



Dental services for children and young people in West Norfolk

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**Healthwatch Norfolk works with health and social care services
in Norfolk to make sure that your views and experiences
make a difference to the services we all use.**



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Who we are and what we do

Healthwatch Norfolk is the local consumer champion for health and social care in the county. Formed in April 2013, as a result of the Health and Social Care Act, we are an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to you through us.

We have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We are here to help you influence the way that health and social care services are planned and delivered in Norfolk.

Acknowledgements

We are extremely grateful to all the members of the public in West Norfolk who took the time to share their experiences of dental care for their children. We would also like to acknowledge all of the people and organisations who worked on our behalf to promote our project, disseminate surveys, and encourage parents/guardians to have their say, namely the local schools, nurseries, children's centres and libraries who all played a huge part in the success of this project.

Special thanks go to Rosie Sherrell who worked at Healthwatch Norfolk as an intern when the project was being scoped and contributed significantly at this point, and then again as the project was finishing and she worked very hard to carry out the "mystery shopping" exercise to highlight the availability of services in the West Norfolk area.

Summary

NHS dental services for children and young people in West Norfolk became one of Healthwatch Norfolk's three priority projects for 2017-18, following local anecdotal intelligence and other external sources of data which highlighted concerns around experiences of and access to local NHS dental services.

When scoping this project, RAF Marham and the Norfolk Armed Forces Covenant Board contacted us about similar issues that the military families were facing around difficulties with accessing local NHS dental services, especially given the rural nature of the area.

We carried out a survey to understand the experiences of, and access to, NHS dental services in West Norfolk by surveying parents/guardians about their children's dental care. We also conducted a "mystery shopping" exercise to enable us to understand the availability of services in the West Norfolk area and the accuracy of information presented online, compared to the information presented over the phone.

Altogether, 314 responses to the survey from parents/guardians were received and analysed, which equated to 606 children and young people. 66% take their children to the dentist every six months (209) and a further 14% take them every year. Interestingly, 15% said their children had never visited the dentist for the following reasons: availability of NHS services, age of children, quality of services and cancellations of appointments.

Over a quarter (26%) of our respondents have to travel over 10 miles to get to their children's dental practice and unsurprisingly, the majority of the respondents have to drive to get there.

Sixty-nine percent (69%) of parents/guardians felt that it was *easy* or *very easy* to book an appointment for their children. Interestingly, although this rating was predominantly positive, appointments featured heavily in the open questions as a barrier to dental care for their children.

The majority of respondents (84%) rated their overall experience of their children's dentist as *good* or *very good*, compared to just 6% who rated the service as one or two stars (*very poor* or *poor*). Issues in lower rated reviews related to appointments and quality of service. Appointments remained an issue in some of the higher rated reviews, but areas of good practice featured also. Positives of overall experience included quality of service, involvement of the children and the environment/facilities.

Respondents were asked two questions about the barriers to NHS dental care for children and young people in West Norfolk and these were open questions so they could share anything that was important to them. Issues surrounding accessing NHS dental care for their children related to appointments, availability of NHS services, location/transport and information/advice. These categories often interlinked and particular issues for those on the RAF Marham Base and other remote villages were highlighted given that not everyone can drive and the public transport is limited.

Unsurprisingly, the most common suggestion for overcoming barriers was around commissioning, predominantly more services in the local area as noted by 24

respondents, with a further 47 simply stating that more practices, spaces or dentists were needed in general.

More availability of appointments in general and more out of school or work hours appointments were highlighted specifically as a way of overcoming barriers. Finally, improvements to information and advice was also welcomed.

The “mystery shopping” exercise we conducted echoed parents/guardians experiences of inconsistent information provided online compared to when they contacted the dental practices directly. Only three of the 13 NHS dental practices that we identified in the scoping stages, provided information on the telephone that matched NHS Choices and/or their own website.

Furthermore, clear issues with availability of services in West Norfolk were noted. Only four out of 13 dental practices were accepting children at the time of the exercise. One of these four would only accept children as NHS patients if their parent/guardian was at the practice as a private patient.

Long waits for appointments - another issue identified by parents/guardians in the survey - were apparent also. Of the four dental practices accepting children, the earliest available appointment was in June/July 2018, with the longest wait being until August 2018.

To conclude findings showed a positive overall experience in general, especially praise for staff members. Having said that, there are clear barriers to accessing NHS dental care for children and young people in West Norfolk, stemming from key areas such as, the availability of NHS dental services, in particular services in the local area to where the parents/guardians live, which went hand-in-hand with transport problems for some; the availability of appointments, and more specifically fitting the appointments around school or work hours; cancellations and long waits for appointments and finally, information/advice around taking their children to the dentist and availability of services.

Particular issues noted by the families in RAF Marham in the survey conducted by the Norfolk Armed Forces Covenant Board last year, seemed to be replicated by the families in this survey, but more importantly, there seems to be a wider issue of access in the civilian population of West Norfolk as well as the military families.

1. Why we looked at this

1.1 Background to the project

The topic of NHS dental services in West Norfolk was first highlighted through several Board Intelligence Reports which picked up on local anecdotal intelligence as shared by members of the public, but also through national data sets where data for Norfolk could be extracted. Notably, the GP Patient Survey which reports on a section about NHS dentistry, continually showed findings that experiences of NHS dental services in West Norfolk were much lower than the other four Clinical Commissioning Group areas in the county (Ipsos Mori, 2017). Whilst data showed this was the case, it did not reveal the reasons behind the low overall experience.

Following this, West Norfolk dentistry became one of Healthwatch Norfolk three priority projects for 2017-18. Subsequently, a scoping exercise was carried out from July to October to determine the focus of the project and based on the evidence we found, we decided to focus the project around access to and experiences of NHS dental services in West Norfolk, for children and young people (anyone under the age of 18 years old).

1.2 Children's oral health

Children and young people aged 17 years and under are able to access free dental care and therefore have the right to good quality NHS services. They also often rely on their parents or guardians in order to attend a dental practice, given that younger children do not have access to transport, for example. Therefore, aside from the service being available for the children (in an accessible location), parental attitudes towards oral health and dental services, such as poor childhood experiences leading to anxiety in later life, may impact on the children obtaining access to services, possibly impacting on their children's oral health.

Furthermore, poor oral health can impact on many factors in a child's life from eating, sleeping and playing to speaking, socialising and is a leading cause of young people's admissions to hospital (Norfolk County Council, 2016). Additionally, poor oral health can impact on health problems in later life, with evidence showing associations between oral diseases and other major chronic diseases such as diabetes, cardiovascular diseases, cancers and respiratory diseases (Public Health England, 2014, cited in Norfolk County Council, 2016).

Tooth decay is one of the most common oral diseases which affects many individuals and is strongly associated with the consumption of fizzy drinks and sugary food items (Crosse, 2014). Although this may be a chronic disease, through patient or parental action, it is largely preventable (Norfolk County Council, 2016).

Whilst prevalence of tooth decay has decreased substantially over the past 20 years across England, 27.9% of five year olds still had tooth decay in 2012, with Norfolk only proving to be slightly below the average with 27.2% of five years olds experiencing tooth decay (Gummerson & Gilbert, 2014). Statistics, however, can mask inequalities among small numbers and small areas of those in the county

(Crosse, 2014). Children and adults living in social and/or material deprivation as well as those in at-risk groups, such as those living with a disability, bear the burden of disease (Crosse, 2014). The Child Dental Health Survey (HSCIC, 2015) also notes that children from lower income families, which was based on eligibility for free school meals, are more likely to have poor dental health than other children of the same age.

Where the dental decay average for five year olds in Norfolk was 27.2% in 2012, as detailed above, local data shows that prevalence varies from area to area within the county with dental decay being above the England average in three local authority areas: Norwich, North Norfolk and Kings Lynn and West Norfolk (Gummerson & Gilbert, 2014).

1.3 Dental access and attendance

Children should ideally see a dentist at least once a year (Norfolk County Council, 2016). Some dentists however recommend that they have more regular check-ups (Norfolk County Council, 2016). Oral health promotion features in the county's Healthy Child Programme and encouragement to register children with a dental practice and advice is given to parents by the time the child is one years old, through the health visiting teams (Norfolk County Council, 2016).

King's Lynn and West Norfolk is amongst one of the areas with the lowest percentage of the child population visiting an NHS dentist (less than 60%) (Crosse, 2014). Concerns around dental attendance has also featured in the Eastern Daily Press recently which revealed that according to NHS Digital (2017), only 56% of Norfolk's children had attended a dentist in a 12 month period (Carroll, 2018).

Furthermore, children whose parents reported that their child went to the dentist for regular check-ups experienced less tooth decay than children who only went when their child has trouble with their teeth, or did not go at all (12% compared to 22%) (HSCIC, as cited by Norfolk County Council, 2016).

In the Oral Health Needs Assessment for East Anglia (Crosse, 2014), it was noted that unsurprisingly, access to services for children is affected by the distance to which they have to travel to visit a dentist. Of course, this is the same for adults and is reasonable to assume that often, parents will be the ones attending the dentist with the children.

