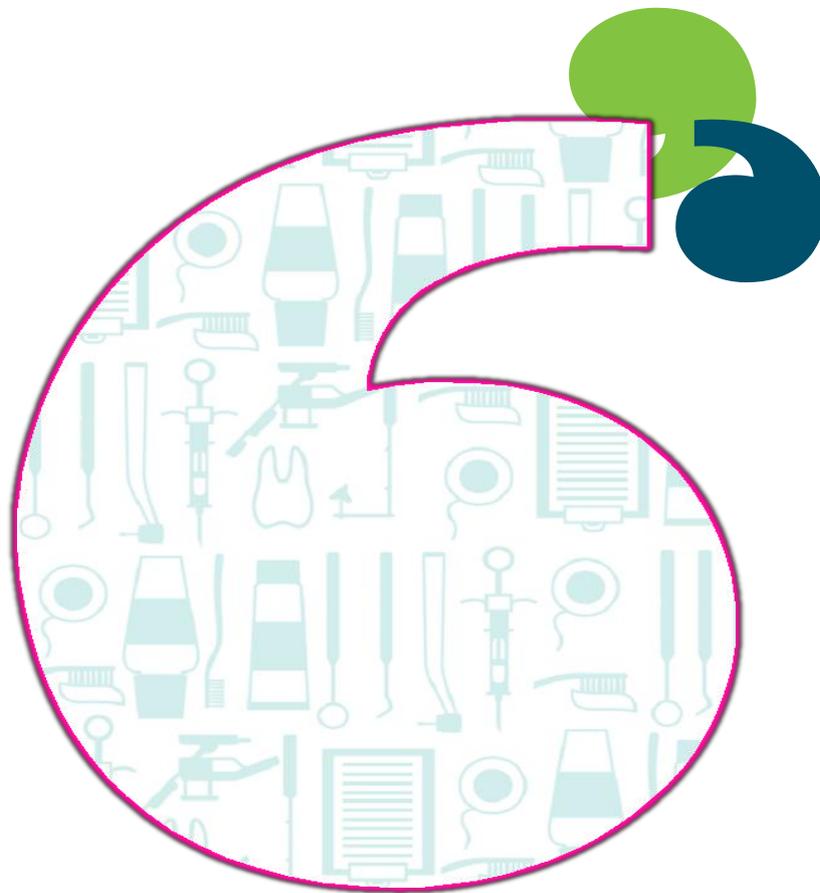


Access to NHS Dental Services in Hertfordshire Enter and View Summary Report



Welwyn and Hatfield District
February 2017



About Us

Healthwatch Hertfordshire (HwH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Introduction

Following the outcomes of a joint project between Healthwatch Hertfordshire and Public Health locally, '[Access to NHS Dental Services in Hertfordshire 2016](#)' report, we are conducting an Enter and View visiting Programme into NHS Dental Practices in Hertfordshire. This project is the collaboration of Healthwatch Hertfordshire and the local Care Quality Commission. It looks into issues raised by that report, and aims to highlight both areas of good practice, and ways that they can improve.

This report focuses on and pulls together the findings of the pilot carried out in the Welwyn Hatfield district. It is a record of every recommendation made to each practice, and highlights areas of good practice.

Methodology

The focus has been on one district at a time, beginning with Welwyn and Hatfield. In this district, 50% of the practices were randomly selected for an Enter and View visit.

These Enter and View visits are 'announced/unannounced' visits where we notify the practice of our intention to visit within the next 4 weeks but not give a specific date or time. Authorised HwH representatives use an observational checklist to record their findings and have five specific questions to ask the person on duty at the reception desk.

To minimise disruption to the delivery of the service, a pre-visit questionnaire was sent to the practice to gather additional information. It should be noted that the findings in this report are a reflection of the information that we were provided. Not every practice returned their pre-visit questionnaire, and not every practice has responded to the recommendations that we gave them.



Desktop research was also carried out on the website of the dental practice and the practice's entry on NHS Choices.

Practices Visited:

1. Beehive Dental Practice, Welwyn Garden City
2. Church Road Dental Practice, Welwyn Garden City
3. Hatfield Dental Centre, Hatfield
4. Ivory Dental Clinic, Welwyn Garden City
5. Ivory Dental and Implant Clinic, Welwyn Garden City
6. Knightsfield Dental Practice, Welwyn Garden City
7. Peartree Dental Clinic, Welwyn Garden City

Dates of Visits:

February 2017, 10am - 3pm

Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

Jane Brown, Sally Gale, Alice Lovell, Keith Shephard, and Priya Vaithilingam.

