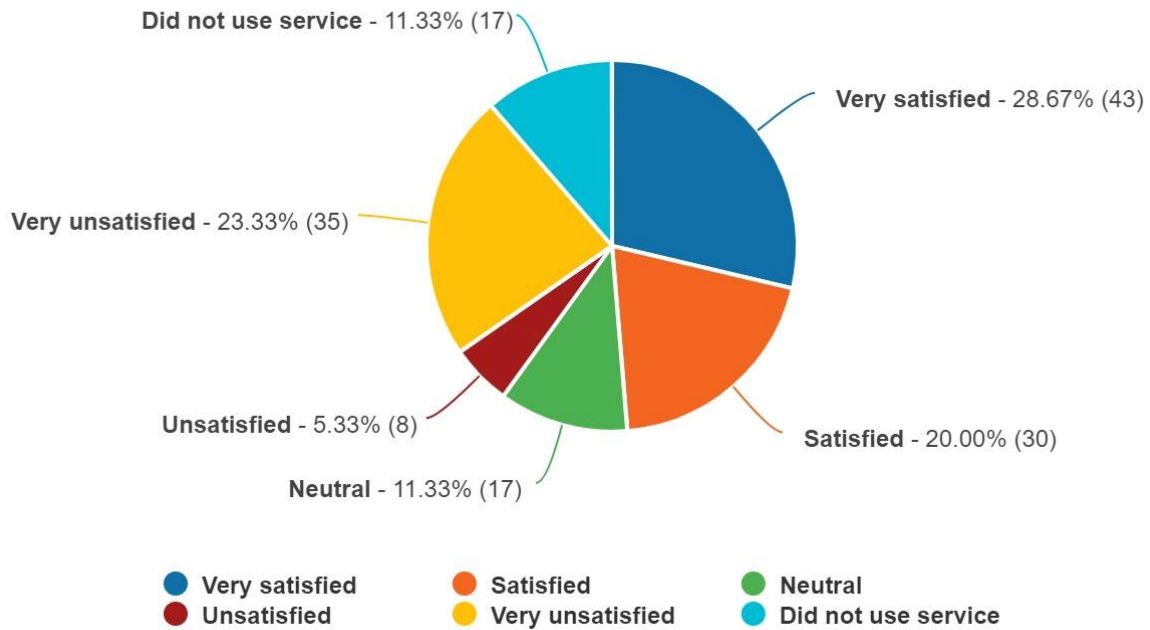
"I currently note from the website of my dental practice it says: ""We welcome the news that we can commence a careful reopening of the practice from Monday 8th June 2020. We have planned for a phased reopening from this date and we are prioritising patients who have been in severe pain during the lock-down period or those who currently have urgent problems. We are only able to carry out certain procedures at present. This is to keep both our patients and our dental team safe."

"We understand that patients will have many enquiries and our reception team will be able to take calls Monday to Friday between 9 am and 5.30 pm."

"Please be aware that we are unable to book routine appointments at present whilst we help those patients with severe problems. We thank you for your patience and understanding whilst we help those in need of the most urgent attention. We will be in touch to re-book cancelled appointments in due course and as soon as we are able. In the meantime, we continue to offer a remote phone line service to offer advice to our patients."

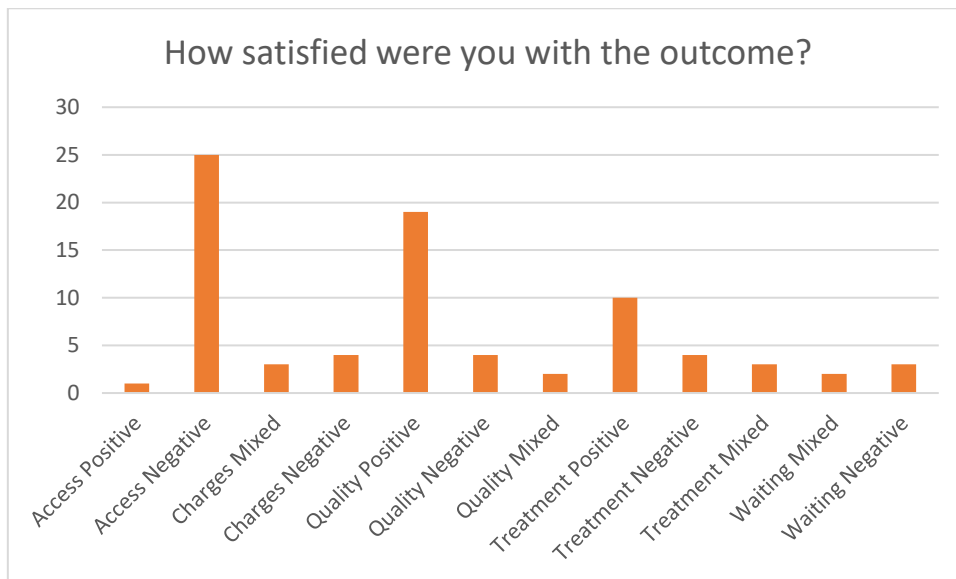
2.7 How satisfied were you with the outcome?

How satisfied were you with the outcome?



N=150

About 49% of respondents were either satisfied or very satisfied with the outcome of their dental appointment(s), 11% were neutral, 29% were either unsatisfied or very unsatisfied, while 11% did not use a service.



Comments - very satisfied and satisfied outcome

“Got check up. Tooth filled. Cleaning carried out.”

“They sorted out my problems at that time.”

“Missing filling replaced quickly.”

“My dentist took care of my abscess.”

“Tooth removed with gentle and reassuring care.”

“We were able to get support, advice and treatment in a good time frame.”

“My treatment was done.”

“The purpose of my appointment was fulfilled. I was able to have a short friendly conversation with both Drs and the Covid vaccine was mentioned, we all agreed it was best to have it. I left the surgery smiling.”

“The service was good.”

“Have not had a problem, I need regular treatment by a hygienist and they usually have one at this clinic.”

“I was able to have my treatment done in a nice clean environment the staff were very helpful and I felt comfortable and relaxed.”

“The dentist did a very good job.”

“Dental check up done and all issues discussed. Covid precautions seemed adequate.”

“Was as expected.” “No pain during treatment (hygienist) no adverse after effects teeth and gums remain healthy.”

“My pain was dealt with and it led to my next treatment.”

“Professional and reliable service. Health and safety of staff and patients evident.”

“Necessary treatment performed without fuss in a Covid secure environment.”

“The Surgeon kept me updated during the entire proceedings. I was well treated whilst I was in the Chair.”

“The actual toothache was more painful than the treatment itself.”

“Check up was completed, 2 teeth needing filling were found and this work was completed. Dentist was quite informative about general teeth condition.”

“Saved the tooth.”

“Lovely dentist.”

“My tooth was fixed.”

“The roots were causing abscess on my left and right side of my mouth so the extractions were definitely required.”

“Took the tooth out told me what to do after the tooth was pulled out give me a leaflet to read that tells me what to do after a couple of hours to look after my gum.”

“Friendly from first contact. Very well organised. 1st class couldn't be better if I was going private.”

“They deed an extraction, then another one few weeks later. Then clean & polish at another appointment. Back again in 3 months. This dentist is very good.”

“Everything went smoothly with minimum waiting time. The only difficulty was having to phone surgery to be let in before the appt.”

“My cap was replaced with a crown. So where i had a tooth before, it was drilled down to even smaller. I didn't realise that this would be the case considering i had a cap before. I felt that a good tooth was reduced to hardly nothing. I'm not sure if my options were fully explained! I had a porcelain cap done in streatham. This was not an option at this dentist. Again, i am not sure of the difference.”

Comments - negative outcome

“Area around extraction still not settled after 4 months.”

“i emailed my own dentist on a friday morning explaining i had a tooth ache and could i have a prescription to prevent a painful weeknd. i was emaled back and told ' no sorry, because you havent seen us for a year, we can't see you but you can have an apt in 12 days time' I was shocked by this reply. I hadnt used my dentiat In a year due to not needing or not allowed due to the Pandemic. giving me an apt in 12 days wasn't helpful for an emergency. i was told to call 111 if i didnt improve. luckily my toothache improved however my own dentist was of no help. I did attend my apt after 12 days explaining my tooth was much better. I was given a check on the tooth concerned and an x ray. the dentist explained my tooth needs etracting by a specialist dentist as she wasnt confident to do. At this apt, i paid a band 1 tretment, but a check of all my teeth wasnt carried out which i dont agree with. why wouldnt the dentist do a check and clean esp that we arent able to frequently visit. I was told another apt will be made to remove the tooth, with an additional cost of 65.00 which i also didnt agree with. im taking this up with thr dentist manager. i feel i am being charged too much money. Not a good experience at all and i dont consider waiting 12 days for an emergency apt is acceptable”

“Impossible to be seen by a dentist. I can currently only eat on one side of my mouth due to toothache.”

“I expected to be considered especially with issues on both sides of my mouth. I was told not to extract any teeth as they could be saved however there were no services to do any treatment. I had purchased temporary filling however this just fell out whist easting (sic). “

“Had 3 visits due to needing a crown for a decayed tooth that was impacted because dentist left large gap in previous treatments where food gets caught now and hence decay.”

“As stated before it should be about care. Oral health is important to the wellbeing of the individual especially as it impacts on other conditions. The NHS needs take action as the dental care in this country has never been so bad.”

“Still not seen, still in pain.”

“Still waiting for an appointment. I’ve used the same dental practice for over 70 years but it feels like our teeth don’t matter any more. Was told last March that I needed a filling but am still waiting for an appointment.”

“Initial solution to problem lasted less than 24 hours and now I can’t get another appointment.”

“Not able to see dentist since before pandemic started.”

“I missed my last routine check up because of government restrictions. It is now over a year since I have been to the dentist, and I have some minor problems but no pain. I have not made an appointment with my dentist because I have been shielding and I don’t feel safe going into town - there are too many people out and about, neither wearing masks nor keeping their distance. I would have been reassured if my dentist had contacted me to let me know what precautions are in place e.g. are the dentist and dental nurse getting tested regularly? Is the waiting room safe? What about cleaning between patients? I’ve had a reminder of my overdue appointment but no assurances of a Covid-safe surgery.”

“Uncaring and dismissive service from <<name supplied>>.”

“Didn’t get an appointment as mentioned”

“Dentist are not doing any work in nhs , they will only expect you to go private.”

“The dentist was unable to complete the root canal treatment (after one and a half hours trying!) and referred me to a specialist dentist (private).”

“Unable to get appointment.”

“Still waiting for callback since January.”

“No one will help.”

