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Foreword



Sir Robert Francis QC,
Chair of Healthwatch England

I want to thank the thousands of people who have continued to share their experiences with us about seeking care during the COVID-19 pandemic.

What is clear is that over the summer, while some restrictions eased, many people continued to struggle when it came to accessing routine care.

One of the most significant issues that people have raised is about access to NHS dentistry. The COVID-19 crisis has impacted on many areas of NHS support - but, as the following report highlights, the problems in dental care appear to be particularly acute.

Even before the pandemic, people were telling us about problems in accessing NHS dental appointments. Since the start of the summer, these reports have increased. All too often, people have said that they can't find an NHS dentist to help them. Not only has this been frustrating, but many people have been left in pain or discomfort as a result. Individuals have been offered the option of having private treatment, but this is not affordable for many.

As a result of COVID-19, over 14.5 million fewer treatments have been delivered in 2020 compared to last year, and we've shared with both the Government and the media the impact this is having.

Health and care services are working hard to deal with COVID-19, but we believe the NHS should give more attention to resolving what has been a long-standing issue in dentistry.

If we don't improve access to NHS dental care, not only do people risk facing far greater dental problems in the future, but it also puts pressure on overstretched hospitals and GPs. Untreated dental problems can lead to pain, infection and the risk of long-term harm, which is comparable with other medical conditions. People with dental needs must be able to access the care to which they are entitled.

In the short term, people need immediate access to urgent dental care and clear information about how to obtain this. But to truly address the issues and prevent other parts of the system having to pick up the care, long-term, we need to have far better access to routine dental treatments for the public in England.

This review of the experiences the public has shared with Healthwatch also looks at the issue of care home visits. The distress caused to residents and their families by the decision of some care homes to stop visits without consulting them has been widely reported.

We have highlighted with Government the need to clarify the guidance for care homes to ensure that residents are not isolated from social contacts more than is demonstrably necessary. A point which we are pleased to see has been addressed in the latest guidance to services.

Sir Robert Francis QC, Chair of Healthwatch England

About this report

Each month, thousands of people share their experiences with Healthwatch about NHS and social care services.

This report forms part of the regular updates we provide to NHS and social care service leaders about the key issues that the public are telling us about.

What is in this update?

In this update we look at the specific issues people have raised in relation to:

- Accessing NHS dental care
- The support provided in care homes
- Getting COVID-19 tests

The report also provides an overview of:

- The online advice and information the public are seeking from Healthwatch England
- The sentiment of feedback we have received by health and social care service area

What does our evidence cover?

This report covers the period July - September 2020 and is informed by 38,082 people's experiences of care. This is an increase of public feedback by 172% compared to the same period in 2019. It reflects additional data sources and an increase in engagement due to the pandemic.

People's views are taken from 217 local Healthwatch reports published to our reports' library about local NHS and social care services, as well as individual feedback we have received from the public. The graph overleaf shows the proportion of all our evidence by sector.

Who are we hearing from?

The following information provides a snapshot of the people who completed our national survey about their experiences of health and social care during July - September 2020.

- 77% were women, and overall 93% were cisgender
- Three-quarters were aged between 50 and 79 years
- 73% told us they were White British, English, Welsh, Scottish or Northern Irish
- Nearly three-quarters identified as heterosexual
- 23% were carers
- 62% had a long-term condition.

We recognise that our data is not representative of many people living in England. We are committed to hearing from the people and communities who face multiple layers of disadvantage and discrimination, so that their views and needs are better represented.

Our evidence by sector



Dentistry: Ongoing issues & the impact of COVID-19

We have seen a significant increase in the number of people telling us about the problems they face accessing dental care. Between July and September 2020, the number of people who provided feedback about dentistry was 452% higher when compared with the previous three months.



A recurring issue

Since 2013, access to NHS dentistry is one of the recurring issues we have reported on:

- In 2014, we shared concerns to the NHS about the poor information available to help people find a dentist across the Yorkshire region, with particular issues in Kirklees and Bradford.
- In 2016, our national [report](#) found that things had not improved when it came to the information available via the NHS website. The report highlighted a lack of clear, consistent guidance about the dental treatments people can access through the NHS. More local Healthwatch across the country also raised concerns about access. Our evidence highlighted three particular groups most at risk of missing out on dentistry:
 1. People who lived in areas where the population had grown significantly but contract rules for dentistry meant that the NHS had not introduced additional capacity;
 2. People who couldn't easily access high street dentists such as care home residents; and
 3. People who were out of the habit of going to see the dentist regularly and were struggling because of poor information on where to find one taking on NHS patients.
- In 2019, evidence we submitted to the Health and Social Care Select Committee's planned inquiry into dentistry indicated that access to dentistry continued to get more acute in areas that already faced problems and that the issue was spreading to new areas.



Feedback has increased

This report shows that between July and September 2020, we have not only continued to hear similar concerns, but the number of people providing feedback has risen fivefold.

During this period, 1,313 people from 142 council areas across England shared their experiences of NHS dentistry - compared to 238 over the previous three months.

Feedback about other health and social care areas has increased but by a much less significant amount.

What are people reporting?

- More than 7 in 10 people (73%) found it difficult to access help and support when they needed it compared to just over 1 in 10 (11%) who could access care easily.
- More than half of people (51%) expressed negative sentiments about dentistry compared with 1 in 25 (4%) who said something positive. These trends are similar to what we heard in the previous quarter.

The affordability of dental treatment

The affordability of dentistry was an issue before the COVID-19 pandemic. In a YouGov poll with a sample size of 1,878 adults (aged 18+) based in England, carried out for Healthwatch England just before lockdown in March 2020, we heard that more than 7 in 10 people (73%) felt that NHS dental treatment charges are expensive and more than 2 in 5 (42%) said they either struggle to pay or avoid any dental treatment because they cannot afford the costs. When people can't get NHS dentist appointments, they may have to pay much higher costs for private treatment. This issue appears to have been further exacerbated by the impact of COVID-19 on dental services.

