

Healthwatch Liverpool Enter and View Report

Liverpool University Dental Hospital
The Royal Liverpool and Broadgreen University Hospitals NHS Trust
Liverpool

October 2014

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Section A

Introduction to the Enter and View visit

Date and Time of Visit: Tuesday 16/09/2014, 10am-12pm

Liverpool University Dental Hospital is a teaching hospital and provides training to undergraduate and postgraduate students. As part of their training, students see and treat a number of patients every year, supervised by tutors.

Although some emergency dental services are provided via the oral diagnosis clinic on a walk-in basis, this is limited and depends on the availability of students. At this clinic patients are triaged to see if they meet the criteria for treatment.

During the academic year's holidays when no students are available, the Dental Hospital is commissioned to continue to run the oral diagnosis clinic and treat emergency cases only. No other dental work gets carried out during these holidays.

Opening hours (except public holidays):

Monday	8.15am - 5pm
Tuesday	8.15am - 5pm
Wednesday	8.15am - 5pm
Thursday	8.15am - 5pm
Friday	8:15am - 5pm

Saturday & Sunday Closed

Manager: Lisa Marginier

The reasons for the Enter and View Visit

The Enter and View visit was part of Healthwatch Liverpool activities of:

- identifying whether, and how, local health and social care services could be improved
- identifying whether, and how, local health and social care services ought to be improved
- identifying recommendations to improve the standards of health and social care services

Healthwatch Liverpool was also in the process of carrying out a piece of Task and Finish work about Access to Dental services, so an additional reason for the visit was to help inform this work.

The Methodology of the Enter and View Visit

The Enter and View visit was undertaken in accordance with the remit of Healthwatch Liverpool and will assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012.

The visit only entered communal areas and facilities. We did not enter any non-communal areas. On this occasion we did not speak with any patients due to time constraints.

The visit was conducted by 2 authorised individuals from Healthwatch Liverpool, Lesley Davies and Inez Bootsgezel. They displayed the requisite identification and provided proof of DBS clearance for the visit.

Healthwatch Liverpool classed this as an announced Enter and View, meaning that the service provider was given notice prior to the Enter and View taking place. This is a reflection of the fact that Healthwatch was not following up any specifically indicated quality issues, either positive or negative, regarding this service, and there would have been no advantage by conducting an unannounced visit.

General parameters of a Healthwatch Liverpool Enter and View visit.

Healthwatch Enter and View visits are not meant to be systematic inspections of a health or social care service. Such inspections are carried out by the Care Quality Commission and by relevant service commissioners. The Care Quality Commission has the role of assessing and informing the public about the general standards of care provided by health and social care services.

Healthwatch conducts Enter and View visits in order to observe a service in action and where practicable, to hear the voices of patients. At best, such Enter and View visits can only offer a strictly time limited snapshot of a service. Healthwatch Enter and View

representatives are not health professionals, and so undertake these Enter and View visits from the perspective of a lay person.

The Enter and View visit at the Dental Hospital

The Healthwatch representatives were met by Lisa Marginier, the Dental Hospital's manager, and Margaret Titherington, Dental Matron. They explained about the work undertaken specifically at the Dental Hospital and talked about general issues regarding oral and dental health. They also discussed the following issues:

Prevention

The Matron told the Healthwatch representatives that many patients, especially children, come to the Dental Hospital because of a lack of preventative work. She explained that nationally 70% of under-5s admitted to hospitals for general anaesthetics are to have teeth extracted; this is often their first contact with a dentist and can leave children with a negative and/ or fearful impression. Best practice would be for children to attend a dentist from a very young age, even as babies, to acclimatise and get used to the environment and dental check-ups. This would also provide the opportunity to give information to children and their carers about maintaining good oral health.

The Matron continued by stating there is a general lack of public information about how to prevent dental decay. Most people know that sugary foods are not good for teeth, and can have an impact on health e.g. increased obesity and prevalence of type II diabetes. However, it's not just the obvious foods that cause problems; many parents and carers give fruit juice and raisins to toddlers thinking that it is a healthy option, unaware that they also damage teeth particularly when in a baby bottle or sipping cup. Additionally, there is a lack of public awareness about the role of saliva in preventing tooth decay.

