

Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Sean Fitzsimons (Chair), Councillor Sherwan Chowdhury (Vice-Chair), Adele Benson, Patsy Cummings, Alasdair Stewart and Robert Ward, Gordon Kay - Healthwatch Croydon cooptee
Yusuf Osman – Croydon Adult Social Services User Panel cooptee

Reserve Members: Sue Bennett, Tony Pearson and Badsha Quadir

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 28 June 2022 at 6.30 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**.

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Simon Trevaskis
Senior Democratic Services & Governance
Officer - Scrutiny
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www.croydon.gov.uk/meetings
Monday, 20 June 2022

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

If you would like to record the meeting, we ask that you read the guidance on the recording of public meetings [here](#) before attending.

The agenda papers for all Council meetings are available on the Council website www.croydon.gov.uk/meetings

If you require any assistance, please contact Simon Trevaskis as detailed above.

AGENDA – PART A

1. **Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

2. **Minutes of the Previous Meeting** (Pages 5 - 10)

To approve the minutes of the meeting held on 8 March 2022 as an accurate record.

3. **Disclosure of Interests**

Members and co-opted Members of the Council are reminded that, in accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, they are required to consider **in advance of each meeting** whether they have a disclosable pecuniary interest (DPI), an other registrable interest (ORI) or a non-registrable interest (NRI) in relation to any matter on the agenda. If advice is needed, Members should contact the Monitoring Officer **in good time before the meeting**.

If any Member or co-opted Member of the Council identifies a DPI or ORI which they have not already registered on the Council's register of interests or which requires updating, they should complete the disclosure form which can be obtained from Democratic Services at any time, copies of which will be available at the meeting for return to the Monitoring Officer.

Members and co-opted Members are required to disclose any DPIs and ORIs at the meeting: -

- Where the matter relates to a DPI they may not participate in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation.
- Where the matter relates to an ORI they may not vote on the matter unless granted a dispensation.
- Where a Member or co-opted Member has an NRI which directly relates to their financial interest or wellbeing, or that of a relative or close associate, they must disclose the interest at the meeting, may not take part in any discussion or vote on the matter and must not stay in the meeting unless granted a dispensation. Where a matter affects the NRI of a Member or co-opted Member, section 9 of Appendix B of the Code of Conduct sets out the test which must be applied by the Member to decide whether disclosure is required.

The Chair will invite Members to make their disclosure orally at the commencement of Agenda item 3, to be recorded in the minutes.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Health & Social Care Overview (Pages 11 - 48)

The Health & Social Care Sub-Committee is provided with a series of reports from health & care partners which will provide the Sub-Committee with an overview of provision in the borough. Reports have been provided by: -

- South London & Maudsley NHS Foundation Trust (To follow)
- Croydon Health Service NHS Trust & South West London CCG
- Croydon Council's Public Health service
- Croydon Council's Adult Social Care service

The Sub-Committee is asked to consider this information when setting its own work programme for the year ahead.

6. Healthwatch Croydon Update (Pages 49 - 222)

The Health & Social Care Sub-Committee is asked to note the latest update provided by the Healthwatch Croydon Manager.

7. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

"That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended."

PART B

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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 8 March 2022 at 6.30 pm

This meeting was held remotely and a recording can be viewed on the Council's website

MINUTES

Present: Councillors Sean Fitzsimons (Chair), Richard Chatterjee (Vice-Chair), Alison Butler and Andrew Pelling

Gordon Kay (Healthwatch Croydon (Co-optee))

Also Present: Councillors Janet Campbell and Bernadette Khan

Apologies: Councillor Steve Hollands and Yusef Osman (CASSUP Co-optee)

PART A

7/22 Minutes of the Previous Meeting

The minutes of the meeting held on 25 January 2022 were agreed as an accurate record.

8/22 Disclosure of Interests

There were no disclosures of interest made at the meeting.

9/22 Urgent Business (if any)

Although, there were no urgent items of business for consideration by the Health & Social Care Sub-Committee at this meeting, it was agreed that the Healthwatch Croydon Manager, Gordon Kay, would provide feedback on latest report from his organisation at the end of the meeting.

10/22 Service Recovery and Response During Covid-19 Pandemic & Winter Pressures

The Sub-Committee considered a presentation set out on pages 13 to 24 of the agenda and a second presentation included in a supplement to the main agenda, which provided an update on the recovery of services and the ongoing response to the Covid-19 Pandemic and winter pressures. These presentations had been provided to allow the Sub-Committee to understand the current risks to service provision and to seek reassurance that these risks were being managed.

The presentations were delivered to the Sub-Committee by the Croydon Health Services Chief Executive and Place-Based Leader for Health, Matthew Kershaw, the Corporate Director for Adult Social Care and Health, Annette

McPartland and the Director of Public Health, Rachel Flowers. These presentation can be viewed on the following links: -

[Covid-19 Response & Winter Pressures](#)

[Public Health – Living Safely with Covid-19](#)

Following the delivery of the presentations, the Sub-Committee was given the opportunity to ask questions on the information provided. The first question highlighted that the early stages of the pandemic saw an increased loss of life in care home settings, but in subsequent waves Croydon had performed well in this area. As such it was questioned what lessons had been learnt. It was advised that limiting the vulnerability of older people to the effects of covid-19 had been identified as a priority by health and care professionals early in the pandemic, which had led to the safeguards introduced becoming an example of good practice. The introduction of the vaccination and the work invested into ensuring the vaccination rate was as high as possible had played a key role in improving resilience to the impact of covid-19. The vaccination work would continue as it was essential to safeguard against the potential impact from any future waves of the virus.

Given the rising cost of living nationally, particularly the cost of food and fuel, was likely to lead to increased poverty, it was questioned whether plans were in place to ensure the resulting rise in demand for services could be managed. It was acknowledged that inflation and poverty were likely to be game changes which would impact on many areas of people's lives. The rising cost of inflation had been built into the Adult Social Care budget, but whether this amount was sufficient would need to be closely monitored. It was likely that people would be coming to social care for the first time and as such it would be important to ensure that good advice and guidance was available at the 'front door'.

In response to a question about how home visits by midwives and health visitors had been impacted by the pandemic, it was advised that these services had been maintained through the introduction of precautions, particularly earlier in the pandemic. This had included virtual visits in some cases to limit risks, but these services were now running at their pre-pandemic levels. The Council's Public Health team had worked closely with colleagues at the Croydon University Hospital throughout the pandemic to ensure health visits could be managed safely.

It was highlighted that Healthwatch Croydon was received a lot of feedback from patients about the difficulty of accessing GPs, with an update on this requested. It was confirmed that surgeries had continued to offer face to face services throughout the pandemic, although virtual appointments were encouraged where possible to minimise the risk of covid-19. The current number of appointments was at a higher level than pre-covid, with a higher proportion of face-to-face appointments compared to virtual appointments. There was also a lot of activity in primary care to support people's wider needs through work such as social prescribing.

The Sub-Committee agreed that areas such as mental health provision and the impact from rising inflation would need to be closely monitored in the forthcoming year. It was also agreed that the Adult Social Care Budget and the impact from delivering the identified savings upon service delivery would also continue to be a priority for Scrutiny going forward.

In closing the discussion on this item, the Chair highlighted the impact of the pandemic on people especially the workforce over the past two years. It had required a lot of hard work and dedication from staff working in health and social care to ensure Croydon responded as well as it did to the challenges presented by the pandemic and the thanks of the Sub-Committee were given to those involved. The Chair also thanked Dr Agnelo Fernandes.

11/22 **An Overview of Mental Health Provision in the Borough**

The Sub-Committee considered a report, set out on pages 25 to 58 of the agenda, which provided an overview of mental health services in the borough. The report was introduced by representatives from the various service providers in the borough, including the South West London Clinical Commissioning Group (CCG), South London & Maudsley NHS Foundation Trust (SLaM), Child and Adolescent mental Health Service (CAMS) and the Council's Adult Social Care team. A copy of presentation delivered can be found on the following link: -

[Overview of Mental Health Provision in the Borough](#)

Following the presentation, the Sub-Committee had the opportunity to ask questions about the information provided. It was noted that the waiting times for Child and Adolescent Mental Health Services (CAMHS) seemed to be high in Croydon and it was questioned whether there was a similar issue in other SLaM localities. In response, it was highlighted that Croydon was the only borough with an Autism Spectrum Disorder (ASD) pathway provided by SLaM and it was this pathway that had a significant waiting time. The numbers waiting for the ASD service had grown throughout the pandemic and work was underway to address the backlog with 100 appointments expected to be completed by April 2022 and a tender for further 450 appointments in 2022-23.

It was confirmed that the current waiting time for the ASD pathway was on average 52 weeks, which was not acceptable and the reason why tackling the backlog to manage demand against capacity was a priority. The Sub-Committee accepted that the backlog was being addressed but agreed that further scrutiny was needed at a later date to be reassured that the plans being developed were being effective. It was agreed that the Children & Young People Sub-Committee would be asked to keep the performance of CAMHS under review as part of its work programme in the forthcoming year.

It was noted from the information provided that staffing seemed to be an issue for mental health services and the partners were asked for their assessment of their key strengths and weaknesses. Partnership working was highlighted as a strength with recognition that no one service could address all the mental

health need in the borough. There was a committed workforce in Croydon with skilled staff, who tended to be loyal to the borough with staff development being a strength, however recruiting new staff was challenging.

It was recognised that the crisis pathway was an area for development, which was currently being addressed. It could also be challenging to move complex cases on from the Accident and Emergency department to other services. While early intervention in schools and child wellbeing practitioners was a strength that needed to be developed further.

An update was requested on the work to improve access to talking therapies through GPs surgeries. It was confirmed that patient access to talking therapies had been targeted for improvement as evidence indicated that once people arrived in the service their recovery rate was quicker. SLaM was working closely with colleagues across primary care as this was the most common source of referral and the introduction of primary care mental health practitioners would help to improve access to these services. There was also work underway to engage with the Asian community more effectively, including having more ethnic counselling options available.

As it was confirmed that the Public Health team had commissioned a new provider of drug and alcohol services, which would be interconnected with mental health services, it was questioned whether there would be sufficient outreach work to provide support to the street homeless in the borough, including those from Eastern Europe who may not have access to services. It was advised that there would be an expectation on a recourse to public funds approach, which was a challenge in Croydon given it was a location for the Home Office. The resource available for outreach work had doubled since 2019 and was already on the way to meeting national guidance. The service had been commissioned as it was recognised that there needed to be a service at the front door of the Council to support people with substance abuse issues.

At the conclusion of the meeting, the Chair thanked the representatives from the various services who had given up their time to attend the meeting and engage with the Sub-Committee on the issue of mental health support in Croydon.

Conclusions

Following its discussion of this item, the Health and Social Care Sub-Committee reached the following conclusions: -

1. The information provided on the work of the partners involved in delivering mental health services in the borough was encouraging, although to make a more definitive judgement on the level of support available would require the provision of comparative data with other areas.
2. The Children & Young People Sub-Committee would be asked to follow-up on the work to reduce the waiting times for autism spectrum

disorder assessments with the Child and Adolescent Mental Health Service.

3. A follow-up on the support for rough sleepers, including drug and alcohol services would be scheduled for the Sub-Committee work programme in 2022-23.

12/22 **Healthwatch Croydon Update**

The Sub-Committee received a verbal update from Gordon Kay, the manager of Healthwatch Croydon on the most recent review completed by the service.

The most recently completed report was on [Personal Independence Coordinators](#), who helped people frequently attending the Accident and Emergency service, but who may need wider support. This review had been commissioned by Age UK and had included 64 interviews with users of the service, which revealed that in addition to physical and mental health support the provision of support with finance was also important.

The review had found that clients completing the programme tended to find their confidence had increased and they felt less stress. Although from the feedback provided 1 in 6 participants saw no improvement, 79% had seen a long-term impact. It was recommended that further work was targeted towards those who felt the programme had not worked to find out the reasons for this. It may be the case that there is a need for extra support for some once the service ended and that clearer signposting was needed to other services. Age UK had taken on these recommendations and would be introducing a new analysis tool for the programme and was looking to provide after support where needed.

13/22 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.20 pm

Signed:

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Date:

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REPORT TO:	HEATH & SOCIAL CARE SUB-COMMITTEE 28 June 2022
SUBJECT:	Health & Social Care Overview
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Representative from Health & Care Partners will be in attendance at the meeting to answer the questions of the Sub-Committee.
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	This report has been requested by the Health & Social Care Sub-Committee to provide an overview of the Adult Social & Health Directorate.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked: - <ol style="list-style-type: none">1. To note the information provided in the reports2. To give consideration to the information provided when setting its work programme for the year ahead.

1. HEALTH & SOCIAL CARE OVERVIEW

- 1.1. To assist the members of the Health & Social Care Sub-Committee plan its work programme for the year ahead, a series of reports (appendices A-D) have been requested for this, the first meeting of the new Council year. The reports will provide for the Sub-Committee an overview of the priorities for the year ahead and some of the challenges facing the health and social care providers in the borough.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

APPENDICES TO THIS REPORT

Appendix A: South London & Maudsley NHS Foundation Trust - Overview

Appendix B: Croydon Health Service NHS Trust & South West London CCG Overview

Appendix C: Public Health Overview

Appendix D: Adult Social Care & Health Directorate Overview

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Croydon overview:

Our progress, challenges and plans for the future

Scrutiny Health and Social Care Sub committee
28 June 2022



Changing perceptions

We are serious about achieving our ambition for excellent health and care for people in Croydon

Dubbed a “blueprint” in the NHS for opening a “hospital within a hospital” to address the elective backlogs and keep people safe from COVID-19

- 25,000 people safely treated since wave one
- Including 3,000 referred across south London
- Up to 126% elective activity compared to pre-COVID levels
- Maximising capacity north and south of the borough



Trailblazer in integration

- Closing the gap between health and care services
- Breaking down barriers between professions
- Maximising the resources available

GP ‘huddles’

- Weekly GP-led meetings to proactively plan patient care
- Bringing health and care teams together to reduce delays and avoid duplication
- Preventing patients from telling their stories multiple times to disconnected services

Embracing technology

- Community teams monitoring patient care 24/7 through virtual wards
- Rapid escalation of at-home care, often before patient realises they are becoming unwell



First Londoner vaccinated in Croydon to protect against COVID-19

- **1m jabs** in arms
- Collective response across hospital, GP, pharmacy and community teams
- 70% population vaccinated
- Ongoing grassroots engagement to help people make an informed choice



Addressing our challenges

Our staff face significant operational pressure, in addition to COVID recovery



EMERGENCY CARE: More than 208,000 people attended CUH urgent and emergency care in 2021/22

- 10% lower than pre-pandemic
- 11% increase in blue-light ambulance patients over two years (19/20-21/22)



LENGTH OF STAY: Hospital-Only Discharge programme delivered month-on-month improvement

- 10.5 day target for length of stay by Q3
- Relied on unfunded escalation areas - increasing use of expensive temporary staff



CANCER: Referrals back to pre-pandemic levels

- Weekly cancer prioritisation to recover performance
- 94.5% of urgent cancer referrals seen within two weeks – above the 93% standard.



DIAGNOSTICS: 88% of patients waiting less than six weeks for diagnostic tests, 10% below the standard (21/22)

- All patients now booked within 4-5 weeks, with urgent cancer scans within 7 days

Staff Survey



46%

felt unwell due to stress in the last 12 months



5%

from 2020 and the highest since 2017

Improving workplace culture

- Helping staff deal with the pressures of the pandemic
- Greater access to mental health and emotional care and support
- Increasing civility, inclusion and respect
- Improving staff experience to improve our care for Croydon

The results of the 2021 NHS Staff Survey revealed a challenging picture across the health service

For the first time, the survey assessed the levels of fatigue being felt by healthcare staff

- **One in three** staff felt burnt out burnt out over the past twelve months – in line with the national average

Delivering high quality care

What we need to be focusing on in 2022/23

Ensuring patient safety

- Learning from complaints and incidents
- Sharing best practice

Improving patient experience

- Listening to patient views or concerns
- Involving people in care decisions
- Communication – between patients, staff and each other
- Consistent MDT working

Striving for “Good” if not “Outstanding”

- Continuing our journey from “Requirements Improvement”
- Acting on CQC findings, audits and surveys

Implementing Ockenden recommendations

- Acting on national reviews and benchmarks to improve our care and outcomes



New Rainbow Children's Unit

- £7m facility is so much more than a medical space
- Bringing together children's surgical ward, critical care and a short stay unit under one roof
- Also includes brand new children's cancer unit, helping to care for some of Croydon's sickest patients and families closer to home

HIV opt-out testing

- 38,000 people tested for HIV in Emergency Department – three times more as the year before
- Helping to save lives through earlier diagnosis and treatment
- 'Croydon method' praised as best practice
- Winning an international award for the Trust's clinical innovation

Learning from the people in our care

- Increasingly engaging with people in our community to understand what works well, and where improvements can be made
- HEARD workshops – acting on women's experiences to improve maternity care, particularly from BAME backgrounds

Building Community Partnerships

- Working with voluntary and community partners to understand the health issues and challenges affecting local neighbourhoods.
- Reaching out to people who do not normally engage with the NHS

Support for staff

We cannot do any of this, without supporting our staff

The vast majority of staff agree that patient care remains our top priority, but the annual staff survey also revealed the pressures on our workforce

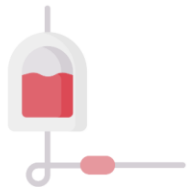
- **Two thirds of CHS staff** remain enthusiastic about their roles – down 4% to 69% and above the national average
- **3 out of 4** staff had the opportunity to show initiative – up 3% and above the average of 72%
- **Almost 70%** of staff felt valued in their teams*
- **54% of staff** said they took positive action on health and wellbeing - below the national average (56%)*

*Not comparable with previous years

More than 79% of staff across South West London CCG completed the survey – down 3% on 2020

- Staff felt able to make improvements in their area of work – up 4% to 66%
- 79% staff said managers valued their work – up 5%
- Many staff are working over and above their contracted hours without receiving additional pay

PERSON-CENTRED CARE



Around 3 out of 4 said person-centred care was our top priority - down across the NHS



CROYDON
STARS

Is back!

Nominations are now open for biggest-ever award ceremony celebrating our health heroes

- Held for the first time since the pandemic
- Including 'Star of the Year' as voted for patients and public

Nominations close 26 July.
See our website for more!

- **Restarting reward and recognition events** paused by COVID-19, including Long Service Awards
- **Back to the Floor** increasing leadership visibility to see first-hand the challenges and achievements of our teams
- **Employee Assistance Programme 24/7** staff support line including confidential counselling without manager referral
- **Summer Sessions** Helping staff reconnect and recover, whilst making them feel valued in their role

Sustainable finances

We must maximise the resources we have to deliver sustainable services, now and in the long-term

The NHS must make significant efficiencies to balance the rising costs with increasing demand.

- CHS has an ambitious and challenging plan for 2022/23:
 - **£22.6m (6%)** recurrent savings
 - **£10m** non recurrent support
 - **£8m** elective recovery fund income
 - To achieve a deficit of **£16.7m**
 - Against annual income of **£400m**

Working with South West London CCG and the local authority to ensure best value for money and the sustainability of the Croydon health and care system



Financial efficiencies must

- Safeguard patient care
- Be clinically led
- Operationally driven
- Backed by strong financial controls

Social value

At the same time, we must increase our role in improving the health and prosperity of our community.

- Making the most of services *in* Croydon, *for* Croydon
- Working together at 'place' to benefit our patients, community and staff
- Collaborating in SWL and across the NHS, to bring the best practice back to the borough



Anchor institution:
As the borough's largest employer, we have an important role at the heart of our community:

- Supporting local business through kick-starters and apprenticeships to increase employment
- Working with local universities to train the next generation of health and care workers in Croydon

Developing our leadership

We also working to become 'well-led' in the CQC's inspection framework by aligning our vision, experience and expertise to improve the health and care of our community.

Croydon was one of the first to bring together a local NHS Trust and CCG under a single Place Based Leader

- speeding-up decision making
- Reducing duplication

- **Single executive team across Trust and CCG**
- **Shared functions, including safeguarding and pharmacy**
- **Common vision, shared principles and defined objectives**



By working together as 'One Croydon'; we are closing the gaps the local NHS, social care and voluntary services.

Making the most of the resources available

- Shadow budget arrangements now in place to give oversight of almost £1 billion spend across health and social care in Croydon
- Helping to spot opportunities to spend best for the health and care of our community



As little as 10% of our health is linked to access to healthcare so, working together, we are joining up our care and support beyond the walls of one public service

Giving people greater control of their health and care

- **Pioneering community networks that give the same prominence to housing as they do health**
- **30% of residents reporting an increase in health and wellbeing within a year of referral**

Breaking down barriers between professional teams

- **Social workers, community geriatricians, nurses and therapists working together to help people regain their independence after illness**
1,000 patients home sooner and nearly 900 admissions avoided in the first year alone
- **Freeing-up hospital beds** for people who need to be cared for in hospital

Reducing health inequalities

Almost half of all local residents living in the CORE20 more deprived population, who face some of the largest gaps in health inequalities.

- 340,000 people living in deprivation across South West London.
- More than half live in Croydon, with 170,000 facing some of the largest gaps in health inequality – that's 40% of our local population



CORE20 is a national initiative focusing on the 20% most deprived population and particularly those experiencing poorer health or quality of life.



Caring for a city within a city Working together to improve the health and wellbeing of our community

Entrenched health inequalities

- One in four people have two or more long term conditions
- Life expectancy differs by up to 15 years between the north and south of borough

One of the biggest and most diverse boroughs

- Population has grown 10% in a decade
- 52% of residents are of Black, Asian and Minority Ethnic backgrounds
- Highest proportion of Looked After Children in the capital

Impact of COVID-19

- One of London's hardest hit
- 100,000 people tested positive for coronavirus since the start of the pandemic – broadly a quarter of the local population
- 68% vaccinated with booster or third dose
- One of only four trusts nationally that has had sustained COVID bed occupancy above 20 per cent

Health and Wellbeing Space

New joint service where local people can go for free NHS, social care and community sector support in one place. Housed in the Whitgift Centre at the heart of the community, the Croydon Health and Wellbeing Space (CHWS) is open seven days a week, between 10am and 6pm.

The NHS is about to go through significant changes

On 1 July 2022, South West London Integrated Care System will take on health and care statutory responsibilities

The ICS will have four purposes:

1. improving outcomes in population health and healthcare
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development

Croydon is perhaps better placed than many to lead the way.

Delivering real benefits to our patients, local community and staff

- Working at 'place' to make the most of our services *in Croydon for Croydon*
- Collaborating as an Integrated Care System in South West London to improve health and care, and deliver best value for money

What is place? And other questions

'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people.

The ICS will have two parts:

- **Integrated Care Boards (ICB):** will decide how the NHS budget for their area is spent and develop a plan for to improve people's health, deliver higher-quality care and better value for money
- **Integrated Care Partnerships (ICP):** brings the NHS together with other key partners, like local authorities and the voluntary sector to develop a strategy to improve health and wellbeing for people in the area.



Locality partnership working has improved the connections between our clinical teams, our community assets and community organizations. It's empowered people to improve their quality of life.

Lynda Graham Social Prescribing Link Worker-Team Leader

Healthy Communities Together

One Croydon has been awarded £500,000 over four years to support local partnership working to improve the health and wellbeing of Croydon's local communities, in partnership between The National Lottery Community Fund and The King's Fund,

Excellent health and care for all

Our objectives set our roadmap towards achieving our ambition

- Meeting the health and care needs of our growing population
- Exceeding the expectations of NHS planning guidance
- Working in partnership to improve:
 - the long-term health of our community
 - long-term quality and sustainability of NHS services in Croydon



• OUR OBJECTIVES FOR 2021 - 2023 •



REPORT TO:	Scrutiny Health & Social Care Sub Committee 28 th June 2022
SUBJECT:	<i>Public Health – Priorities and challenges</i>
LEAD OFFICER:	<i>Rachel Flowers, Director of Public Health</i>
CABINET MEMBER:	<i>Councillor Yvette Hopley</i>
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	<i>Helen Harrison, Public Health Consultant; Jack Bedeman, Public Health Consultant</i>
PUBLIC/EXEMPT:	

COUNCIL PRIORITIES 2020-2024

Include here a brief statement on how the recommendations address one or more of the Council's priorities:

- We will live within our means, balance the books and provide value for money for our residents.*

Public Health have developed a four year budget forecast and are in the process of developing a four year plan. This will ensure any financial risks are identified and mitigated early to ensure a balanced budget. Public health are an evidence based and intelligence lead function to ensure cost effectiveness of services and programmes.