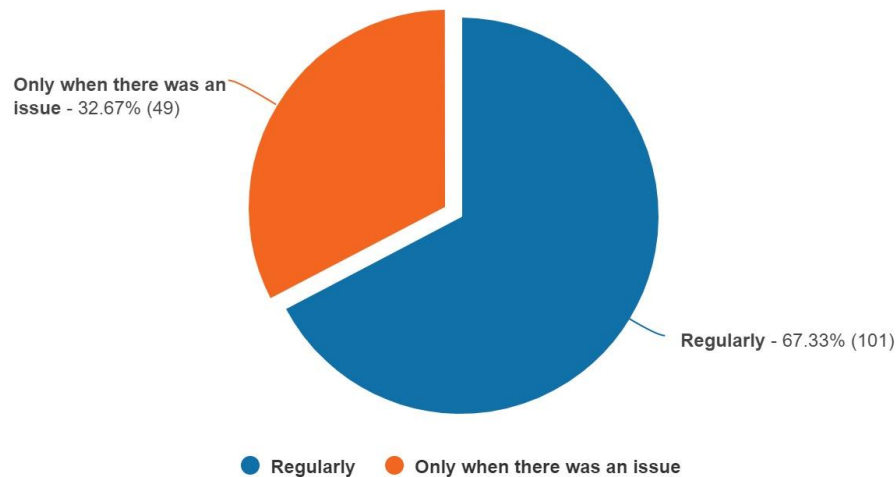
“Could not get nhs dentist for my child.”

“I still have not had any dental treatment they then told me to call back after 1 April and they would see me then.”

“I went in September 2019 and felt cheated by being charged for an invisible filling for my daughter while they gave her an amalgam filling which is black. I was given a filling which later half fell out and I am too scared of Covid and more bad dentistry to do anything about it. I am waiting for Covid to be defeated before I try to find another dentist.”

2.8 Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

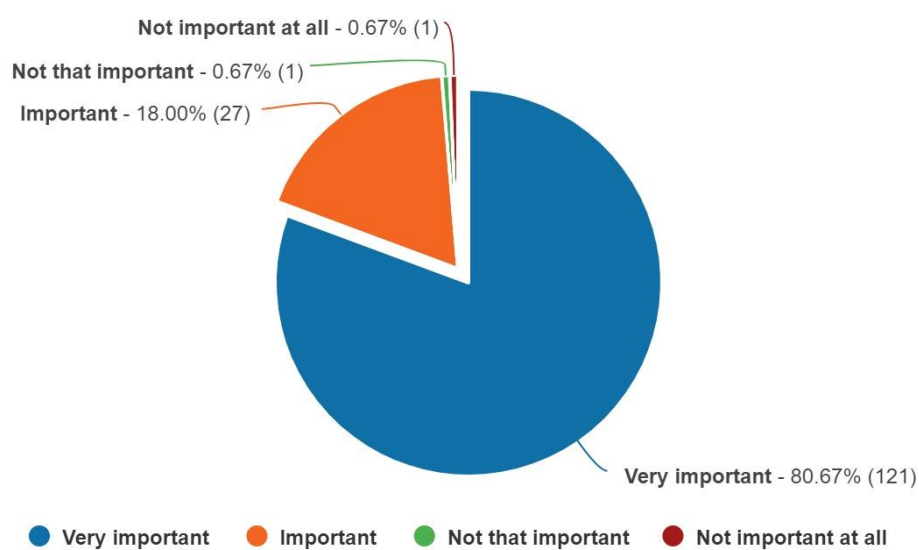


N=150

Most (67%) visited an NHS dentist regularly prior to the Covid-19 pandemic; the remaining 33% visiting only when there was an issue.

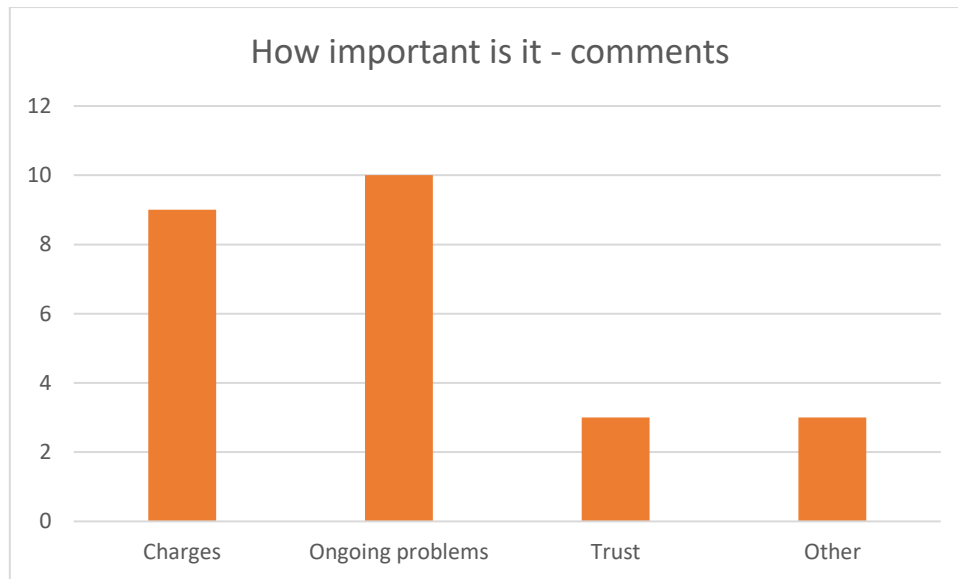
2.9 How important is it to you to have regular access to an NHS dentist?

How important is it to you to have regular access to an NHS dentist?



N=150

98% state that it is either important or very important to have regular access to an NHS dentist.



Ten respondents felt it was important to have regular access to an NHS dentist because they have ongoing dental problems. Nine felt charges were a factor, three mentioned trust, and three gave other reasons namely, registration, communication and experiencing barriers.

Comments - ongoing problems, treatments, and charges

“My gold inlay seems to come out fairly regularly.”

“My teeth can be problematic and need regular checks and maintenance.”

“I would like to comment that I have changed NHS dentist many times over the years and it is still really difficult to find someone that is understanding of mental health and extreme anxiety.”

“I’ve got gum problems since I was a kid ,need old broken ones taken out and false teeth made again.”

“I’m on benefits and have Heath problems that affect my gums tooth.”

“I don't have many teeth left! This particular tooth was very important. If I had. Lost it, I would not have anything to bite on that side.”

“My teeth have deteriorated since I was in an abusive relationship and require attention due to physical abuse.”

“I have ongoing problems with my teeth.”

“I have to see hygienist every 3 months because of long standing problem with my gums and teeth. I have 6 monthly check up as well.”

“I have been diagnosed with myeloma with associated immune deficiency. Therefore need to ensure no bad teeth with possibility of infection is quite important.”

“I have gum disease and bleeding gums due to menopause and diabetes so need regular treatments.”

“I want to make sure my teeth remain in a good way. I have hit per menopause, which means my teeth might be affected more.”

“Cant afford regular access as even nhs dentistry is not cheap.”

“Dental health is part of overall health and should be part of Nhs.”

“Currently too expensive . Why is a 5 minute NHS check up £23 and treatments can run into hundreds of pounds when medical prescriptions are available for less than £10?”

“I was private before now as I had healthcare cover with my work which I no longer have access too.”

“Because since lock down all these private dentists are over charging people.”

“I am paying a lot of money for private treatment since my dentist went private.”

“Need to have confidence that when i have registered at a dentist they will remind me of necessary visits and not penalize me by taking me off their books if I have not attended regular appointments (through no fault of my own). Also to be confident that if I need a dentist I can access one.”

“Very important unfortunately i can not register with one in my area.”

“Need to have confidence that when i have registered at a dentist they will remind me of necessary visits and not penalize me by taking me off their books if I have not attended regular appointments (through no fault of my own). Also to be confident that if I need a dentist I can access one.”

“We can’t always afford the prices of a private dentist and I am not a high earner. I had to put the cost on a credit card, so they play on your need for treatment and if you can’t pay - tough basically.”

“To prevent issues from causing more serious treatment i dont always trust what a dentist does or says as i see it as a money making business.”

“Now I am retired I can no longer afford private dentistry>”

“Good dental hygiene (sic) and health is very important. If you are low income or a student your health is just important as someone who can afford private treatment.”

“Can’t afford regular access as even nhs dentistry is not cheap.”

“Dental health is part of overall health and should be part of Nhs.”

“Currently too expensive . Why is a 5 minute NHS check up £23 and treatments can run into hundreds of pounds when medical prescriptions are available for less than £10?”

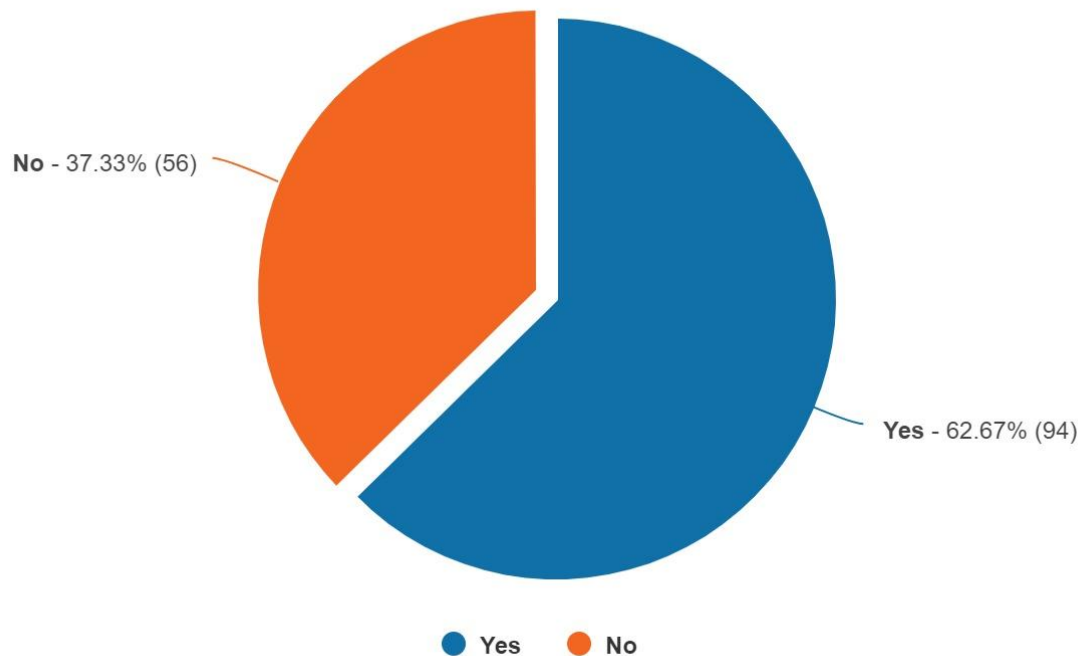
“I was private before now as I had healthcare cover with my work which I no longer have access too.”

“Because since lock down all these private dentists are over charging people.”

“I am paying a lot of money for private treatment since my dentist went private.”

2.10 Has cost been a factor on whether to use an NHS dentist?

Has cost been a factor on whether to use an NHS dentist?