Acknowledgements

We would like to thank the practices who responded so positively to our reports and all of the staff who we spoke to whilst on the visits.

Disclaimer

This report relates only to specific visits (points in time) and the report is not representative of all service users (only those who contributed within the restricted time available).

2. Environment

2.1 Signage & Visible External Information

Although all practices displayed signs to show they were a dental practice, these varied in size and visibility. All practices we visited provided services for NHS patients, but only two out of seven practices we visited clearly displayed and promoted on the outside of the building that NHS treatment was available.

All but one practice displayed an out of hours phone number externally, however only three practices were displaying the NHS's out of hours number 111. For most practices there was little provision for patients needing help out of hours, but a few practices offered emergency appointments.

2.2 Car Parking

The provision for car parking available at the practices varied depending on their location in the town. Practices situated in town centres had an abundance of parking available, free or paying, while for those in residential and industrial areas parking tended to be on the street, with limited bays available often a few minutes' walk away from the practice itself. This may present difficulty for patients with mobility needs.

Some practices are making efforts to improve parking for those with a disability, but this is pending the approval of planning applications. Some practices have a drop-off facility to try to meet those requirements.

2.4 First Impressions

It is important to note that every practice we visited made us feel welcome and had created a clean, professional environment for service users. The waiting rooms of all but one practice were clean, bright and in good condition; the one that was not, was being refurbished to improve accessibility in the building for patients.

Most practices had transparent glass doors at their entrance, which is excellent from an accessibility point of view. This means that service users with a disability can be observed and helped into practices by receptionists, but also adds to the positive atmosphere of practices by letting in more light. However, most practices did have high desks, which can create a barrier between patients and receptionists.

Almost every practice had a noticeboard for patients to look at, and most were in a place where people could read them from their seat in the waiting room. The amount of information included was generally good; one had included their most recent scores from the NHS Friends and Family Test. In terms of the formatting of the text on the noticeboard, there was room for improvement—the size of text on noticeboards could have been a few points larger so that the Accessible Information Standard is being acknowledged. Those that did not have a noticeboard had distributed leaflets and taped information to their desk for service users to read.

Some of the practices we visited had magazines and children's toys for patients to use. There was a TV screen in two practices (though in both it was turned off when we visited.)

One particularly good thing that was seen in two practices was a prominent patient feedback box in the waiting room, either NHS or personal to the practice. Focus on patient feedback suggests a patient-centred and learning environment.

3. Physical Access

3.1 Facilities

Four out of seven practices were entirely on the ground floor, and most practices offered ground floor surgeries to those unable to use stairs. However, that did not necessarily mean that they were fully accessible. For example, high desks and high noticeboards were not wheelchair user-friendly; this has been reflected in the recommendations given to practices.

For less accessible practices in older buildings, building constraints played a large part in why they had not yet managed to meet the accessibility standards—most of those practices were seeking permission from the council to make changes.

In practices that had already been adapted for wheelchair users, there was plenty of space to manoeuvre in the reception area and waiting room. On the other hand, although the toilets in these accessible practices were for the most part meeting the requirements of wheelchair users, and even going some way to help those living with dementia, no toilet met every standard. The practices concerned did respond well to recommendations on this subject, which shows a willingness to meet the needs of every service user in this context.

In terms of provision for other types of disability, we found that six out of seven practices did not have a hearing loop obviously displayed. We also found that, in most of the practices the provision to meet the Accessible Information Standard

could have been improved, for example, the way in which text was displayed on some practices' noticeboards was too small as stated above. This all should not take away from the fact that staff showed great willingness to help anyone with a disability, no matter what its nature, when they present themselves to the practice.

4. Information Access

4.1 NHS Charges

Every practice had an up to date poster providing the NHS Bandings prominently placed in waiting rooms and reception areas, though less than half of the practices had included them on their website as well.

Every practice stated that they explained and discussed NHS treatment costs with each patient, however at which point within the treatment plan, and by which member of staff this was completed by varied.