This is supported by the Local Government Association (LGA, 2017) who have suggested that rural areas have worse access relating to the distance to primary care services, such as dentists. This can lead to "distance decay" which refers to the longer the distance that the individual lives from the service they wish to access, the less they may use said service.

Rural locations also leads to the need for either owning or having access to a car, or accessing public transport links. The latter is often scarce in rural areas (LGA, 2017). This impacts on the ability to access services at all, particularly for young

individuals who are yet to drive, or parents/guardians who cannot drive or do not have access to a car.

1.4 RAF Marham

Our concern around children and young people's access to services, particularly given the rural nature of West Norfolk, was echoed by RAF Marham and the Norfolk County Council Armed Forces Covenant Board. In early 2017, they approached Healthwatch Norfolk to discuss some work they were undertaking to explore access to dental services for the families of the service personnel, due to issues being raised.

For dental services, the service personnel's families cannot utilise the Ministry of Defence provided service but instead have to access services within the local community. Furthermore, this large operational Base - which is due to expand further in 2018 - is located in a remote part of the county, with local towns (typically where dental services are found) are only accessible with a car or through the limited bus service, making accessing services difficult for those families based in RAF Marham.

As at this point we had not undertaken any work surrounding dental services, but given that RAF Marham is situated in West Norfolk and we were due to commence a project to explore this topic, we supported the Armed Forces Covenant Board by offering guidance around survey design in order for them to obtain some facts and a better understanding of the service personnel's families experiences of accessing the local services and the possible issues.

The findings of the survey they carried out showed that of the 136 respondents, unsurprisingly, 42% travel more than 10 miles to attend their dental practice. Of these 57 respondents, the average distance travelled was 26 miles with one individual travelling 175 miles, back to their hometown, to attend the dentist with their family. Key themes around barriers to dental care emerged relating to distance to travel and means of getting there, as many families do not drive or have limited access to a vehicle, the lack of public transport, limited availability of an NHS dentist, availability of appointments outside working hours and lack of continuity of dental care, given that records do not follow the family and service personnel move Base frequently.

As a result of their findings, the Armed Forces Covenant Board wrote some papers around dental health care options, including possible service provision applications (B. Herron, personal communication, 21 March 2018). Additionally, this topic has since featured at several local committees, such as the East of England Local Dental Professional Network (September, 2017) and the Norfolk County Council's Communities Committee (September 2017 and March 2018).

In March 2018, the Communities Committee was presented with the Annual Report of the Norfolk Armed Forces Community Covenant 2017-18 paper (Norfolk County Council, 2018) which detailed their priorities for the year. Here, access for service personnel families to dental care was addressed, highlighting that re-deployed

families often struggle with accessing local, affordable dental care (p.18) and the frequency of their re-deployment results in issues such as being faced with long waiting lists and reduced access to treatment.

Discussions have continued with the Armed Forces Covenant Board and RAF Marham to ensure that the families of the service personnel are heard within our project.

1.5 Aims, objectives and key lines of enquiry

The aim of the project was to listen to the parents/guardians views on access to and experiences of NHS dental care for their children in West Norfolk and utilise this intelligence to make improvements to the services, for the people in the county. Additionally, to further understand the availability of services in the area, a “mystery shopping” style exercise was conducted.

We wanted to:

- Understand more about the local area of Kings Lynn and West Norfolk and access to services and experiences of services, for children, young people and families, including what services people are using, how far they are travelling. This will in turn add to our evidence database at Healthwatch Norfolk.
- Understand whether issues highlighted are particular to service personnel families or the wider area.
- Understand the reasons why overall experiences of dental services in West Norfolk may be lower than other areas of the county (as shown in the GP Patient Survey).
- Understand whether provision matches local need or if the issues surrounding perceived access stems from a lack of accurate and up-to-date information, as the key directory for informing parents/carers about accessing NHS dental services - NHS Choices - is regularly utilised by Healthwatch Norfolk. Additionally, NHS England signpost patients to this resource and so it remains an important source of information. (see Section 2 for information).

2. Current services in West Norfolk

2.1 How NHS dental services are commissioned

NHS England buys (commissions) dental services and since April 2013, the responsibility has sat with the NHS England East Anglia Area Team. They are also responsible for the commissioning of specialist, community and out of hours dental services.

2.2 The types of NHS dental services

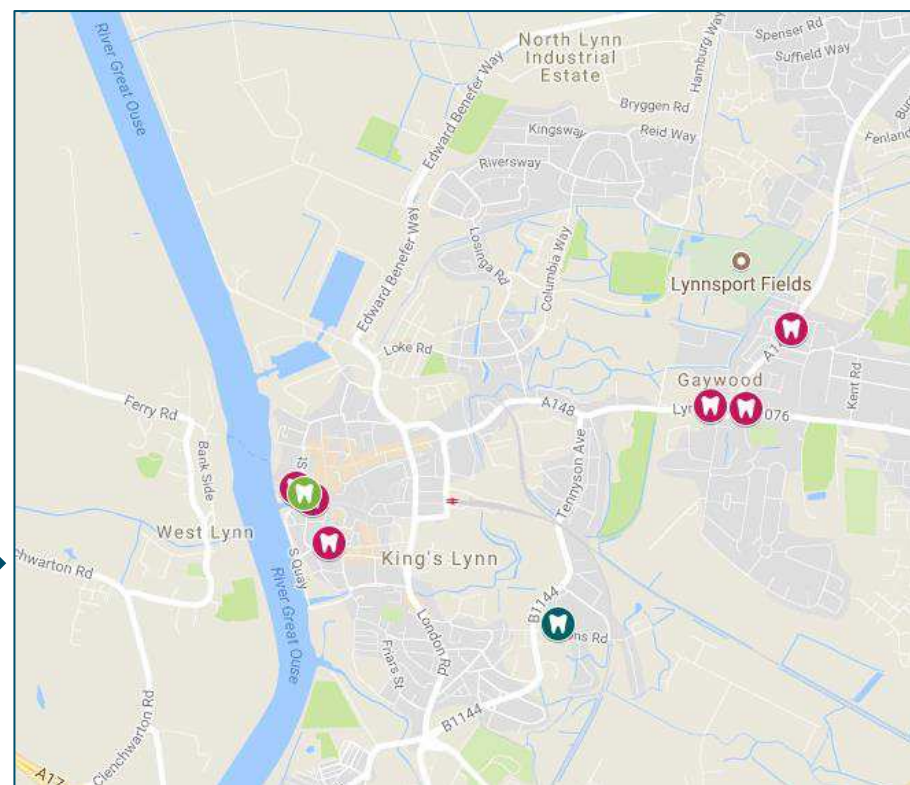
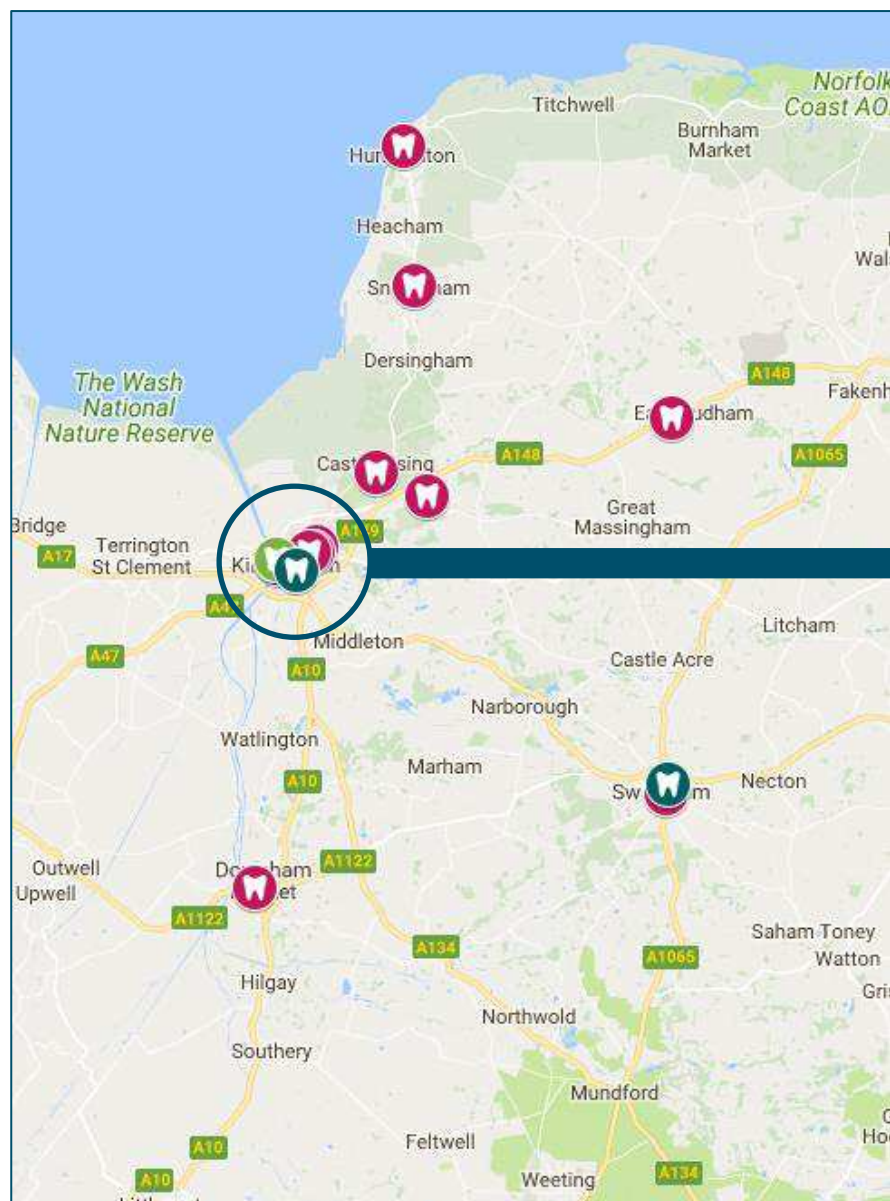
NHS dental services are typically provided by “high street” practices working under General Dental Service non-time limited contracts (Crosse, 2014). At the time of undertaking the project, through researching NHS Choices and liaising with the Care Quality Commission, we identified 13 “high street” practices in West Norfolk that have contracts to provide NHS dental care to children and young people. This is subject to change over time.