- We will focus on tackling ingrained inequality and poverty in the borough. We will follow the evidence to tackle the underlying causes of inequality and hardship, like structural racism, environmental injustice and economic injustice.*

Public Health's main goal is to improve health and reduce health inequalities. We deliver population based interventions using the principles of proportionate universalism to respond appropriately to the level of need. By using an intelligence lead approach, all service commissioning is based on an assessment of local needs, identifying and responding to the underlying causes of inequalities.

- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe. To ensure we get full benefit from every pound we spend, other services in these areas will only be provided where they can be shown to have a direct benefit in keeping people safe and reducing demand.*

Public Health focuses on Prevention. We aim to tackle the underlying causes of ill health to improve healthy life expectancy and therefore prevent or delay the need for social care services.

[Council's priorities](#)

ORIGIN OF ITEM:	<i>This section is completed by the Scrutiny Officer before the report is written.</i>
BRIEF FOR THE COMMITTEE:	<i>This section is completed by the Scrutiny Officer before the report is written and provides guidance on what</i>

	information should be included in the report.. Example wording: <i>“To review/consider/examine [what...]”</i>
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Any additional guidance to report author from Scrutiny Officer:

1. EXECUTIVE SUMMARY

This report contains a high level overview of the function and priorities of the Public Health Service in 2022/23 and how they align with the Executive Mayor's priorities. It provides the Sub Committee with a summary of the main challenges to delivery and how performance will be measured.

2. PUBLIC HEALTH PRIORITIES AND CHALLENGES

2.1 Background

2.1.1 *What is Public Health?*

Public health is about helping people to stay healthy and reduce the risk of getting diseases and illnesses. We do this by protecting health, improving health and ensuring we have safe, effective, and equitable services in place.

Our ultimate vision is to improve and protect the people of Croydon's health and wellbeing, and to improve the health of the most vulnerable fastest (reducing health inequalities).

Public Health uses intelligence and evidence to identify population health challenges to inform population level interventions and influence the work of the council and its partners to improve the health outcomes of the population.

The Director of Public Health is a statutory officer with specific duties written in statute, who is also accountable to the Secretary of State for Health and Social Care. The Director of Public Health is particularly unique in their duty to provide an independent Director of Public Health annual report which the Council has a duty to publish. The public health team is comprised of public health specialists who are from a medical or other specialist background, that offer technical expertise to the council and NHS partners. Public Health Consultants are regulated by the General Medical Council and the UK Public Health Register to ensure they adhere to professional competencies set by the Faculty of Public Health.

Public Health sits within the Assistant Chief Executive Directorate, reflecting the strategic nature of Public Health work and the need to address the 'wider determinants' of health beyond the traditional health and care system.

2.1.2 *The Public Health Approach*

- **Whole population** – Public Health focuses on understanding and addressing the health needs of groups of people rather than individuals.
- **A focus on inequalities** – Public Health aims to reduce inequalities in health by understanding the risk and protective factors impacting on groups of people suffering disproportionately from poor health outcomes. A proportionate universalism approach is used to target universal services and resources to reach those most in need.

- **Evidence based and intelligence lead** – Public health draws upon academic research, local and national data and local knowledge to assess local needs and make recommendations for action. This helps to ensure that the services we commission are based on what we know to work and are targeted at the groups experiencing the worst inequity and outcomes and are therefore cost effective.
- **Whole system collaboration** – Public Health work across the NHS and Local Government to achieve health gains. We are system leaders who play a key role in coordinating efforts across the Borough to reduce duplication and maximise the public pound.
- **Lifecourse approach** – Public health adopts a life course approach. We identify opportunities throughout life to improve and protect health; beginning with pre-conception, supporting children and families, young people, working age adults and older people.

2.2 What are the key Public Health Challenges and areas of progress in Croydon?

2.2.1 Children and Young People

- The under 18s conception rate is **18.5 per 1,000** which is **worse** than the London average but **similar** to the England average
- Year 6 prevalence of obesity is at **25.1%** which is **worse** than the London and England average
- Levels of breastfeeding and smoking in pregnancy are **better** than the England average. Smoking at time of delivery is **decreasing** in recent trends.
- When child immunisation coverage is compared to the England average Croydon is **significantly worse** in all immunisations with Hib/MenC boosters (5 years) and HPV vaccination coverage **decreasing** in recent trends
- Croydon is also **worse** than the London average for most childhood immunisation coverage and is only **better** than London for HPV vaccination coverage

2.2.2 Adults and Older People

- The estimated diabetes diagnosis rate is **66.4%** which is **lower** than the London and England averages
- The rates of hip fractures in older people (aged 65+) is **496 per 100,000** which is **better** than the England and **similar** to London averages.
- The rate for alcohol-related hospital admissions is **494 per 100,000** which is **better** than the average for England and London. This represents **1,700** admissions per year.
- The rate for self-harm hospital admissions is **76 per 100,000** and decreasing in recent trends, it is **better** than the average for England but **similar** to London. This represents **290** admissions per year.
- Estimated levels of smoking prevalence in adults (aged 18+) are at **12.4%** which is **similar** to London and England averages
- The rates of statutory homelessness not in priority need are **1.2 per 1,000** and are **decreasing** in recent trends but **above** the London average.

Source: Public Health Outcomes Framework

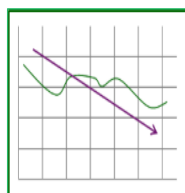
✓ Areas of progress



The conception rate of under 18 year olds in Croydon has fallen and is now more in line with the regional and national averages.



The percentage of adult smokers in Croydon has been lower than in London and in England for the past 4 years.



The rate of falls in over 65 year olds has been dropping has been similar to London and England for the past 2 years.

⚠ Challenges



Childhood immunisation rates continue to be lower in Croydon than across London and England.



Over the last 3 years, the estimated dementia diagnosis rate for 65+ years has been increasing while in London and England it has been decreasing.



Croydon's proportion of adults (aged 18+) classified as overweight or obese is similar to the London average but should be lower.



Croydon has inequalities in life expectancy at birth. There remains geographic inequality in the distribution of deprivation in the borough with the North and East of the borough remaining more

2.3 Public health Priorities 2022-2023

Three overarching priorities have been agreed upon for the Public Health Service Plan. More detail on the deliverables underneath each of these is provided in Appendix 1.

Priority one: To protect the health of Croydon residents

Priority two: To improve the health of Croydon residents- with a focus on improving the health of those experiencing poor health fastest through a preventative approach and work to address the wider determinants of health

Priority three: Health intelligence - using data and evidence to support the Council and the NHS to utilise their resources to improve health and reduce health inequalities

2.4 Alignment to Mayoral Priorities

2.4.1 Vulnerable people, health and social care

As mentioned above (2.1.1), the role of public health is to protect and improve health and wellbeing. Public Health will support the Mayoral priorities particularly in relation to the

Scrutiny Template

reconstitution of the Health and Wellbeing Board and addressing health inequalities through advocating for effective and safe healthcare provision.

Public Health also lead on the priorities to reduce smoking and teenage pregnancy and to improve sexual health.

Through supporting health impact assessments and needs assessment, Public Health also advise the Council on how to ensure contracts maximise opportunities to improve health and reduce health inequalities.

2.4.2 Crime, Safety and Community

Public Health are working with other Council departments on the Public Health Approach to Serious Youth Violence and the Director of Public Health is a standing member of the Community Safety Partnership. Public Health are undertaking an assessment of the risk and protective factors for youth violence across the life-course to make recommendations for policy and strategy.

2.4.3 Finance

Public Health utilise evidence and data to indicate cost-effective solutions to address poor health and health inequalities. This evidenced based approach can ensure we get best value for the public pound. Many public health interventions are cost saving for the NHS and social care, preventing or delaying the need for these services by improving health outcomes.

Public Health manage their budget within the Government allocated ring-fence and have a four-year forecast in place to ensure good financial management.

2.4.4 Listening to Croydon

Public Health combine intelligence from data and evidence with resident and partner views and perceptions to make recommendations for strategy and policy through leading the Croydon Joint Strategic Needs Assessment. Public Health services incorporate resident engagement in the design and delivery of services. For example, Public Health is currently working with four grassroot voluntary sector organisations via appreciative inquiry to understand hyper-local needs. We are exploring how we can harness the connections, passion and dedication of these organisations and support them to reach their potential.

2.5 Public health Grant

Public Health receive a ring-fenced grant from the Department of Health and Social Care to fulfil the functions set out in the Health and Social Care Act 2012. The grant for 22/23 is £22.8M. This is allocated as follows:

Service Area	Population	Spend
Core Public Health		
Adult Healthy Behaviours	Working age adults and older people	950k
Substance Misuse	All	3.2m
0-19 Service	Early years, Families, Children and Young People	6.4m
Mental Wellbeing and Suicide Prevention	All	300k
NHS Health checks	Working age Adults	200k

Scrutiny Template

Sexual Health	Children and Young People and working age adults	6.1M
Health Protection	All	120k
Children's Healthy Weight	Early years, families and Children and Young people	300k
Public Health Team	All	1.7m
Youth Health and Wellbeing	Children and Young People	300k
Public Health Outcomes in other Council Areas		
Adult Social Care Programmes	Older People	1m
Food Flagship	All	136k
Parenting programmes	Early years and families	158k
Domestic Violence	All	350k
Community Fund	All	184k
Corporate Charges		
Business support		137k
Commissioning and Procurement		437k
Finance		48k
Legal		50k
SERCOP - Overheads		603k

The Director of Public Health reports back on how the grant is spent each year to Government to ensure it is spent in line with the grant conditions.

2.6 Core Public Health Performance Monitoring

2.6.1 Performance metrics have been agreed for all service areas. The Public Health performance metrics reflect the statutory functions of public health as well as local needs. The Croydon position alongside London is provided for benchmarking purposes as well as a performance narrative to provide context to the current position and the work to maintain or improve standards, a full account of the current position and target position is provided in Appendix 2.

2.6.2 The Public Health grant is used to commission a range of statutory and required services such as Substance Misuse, 0-19 Service (School nursing, health visiting) and Sexual Health. The Adults and Children's Commissioning team oversee the performance of external providers against key performance indicators agreed with public health.

2.6.3 Public Health lead projects, strategies and action plans are developed using a project management approach with clear objectives, deliverables and where appropriate evaluation plans set out.

2.7 Challenges and opportunities

2.7.1 Underperformance of the Public Health Nursing 0-19 service (£6.6m budget)

Health visiting service has a history of underperformance on the mandated checks (e.g. antenatal, new birth, 6-8w, 12m, 2-2.5y). If families are not being seen, there are potential safeguarding risks and early intervention opportunities that are not being implemented. The contract was renewed in August 2021 for 2 years and a Service Development Improvement Plan was put into place in September 2021. There has been limited improvement against performance targets. Croydon Health Services presented to CYP Scrutiny Committee in

November 2021 and was due to return in June 2022. There is an opportunity to explore recommissioning the service, subject to commissioning team capacity.

2.7.2 Live well service redesign

A redesign of the Live Well Service began pre-pandemic and was paused during 2020 and 2021. The service is currently provided in-house, however, staff recruitment to vacant posts has been a challenge meaning that the capacity within the service to provide support is limited. Public Health are now revisiting the service redesign to re-look at options for this service going forward.

2.7.3 Sexual health service redesign

There is the opportunity to redesign the way in which certain sexual health services are delivered in the community to improve contraception rates, decrease repeat terminations and increase chlamydia screening. Commissioning capacity is required to enable this.

2.7.4 Supplementary Substance Misuse Treatment and Recovery Grant

There is additional money coming from the Office for Health Improvement and Disparities (OHID) to help implement the new national drugs strategy, approx. £2 million over 3 years. The additional funding lasts for three years and stretches across the whole of substance misuse service provision with a particular emphasis on workforce development and reducing unmet need.

2.7.5 Childhood Immunisations

There is a history of low immunisation rates in Croydon. Immunisations were previously presented to Health and Social Care Scrutiny in November 2019. Public Health has a responsibility in seeking reassurance from the NHS around the delivery of immunisation programmes but are not responsible for commissioning or delivering these programs.

2.7.6 South West London funding allocations

There is an opportunity to ensure NHS lead public health programmes on healthy weight and smoking cessation are fairly resourced in Croydon and align well with the community offer. There is also an opportunity to ensure all NHS health inequalities funding is targeted proportionately to need, reflecting that Croydon has higher levels of deprivation than the rest of South west London as outlined in the [Core20](#) data.

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APPENDICES TO THIS REPORT

Appendix 1: Public Health Service Plan Priorities and deliverables 22/23

Appendix 2: Public Health Corporate Performance Metrics

BACKGROUND DOCUMENTS: *[Complete for Part A reports only - list documents that have not been published previously]*

Appendix 1: Public Health Service Plan Priorities and deliverables 2022/23

Priority one: To protect the health of Croydon residents

- (i) Lead the multiagency Health Protection Forum to respond to threats to health from communicable disease and to drive system improvements in the uptake of vaccinations and immunisations.
- (ii) Lead the Croydon Covid19 response including improving uptake to Covid19 vaccination to manage the impact of a winter wave of infection.
- (iii) Take a Health in all policies approach to promote healthy environments e.g. through providing public health input and advice to licensing, the healthy catering commitment, air quality and the Green Plan.

Priority two: To improve the health of Croydon residents- with a focus on improving the health of those experiencing poor health fastest through a preventative approach and work to address the wider determinants of health

- (i) Commission, implement and/or embed the new service models to:
- (ii) Improve Adult Healthy Behaviours for smoking, alcohol and weight
- (iii) Support children and families to achieve a healthy weight by commissioning the child healthy weight programme
- (iv) Enable early identification of risk factors for Long term conditions through a targeted approach to NHS Healthchecks
- (v) Provide input and influence to the SWL Prevention framework for acute trusts
- (vi) Improve Sexual health outcomes through the commissioned delivery of:
 - Chlamydia Screening
 - LARC
- (vii) Provide public health input and advice in the Safer Croydon Partnership including co-chairing the Domestic Violence forum, providing input to share the Violence against Women and Girls strategy and supporting the wider work on reducing violence in vulnerable adolescents
- (viii) Support the revision of the terms of reference and governance structures of the Health and Wellbeing board, and influence delivery of the Health and Wellbeing Strategy
- (ix) Implement Public Mental Health offer to include:
 - Mental Health First Aid training
 - Trauma informed training
 - 5 ways to wellbeing
 - Bereavement support
 - Well workforce strategy
- (x) Implementation of Best Start vision through:
 - Driving improvements to Public Health Nursing service
 - Supporting the development and implementation of the Early Years strategy
 - Review of parenting programmes and recommendations for future provision
 - Working with midwifery and health visiting services to support families to adopt health behaviours in readiness for pregnancy (healthy weight, smoking cessation, alcohol interventions)
 - Influence delivery of maternity services to improve health outcomes and reduce health inequalities through supporting an understanding of need and engagement.
 - Supporting childhood nutrition through the delivery of the healthy start programme and the breastfeeding programme.

Scrutiny Template

- Supporting the Family Hubs development
- (xi) Champion population health in everything the Council, the NHS and its partners do through a health in all policies approach. Specifically:
 - Public health Consultant alignment to Directorates
 - Support Community Fund recommissioning to align with public health outcomes
 - Licensing and events
 - Healthy schools programmes (inc school superzones and oral health)
 - Green Plan
 - Championing food and healthy weight work
 - Support council air quality action plan
 - Develop/ refresh health improvement strategies/plans for Suicide Prevention, Tobacco Control and Substance Misuse
- (xii) Support SWL, Croydon place based and partnership organisations by providing specialist public health input to improve health and reduce inequalities

Priority three: Health intelligence - using data and evidence to support the Council and the NHS to utilise their resources to improve health and reduce health inequalities

- (i) Deliver the public health intelligence function
- (ii) Develop a high quality, thriving Public Health training function.
- (iii) Development of health intelligence products using all available data sets including Census 2022 including (all available on Croydon Observatory):
 - Pharmaceutical Needs Assessment,
 - Director of Public Health annual report,
 - LGBTQ Mental Health needs assessment
 - Vulnerable adolescents needs assessment
 - Support to the Serious Youth Violence Review
 - Schools survey
 - Support to Violence Against Women and Girls needs assessment
- (iv) Support SWL CCG, Croydon Place and partner organisations through providing intelligence and evidence for population health management to inform commissioning decisions and wider programme planning including:
 - Shaping the place and system population health management strategies
 - Development of revised health and care plan outcomes and dashboard
 - Input into specific population health management projects at PCN, place and system levels.
- (v) Influence improvements in quality of health and social care provision through participation in forums including:
 - Safeguarding Boards
 - SEND Board
 - Child death overview panel
 - Individual Funding requests
 - Croydon Health Management Board
 - Integrated Care Networks
 - Health and Care Sub Committee

Appendix 2: Public Health Corporate Performance Metrics

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of the eligible population offered an NHS Health Check who received one (% uptake)	Bigger is better	Quarterly	Q2 21/22	28%	30%	Q2 21/22	48%	Target is current 25th percentile within London. Croydon has a targeted approach to NHS Healthchecks provision that focuses on those most at risk of poor health outcomes rather than the entire eligible population. The focus is on improving uptake of healthchecks by those who have been offered rather than increasing the population invited.
% opiates and/or crack cocaine users not in treatment	Smaller is better	Annual	2020/21	64.5%	67.8%	2020/21	64.5%	Target is current London average. We have recently commissioned a new provider and have additional funding coming through from central government with a focus on increasing numbers in treatment.
STI testing rate (per 100,000 people aged 15-64, excludes chlamydia testing in those aged under 25)	Bigger is better	Annual	2020	5682.6	4099.1	2020	9,136.30	Target is current 25th percentile within London. Testing rate has fallen in Croydon as in London and England during the pandemic. This could be due to less testing services offered or down to there being a genuine reduction in demand during periods of lockdown. We are currently putting in place a new S75 contract with our local provider.

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
Total prescribed LARC (per 1,000 women aged 15-44)	Bigger is better	Annual	2020	27.0	29.4	2020	27.0	Target is current London average. LARC prescriptions have fallen in Croydon as in London and England during the pandemic. LARC is offered both in the community and the hospital and we are reviewing our community provision currently with procurement in mind for 23/24
% of those eligible tested for HIV	Bigger is better	Annual	2020	60.3%	64.6%	2020	54.7%	Target is current 75th percentile within London. Testing rate has fallen in Croydon as in London and England during the pandemic though remains comparatively high. HIV point of care testing currently takes place at CHS A+E whilst we work with partners in HIV through the SRH partnership board to increase access to HIV testing.
% of abortions that are repeats (i.e. involve a women who has had a previous abortion)	Smaller is better	Annual	2020	45.6%	51.4%	2020	44.0%	Target is current 25th percentile within London. Given historic poor performance in this area the Sexual Health, HIV and Reproductive Health Partnership Board have requested a task and finish group to look into terminations of pregnancy.

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of adults (aged 18-64) in routine and manual occupations who are smokers	Smaller is better	Annual	2020	19.3%	11.6%	2020	19.3%	Target is current London average. There is no historical data as the survey changed its methodology in 2020 so trends are not comparable. Croydon has an integrated healthy lifestyle service that encompasses smoking cessation, brief alcohol interventions and weight management. This service is currently being redesigned in partnership with the NHS to align to the Primary care integrated model. There is also a south west London NHS programme for smoking cessation to increase acute and mental health in-house provision.
% of adults (aged 18+) classified as overweight or obese	Smaller is better	Annual	2020/21	61.1%	61.8%	2020/21	56.0%	Target is current 25th percentile within London. Croydon has an integrated healthy lifestyle programme providing adult weight management support. Public Health are also looking to commission a pilot weight management programme targeting the Black Caribbean population. There is a multi-agency healthy weight partnership which has an action plan to address obesity that requires action across the council, VSC and NHS.
% of residents reporting good life satisfaction (% of survey respondents)	Bigger is better	Annual	2020/21	79.0%	81.3%	2020/21	75.1%	Target is current 75th percentile within London. This is a cross cutting council and partner wide measure of success. There are a number of programmes due to be

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
scoring 7 or higher)								launched with an aim to improve wellbeing and mental resilience.
% of children receiving 6-8 week review by health visitor	Bigger is better	Quarterly	Q3 21/22	66.5%	58.5%	Q3 21/22	72.0%	Target is current 25th percentile within London. History of poor performance largely due to staffing issues. Monthly monitoring and improvement plan in place.
% of children who received a 2 - 2.5 year review	Bigger is better	Quarterly	Q3 21/22	51.7%	35.2%	Q3 21/22	63.6%	Target is current 25th percentile within London. History of poor performance largely due to staffing issues. Monthly monitoring and improvement plan in place.
Teenage conception rate (per 1,000 women aged 15-17)	Smaller is better	Annual	2020	12.0	11.3	2020	9.8	Target is current 25th percentile within London. Rates have fallen dramatically in 2020 as a result of the pandemic. We are working with our local sexual health provider to continue to increase and improve health promotion programmes and activities to ensure these rates continue to decrease.
% of children aged 10-11 years (children in year 6) classified as obese or overweight	Smaller is better	Annual	2019/20	38.2%	39.5%	2019/20	38.2%	Target is current London average. Owing to the suspension of the National Childhood Measurement Programme during the pandemic there is no updated information for 2020/21. The Healthy Schools programme includes a focus on healthy food in schools. Public health are working with the NHS to develop a Tier 3/4 healthy weight service. The Food and Healthy Weight Partnership has a range of actions across the wider determinants of health, and two grants

INDICATOR	LATEST DATA					BENCHMARKING		COMMENTS ON CURRENT PERFORMANCE
	Bigger or Smaller is better	Frequency	Timeframe	Target	Croydon position	Timeframe	London position	
% of children aged 4-5 years (children in reception) classified as obese or overweight	Smaller is better	Annual	2019/20	21.6%	21.8%	2019/20	21.6%	<p>have been received which will be utilised for a healthy catering commitment and to strengthen the healthy weight partnership.</p> <p>Target is current London average. Owing to the suspension of the National Childhood Measurement Programme during the pandemic there is no updated information for 2020/21. Public Health are launching an early years healthy weight programme in the autumn that will provide support to children and families to achieve a healthy weight. Public health are also working with the NHS to develop a Tier 3/4 healthy weight service. The Food and Healthy Weight Partnership has a range of actions across the wider determinants of health, and two grants have been received which will be utilised for a healthy catering commitment and to strengthen the healthy weight partnership.</p>

REPORT TO:	HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE 28 JUNE 2022
SUBJECT:	An overview of the Adult Social Care and Health Directorate
LEAD OFFICER:	Annette McPartland Corporate Director of Adult Social Care and Health
CABINET MEMBER:	Councillor Yvette Hopley Cabinet Member for Health and Adult Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Annette McPartland Corporate Director of Adult Social Care and Health
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	This report has been requested by the Health & Social Care Sub-Committee to provide an overview of the Adult Social & Health Directorate.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked: - <ol style="list-style-type: none"> 1. To note the information provided in the report 2. To give consideration to the information provided when setting its work programme for the year ahead.

1. EXECUTIVE SUMMARY

- 1.1. This report provides the Health and Social Care Scrutiny Sub-Committee with an overview of the Adult Social Care and Health Directorate's services, the priorities for the year ahead and the potential challenges.
- 1.2. For reference, the Directorate has provided this committee with progress reports on delivery of the medium term financial strategy over the last two years; papers are on the [Council's webpages on the sub-committee](#)¹.

2. OVERVIEW OF THE ADULT SOCIAL CARE AND HEALTH DIRECTORATE

- 2.1. The Adult Social Care and Health Directorate (ASCH), comprises of the operational division, and the strategic commissioning, policy and improvement division.
- 2.2. Our greatest asset is our committed workforce and we will continue to invest in them to deliver high quality services.
- 2.3. In May 2022, Mayor Perry, set out a priority to, '**Put service users at the heart of our policy and ensure that co-production includes those who are most vulnerable, whether that be our elderly, disabled or hard to reach because of social isolation**'.

¹ <https://democracy.croydon.gov.uk/ieListMeetings.aspx?Committeed=168>

2.4. Our vision, aligned to the Mayor's priority, set out in the ASCH strategy is to:

'enable people to live in a place they call home, with the people and things that they love, doing the things that matter to them in communities which look out for one another'.

2.5. The strategy sets our direction for transformation and improvement for the next four years. It provides clarity to our residents, carers, workforce, providers and partners, on the core adult social care offer from the Council, and within its commitments to the One Croydon Alliance (our partnership arrangement with health).