N=150

Cost has been a factor for nearly 2 in 3 respondents (63%) on whether to use an NHS dentist. 57 of 74 comments mentioned cost with very only four stating that charges were no factor, and three stating they were exempt.

Selected comments on charges and the complexity between NHS and private

“Dental treatment are very expensive and what the NHS cover is very little. This can cause some people to avoid going to the dentist and of course this causes a negative impact their dental and physical health including heart problems. I am not claiming any benefits so I have to pay what ever the treatment costs. I will soon be retiring and I am worried I may not be able to subsidise the dental treatments.”

“It very expensive so I go less often then I would like to be honest.”

“Whist I accept paying for fillings vetc do not like being given appt for hygienist at another £60. Which I refused.(my own dentist).”

“A silly question. Have you seen private fees?!”

“I am on tax credits, a single parent but not exempt due to the threshold so i feels a worry of cost when visiting.”

“Cost is high but I guess it has to be.”

“It cost a lot to get teeth taken out.”

“I am a carer so I cannot afford to go to a private dentist.”

“Would not be able to afford the cost of seeing a dentist privately.”

“Needing a lot of work now I think using an nhs dentist is my only affordable option. I just have to find one taking new patients.”

“There was difference of double the price between nhs & private dentist.”

“The cost is too high considering payment from my salary is taken on a monthly basis and at times the quality of service isn't ideal.”

“Unfortunately the best dentist for me (in South Croydon) left to work in Wimbledon!”

“Private is very expensive in a six member family.”

“Living on small pension only.”

“I live on an old age pension and money is tight.”

“Unfortunately I have very little trust of dentists (even the so-called NHS ones as they also offer private services). They always seem to tell me I need expensive treatments - ones that are not available on the NHS. They just want to take my money. They don't really care about my oral health, except as a source of profit for themselves. Same as opticians.”

“Example: 1. I need to wear a mouth guard at night for bruxism. My NHS dentist used to supply this free of charge. Then a cost of £75 was introduced, as the NHS stopped funding mouth guards (even though it's for a recognised medical condition, it's not like I'm asking for free cosmetic teeth whitening). A new dentist took over the practice and the cost went up to £125. Rip-off. I now buy moldable guards online for less than £10. Not quite as well-fitting as the bespoke one but lasts about as long and I don't wake up with a headache. 2. I used to get scaling and polishing included in my routine check-up, for which I pay the standard NHS charge. On my last visit I was told that was no longer available on the NHS but was instead offered a 'super' cleaning service that would be more thorough and last longer, but at a cost of £100 or so. It was very messy, like I'd had my teeth sandblasted. But I think this must have been purely for show because it really didn't clean my teeth any better or last any longer than the old scale and polish. Rip-off. 3. I lost a tooth and had a bridge made (paid band C charge, nearly £300). The bridge didn't last a day. I returned for another fitting. Again it came out within a day. On my next visit I was told I needed an implant, not available on the NHS, at a cost of at least £2,000. No refund of charge for defective bridge. Rip-off.”

“I am fortunate that my mother could pay. However i had to delay this part of my treatment as the total cost would be close to £90.”

“Even NHS is a lot of money, I wouldn't able to afford private. I would end up in emergency care which is more costly than me seeing an Nhs.”

“Not able to afford costly options. Worried about turning up and then asked to pay a bill on leaving.”

“NHS charges are reasonable. The private specialist was very expensive, but as explained above, this tooth was very important to me and I did not want to have it taken out if it could be saved.”

“Dental treatment are very expensive and what the NHS cover is very little. This can cause some people to avoid going to the dentist and of course this causes a negative impact in their dental and physical health including heart problems.”

“I am not claiming any benefits so I have to pay what ever the treatment costs. I will soon be retiring and I am worried I may not be able to subsidise the dental treatments.”

“Not able to afford costly options. Worried about turning up and then asked to pay a bill on leaving.”

“Age and life expectancy would suggest that in general I would be wasting my money on exotic private treatment and reconstruction.”

“On furlough so bills have to come before the dentist.”

“Private too expensive.”

“When the dentist presents me with different plans on how much a treatment will cost, including going private. It’s too expensive for me.”

“Needs to be affordable. Being quoted £1500 as a private patient for a root canal filling and a crown is extortionate!! Unless you’re a millionaire.”

“I pay the hygienist and when I had to have a plate made I paid £600 for a bridge because I was allergic to the material the plate was made of.”

“As a NHS employee for 40 years I would always use the NHS as opposed to private treatment.”

“Way, way too expensive. The NHS dentures are hard plastic, which I can feel constantly. The flexible plate or the metal framed denture is way out of my price reach. Why should the Scottish and the Welsh get all of their NHS dental and eye treatment, prescriptions free, when we in England have to pay for it !!!!!”

“Cannot afford much.”

“I don’t earn much money but I cannot claim benefits as I’m just over the threshold. It’s an unfair system.”

“Private treatment is too expensive.”

“I depend on PIP financially and a low pension payment from the Gov.””

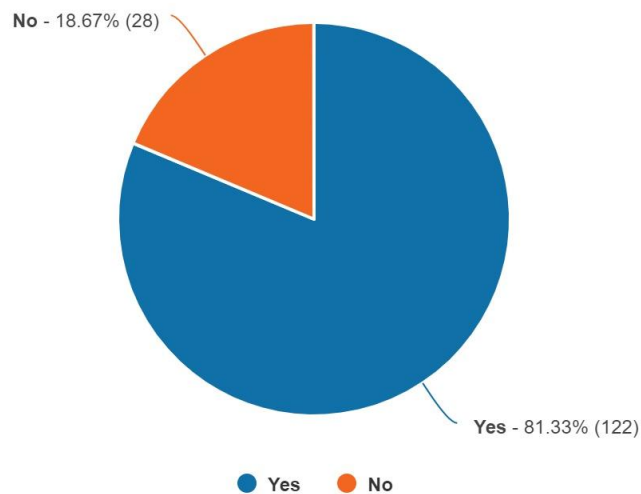
“For heavier treatment, it is quite expensive and so sometimes I defer treatment.”

“Its expensive.”

“Need treatment that would be easier to get privately rather than the waiting list but too expensive. Although the NHS is also expensive for this treatment so will probably put off having the treatment for a while.”

2.11 Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits?

Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits?

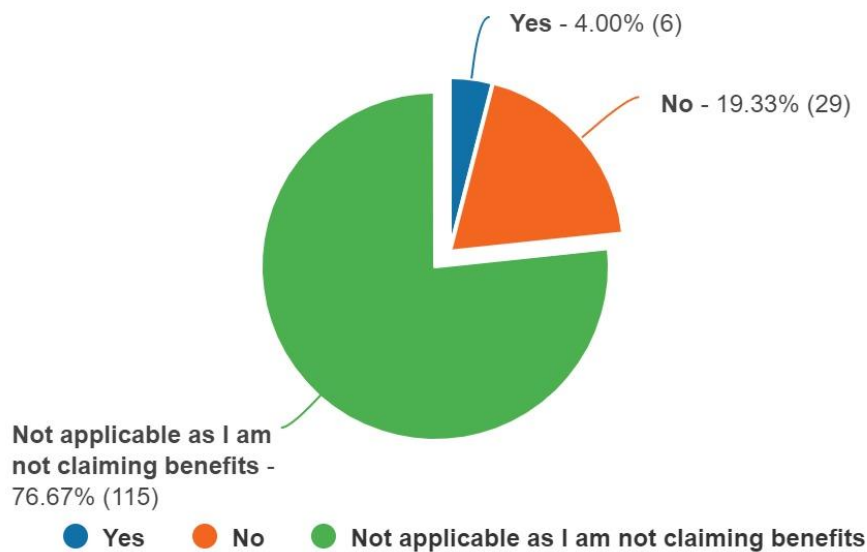


N=150

81% of respondents were aware of free NHS dental entitlement for those who are in receipt of certain benefits, while 19% were unaware.

2.12 If you are accessing free entitlement for the NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist?

If you are accessing free entitlement for NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist?



N=150

4% of respondents have had a change in benefit status, and consequently a change in their decision on whether to use an NHS dentist. However, 19% have not had a change in benefit status, and the remaining 77% are not in receipt of benefits.

2.13 Have you been offered private appointment by Croydon dentists when NHS appointments have not been available

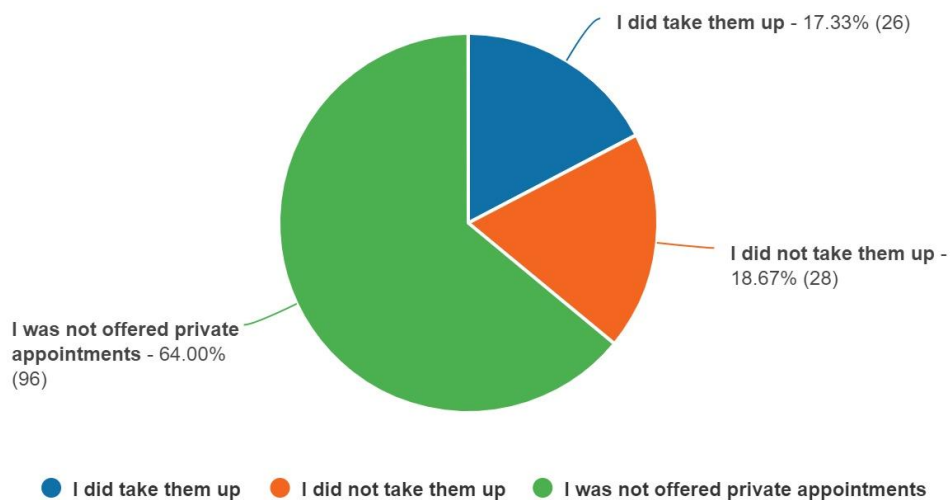
Have you been offered private appointments by Croydon dentists when NHS appointments have not been available?



N=150

2.14 If you were offered private appointments, did you take them up or not and why?

If you were offered private appointments, did you take them up or not and why?



N=150

A third have been offered private appointments when NHS ones had not been available. A list can be provided to relevant stakeholders. Half of those offered private appointment did take them up, accounting for 17% of those who responded overall.

Reasons for choosing or not choosing private appointments

“My NHS dentist did initially refer me for a specialist dentist appointment, but I wanted to get treatment quickly so she then referred me to a private specialist.”

“I have a dental insurance which entitle me to a dental check up twice a year.”

“Family dental practice, SE25, couldn't see me as an NHS Patient but could as a private patient”

“Was told by my regular practice that if I were to pay privately I'd get sooner almost immediately again disgusting which proves the dentist can't be so busy with patients just being absolutely greedy under the present circumstances it should not be allowed! This was even true of my 8 year old granddaughter in pain with her tooth!!! Not on at all!”

“NHS 111 try to refer you to dentists but they will not assist.”

“As an emergency and due to lockdown only a private appointment could be made at another dental surgery.”

