



Enter & View

Liskeard Dental Centre

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1 Introduction

1.1 Details of visit

Service provider	Liskeard Dental Centre
Service Address	4 Charter Way, Liskeard, PL14 3XB
Date and time	23 rd August 2024 between 1pm and 4pm
Authorised representatives	Abi Harding-White

1.2 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their positive contribution to this Enter and View visit and the subsequent report

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the following legislation;

- Local Government and Public Involvement in Health Act 2007
- Local Authorities Regulations 2013 (part 4)

These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

The goal of Enter and View is to see services in action and understand the experiences of individuals who use them. It is an opportunity for us to observe service delivery, listen to the views of the people using health and social care services and make recommendations where there are areas for improvement.

Enter and View visits are organised based on feedback received about individual services, in response to themes identified in our research, or when services have a good reputation enabling

us to share examples of best practice from the perspective of people who experience the service first-hand.

Healthwatch Cornwall Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

Purpose of visit

- To observe the nature and quality of service facilities
- To observe how people experience the service
- To gather views from patients and staff on the service

2.2 Strategic drivers

Over the past year, the most consistent feedback Healthwatch Cornwall have received has been related to dentistry and access to dental care. In response to these concerns, we are undertaking a dentistry research project and conducting Enter and View visits to dental practices across the region. We selected practices based on their provision of NHS care and their location, ensuring that we cover a broad geographic area within Cornwall. This approach helps us understand the accessibility and quality of dental services across different communities. Healthwatch Cornwall can use this evidence to make recommendations and inform changes for both individual services as well as system wide.

2.3 Methodology

This was an announced visit, and we worked with the practice to organise the date and time of the visit. An initial email was sent explaining the role of Healthwatch Cornwall, what Enter and View is, the purpose of the visit, and a proposed date and time for the visit to take place. A further email was sent confirming the agreed details of the visit and included a formal letter, Enter and View notice and a general Healthwatch Cornwall poster.

The authorised representative (Enter and View officer) conducted the visit between 1pm and 4pm in the main waiting area. Receptionists informed patients of the visit as they checked in for their appointments and the notice was on display.

Patients were approached and asked if they would be willing to discuss their experiences. Additionally, they were asked if they felt they had time to do so before their appointment so as not to cause stress or disrupt service delivery. A reflective conversational approach was used to gather feedback on what they felt the practice did well and what could be improved.

In addition, we were able to speak with the practice manager, a receptionist and a dentist to gather their perspectives. Observations were also made regarding the quality of the facilities and patient experience of the service, including their interactions with staff.

At the end of the visit, the authorised representative was able to give initial feedback to the practice manager and explained the next steps regarding reporting.

3 Findings

3.1 Overview

Liskeard Dental Centre provides 100% NHS dental care with around 14,000 patients. The practice has five dentists, 6 dental nurses, 0 hygienists, four receptionists and a practice manager.

It is easy to navigate to by car with a sign on the main road and has a private car park for patients which includes 4 disabled parking bays. There are bus routes directly to the main road outside the practice and it is within twenty minutes walking distance of the town centre. The outside of the building is clean and bright, and the entire practice is ground floor level. The building is visibly accessible to those with disabilities with a wide automatic door, step free access and two toilets with disabled access. There is also a hearing loop available, however on the day of the visit the team were not sure it was charged.

3.2 Practice Observations

The noticeboard was in the entrance way and filled with relevant information including signposting to community services. The radio was on, and it felt to be a good atmosphere. The practice is bright, spacious and airy with plenty of comfortable seating space. There are magazines to read while you wait, and it was noted these were mostly used by parents and their children. The dental team came out in person to collect patients and greeted them with a smile. It seemed that appointments were running mostly to schedule as patients spent approximately 5-10 minutes waiting depending on how early they arrived. Patients came across as relaxed and overall positive about the practice. Receptionists were observed being polite and friendly to everyone both in person and on the phone.

3.3 Summary of Feedback

Generally, patients were very understanding of the pressures the practice is under and appreciative of the service they were receiving. There was an expression of frustration around cancellations of appointments but also appreciation of being able to access emergency treatment so quickly, which is due in part to cancellation of routine appointments.

The staff felt that their strengths are in having a good team and in the good relationships they have with patients, both of which are echoed in the patient feedback. They were able to share with us some of their challenges as a practice and within NHS dentistry, particularly in relation to retention of dentists and the funding system.

3.4 Patient Feedback

We were able to gather feedback from nine patients. Six of the patients mentioned they had been with the practice for twenty years or since it had opened. All patients spoken to lived in Liskeard or within a 20 miles radius of the practice.

The following feedback has been paraphrased unless in quotation marks. The themes identified are appointments and scheduling, the quality of care and interaction with staff through asking about their overall experience, what the practice does well and what they could improve on.

Patient 1

They said you are seen when you need to be. They are great with children and reassuring. “If you’ve got an emergency, they will see you”

Patient 2

They thought that staff are friendly enough, but overall experience hadn’t been great recently with their (routine) appointment being cancelled multiple times and rebooked months apart and expressed frustration that if it’s the patient that rearranges they are advised they may be removed from the list. They also expressed that they never have the same dentist.

Patient 3

The quality of care is something the practice does well and expanded saying that “they try to get you in as soon as possible or then and there”

They could improve the cancellations but think this is getting better, the dentists are good with the children and they are very friendly and helpful.