2.6. Our adult social care offer focusses on enabling our workforce to deliver benefits for our residents, primarily:

- Safeguarding vulnerable adults.
- Providing social care information and advice to all residents and their families who need it.
- Supporting residents in partnership with statutory and voluntary sector organisations in an asset based approach.
- Providing support proportionately, ensuring we make best use of the resources we have available.
- Integration with health where it makes sense for local residents.
- Developing an integrated plan to manage the effects of long-COVID.

3. RESIDENT VOICE

3.1. Launching the strategy, we made commitments at the Health and Social Care Scrutiny Sub-Committee (January 22) and Cabinet (February 22) to ensuring we make real our 'Resident Voice' priority, and that it is not seen as tokenistic. We will develop a 'Resident Voice Communications and Engagement Plan'. Again, this aligns to the Mayor's priority on co-production.

3.2. This will set out how we build long lasting relationships with our residents through strengths based operational and commissioning practice, ongoing officer representation with existing panels and partnership Boards, and in the six 'Local Community Partnerships' that have grown across the borough. It is also our intention to invite as members to the Improvement Board, resident and carer representatives.

3.3. The Local Account we will publish in 2022 (mentioned below in more detail), will be our opportunity to demonstrate how we are succeeding on developing Resident Voice.

4. KEY NATIONAL POLICY CHANGES ON THE HORIZON

4.1. There is substantial Government led legislative change expected during the remainder of the Council's medium term financial strategy. These are listed

below and will have an impact on both the Council's adult social care and health service core offer.

- 4.2. [Integration white paper](#)² - (published 09 February 2022). The Department of Health and Social Care published the White Paper Integration and innovation: working together to improve health and social care for all (and includes housing), which sets out the legislative changes to be delivered as part of the Health and Care Act 2022.
- 4.3. [Adult Social Care Reform](#)³ - 'people at the heart of care' (published December 2021); this includes implementation of the 'Care Cap', and the 'Fair Cost of Care' market sustainability programme.
- 4.4. **Adult Social Care Inspection** - The new Care Quality Commission inspection cycle begins in April 2023. This will enable a robust and realistic understanding of strengths and weaknesses and mitigating actions. We will be measured against four domains: (1) Working with people, (2) Providing support, (3) Ensuring safety; and (4) Leadership and workforce.

5. KEY STRATEGIC PARTNERS

- 5.1. **South West London Integrated Care System** – a collaboration of the NHS, local authorities and other partners across SW London including:
 - South West London Clinical Commissioning Group (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth).
 - All six local authorities represented.
 - Acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, The Royal Marsden Foundation Trust, St George's NHS Foundation Trust, and Your Healthcare.
 - Two mental health providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust.
 - GP Federations in each of the six boroughs.
 - London Ambulance Service.
 - Six Healthwatches and key borough voluntary sector organisation.
- 5.2. **One Croydon Alliance (Croydon 'Place' health and care partnership)**
 - Croydon Council

² <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

³ https://engage.dhsc.gov.uk/social-care-reform/?utm_campaign=Adult%20Social%20Care%20Update%2024.03.22&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department%20of%20Health%20and%20Social%20Care&wp-linkindex=15

- Croydon Clinical Commissioning Group (CCG)
- Age UK Croydon
- Croydon GP Collaborative
- Croydon Health Services NHS Trust
- South London and Maudsley Mental Health NHS Foundation Trust

5.3. **Provider market** - We have recently reviewed our market engagement strategy and established four new provider forums based on market segmentation. The first provider forums were held in May and June 2022.

6. **THE ROLE OF A DIRECTOR ADULT SOCIAL SERVICES (DASS)**

6.1. The Corporate Director for Adult Social Care and Health, holds the statutory Director Adult Social Services role; often referred to as the DASS.

6.2. The DASS's key leadership role is to deliver the local authority's part in:

- Improving preventative services and delivering earlier intervention.
- Managing the necessary cultural change to give people greater choice and control over services.
- Tackling inequalities and improving access to services.
- Increasing support for people with the highest levels of need.

6.3. There are seven key aspects to be included in the DASS's remit:

1. Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services.
2. Professional leadership, including workforce planning.
3. Leading the implementation of standards.
4. Managing cultural change.
5. Promoting local access and ownership and driving partnership working.
6. Delivering an integrated whole systems approach to supporting communities.
7. Promoting social inclusion and wellbeing.

7. **DIRECTORATE PRIORITIES**

7.1. To achieve our vision and strategy, we have revised our directorate priorities:

- Develop our Resident Voice and fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.
- Deliver a balanced budget, achieving our savings targets, implementing managing demand principles and processes, strong commissioning and market management; and moving activity and expenditure to the targets in our strategy.

- Ensure health and care integration is successful and proportionate, and that it aligns to the Council's objectives for its budgets and our residents.

7.2. We will work in collaboration with a range of statutory and non-statutory partners to ensure people's finances are maximised, their housing, care and support needs are met; with our support where this is needed.

7.3. We will also continue to improve and integrate services where this makes sense for residents and continue our long-term ambition to reduce inequalities across the Borough.

8. OUR SERVICE MODEL

8.1. To meet our obligations under the Care Act 2014 we are using the layered model of, 'prevent, reduce and delay'.

8.2. The Model is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support and maximise people's independence.

8.3. The changes in adult social care are being made on operational decisions and practice, using relevant legislation frameworks, and the way we commission services and shape our market to meet identified needs. The statutory service offer remains the same, and as outlined in the principles below:

- Our adult social care service eligibility and service provision reflect the relevant legislation underpinning social care and health through the Care Act (2014), Mental Health Act 1983, Mental Capacity Act, Deprivation of Liberty Safeguards, The Children and Families Act, Children with Disabilities Act, and the current social care action plan related to the COVID Act.
- All packages are assessed or reviewed, proportionately, through a strengths based approach, considering safeguarding, to meet the needs of the individual and carers.
- Residents can access appropriate services provided in-house or commissioned by the Council or delivered independently by the voluntary and community sector.
- Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider National policy.

9. BUDGET, GROWTH, SAVINGS, IMPROVEMENT AND TRANSFORMATION

9.1. The 2022/23 net Directorate budget is £114m. As part of the budget development, the Directorate also received growth.

Area	£'s
Growth to fund cost inflation in block contract	264,000
Growth to fund projected demographic and cost pressures	5,209,000
Care package inflation above corporate allowance	1,387,000

Growth to fund demographic and inflation pressures	59,000
Financial assessments improvements	300,000
Growth for Public Health funding	380,000
Market Sustainability / Fair Cost of Care	946,000
Total growth	8,545,000

- 9.2. The challenging savings programme detailed below is being met by a combination of savings and managing demand. The directorate continues to apply firm financial controls on spending through the use of daily Challenge Panel along with a robust financial monitoring process.
- 9.3. During 2021/22, through its improvement plan, the directorate delivered its savings of £10,978m. This was achieved in three key areas:
1. **reviewing packages of care** (which is a requirement of the Care Act). Ensuring the costs remain relevant to the care and support plan agreed between the resident and the social worker.
 2. **managing demand of new requests for support**. Ensuring full use of technology enabled care, reablement, better accommodation placements, uptake of direct payments, and a review of whether there was potential for health related costs to be considered, i.e., continuing health care.
 3. **Reviewing contract spend**. Including if expiring contracts should be renewed, negotiating cost share with system partners; and negotiating costs of care increases with the provider market.
- 9.4. For the 2022-24 period of the medium-term financial strategy, these three areas will receive continued focus, although the balance of savings will shift from packages of care and contracts, to managing demand effectively.
- 9.5. The plan has evolved and now includes the business development part of the directorate. Acknowledging that not all areas of the service require improvement, yet require strategic focus. These include our charging policy, engagement with providers, integration, and preparation for inspection.
- 9.6. The 2022/23 savings for the Directorate is £16,478m; of which the substantial elements are set out below.
- £11,044m is from operational budgets: Transitions, Disabilities, Older Adults, and Adult Mental Health, detailed in the table below.
 - £0,960m sits against contracts, of which £0.264m has been achieved, and £0.603m identified.
 - £3,613m has been achieved through a mixture of budget capitalisation and growth reduction.

Packages of care savings	2021/22	2022/23	2023/24
Transitions operational budget	-4,382	-5,584	-5,277
Disability operational budget	-260	-826	-260
Older adults operational budget	-684	-934	-834

Mental health operational budget	-2,599	-3,700	-3,019
Total	-7,925	-11,044*	-9,390

*As of 17 June 2022, for the 2022/23 targets, £1.454m (13%) has been achieved, and a further £0.986m (9%) identified.

- 9.7. The core areas of focus within the business development and improvement plan are set out below.

10. OPERATING MODEL AND WORKFORCE

- 10.1. **Provider services transformation:** Taking the agreed recommendations following the outcome of the Provider Service Options appraisal; segmenting them into short, medium and long-term delivery plans. Each delivery plan will be prioritised into high, medium and low. Each service area will develop bespoke delivery plans to deliver the recommendations.
- 10.2. **Learning disability framework:** To develop the new framework, what will effectively become both the core offer for learning disability and inform commissioning intentions; based on the outcomes of the LD Framework Review completed in early 2022, in collaboration with Alder and the Local Government Association.
- 10.3. **Practitioner quality audit:** The Performance Board will assess the efficiency and productivity of Social Work teams, analysing the appropriateness of referrals, the application and effectiveness of asset-based practice, the impact of professional leadership, and the quality of appraisal, supervision and effectiveness of practitioner case-load management.
- 10.4. **Local Account:** Publish a revised 'Local Account' (last published in 2017). Local accounts are annual reports designed to give residents a clear picture of the achievements made in adult social care; how well we are performing, the changes and challenges we are facing and our plans for future improvements.

11. BUSINESS DEVELOPMENT AND SYSTEMS

- 11.1. **Inspection Governance Framework:** This is to prepare the Council, Directorate and System Partners, for the Local Systems Inspection Review. The inspection cycle begins April 2023. This will enable a robust and realistic understanding of strengths and weaknesses and mitigating actions. We will be measured against four domains: (1) Working with people, (2) Providing support, (3) Ensuring safety; and (4) Leadership and workforce.
- 11.2. **Audit preparedness:** To enable the Directorate to have an independent and robust review of policy and procedure, as part of the annual audit cycle.
- 11.3. **Information technology / data quality, accuracy, information sharing:** To ensure both the case notes (LAS) and financial information (ContrOCC) systems are maintained, so that operations processes and staff training are embedded across the directorate. This will enable accurate performance management, forecasting, learning and development opportunities.

12. INTEGRATED CARE SYSTEM (ICS)

- 12.1. **Integrated Care System transition governance:** To be ready to operate as a Place within South West London ICS, One Croydon partners need to achieve the following key milestones by June 2022:
1. Refresh the Health and Care Plan priorities for 2021-23.
 2. Support and develop a clinical leadership structure; and
 3. Evolve One Croydon governance structure so Place responsibilities are discharged.
- 12.2. **2022/23 s.75 agreement and Better Care Fund (BCF) Plan:** To ensure the legal agreement is signed by partners with a BCF plan that meets the national guidance framework.

13. STRATEGIC COMMISSIONING AND CONTRACTS

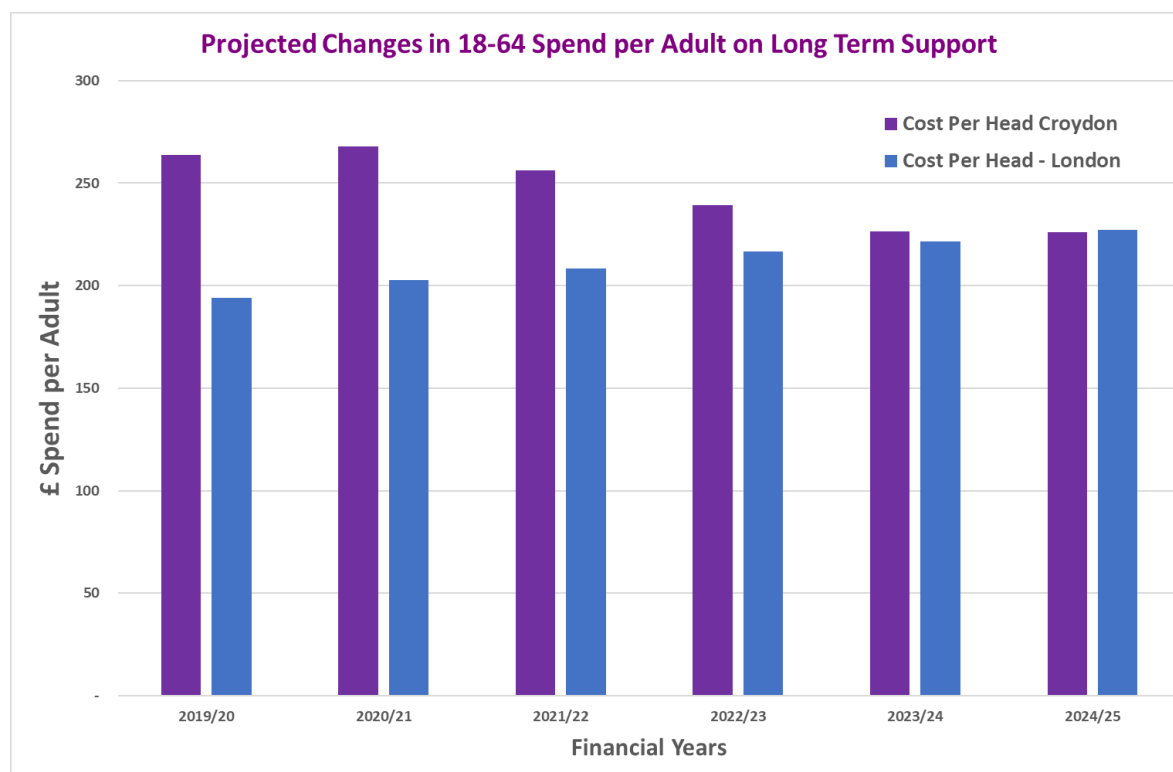
- 13.1. **Fair Cost of Care/Market Sustainability Plan:** In 2022 ASCH will undertake a fair cost of care exercise, engaging with the market, and establish a Market Sustainability Plan to support a sustainable market that provides excellent care with a focus on staff development/retention.
- 13.2. **Market Position Statement:** the development and publication of our Market Position Statement will set out our key messages to the market, development opportunities and commissioning intentions.

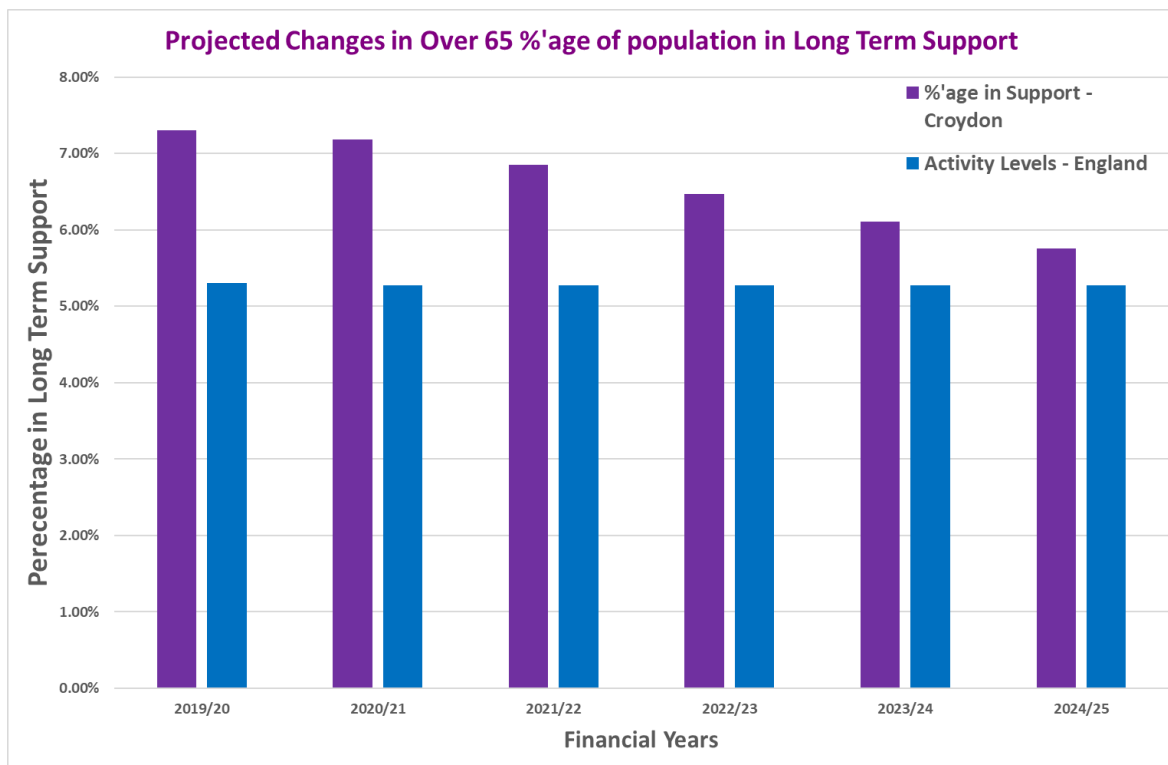
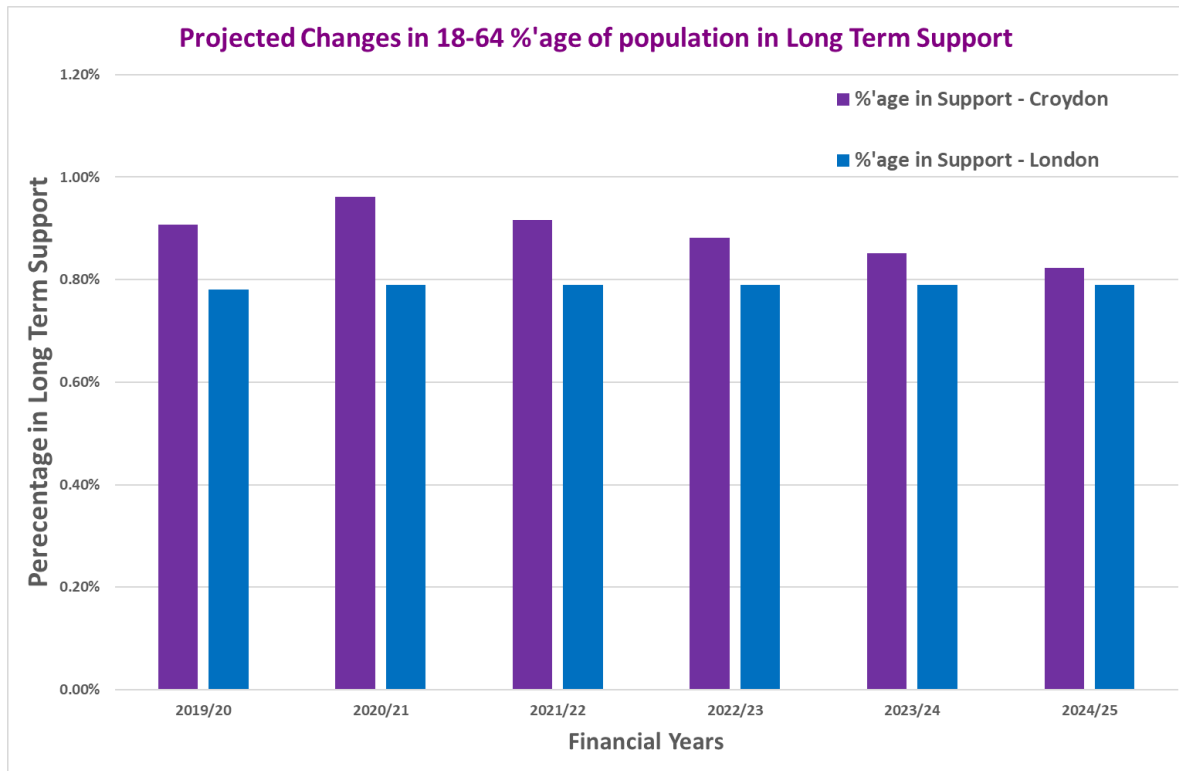
14. STRATEGIC MANAGING DEMAND

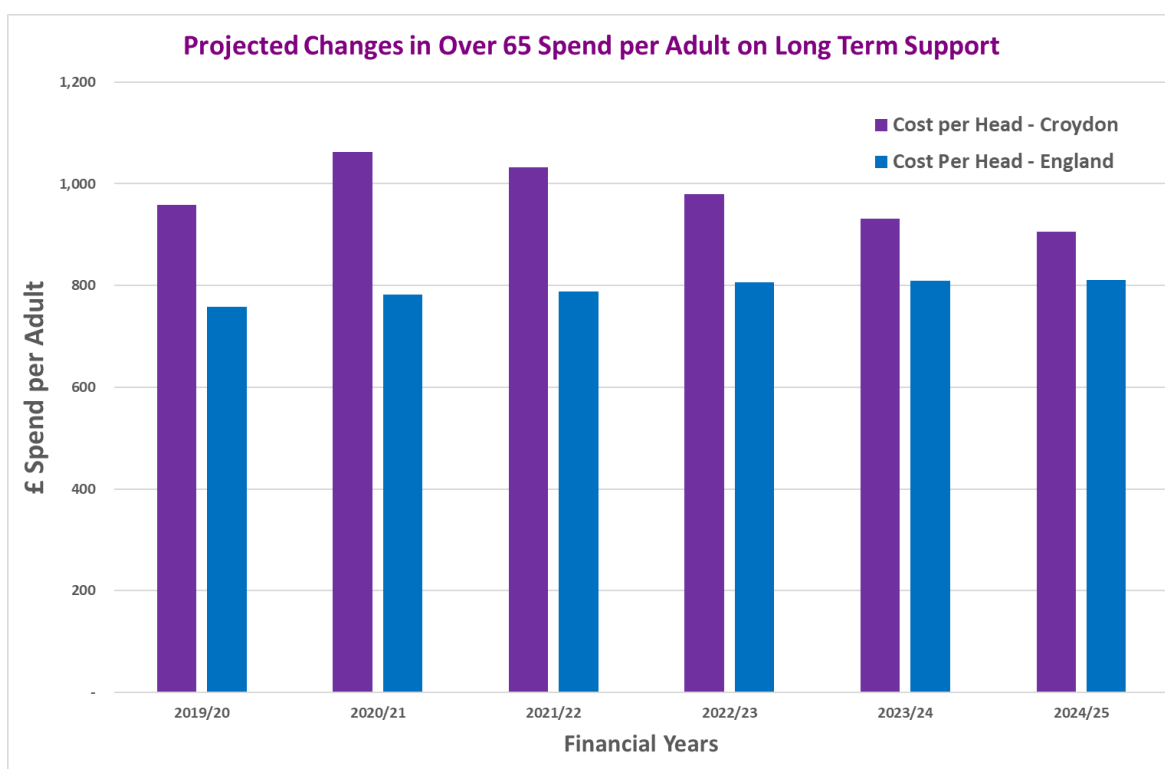
- 14.1. **Developing a demand and capacity model for out of hospital care:** The project seeks to support our local Croydon 'Place' system to understand how we can optimise the arrangements for out of hospital care.
- 14.2. **Croydon Adult Support options appraisal (service and website):** Enabling the service to support customer enquiries, directing them through the 'prevent, reduce, delay model,' avoiding the need for disproportionate intervention from statutory services.
- 14.3. **Short term crisis intervention:** Ensuring ASCH provides timely, targeted and effective use of re-ablement and rehabilitation that has a focus on enabling independence and self-management and avoiding the over-prescription of care. We will explore opportunities for reablement to be implemented between Croydon Adult Support (the front door) and long-term disability and older adult care services. Assessments for long term needs will take place after the crisis has passed.
- 14.4. **Direct payments:** Increase uptake of direct payments to the national average of 26%. In doing so, a coherent offer is available, which staff can articulate, and is supported by digital infrastructure, partners and the provider market.
- 14.5. **Technology enabled care plan:** Care technology is established as a core element at all stages of the adult social care 'prevent, reduce delay' model.

15. KEY PERFORMANCE TARGETS

- 15.1. Our overarching performance targets remain to reduce our activity and budget to the:
- London average or below for younger adults (18-65); and
 - the English average or below for older adults (65+) by March 2024.
 - Whilst fulfilling all our statutory responsibilities.
- 15.2. We report Corporately a monthly Key Performance Indicator (KPI) set to Cabinet via the Corporate Performance Report. The datasets for 22/23 will inform the overarching targets above, and those related to the Adult Social Care Outcomes Framework (ASCOF) and in preparation for Care Quality Commission inspection.
- 15.3. At Directorate level, we hold a monthly Performance Board, Chaired by the Corporate Director, where all service and financial performance data is reported, interrogated and with mitigating actions agreed to resolve risks and/or issues.
- 15.4. These targets have been developed in agreement with the Local Government Association, and will be reviewed annually, taking into account national concerns such as inflation, legislative changes, and any other substantially impacting matter.
- 15.5. The tables below set out the spend per adult and Long Term Support, direction of travel the Council and Directorate need to deliver against.