However, some people may not be able to attend a general dental practice, for a number of reasons and would be referred onto a more specialised service, which is provided by Norfolk Community Health and Care (NCHC).

In West Norfolk, there are two clinics which provide special care dentistry services - St James Dental Clinic, King’s Lynn and Swaffham Community Hospital.

There is also one Dental Access Centre in West Norfolk, based in King’s Lynn which provides emergency dental advice and treatment to patients who live in Norfolk, but do not have a regular dentist and this service is provided by NCHC.

Please see map provided on the following page, for all of the NHS services in West Norfolk.



📍 Location of NHS dental practices in West Norfolk. Pink are the “high street” dental practices, light green is the emergency dental access centre and the blue icons are the community dental settings which deliver the special care dentistry service.

📍 *In focus:* Location of the NHS dental practices in King’s Lynn town centre.

2.3 Finding an NHS dental service in West Norfolk

Dental services differ from other primary care services such as General Practice, because there is no need to register with a dentist in the same way. With dental services, you are not bound by a catchment area according to where you live. You simply find a dental practice which is convenient for you and see if they have space to see you.

If you do not have a dental practice or are new to the area, then you can use the NHS Choices directory to find a dentist near you (www.nhs.uk). NHS Choices is the official website for the NHS, used to provide information to help individuals to make informed choices about their health and wellbeing. The service directory lets you find, choose and compare health and social care services provided in England by the NHS.

The dental services directory, much like those for other services, details particular services within your search area and provides information about how and where to access them. NHS Choices should tell you information about whether the dental practice is accepting new patients (children, adults and exempt adults), referrals, offer urgent appointments and other service related information to help you choose where to seek dental healthcare.

If however, the dental practice has not been updated within 90 days, the NHS Choices automatically “greys” out the service, so as to not display incorrect information.

Therefore, this source offers an important channel for individuals, parents and carers alike to find out where they may be able to go to access dental care and it is imperative that this is kept up-to-date, as much as possible, especially as it is the recommended resource by NHS England to use to find an NHS dentist near you.

The screenshot shows the NHS Choices website interface. At the top, there's a search bar with the text "Enter a search term" and a magnifying glass icon. Below the search bar are navigation tabs: "Health A-Z", "Live Well", "Care and support", "Health news", and "Services near you". The main content area displays "Results for Dentists in Downham Market". To the right of the title are links for "Email", "Print", and "Export". Below the title is a prompt to "Store Downham Market as your main location for future visits?". There's a section for "Narrow search or start new search" with a dropdown menu showing "10" results per page and an "Update" button. A note states "Showing 1-10 of 85 results". Below this is a blue banner with an information icon and text: "Distances given are in a straight line but travel routes may be longer. Please check before starting your journey". The results are presented in a table with columns: "Address & contact details", "NHS Choices users rating", "Accepting NHS patients by referral only", "Accepting new adult NHS patients", "Accepting new adult patients entitled to free NHS dental care", "Accepting children as new NHS patients", and "Urgent NHS dental appointments". The first result is for "Downham Market Dental Care". It includes the address "39 High Street, Downham Market, PE38 9HF", a telephone number "Tel: 01366 382265", a distance of "0.4 miles away", and a link to "Get directions". The rating is "195 ratings" with a "Rate it yourself" link. The service status for each column is indicated by a red circle with "NO" inside, suggesting the service is not accepting new patients or referrals.

Address & contact details	NHS Choices users rating	Accepting NHS patients by referral only	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients	Urgent NHS dental appointments
Downham Market Dental Care Tel: 01366 382265 39 High Street Downham Market PE38 9HF 0.4 miles away Get directions	195 ratings Rate it yourself	NO	NO	NO	NO	NO

Fig 1. Results for dentists in Downham Market (example) on NHS Choices.

3. How we did this

3.1 The parent/guardian survey

3.1.1 *Designing the survey*

The survey consisted of a mixture of 18 open and closed questions to enable us to gather quantitative (numerical) and qualitative (narrative) feedback. The survey was divided into five sections, as follows:

1. Information about the children
2. Access to NHS dental services for their children
3. Experience of NHS dental services for their children
4. Barriers to NHS dental care for their children
5. Personal information about the parent/guardian

The questions were developed by Healthwatch Norfolk, based on the survey developed for RAF Marham families' experiences of NHS dental services as noted in *section 1*. This was to enable us to make comparisons from the military families to the wider civilian population of West Norfolk.

Both a digital and printed version of the survey was produced, to maximise our ability to distribute and promote the project.

You can see the full version of the survey in the Appendix.

3.1.2 *Data collection*

All schools in West Norfolk were contacted as we believed this would be an effective way of disseminating our survey to as many families as possible. Twenty schools agreed to support the project by sending out paper surveys and/or details of the online survey, to parents/guardians via the pupils. This included nurseries, primary schools, high schools and special educational needs settings, across West Norfolk. Children's Centres and the Oral Health Promotion team in West Norfolk also promoted the project through their links.

Further promotion took place through a press release in the local news publications; entries into local organisation newsletters and face-to-face at libraries and engagement events.

We also promoted the survey on the Healthwatch Norfolk social media channels, namely Twitter and Facebook.

Surveys were available online and in hard copy format and completed hard copies were returned using a Healthwatch Norfolk stamped addressed envelope. They were then kept in a locked drawer for the duration of the project. Online responses were stored on a password protected system. All data were destroyed immediately following the publication of this report.

3.1.3 *Analysis*

Hard copy surveys were inputted alongside the online responses to facilitate analysis. Responses to closed questions were counted and reported using descriptive statistics (e.g. percentages).

Open questions were analysed using qualitative content analysis. Feedback was grouped into categories consisting of similar responses and the numbers of responses relating to each category were then counted in order to identify the categories which were the most important to the respondents.

A workshop was then undertaken with Healthwatch Norfolk colleagues, to enable external scrutiny and validation of the emerging categories. At this point, the categories were further refined.

3.1.4 Strengths and limitations

The sample for this project relied on those parents/guardians who volunteered to complete the survey and so may not be truly representative of the general population. However, the purpose of the survey was to capture feedback of local parents/guardians and their experiences of accessing NHS dental services for their children in West Norfolk. This did not matter if they do or do not take their children to the dentist; responses were welcomed from all.

The survey enabled respondents to share in-depth detail about their views and experiences through the use of open questions, so they were able to highlight what really matters to them. It is important that the local decision makers recognise that every comment is important and valid and a useful resource for improving the quality of local services.

3.1.5 Ethical considerations

Data for this piece of work were collected anonymously, with explicit informed consent and stored securely in line with the principles set out in the Data Protection Act 1998, taking into consideration the updated General Data Protection Regulations. As a statutory organisation, Healthwatch Norfolk has an obligation to ask equality and diversity questions, such as age and gender, to demonstrate how the organisation is engaging with individuals from all of Norfolk's local communities. All personal questions were clearly displayed as being optional and also included a "prefer not to say" response.

3.2 Dental availability "mystery shopping" exercise

The "mystery shopping" style exercise was conducted to enable us to understand the availability of services in the West Norfolk area and the accuracy of information presented online. We conducted this at the very end of the project, to enable the most up-to-date information to be presented alongside our findings, as we appreciate it is just a snapshot in time and becomes outdated very quickly.

Details of the services offered by the 13 "high street" dental practices identified settings (p. 7-8) were compared, by looking at the information provided on the NHS Choices website, their own website (if they had one) and then by telephoning the dental practices directly. We used a script posing as a customer requiring identical services from each practice, to ensure consistency across the exercise (see Appendix for the full script used).

4. What we found out

4.1. The parent/guardian survey

4.1.1 Who responded to our survey

Altogether, 339 parents/guardians completed the survey. Twenty-five (25) responses were excluded from analysis due to various reasons such as not giving consent or using private services. Analysis took place on 314 responses from those who were parents/guardians of 606 children and young people (0-17 years old) in total. The figure below displays the number of children in each age range.

