

Item: 09

Title: People's experience of getting to see a dentist in Wales

Gweithredu / Action required	For discussion
Amseru / Timing	Routine
Argymhelliad / Recommendation	Note and agree content
Risg / Risk	Inability to effectively report on, and communicate, our findings will have significant reputational damage in addition to failure to meet our obligations with the Quality and Engagement Act and our Framework Document with our Partnership team within Welsh Government.
Cyllid / Finance	There are impacts on finances in relation to the communication of our findings. This is within budget and accounted for in the forecasts.
Amcan Cynllun Corfforaethol / Corporate Plan Objective	<p>1: Drive a national conversation about the future of health and social care services – through our conversations with the public via the research project and our own engagement activities.</p> <p>2: Push for services that meet everyone's needs – through representing our findings on access to dentistry and our associated plan for working with stakeholders to address actions needed.</p> <p>3: Work together better – through our plan to seek solutions through partnership working.</p> <p>4: Help people and services to use technology in ways that work for them – through our involvement in the DCHW dental access portal project.</p>

	<p>Outcomes: Our research and engagement activities, alongside a plan for circulation of the findings and the involvement in stakeholders in addressing potential action, will strengthen relationships and amplify our voice and impact within the health and social care sector. Success will mean our insights have led to real changes in policies and practices, our influence is clearly visible in improvements across health and social care services in Wales.</p>
<p>Ecwiti, Amrywiaeth a Chynhwysiant / Equity, Diversity & Inclusion</p>	<p>Related Integrated Impact Assessments were completed for our activities.</p> <p>Through both the research project and Llais's engagement activities we have worked to reach as many communities as possible and ensure that our methods for data collection are accessible.</p>
<p>Cyfathrebu / Communications</p>	<p>Please tick one of the following boxes if this activity will have an impact on:</p> <p>Internal: our people <input checked="" type="checkbox"/></p> <p>External: our customers/partners/stakeholders <input checked="" type="checkbox"/></p> <p>External: our organisation's reputation <input checked="" type="checkbox"/></p>
<p>Cymeradwyaeth / Approval/Clearance</p>	<p>N/A</p>
<p>Trafodaethau/ Penderfyniadau Blaenorol / Previous discussions/decisions</p>	<p>Board Development Session June 2024</p>
<p>Awdur/ Cyflwyno / Author/presenting</p>	<p>Ben Eaton, Strategic Director of Organisational Strategy and Engagement</p>
<p>Dyddiad / Date</p>	<p>25.09.24</p>
<p>Cefndir / Background</p>	
<p>In March 2024, Llais commissioned ACCESS, an independent research consultancy, to conduct a qualitative study aimed at understanding the public's experiences of dental care in Wales.</p>	

The objectives of this research were to:

Collect insights on the Welsh public's experiences and opinions of accessing dental care.

Identify which aspects of the dental care system the public believe are working well and which areas require improvement.

Formulate recommendations to enhance access to dental care, based on public feedback, in line with our all-Wales strategic priority.

We used the following methodology:

- Survey (Eng/Cym): To investigate a diverse range of experiences and provide an inclusive representation of the public. This was hosted online and hard copies circulated by Llais regional teams during engagement activities.

This was open March 20th – April 15, 2024, and we received 416 complete survey responses

- Focus Groups: an online focus group with nine Llais volunteers, who shared both their personal experiences and the perspectives they collected through public engagement.

- Interviews: with 31 individuals from a range of demographics and locations.

- Triangulating evidence for recommendation development: drawing together and synthesising evidence to develop recommendations for improvement.

In total we engaged 456 people in our research fieldwork:

- 362 were from White British backgrounds (87%)
- 25 identified as being from other White backgrounds including European, Irish, Gypsy or Irish Traveller.

- 12 participants were from Black, Asian or Minority Ethnic backgrounds (3%),
- 17 “preferred not to say” or left this field blank (4%).
- 18% of survey respondents (73) identified as having a disability which included physical, developmental and/or learning disabilities as well as long-term health conditions.

In addition to this, we have triangulated findings from the research with evidence from our open listening, regional engagement activities and engagement through national events over the Summer including National Eisteddfod, Royal Welsh and Pride. We engaged with 8,554 people during April – Sept, on a monthly basis, lack of access to NHS dentistry was one of the most prevalent issues raised with us.