16. GOVERNANCE

16.1. To enable successful delivery of the strategy and business development and improvement plan for 2022/23, we have developed a revised governance structure, including:

- **Improvement Board** which will be independently Chaired and will oversee delivery of the ASCH strategy.
- **Performance Board** will ensure key statutory, financial and performance indicators are being delivered or appropriate actions put in place to achieve them. Its overall focus is to ensure the Council is prepared for the inspection of its adult social care services.
- The Directorate Management Team will act as the **Programme Board**, to oversee delivery of the programmes and projects, including transformational and capital investment detailed in the plan.

16.2. The Corporate Director and Directors will ensure that all correct reporting and decision making is delivered through the Corporate Management Team, the Mayor, Cabinet, and committees including scrutiny and audit.

CONTACT OFFICER:

Annette McPartland
 Corporate Director of Adult Social Care and Health
annette.mcpartland@croydon.gov.uk

BACKGROUND DOCUMENTS:

- **Adult social care and health strategy**
<https://democracy.croydon.gov.uk/documents/s35215/Appendix%201%20-%20Draft%20Adult%20Social%20Care%20and%20Health%20Strategy.pdf>
- **Croydon Health and Care Plan**
<https://swlondonccg.nhs.uk/your-area/croydon/croydon-our-plans/croydon-health-and-care-plan/>
- **Care Act 2014- guidance**
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- **People at the heart of care – Adult Social care reform paper**
<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>
- **Health and social care integration: joining up care for people, places and populations**
- <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>
- **Market Sustainability and Fair Cost of Care Fund: 2022 to 2023**
<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023>

REPORT TO:	HEATH & SOCIAL CARE SUB-COMMITTEE 28 June 2022
SUBJECT:	Heathwatch Croydon Update
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Gordon Kay – Heathwatch Croydon Manager & Co-opted member of the Health & Social Care Sub-Committee
PUBLIC/EXEMPT:	Public

ORIGIN OF ITEM:	As a co-opted member of the Health & Social Care Sub-Committee, the manager of Heathwatch Croydon regularly provides updates on latest reports produced by the organisation.
BRIEF FOR THE COMMITTEE:	The Health & Social Care Sub-Committee is asked to note the latest update provided by the Heathwatch Croydon Manager.

1. HEALTHWATCH CROYDON UPDATE

- 1.1. The Heathwatch co-optee on the Health & Social Care Sub-Committee, Heathwatch Croydon Manager, Gordon Kay, regularly updates the Sub-Committee on the findings from the latest reports published by Heathwatch Croydon.
- 1.2. Attached at Appendix A - C of this report, for the information of the Sub-Committee, are a recent reports produced by Heathwatch Croydon, regarding dentistry in the borough and the covid vaccine.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer - Scrutiny

APPENDICES TO THIS REPORT

Appendix A: Heathwatch Croydon report – ‘Croydon Residents’ Experience of Accessing and Using NHS Dental Services in 2021’

Appendix B: Heathwatch Croydon report – Service User experiences of using Croydon Dentists’ websites 2021’

Appendix C: Heathwatch Croydon report – Croydon Residents’ views on the COVID-19 Vaccine’

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Croydon residents' experiences of accessing and using NHS dental services in 2021

June 2022

Findings in brief

There is variability in access within Croydon.

Most contact a dentist because they are in pain.

Most found information on websites was not that useful.

Most rely on their regular dentist even if not attending often.

Once they get seen, most are happy with the service they get.

NHS dentistry is much appreciated but there are cost concerns.

Recommendations in brief

Access needs to be less variable.

Undertake a local needs assessment.

Understanding the perception of the regular dentist.

Prioritise urgent need with regular dentist over check-ups.

Provide better information to manage expectations.

Communicate costs better and engage with patients.

Executive Summary

The impact of COVID-19 has had a significant effect on Croydon residents in accessing and using dental services. Although this was not unique to Croydon, we wanted to gain a better understanding of the specific issues taking place to help local stakeholders understand the challenges from the residents' perspective.

Bearing in mind the amount of work being undertaken nationally on this, we wanted to be sure we added to insight and took into consideration the supply challenges in understanding this. We chose to consult with the Croydon Local Dental Committee on this at all stages to ensure we could provide insight which would help them with their planning and conversations with NHS commissioners.

Working with the Local Dental Committee has been a very positive experience for both organisations. We learnt much about the complexity of dental commissioning and how this may well affect resident access and usage of the service. Over several discussions with the Local Dental Committee, we developed the survey to help gain the insight we need to know but also ensured that it would be useful to those who could influence service change in some way. As a result, the experience of working with Healthwatch has been profiled by Sushil John of the Croydon Local Dental Committee in the Integrated Care Journal in April 2022, as an example of strong partnership working between us.¹

For example, our decision to ask people to talk about the experience after 5 October 2020, when all dentists were expected by NHS England London region to reopen for regular face-to-face treatments², reflects these discussions.

We wanted to understand how the experience of service has been for residents since this time. The survey ran from 29 January to 3 June 2021. We presented initial findings in July 2021 with the Croydon Local Dental Committee which

¹ Integrated Care Journal (2022) Healthwatch and Croydon LDC working to highlight local patient needs: <https://integratedcarejournal.com/newsdit-article/7f6d0005cfe999ea002f699c0088d21d/healthwatch-and-croydon-ldc-working-to-highlight-local-patient-needs/>

²This was the date that NHS/1(London Region) expected all practices were to be able to reopen for face-to-face services, unless specific issues after risk assessment prevented them from doing so. It should be noted that many dentists were still prioritising urgent work and children, though some regular check-ups were taking place too.

presented mostly quantitative data. This report places qualitative insight to support the initial findings and show the impact of accessing and using dental services in Croydon.

Healthwatch Croydon hope this report will enable practical discussions with all stakeholders to improve access and patient experience for all Croydon residents.

These are our findings based on 156 responses from the survey:

- **Variability in access:** 49% of respondents found it easy or very easy to access their NHS dentist to enquire about appointments, while 46% found it difficult or very difficult. For routine appointments with an NHS dentist, 52% of respondents found it difficult or very difficult, while only 26% found it easy or very easy (see page 19-20).
- **Most contacted because they had an urgent need or were in pain, but a quarter just wanted a check-up:** Similarly, a higher percentage of respondents (49%) found it difficult or very difficult to get a dental appointment when there was a problem, whereas 30% found it easy or very easy. In emergency situations such as a broken tooth, 38% of respondents found it difficult or very difficult to get a dental appointment, 18% found it easy or very easy. Only 26% wanted a check-up. Overall, about 1 in 4 respondents consistently encountered difficulty in accessing an NHS dentist, including in emergency situations. Most generally found it difficult to have an appointment (see page 24-25).
- **Respondents got their information about dental treatment from dentist and national NHS websites but did not find it that useful;** 23% of respondents found information on their dentist's website useful or very useful; the percentages are 12% and 7% for the NHS website and 'other websites', respectively. The remaining did not use these information sources. However, respondents equally found information about dental treatments from these sources 'not that useful', with a slightly higher percentage of respondents finding the information 'not useful' (which is consistent with all three information sources) (see page 21-23).

- Most rely on the dentist they usually use even if they are not regular attendees:** Most respondents (78%) mostly tried to get help by contacting the dentist they usually use, 16% contacted another dentist, 5% contacted NHS 111 and obtained details for a local dentist, 5% were directed for urgent dental care (after contacting 111). Nearly 1 in 10 (9%) of respondents did not act at all, and none visited the Accident and Emergency (see page 26-32). It should be noted that many patients perceive that they have a regular or usual dentist even though that is not how the service is commissioned or delivered as referenced, see page 11 and 12.
- Once patients can get an appointment, they are usually happy with the aspects of service they get.** 44% of respondents found the waiting times to get a dental appointment good or very good, with 24% finding it very good. However, 26% found it bad or very bad, of these 22% finding it very bad. 33% found the dental treatment they received very good, and a further 19% said good compared with 10% who said bad or very bad - just 6% found it very bad. 53% found the waiting times at the dentist to be good or very good, while 13% found it bad or very bad. A much higher percentage of respondents (57%) found the facilities at their dental surgery to be good or very good than otherwise (see page 33-37).
- Almost half were satisfied with the outcome of their appointment, but over a quarter were not satisfied:** About 49% of respondents were either satisfied or very satisfied with the outcome of their dental appointment(s), 11% were neutral, 29% were either unsatisfied or very unsatisfied, while 11% did not use a service. This may relate to whether they got their problem solved, which is not always possible, and other factors (see page 38-42).
- Almost all see access to NHS treatment as important:** 98% state that it is either important or very important to have regular access to an NHS dentist. One third will only attend if they have a problem, which reduces the possibility of early interventions and may mean more work when they are seen. Most (67%) visited an NHS dentist regularly prior to the Covid-19 pandemic; the remaining 33% visiting only when there was an issue (see page 43-46).

- **Cost is a significant factor:** Even for NHS services, two thirds are concerned about cost. 57 of 74 comments mentioned cost, primarily about private dentistry (see page 47-50). 81% said they were aware of free NHS dental entitlement for those who are in receipt of certain benefits, but 19% are unaware (see page 51-52). This may affect decisions on taking up regular examinations as there is a cost to this, even though it may save costlier work later.
- **Private appointments are offered but only half were taken up:** Many are prepared to wait for NHS care. Over a third (36%) of respondents had been offered private appointments when NHS ones had not been available. Just under half (17%) of those did take up the private appointment and 19% did not. Cost was mostly the deciding factor (see page 53-55).

These are our recommendations which are relevant to providers and commissioners:

- **Access needs to be less variable:** The problems in the way NHS England commissions NHS dentistry and allocates appointments is causing variability in access to NHS dental services. Some Croydon residents can get an NHS check-up while others cannot access urgent NHS care, yet they live within miles of each other. This needs to be explained and addressed.
- **Undertake a local dental needs assessment:** The current allocation of NHS appointments is based on information that is 16 years out of date. Croydon has seen a population increase of 10% in the last decade causing significant demand challenges which need to be considered under such an assessment. This would help ensure dental unit supply meets current demand.
- **Understanding the perception of a regular dentist:** Many patients perceive that they have a regular dentist, because they have been going to the same dentist or surgery for many years - even if it is not for regular check-ups. Some who are not regular attendees are disappointed, even shocked, to find that they do not have access to an appointment when they need one, or are told they are not registered. Unlike in primary care where patients register

with a GP practice, dental patients are not registered with a specific dental practice. even though no official list exists. This communication gap causes a challenge. Many only shop around in an urgent situation when they cannot get an appointment. Better communication with patients is required about how dentists allocate appointments, with each practice clearly showing the limits of what they can offer. This would create better understanding of dental 'registration' and what it means, as well as the importance of making and keeping appointments.

- **Review allocation of regular check-ups:** While increasing supply of units of dental activity to meet local needs is a significant priority, is there something that each dentist can currently do with their current allocation? National Institute of Clinical Excellence (NICE) guidelines allow for a recall period of up to 2 years for adults and a year with children, subject to dentists' clinical decision on a patient's oral health and the patient's agreement.³ By extending the gap between appointments, where this was clinically appropriate, units of activity would be freed up for new patients. In Wakefield, this was done successfully and increased access for the local population.⁴
- **Those who have urgent need should be prioritised on the NHS with the dentist they regularly attend:** Access for those with an urgent need should be considered before those requiring general check-ups unless demand is reduced or referrals made via that dentist to another location. Very few use NHS111 to start their journey – they start with their local dentist. NHS dental pathways need to be designed from the patient perspective as well as understanding barriers to regular attendance such as cost, or the need to access services when nothing seems wrong.
- **Manage expectations for patients:** Effective communication with patients on why they must wait and insight into prioritisation will help manage

³ NICE (2004) Dental checks: intervals between oral health reviews <https://www.nice.org.uk/guidance/cg19/chapter/Recommendations>

⁴ Healthwatch Wakefield (2018) 'Recall matters' - New dental check-up intervals for people with healthy teeth. <https://www.healthwatchwakefield.co.uk/about-us/work-weve-done/recall-matters-new-dental-check-up-intervals-for-people-with-healthy-teeth/>

expectations. Each surgery could state its allocation of NHS work and keep it updated, so patients understand the challenges, as well as provide information on other routes to access.

- **Dentists and the NHS need to provide more useful information... and not just online:** Most people found it difficult to use dentists' websites and nearly half of patients did not use websites at all. Producing new printed material explaining dentistry and placed in relevant locations such as pharmacies would be useful. This would include a full explanation about the relationship between NHS work and private work and how they can take place at the same time in each practice.
- **Communicate costs better:** There is much confusion on why costs are much higher privately and how services may be different between NHS and private from quality of materials to the role of hygienists. Even for NHS services, two thirds are concerned about costs. Clearer information on exemptions for benefits are needed as well.
- **Celebrate what the NHS does with continued conversation with patients:** NHS dentistry is very much appreciated by all who use it, even under challenging times, look to create a positive relationship with patient with open engagement, showing that dentists are listening to their concerns and responding. This also helps manage expectations.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

As a result of the COVID-19 pandemic, there were many reports of the difficulty of accessing and using dental services nationally. For the first six months, there was a very limited service, but since 5 October 2020, NHS London asked dentists to reopen services.

Healthwatch Croydon heard from residents about difficulties accessing dental services, and this was raised as a priority subject to consider after Healthwatch Croydon Annual Meeting poll on themes they should consider.

From the beginning, Healthwatch Croydon was already aware that many reports had been produced by other Healthwatch and patient groups, but these tended to focus on the first period of lockdown when dental service access was very much limited. Following discussions with the Croydon Local Dental Committee, we discussed both the context and factors that may have led to supply issues which could help shape questions which could bring relevant insight.

The result was a survey that could explore aspects not necessarily covered in other reports and at a timescale once services were supposed to be more open to the public more than the very restrictive period of March to September 2020.

1.2 Some context about dentistry and how it is commissioned

While our role as Healthwatch Croydon is to communicate the patient experience as we have done here, we do usually explain the context and background behind the area we are exploring.

One of the points raised in our findings is that public perception of dentistry is not always aligned to how the service is commissioned and delivered. This section helps clarify some of these aspects. This has come out from our discussions with the Croydon Local Dental Committee who have been open to our findings but asked if we could provide more context.

Lists

We asked a question on regular lists and seeing a regular dentist as that is how patients understand their access and use of the service, like that of a GP. No actual lists by dentists exist and therefore there is no formal registration process. Patients may regularly see the same dentist, twice a year for many years, and their details will be kept in some form of business record but there is no official list. This differs from GPs where patients do fully register and can only be registered at one surgery and when they move their records move with them. Patients can be seen at any dentist without records being carried across. Dentists will usually undertake an assessment and take a detailed record of new patients at their first meeting.

Funding

This in turn affects how dentistry is funded. Unlike GPs who get paid a standard amount for each patient on their list irrespective of whether they use services, dentists do not get paid this way. Dentists are paid by Units of Dental Activity (UDAs) which they are allocated each year and need to use within that year but try to ensure they are evenly spread throughout the year. If they use them too quickly or too slowly, they could lose funding from NHS England. Each UDA is worth a certain value, agreed between NHS England and the specific practice. This can differ from dentist

to dentist and in some cases the amount a dentist gets is less than patient charge: currently £23.80⁵ for a band 1 standard examination. The amount a patient pays does not correspond to the cost to the dentist.

For a patient that has complex needs, many UDAs could be used on one patient, whereas one who has healthy teeth may only use a single UDA. This unpredictability in the way dentists must manage their NHS allocations makes it a challenge to plan and can lead to dentists using up their allocation at certain stages in the year, leading to disappointment for the patient.

Each dentist is a private company taking an NHS contract and they are not legally obliged to take on more than their contract allows. They can oversupply up to 2% but will not be paid for anything they do above that. However, this 2% will be deducted from their allocation for the following year meaning they will only have 98% of their contracted amount for that following year.

Therefore, sometimes all they can offer is private work which is not at NHS prices.

Dentists also take on different NHS contracts, some seeing all NHS patients, others only seeing children or those who can gain exemption from costs on benefits. This again affects the supply of appointments.

Commissioning and need

If this was not already complicated enough, the allocation for how many UDAs each dentist has and how much they get paid for each UDA was decided in 2006. Even then, the allocation was based on what the dentists had done in the previous year, so some dentists who had a quieter year maybe due to having less staff would have had a smaller allocation. This means that for many dentists they are working in communities where demand has changed significantly in the last 16 years but UDA allocations have not. Croydon alone has seen a 10% rise in population. This therefore affects demand, access, and patient experience.

⁵ NHS (2022) How much will I pay for dental treatment? <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

1.3 Rationale and Methodology

Healthwatch Croydon ran a survey from 29 January to 3 June 2021 online where we received 156 responses, of which six were repeats bringing the total number to 150.

1.4 Method

The survey was set up on Smart Survey. Healthwatch Croydon promoted the survey across our social media platforms and used paid advertising on social media. This was shared across our network of NHS, social care, and voluntary organisations. The Croydon Local Dental Committee also shared it across their network.

Questions:

1. Have you used a Croydon NHS dentist since 6 October 2020? *

Yes / No

2. How easy was it to: *

Access my dentist to enquire about appointments.

Have routine appointment (checkup, scaling and polishing).

Get an appointment when there was a problem.

Access emergency care such as a sudden broken tooth.

Very Easy/ Easy/ Difficult/ Very Difficult/Did not require

3. Where did you get information about possible dental treatment and how easy was it to use?

My dentist's website

NHS.co.uk

Other websites, please state in comment below

* Very useful / Useful/ Not that useful/ Not useful/ Did not use

Please state where.

4. What was your immediate dental need? *

A filling

A broken tooth

An abscess

Pain relief

Did not have an immediate need, just wanted to get a check-up.

Other (please specify):

5. How did you try and get help? *

I contacted my usual dentist.

I rang another dentist.

I rang NHS 111 and was given contact details for a local dentist.

I rang NHS 111 and was directed for urgent dental care.

I contacted my GP or GP Hub and was referred to care by this route.

I visited Croydon University Hospital Accident and Emergency / Urgent Care Centre.

I did not take any action.

Other (please specify):

Tell us more about your experience of seeking help:

6. If you were able to get treatment where was this provided?

Please give name address and postcode if possible.

7. What was the experience of the following: *

Waiting for an appointment

Treatment

Waiting time at dentist

Waiting location

Facilities at surgery

Very Good/Good/Neither good nor bad/Bad/Very bad/Did not use service

Tell us more:

8. How satisfied were you with the outcome? *

Very satisfied

Satisfied

Neutral

Unsatisfied

Very unsatisfied

Did not use service

Tell us why (text):

9. Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue? *

Regularly

Only when there was an issue

10. How important is it to you to have regular access to an NHS dentist? *

Very important

Important

Not that important

Not important at all

Tell us why:

11. Has cost been a factor on whether to use an NHS dentist? *

Yes

No

Tell us why:

12. Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits? *

Yes

No

13. If you are accessing free entitlement for NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist? *

Yes

No

Not applicable as I am not claiming benefits

14. Have you been offered private appointments by Croydon dentists when NHS appointments have not been available? *

Yes

No

Standard demographics on gender, age, ethnicity, disability, and resident's location.

1.5 Limitations of the study

It was completed online: Due to COVID restrictions, we could only offer the survey online as we were unable to undertake face-to-face engagement. This means that certain ages and ethnic groups may be underrepresented as they may be less likely to complete online surveys.

This was self-selecting: The respondents chose to fill in the survey based on the promotion we undertook. We did not speak to certain groups. Therefore, we may well hear from people who had more challenges in accessing and using services than those who did not.

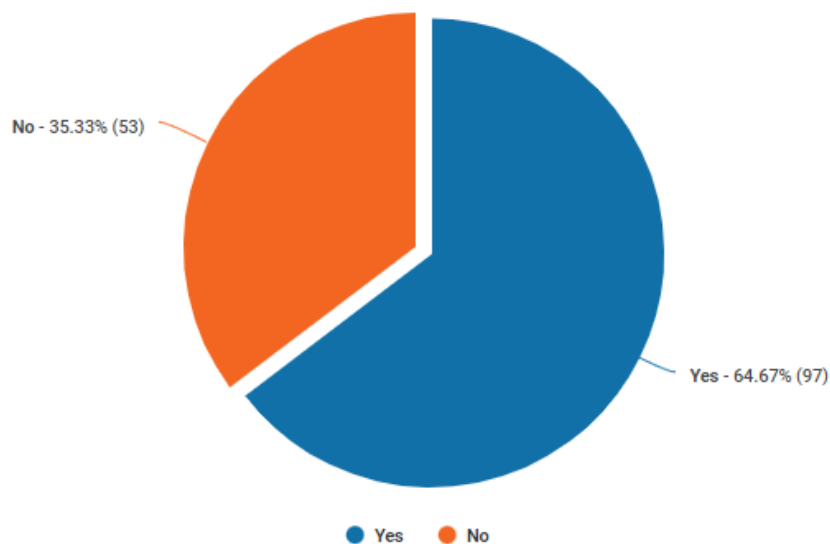
Timescale: The survey ran from January to June 2021. There have been many changes in the delivery of service in this time, in response to COVID restrictions, which may affect supply of services.

2 Insight results

These are our findings based on the survey responses we received, each new space or new line is a separate comment. Please note we have not edited comments, so typos, grammar and phrasing are intentional.

2.1 Have you used a Croydon NHS dentist since 6 October 2020?

Have you used a Croydon NHS dentist since 6 October 2020?



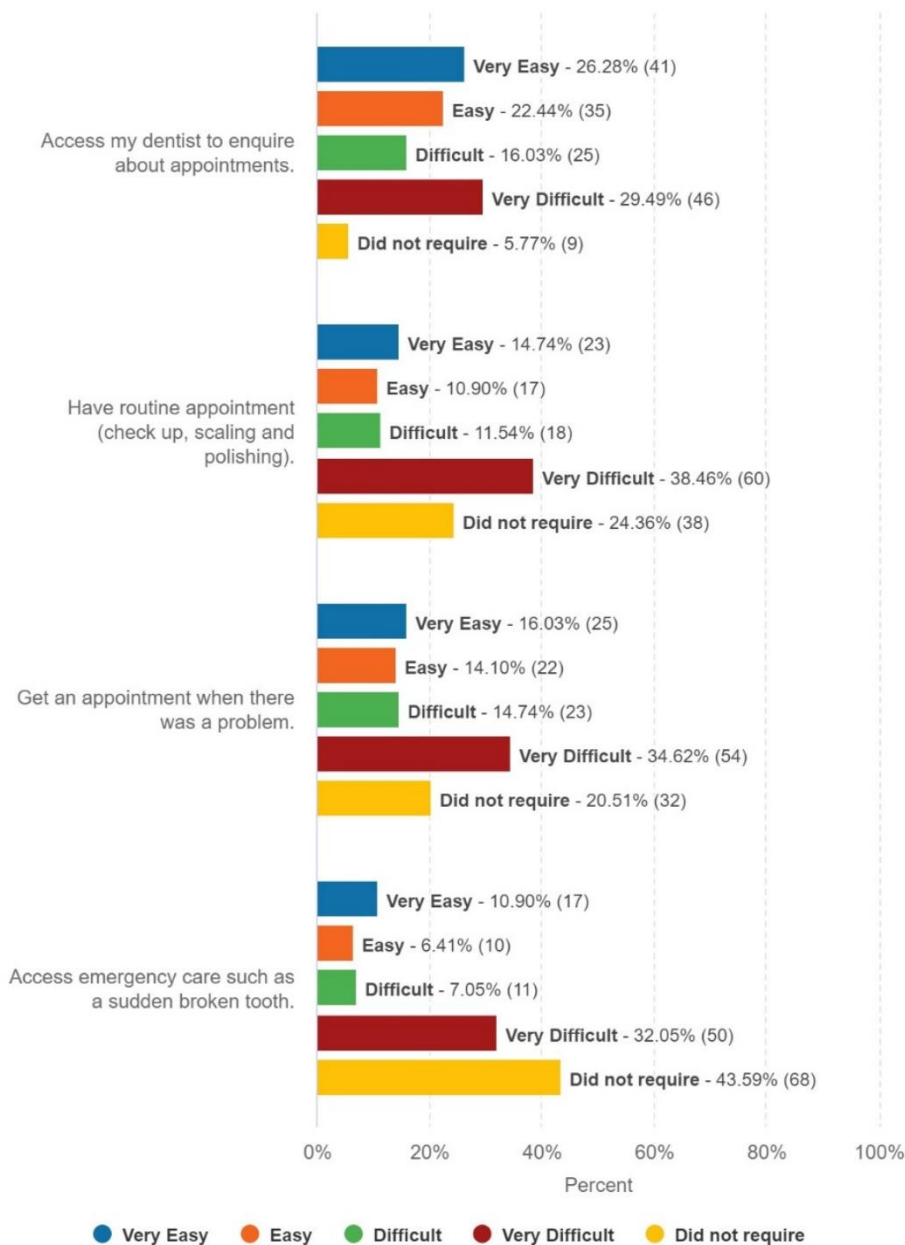
N=150

- 65% of respondents said that they had used an NHS dentist in Croydon since 6 October 2020, while 35% have not.