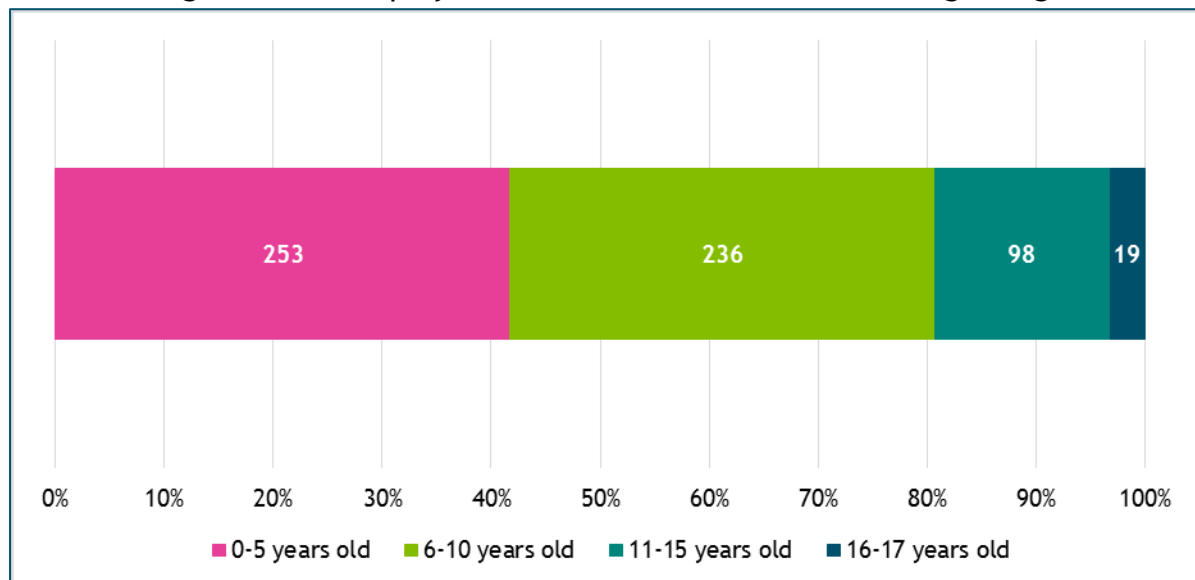


Fig 2. The number of children in each age range.

4.1.2 Dental attendance

Of the 314, 66% of parents/guardians take their children to the dentist every six months (209) and another 14% take them every year (43). However, interestingly 15% of respondents said that their children had never visited the dentist.

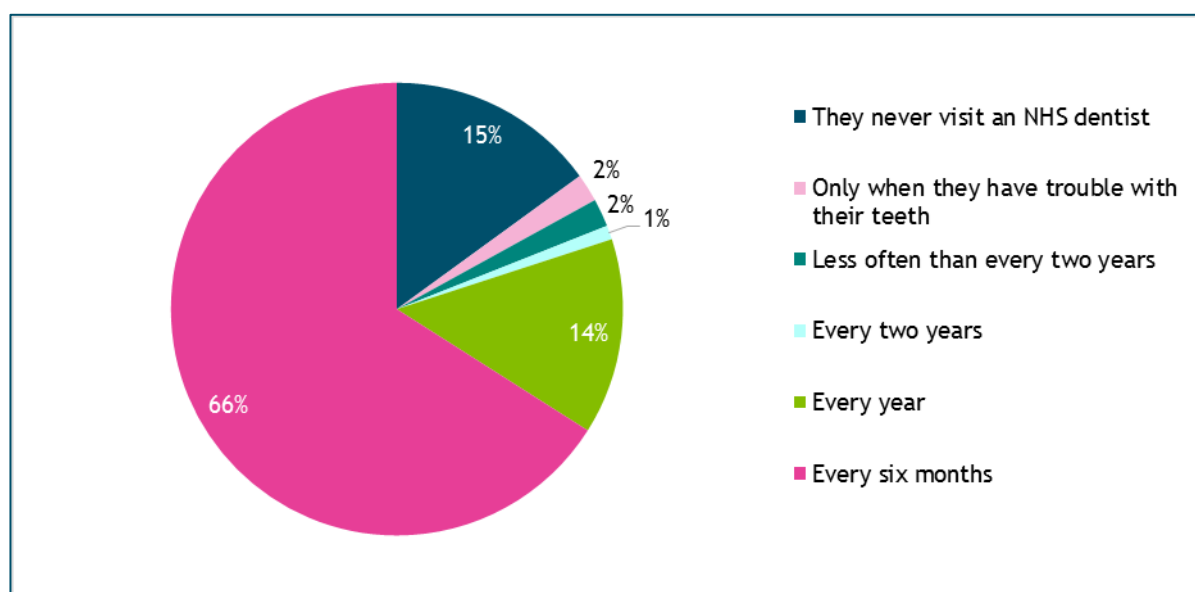


Fig 3. The frequency of dental attendance for children and young people.

Reasons why parents/guardians do not take their children to an NHS dentist (aside from the excluded respondents who take their children to private services) were explored and two notable themes emerged. Firstly, the **availability of NHS services** was noted by 26 respondents, relating to services accepting patients, finding a service accepting patients in the local area and the long waiting lists. **Age** of the children was also noted as a reason why they hadn't visited an NHS dentist (13 respondents). This usually related to the dental practice recommending an age at which the child should first attend. It appeared that this recommendation varied from practice to practice. Also age related, was the parents/guardians knowledge of when is right to take their child to the dentist.

Availability of NHS services

- *"I have not been able to find one local enough to take myself or my daughter under NHS."*
- *"I have been waiting for my NHS dentist to take on new patients so I can get my children registered. Been waiting 2+ years now."*
- *"Too long waiting lists in UK, so we go abroad."*

Age

- *"When registering at the dentist we were told that she didn't need to go until she was two years of age. So she hasn't had an appointment yet as she is only 16 months."*
- *"Have been to register but told they can't be seen until they are 3 years old???"*
- *"I didn't think they had to see a dentist till they were older."*

Other reasons for not attending NHS services

- *Quality: "It is due to the dire NHS dental services in the area that we choose to go private..."*
- *Registration: "not registered, their registration lapsed."*
- *Cancellations: "I signed him up to the dentist when he was 14 months old. He had an appointment made for 2 months later. This was then cancelled. I visited the dentist rather than talking on the phone and was told I'd have to wait until the following month to make an appointment. No reason why. So I did, this was eventually made for when he was 23 months old! But within weeks of making this appointment, I received another letter saying the appointment was cancelled due to unforeseen circumstances."*

4.1.3 Travel to the dental practice

Respondents shared how far they travel to take their children to the dentist and the most common distance was 6-10 miles (77 respondents), shortly followed by 2-5 miles (72 respondents). Surprisingly, over a quarter of respondents (69 respondents, 26%) have to travel over 10 miles to get to their children's dental practice.

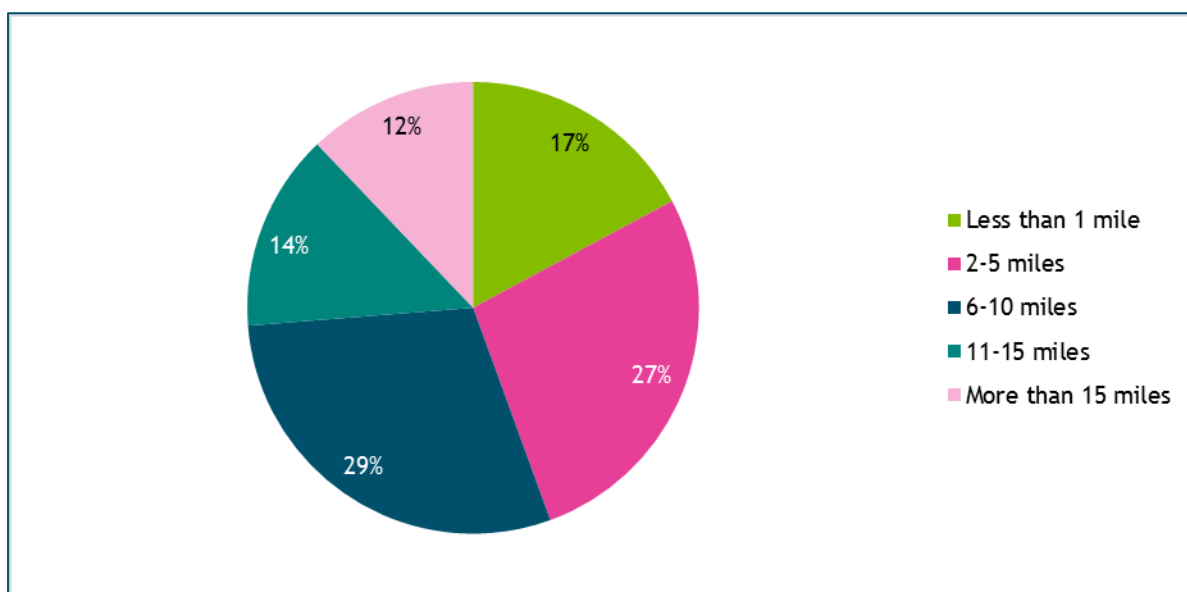


Fig 4. Distance travelled by respondents for their children to attend the dentist.