“I was seeing NHS dentist and got to know and trust him. It seemed as if he'd done his NHS stint, turned private and almost bribed me to go with him even though it meant being private. (Along lines of you trust me so wouldn't you prefer to stay with me).”

“Cant afford it.”

“DENPLAN was the only way to guarantee routine check ups every 6 months.”

“I have been told to go private but cannot afford too.”

“This is the only option being made available to me for root canal when I desperately need it on the NHS.”

“Considering having a crown fitted in Turkey. Is NHS overcharging going on? A £400 treatment in UK would cost £40 in Turkey.”

“Have always taking my now adult children to the dentist regularly. However they are now reluctant to go as they have to pay. Particularly hard when they are students.”

“They ALWAYS try to make you have a private appointment. The NHS dentist has a Tesla. Clearly he is banking on forcing us all to go private.”

“Every time I ring the surgery they say they are only making emergency appointments.”

“Terrible, if you can provide the service required in a private capacity why not NHS... It doesn't make sense!”

“I was offered an emergency appt at local clinic (on a Saturday evg at 9pm) and was seen by 9.45pm and out by 10.15pm.”

“As stated above i was treated as an NHS patient for a check up but the scale and polish was only available under a private appointment. I looked around at another dentist but they were charging a fee for a first appointment as well, so the costs became more expensive.” <

“<Name and address supplied>- filling and X-rays done privately £120.”

“My usual dentist in <<location>> outside Tesco refused to see me at all.”

“My NHS dentist did initially refer me for a specialist dentist appointment, but I wanted to get treatment quickly so she then referred me to a private specialist.”

“I have a dental insurance which entitlement to a dental check up twice a year.”

“i live on a modest pension, £12, 000 pa net of taxes, ie under half the average wages. Therefore i cannot afford expensive private dental or medical treatment and work hard at keeping my teeth healthy with regular check ups and advice.(<<name >>> was my dentist for about 30 years and advised how to preserve teeth as long as possible.”

“This is the only option being made available to me for root canal when I desperately need it on the nhs hc2.”

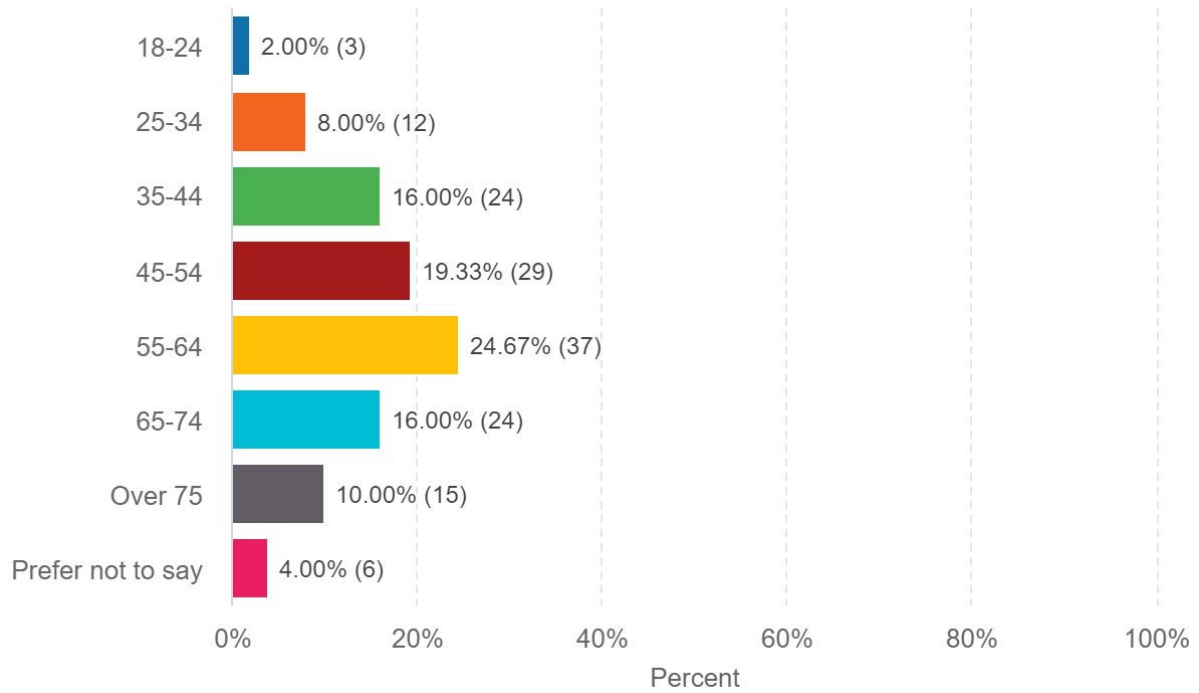
“I need root canal treatment which is supposed to be available on NHS but appointments are not in practice available for months/years, and I've already been waiting for two years - UNACCEPTABLE.”

“I rang my usual dentist due to having lost a filling but they said as i hadn't been to them recently they had 'signed me off their books'. I told them that I had received no letter from them concerning visits/reminders or telling me that they were taking me off their register. The receptionist said they did not have to notify patients to sign them off if they have not visited the dentist in more than 5yrs. My argument was that as I had never received any reminders to visit the dentist and the fact that I had had no trouble with my teeth during that time how could they sign me off without asking me. Any way she told me I could still have an appointment as a private patient if I wanted as they were not taking on any NHS patients. As I cannot afford to be a private patient I went elsewhere.”

3 Demographics

3.1 Age

What is your age?

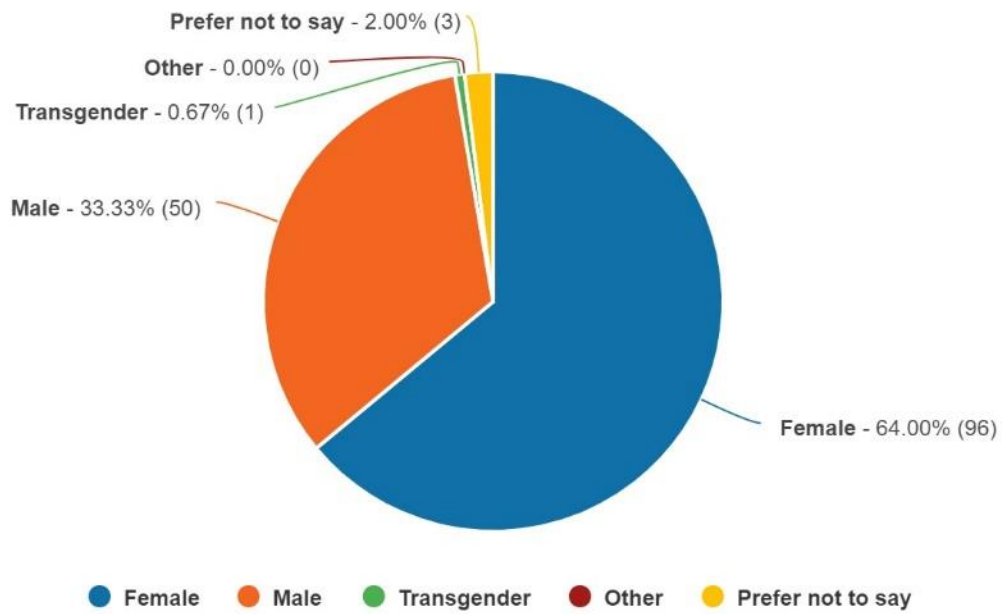


N=150

There is a reasonable distribution across the ages but a focus around middle age, with less people under 34 and over 75. The largest groups were between 46 and 64. This is within expectations for this kind of survey.

3.2 Gender

What is your gender?

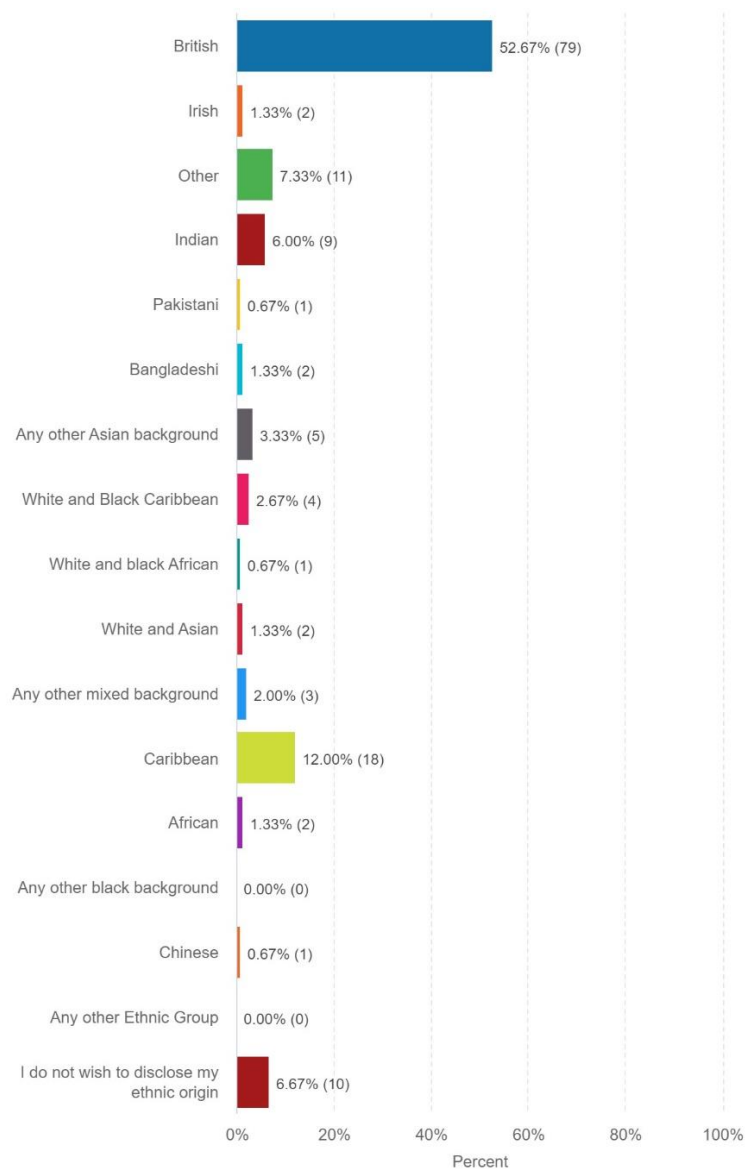


N=150

The respondents were significantly more female than male. This is usual for this kind of survey.

3.3 Ethnicity

Which ethnicity best describes you?