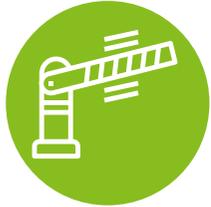
What are local Healthwatch telling us?

Several local Healthwatch have informed us that they received numerous, daily requests for “NHS dentists”, including Healthwatch Cumbria, who estimate that 1 in 2 people who contacted them in the last six months were struggling to access NHS dentistry. The issue was so acute that in some areas it led to local Healthwatch contacting NHS England and their local MP to raise concerns about lack of access to NHS dentistry in their community.

We did a poll of our network of which 71 local Healthwatch responded (half the network), which showed that in the last twelve months:

- Over half (52%) of local Healthwatch who responded, reported having seen a significant rise in the number of people contacting them about dental issues.
- More than 9 out of 10 (92%) of these Healthwatch leaders report that the situation has got much worse as a result of the COVID-19 pandemic.

What issues did people raise?



Access to routine and urgent NHS dentistry

The pandemic has made it difficult for most people to access both routine and emergency dental services – for some it was even harder because they were shielding and therefore could not book an appointment.

People reported not being informed when their dentists' appointments were cancelled. They were not sure when they would be seen by their dentist again as practices either did not provide them with any information or the information was inconsistent. Some found it difficult to understand how to access urgent dental care during the pandemic, particularly people with learning disabilities, while others didn't know whether treatments they had started before March would continue following relaxation of lockdown.

Treatment for many stopped and, even though many dentists are now open, the backlog and ongoing restrictions continue to cause problems when it comes to:

- Booking routine care
- Restarting treatment which began prior to the pandemic
- Accessing emergency treatment

Before the pandemic, we heard from some people that due to the lack of NHS dental services locally, they face traveling long distances, sometimes up to two hours, in order to access the help they need. With fewer services open, there is the risk that more people needed to travel long distances. This causes additional problems for people who do not have their own transport. For example, people living on the Isle of Wight have had to travel to the mainland for dental care, incurring extra cost as well as time.

Travel to dental services is not covered by the Healthcare Travel Costs Scheme, meaning that people on low incomes may not be able to afford transport costs if they are offered an appointment some distance away. This risks increasing existing health inequalities.

While this situation may only be temporary, the extra costs involved in travelling long distances may deter people from seeking NHS dental treatment or put them under additional financial stress. We therefore recommend that the Healthcare Travel Costs Scheme is extended to cover these journeys when there is not a local service available.



Booking routine care

While many dental practices have now reopened for routine services, we hear that people are still unable to get an appointment for routine check-ups, hygienist appointments or for fillings. This is because dentists are required to prioritise patients who need urgent care.

People have reported struggling to access NHS dentistry because practices are either not taking on new NHS patients or have no available NHS appointments. Some individuals have been told to wait until the new year to book an appointment, while others have told us that their dentist has put them on a waiting list and will contact them when they can offer an appointment - with an indefinite amount of time to wait. There are some people who will in effect have to wait a year to book an appointment because their appointments keep being cancelled or postponed.

I lost a filling right at the start of lockdown - phoned my dentist and was told to buy some temporary tooth repair paste. I had a check-up appointment for May which was postponed to December. The dentist re-opened in June but was only dealing with emergencies. I have phoned them a few times but still get told they are only dealing with emergencies. Yesterday (9 September) they told me that (a) they are not dealing with anyone on 'my' list (i.e. needing treatment but not in pain) and that (b) they will have to cancel my December appointment. I am in despair."

Experience reported to Healthwatch England

Many people have requested help from local Healthwatch to find an NHS dentist after unsuccessfully ringing around several local practices.

Caller wanted to find out how they can register with an NHS dentist. They stated they had tried 20 different dental practices in the area, but no one was willing to take them on. They wanted to know what else they can do to register with an NHS practice."

Healthwatch Hertfordshire

As part of their research into this issue, [Healthwatch Havering](#) contacted 27 local dentists. Of those who responded:

- Two dental practices said they were likely to start accepting new NHS patients by December 2021,
- One dental practice said that they were likely to be accepting NHS patients after 2021, and
- The remainder of practices either did not answer the question or said they would not be accepting NHS patients at all.

People also reported being unable to book any new appointments, as dentists were only seeing those patients who had booked an appointment before the lockdown.



Restarting treatment

In some cases, dentists have not been able to continue treatments that were started before the lockdown. Some people were given advice about their dental problems by the practice receptionists as there were no available appointments. When people's symptoms were not severe enough to meet the requirements for emergency dental treatment, they were left with no choice but to put up with toothache or broken teeth and fillings.

The patient was undergoing dental treatment pre-Covid-19 (fillings and root canal) but due to the outbreak the treatment was paused. She then had toothache. The pain was manageable, but the patient felt that the longer she left it her teeth could get worse. The practice has only been seeing emergency patients, but the dentist did prescribe antibiotics. He said that once the pain subsides, she could have an appointment. At the appointment her teeth were x-rayed, and it was confirmed that she needed root canal treatment. The dentist said that he wasn't going to do it and that she should have this treatment privately at another practice. His reason was that root canals take too long, and he wanted to focus on seeing patients that required fillings, check-ups - basically short appointments."