2.2 How easy was it to?

- I. Access my dentist to enquire about appointments?
- II. Have routine appointment (check-up, scaling, polishing)?
- III. Get an appointment when there was a problem?
- IV. Access emergency care such as a sudden broken tooth?

How easy was it to:

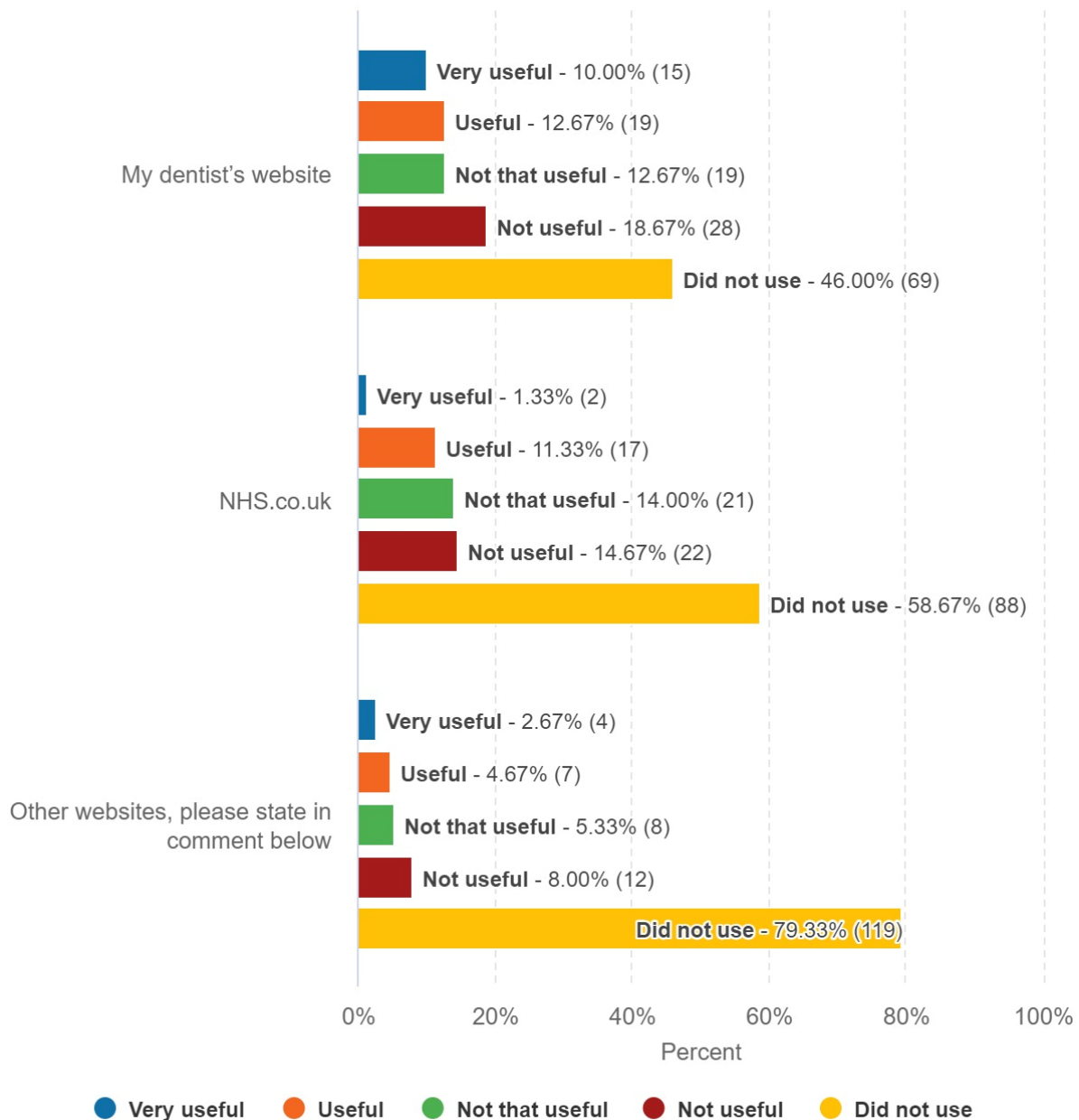


N=150

- 49% of respondents found it easy or very easy to access their dentist to enquire about appointments, 46% found it difficult or very difficult, while 7% did not require.
- 52% of respondents found it difficult or very difficult to have a routine appointment with an NHS dentist, while 26% found it easy or very easy.
- Similarly, a higher percentage of respondents (49%) found it difficult or very difficult to get a dental appointment when there was a problem, whereas 30% found it easy or very easy.
- In emergency situations such as a broken tooth, 38% of respondents found it difficult or very difficult to get a dental appointment, 18% found it easy or very easy, while the remaining 40% did not require an emergency appointment.
- Overall, about 1 in 4 respondents consistently encountered difficulty in accessing an NHS dentist, including in emergency situations. Although 49% found it either easy or very easy to enquire about an appointment, most generally found it difficult to get an appointment.

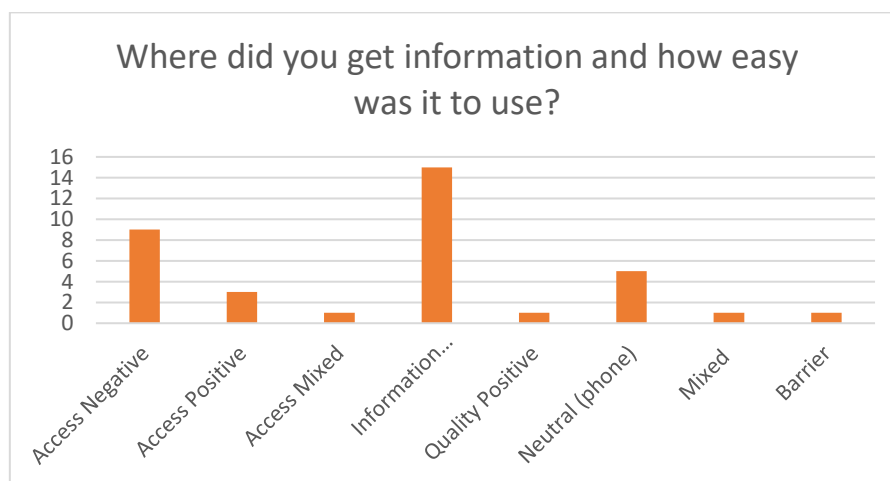
2.3 Where did you get information about possible dental treatment and how easy was it to use?

Where did you get information about possible dental treatment and how easy was it to use?



N=150

- Respondents got their information about dental treatment from different sources such as their dentist's website and NHS website.
- 23% of respondents found information on their dentist's website useful or very useful; the percentages are 12% and 7% for NHS website and 'other websites', respectively. The remaining did not use the information.
- However, respondents equally found information about dental treatments from these sources 'not that useful', with a slightly higher percentage of respondents finding the information 'not useful' (which is consistent with all three information sources).
- Most of the respondents did not use the information about dental treatment; the percentage of respondents that did not use information they acquired from their dentist's website, NHS website, and 'other websites' are 46%, 59% and 79% respectively.



Of respondents who gave further comments:

"Was already registered and just phoned for an appointment which I got."

"Could not get an emergency dentist on weekends. My dentist did not have what to in an emergency."

"Why just ask about websites? I called them!"

"Just walked down a road and saw a sign which said Croydon Dental Centre and asked, if I could have an appointment."

Positive experiences

“Access: “Was already registered and just phoned for an appointment which I got.” “I just call my dentist and enquired about the possibility of booking an appointment. I needed a check up regarding as a tooth filling. i have an appointments and with contact details.” “Just walked down a road and saw a sign which said Croydon Dental Centre and asked, if I could have an appointment.”

“Quality of service: “Dentist contacted me.” ; “My dentist sent me an appointment in the post and by email.”

“Specific surgeries gave information (each a separate comment) :
“Gillet road Thornton heath; Dental Beauty, Addiscombe Road;
Coulsdon dental practice on Brighton road; Rosewood, Addiscombe;
Purley Whites.”

“Information sources: “Nhs 111.” “I phoned my dentist.” “Health watch.” “Any sites on Google search; I did a Google search; Google

“My own dentist.” “Private practice.” “Contacted my dentist by telephone.” “I rang my dentist directly.”

Negative experiences

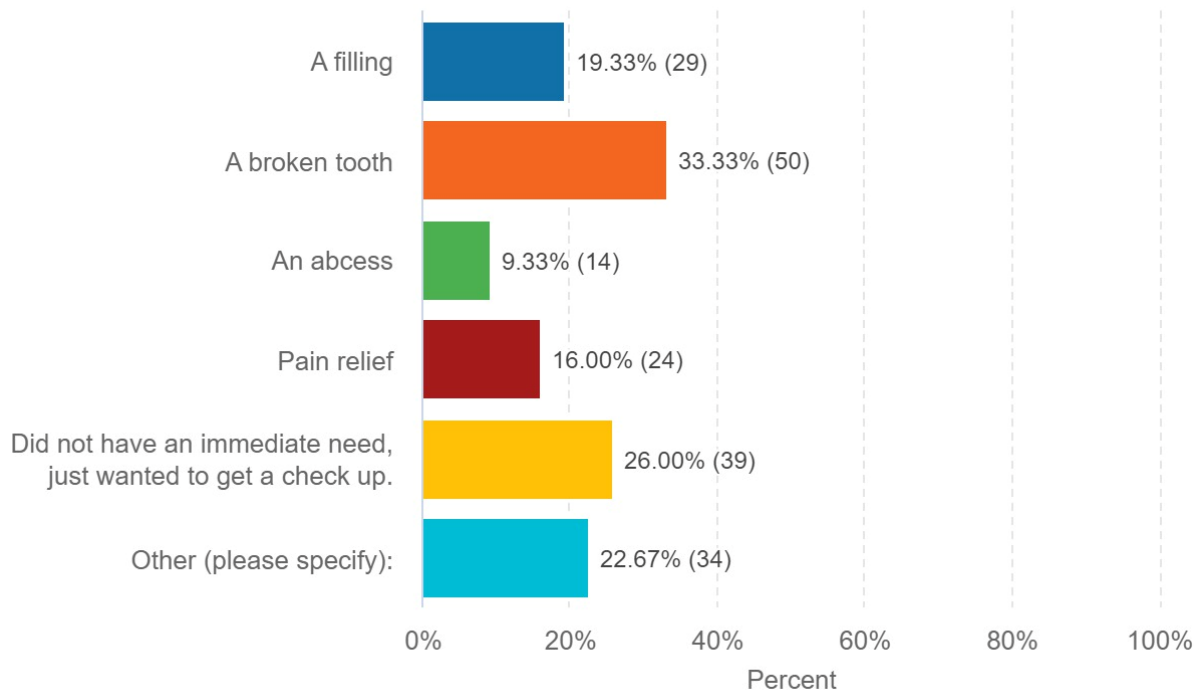
“Access: “I now go to Guys Teaching Hospital to be seen but have not been able to get the appointment. I ended up going to Dentist in Tadworth for routine check up.”

“I COULD NO APPOINTMENT TO ACCESS THAT INFORMATION.”

“Barrier: “Deafness need BSL INTERPRETER because of difficulties communication n make mistake that special needs support communication for BSL INTERPRETER FOR DEAF PEOPLES NEEDS.”

2.4 What was your immediate dental need?

What was your immediate dental need?



N=150

- 1 in 3 respondents had a broken tooth.
- Over 46% needed a filling, had an abscess, or wanted pain relief.
- 26% did not have an immediate need but wanted a check-up.
- 22% stated Other and raised the following themes: The need for extractions, the need for crowns, toothache, root canal surgery, fillings, child-related issues, braces, hygienists, and routine checks. Some also needed BSL interpreters or needed help as part of their cancer treatment. See below, each specific comment is separated by a semi-colon.

“Extractions: “Extraction at Specialist dentist, tooth might(and did) break up; Loose tooth; Tooth removal due to lockdown and unable to access a dentist; My tooth shattered was not able to get a dentist.”

“Crowns: “Loss of a crown; Crown re cement; due to previous crowns i still had the roots of the toothe (sic) and had 2 extractions on different dates and wanted check up for my children they were only dealing with emergencies; Both a filling & broken crown; broken cap.”

“Toothache: “tooth ache; Toothache - not sure of cause as I could not get an appointment: Infected wisdom tooth.”

“Root canal treatment: I had 3 courses of antibiotics for a dental infection before the dentist reopened, then an assessment, then initial root canal treatment - all this before 6 Oct. After 6 Oct I required the full root canal treatment”

“Access & root canal; Pain and Gum Infection; root canal treatment: Infected root (repeating).”

“Fillings: “Leaking filling; Didn't need pain relief but had some pain and wanted to check if it needed a filling.”

“Braces: Check for orthodontist; Braces and wonky front tooth for my 14 year old daughter.”

“Dentistry related: As part of cancer treatment; Dental implant; NEEDS BSL INTERPRETER.”

“Children: Baby with tooth injury; Sons decaying tooth.”

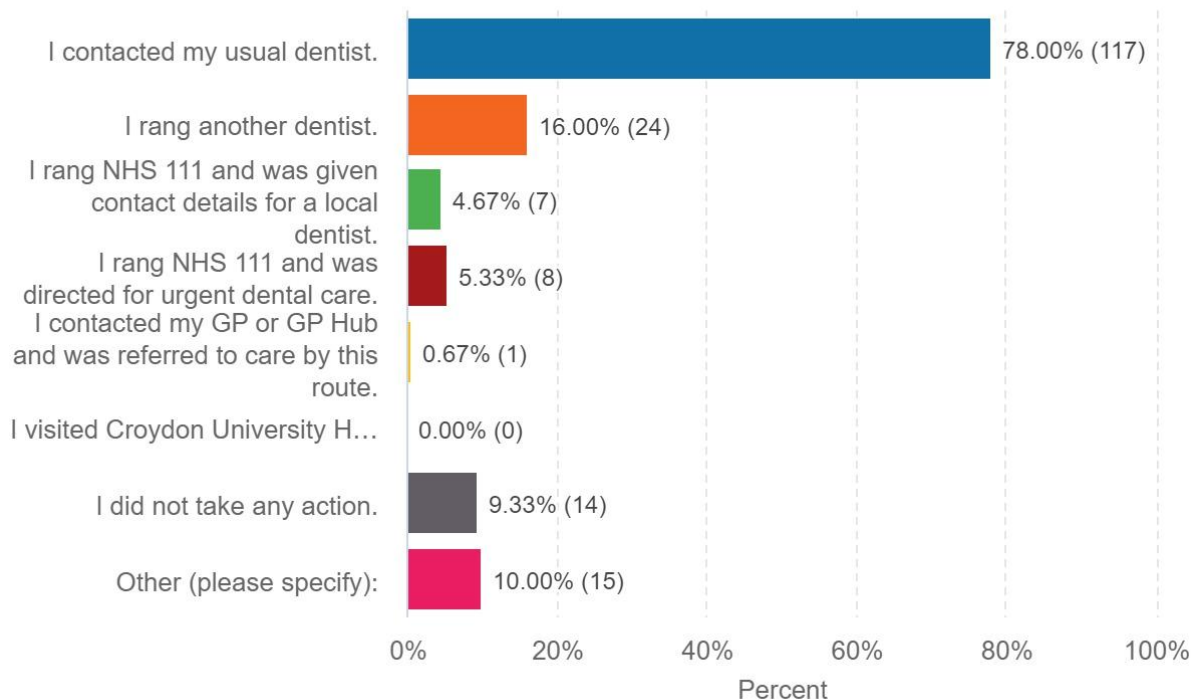
“Hygienist: “Hygienist appointment; To see the hygienist; A deep scale and polish.”

“Routine checks: “I missed my last routine check up because of government restrictions. It is now over a year since I have been to the dentist, and I have some minor problems but no pain. I have not made an appointment with my dentist because I have been shielding and I don't feel safe going into town - there are too many people out and about, neither wearing masks nor keeping their distance. Plus visiting the dentist involves very close contact. I might have been reassured if my practice had contacted me to let me know what precautions are in place e.g. are the dentist and dental nurse getting tested regularly? Is the waiting room safe? What about cleaning between patients? I've had a reminder of my overdue appointment but no assurances of a Covid-safe surgery.”

“Access: “I need a dentist but mine retired and Covid has kept me from trying to find a new one; i think my dentist wasnt open, only the hygienist offering appointments.”

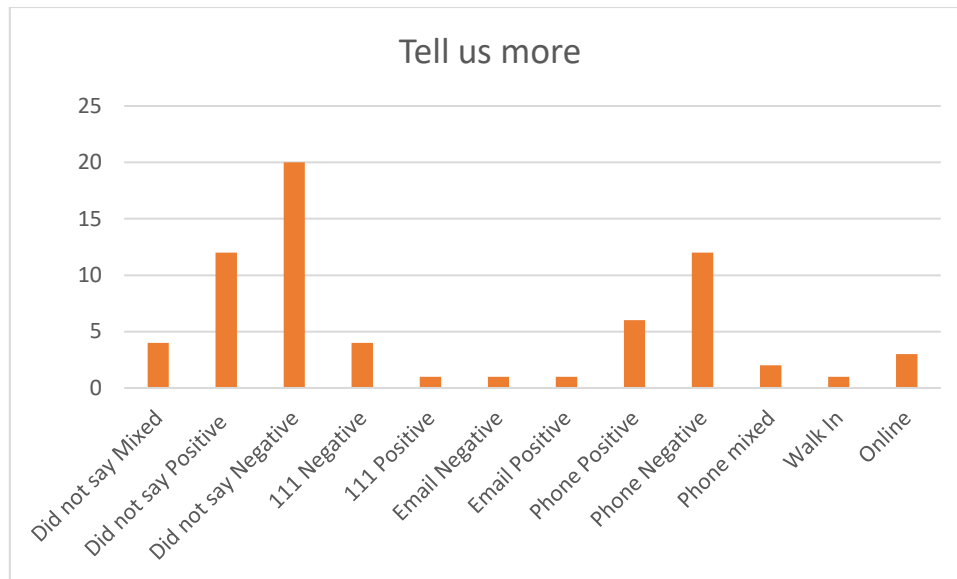
2.5 How did you try and get help?

How did you try and get help?



N=150

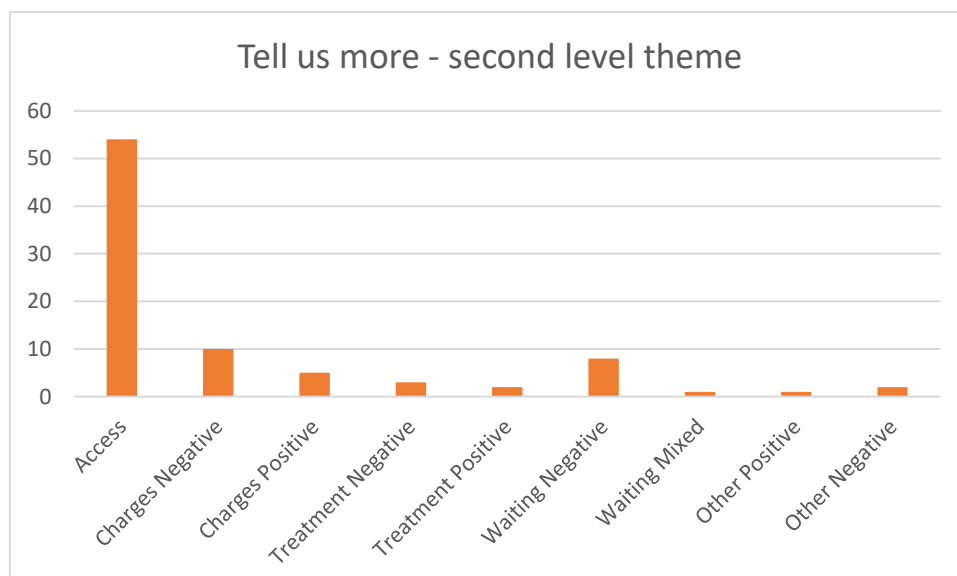
- Respondents (about 78%) mostly tried to get help by contacting their usual dentist.
- 16% contacted another dentist, 5% contacted NHS 111 and obtained details for a local dentist, 5% were directed for urgent dental care (after contacting 111).
- 9% of respondents did not act, and none visited the Accident and Emergency.



N=64

There was a free comment box here for respondents to tell us more about their experiences of trying to get help. We separated their answers into themes and sub themes. The first graph above was their experiences of the initial attempt to get help via 111, email, telephone, and walking in. Most respondents did not specify.

Overall, respondents reported 36 negative experiences and 20 had positive experiences. 6 were mixed.



N=93

When coded access with 54 comments was the biggest issue followed by charges (10) and waiting (10).

Access comments - positive and negative

“No problem. Phoned up when I needed an appointment and got one.”

“I contacted them via a web form over Christmas and they called me to make the appointment which was for the following day.” “I had no problem in getting help.”

“I rang my dentist to have an inlay put back in. I needed to arrange for a dentist to call me (around 3 days later) and then an appointment was made.”

“Apart from the fact that dentist shut 24/12 to 4/1 no problem. Got appointment 7/1.”

“Was able to get help by contacting my dentist by email. (Ongoing dental issue that requires surgery).”

“Called my usual NHS dentist for an appointment, went along following their Covid procedures, was seen and left the surgery.

“My dentist retired before lockdown. After a filling came out, I contacted the same practice & was told a new dentist had taken off and it would cost £200 to see her. I gave up and left it for quite a few months. Then I had to get something done and tried to register with a new dentist and obtain NHS dentistry, but was told by a few, that no way would you get NHS treatment. Eventually I gave up in desperation signed up to a dentist and had to pay for my treatment by credit card £210, which was for a check up, a small filling and a hygienist clean. I need another hygienist clean in 2 months time at another cost of £60. It's absolutely outrageous and it's a wonder we aren't all walking around with a mouth full of gums only!”

“i emailed my own dentist on a friday morning explaining i had a tooth ache and could i have a prescription to prevent a painful weeknd. i was emailed back and told 'no sorry, because you havent seen us for a year, we can't see you but you can have an apt in 12 days time' I was shocked by this reply. I hadnt used my dentist in a year due to not needing or not allowed due to the Pandemic. Giving me an apt in 12 days wasn't helpful for an emergency. I was told to call 111 if i didnt improve. Luckily my toothache improved however my own dentist was of no help. I did attend my apt after 12 days explaining my tooth was much better. I was given a check on the tooth concerned and an x ray. the dentist explained my tooth needs extracting by a specialist dentist as she wasnt confident to do. At this apt, i paid a band 1 treatment, but a check of all my teeth wasnt carried out which i dont agree with. why wouldnt the dentist do a check and clean esp that we arent able to frequently visit i was told another apt will be made to remove the tooth, with an additional cost of 65.00 which i also didnt agree with. im taking this up with the dentist manager not a good experience at all and i dont consider waiting 12 days for an emergency apt is acceptable.”

Access comments - negative

"I have been trying to contact community dental service in Gilet Rd for ages so that my son who has Autism and complex learning access requirements can have a routine check up ever since they closed the New Addington surgery. It's a nightmare>"

"I would just like to have a check up. I always had 6 monthly checkups and now I have not seen my dentist for 18 months!!"

"Tried to get appointment for toothache in December at my usual dentist. Dentist phoned me and said they were not seeing patients and to use a specific mouthwash. Told me to try again after lockdown. I still need to be seen."

"Rang 111 and got a recording message lines very busy to go on line. Did that was referred to private dentist. Left a message and they never called back."

"It was hard to get appointment, the dentist could not do a proper job as he wasn't allowed to put a crown in. I had lost the crown and tooth was agony. Then he tried to put in a filling which has been fallen out ever since. I'm now quite desperate again I have made my own tooth shield with plastic glue and it's now made bottom teeth loose. It's appalling."