For those who travel over 15 miles to the dentist, the average distance was 23 miles, with one individual (from RAF Marham) travelling over 100 miles back to their hometown to take their children to the dentist.

Of those who answered how they travel to their children's dentist, most parents/guardians take the car (221 respondents, 84%), with some who walk (32 respondents, 12% and two who rely on the bus.

4.1.4 The current dental practice

Booking appointments

Respondents were asked to select which NHS dental practice in West Norfolk their children attend and the following questions relate to their experience of that specific service.

Sixty-nine percent of respondents (69%) felt that it was *easy* or *very easy* (181) to book an appointment for their children. Conversely, 17% found it *difficult* or *very difficult* to book an appointment (43 respondents). Interestingly, although their experiences of the booking system was predominantly positive, appointments featured heavily in the open questions in *section 4.5* as a barrier to dental care for their children.

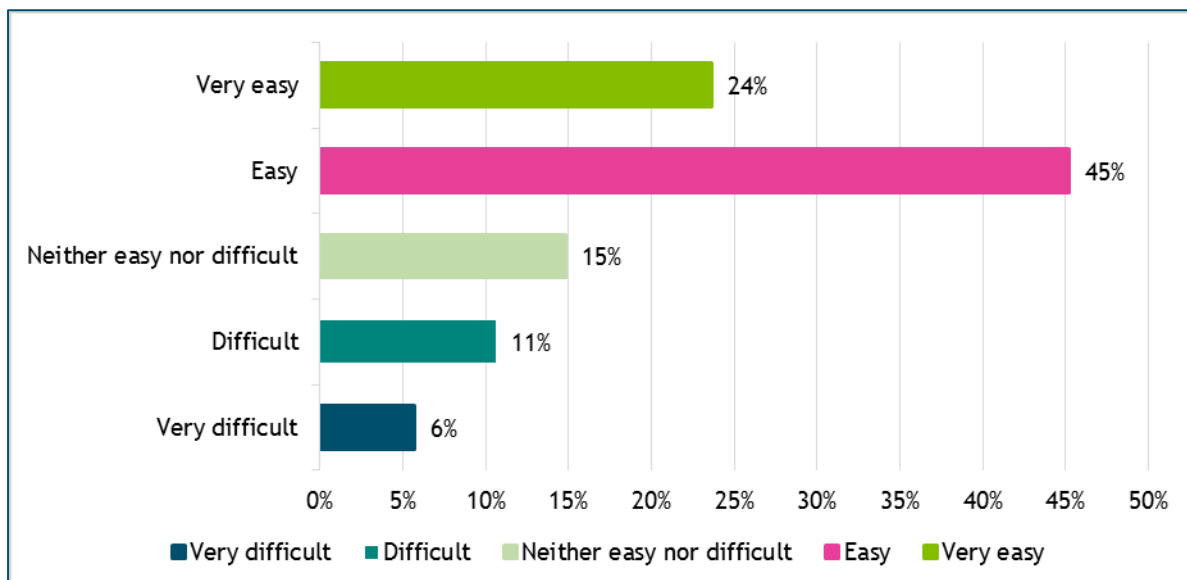


Fig 5. Respondents rating how easy it is for them to book an appointment for their children.

Overall rating

The majority of respondents (84%) rated their overall experience of their children's dentist as *good* or *very good*, compared to just 6% who rated the service as one or two stars (*very poor* or *poor*).

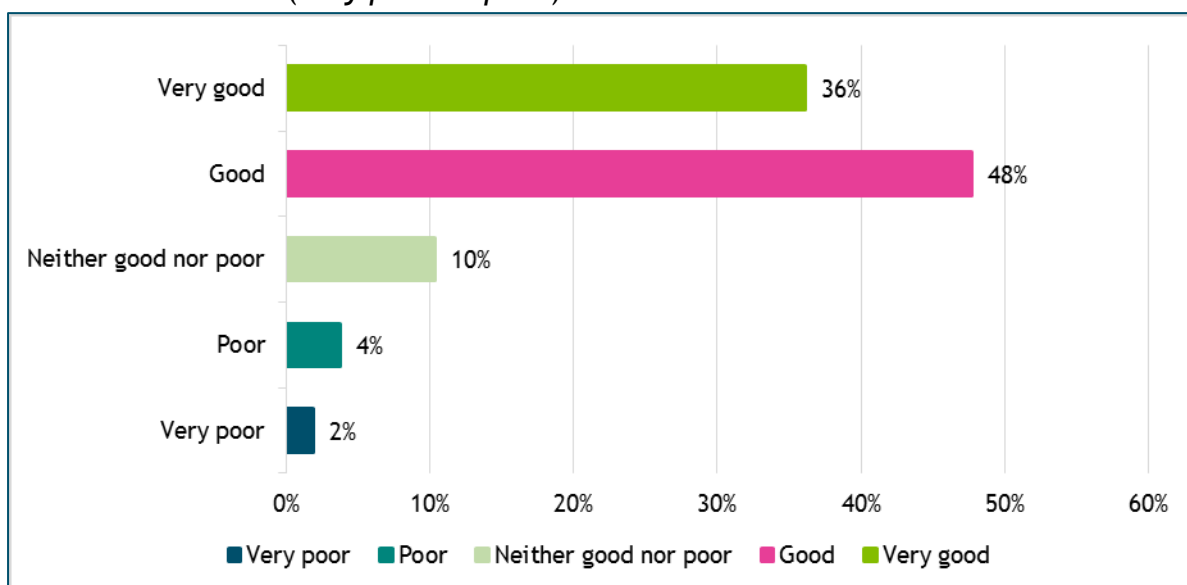


Fig 6. Respondents rating their overall experience of their children's dentist.

Respondents were asked to explain their rating. This was an open style question to allow parents/guardians to share whatever felt important to them.

Of the 42 respondents who rated the service 1-3 stars (*very poor* to *neither good nor poor*), 35 highlighted a range of issues, which were grouped into two main categories: ***appointments*** and ***quality of service***.

Appointments

Nearly half of the respondents who rated their overall experience 1-3 stars (17) detailed issues to do with their appointments. In several cases, they mentioned more than one element of the appointment and this was coded accordingly.

Ten parents/guardians felt that they had to wait a long time for an appointment for their children and for some (eight respondents), appointments were then cancelled, sometimes at short notice. This was a particular issue when trying to rebook and then being told that they had to wait several more months to be seen.

- *"We waited 3 years to be accepted at this dentists. We have been with them for about 2 years and had 1 appointment. The following 3 appointments have been cancelled via text/email with no reason."*
- *"Booking an appointment for 6 months' time is fine, but they're appointments are always cancelled a month before and rebooked for 2-3 months after the cancelled appointment date. Not a great experience really."*
- *"Took almost 11 months after registering to get our first appointment. Appointments cancelled at short notice after arrangements have been made for time off school/work."*

Another area of the appointment, which parents/guardians paid particular attention to, was the difference in dentists from one visit to the next (five respondents), which they spoke of in a negative manner, predominantly.

- *"Most times we go to the dentist we see a different dentist. This is hard for children as its reassuring when they can see the same person each time."*
- *"Every time we go we see someone different in different rooms etc. Not very consistent when getting a child settled in."*

Finally, waiting times once present in the dental practice, was noted by three respondents as a problem.

- *"Always need to wait more than 15 min. Can't have any plans after dentist because you never know how long it takes."*
- *"We had to wait 7 weeks for an appointment then waited over an hour and half past our appointment to be seen. I never even registered my second child as I was not happy with their service."*

Quality of service

Ten detailed comments revealed some issues around the perceived quality of care received at the dental practice which also includes lack of information/advice given.

- *"In and out, no advice given to children like we used to get."*
- *"My children's dentist doesn't seem particularly thorough, it's literally a peek inside their mouths."*
- *"Appointment is rushed and no time for oral hygiene advice or prevention strategy."*

- *“Current dentist lacks the care and attention of our previous dentist. Standard of acceptable teeth appears to be much lower.”*
- *“Feedback from the dentist on oral care is inconsistent from one dental appointment to another. I personally have reservations whether my son is accessing good quality dental care.”*

Respondents who rated the experience of their children’s dentist 4 or 5 stars (good or very good) and shared in more detail why they gave such a rating (152 parents/guardians), highlighted several positive aspects of the service, however, in some cases, there still seemed to be negative aspects relating to appointments.

The main categories which these responses were grouped into, were:
appointments, quality of service, involvement and environment/facilities.

Appointments

Forty-five (45) noted appointments within their answers. As mentioned, there still appeared to be experiences of long waits for appointments (both routine and emergency), cancellation of appointments and availability of appointments around school or work hours. However, many noted positive experiences relating to appointment availability, children seeing the same dentist each time and waiting times in the practice being short.