Healthwatch Birmingham



Accessing emergency treatment

We continue to hear about the difficulties people are facing when trying to access urgent dental treatment. People have said that they either can't get through to their dentist on the phone when they need urgent care or are unable to access treatment if they do not meet the criteria for urgent care. While some have been denied a referral to the emergency dental hubs by NHS 111 or by their practice because their symptoms did not fit the criteria for urgent care, others have been advised to buy temporary dental filling kits from chemists and take painkillers. Even when people were seen for an emergency dental appointment, some were offered only extraction or antibiotics with no follow-up care.

Before COVID-19 lockdown, caller was due to have root canal treatment, but his appointment was delayed because of the pandemic. He has been experiencing pain in that tooth for the last few weeks. He has been given antibiotics twice when he called NHS 111 to get an emergency appointment, but there weren't any available. He was told to call his own dentist for an emergency appointment. He did this and his request has been rejected twice by the dentist. He is very unhappy about this and the dentist is still refusing to see him. He is incredibly frustrated and is not sure what to do next."

Healthwatch Essex



Consequences of no access

People who struggled to access dental treatments during the pandemic often experienced inconvenience, anxiety, worsening problems requiring further treatment or worse. Some people were left in debilitating pain, while others feared that they would lose their teeth when they couldn't access care. The consequences we heard about include:

- Young adults who couldn't get orthodontic braces because they were unable to access the necessary preceding treatments required.
- Pregnant women entitled to free NHS dental care who were unable to register or book an appointment with an NHS dentist. As they couldn't take medication, their only option was to bear the pain. Some even wondered if their dental issues might affect their unborn child.
- Parents unable to get dental treatment for their children who were worried how it will affect them. In one case, a child who needed specialist treatment before lockdown ended up having extractions due to delays in treatment.

- People with ill-fitting dentures or broken fillings who developed ulcers, bleeding gums and infections. They were not only struggling to eat and speak, but lack of dental care also affected their self-confidence and their mental health.
- People who were passed from one service to another without addressing their problems and, in one extreme case, it dangerously affected their health and led to their hospitalisation.

We have heard a few extreme cases when lack of access to dentistry pushed people to take steps which put their health and wellbeing at risk. A resident from Derbyshire, for example, shared in our national survey that their son who has learning disabilities pulled their teeth out as they couldn't access a dentist. In [another case](#), Healthwatch Portsmouth heard about a person who used pliers at home to remove their own teeth.

From the troubling stories we have heard, we believe that more needs to be done by the NHS to understand the long-term impact on people's dental health, caused by the delays to care that have occurred during the COVID-19 pandemic.

Case study: The dangerous consequences of no access to dental treatment



On the 12 August [Wednesday] I called my local practice where I am a registered patient, as I was experiencing mild toothache. I was advised that the dental practice could not carry out aerosol generating treatment due to COVID-19 restrictions, so they extended an upcoming appointment to 9th September with a view that this treatment would likely be available by then.

In the early hours of Saturday morning [15 August], I woke with excruciating pain which worsened through the day and I experienced swelling around the lower jaw. Late afternoon I called NHS 111 who had a dental consultant call me back. This person advised that there isn't any emergency treatment in the local area until 9am minimum the following day and gave me a number to call, which I did.

The pain worsened by the evening and a NHS 111 call left me with the option to go to A&E which I was advised would result in a long wait as it would not be treated as priority and they probably would just give me stronger pain killer and so it would probably be best if I sat it out until morning.

I managed to see an [emergency] dentist on Sunday 16 August, who advised I would need root canal to treat a suspected tooth abscess. They referred me back to my dentist with a prescription for antibiotics which I immediately acquired and started to take. I tried numerous times the following day from 8.45 am to get through to my dentist and it went to voicemail straight away. Eventually late afternoon someone picked up the phone as I was leaving a message and said they couldn't provide any more emergency appointments that day and to call in the morning but booked me an appointment for Friday 28 August.

The evening after I noticed a red patch down my neck and called NHS 111 again. The doctor I spoke to advised I had developed cellulitis and prescribed stronger painkillers and additional antibiotics which my husband collected immediately, and I started to take straight away. I called my dentist in the morning and the receptionist arranged a call back. The dentist was reluctant to see me but offered to have a quick look. I went and she said I did need urgent treatment, but was unable to do root canal, and referred me back to the emergency dentist - who called me and said the best option was an extraction at my own dentist.

I called my dentist and she said that they could not do an extraction due to the swelling and she didn't think the anaesthetic would work. By the afternoon I had developed a temperature and tried calling my own GP for advice and was told that the best option would be to try NHS 111 or go to A&E as they didn't have capacity to call me back even though it was an emergency. So, I went to A&E. After a 2 hour wait to see a triage nurse, they admitted me. I was X-rayed, the infection drained, and then put on IV antibiotics overnight and the following day and put on the emergency surgery list.

Fortunately, I didn't need to go for emergency surgery, but they had to put me through 4 courses of antibiotics with a potential second night for observation. The doctors allowed me to leave on the grounds the dentist had agreed to treat the tooth within seven days. I managed to book an appointment for the Wednesday 26 August. I have just received a text saying this appointment is cancelled and again all I get when I call is voicemail.

I wanted to highlight this case to you as there seems to be a failing in the local emergency provision which is having undue impact to individual's health but also massive undue burden on the already stretched A&E and hospital services. If the emergency dentist had treated me, it is unlikely that the follow-on events would have happened."

Healthwatch Gloucestershire



Affordability and the prioritisation of private care

Our evidence suggests that when practices reopened in June 2020, some dentists appeared to be prioritising private patients over NHS ones when dealing with the backlog from the lockdown. For example, people reported that some dentists were refusing to see them as an NHS patient but were willing to offer them private care immediately. It is not clear from our evidence why there should be a lack of NHS capacity at this stage.

When some practices shut or decided to go fully private, their patients struggled to find any other practice in their area where they could access NHS dental services. However, they felt they could access dental care easily if they were willing to go private.