Practices stated that all service users were given a copy of their treatment plan and cost. However, during the visits it was found that receptionists did not always know what was meant by the FP17DC form and often demonstrated that these forms weren't always easily accessible. This gave an indication that not all practices used these forms. Some practices had their own software for this that they made reference to when they spoke to us about treatment costs.

4.2 Complaints

The way that complaints policies were displayed in practices and online varied from practice to practice. Although all practices displayed their policy in their receptions and waiting rooms, most did not have their policy also displayed on the website. Often when it was on the website, it was hidden away on a small link, or right down at the bottom of the page. They may not have intentionally made their policies difficult to find, but this could certainly act as enough of a barrier to service users to get their concerns across to the practice.

Almost every practice had clear timescales on when a complaint should be acknowledged (3 days), and when it should be responded to (between 10 and 21 days, with further notification if required) by the practice.

Less than half of the practices' complaints policy provided information on how to escalate a complaint to either NHS England or the Parliamentary and Health Service Ombudsman. However, every single practice did signpost to the Private Dental Complaints Service.

None of the practices signposted to POhWER, an independent health advocacy service, or to Healthwatch Hertfordshire, even though it was set out as good practice by the Regulation of Dental Services Programme Board. From looking at all the complaints policies it was clear that none of the complaints policies had been updated in line with the 2016 recommendation for dental complaints of the Regulation of Dental Services Programme Board. This was agreed by the General Dental Council, Care Quality Commission, NHS England, Department of Health and Healthwatch England, and can be found here:

http://www.cqc.org.uk/sites/default/files/20161123_statement-on-dental-complaints.pdf.

4.3 Promoting oral health

The display of posters promoting oral health depended heavily on the style of the practice's waiting room and reception area. Some displayed information in the dental surgeries, others preferred to display leaflets on the desk; most practices did not seem to display any information at all. This may be something that is observed more closely in future visits.

4.4 Dental Practice and NHS Choices website

The practices' own websites were all easy to find, and helped the service user to find the practice location with a Google map on the 'Find Us'/'Contact Us' page. Every practice's website was navigable and service user friendly. Most websites were completely up to date in terms of the information they provided, however some practices were better at showing that they treated NHS patients than others.

Until recently, NHS Choices would display information on services provided at a practice no matter how long ago the practice last updated the page. However, NHS Choices now does not display information that has not been updated for 90 days, which means that for most practices data about services was missing. However NHS Choices keeps information on the facilities past the 90 day limit imposed on services, so if practices do not update this information patients could be misinformed about the facilities on offer. Lack of up to date information on NHS Choices led to a disparity between information on NHS Choices compared to the practices' own websites, which could be confusing for patients. All but one practice had not updated their page in the past 90 days, which is why it was included as a recommendation in a number of the reports.

5. Supporting Patients

5.1 Communication

Unfortunately, due to the lack of a copy of some practices' pre-visit questionnaires; a picture of only just over half the practices can be built in terms of the support they provide to patients. However, what we did receive from practices seemed positive and kept the patients front and centre of their priorities when describing what efforts they make to accommodate everyone's needs.

Everyone who replied told us that they treat everyone with a Protected Characteristic with the same level of care as everyone else. No-one should expect to receive different treatment because of their age, sex, religion, race, marital status, sexual orientation, disability, pregnancy, or gender.

Most practices addressed the Accessible Information Standard in their responses to a satisfactory extent. One practice told us it had gone above and beyond to ensure that all staff were meeting the Standard with all patients; this included extensive training, information feeds on a screen above the dentist's chair, and information sessions on the subject being held every week. Every practice that responded was aware of the new Standard. Not every practice told us that they check with patients for their communication needs at every appointment.

For patients whose first language is not English, only a few of the practices were aware that best practice is to outsource interpretation services to ensure the patient has understood what he/she is being asked of them. This is rather than relying on the patient to bring their own interpreter to dental appointments.

5.2 Patients with specific requirements

As above, unfortunately we can only comment on the responses of four of the practices who responded with their pre-visit questionnaires.

Most practices said that the medical history form filled in by patients when they register at the practice would be their main source of information on any specific requirements that patients may have.

Every practice stated that marginalised or socially excluded groups are welcome; some practices went into more detail than others on this subject. One practice in particular gave clear examples of how patients with a hearing impairment, learning disabilities, and diabetes would be given reasonable adjustments in their appointments. This practice was exceptional in how it explained the time they take to make sure reasonable adjustments for all types of health conditions are made. Monthly staff meetings were mentioned as a way of disseminating

information about treating patients with specific requirements, which may go some way to ensuring dignity is given to patients without them having to speak up every time they are seen.