- *“I struggle to get a dentist appointment when required. I waited 6 months for my children’s appointment 2 weeks before they cancelled it and because it was only routine. They are now waiting another 3 months as it’s the next available I could have.”*
- *“It is difficult to get an appointment after 4pm (after school), the dentist only works certain days as well and its difficult to fit around work and school.”*
- *“Dentist is good but if you need an emergency appointment you can’t get one easily. Normally 2/3 week wait.”*
- *“We have had a good experience overall at our dental practice. My son needed an emergency appointment one day and we were seen that evening after he finished school. I have never had a need to complain about any aspect of our care.”*
- *“I have always found that the appointments are running on time and we don’t have to wait too long (crucial with young children!)”*
- *“Good service and we see the same dentist at every visit and have a good rapport with her.”*
- *“Our experience has always been positive. Easy appointment making, text reminder. Very friendly and informative staff and dentists. The place is extremely clean and seems excellently run! The kids are always happy to go here.”*

Quality of service

Twenty-nine parents/guardians shared details about the quality of the service their children receive, including the dentist engaging with the children, the appointment being thorough and offering information/advice.

- *“Very good friendly dental practice and thorough looking at my daughters teeth.”*
- *“Very good service and they are assisting and supporting her while trying to give up sucking her thumb.”*
- *“Attentive to her and always gives her good dental advice about cleaning not sucking thumb etc.”*
- *“They take the time to explain to my children the best ways to take proper care of their teeth.”*

Involvement

Linked to quality of service is involvement, both of the parents/guardians in their child’s care but more important in terms of involving the children in their own care. This was noted by ten respondents who rated their overall experience of their children’s dental practice as 4 or 5 stars.

- *“Very attentive towards our child, explaining what’s happening to him. Informing the parent of what’s happening throughout.”*
- *“I am pleased they ask my daughter questions rather than just me. My daughter likes going to the dentist as she gets to pick a sticker.”*
- *“Excellent dentist, very calm, very reassuring. Explains fully to my child what she is doing so he feels calm.”*
- *“The dentist makes our children feel at ease and speaks directly to them (i.e. not as a third person while speaking to their mum). The girls have the reward stickers!”*

Environment/facilities

A few respondents noted the cleanliness and calmness of the dental practice that their children attend. The physical accessibility of the practice was noted and one suggested a way of improving the practice for children.

- *“Easy, friendly and clean.”*
- *“Access for buggy’s and pushchairs is a problem with dentists on the upper floors but now they have extended the reception area there is space to leave them now at least. The practice is always clean and well equipped.”*
- *“The dentists surgery is clean and bright although it would be nice if there was a few more toys or a fish tank or something to keep them busy while we wait.”*
- *“The practice has a very calm atmosphere and everyone are very kind.”*

Across all reviews, both negative and positive, the majority of parents/guardians praised staff. There were a few cases where staff were unengaging with children, uncooperative or sometimes rude, but typically the staff were “good with children”, “patient”, “friendly”, “professional”, “thorough”, “informative” and “put the children at ease”.

4.1.5 Barriers to NHS dental care for children and young people in West Norfolk

We posed two open questions that respondents could write whatever felt relevant to them, regardless of whether they take their children to the dentist or not, relating to barriers to NHS dental care for their children and how these barriers could be overcome to make it easier for them to access NHS dental care.

Given that parents/guardians could answer these questions regardless of whether their children attend a dentist or not, there is likely to be crossover with the answers given and emerging themes, particularly from section 4.2 where reasons why the parents/guardians didn't take their children to the dentist were explored. Additionally, if they do attend a dental practice with their children but there feel there are some issues, these may have also been shared in section 4.4.2.

149 parents/guardians responded to this question highlighting several issues as barriers to accessing NHS dental care for their children, but the top three broad categories related to **appointments**, **availability of NHS services** and **location/transport**. Often these three also interlinked.

Appointments (66 respondents)

Nearly half of the respondents (44%) detailed issues regarding the appointments for their children as barriers to accessing NHS dental care, such as:

- Long waiting times from booking an appointment to attending the dentist (both routine and emergency), especially to fit in around school or work hours.
 - *"Long waiting time. Months before appointments are available I called over Christmas to book an appointment, hoped for Feb 1/2 term, but they couldn't be seen till May."*
 - *"Trying to book appointment in holiday time or after school can sometimes be a problem."*
 - *"Can find it takes a while to wait for an appointment. Had to wait 3 months for a check up. Being part of the RAF community, we move frequently."*
 - *"Finding an NHS dentist and then getting an appointment. We are an RAF family and have to move about every 2 years."*
 - *"Have a long time to wait if you need to rearrange an appointment."*
 - *"For emergency appointments can wait 2 weeks or longer! Appointments available. Late night appointments not available."*
 - *"Appointments need to be booked a long time in advance."*
- Cancellations of appointments
 - *"Just the cancelling of appointments. Last time, I was left a voicemail to say it was cancelled and when I returned to make another one I was told that I didn't turn up for an appointment!"*
- Referrals to other dental services such as orthodontists and hospitals (6 respondents)
 - *"Long wait on referrals for the dentist to hospitals."*
 - *"Long waiting lists for orthodontists (12 months)."*
 - *"When my eldest daughter required a brace I had to travel out of county to Cambridge - 45 mins by car for a 10 minute appointment every 3 months"*

and I was lucky to get appointments at weekends as others have had to go during the day which takes a child out of school for half a day and also I lose half a day pay. Therefore it would probably have been cheaper to pay for the service.”

● *“There are no NHS orthodontists in West Norfolk - we are going to have to travel to Norwich and I believe that we will have to go fairly regularly.”*

● Waiting times whilst in the practice waiting to be seen (2 respondents)

● *“Too long to wait in waiting room with children.”*

Availability of services (61 respondents)

Given that 26 respondents had not taken their children to the dentist because of availability of NHS services and long waiting lists, it is unsurprising that this is one of the top barriers perceived by parents/guardians in West Norfolk. Again, respondents here noted issues around finding an NHS dentist with spaces, others noted the availability **in their local area**. Finally, long waiting lists in order to be able to register to be seen by a dentist at the practice was noted.

● *“I haven’t been able to get my daughter in the dentist as they are full.”*

● *“Too long waiting lists. No appointments available nearby. Travel too far.”*

● *“Can’t find a dentist taking on NHS patients.”*

● *“Finding an NHS dentist and then getting an appointment. We are an RAF family and have to move about every 2 years.”*

● *“My husband is in the military so we can expect to move frequently. Finding a dental practice who are accepting NHS patients can be difficult.”*

● *“Unable to find a good dentist (with vacancies) closer to home.”*

● *“Not enough services in the local area.”*

Location/transport (22 respondents)

The majority of the respondents to this survey (84%, 221) answered that they have to rely on a car, in order to get to their children’s dental practice. Additionally, barriers around appointments and availability of services, both highlighted aspects relating to location and transport, from orthodontist referrals being out of county or in Norwich to NHS services being available in their local area.

Particular issues around location and transport alone are due to some parents/guardians not being able to drive or do not have access to a vehicle at all times and so have to rely on public transport or fitting in appointments around other members of the family.

This was a particular issue for those on the RAF Marham Base and other remote villages where people do not drive and buses are limited.

● *“Got to fit my son’s dentist in when his dad finishes work, as I don’t drive and the local bus to Downham Market is very limited.”*

● *“When I couldn’t drive I have to rely on buses. The bus from Marham only goes to Kings Lynn.”*

● *“Transport would be difficult if I did not drive and husband was deployed (RAF). Not many local NHS dental services.”*

- *“Making sure I have transport to get there. With husband working in the RAF - stationed away from home - we may only have access to a car not very often.”*
- *“Limited places for NHS for children locally. Not prepared to go more than 10 miles to visit dentist. Don't think it's practical.”*

Other barriers to accessing dental care in West Norfolk

As noted by 13 parents/guardians in section 4.2, age was highlighted as a barrier to accessing NHS dental care for their children. Firstly, due to practice policy relating to age of accepting children to attend the dentist, which seemed to vary and secondly, due to lack of knowledge that parents/guardians had around when to start taking their children.

- *“Even though our child had teeth since she was 3 months old our dentist advised us that she didn't need seeing till she was 2 years of age.”*
- *“Have been told in past, son was too young to book an appointment for when he was 2.”*
- *“Our dentist wouldn't register our youngest until he was 3. I would have liked him to have been seen at a younger age.”*
- *“I don't really know when the best time to take them is, I don't want to pay unnecessary costs if they are still too young but I haven't had any info really.”*

In addition, other areas regarding information and advice was the inconsistency and accuracy of information online, predominantly NHS Choices information around the availability of services in the area and the difference in information they got when ringing the dental practice, directly.

- *“Having correct information on NHS Choices, I found the information provided wasn't necessarily the same when I phoned the practice. When phoning the practices the phones were often left ringing and ringing, no answer phone facilities.”*
- *“Advice online seems to be different from advice given at surgery.”*

Finally, others noted administration and organisational elements as a barrier, such as text reminders not being linked to the whole family and splitting families up, both different members of the family having different dentists within a practice, and also different members of the family having to attend different practices.

4.1.6 How these barriers could be overcome

Unsurprisingly, the most common suggestion for overcoming barriers to accessing dental care in West Norfolk for children and young people was around commissioning (71). Three respondents suggested bringing back school dentistry as that would help with the issues around appointment availability outside of school hours. Of the 71, 24 specifically stated that more services were needed in the **local area** with the rest simply stating that more practices, spaces or dentists were needed in general.