Feedback indicates that some people are being denied NHS dental treatment if their symptoms are non-urgent and are instead being asked to pay privately if they wanted to get treatment. One local Healthwatch has received calls from concerned residents who have been advised by local dentists that “none of them are accepting new NHS clients as there is no NHS funding for them”.

A lady called for advice in relation to COVID-19 dental access for her friend who had been up all night in agony. Her friend had been advised by her dentist that a root canal and a crown is needed but that ‘due to Coronavirus this is not available on the NHS and only available to you privately’, at a cost of over £1,000.”

Healthwatch Central Bedfordshire

People are also unclear about how much they must pay for their NHS dental treatments. They are unsure how the costs are affected if they have completed a course of treatment but need more treatment not long afterwards. The results from our YouGov poll suggest that nearly 3 in 4 people (72%) feel that it’s not easy to find information about NHS dental treatment charges and many are not aware of their rights as a patient.



Information about dentistry

While people were struggling to access dental care, inaccurate information from the NHS often left people even more frustrated and confused.

Some people reported contacting NHS 111 to help them find a dentist, only to be told to check the NHS “Find a dentist” website, despite no practice being listed in their area. Others reported being told by NHS 111 about dental practices who would see NHS patients, only then to discover that they were not.

Out of date information on dental practice websites or provided by dentists was also an issue people told us about. When practices shutdown due to COVID-19, their patients were informed they would be receiving information regarding how to find a replacement dentist. However, they were given a generic letter directing them to the NHS website, which was not kept up to date.

[Healthwatch East Sussex](#) and [Healthwatch Coventry](#) carried out focussed work to find out what information was available to the public on practice websites, once they reopened for care provision in June. They found that whilst some dental practices had updated their website and phone information in response to COVID-19, many were still out of date or the messaging was inconsistent.

“Patient needs an appointment after two courses of antibiotics during lockdown, which haven’t resolved the issue. They are unhappy that practice websites are out of date as they say they are accepting NHS patients and when you call, they say they haven’t accepted any for a long time.”

Healthwatch Suffolk

The lack of information about which dental practices are accepting NHS patients has also had an impact on signposting services like Healthwatch.

Local Healthwatch services rely on the central NHS database to identify which services are currently accepting new NHS patients. The information is meant to be maintained by each practice. Issues with the accuracy of this database have forced some local Healthwatch to contact every dental practice in their area to ensure that they have up-to-date information. This is not only a time-consuming process, but data can also go out of date quickly.

If no local practices are accepting NHS patients, our staff and volunteers are often left unable to support those who need help to find the dental care they need.

How are local Healthwatch helping improve communication between dental practices and the public?

Partnership work with the Local Dental Committees (LDC) in London

In London, the LDCs have been working with some local Healthwatch and supplied them with information for the public about how dental services are operating during the pandemic, and what patients should do if they need a dentist. Local Healthwatch involved with the LDC project producing the public facing text include; [Hillingdon](#); [Kingston](#); [Richmond](#); [Camden](#); [Islington](#); and [Merton](#).

Case study: Healthwatch Milton Keynes

Healthwatch Milton Keynes worked with their regional NHS England and Improvement Head to clarify access issues and manage public expectations.

Getting in touch with their Regional NHS England and Improvement Head of Commissioning, Healthwatch Milton Keynes outlined the issues people were having with accessing dental care and asked what was being done to improve the situation.

This allowed Healthwatch Milton Keynes to understand the pathway of accessing a dentist; and the pressures and constraints of dentists during this time.

Healthwatch Milton Keynes shared this information with the public in various ways:

- Updated their website and social media with the correct information and an explanation of why it was tough to get a dentist, and how and when to seek treatment.
- Developed a template email response to save hours spent on all the calls and emails regarding the issue.
- Posted an 8-minute video on their website explaining the issues, covering topics they were discussing with members of the public up to 20 times a day. They review and update with any changes e.g. the NHS 111 triage process.

As a result of the initial contact, all Healthwatch in the East of England are now able to meet weekly with the NHS East of England and Improvement team to clarify any issues and address concerns.

Healthwatch Milton Keynes also agreed to seek consent from people with specific complaints (rather than concerns) and the Dentistry Team would contact them to investigate further.

 **Having the information to be able to effectively and appropriately signpost people has lessened the calls and emails we were receiving by 90%. The East of England team were helping to hold dental practices in our area to account.”**

Tracy Keech, Interim Chief Executive Officer, Healthwatch Milton Keynes



Confusion about ‘registration’

According to [NHS England](#), people do not need to register with a dentist in the same way as with a GP. All they need to do is find a dental surgery that is convenient, and phone them to see if there are any appointments available. Although they may be required to fill a registration form, the purpose of this is to be added to the surgery’s database. This does not mean that the person has guaranteed access to an NHS dental appointment in the future.

Where does the problem arise?

Because of this, people presume that if they are on a dental surgery’s patient list this means they can book an NHS dentist appointment with them when they need dental treatment. Dental surgeries will not always have the capacity to take on NHS patients – people may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

You cannot be de-registered

When people have tried to book a dentist appointment after a long gap since their last visit, they have been informed by the practice that they cannot because they have been “removed” from the surgery list for not making any recent appointments. Instead they are asked to “re-register” with the practice. The actual reason for not being able to book an appointment is because there are no available NHS appointments. This issue further highlights the lack of clarity about information related to NHS dentistry.

We would discourage dentists and dental practices from using the term ‘de-registered’ – as this confirms people’s presumption about being ‘registered’ with a dental practice and creates further confusion and delay in treatment.