"No one was able to help me and I am still in pain and discomfort. With many more cavities. I don't feel confident in approaching a dentist let alone a local Croydon one."

"I had many sleepless nights with pain before I was able to see private dentist by paying high fees This was difficult as I am Old age pensioner."

"I rang the dentist, but they did not answer, so I hung up."

"The issue is not only access but the dentists were refusing to provide a NHS service insisting on private work."

"No access now for 18 months."

"They basically said that I had been removed from their list because I had not seen them in 3 years. They did not inform me of this removal or send out reminder appointments beforehand. They then offered to do it privately so I said if you can fit me in privately why can't you do it on nhs. Basically they just wanted more money from me which is shocking but true."

"I was told i had to go private which i cannot afford since being furloughed plus pregnant. So i still have bit (sic) seen a dentist."

Access comments - negative

“Initially happy to be seen quickly and a temporary filling applied. I have an appointment to replace the filling in mid March - a five week wait from the first appointment. The temporary filling has failed and I've called to get this addressed but to date have not had any response or solution offered. I have purchased a solution online to try and do the job myself at home.”

“Dentist was not booking appointments for my primary school aged children.”

“Our baby, who hasn't been able to register with a dentist since birth because of covid, had a nasty tooth injury. We contacted our local dentist who refused to see her because she hadn't been registered with them, even though both parents were. We were sent to NHS 111 who suggested we contacted our local GP. Our local GP was the most helpful, but wasn't an expert.” “I left a message, was called back and told they were doing urgent care only.”

“Was told they are still not able to practice as usual. Could do a telephone appointment to ascertain the need for pain relief. I believe the upkeep of my teeth have suffered from this.”

“My dentist had confirmed by telephone consultation 30.9.20 that extraction was probably necessary. I had already waiting for several months including the period when dentists were not operating during lockdown. On 3.10.20 I woke up with my face completely swollen and an abscess. It was a Saturday and I was given via 111 an emergency appointment in Sutton - excellent service. I guess treated and back home within 2 hours of contacting 111. 4.11.20 Appointment with dentist for possible extraction but it was judged too complex for them to deal with therefore a further referral would be required. I am still waiting for the new appointment 27.2.21.”

“No debris (sic) in the area would see me face to face. They classed two broken front teeth not an emergency as not registered at a local dentist and would not treat me privately or in NHS. They all blamed this on Covid.”

“Croydon dentists have been difficult to get hold of & when you do they are not helpful. They don't send you reminders when you are due a check up despite them having your contact details. I have had to go to another Borough for my dental treatment.”

“Tried to get nhs dental care mainly for my 14 year old daughter but was told i would have to go private as nhs dentist not taking on patients. My daughter has a very pushed back front tooth and desperately needs braces (it is affecting her mental health) but i was told nhs dentists not taking on patients and would have to go private. I do not have the money to pay privately and feel this is a disgrace.”

Costs

“My cracked molar needed a root drilling. I paid privately to have it filled and capped. It was very expensive but done well and quickly. (£1,500).”

“My old dentist was reliable and honest but he was bought out by a dental practice which is dishonest. In September 2019 they made me pay for an invisible filling for my daughter but they put in a usual dark filling but charged for the more expensive one. They also gave me an unnecessary filling that did not stay on fully since recently somehow some of it fell out. If they had left well enough alone I would not now be worrying about losing the rest of the filling and even the tooth. They charged £368 for me and my daughter. My old dentist was much cheaper. I could trust him to always act honestly. They are called <name and address supplied>.”

“I was forced to go private as my tooth was very painful and no NHS appointment was available till May. The extraction cost me £132. <address supplied>”

“1. i wasnt offered annual check up as in pre covid years. 2. hygienist offered service which i accepted but its very expensive, up from £45 to £60 per session.3. the dentist has changed several times in the past few years. i regret the lack of continuity.”

“The whole reason i could not seek follow up treatment was due to the cost, i could not register with a NHS dentist so i am private - my teeth have deteriorated (sic) but cannot afford due to my husband being furloughed we have a reduced income.”

“My last check up was in October 2019. An appointment in March 2020 was cancelled as new ownership was taking over. This was followed by Covid restrictions. When opened up again in October 2020 on asking for appointment was informed that only emergency treatment was being undertaken not routine check-ups. Numerous enquiries up until end March 2021 received similar response. At beginning of April 2021 an appointment for 28 April was obtained for a check-up as I was sure I needed one or more fillings. In fact two fillings were completed at this appointment. I have to say that it did appear that check-ups and treatment was available at any time during October 2020 -March 2021 if you were a private paying patient.”

“NHS dentist saying they can’t take new patients - but if you pay private we can see you today !!! Some saying they are booked up tii next year and this was in September. Madness abs it was an Emergency- just went private.”

“Was unable to get an appointment as I had not been since 2015. I was told I will no longer be treated as a NHS patient and was told I had to pay £79.00. I contacted another dentist in the area who administered the treatment I needed.”

“Had a bad tooth needed to get extract due to Covid was unable to do this was expected to go private was in a lot of pain and could not afford the private treatment, was encouraged to pay privately then he seen on nhs , most dentists only now see private patients not nhs which is unfair , found one that did but took a few visits to take out tooth.”

“I had a broken tooth and was told by dentist’s receptionist that it wasn’t an emergency and couldn’t give me an appointment, told me to use a self repair from boots. I felt this was an emergency and after talking to friends went to another dentist privately paying £120 to have a filling.”

“I was booked an appointment with my own dentist. I was seeing on the date but it was thought the filling was not urgent but gave me a choice to pursue the repair or wait until Lockdown restriction were better. To do the filling it would cost me a lot of money because PPE was required to be used by the dentist and staff involved and I had to pay for it.”

“I did not pursue to have the filling done but I booked a check up and dental hygienist check up. I was offered an appointment and I had the treatment completed. For the feeling I had to wait until Easter and see how the situation is.”

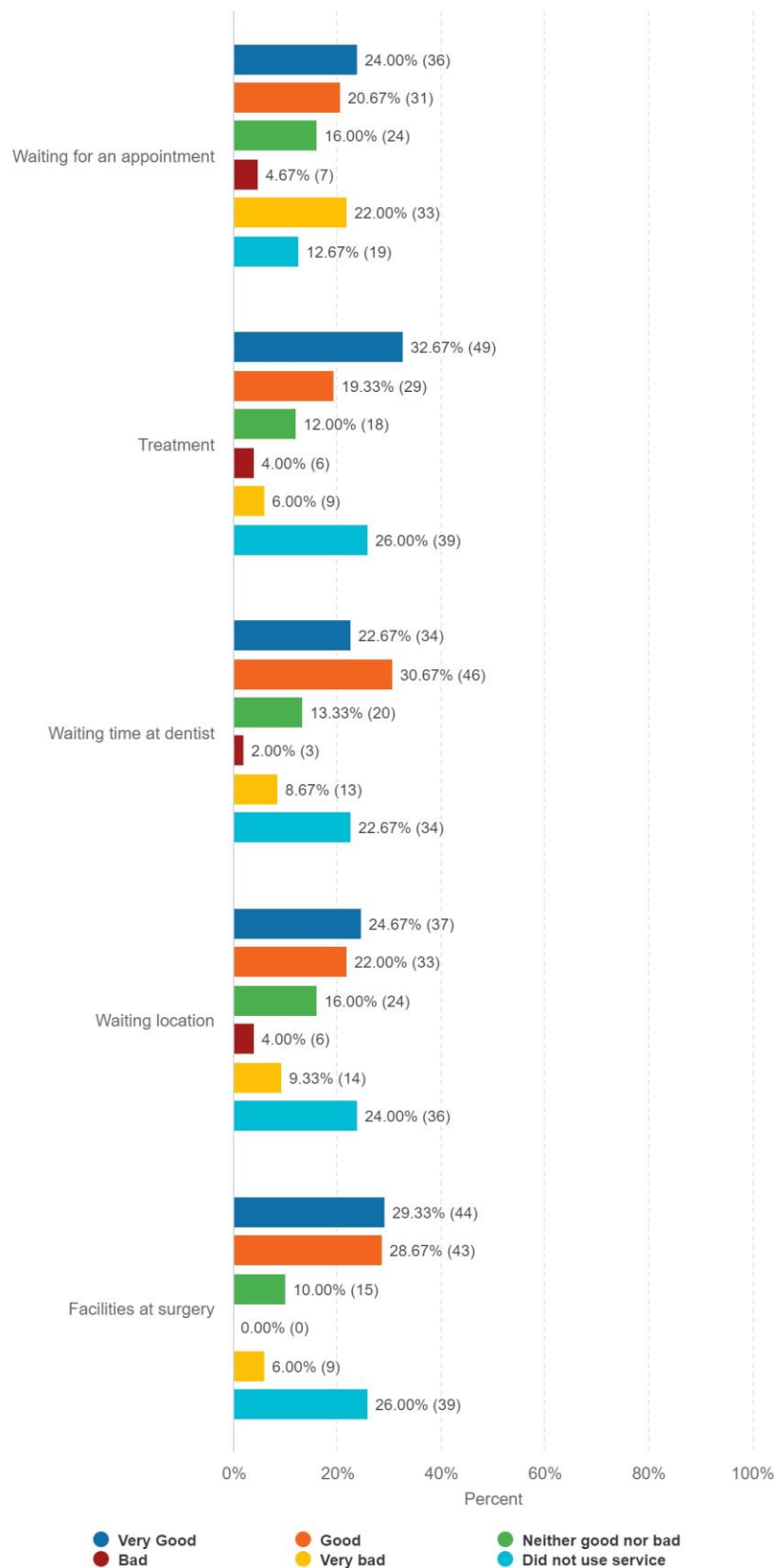
“My dental practice did not have an appointment before Christmas and the pain and broken tooth and loss of filling could not wait so I rang another dental surgery who could only see me as a private patient. Thankfully they were able to provide another temporary filling until lockdown lifts or it falls out again.”

“I was pushed into private dental care many years ago so no difficulty getting appointment. I was seen by quite new dentist who may have had NHS patients but I still pay.”

“My dental practice now taken over by large company that seem to be keener on teeth whitening and other cosmetic practices. Surgery was quite good with COVID safety. Hygienist was particularly careful.”

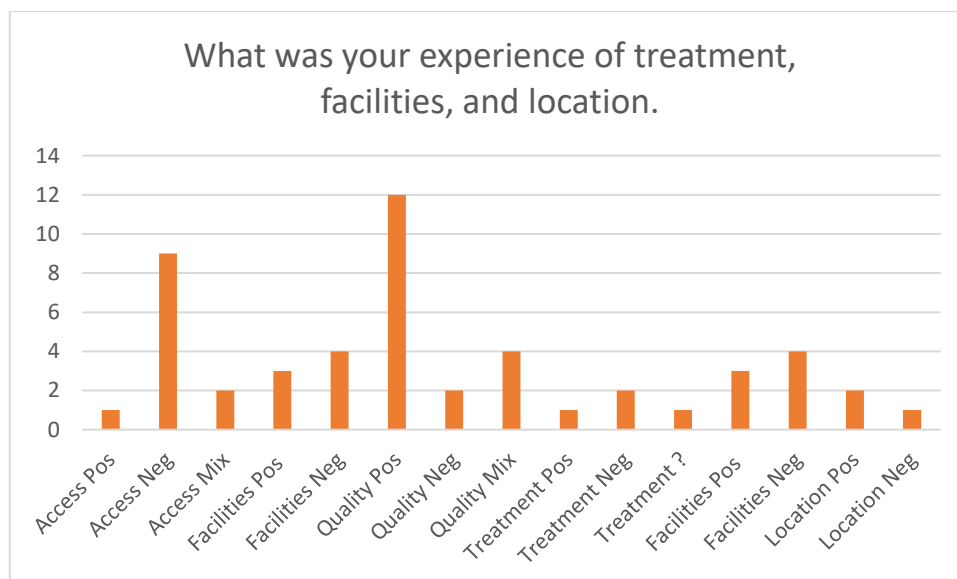
2.6 What was the experience of the following: Waiting for an appointment; Treatment; Waiting time at dentist; Waiting location; Facilities at surgery

What was the experience of the following:



N=150

- 44% of respondents found the waiting times to get a dental appointment good or very good, with 24% found it 'very good'. However, 26% found it bad or very bad, or these 22% found it 'very bad'.
- 33% found the dental treatment they received very good, and a further 19% said good compared with 10% who said bad or very bad - just 6% who found it very bad. 12% felt neutral about the treatment received.
- 53% found the waiting times at the dentist to be good or very good, while 13% found it bad or very bad.
- A much higher percentage of respondents (57%) found the facilities at their dental surgery to be good or very good than otherwise. Only 6% gave a negative response.



Comments - Quality and treatment

"All necessary precautions taken."

"I liked the new dentist and they adhered to ppe and Covid rules excellently. I could not fault them. However for me, it was a very expensive experience They did go on a about me needing 2 crowns at a cost of about £1000, shocking prices."

"Really polite and helpful receptionists and good dentists. The surgery was fully organised In accordance with corona virus prevention."

"We had to wait outside so the appointment which was to be expected and it was a bit cool. Once inside, the facilities were great."

"All safety COVID procedures were followed."

"I called them, told me the price, appointment was quick, waited outside I told they were ready in full PPE. Straight forward filling."

"I had to wait outside the surgery until the nurse cane out to call me. The dentist was unable to complete the treatment and referred me to a specialist dentist."

"Social distance, use of face mask etc was in place. I felt safe."

"Hand sanitiser available. Didn't see patients using it. Waiting room chairs close together but patients sat apart. No sanitising seen. Reception staff behind screen. Handed tablet - hadn't seen it sanitized."

"The Surgery was always clean the staff where very helpful letting me no what to do and not to do I felt very relaxed and happy with everything at the Surgery."

"Hygienist is both efficient and careful with teeth." "Protective equipment very good. Felt safe from virus." BUT, if i had needed a filling, i dont think that was available as dentist apparently unavailable. I would prefer continuity of dentist to frequent changes."

"On arrival, my temperature was taken. The Surgery was clean, the Staff wore masks, gloves and disposable aprons throught.2The Surgeon explained what he planned to do, and kept me updated throughout."

"Private practice and it was worth it."

"Modern dentists. All the latest technology equipment. Tv on the ceiling. Listen to classical music whilst in the chair."

"Very clean well organised I felt very relaxed there Had to wait outside. Told to call on arrival but calls repeatedly went to voice mail. Otherwise ok."

"I was great by the pleasant and friendly receptionist. The nurse was very caring and calming and tentative to my needs. The dentist explained my problem. Showed me in the screen and provided care there and then. He gave me options of my next stage and explained everything clearly. I am now pain free and a happy chappy."

"After previously having a temporary filling in Sept 19, I made an appointment have a permanent one in March 20 when lockdown restrictions allowed. At the time of making the appointment I explained it was for both a filling and also the broken crown. However, when I saw the dentist she told me she could only do a dental clean and a further appointment would need to be made to deal with the filling. She did take an x-ray re my crown but stated it needed specialist treatment & she would refer me to Croydon University Hospital for an appointment. She also made an appointment for me to return to her clinic to deal with the filling. On my return 4 weeks later she put in a permanent filling & explained that a referral for my crown had been made, and that if I had not received an appointment (from CUH) in a few weeks, I should phone the clinic who would chase it up for me. As I had not heard anything from CUH for 4 weeks I phoned <<name supplied>> and found out that the referral had only been made after my second appointment with them! To add insult to injury the practice manager then suggested I should chase up the referral myself. I have since tried to do this but cannot get anyone at the Head & Neck clinic at CUH to answer the phone!"

"The appointment itself was very good. Arranging the appointment was quite complicated - needed to speak with a dentist before an appointment was made. I hoped to arrange a regular appointment/hygenist appointment but the practice owner explained in December that they were not open for routine appointments but perhaps would be in January."

"Unbelievably disappointed in our dental surgery. I work in theatres/ITU, doing aerosol generating procedures at a major London hospital, and I was shocked at the lack of compassion, or even basic interest from our NHS dentist when we were really concerned for our 10 month old. We just wanted someone to give her an assessment."

"No dentist helped still have two broken front teeth. Plus reocccuring abscesses that I get prescribed antibiotics without being seen."

"Treatments were pre booked for each stage."

"My last routine checkup was on 27 June 2019. I was booked in for another routine check up on 30 April 2020 but this was cancelled by the practice (fair enough as dental practices weren't open). I was given another date of 30 July 2020 but again this was cancelled and a new date of 24 September 2020 but again this was cancelled - the reason on both of these two occasions was that they were only dealing urgent cases and had a limited staff in the practice. The next available date I was given is on 25 March 2021. All appointments cancelled were by the dental practice and not me."

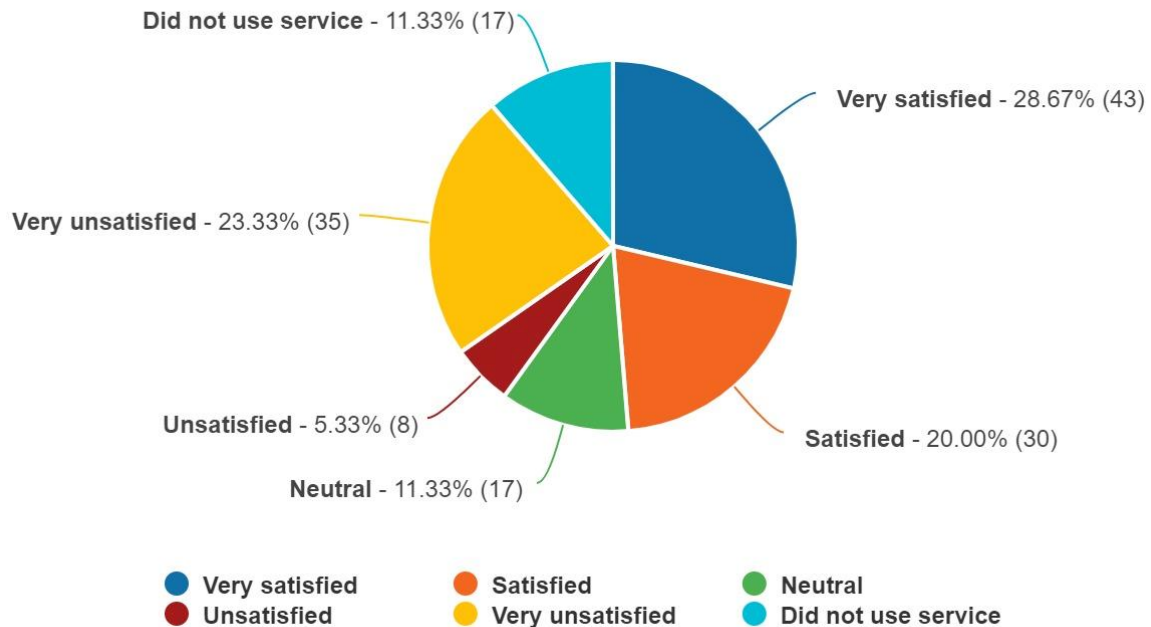
"I currently note from the website of my dental practice it says: ""We welcome the news that we can commence a careful reopening of the practice from Monday 8th June 2020. We have planned for a phased reopening from this date and we are prioritising patients who have been in severe pain during the lock-down period or those who currently have urgent problems. We are only able to carry out certain procedures at present. This is to keep both our patients and our dental team safe."

"We understand that patients will have many enquiries and our reception team will be able to take calls Monday to Friday between 9 am and 5.30 pm."

"Please be aware that we are unable to book routine appointments at present whilst we help those patients with severe problems. We thank you for your patience and understanding whilst we help those in need of the most urgent attention. We will be in touch to re-book cancelled appointments in due course and as soon as we are able. In the meantime, we continue to offer a remote phone line service to offer advice to our patients."

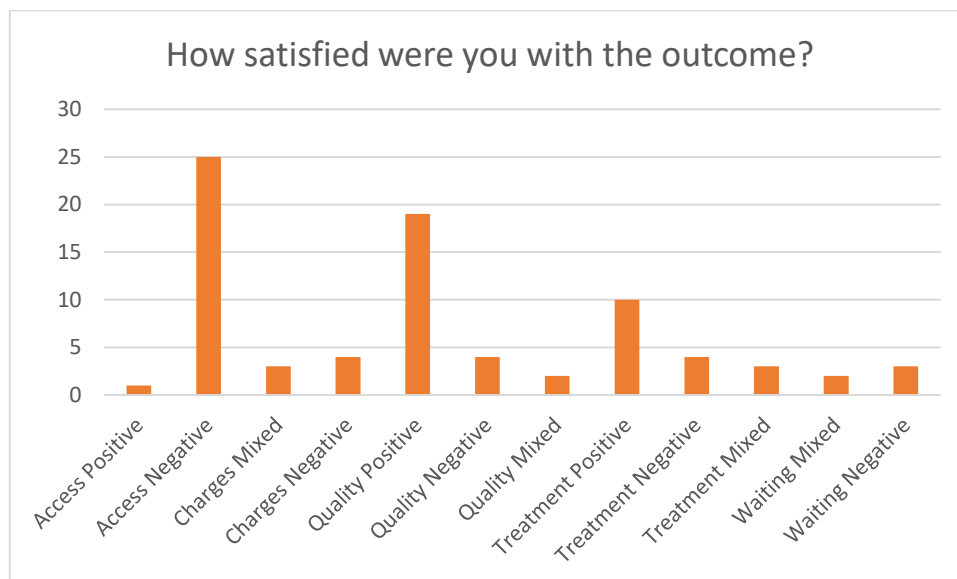
2.7 How satisfied were you with the outcome?

How satisfied were you with the outcome?



N=150

About 49% of respondents were either satisfied or very satisfied with the outcome of their dental appointment(s), 11% were neutral, 29% were either unsatisfied or very unsatisfied, while 11% did not use a service.



Comments - very satisfied and satisfied outcome

"Got check up. Tooth filled. Cleaning carried out."

"They sorted out my problems at that time."

"Missing filling replaced quickly."

"My dentist took care of my abscess."

"Tooth removed with gentle and reassuring care."

"We were able to get support, advice and treatment in a good time frame."

"My treatment was done."

"The purpose of my appointment was fulfilled. I was able to have a short friendly conversation with both Drs and the Covid vaccine was mentioned, we all agreed it was best to have it. I left the surgery smiling."

"The service was good."

"Have not had a problem, I need regular treatment by a hygienist and they usually have one at this clinic."

"I was able to have my treatment done in a nice clean environment the staff were very helpful and I felt comfortable and relaxed."

"The dentist did a very good job."

"Dental check up done and all issues discussed. Covid precautions seemed adequate."

"Was as expected." "No pain during treatment (hygienist) no adverse after effects teeth and gums remain healthy."

"My pain was dealt with and it led to my next treatment."

"Professional and reliable service. Health and safety of staff and patients evident."

"Necessary treatment performed without fuss in a Covid secure environment."

"The Surgeon kept me updated during the entire proceedings. I was well treated whilst I was in the Chair."

"The actual toothache was more painful than the treatment itself."

“Check up was completed, 2 teeth needing filling were found and this work was completed. Dentist was quite informative about general teeth condition.”

“Saved the tooth.”

“Lovely dentist.”

“My tooth was fixed.”

“The roots were causing abscess on my left and right side of my mouth so the extractions were definitely required.”

“Took the tooth out told me what to do after the tooth was pulled out give me a leaflet to read that tells me what to do after a couple of hours to look after my gum.”

“Friendly from first contact. Very well organised. 1st class couldn't be better if I was going private.”

“They deed an extraction, then another one few weeks later. Then clean & polish at another appointment. Back again in 3 months. This dentist is very good.”

“Everything went smoothly with minimum waiting time. The only difficulty was having to phone surgery to be let in before the appt.”

“My cap was replaced with a crown. So where i had a tooth before, it was drilled down to even smaller. I didn't realise that this would be the case considering i had a cap before. I felt that a good tooth was reduced to hardly nothing. I'm not sure if my options were fully explained! I had a porcelain cap done in streatham. This was not an option at this dentist. Again, i am not sure of the difference.”

Comments - negative outcome

“Area around extraction still not settled after 4 months.”