- *"More local services available."*
- *"A dental service in Marham for non-driven would be helpful."*
- *"NHS practices readily available in the area."*
- *"Having a dentist in the community we live in (RAF Marham) would help overcome some barriers."*
- *"The area needs more dentists."*

More availability of appointments in general and more out of school hours or out of hours (evening/weekend) appointments were highlighted as a way of overcoming these barriers.

- *"More dentists working after 5pm and or weekends."*
- *"Maybe staying open slightly longer once or twice a week to allow the children to visit the dentist without having to take them out of school, something the school isn't very happy about when you have to do this."*
- *"More availability of appointments and orthodontists."*
- *"More appointments in an emergency."*

Improvements to information and advice regarding options of NHS dental services in the area and when these become available were raised by some respondents. Additionally, information about when to take their children and advice around oral health was also welcomed by parents/guardians.

- *"Clear guidance for parents and receptionist of when a child should start going to the dentist."*
- *"I don't know anything about dentist options, when it comes to my children, so maybe some info regarding available dentists."*
- *"Website search for dentists with NHS availability for children - could sign up for alerts so that when suitable dentist advertising places you would know straight away."*
- *"Accurate information available through NHS Choices, working in the dental industry, I am aware the information is updated by the practices themselves, whilst there is now a warning that shows if they haven't updated information in the last 90 days, it doesn't necessarily guarantee accuracy. I found 111 very helpful and raising awareness of the service for advice/accessing emergency facilities would be helpful."*

Other ways of overcoming barriers were suggested such as online booking systems, keeping families together, reduce the cancellation of appointments, ability to book appointment with another dentist if assigned one isn't available, access to dentist downstairs or lift to consultation rooms upstairs and training of staff.

- *"Be more readily available and send automatic appointments or reminders like the opticians do."*
- *"Be like GP surgery if your Dr not there or no appt to see them, alternative GP found could be like this with dentists."*
- *"Having access to a dentist on a ground floor instead of taking four very small children upstairs."*

4.2 In focus: RAF Marham

Twelve respondents explicitly identified as living on the RAF Marham Base and/or being part of a service person's family. All of these respondents noted barriers to care relating to availability of services locally, transport and appointments. Again, these interlink.

Because of the nature of the RAF lifestyle, regular moving makes it difficult to get regular dental care due to issues with patient records not following the patient, availability of NHS services and then once registered, if able at all, the availability of appointments within a reasonable time frame.

In addition to this, if able get an appointment, many noted the location of the Base in relation to the local towns where the dental practices are, such as Downham Market, King's Lynn and Swaffham; the distance they have to travel to their nearest practices and the limited bus service and therefore the need to be able to drive.

However, for many, they do not drive, or only have access to one car and so they have to rely on this limited bus service or arrange appointments around their family members deployment or work arrangements.

"When I couldn't drive I have to rely on buses. The bus from Marham only goes to Kings Lynn."

"Transport would be difficult if I did not drive and husband was deployed (RAF). Not many local NHS dental services."

"I can't drive so appointments have to be made around husband's work."

"Making sure I have transport to get there. With husband working in the RAF - stationed away from home - we may only have access to a car not very often."

For this group of respondents who answered the questionnaire, there was only one suggestion for overcoming barriers to accessing NHS dental care for their children: **more local services.**

"Have an NHS dentist service on camp or closer."

"Having a dentist in the community we live in would help overcome some barriers."

"An NHS accessible dentist for all military personnel and dependents within quarters would be easier. There are a lot of people I know who either can't get a local dentist or travel a great distance."

"Dentist on camp."

"A more local service to RAF Marham."

"Allowing military dependent children to use on-base facilities?"

4.3 “Mystery shopping” exercise

All 13 “high street” dental practices were included in this exercise, to compare the accuracy of information provided online (NHS Choices and their own websites) compared to telephone calls directly to the service and ultimately, the availability of services in West Norfolk. This exercise was carried out between 26 March 2018 and 06 April 2018.

4.3.1 Information provided

Some of the dental practices did not have their own website (five settings) and 10 of the 13 practices had inaccurate or missing information on either their website or NHS Choices when we contacted them directly by telephone.



Only three of the 13 “high street” dental practices provided us with information on the telephone that matched the information displayed on their website or on the NHS Choices website.

4.3.2 Who are accepting NHS children patients?

According to NHS Choices, five practices were accepting children, with a further three being accepted as a result of a dental practitioner referral (eight in total). Four were not accepting children and one did not have any information provided.

When carrying out this exercise, looking at the dental practices own websites, as mentioned five did not have one, a further five provided no information as to whether they were accepting NHS children patients or not and the final three all stated that they were not accepting children. One of these when calling, did in fact have spaces to accept children, therefore showing a further inaccuracy of information.

However, when telephoning the dental practices directly, using a script to ensure consistency across the exercise (see Appendix for the full script used), we found very different results:



Only four of the 13 “high street” dental practices that have NHS contracts for children in West Norfolk were accepting children. However, one of these will **only** accept a child for NHS services, if their parent/guardian uses the service as a paying private customer (this service is predominantly private, but has capacity for NHS places for children only).

4.3.3 Further questions based on survey results

Given that this exercise was carried out at the end of the project, we had analysed the survey data and were aware of the emerging themes surrounding appointments

- specifically, long waits for appointments - and, inconsistencies in age of acceptance regarding children.

As a result, when telephoning the dental practices, we also asked those that were accepting NHS children patients (four practices), whether they had a minimum age of when a child would be able to attend their dental practice and when the next available appointment would be if we were to book at that point.

Two of the practices said that a child could attend “as soon as comfortable”, one said “as soon as teeth appear” and the final practice said that children could attend at any age.

In line with findings from parents/guardians, there does seem to be waits for appointments at the practices accepting children. Of the four currently accepting children, the earliest available appointment was advised as being in **June/July 2018**, with the longest wait being until **August 2018**. One dental practice said that the child had to register before being advised when the next available appointment would be.

4.3.4 Further observations from the “mystery shopping” exercise

Through the parent/guardian survey, respondents also noted issues around contacting the dental practices and getting through to talk to someone. Thus, we recorded how long it took for the dental practice to answer the phone, whether we had to telephone repeatedly to get through and whether the dental practice provided an answerphone if there was no answer.



Five of the 13 dental practices answered first time. Two had to be called several times and the calls were not answered until the 4th and 5th calls, respectively.

When getting through to speak to someone, most calls were answered in under one minute, but some calls took a lot longer with one taking six minutes before the call was answered.

The five who answered the phone first time meant that we were not able to record whether they had an answerphone or not. Of the remaining eight dental practices, five had an answerphone, with one detailing the NHS 111 service. One did not have an answerphone at all. Interestingly, two dental practice detailed a call back service, which was activated when there was no-one to answer our phone call.

4.4 Summing up the findings

To conclude, from the findings, the majority of parents/guardians who take their children to the dentist have a *good* or *very good* overall experience and similarly, find it easy to book an appointment at the dentist. Across the detailed experiences, staff members from receptionists to dentists were praised for their positive attitudes towards their children, including being “friendly”, professional”, thorough” and “good with children”.

Having said that, there are clear barriers to accessing NHS dental care for children and young people in West Norfolk which stem from key areas such as, the availability of NHS dental services, in particular services in the local area to where the parents/guardians live, which went hand-in-hand with transport problems for some; the availability of appointments, and more specifically fitting the appointments around school or work hours; cancellations and long waits for appointments and finally, information/advice around taking their children to the dentist and availability of services.

These findings from the parents/guardian were echoed in the “mystery shopping” exercise we conducted at the end of the project which showed that very few dental practices were actually accepting children and those that were could not offer an appointment for another two to four months.

Additionally, information/advice offered through NHS Choices and dental practice websites was often missing and/or when comparing to contacting the dental practices directly there were often inconsistencies in the information provided.

Difficulties in contacting dental practices, as noted by parents/guardians was also replicated in this exercise as several of the practices did not answer first time, some offered a call back service as no-one could answer the phone and some calls took a number of minutes to be answered.

Particular issues noted by the families in RAF Marham in the survey conducted by the Norfolk Armed Forces Covenant Board last year, were replicated by the families in this survey, but more importantly, there is evidence showing that there is a wider issue of access in the civilian population of West Norfolk as well as the military families.

5. What next?

5.1 What we have done with the findings

- We have met with RAF Marham's Community Development Officer, Norfolk Armed Forces Covenant Board and the NHS England Commissioning Contracts Manager for dental services to discuss next steps.
- Working closely with the NHS England Commissioners have enabled us to increase their awareness of the importance of our work - dental services in the county, including the issues faced by those that live on the RAF base.
- We have identified the need for some short term plans whilst pursuing the longer term goals for military families, of increased service provision.
- We have started to build relationships with CQC and have an information sharing process in place, in line with Data Protection principles which will inform our respective work programmes. This report along with specific service related reviews of concern (and good practice) will be shared directly with them.
- We are supporting the NHS England procurement processes regarding Special Care Dentistry and Out of Hours dental services, through promotion on our website, possibly hosting a patient forum and also we will be sharing the report including individual feedback with these commissioning managers to ensure patient feedback is taken into account.