I am having difficulty in finding a dentist. I was previously registered with XX dental surgery. Before COVID-19, I telephoned to make an appointment and was informed I was no longer registered with them as I hadn’t booked an appointment with them for some time. I explained that I hadn’t received a letter informing me of this, where they said they had emailed. Unfortunately, the email address that was used was for my previous employer. Again, I explained I hadn’t received the email and asked if I could re-register to which I was informed ‘no’. I have now had a filling come out and the tooth is very sharp.”

Healthwatch Swindon



Restarting COVID-19 secure treatment

Due to COVID-19 guidelines, dental practices had to adapt once they reopened in order to provide safe care for their patients. However, our evidence suggests that some providers were unsure about re-opening their services and felt that the information from the Government was inadequate.

Feedback from a dentist. They were given no advance warning of the Government's plan to reopen dental practices - they were confused about the guidance and said there was no PPE for them to use in order to reopen safely as they were not given time to prepare."

Healthwatch Sheffield

On some occasions, practices either did not understand how their new ways would impact some groups of people or didn't follow all the measures to make people feel safe.

For example, an individual with a hearing impairment found it challenging to book an appointment over the phone. Before the pandemic, they could visit in person; however, due to COVID-19 measures, they couldn't, and the practice did not offer online bookings. In another case, a person with Ehlers-Danlos syndrome was asked to wait outside the practice for their appointment which was very difficult for them due to their long-term condition.

Although most people have said that practices have followed infection control measures, when some practices didn't, it made their patients feel very unsafe.

Yesterday I visited my dental practice because one of my teeth had started to crumble. Their COVID-19 procedures were great from the moment I got there...until my actual appointment. I went in to see the dentist (wearing my mask) who wasn't wearing a mask. I proceeded to tell the dentist my issue assuming he would put on a mask or visor to look at my tooth, this included mentioning my health condition (IBD) and that I am pregnant. I was taken aback and too anxious to say anything, but the dentist did not put a mask on at any point and therefore examined my teeth with no protection for him or me. I am now very concerned that if he had the virus without symptoms that he may have passed it on to me. I have gone to great lengths to keep myself and my diabetic husband safe during the pandemic and will be furious if that was the incident that makes me unwell."

Healthwatch Shropshire

Dental surgeries have relied on access to Personal Protective Equipment (PPE) to ensure safety for their staff and patients. However, we have heard that some dentists couldn't provide timely care due to inadequate supply of PPE. People couldn't book an appointment, or their appointments were cancelled due to lack of PPE at their dentists.

Some dentists couldn't even offer extractions due to risk of infection, while other practices could offer extraction but not aerosol generating procedures, such as tooth fillings, without proper PPE. We have also heard that some patients have been charged extra for treatments or to cover the cost of PPE.

Dental practices cannot make an additional charge for PPE for NHS work but they may for private treatments, although there may be some confusion where both NHS and private treatment is provided.

My husband uses an NHS dentist. He has been advised he will be charged an additional £7 for a check-up and £35 for a filling - to cover PPE costs!"

Healthwatch Gloucestershire

As well as issues with PPE, dental surgeries were also required to undertake enhanced cleaning and leave additional time between patients to prevent the risk of contamination. The time between patients - referred to as 'fallow time' - meant that practices might be able to see as few as 40% of the usual number of patients. Even where PPE issues have been resolved, fallow time can still be a major challenge.

Reopening practices particularly impacted people when scarcity of NHS appointments meant that people faced the choice of either going private or having no treatment at all. It was particularly challenging for people already on low incomes and for those whose income has dropped due to COVID-19.

A British family who were living in New Zealand, moved back to Bristol in August 2019, but failed to find an NHS dentist even before the COVID-19 pandemic. They paid privately for their older son to have two extractions. The family are claiming Universal Credit due to job loss from COVID-19. They feel that the cost of treatment has significantly been eating into their family's reduced income. Besides dental problems, their son also has jaw and ear problems that affect his quality of life. They were advised by the hospital to take their son to a dentist, but they were unable to afford private dental care because of the cost of ongoing treatment which would be needed."

Healthwatch Bristol

What went well?

It is important to note that 1 in 25 (4%) people who fed back about dentistry said something positive. However, people were grateful for the emergency dental hubs and had a positive experience when they received timely urgent dental care.

Clear, regular information

People praised staff who kept them informed when their appointments were rescheduled due to lockdown and provided well organised and safe care to the returning patients following relaxation of the rules. Some dentists even provided a video to their patients to help them understand the new rules and infection control measures - this reassured patients greatly.

I had to make a few calls about a dental problem and after talking to two nurses and one dentist I was seen within a week. I waited in the car, they called me on my mobile, I was met by a nurse at the side door, given sanitiser for my hands and was offered a mask. The dentist was extremely thorough and explained the procedure in detail. Removal of a very decayed, very loose back tooth was painless and quick. Aftercare pack was explained, and I was given a number to call if I was worried about anything. Well done our NHS!"

Experience reported to Healthwatch England

Staff attitude

People have also valued helpful staff during these extraordinary times, especially for the elderly and those with additional needs. We have heard that some dentists contacted the pharmacy and arranged the delivery of necessary medications, and others delivered dental repair kits to their patients. Staff have also been kind and considerate with people who are more anxious under the current circumstances.

I had broken my crown. Went two weeks ago- dentist and dental nurse were amazing. I'm terrified of the dentist, but they were so professional and kind. PPE was fantastic, I felt so safe."

Experience reported to Healthwatch England

What have we learned?

Looking at the issues people reported from our data, there are four key learnings when it comes to dentistry:

Clearer information

The lack of accurate, or any information about whether there are dentists taking on NHS patients is a real problem and is masking potentially bigger issues around shortage of provision.

The Government needs to make it a legal requirement of the dental contract to regularly update information on their websites and on NHS.UK. NHS England must also ensure that their “Find a dentist” website is kept up to date and both dentists and patients are clear about the NHS dental treatment charges.