“i emailed my own dentist on a friday morning explaining i had a tooth ache and could i have a prescription to prevent a painful weeknd. i was emaled back and told ' no sorry, because you havent seen us for a year, we can't see you but you can have an apt in 12 days time' I was shocked by this reply. I hadnt used my dentiat In a year due to not needing or not allowed due to the Pandemic. giving me an apt in 12 days wasn't helpful for an emergency. i was told to call 111 if i didnt improve. luckily my toothache improved however my own dentist was of no help. I did attend my apt after 12 days explaining my tooth was much better. I was given a check on the tooth concerned and an x ray. the dentist explained my tooth needs etracting by a specialist dentist as she wasnt confident to do. At this apt, i paid a band 1 tretment, but a check of all my teeth wasnt carried out which i dont agree with. why wouldnt the dentist do a check and clean esp that we arent able to frequently visit. I was told another apt will be made to remove the tooth, with an additional cost of 65.00 which i also didnt agree with. im taking this up with thr dentist manager. i feel i am being charged too much money. Not a good experience at all and i dont consider waiting 12 days for an emergency apt is acceptable”

“Impossible to be seen by a dentist. I can currently only eat on one side of my mouth due to toothache.”

“I expected to be considered especially with issues on both sides of my mouth. I was told not to extract any teeth as they could be saved however there were no services to do any treatment. I had purchased temporary filling however this just fell out whist easting (sic). “

“Had 3 visits due to needing a crown for a decayed tooth that was impacted because dentist left large gap in previous treatments where food gets caught now and hence decay.”

“As stated before it should be about care. Oral health is important to the wellbeing of the individual especially as it impacts on other conditions. The NHS needs take action as the dental care in this country has never been so bad.”

“Still not seen, still in pain.”

“Still waiting for an appointment. I’ve used the same dental practice for over 70 years but it feels like our teeth don’t matter any more. Was told last March that I needed a filling but am still waiting for an appointment.”

“Initial solution to problem lasted less than 24 hours and now I can’t get another appointment.”

“Not able to see dentist since before pandemic started.”

“I missed my last routine check up because of government restrictions. It is now over a year since I have been to the dentist, and I have some minor problems but no pain. I have not made an appointment with my dentist because I have been shielding and I don’t feel safe going into town - there are too many people out and about, neither wearing masks nor keeping their distance. I would have been reassured if my dentist had contacted me to let me know what precautions are in place e.g. are the dentist and dental nurse getting tested regularly? Is the waiting room safe? What about cleaning between patients? I’ve had a reminder of my overdue appointment but no assurances of a Covid-safe surgery.”

“Uncaring and dismissive service from <<name supplied>>.”

“Didn’t get an appointment as mentioned”

“Dentist are not doing any work in nhs , they will only expect you to go private.”

“The dentist was unable to complete the root canal treatment (after one and a half hours trying!) and referred me to a specialist dentist (private).”

“Unable to get appointment.”

“Still waiting for callback since January.”

“No one will help.”

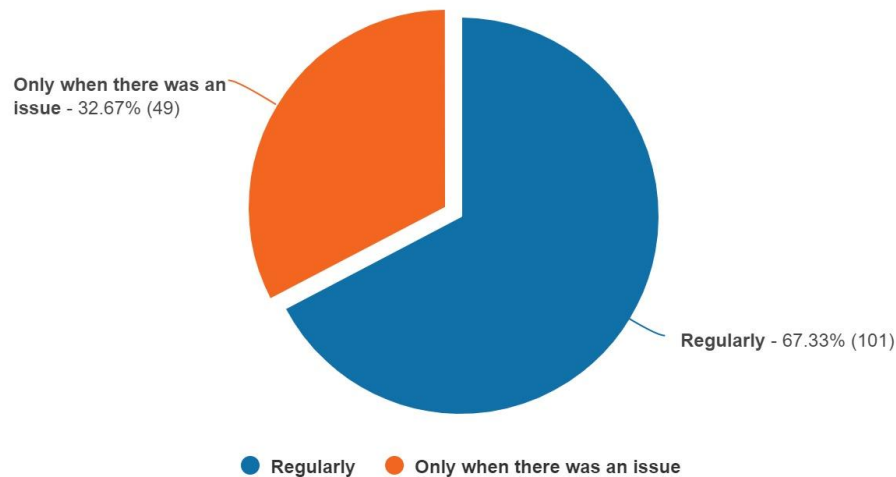
“Could not get nhs dentist for my child.”

“I still have not had any dental treatment they then told me to call back after 1 April and they would see me then.”

“I went in September 2019 and felt cheated by being charged for an invisible filling for my daughter while they gave her an amalgam filling which is black. I was given a filling which later half fell out and I am too scared of Covid and more bad dentistry to do anything about it. I am waiting for Covid to be defeated before I try to find another dentist.”

2.8 Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

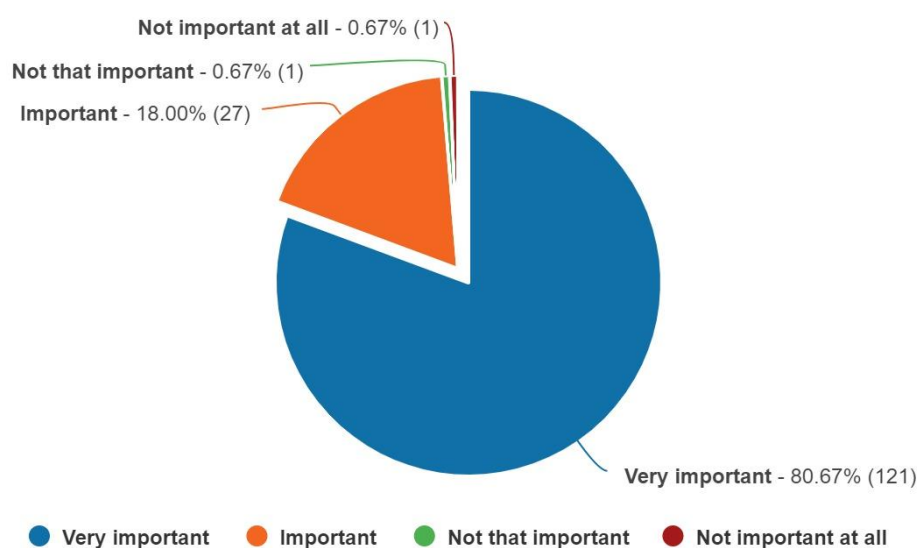


N=150

Most (67%) visited an NHS dentist regularly prior to the Covid-19 pandemic; the remaining 33% visiting only when there was an issue.

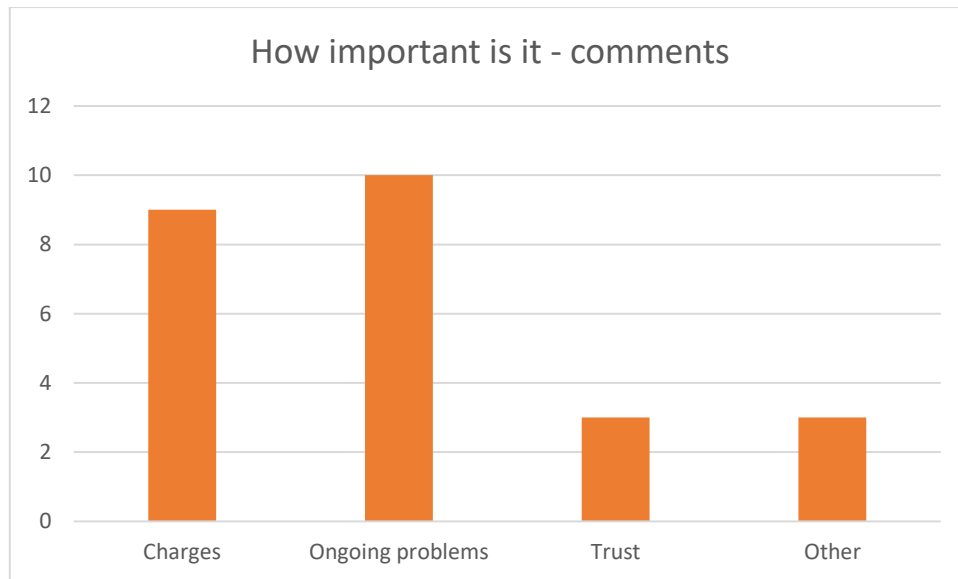
2.9 How important is it to you to have regular access to an NHS dentist?

How important is it to you to have regular access to an NHS dentist?



N=150

98% state that it is either important or very important to have regular access to an NHS dentist.



Ten respondents felt it was important to have regular access to an NHS dentist because they have ongoing dental problems. Nine felt charges were a factor, three mentioned trust, and three gave other reasons namely, registration, communication and experiencing barriers.

Comments - ongoing problems, treatments, and charges

“My gold inlay seems to come out fairly regularly.”

“My teeth can be problematic and need regular checks and maintenance.”

“I would like to comment that I have changed NHS dentist many times over the years and it is still really difficult to find someone that is understanding of mental health and extreme anxiety.”

“I’ve got gum problems since I was a kid ,need old broken ones taken out and false teeth made again.”

“I’m on benefits and have Heath problems that affect my gums tooth.”

"I don't have many teeth left! This particular tooth was very important. If I had. Lost it, I would not have anything to bite on that side."

"My teeth have deteriorated since I was in an abusive relationship and require attention due to physical abuse."

"I have ongoing problems with my teeth."

"I have to see hygienist every 3 months because of long standing problem with my gums and teeth. I have 6 monthly check up as well."

"I have been diagnosed with myeloma with associated immune deficiency. Therefore need to ensure no bad teeth with possibility of infection is quite important."

"I have gum disease and bleeding gums due to menopause and diabetes so need regular treatments."

"I want to make sure my teeth remain in a good way. I have hit per menopause, which means my teeth might be affected more."

"Cant afford regular access as even nhs dentistry is not cheap."

"Dental health is part of overall health and should be part of Nhs."

"Currently too expensive . Why is a 5 minute NHS check up £23 and treatments can run into hundreds of pounds when medical prescriptions are available for less than £10?"

"I was private before now as I had healthcare cover with my work which I no longer have access too."

"Because since lock down all these private dentists are over charging people."

"I am paying a lot of money for private treatment since my dentist went private."

"Need to have confidence that when i have registered at a dentist they will remind me of necessary visits and not penalize me by taking me off their books if I have not attended regular appointments (through no fault of my own). Also to be confident that if I need a dentist I can access one."

"Very important unfortunately i can not register with one in my area."

"Need to have confidence that when i have registered at a dentist they will remind me of necessary visits and not penalize me by taking me off their books if I have not attended regular appointments (through no fault of my own). Also to be confident that if I need a dentist I can access one."

“We can’t always afford the prices of a private dentist and I am not a high earner. I had to put the cost on a credit card, so they play on your need for treatment and if you can’t pay - tough basically.”

“To prevent issues from causing more serious treatment i dont always trust what a dentist does or says as i see it as a money making business.”

“Now I am retired I can no longer afford private dentistry>”

“Good dental hygiene (sic) and health is very important. If you are low income or a student your health is just important as someone who can afford private treatment.”

“Can’t afford regular access as even nhs dentistry is not cheap.”

“Dental health is part of overall health and should be part of Nhs.”

“Currently too expensive . Why is a 5 minute NHS check up £23 and treatments can run into hundreds of pounds when medical prescriptions are available for less than £10?”

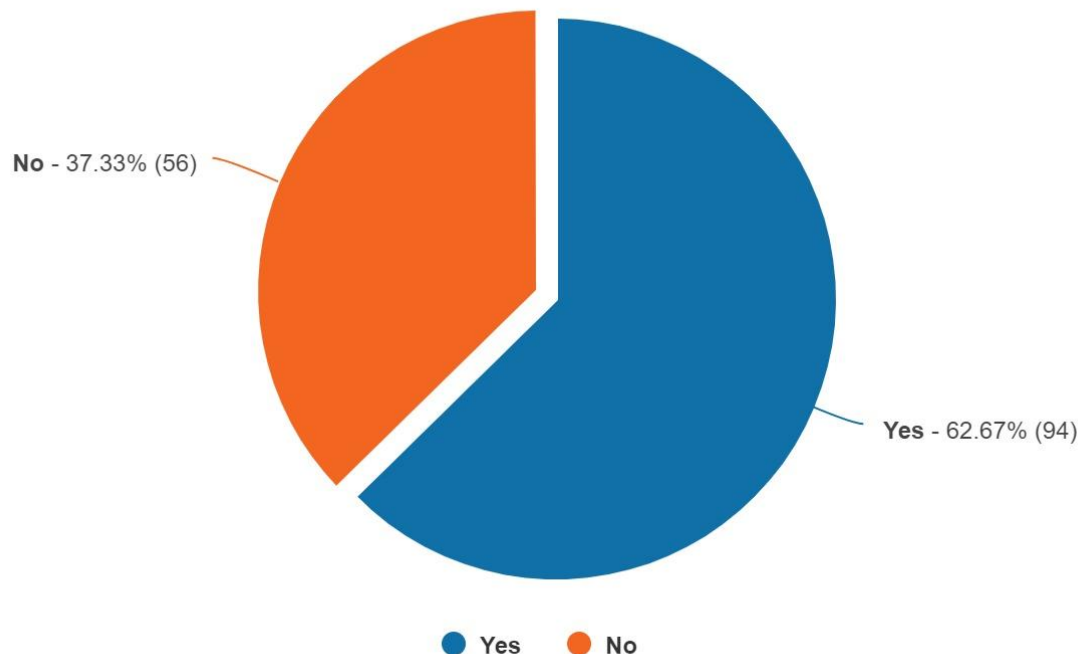
“I was private before now as I had healthcare cover with my work which I no longer have access too.”

“Because since lock down all these private dentists are over charging people.”

“I am paying a lot of money for private treatment since my dentist went private.”

2.10 Has cost been a factor on whether to use an NHS dentist?

Has cost been a factor on whether to use an NHS dentist?



N=150

Cost has been a factor for nearly 2 in 3 respondents (63%) on whether to use an NHS dentist. 57 of 74 comments mentioned cost with very only four stating that charges were no factor, and three stating they were exempt.

Selected comments on charges and the complexity between NHS and private

“Dental treatment are very expensive and what the NHS cover is very little. This can cause some people to avoid going to the dentist and of course this causes a negative impact their dental and physical health including heart problems. I am not claiming any benefits so I have to pay what ever the treatment costs. I will soon be retiring and I am worried I may not be able to subsidise the dental treatments.”

"It very expensive so I go less often then I would like to be honest."

"Whist I accept paying for fillings vetc do not like being given appt for hygienist at another £60. Which I refused.(my own dentist)."

"A silly question. Have you seen private fees?!"

"I am on tax credits, a single parent but not exempt due to the threshold so i feels a worry of cost when visiting."

"Cost is high but I guess it has to be."

"It cost a lot to get teeth taken out."

"I am a carer so I cannot afford to go to a private dentist."

"Would not be able to afford the cost of seeing a dentist privately."

"Needing a lot of work now I think using an nhs dentist is my only affordable option. I just have to find one taking new patients."

"There was difference of double the price between nhs & private dentist."

"The cost is too high considering payment from my salary is taken on a monthly basis and at times the quality of service isn't ideal."

"Unfortunately the best dentist for me (in South Croydon) left to work in Wimbledon!"

"Private is very expensive in a six member family."

"Living on small pension only."

"I live on an old age pension and money is tight."

"Unfortunately I have very little trust of dentists (even the so-called NHS ones as they also offer private services). They always seem to tell me I need expensive treatments - ones that are not available on the NHS. They just want to take my money. They don't really care about my oral health, except as a source of profit for themselves. Same as opticians."

“Example: 1. I need to wear a mouth guard at night for bruxism. My NHS dentist used to supply this free of charge. Then a cost of £75 was introduced, as the NHS stopped funding mouth guards (even though it's for a recognised medical condition, it's not like I'm asking for free cosmetic teeth whitening). A new dentist took over the practice and the cost went up to £125. Rip-off. I now buy moldable guards online for less than £10. Not quite as well-fitting as the bespoke one but lasts about as long and I don't wake up with a headache. 2. I used to get scaling and polishing included in my routine check-up, for which I pay the standard NHS charge. On my last visit I was told that was no longer available on the NHS but was instead offered a 'super' cleaning service that would be more thorough and last longer, but at a cost of £100 or so. It was very messy, like I'd had my teeth sandblasted. But I think this must have been purely for show because it really didn't clean my teeth any better or last any longer than the old scale and polish. Rip-off. 3. I lost a tooth and had a bridge made (paid band C charge, nearly £300). The bridge didn't last a day. I returned for another fitting. Again it came out within a day. On my next visit I was told I needed an implant, not available on the NHS, at a cost of at least £2,000. No refund of charge for defective bridge. Rip-off.”

“I am fortunate that my mother could pay. However i had to delay this part of my treatment as the total cost would be close to £90.”

“Even NHS is a lot of money, I wouldn't able to afford private. I would end up in emergency care which is more costly than me seeing an Nhs.”

“Not able to afford costly options. Worried about turning up and then asked to pay a bill on leaving.”

“NHS charges are reasonable. The private specialist was very expensive, but as explained above, this tooth was very important to me and I did not want to have it taken out if it could be saved.”

“Dental treatment are very expensive and what the NHS cover is very little. This can cause some people to avoid going to the dentist and of course this causes a negative impact in their dental and physical health including heart problems.”

“I am not claiming any benefits so I have to pay what ever the treatment costs. I will soon be retiring and I am worried I may not be able to subsidise the dental treatments.”

“Not able to afford costly options. Worried about turning up and then asked to pay a bill on leaving.”

“Age and life expectancy would suggest that in general I would be wasting my money on exotic private treatment and reconstruction.”

“On furlough so bills have to come before the dentist.”

“Private too expensive.”

“When the dentist presents me with different plans on how much a treatment will cost, including going private. It’s too expensive for me.”

“Needs to be affordable. Being quoted £1500 as a private patient for a root canal filling and a crown is extortionate!! Unless you’re a millionaire.”

“I pay the hygienist and when I had to have a plate made I paid £600 for a bridge because I was allergic to the material the plate was made of.”

“As a NHS employee for 40 years I would always use the NHS as opposed to private treatment.”

“Way, way too expensive. The NHS dentures are hard plastic, which I can feel constantly. The flexible plate or the metal framed denture is way out of my price reach. Why should the Scottish and the Welsh get all of their NHS dental and eye treatment, prescriptions free, when we in England have to pay for it !!!!!”

“Cannot afford much.”

“I don’t earn much money but I cannot claim benefits as I’m just over the threshold. It’s an unfair system.”

“Private treatment is too expensive.”

“I depend on PIP financially and a low pension payment from the Gov.”

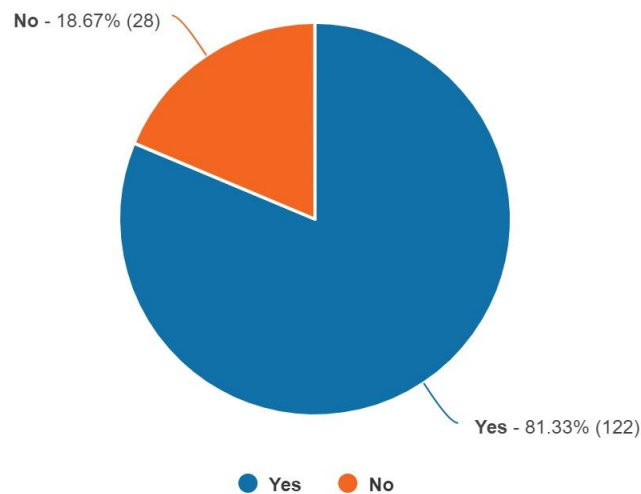
“For heavier treatment, it is quite expensive and so sometimes I defer treatment.”

“Its expensive.”

“Need treatment that would be easier to get privately rather than the waiting list but too expensive. Although the NHS is also expensive for this treatment so will probably put off having the treatment for a while.”

2.11 Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits?

Are you aware that there is free entitlement for NHS dental services if you are claiming certain benefits?

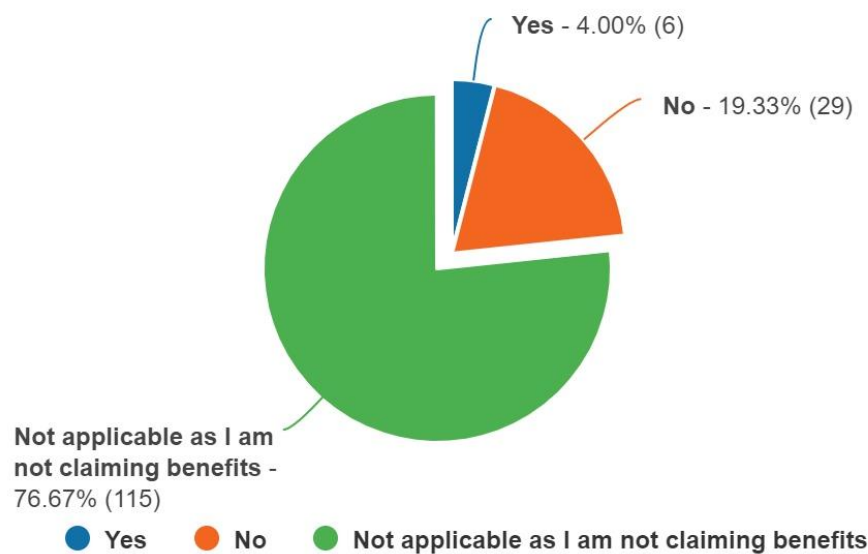


N=150

81% of respondents were aware of free NHS dental entitlement for those who are in receipt of certain benefits, while 19% were unaware.

2.12 If you are accessing free entitlement for the NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist?

If you are accessing free entitlement for NHS dental services due to claiming certain benefits, have you had a change in benefits status that may have affected your decision on whether to use an NHS dentist?



N=150

4% of respondents have had a change in benefit status, and consequently a change in their decision on whether to use an NHS dentist. However, 19% have not had a change in benefit status, and the remaining 77% are not in receipt of benefits.

2.13 Have you been offered private appointment by Croydon dentists when NHS appointments have not been available

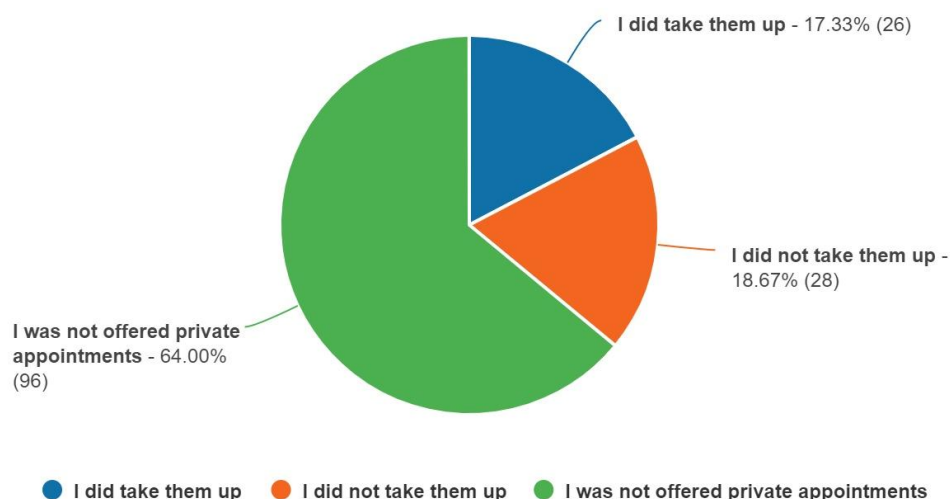
Have you been offered private appointments by Croydon dentists when NHS appointments have not been available?



N=150

2.14 If you were offered private appointments, did you take them up or not and why?

If you were offered private appointments, did you take them up or not and why?



N=150

A third have been offered private appointments when NHS ones had not been available. A list can be provided to relevant stakeholders. Half of those offered private appointment did take them up, accounting for 17% of those who responded overall.

Reasons for choosing or not choosing private appointments

"My NHS dentist did initially refer me for a specialist dentist appointment, but I wanted to get treatment quickly so she then referred me to a private specialist."

"I have a dental insurance which entitle me to a dental check up twice a year."

"Family dental practice, SE25, couldn't see me as an NHS Patient but could as a private patient"

"Was told by my regular practice that if I were to pay privately I'd get sooner almost immediately again disgusting which proves the dentist can't be so busy with patients just being absolutely greedy under the present circumstances it should not be allowed! This was even true of my 8 year old granddaughter in pain with her tooth!!! Not on at all!"

"NHS 111 try to refer you to dentists but they will not assist."

"As an emergency and due to lockdown only a private appointment could be made at another dental surgery."

"I was seeing NHS dentist and got to know and trust him. It seemed as if he'd done his NHS stint, turned private and almost bribed me to go with him even though it meant being private. (Along lines of you trust me so wouldn't you prefer to stay with me)."

"Can't afford it."