The Matron also said encouraging regular check-ups at a dentist is important. However, she acknowledged there are various barriers to people attending a dentist regularly, like the cost of treatment when money is tight, and for some patients a fear that treatment may be painful, which makes them reluctant to visit a dentist. Additionally, people may not know where to find an NHS dentist, or perceive there to be a lack of availability in their area.

To try and address some of the issues the Matron and Manager explained that Dental Hospital staff visit schools once a year as part of the annual National Smile Month campaign, and the Hospital has won an award for this work. This includes staff attending toddlers groups and secondary schools, and occasionally the hospital has organised events in places like Clayton Square to increase awareness about oral health. However, the Manager explained that the Hospital is not provided with a budget for this type of preventative, educational work, and resources and staffing levels are tight.

The Matron suggested that Health Visitors could play a bigger role in promoting oral health from a young age, but currently little training is provided about dental care to Health Visitors. She also suggested schools could play an increased role as dental education could fit in with the science curriculum.

Public perceptions and expectations

The Matron and Manager explained there are can be unrealistic expectations about the type of dental treatments that are provided and available on the NHS, especially around treatments provided at the Dental Hospital. They had spoken with some patients who expected private style and/or cosmetic treatments that were not clinically necessary. One example given was patients asking for dental implants, which are only provided on the NHS for a small number of patients who meet the agreed criteria for funding, for example reconstructive surgery following cancer treatment. The Matron and Manager explained that the main purpose of the Dental Hospital is to teach dentistry, but that there still appears to be a widespread belief amongst patients that they can turn up and wait at the hospital to be seen with an emergency. In the past this used to be the case, however staff explained that the Commissioners now advise there are enough services available in the community to deal with emergencies, so the focus had been changed to an oral diagnosis clinic specifically for training purposes.

Staff said that patients are given a leaflet about the Oral Diagnosis Clinic on arrival at the Dental Hospital. The Healthwatch representatives were provided with a copy, and found that the leaflet clearly sets out what services the clinic can and can't provide, and what qualifies as an emergency. The leaflet also provides telephone numbers to obtain information about finding a dentist, including the Healthwatch Liverpool telephone number. For patients who do not meet the criteria for treatment at the Dental Hospital a leaflet has been produced with input from Healthwatch Liverpool, 'Finding an NHS Dentist in Merseyside', about where to access emergency dental care.

In response to a question from the Healthwatch representatives, staff said that patients who can't communicate in spoken English are provided with interpreters, either by phone or face-to-face, including BSL.

Referrals:

The Dental Hospital's manager explained that the hospital receives paper referrals from dental practices when the practice believes the treatment needed is beyond its capabilities. All dental practices have been informed about the guidelines for referrals, and the appropriate forms have been distributed. A relatively small number of patients will be accepted each year via this route, mainly for training purposes.

She added that some patients are inappropriately referred to the Dental Hospital by their dentist. This may occur for example when experiencing problems with dentures, or for root canal treatment; in the vast majority of cases the patient's dentist should have provided treatment. When these referrals don't meet the criteria for treatment at the Dental Hospital, patients will be referred back to the dentist with a full clinical outcome letter from the Dental Hospital.

If this is the case, Healthwatch Liverpool believes that this is not a satisfactory situation for patients who may end up between pillar and post. At this current time Healthwatch is not clear if this is being monitored by Commissioners, i.e. how many patients does this happen

to, and is it more of an issue at specific dental practices. Healthwatch has made enquiries and is awaiting an answer from NHS commissioners.

The manager of the Dental Hospital explained that referrals are also received from community dental services. There is an increasing demand to treat children and adults with sedation which requires additional resources. Patients are assessed and where appropriate allocated treatment as clinically indicated, for example patients with complex medical or individual needs e.g. Learning Disability or dementia - it can't be used for everyone who is anxious.

Healthwatch was told by the Manager that the Dental Hospital receives more referrals from dental practices between January and March each year, possibly because some practices will have used up their allocated Units of Dental Activity (the amount of NHS work carried out by a dentist). As part of a piece of Task and Finish work about access to dental services Healthwatch will ask the Commissioners if this gets monitored.