Patient registration

Steps need to be taken to address the confusion caused by the current approach to the issue of “registration”. What does it mean to be registered with a dental practice? This is the question NHS England needs to clarify to dental practices, and dentists need to clarify to their patients and the public.

While the NHS website clarifies that people don’t register with a dentist as you do with a GP, dentists then ‘de-register’ patients for a variety of reasons, which causes confusion and isn’t consistent with NHS messaging. Although this is clearly being driven by dentists finding practical ways to manage patient lists in line with the current dental contract, this is actively penalising those who may go to the dentist less often.

This issue is incredibly frustrating for patients and has created an unnecessary point of tension between patients and dental practices. This cannot continue. The new dental contract, which has been in development since 2009, needs to be finalised and rolled out to ensure dentists are supported to help those most in need.

Access to be improved

We have seen access to NHS dentistry grow steadily as an issue over the last seven years, but the pandemic has brought matters to a head. We are now witnessing access issues across England and a spike in enquiries from people looking for help. It is now clear that the current offer is not meeting either routine or urgent care that people require. The Government must make more resource available for the dental sector to reduce backlog and help turn around what has now become a major problem for the NHS. No one should have to face being in unbearable pain or resort to extremes because care is not available.

Affordability to be reviewed

The Government and the NHS should review the cost of NHS dental treatments. Many people struggle even to afford the NHS charge. In the climate of the pandemic, when people have lost their jobs and have less money, everyone should be able to access the same dental treatment, regardless of whether someone is an NHS or private patient. Ultimately, not helping people to look after their oral health can lead to a whole host of other medical issues that will cost the NHS and the country more in the long run.

Care homes during the pandemic

Care homes have faced incredible challenges during the pandemic, with coronavirus disproportionately affecting residents.

At the start of the pandemic, Healthwatch received reports from residents, their families, and care home staff, that many patients were being discharged from hospitals into care homes without test results - due to urgent moves by hospitals to free up bed space. In some homes, this led to coronavirus outbreaks and devastating loss of life.

Other issues fed back to Healthwatch at this time included:

- The availability of PPE and testing for residents and staff;
- The accessibility of GP appointments for residents;
- Concerns that some care home providers may have applied do not attempt resuscitation (DNAR) orders to groups of residents without sufficient discussion or explanation with the individuals or their families. Healthwatch escalated this issue in April leading to clarification from NHS England that DNAR forms “should only ever be made on an individual basis and in consultation with the individual or their family”.

Care home visiting guidance

Although these issues have now started to be addressed, an ongoing concern for many remains the process for arranging visits to and from care homes for residents.

All visits were paused across England in March, and though guidance for limited visiting was introduced in July, Healthwatch have heard that the reality for many residents and their families is that visits have continued to be severely restricted.

This restriction in visits to and from friends and family is leading to increased isolation, loneliness and the physical and mental deterioration of care home residents. With some residents not receiving any visits at all since March, it is more important than ever that the health, welfare, rights and wellbeing of residents are prioritised.

I would like to bring to attention the awful situation of care home visiting restrictions. Even my mum’s care home isn’t allowing them outside for fresh air and sunshine. As far as visiting goes. We and our loved ones need contact. It is unacceptable the way the elderly are treated during all this. I would ask everyone to get involved with putting the residents in care homes first for a change.”

Healthwatch Sunderland

Healthwatch England, along with national partners, have [formally written to Government](#) asking that greater clarity is given in guidance to services about the importance of the human rights and the individual needs of care home residents.

What are people telling us about COVID-19 testing?

The public have shared their views and experiences with us of getting tested for COVID-19. This analysis draws on data from 42 local Healthwatch services across England, collected between August and September 2020.



Key issues

We share what people have told us about the following key issues raised with testing for COVID-19.

Information about tests

People shared that the lack of information about testing left them feeling confused and frustrated. People contacted local Healthwatch because they didn't know how to book a test, the opening hours of test centres and how long they'd have to wait for results to arrive. People are unsure when to get tested; whether experiencing symptoms or asymptomatic.

We also heard that people needed a test for other reasons like travel abroad and visiting relatives in care homes, but there is a lack of information on how to get a private test.

People also told us that they received conflicting information from GPs, hospitals and NHS 111 about where they could get tested.

Accessing COVID-19 tests

In some cases, people could not access a test even a week after the onset of symptoms, leaving them unsure of what to do next. It was equally hard to book a test via phone or the website, leaving many unable to access both home testing kits and walk-in/drive through tests. If they were offered tests, these were at centres a long distance away from their home.

“I’m a carer for my wife who is disabled & high risk if she gets Covid she as Covid symptoms needs a test today otherwise no test available either home kits or drive through. She’s not long out of hospital recovering from sepsis there’s no test available other than Aberdeen!”

Healthwatch North Yorkshire

Some people who didn’t have access to the internet found it particularly hard to get a test appointment, as appointments at some local testing centres could only be booked online .

We heard that even if people were able to book a test, some were unable to get it. Some people didn’t receive an NHS QR code and were turned away by the test centre staff. People reported that they couldn’t find the test centre because they were given the wrong address. Others who asked for home testing kits to be sent to them didn’t get one.

We also heard that people had their elective care cancelled because they could not get a test. Some people were not given a priority for testing even though they were awaiting a major procedure, such as a lung transplant. People couldn’t go into a care home for respite care because they were refused a test.

Care home residents were put at risk due to delays in testing for staff and residents or because people were discharged from a hospital to a care home without being tested

“The hospital tried to discharge me without testing if I no longer had COVID-19. They kept saying I have got to go as I was medically fit. The government had changed the rules which insisted NHS hospitals test people before they were sent back to care homes. They did not do this. My daughter stated the law to them on several occasions. My care home refused to take me back until they had carried out a test.”