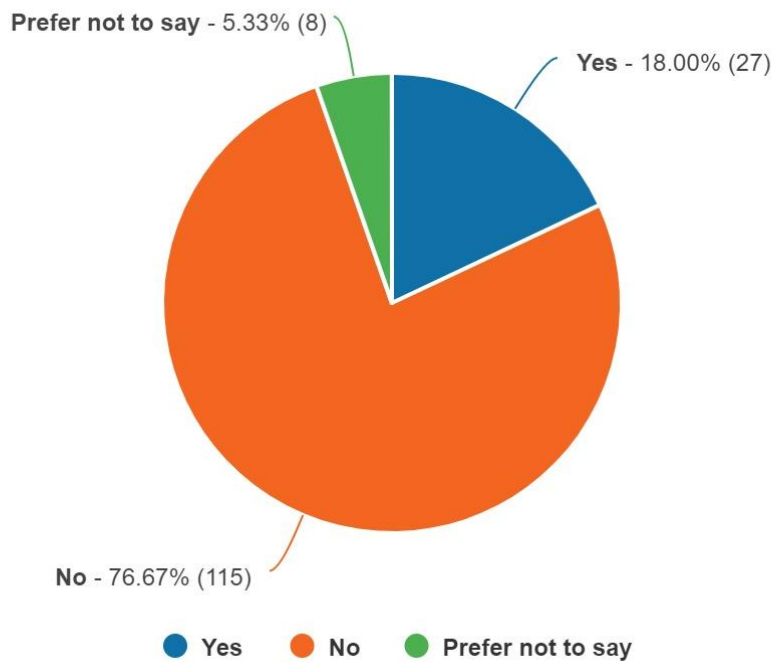


White British is overrepresented by 4% compared to Croydon population statistics⁶ (52% to 48%), Black African and Caribbean background is underrepresented by 7% (13% to 20%), Asian, Indian, Pakistani, and Bangladeshi are more underrepresented here by 4% (12% to 16%). Mixed backgrounds accurately represented at 6%.

⁶ Croydon Observatory (2022) Population. Accessed 19.05.2022:
https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/_iaFirstFeature

3.2 Health Conditions and Disabilities

Do you consider yourself to have a disability?

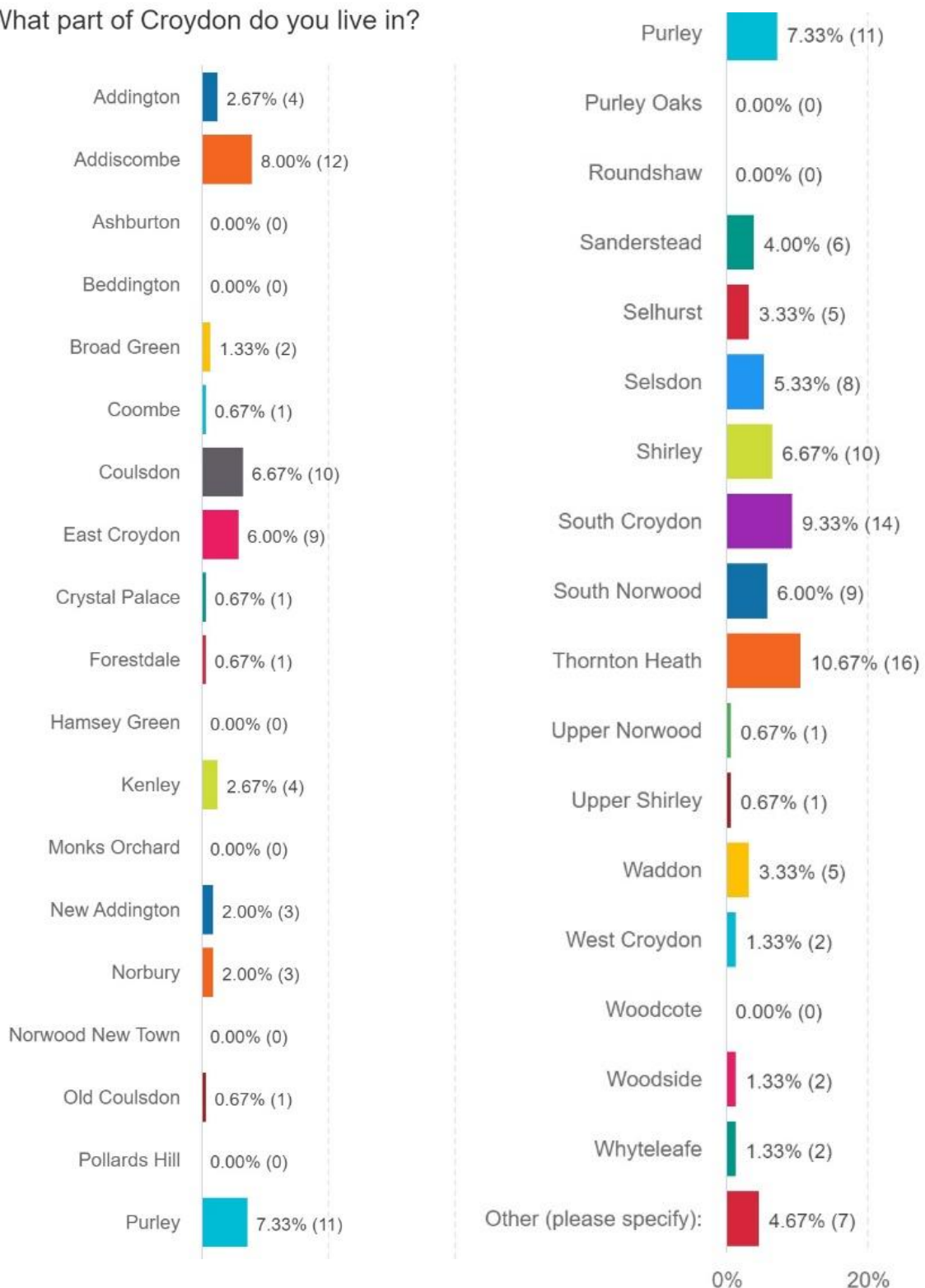


N=150

Disability	Number
Arthritis	6
Back problems	1
Chronic pain	1
COPD	1
Deafness	1
Diabetes	3
Dyslexia	1
Fibromyalgia	1
Heart	2
Joints	2
Mental health	2
Mobility	1
Sight	3
Stroke	2

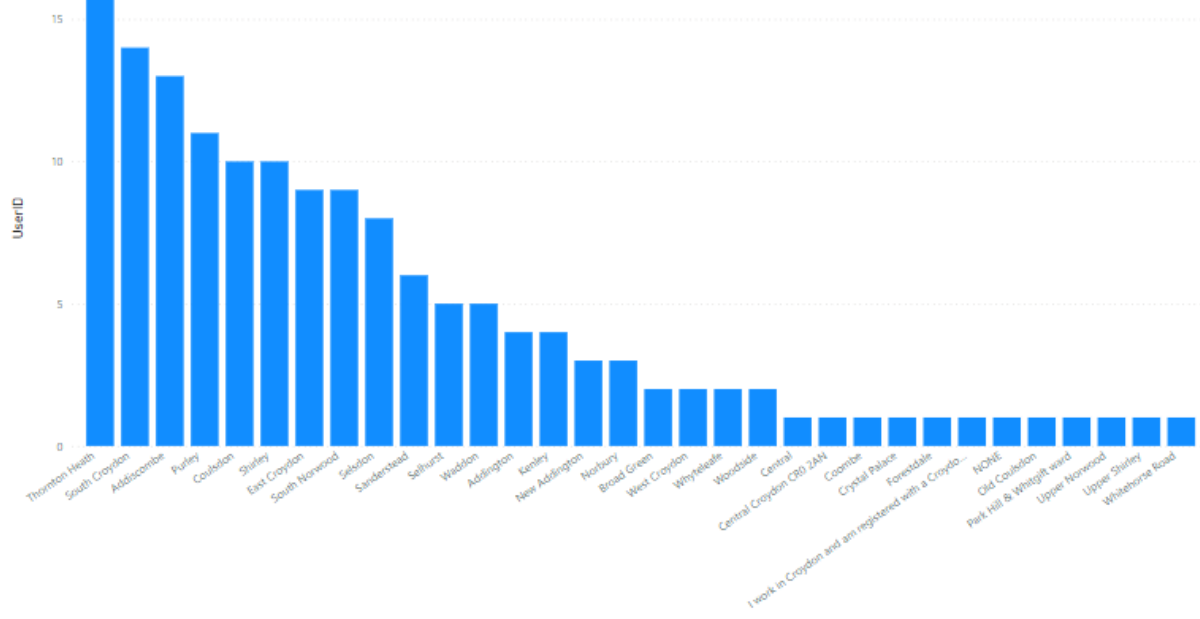
3.3 Area of Croydon respondents live

What part of Croydon do you live in?



N=150

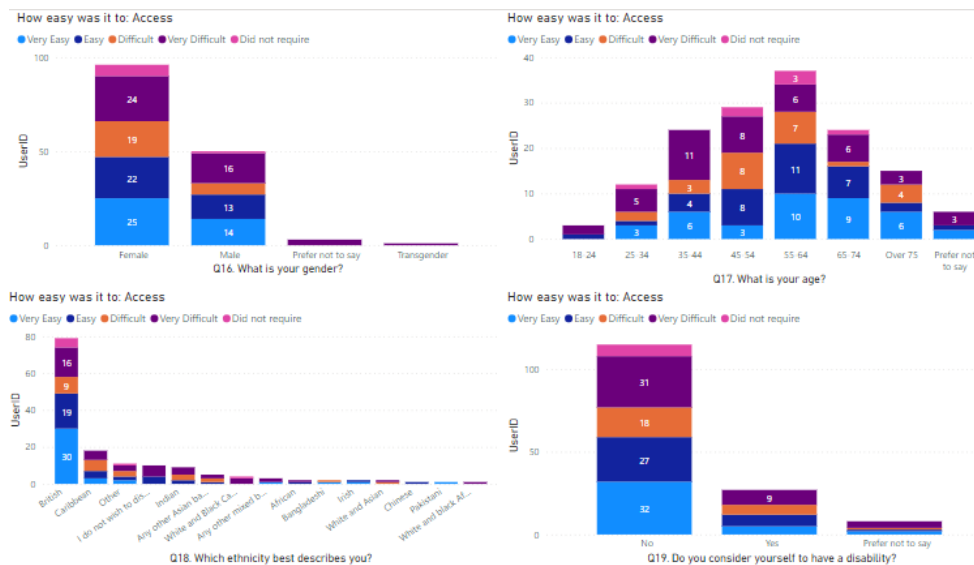
Q20. What part of Croydon do you live in?



A good distribution across the borough, but several places such as Broad Green, West Croydon, Addington and New Addington underrepresented.

