**Healthwatch City of London**

**Secret shopper survey of dentists/dental services (City of London/Hackney): 20-22 May 2020**

**In our survey, twenty three dental practices and hospital dental departments were contacted within the City of London and Hackney areas. There were reasonable conversations with fifteen of them; one brief conversation and a referral to a website; five had answerphone messages, two of which had extension phone numbers, which did not respond; and two practices did not respond at all.**

**Key points**

## All dental practices are closed with no-face-to-face contact or routine appointments on the advice of one or

## more of the following - NHS England, Public Health England, British Dental Association, General Dental Council. When and how they will re-open, what extra Personal Protection Equipment (PPE) will be needed etc. will depend and rely on these organisations for guidance. Some practices reported difficulties getting PPE, even though it had been ordered some time ago. They believe the NHS has understandably taken prority. As well as the obvious health concerns for patients, dentists, and support staff, there is also the key issue of indemnity insurance cover.

## Most practices have someone answering the phone during normal working hours, Monday to Friday, to

## provide advice and issue prescriptions (*the few not answering could well have staffing/costs problems)*.

## Some have contact arrangements outside these hours. Patients with severe pain, or who have an emergency,

## can be initially triaged by the surgeries if a dentist is available, usually only during normal working hours.

## 

## Outside these hours, and especially weekends, they are told to contact NHS 111, or go to their nearest A&E.

## Patients can of course contact their GP, maybe for advice or a painkiller, but if the problem is serious, the

## GP is likely to recommend NHS 111 or A&E. There has been anecdotal evidence that the quality of some

## NHS 111 responders has not been good as more experienced professionals are working in critical care etc.

## Some practices have been quite good at contacting existing patients, especially those with upcoming

## appointments, and known ongoing serious conditions. They have used text, email and mail where

## appropriate. An enterprising few have used social media such as FaceTime, Skype, WhatsApp and Zoom to

## make an audio-visual assessment of a patient’s condition/problem. But overall, there did not seem to be a significant proactive move to utilise modern communication tools. This may well change in the near future.

## There are currently no urgent dental care hubs within the City of London and Hackney areas. Only one

## dentist mentioned that the nearest were The Royal London, Whipps Cross and Guy’s Hospitals. This raises questions such as the time, distance and cost of travel to them, especially if public transport, a private vehicle or even a taxi are not options for vulnerable, self isolating or shielding, often older patients in considerable pain. In desperation, some people had called 999 to try and get an ambulance to A&E.

## 

## One dental nurse said she had just been told that a special fast track code has been issued for patients in severe pain to quote when calling NHS 111.We need to check this out further as there has been anecdotal evidence that the quality of response by some NHS 111 call takers has not been particularly good as more experienced professionals are working in critical care etc.

## Some responses from the practices, and dental hospital switchboards, by staff and answerphone, were not easy to hear or follow. Messages must be repeated, especially telephone numbers, and email addresses. There is a real need for better training, and using response staff with clear, measured voices. It is critical for those with hearing difficulties, who may only have a telephone for communication. This matter is extremely important right now because getting and understanding information helps to reduce unnecessary distress and avoids wasting everybody’s time.

## Many of the issues above highlight the particular difficulties, mental and physical distress that people with special needs and those living on their own experience in getting help with dental and other health problems.

## They are often elderly with no close neighbours, relatives or friends. It puts increased responsibility on carers, and local community organisations to check on the needs and well-being of such individuals.

## The other related concern is that many people, not only the elderly, do not have a computer, tablet or smartphone, so are unable to utilise email, text services, social media or access a website, and therefore reliant on the normal post and person-to person contact.

## When and how dentists will eventually re-open depends on crucial IPC and PPE. They will need to spatially reorganise their practices, train staff, and fully implement necessary testing and cleaning protocols. Also, there have been hints that some mixed NHS/Private practices may have to prioritise private rather than NHS patients when they open their doors again.

## Unsurprisingly, there are very few NHS dental practices in the City of London. Most are in Hackney.

## And finally, just a comment about websites. The NHS Find a Dentist, NHS Choices websites are very good, although the moveable search map in some related sections is not particularly user friendly.

## The CQC website, although comprehensive, lists dentists within the shortest radius choice of five miles. From the Barbican station area, 788 practices are listed. 567 have been inspected and 221 have not been. Whether these practices are NHS, private or mixed is not indicated up-front on the entries, and only sometimes mentioned in the attached detailed visit reports.

## The City of London Corporation main website only mentions its own services, not others like dentists. The Corporation’s Family and Young People Information Service website lists some dentists in its area, but recommends the use of NHS Choices website.