Experience reported to Healthwatch England

Delays with tests

People shared they felt anxious and stressed when tests were delayed. Children with symptoms had to miss school - some parents had to take unpaid leave to look after children, and lost income as a result. Keyworkers were unable to go to work.

On occasion, centres have also lost test results.

Reasons for not having a test

Healthwatch Bolton in partnership with Bolton Public Health surveyed people about COVID-19 testing. They found that some people would not get tested even if they developed symptoms of coronavirus. Reasons for this included:

- Lack of confidence in the system to protect personal data.
- Lack of trust in the accuracy of results.
- Finding the information about testing confusing.
- People were put off when they couldn't access a test easily e.g. not wanting to use public transport to travel to the testing site.
- Thought the testing procedure would make them uncomfortable.
- Some did not want to test positive and then have no choice but to self-isolate.

What went well

People had a positive experience when testing centre staff were friendly, provided a fast service and people received timely results. They valued the help they got to book a test and felt safe when hospitals tested patients before admitting them.

Top advice the public is seeking



People turn to Healthwatch locally and online when they don't know how to get the information they need about services.

Since the outbreak of COVID-19, we have seen views of our online advice and information content increase significantly.²

Since last quarter, the type of information people are looking for has changed. During early lockdown, we received fewer views on accessing dental care, but since the easing of restrictions, views on this topic are 35% higher.³ Between July and September 2020, the two most popular online advice articles by far were about how to access an NHS dentist.

Between July and September 2020, these are the ten most commonly viewed advice and information articles on the Healthwatch England website:

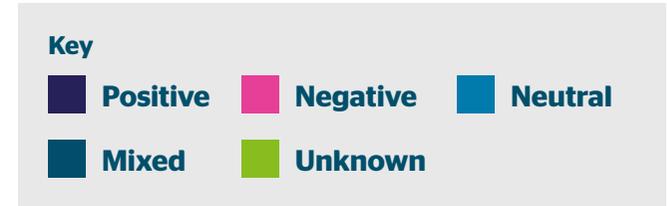
² Unique views of our advice and information content from May-Sept 2020 were 400% higher when compared to May-Sept 2019.

³ Quarter 1- 2 of 2020/21 compared to Quarter 3 and 4 of 2019/20.

1	COVID-19: How to get an NHS dentist appointment? 38,337 unique page views	7	Should I see a pharmacist instead of a doctor? 3,302 unique page views
2	How can you find an NHS dentist? 26,954 unique page views	8	Registering with your GP, understanding your rights 3,028 unique page views
3	COVID-19: What does shielding mean? 16,828 unique page views	9	How to make a complaint about NHS or social care services 2,054 unique page views
4	COVID-19: What you need to know when visiting a care home? 15,486 unique page views	10	What should you expect when you are discharged from hospital? 1,889 unique page views
5	COVID-19: What's the difference between social distancing and self isolation? 3,891 unique page views	11	How to communicate better with people with hearing loss 1,493 unique page views
6	Do you need help travelling to NHS services? 3,145 unique page views		

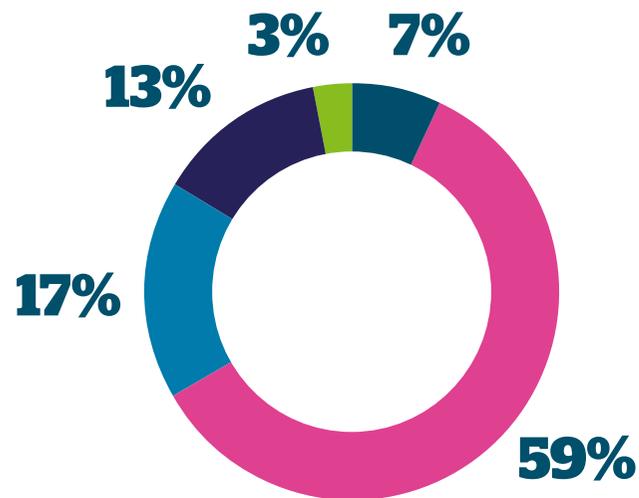
How do people feel about their care?

Here we provide an overview of how people feel about their care. We do this by using sentiment scores by sector, using data reported by local Healthwatch. This outlines whether the public feel mainly positive or negative about the care they receive, or whether they have neutral or mixed views.



Primary care

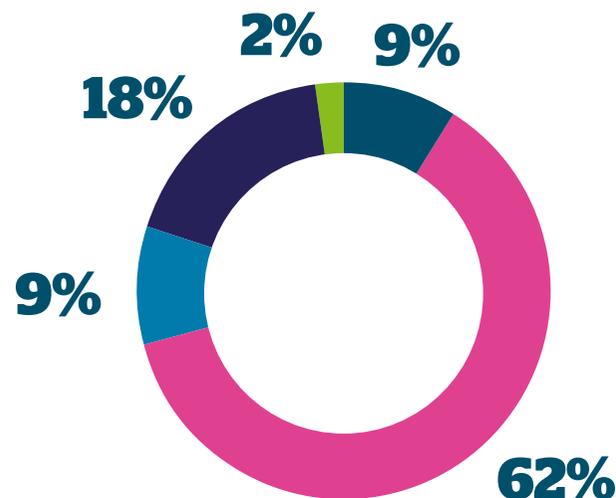
9,203 people's experiences informed this chart



4,276 from local Healthwatch reports and 4,927 directly from the public.