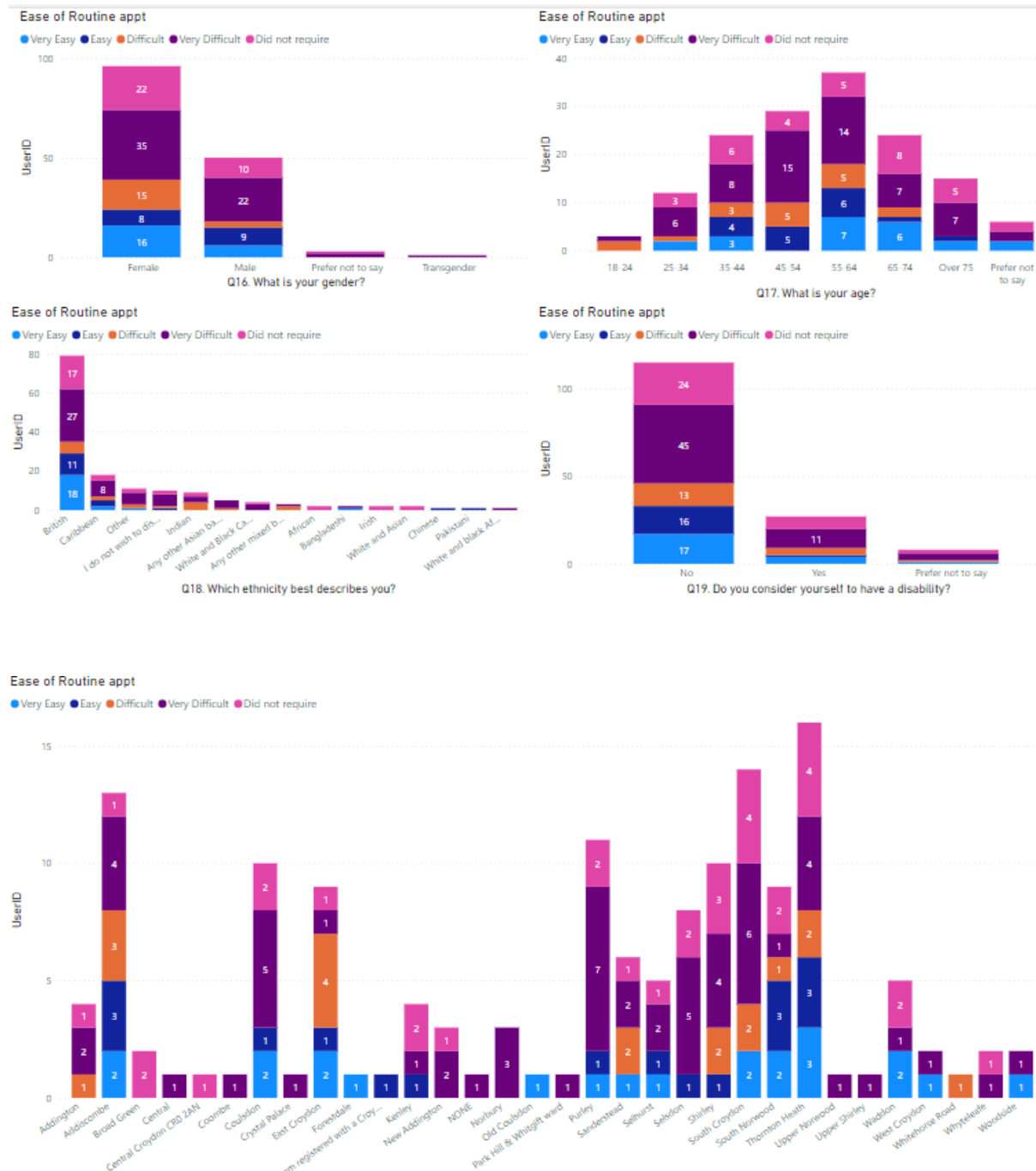
3.4 Responses by demographics

Ease of access



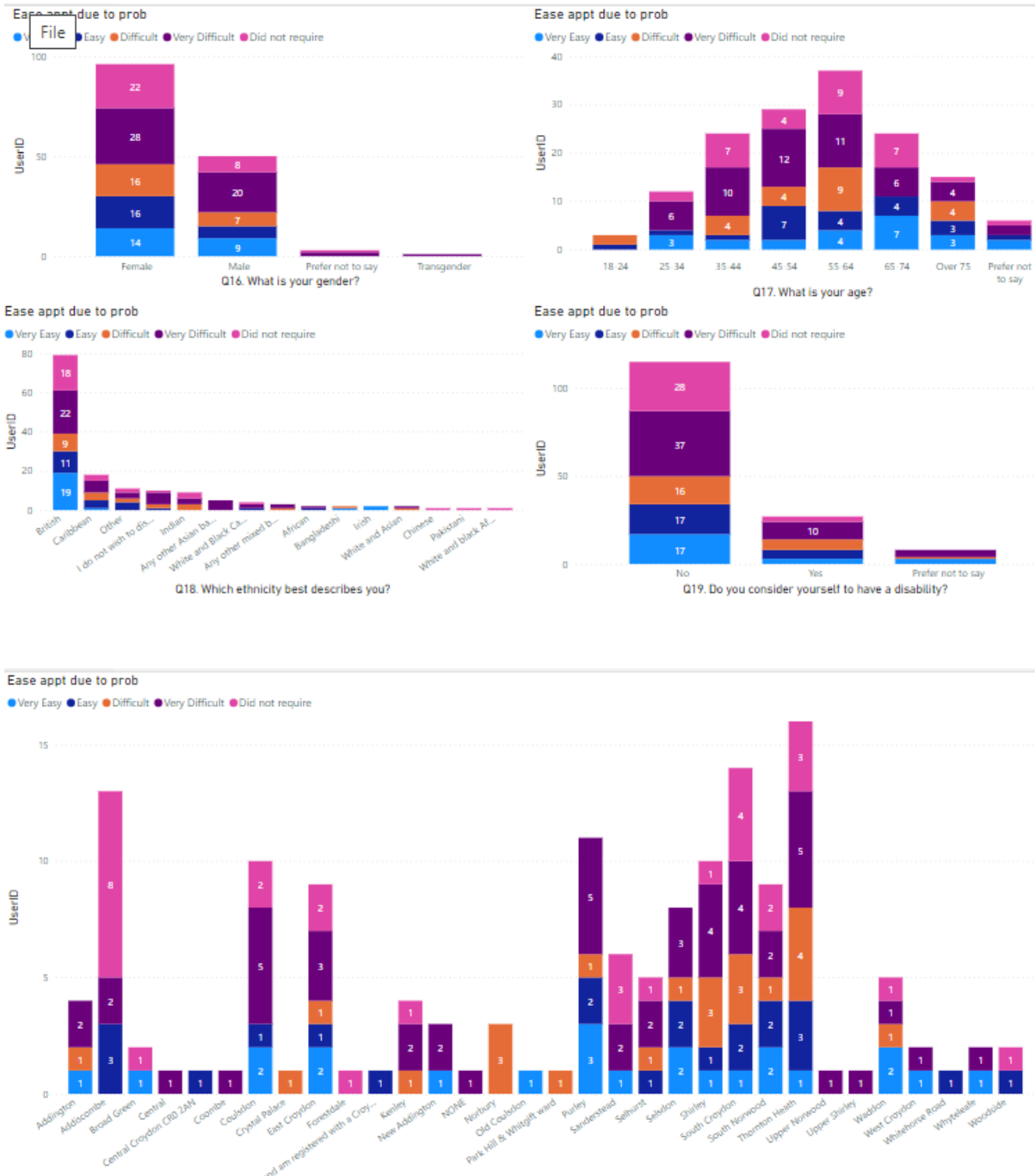
Most were unsatisfied with access, with women marginally more unsatisfied. Those finding it easier were more likely to 55-74 and White British.

Ease of regular attendance appointment



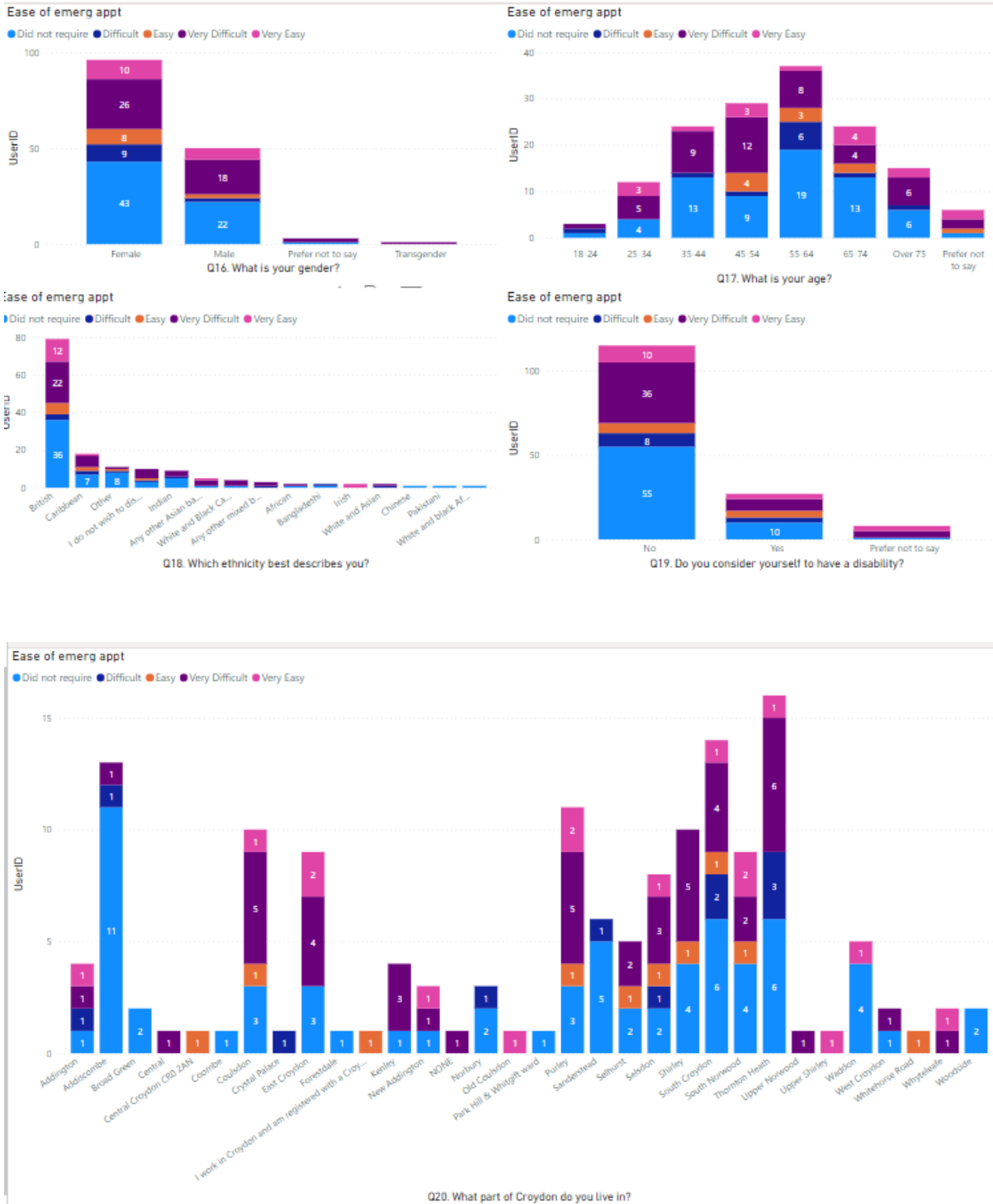
Again, most found it difficult, but women found this marginally more difficult than men, as did younger patients. Some White British found it easier to access. Most difficult places by proportions were Addington, Addiscombe, Coulsdon, New Addington, Norbury, Purley, Selsdon, South Croydon, Thornton Heath and Sanderstead.