A couple of practices told us that they annually train their staff in Safeguarding Vulnerable Adults and Children, which is something that all practices should aim to do to ensure the best care is given to all patients.

5.3 Medical Emergencies

As above, due to the lack of a copy of some practices' pre-visit questionnaires we can only know as much as what we experienced on the visit.

In relation to this subject we were looking for three main things:

1. A clear medical emergency procedure that the receptionist could identify;
2. An onsite defibrillator;
3. For the identity of the first aider(s) to be clear to the receptionist.

Most practices met two of these criteria. Most practices had their own defibrillator on the premises, and the majority of practices had a receptionist who immediately knew the medical emergency procedure. Some receptionists needed prompting by other staff members what the procedure was, but this could be down to nerves. The same was true of how many receptionists knew who the first aider was; in two practices there was not a designated first aider at any one time because every staff member had the training. We included a recommendation to the practices about this.

The practices who provided us with their pre-visit questionnaire told us that they have a medical emergency kit onsite; one practice said that they have an emergency drug box for people who may suffer an asthma attack or hypoglycaemia. The emergency drug box is excellent practice that should perhaps be considered by other dental practices as an extra precaution for patients' safety.

Only two of the practices who replied told us that they have an Accident and Incident Log that would need to be updated with every instance of medical emergencies. Only one practice mentioned that this would then be included in that patient's individual file, which would add to that patient's medical history.

6. Summary of Findings

The areas of good practice in the dental practices we visited were wide-ranging and diverse, there was only a handful of areas in which every practice excelled. As may be expected, there were a number of areas where some practices did better than others.

What we did find, however, was that every practice's staff team was professional, welcoming and friendly. We had a positive conversation with everyone we spoke to, and staff were very helpful.

Across the board there also seemed to be a willingness to improve the patient experience and ensure service users are receiving the right care; this included adjustments being made when they were able to. Indeed, where practices' premises do not accommodate those with a disability, they are making efforts to change this with permission from the council. In the meantime, it would be sensible to signpost those with a disability to another practice that can accommodate their physical needs better; it was unclear if this was already happening in every practice. This will need to be concentrated on when we go forward with the next round of Enter and View visits to dental practices.

When practices had been adapted with an accessible toilet, which is certainly good practice, the facilities tended to be strong except for one point in each. Practices may wish to take a fresh look at the positioning of some facilities, red alarm cords for example, to better support dignity and independence.

Transparency around NHS Fee Bandings in every practice was good, in that everyone was displaying the up to date bandings in their waiting rooms and reception areas. For those displaying them on the website, this is superb practice that some practices are currently demonstrating.

Excellent practice is being demonstrated in the way emergency medical kits and defibrillators are kept on most premises, and nearly all staff are being trained in emergency medical care. This will save lives and improves the safety of dental practices enormously.

The practices, as well, show willingness to be accessible in the way they describe their endeavours to adhere to the Accessible Information Standard. However, it should be noted that though the practices who replied told us they have taken measures, this was not always reflected in their noticeboards.

There is room for improvement in terms of accessibility for the hearing impaired in most practices, who did not have hearing loops.

In addition to this, the failure to signpost to 111 for out of hours help was a problem in a number of practices that we hope will be addressed. The lack of information available about services and facilities offered at a practice on NHS Choices was also a weak point for most dental practices. This was included as a problem in our report 'Access to NHS Dental Services in Hertfordshire 2016'. Again, we hope this will be addressed now that practices have been made aware of it.

A few of the practices had patient feedback boxes in the reception and waiting rooms, while some others had Feedback pages on their websites. This is a great way to ensure that the patients' voices are being heard whether this is to say something positive or negative about the practice. Either way, it will only work towards the general improvement of the practice if staff are willing to listen. One practice had taken steps to show how they listened and acted upon patient feedback via a 'You said, We did' section on their noticeboard—this is excellent practice and makes it clear to service users that their voice matters.

Finally, none of the practices' complaints policies had been updated in line with the 2016 recommendation for dental complaints of the Regulation of Dental Services Programme Board. This was agreed by the General Dental Council, Care Quality Commission, NHS England, Department of Health and Healthwatch England, and can be found here:

http://www.cqc.org.uk/sites/default/files/20161123_statement-on-dental-complaints.pdf.