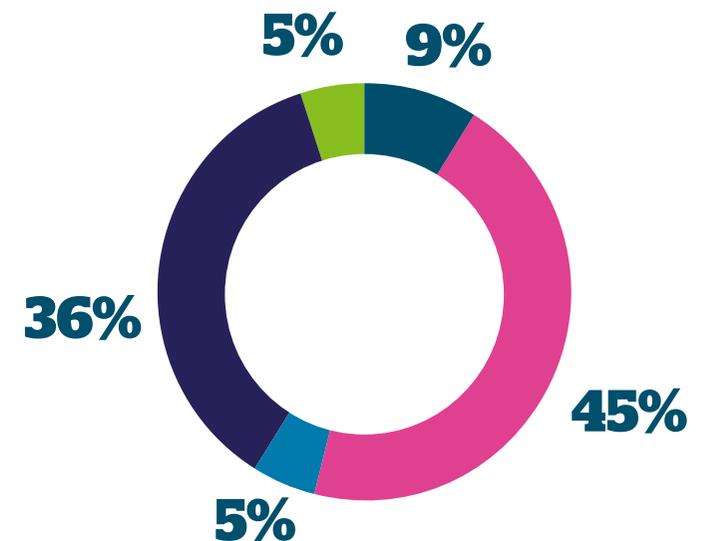
Secondary care

5,604 people's experiences informed these charts



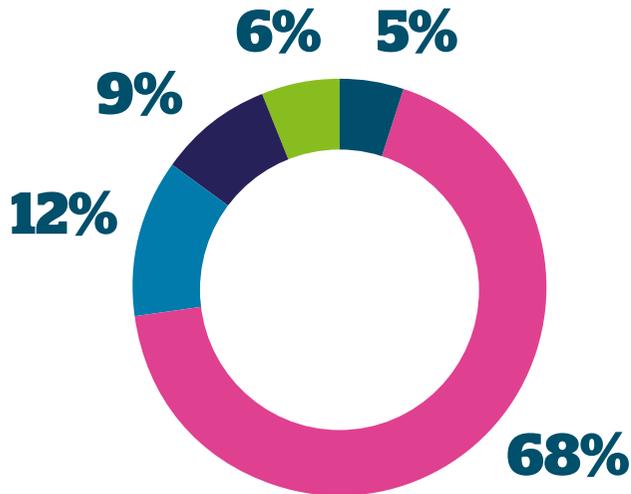
Covers both secondary and urgent care

Urgent care



Mental health services

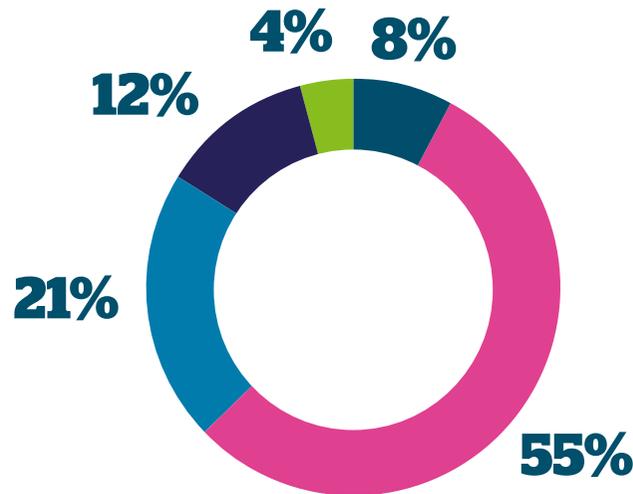
2,536 people's experiences informed this chart



2,020 from local Healthwatch reports and 516 directly from the public.

Social care

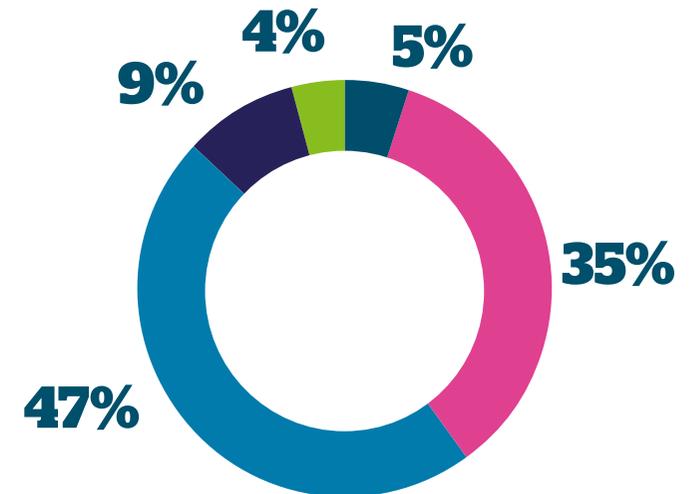
1,275 people's experiences informed this chart



629 from local Healthwatch reports and 646 directly from the public

Community and other services

20,719 people's experiences informed this chart



20,072 from local Healthwatch reports and 647 directly from the public. We have a significant proportion of people talking to us about community and other health services. This is because the local Healthwatch network have conducted a significant volume of engagement relating to people's views over the Coronavirus pandemic this quarter.

Key

- Positive
- Negative
- Neutral
- Mixed
- Unknown

You might also be interested in...

590 people's stories of leaving hospital during COVID-19

Our new [report](#) with the British Red Cross looks at how well the new hospital discharge policy is working for patients, carers and healthcare professionals.

We wanted to find out how the new policy was affecting people's experience of leaving hospital. Together with the British Red Cross, we spoke to over 500 patients and carers and conducted 47 in-depth interviews with health and care professionals involved in the hospital discharge process.

What did people tell us?

- 82% of respondents did not receive a follow-up visit and assessment at home and almost one in five of these reported unmet care needs.
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
- Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
- Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or in a care home, other residents and staff.

healthwatch

Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk

t: 03000 683 000

e: enquiries@healthwatch.co.uk

 [@HealthwatchE](https://twitter.com/HealthwatchE)

 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)