5.2 What we will be doing with the findings

Evidence...	Recommendation/action...
We have continued discussions throughout the project with RAF Marham, given the issues they raised with us and this has featured in our work and findings.	We will be presenting the report alongside Wing Commander Stewart Geary (RAF Marham) at the Norfolk Health Overview and Scrutiny Committee (HOSC) in May. NHS England representatives will be attending.
Military families highlighted issues accessing services in the local area, especially given the location of the RAF base, the transient nature of forces families and issues around finding NHS dental services who are accepting patients and then the long waits for appointments. Patients should be able to access a service at the point they left it if they are accessing treatment. Currently, patient records for dental services don't follow the patient if they move.	Using the Armed Forces Covenant, local dentists will be asked to offer places for families of current serving personnel to ensure they are not disadvantaged, as a first step to improving access for families. To achieve this, we recommend that an event is to be held where dentists can attend the Base and offer places where families can "sign up". To assist with the issue of transport, we have identified a contact at West Norfolk Community Transport. We will meet with them to discuss next steps and introduce them to the RAF Marham's Community Development Officer in order discuss potential solutions/routes.

	NHS England to consider patient registration to enable patient records (both military and civilian population) can follow the patient if they were to move or be stationed in a new area.
One of the biggest barriers was the availability of NHS dental services, especially in the local area. This leads to parents being unable to take their children to the dentist, and those who have been able to access NHS dental care still experienced long waits to attend or having to travel further to an available service for their children.	NHS England to consider looking at the current service provision in Norfolk and an updated Oral Health Needs Assessment should be carried out.
From undertaking this work, we have had a range of experiences of NHS dental services and have received specific feedback about most practices in West Norfolk, which haven't been detailed explicitly in this report.	Individual service provider feedback will be shared with the local dental practices (where we have obtained specific feedback) along with the report, for information/comment.
	Service specific feedback will also be added to our internal evidence database and be published on our public-facing website (where we have obtained consent to do so) which will enable the public to make informed decisions about their and their children's dental care.
Inconsistencies and inaccuracies of information provided online (NHS Choices and dental practices own website) were found when telephoning the dental practices in West Norfolk directly. This was highlighted by parents/guardians in the survey and echoed in the "mystery shopping" exercise.	The findings from the "mystery shopping" exercise will be shared with NHS England Midlands and East as they manage the service listings on NHS Choices. When contacting dental practices directly with the feedback we received, we will also share findings specific to their service with the recommendation to update and keep this page updated, given that it is the public-facing resource for finding NHS services in the local area.

In addition to the recommendations and actions to be taken, the report will be shared with the Local Professional Dental Network, Care Quality Commission, Public Health (Norfolk County Council), NHS England, Healthwatch England and any other relevant stakeholders, so they are aware of what people are saying about NHS dental services in West Norfolk.

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7. Appendix

Can you help us?



Healthwatch Norfolk would like to understand more about NHS dental services for children and young people (anyone under the age of 18) in West Norfolk, whether they are accessible and your views and experiences of your children's NHS dental care. Your answers will help us to find out what is working well and what needs to be improved. There are 11 short questions to answer and the survey should take around 5-10 minutes to complete.

All responses will be anonymous. We will publish the feedback we collect about specific services on our public facing website and we will use the information you provide in a project about dental services for children and young people in West Norfolk, that will be shared with the local decision makers who are responsible for planning and delivering NHS dental services in your area. You will not be named at any point and we will take great care to make sure that nobody will be able to find out who said what.

All information will be stored securely and will be destroyed at the end of the study, once the final report has been published. Once we receive your completed survey it may not be possible for it to be withdrawn.

About Healthwatch Norfolk

Healthwatch Norfolk is the consumer champion for health and social care in the county. We are here to help you have your say about the way that health and social care services are planned and delivered in Norfolk. For more information, please visit: www.healthwatchnorfolk.co.uk

Questions?

If you have any questions, please contact Fennie Gibbs, Healthwatch Norfolk Information Analyst, as follows:

Freephone: 0808 168 9669

Email: enquiries@healthwatchnorfolk.co.uk

Please read the following bullet points and select your choice below:

- I understand the purpose of this project
- I understand participation is voluntarily
- I understand all responses will be anonymous
- I understand my experiences may be used in future reports, publications, articles or presentation by Healthwatch Norfolk
- I understand that I can withdraw from this project at any time during completion. However, once Healthwatch Norfolk receive my completed survey it may not be possible for it be withdrawn
- I agree to take part in this project

☐ Yes

Please continue to question 1.

☐ No

Thank you for your time, please dispose of this survey

1. Do you have any children under the age of 18?

- ☐ Yes
☐ No

Please continue to question 2.

**Please read the statement at the bottom of the page.*

2. How old is your child(ren)? Please select one age band for each child you have.
If you don't have all five children, please leave the rows blank:

	0-5 years old	6-10 years old	11-15 years old	16-17 years old
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable)				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable)				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable)				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if applicable)				

If you have more than five children under 18, please tell us their ages...

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3. How often does your child(ren) visit an NHS dentist? Please select one option:

- ☐ Every six months
☐ Every year
☐ Every two years
☐ Less often than every two years
☐ Only when they have trouble with their teeth
☐ They never visit an NHS dentist because they are registered with a private dentist
☐ They never visit an NHS dentist for another reason (please explain below):

**Please read the statement at the bottom of the page.*

--

**Thank you for your time. This survey is for parents/carers of children under the age of 18 and the experiences of these NHS dental services in West Norfolk. If you would like to leave a review about adult NHS dental services in the county, or any other NHS funded health service or public funded social care service in Norfolk, you can do so at our website: www.healthwatchnorfolk.co.uk*

4. What is the name of your child(ren)'s NHS dental practice?

- ☐ Castle Rising Dental Surgery
- ☐ Coastal Dental Practice, Snettisham
- ☐ Direct Dental Care, Gaywood
- ☐ Downham Dental Practice
- ☐ Downham Market Dental Care
- ☐ Gayton Road Dental Care, Gaywood
- ☐ Hall Farm Dental Surgery, Roydon
- ☐ Hunstanton Dental Practice
- ☐ Kings Lynn Dental Access Centre
- ☐ Lynn Road Dental Practice, Gaywood
- ☐ Mydentist - High Street - Kings Lynn
- ☐ Mydentist - Purfleet Street - Kings Lynn
- ☐ Riverside Dental Practice, Kings Lynn
- ☐ The Dental Surgery - 3 The Pightle, Swaffham
- ☐ The Grange Dental Surgery, Snettisham
- ☐ Townley Dental Centre (Upwell Health Centre), Upwell
- ☐ Other (please describe below)

5. Roughly how far do you travel to your child(ren)'s dentist?

- ☐ Less than 1 mile
- ☐ 2-5 miles
- ☐ 6-10 miles
- ☐ 11-15 miles
- ☐ More than 15 miles (please describe roughly how many miles you travel):

6. How do you travel to your child(ren)'s dentist?

- ☐ Bus
- ☐ Car
- ☐ Taxi
- ☐ Walk
- ☐ Other (please describe):

7. How easy do you find it to book an appointment for your child(ren)? Please select one option:



Very Difficult



Difficult



Neither good
nor poor



Easy



Very Easy

8. How do you rate your experience of your child(ren)'s current dentist? Please select one option:



Very Poor



Poor



Neither good
nor poor



Good



Very Good

9. Please share your experience of your child(ren)'s dentist in more detail. If you need more space to share your experience, please continue on the back of the last page of the survey:

10. What barriers do you face when trying to access NHS dental care for your child(ren)?

11. How could these barriers be overcome to make it easier for you to access NHS dental care for your child(ren)?

About you

Thank you for sharing your experiences with us. We would now like to ask some further questions about you, on the following pages. **You do NOT have to answer these questions if you do not want to** but any information you give us will help us to make sure that we are representing local people effectively. Your personal information will remain confidential.

12. What is the first half of your postcode? (e.g. NR18)

13. What was your age on your last birthday?

14. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

15. Is your gender identity the same as the gender you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual or straight
- ☐ Prefer not to say
- ☐ Other (please describe):

17. Do you have any physical or mental health conditions or illnesses lasting, or expected to last for 12 months or more?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

18. What is your religion?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (all denominations)
- ☐ Jewish
- ☐ Hindu
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Any other religion (please describe):

19. What is your ethnic group? Choose one section from A to E, then tick one box which best describes your ethnic group or background:

A. White

- ☐ English/Welsh/Scottish/
Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other white background

B. Mixed/Multiple

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/Multiple
background

C. Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian/Asian British
background

D. Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other
Black/African/Caribbean/Black British
background

E. Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group
- ☐ Prefer not to say

If other, please describe:

Script used for the “mystery shopping” exercise

“Hi, I was wondering if you are accepting NHS patients?

I am moving to West Norfolk soon and will need a dentist for my family, there’s three of us.

My partner is exempt from paying as he has a HC2 form. I would be paying.

At what age do you accept children, my daughter is 1 year old?

...

How long you think I’ll have to wait for an appointment once I’m registered?”