The findings from our activities are consistent with the themes that emerged from the research project, with two additional themes identified.

Manylion / Detail

What we have heard:

There are a number of key themes that have emerged with regard to peoples’ experience of accessing a dentist:

Lack of access to dental care:

- More than 1 in 3 people were not registered with a dentist or were on a waiting list.
- Of those that were registered, 45% were receiving private care, 51% NHS and 4% a mix of NHS and private care.
- 39% of NHS patients reported it not being easy to get an appointment compared to only 2% of participants registered with private dentists
- Of those not registered or on a waiting list, 30% had not seen a dentist for over 2 years and a further 30% for over 5 years.
- 91% of participants agreed that arranging NHS care is more challenging than accessing private treatment

Inequalities in access and most affected groups:

- **Children and young people** – many reported their child had never seen a dentist
- **Disabled people** – unclear policies on prioritising disabled patients, declining availability of dental hygienists significantly impacts those with physical impairments, who may be in need of this type of preventative care more than others, physical accessibility barriers in dental facilities, particularly in older buildings or those difficult to access by car, prolonged waiting times
- **Older people** - difficulties related to traveling to and accessing dental facilities which are often in older building lacking accessible access.
- **Low income groups** - survey indicated that people on the lower end of the economic spectrum are less likely to be registered with a dentist compared to those with higher incomes.
- Only 4% of respondents who don't have enough for basic necessities were registered with a dentist.

Affordability of dental care:

- 74% of people surveyed agree that dental care is generally not affordable
- people that do not have disposable income, but were either forced to go private to access the dental care they need or go without until they find an NHS dentist
- A number of people also commented about the increase cost in NHS dental care

Quality of dental care:

- a general consensus that the quality of care overall appears to have deteriorated in recent years as the pressure on the system has increased

- number of people noting there is less compassion and empathy in the dental care system compared to that provided in the past.
- a strong feeling across all groups that there is a difference in overall quality between NHS care and private care, despite often the same dentists working across both pathways

Lack of preventative care:

- participants told us they had experienced an increasing lack of access to preventative care within the NHS in Wales, with hygienist appointments being difficult to access and not affordable for many

Sub-themes include: practices going private, practices not accepting NHS, no local NHS provision, extensive travel, recruitment of new dentists, long waiting lists and cancellations, emergency appointments only

In addition to the research undertaken, two additional themes have emerged from our engagement activities:

- Lack of access to dentistry for pregnant women
- Inconsistent policies around access to community dentistry for refugees and asylum seekers

How we will share and act on what we have heard:

By end of September 2024

Our plan for sharing what people have told us

We are currently using the findings to develop a Llais position statement regarding access to dentistry in Wales.

We will make representations to Welsh Government, Health Boards and public bodies across Wales and monitor their responses, on issues including:

1. The need for an all-Wales platform that will enable identification of which dentists are taking NHS patients. (DCHW)
2. The need for a centralised service finder for dentistry, as already exists in England (DCHW, NHS Wales)

Further to this:

- We are developing a national press notice
- We are creating a resource signposting people to how they can sign up for NHS dentistry in their region
- We are creating infographics relating to the findings to ensure their accessibility to the public, plus an Easy Read version of the executive summary of the research report.
- We intend to utilise our external newsletter and social media channels to promote this work and encourage further contributions to our knowledgebase.

Partnership working to find solutions to the challenges

November 2024

We will look to develop shared pieces of work in partnership with other organisations around the following:

Early Nov

- Engagement with dental professionals for their insights and solutions
- Conversations with UK wide partners on issues faced across UK, with a focus on understanding what is and isn't working well.
- Look to capture the response of relevant organisations/individuals to the research through a series of 'in conversation with...' pieces e.g. British Dental Association, Chief Dental Officer, a representative dental professional, DHCW, NHS Wales

Late November

- Circulate invitations to a roundtable discussion with stakeholder organisations and political representatives to look at actions needed to address the issues identified through our public engagement

Early December 2024

- *Host roundtable discussion*
- *Seek to start conversations on the standardisation of preventive care across providers with Health Inspectorate Wales and Public Health Wales)*
- *Continue to be involved in discussions with DHCW in relation to the Dental Access Portal and community engagement*

January 2025 onwards

- Further research on inequalities in dental care access.
- Focussed investigation into dental care access for children and young people.