The Dental Hospital's environment

Reception: The Healthwatch representatives observed that the reception area by the main entrance to the Dental Hospital was clean and bright, with ample seating provided for the amount of people present at the time. A triage booth is located in the reception area so that clinical staff can examine patients and refer them appropriately. The booth ensures that patients have privacy while they are being triaged.

There did not appear to be a lot of information displayed or available in the main reception area, for example information about other dental services and information about making a complaint. However, the Healthwatch representatives were shown that information was available to patients once they were seen in the triage booth, where leaflets were provided to people who were not meeting the criteria to be seen at the Dental Hospital.

Training and treatment areas: The Healthwatch representatives were given a tour of the training facilities in the building. There were no classes at the time of the visit, so teaching rooms could be shown without interrupting lessons. Teaching rooms had facilities varying from mannequin heads to practice dentistry skills on while following instructions and demonstrations from a tutor, to a range of dental chairs with full equipment so that several patients can be treated at the same time by students supervised by a tutor. Some individual treatment rooms are also available, including adapted rooms to treat patients in wheelchairs and / or with a range of disabilities.

All areas that the Healthwatch representatives observed were clean, and training facilities appeared good to the lay persons' views of the Healthwatch representatives. Although the Dental Hospital is part of the Royal Liverpool and Broadgreen NHS Hospital Trust, and the new Royal Hospital is being built at the time of writing, there are no plans for a new Dental Hospital building.

Section C

Summary/conclusions of this Enter and View visit.

Taking into account the remarks outlined in the introduction about the general parameters of Healthwatch Enter and View visits, nothing was observed during this Enter and View visit which gave Healthwatch cause for concern regarding the quality or safety of the service being offered to patients at the Dental Hospital.

As mentioned above, due to time constraints Healthwatch did not speak with patients on this occasion. However, Healthwatch did ask questions of staff and observed some of the work carried out at the hospital. The Healthwatch representatives found that the areas they saw were clean and that from a lay person's view, facilities appeared good.

However, from speaking with staff it was obvious that prevention should be higher on the agenda so that less people would have to attend the Dental Hospital in the first place. Although largely not within the hospital's remit, some suggestions were made by staff about improving public knowledge about oral health.

Dental Hospital staff also said that patients are not always clear about what qualifies as a dental emergency. The Dental Hospital does provide leaflets once people attend, but at that point patients have already travelled there and may have had a wasted journey. The hospital's web pages provide information about what the hospital can and can't offer, but not everyone has internet access. Public expectations and the realities of what can be offered did not always match.

Staff said that although all dental practices have had information about the criteria for referrals to the Dental Hospital, they do receive inappropriate referrals as well. Additionally, the hospital has observed a spike in referrals between January and March.

Recommendations

As a result from this visit, Healthwatch Liverpool makes the following recommendations:

- a) The visit highlighted the importance of preventative work to help promote good oral health from a young age. As such, Healthwatch Liverpool recommends that NHS England as the current commissioners of Health Visiting services investigates if it is feasible to provide training to Health Visitors about oral and dental health so that knowledge about good dental care is spread.
- b) Additionally, that NHS England investigates if investing in mobile 'baby and toddler dental clinics', possibly at Sure Start centres and nurseries, would be a valuable addition to promoting good oral health and removing fear of dentists.
- c) NHS England to work with the Dental Hospital to monitor if there are patterns of particular dental practices referring more patients to the Dental Hospital, and if so look at ways to see if there is a training need, or other way to address this.
- d) That the Dental Hospital monitors the apparent spike of dentists' referrals to the Dental Hospital between January - March, and if this does not already happen provides a report with analysis to Commissioners so that the latter can take account of spikes in demand in future commissioning decisions.

Healthwatch Liverpool

Healthwatch Liverpool is always keen to hear more from patients about services, whether those stories are about positive or negative experiences. Patient feedback helps Healthwatch to identify and acknowledge good practice, or issues that call for improvements.

To give Healthwatch further information, or to discuss this report further please find us using the contact details below.

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