7. Table of Recommendations

Area	Recommendation	Outcome
Signage		
IDIC IDC	Consider ways of making the division between the two clinics on the premises clearer in the interior and exterior of the building.	IDC said that any changes are currently ongoing.
KDP	Improve signage outside the practice to ensure it can be seen from the road.	Installation of a banner on the wall on the practice boundary, easily visible from the road.
Car Parking		
BDP	Create a disabled parking space outside the practice for blue badge holders.	

CRDP	Improve accessibility to the drop-off area outside the practice and make it clear that this is an option for patients.	Will continue to inform patients that this area can be used to drop off and collect patients.
KDC	Explore the possibility of creating a provision for blue badge parking outside the practice with Welwyn Hatfield Borough Council.	This will be considered for the future. It will be requested a second time when there are further parking consultations.
Visible External Information		
PDC	Improve the outside information for passers-by by signposting NHS Treatment and 111 for out of hours help.	
CRDP	Update the window display with the emergency number 111 and remove the premium rate number or make clear that this is for private patients.	The premium number has been removed. Arranging to have a new display done for the enquiry number 111.
HDC	Print 111 for out of hours help onto the outside of the building.	Posters for NHS 111 out of hours service are now displayed outside of the building. Additionally information on the out of hours service contact details are available on the practice answerphone.
KDP	Include 111 for out of hours help on the outside of the practice.	Updated the website to include 111 and will include this on the

		information outside of the practice too.
KDP	Ensure that it is clear on the outside of the practice that NHS treatment is offered here.	New signage will be considered in the future.
First Impressions		
KDP	Ensure that all patient areas are free from clutter.	Staff have been instructed to ensure that deliveries are clear of the reception area and that there is no clutter in patient areas.
IDIC IDC	Consider introducing a noticeboard for patients to see.	IDC said they will not be adding a noticeboard as they feel patients are verbally informed of any notifications that concern them. They also give information leaflets and newsletters to individuals on a regular basis.
IDIC	Signpost more clearly which feedback box patients should use and remove, or move, the second box.	
CRDP	Consider introducing a lowered section to the desk to improve communication.	Reception will stand to greet wheelchair users. Appointments can be arranged in the dental surgery if the patient prefers. The card machine can reach over the desk for easy

		<p>payment. Reception staff regularly come round to reception to assist wherever needed, whether for wheelchair users, pushchairs, or the elderly.</p>
HDC	<p>Consider printing the policies available on the noticeboard in larger print, as well as writing these up in more accessible language.</p>	<p>All policies are available in large print. They are currently in the process of updating policies and procedures, and with that they will ensure that all policies are: written in plain language; as concise as possible; and where possible designed to be as legible as possible.</p>
HDC	<p>Place the feedback boxes in more prominent positions in the waiting room.</p>	<p>The practice said there is a tablet in open view for patients to leave digital/online feedback on the reception desk. Whilst re positioning the fixed feedback boxes and tablet will need to be considered when remodel of reception area takes place in the future (due to all furniture and fixtures being fitted) the use of colourful signage being introduced should increase prominence in the waiting area.</p>
Facilities		

KDP	Install an accessibility ramp to the practice.	Aiming to create step free access pending permission from Welwyn Hatfield Borough Council. Continuing to look into this.
KDP	Review the possibility of making the downstairs toilet into an accessible toilet.	Currently the building constraints will not allow this but it will be reconsidered when possible.
KDP BDP IDIC PDC HDC IDC	Consider installing a hearing loop.	KDP said this will be considered in the future. IDC say they are looking into installing a hearing loop. HDC said they are researching hearing loops to consider installing onsite.
BDP	Improve the accessibility of the toilet in the practice as much as possible.	
IDIC IDC	Untie the red alarm cord in the accessible toilet so that the pull mechanism is hanging properly and touching the floor.	IDC say they have untied the alarm cord.
CRDP	Review the accessible toilet to ensure that all facilities are at an accessible level for wheelchair users, and introduce an emergency cord.	Instructed a qualified electrician to install a red cord into the patient toilet to create an alert.