Ease of appointment with problem



Most found it difficult, women found this marginally easier than men, as did some 65-75s patients. White British found it easier to access. Most difficult places by proportions were Coulsdon, East Croydon, Norbury Purley, Shirley, South Croydon, and Thornton Heath.

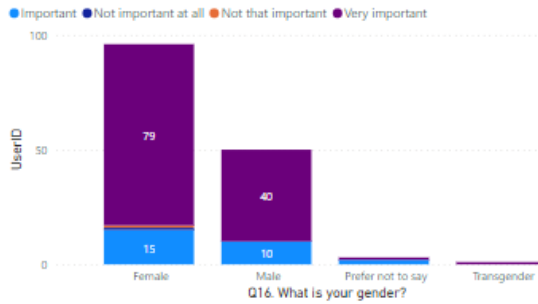
Ease of appointment with emergency appointment



Most found it difficult, women found this marginally easier than men, some in the 45-54 age group found it easy. Most difficult places by proportions were Coulsdon, East Croydon, Purley, Selston, Shirley, South Croydon and Thornton Heath.

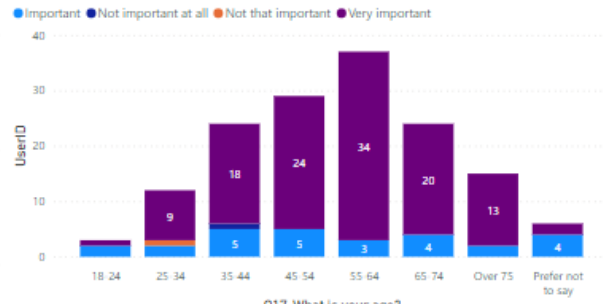
Regular attendance at a dentist or not

How important is it to you to have regular access to an NHS dentist?



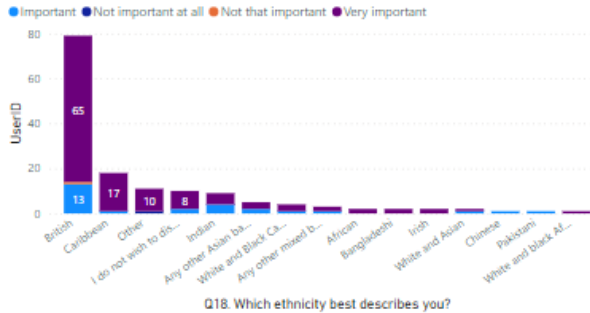
Q16. What is your gender?

How important is it to you to have regular access to an NHS dentist?



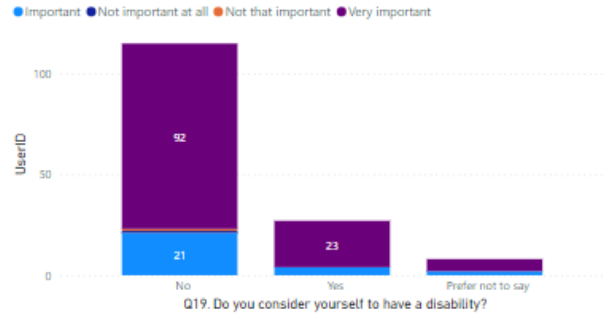
Q17. What is your age?

How important is it to you to have regular access to an NHS dentist?



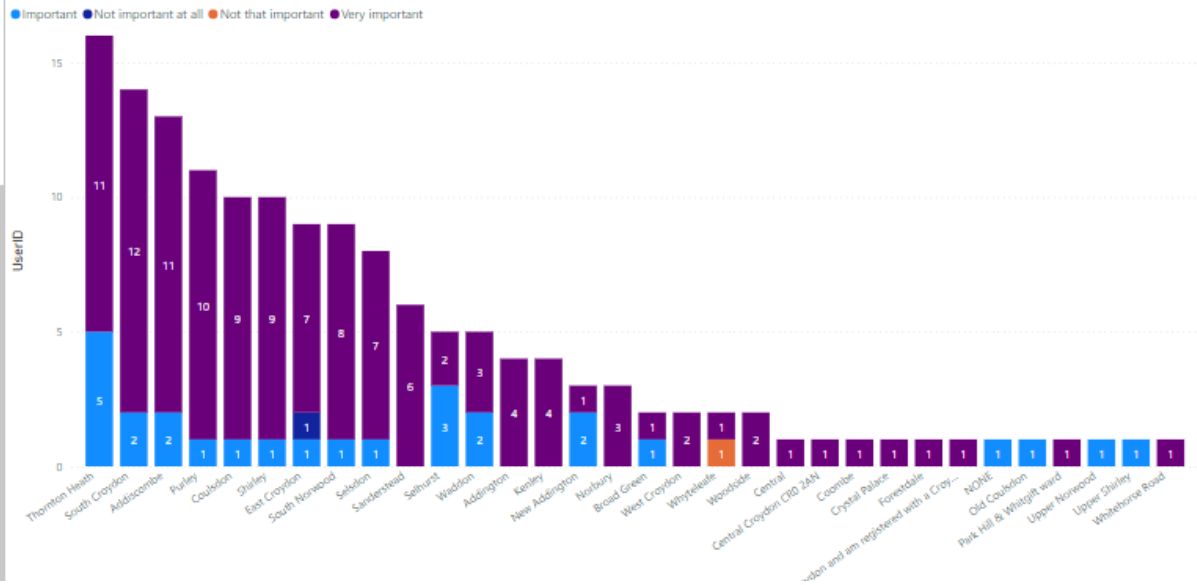
Q18. Which ethnicity best describes you?

How important is it to you to have regular access to an NHS dentist?



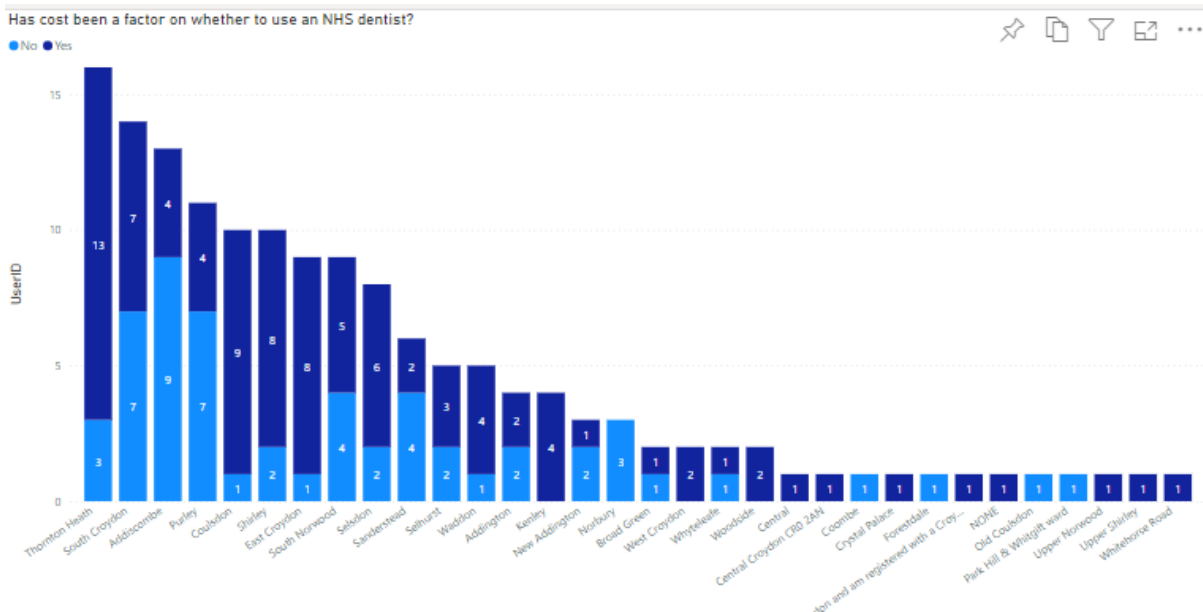
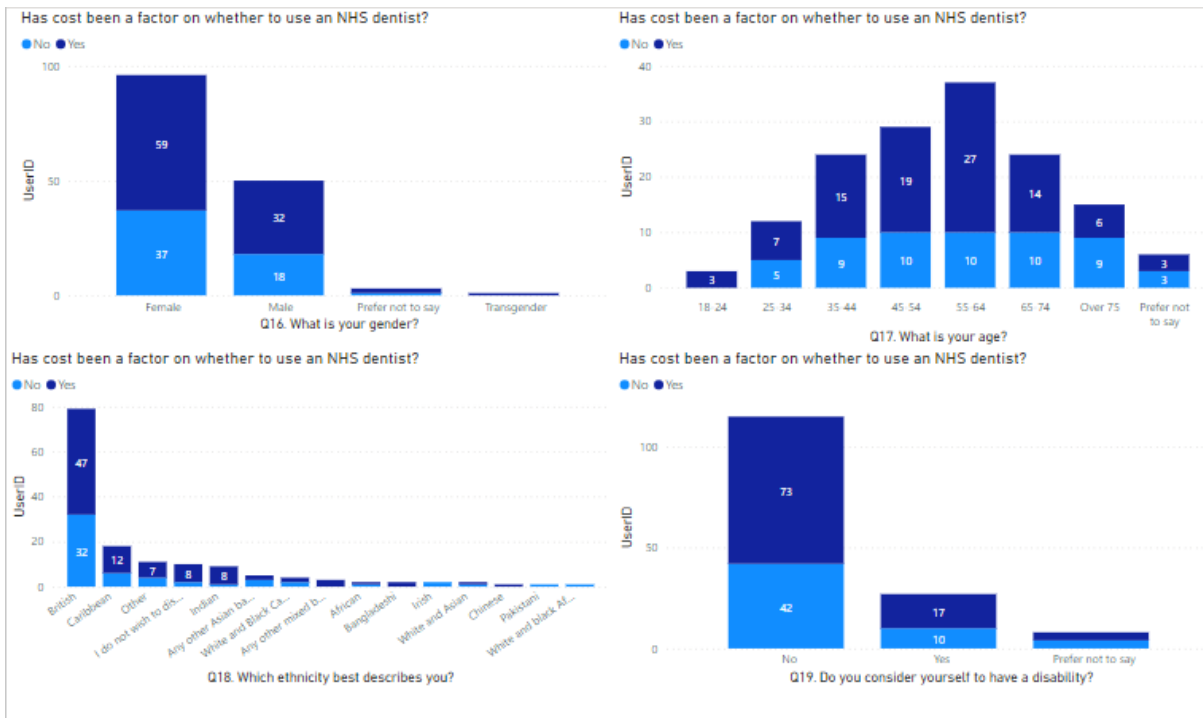
Q19. Do you consider yourself to have a disability?