Patient 4

They were booked in for an emergency same day appointment and said “they are obliging and get you in as soon as they can”. The quality of care is excellent and staff are very helpful including the receptionists. They could improve appointments, but they do their best and there are a lot of people using the service.

Patient 5

Overall experience has been brilliant saying “absolutely fabulous darling”. The receptionists are friendly and helpful, it’s easy to get an emergency appointment and they don’t forget about you. The patient accidentally missed an appointment and they got in touch to rebook.

Patient 6

The experience has been good and they came here when a previous practice went private but have been here years. They do everything well. The patient pointed out a receptionist they know that has also been there years.

Patient 7

They have good quality of care but change dentists regularly, every 18 months or so, which could be improved.

Patient 8

The experience has been good. They have been there years with the kids. They have good quality of care, deal with emergencies well, staff are really good, the team works well together, and they always see the same dentist.

Patient 9

They have been there years with their family and the quality of care is good. They could improve cancellation of appointments. Their (routine) appointment has been cancelled 4 or 5 times to make room for emergencies. The impact is having to rearrange and a delayed check-up that could potentially cause issues.

3.5 Staff Feedback

We were able to speak with three members of staff; the practice manager, one of the receptionists and one dentist who had been there seven years. The themes of these

conversations were around their strengths and challenges as a practice, and within the wider context of NHS dentistry.

Practice strengths

- They have good relationships with their regular patients
- They have a good team

Practice challenges

- They have lost three dentists in two years, which can partially be attributed to the NHS dentistry funding system, but means that they cannot see as many patients.
- The shortage of dentists has led to the cancellation of appointments which can cause frustration in patients and it's difficult to rebook with already full calendars. Appointments are also cancelled to make way for emergencies.
- Missed appointments which lead to surgery time not being utilised and complaints. In addition, dentists are self-employed and are not paid if patients do not attend further contributing to dentists leaving NHS work.
- The NHS funding system means that the dentists get paid the same amount regardless of whether they do ten fillings or one and so dentists often end up making up the shortfall out of their own resources.
- Lack of understanding from patients about the backlog of work from losing dentists which means that dentists are often working through lunch.
- Racism towards dentists, requests for female dentists not being able to be fulfilled and managing routine and emergency appointments.
- Many people call the practice daily to register which needs to be referred on. This takes time but to help people with this they have created a document with all dentists in Cornwall, so they are able to point people in the right direction, as well as the West Country emergency number and the number to register on the NHS waiting list.

3.6 Comments on NHS dentistry

The team felt that nowadays dentists work in NHS because it is the right thing to do and not because it is a system that works. It is very difficult for new dentists starting to build an NHS patient base because the patients they receive are often unstable and require a course of treatment to get them stable again. This can be difficult for the dentist financially when the funding system does not appropriately cover the cost of treatment and dentists must cover the difference. The financial strain on dentists as well as the pressures of meeting targets is contributing to dentists leaving. Once a dentist has an established patient base it gets easier because their regular patients are now stable and only require routine appointments.

At the end of the year if targets have not been met then the NHS perform a clawback to reclaim funding from dental practices. It was suggested that the NHS could consider adjusting the clawback system to include feedback from dental practices around why they have not been able to fulfil their contract in terms of meeting their targets. This understanding could further support positive and collaborative working to address the issues faced within NHS dentistry.

4 Recommendations

The visit was overall a positive one and Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients

- Evaluate the benefit of using the morning to triage emergencies and allowing 1-2 emergency slots per dentist per afternoon, and whether this would reduce the need to cancel routine appointments for emergencies
- If routine appointments do need to be cancelled, consider monitoring how often a specific patient has been cancelled and introducing a limit to how often this can occur. This may ensure access to appointments are fair, reduce how long they are waiting for a check-up and potentially reduce the future need for a course of treatment
- Keep the hearing loop charged for patients to use when needed
- Consider how child friendly the reading material is and if age-appropriate reading material would be a good addition to the waiting room table
- To install a baby changing table in the toilets
- Display opening hours on the front door

5 Provider Response

First, I would like to thank Abi from Healthwatch Cornwall for choosing our practice to assist in the reports of dentistry. We pride ourselves on being solely NHS and providing a good standard all round. We have been extremely lucky with the space we have been given for the surgeries and all the amenities that go along side of it. All feedback provided by the patients in this report will be taken on board, but I am glad to hear lots of positive feedback regarding our quality of care and helpful receptionists.

Following the recommendations from Healthwatch Cornwall I would like to address the challenge of cancelling routine examination and providing emergency care. We always have emergency appointments on the day and in any case try to triage so that the priority patients are seen within a day and less priority patients are seen within a couple of days. We are unable to determine how many emergencies may play out daily, but we normally do have multiple appointments available. If we do require to cancel routine examination, we try our best to avoid anyone who has been cancelled previously, alter the time of the original appointment or worst case postpone for a month or two. Unfortunately, sometimes this is unavoidable, but we do ask the patients if they have any problems before postponing their routine examination appointment.

We will create a weekly rota to check and charge when required our hearing loop, as it is beneficial for our patients with hearing loss. We are looking into purchasing and providing educational material for children to read while they wait for their appointments, while the adult reading material was already provided. Our opening hours are now on display on the front door and in large print for the patients who are Visually impaired.

I will be looking into the recommendation of a baby changing table for the future and whether it can be adapted into our current toilets. We have limited wall space, but I will investigate what options we could provide.

I look forward to working alongside of Healthwatch Cornwall for the future and improving our Practice where possible to provide a high standard of care.

Daniella Kenny

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