PDC	Place the bell for help at the bottom of the accessibility ramp, rather than at the top.	
HDC	Consider improving accessibility in the reception and waiting room by creating a lowered section in the desk.	The practice said they are in the process of a remodel. They will give serious consideration to improving the accessibility of the reception area and waiting room when that room is remodelled.
NHS Charges		
BDP	Ensure that the patient always has a copy of their treatment plan available to them.	
Complaints		
KDP BDP IDIC CRDP PDC HDC IDC	Incorporate Healthwatch Hertfordshire and POhWER (a patient advocacy organisation) into the complaints policy, in accordance with the Regulation of Dental Services Programme Board.	KDP, IDC, and CRDP said their policies have been updated. HDC said they are currently in the process of updating policies and procedures, as such will ensure this is applied to their annual update
IDIC	Update the complaints policy to include the escalation process to NHS England.	
PDC	Ensure it is made clear in the complaints policy that the Ombudsman is a final recourse after	

	complaining to the clinic and to NHS England.	
IDC	Update the complaints policy in accordance with the points in need of addressing discussed in section 4.2.	The complaints policy has now been updated and will be updated annually.
IDC	Publish the updated complaints policy on the clinic's website, incorporating the escalation process via NHS England.	We will publish the complaints policy on the website.
Promoting oral health		
IDIC PDC IDC	Place oral health posters in the reception area and waiting room.	IDC said oral health promotional materials are already in the hygienist's room and dental surgeries. Leaflets on the subject are also given out.
CRDP	Consider displaying information on oral healthcare in the reception area and waiting room.	A full set of BDA patient education leaflets are on display and available at reception.
Dental Practice and NHS Choices Website		
KDP CRDP HDC	Update NHS Choices with the correct information on services offered at the practice.	KDP said their NHS Choices site has been updated. CRDP also said their page has been updated. They will update it every two months. HDC said they would

		include this in their duties in future.
KDP BDP IDIC	Include the complaints policy on the practice website.	KDP said this has been uploaded to the practice website.
IDIC	Better promote how the Accessible Information Standard is followed at the clinic via the website.	
CRDP	Make it clearer on the website that NHS patients are accepted; this could be achieved by making the NHS fees more prominent on the website.	Website is currently undergoing improvements and a clearer message for new acceptance of NHS and private patients will be included.
PDC	Make the complaints policy easier to find on the website, rather than it being at the bottom of the webpage.	
HDC	Include the complete complaints procedure on the website.	The practice said they are currently in the process of updating policies and procedures, following update and approval the complete complaints procedure will be published on the company website.
IDC	Update NHS Choices with the current accessibility and services information.	NHS Choices will be updated as and when new publications become available.



IDC	Publish NHS Fees on the clinic’s website, and make it clearer that NHS treatment is offered here.	The NHS Fees will be published on the website.
Communication		
KDP	Ensure that there is clear signage to convey to patients that they can request the information on the noticeboard in another format.	Completed.
HDC	Make sure that all staff are aware of the Accessible Information Standard and what it means for how they communicate with patients.	The practice said new policies and procedures will be implemented to ensure compliance; improved behaviors of the practice and its team; and increased accessibility for service users. Once developed the new policies and procedures will be incorporated into the staff induction program to be followed up by annual training as necessary.
Medical Emergencies		
KDP	Refresh all staff on emergency procedures to be sure that they are understood, well-rehearsed, and ready to apply.	A staff meeting to refresh all staff regarding medical emergencies. The annual CPR training has been booked. Their three first aiders will be attending their annual refresher this month.

BDP PDC	Ensure that there is always a designated first aider from day to day; this could be done via a rota system as all staff have the correct training.	
CRDP	Ensure all staff are aware of the designated first aider and the procedure during medical emergencies.	In-house medical emergency training was carried out on 24/1/17. The next training is booked for 27/6/17. This training will go on a 6-12 monthly basis. Health and Safety was to be the topic of the staff meeting on 25/4/17, recapping the procedure and the identity of the first aider and second appointed person. There are medical emergency procedure posters displayed throughout the practice including one in each treatment room, in the corridor, and in reception.

Key:

BDP	Beehive Dental Practice (did not respond)
CRDP	Church Road Dental Practice
HDC	Hatfield Dental Centre
IDC	Ivory Dental Clinic
IDIC	Ivory Dental and Implant Clinic (did not respond)
KDP	Knightsfield Dental Practice
PDC	Peartree Dental Clinic (did not respond)



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