How important is it to you to have regular access to an NHS dentist?



Most saw the importance of access to a regular NHS dentist. Only one response in Whyteleafe suggested otherwise.

Cost factor



Most saw cost as a factor overall with men feeling this slightly more. Middle aged and older people have been more concerned with cost, except over 75s. Proportionately more people living in Thornton Heath, Coulsdon, Shirley, East Croydon, Selsdon, Waddon, Kenley, Woodside felt it was a factor. For some living in Addiscombe, South Croydon South Norwood, Purley, and Norbury less so.

4 Responses to our research and action plan

South West London Local Dental Committee statement:

“The South West London Local Dental Committee would like to thank Healthwatch Croydon for their interest in general dental practice and in their approach to engagement. The LDC also found it a very positive experience to work with Healthwatch Croydon on this project and looks forward to further collaboration in the future.

“The LDC welcomes the recommendations in the report and sympathises with the findings. During the height of the pandemic dental practices struggled to provide care to all patients who sought it. As the report notes, dental practices were closed for a substantial period of time and only expected, owing to the requirement to install and introduce new infection prevention and control measures, to reopen for full face to face (aerosol generating procedures) services, though at reduced capacity, from October 2020. The substantial period of time that practices were unable to provide face to face care resulted in a significant backlog of unfinished treatments and newly developed dental issues for patients which required urgent attention. Even once practices had resumed face to face care, appointments remained limited owing to new guidance to reduce the spread of Coronavirus.

“As the report notes, the difficulty that patients faced accessing dental appointments is not solely due to the pandemic but is the result of historic underfunding and a sub-optimal contracting arrangement for primary care dental services. Before the pandemic only about 50 per cent of the population of Croydon accessed a dental practice within a two year period. There is no data at present which shows how many people are regular attenders and therefore less likely to require advanced treatments and how many attend only when they have a specific issue that requires attention. What is clear, however, is that a significant proportion of the population of Croydon are unable to attend a dental practice regularly, with the result that when access was reduced, as during the pandemic, the amount of

emergency and urgent care required increased causing a further significant reduction in available appointments as those cases take more time to address.

“We remain concerned that the backlog of unmet need and a new desire from people for regular appointments will continue to put pressure on dental services for several years. Unless there is a significant and sustained increase to available, prevention focussed, primary care dental services then the issues reported to Healthwatch Croydon are likely to continue to be repeated. We fully support Healthwatch Croydon's recommendation that a needs assessment is undertaken and would welcome the opportunity to work with local partners on this.

“Improved communication and awareness is a key recommendation in this report and one the LDC supports. We note that Healthwatch Croydon has produced a parallel report assessing user experiences of dental practice websites. We will support improvements to our members' websites based on this feedback and welcome all feedback which leads to improved services. The report recommends improved information in practices and we will ensure that members have access to relevant official posters and information that they can use in their reception areas. While practices can enhance the information they provide, or improve the way they provide it, we are conscious that this approach supports those who are looking for information. The LDC would be interested in working with local partners including Croydon Council and Healthwatch Croydon as well as the Local Pharmacy, Local Optical and Local Medical Committee in ensuring that information about oral health and NHS dental services and oral health promotion is as widely available and accessible as possible.

“One major issue identified by the report is the perception of "registration". As noted by Healthwatch England in their report on NHS dental services this remains a popular term used by patients, the NHS and indeed by some dentists, despite the formal ending of NHS registration in 2006⁷. Its continued use, however, combined with the habit of some people of accessing dental services only when in pain or in need of urgent dental care has resulted in frustration for patients. National messaging is

⁷ *What people are telling us: A summary July - September 2020* Healthwatch England
<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201208%20A%20review%20of%20our%20evidence%20Q2%202020-21.pdf>

required from the NHS to the public about how NHS dental services work is required to ensure clarity and consistency. The LDC suggests that patients make appointments as recommended by their dentist to maintain a clear and unambiguous relationship, as well as focusing on good oral hygiene to prevent issues arising.

“Healthwatch Croydon recommends extending the time between appointments in order to increase available appointments. While the LDC supports dentists following NICE recall guidelines and making sure that patients are not set on inappropriate recalls we consider that individual clinicians are capable of making this clinical assessment responsibly and that the fundamental issue that needs to be addressed is the lack of investment into NHS dental services. Where additional training for dentists is required on recalls we will work with Health Education England to ensure this is available.

“While we understand the sentiment behind prioritising those with urgent need ahead of those with routine appointments this would be difficult to implement in practice and would penalise those who make and keep appointments. The best way to minimise urgent and emergency dental need is to ensure increased regular access for people and to maintain good oral hygiene.

“A barrier to accessing dental care identified by this and other reports is the cost. Healthwatch Croydon recommends better communication about costs and as mentioned we will work with our members to ensure that clear, accurate and up to date information about dental fees, both NHS and private, are displayed on websites and in practice. Better public facing information, however, is required from the NHS. The NHS is referred to as free at the point of service, but for dentistry this is not the case for many people and such public messaging causes unnecessary confusion and stress. While practices can play their part in explaining fees, the NHS itself and the Department of Health and Social Care need to be much clearer in their language and stop referring to the NHS as free at the point of service.

“The LDC was very pleased to see how many people reported that they valued NHS dentistry and about Healthwatch Croydon's recommendation that more be done to celebrate the success story that is NHS dentistry. We would be very happy to work with local stakeholders to explore the positives in NHS dentistry.”

Rachel Flowers, Croydon's director of public health, said:

“Dental care is an important part of health and wellbeing and we were pleased that Healthwatch Croydon undertook a report into the experiences of residents accessing care during the pandemic. Dental practices worked hard during the pandemic to provide as much care as possible and it is heartening to hear that those who accessed services were satisfied with their care. Much more needs to be done, however, to place dental services in Croydon on a secure and sustainable footing so that more people can access dental care in a timely manner. We look forward to working with Healthwatch Croydon and other local partners to secure the dental care that Croydon requires and deserves.”

NHS England London Region Dental Optometry and Pharmacy Services

Commissioning Team said:

“NHS London continues to support all providers of primary and secondary dental care in London to implement the National guidance by both the Chief Dental Officer and NHSE/I following the Coronavirus outbreak.

“NHS Dental practices are now fully open and able to safely provide a full range of treatments whilst prioritising patients with urgent need and delayed treatments over routine and non-urgent dental care. However, practices are operating at reduced capacity, specifically 95% of pre-pandemic activity levels and following infection prevention and control requirements. This continues to result in a backlog of unmet need, delayed and suspended treatments but is improving across London

“Access to an NHS dentist is not limited by which borough a patient resides in; they are able to seek NHS dentistry wherever they choose whether it be in London or indeed anywhere in England. 24/7 access to the London NHS 111 and the Urgent Care pathway, which provides a service to patients in pain or have urgent dental needs, remains available. The service comprises over 30 Urgent Dental Care and is facilitated by the Dental Nurse Triage Service, which, pre-pandemic was commissioned to deliver telephone triage. Following the implementation of the first national lockdown in March 2020, the service was expanded to provide a 24/7

services and receives more than 20,000 calls per month. However, it should be noted that this treatment pathway is not a permanent solution for a patient's dental needs and is commissioned to simply relieve a patient's pain prior to accessing a regular NHS dentist for ongoing treatment.

“NHS London liaise regularly with Local Dental Committees, Public Health England, and other key stakeholders to maintain the collaborative working arrangements established during the pandemic. To successfully emerge from the current difficulties associated with access to dental services, this collective approach is a crucial component of any future plans.

“When a practice is unable to accept new patients they should direct them to the NHS Choices website (www.nhs.uk) or to dial 111 so that the patient can obtain details of other practices in the area that are able to accept new patients.

The services above are also available to asylum seekers as well as the wider population.”

Action plan

Co-production of printed material explaining dentistry in Croydon, between Healthwatch Croydon and Local Dental Committee.

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right questions?** Yes, Healthwatch Croydon reviewed other work and liaised with the Local Dental Committee to ask questions that would be relevant to planning and delivery of this service
2. **Has consideration been given to how the findings will be used?** Yes, firstly insight for local dentists on how their service has been experienced but also to be shared with local and national stakeholders such as commissioners and public health to influence future planning and service delivery.
3. **Is the research design appropriate for the question being asked?** Yes, under the circumstances an online survey was considered the appropriate method
4. **Has any potential bias been addressed?** Where possible, online surveys are completed by some ages and genders and ethnic groups for than others, but these limitations are displayed.
5. **Have ethical considerations been assessed and addressed appropriately?** There were no significant ethical considerations with this survey.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** No significant risk
 - b. **Reputational risk** Only in that we do not produce accurate results or do not deliver work in time to make a difference.
 - c. **Legal risk:** No significant risk
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, staff and volunteer time was used effectively. Some online advertising was used to increase numbers.

8. •Where relevant have all contractual and funding arrangements been adhered to? This was core work agreed by the Local Leadership Board, so no contract or funding was defined for this work.

Data Management

9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.
10. Has data retention and security been addressed appropriately? Yes, all responses are on Smart Survey and data only download to staff computers.
11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act Not relevant for this project.
13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? All responses are received with anonymity.
14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes, this was presented within the survey.

Collaborative Working

15. Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We worked closely with the Croydon Local Dental Committee to understand more about the context of dentistry and ensure

that the questions we asked were relevant to helping further develop services. This was an informal arrangement to share information.

16. Have any potential issues or risks that could arise been mitigated?

Risk	Level	Management
Not enough respondents.	Medium	Continue promotion and time of the survey.
Information we receive not useful.	Low	Review the survey to ensure we get the information we need
Timeliness of information	Medium	Initially present early findings with a month of survey closing before submitting final draft later

17. Has Healthwatch independence been maintained? Yes, Healthwatch’s independence has been always maintained. We took advice on the context of dentistry from the Local Dental Committee, but it was Healthwatch Croydon’s decision on what was asked.

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Not relevant for this work.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? There are no conflicts of interest.

Intellectual Property and Publication

22. **Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** This is owned by Healthwatch Croydon who are managed by Help and Care.
23. **Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website on 1 June 2022.
24. **Are the research findings clearly articulated and accurate?** To our best knowledge they are.

Evaluation and Impact

25. **Have recommendations been made for improving the service?** Yes.
26. **Has the service provider acted based upon the recommendations?** South West London Local Dental Committee has supported most of the recommendations and plan to work with Healthwatch over the development of new sources information on dentistry.
27. **Is there a plan in place to evaluate the changes made by the service provider?** Healthwatch Croydon is working with the South West London Local Dental Committee to evaluate changes.

6 References

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