"DENPLAN was the only way to guarantee routine check ups every 6 months."

"I have been told to go private but cannot afford too."

"This is the only option being made available to me for root canal when I desperately need it on the NHS."

"Considering having a crown fitted in Turkey. Is NHS overcharging going on? A £400 treatment in UK would cost £40 in Turkey."

"Have always taken my now adult children to the dentist regularly. However they are now reluctant to go as they have to pay. Particularly hard when they are students."

"They ALWAYS try to make you have a private appointment. The NHS dentist has a Tesla. Clearly he is banking on forcing us all to go private."

"Every time I ring the surgery they say they are only making emergency appointments."

"Terrible, if you can provide the service required in a private capacity why not NHS... It doesn't make sense!"

"I was offered an emergency appt at local clinic (on a Saturday evg at 9pm) and was seen by 9.45pm and out by 10.15pm."

"As stated above i was treated as an NHs patient for a check up but the scale and polish was only available under a private appointment. I looked around at another dentist but they were charging a fee for a first appointment as well, so the costs became more expensive."

"<Name and address supplied>- filling and X-rays done privately £120."

"My usual dentist in <<location>> outside Tesco refused to see me at all."

"My NHS dentist did initially refer me for a specialist dentist appointment, but I wanted to get treatment quickly so she then referred me to a private specialist."

"I have a dental insurance which entitlement to a dental check up twice a year."

"i live on a modest pension, £12, 000 pa net of taxes, ie under half the average wages. Therefore i cannot afford expensive private dental or medical treatment and work hard at keeping my teeth healthy with regular check ups and advice.(<<name >>> was my dentist for about 30 years and advised how to preserve teeth as long as possible."

"This is the only option being made available to me for root canal when I desperately need it on the nhs hc2."

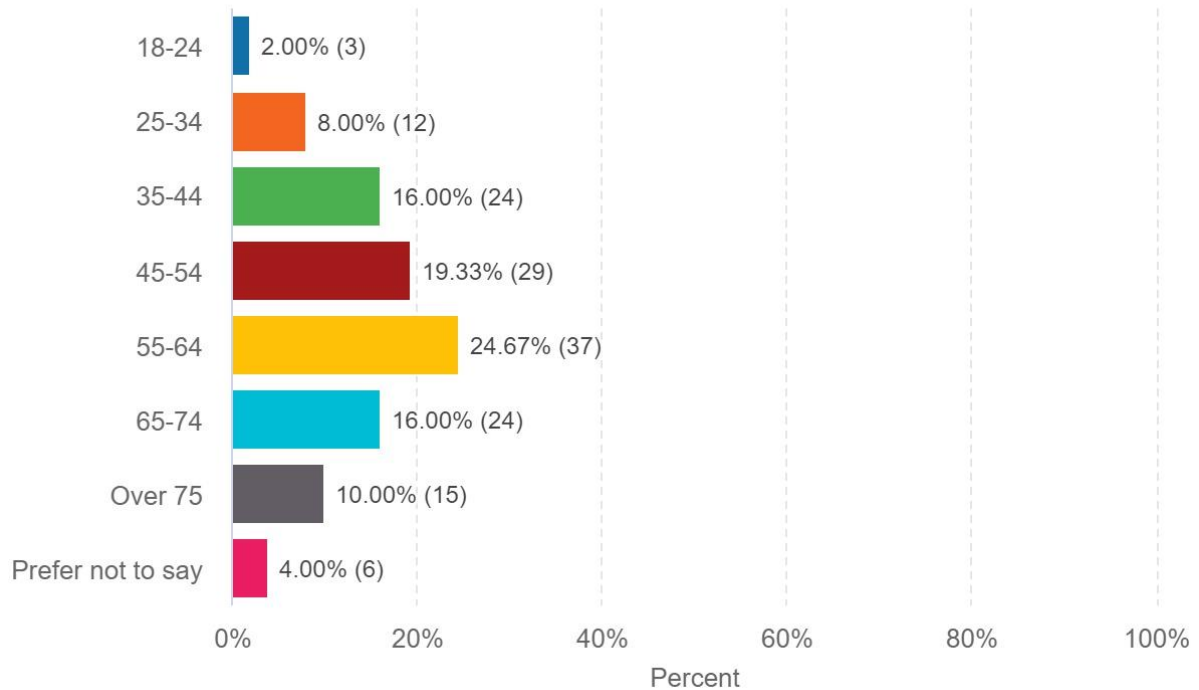
"I need root canal treatment which is supposed to be available on NHS but appointments are not in practice available for months/years, and I've already been waiting for two years - UNACCEPTABLE."

"I rang my usual dentist due to having lost a filling but they said as i hadn't been to them recently they had 'signed me off their books'. I told them that I had received no letter from them concerning visits/reminders or telling me that they were taking me off their register. The receptionist said they did not have to notify patients to sign them off if they have not visited the dentist in more than 5yrs. My argument was that as I had never received any reminders to visit the dentist and the fact that I had had no trouble with my teeth during that time how could they sign me off without asking me. Any way she told me I could still have an appointment as a private patient if I wanted as they were not taking on any NHS patients. As I cannot afford to be a private patient I went elsewhere."

3 Demographics

3.1 Age

What is your age?

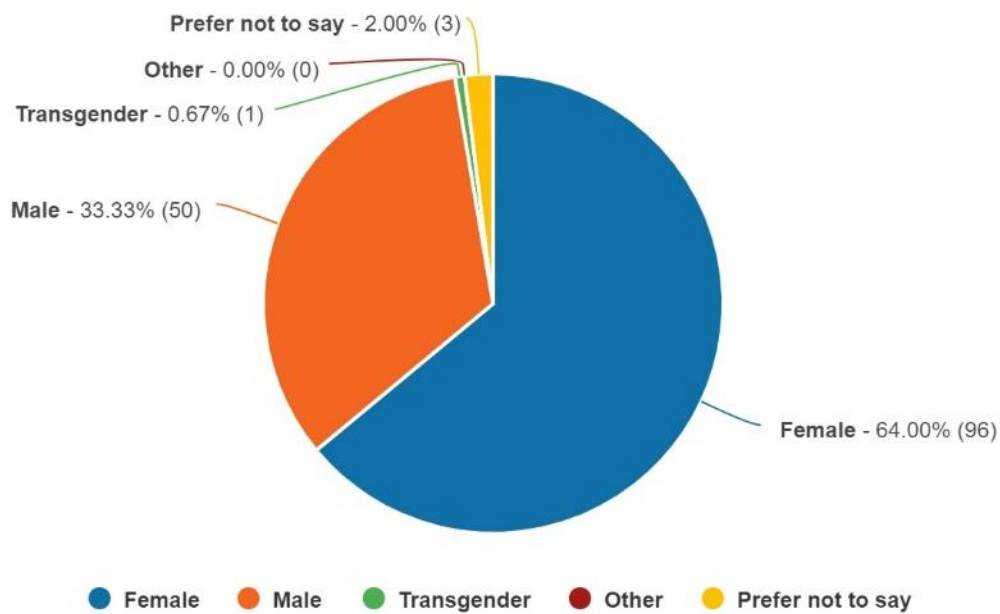


N=150

There is a reasonable distribution across the ages but a focus around middle age, with less people under 34 and over 75. The largest groups were between 46 and 64. This is within expectations for this kind of survey.

3.2 Gender

What is your gender?

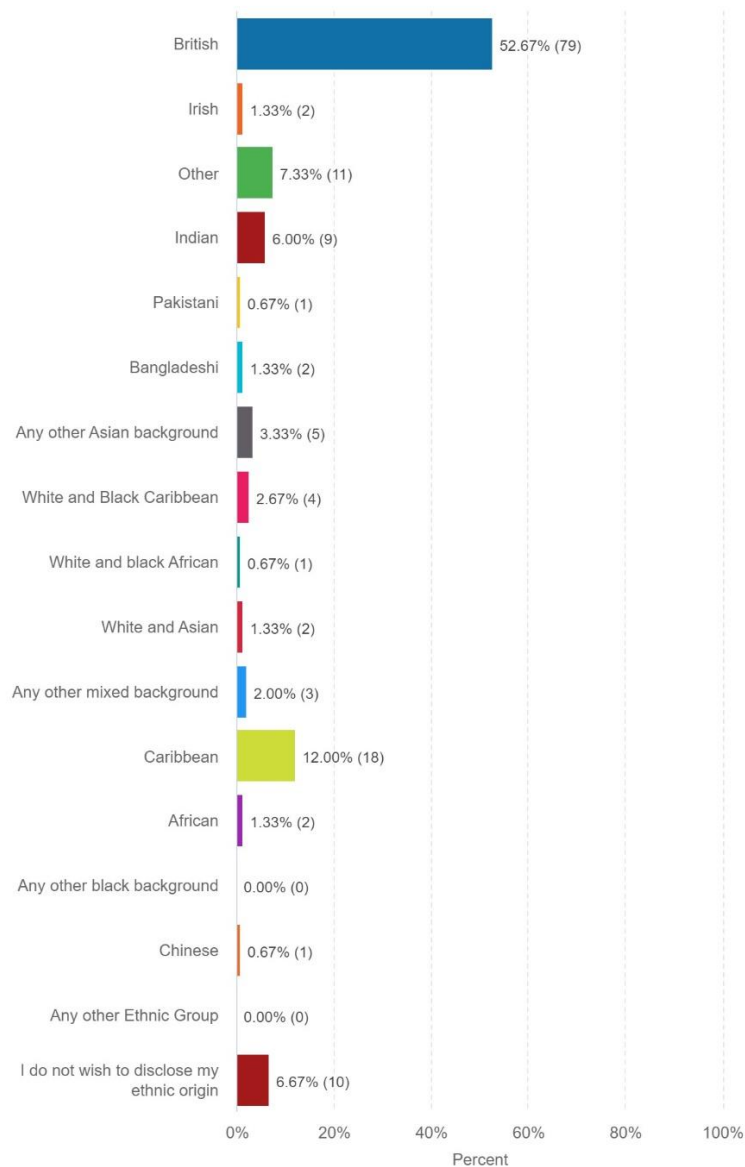


N=150

The respondents were significantly more female than male. This is usual for this kind of survey.

3.3 Ethnicity

Which ethnicity best describes you?



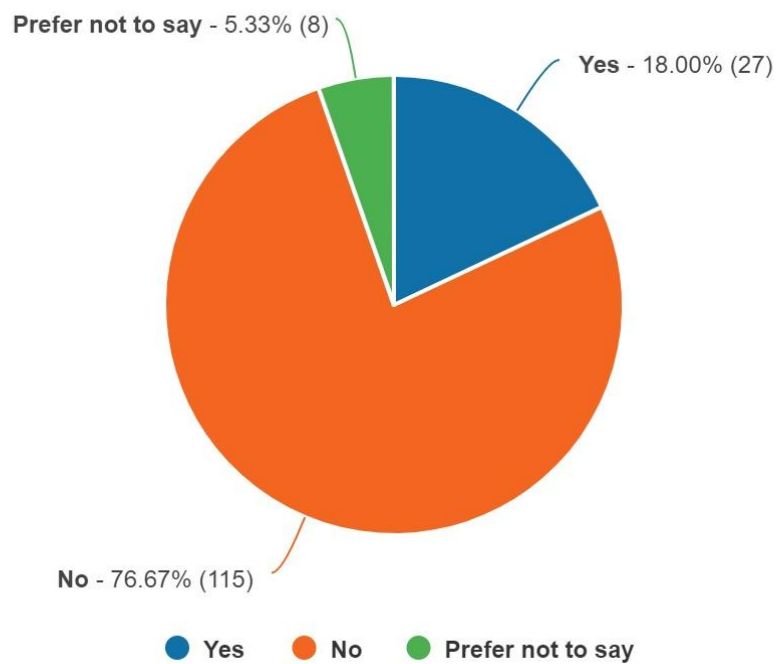
White British is overrepresented by 4% compared to Croydon population statistics⁶ (52% to 48%), Black African and Caribbean background is underrepresented by 7% (13% to 20%), Asian, Indian, Pakistani, and Bangladeshi are more underrepresented here by 4% (12% to 16%). Mixed backgrounds accurately represented at 6%.

⁶ Croydon Observatory (2022) Population. Accessed 19.05.2022:

https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/_iaFirstFeature

3.2 Health Conditions and Disabilities

Do you consider yourself to have a disability?

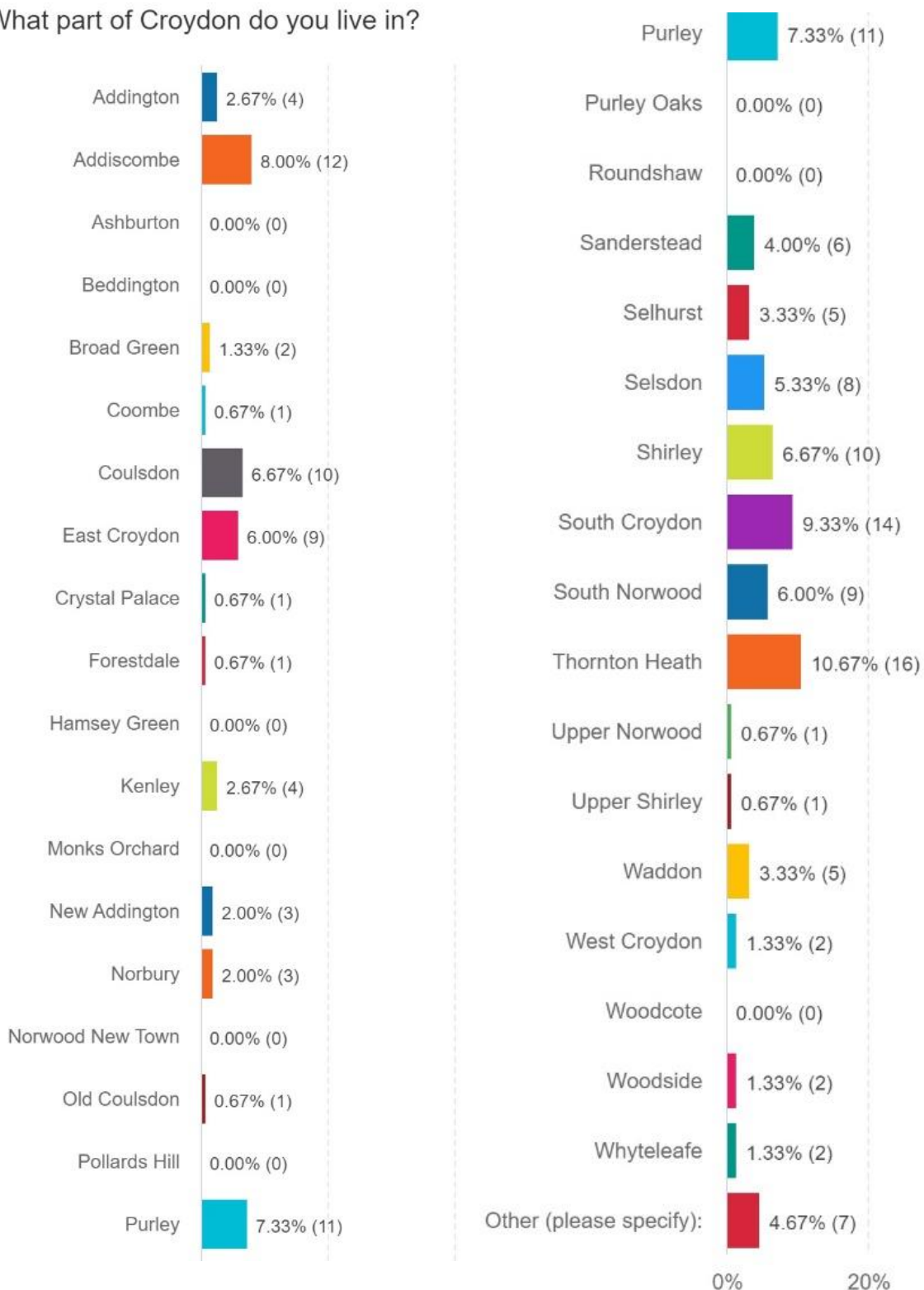


N=150

Disability	Number
Arthritis	6
Back problems	1
Chronic pain	1
COPD	1
Deafness	1
Diabetes	3
Dyslexia	1
Fibromyalgia	1
Heart	2
Joints	2
Mental health	2
Mobility	1
Sight	3
Stroke	2

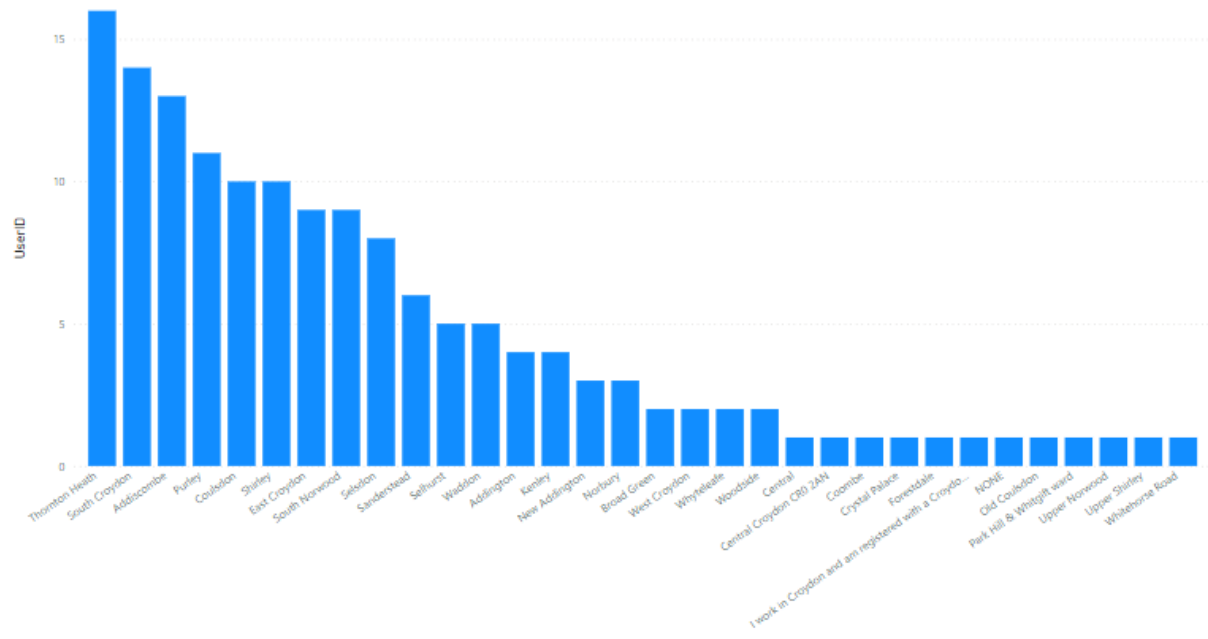
3.3 Area of Croydon respondents live

What part of Croydon do you live in?



N=150

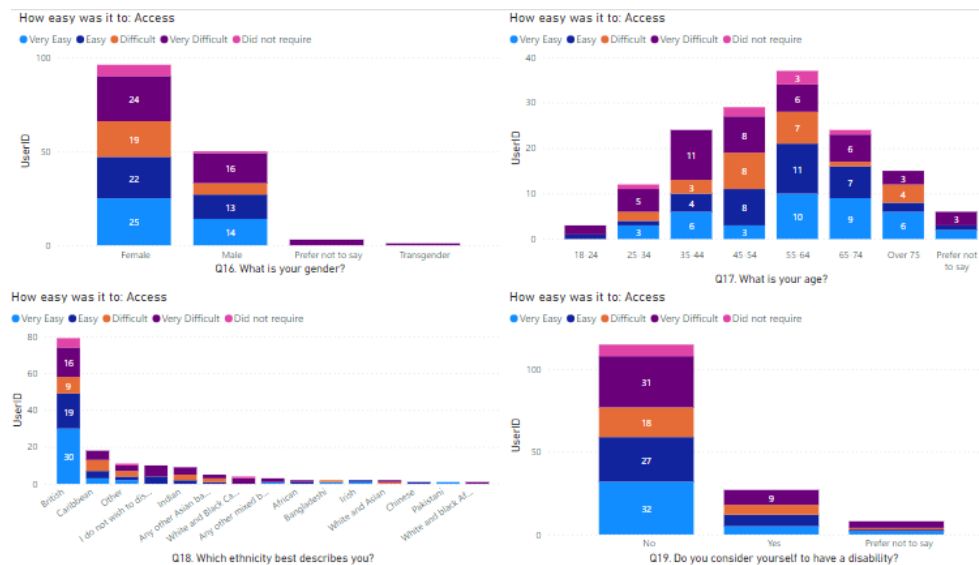
Q20. What part of Croydon do you live in?



A good distribution across the borough, but several places such as Broad Green, West Croydon, Addington and New Addington underrepresented.

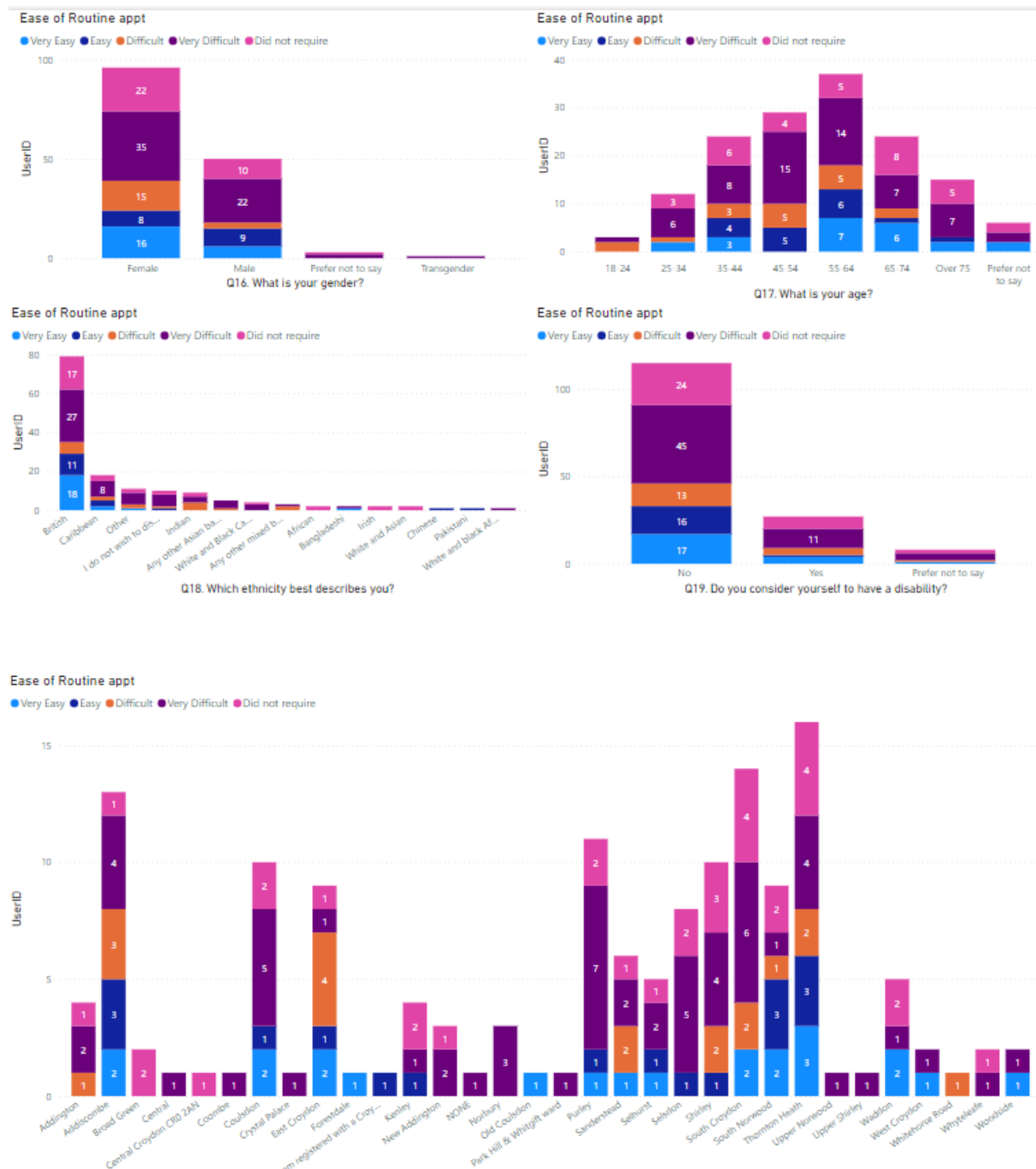
3.4 Responses by demographics

Ease of access



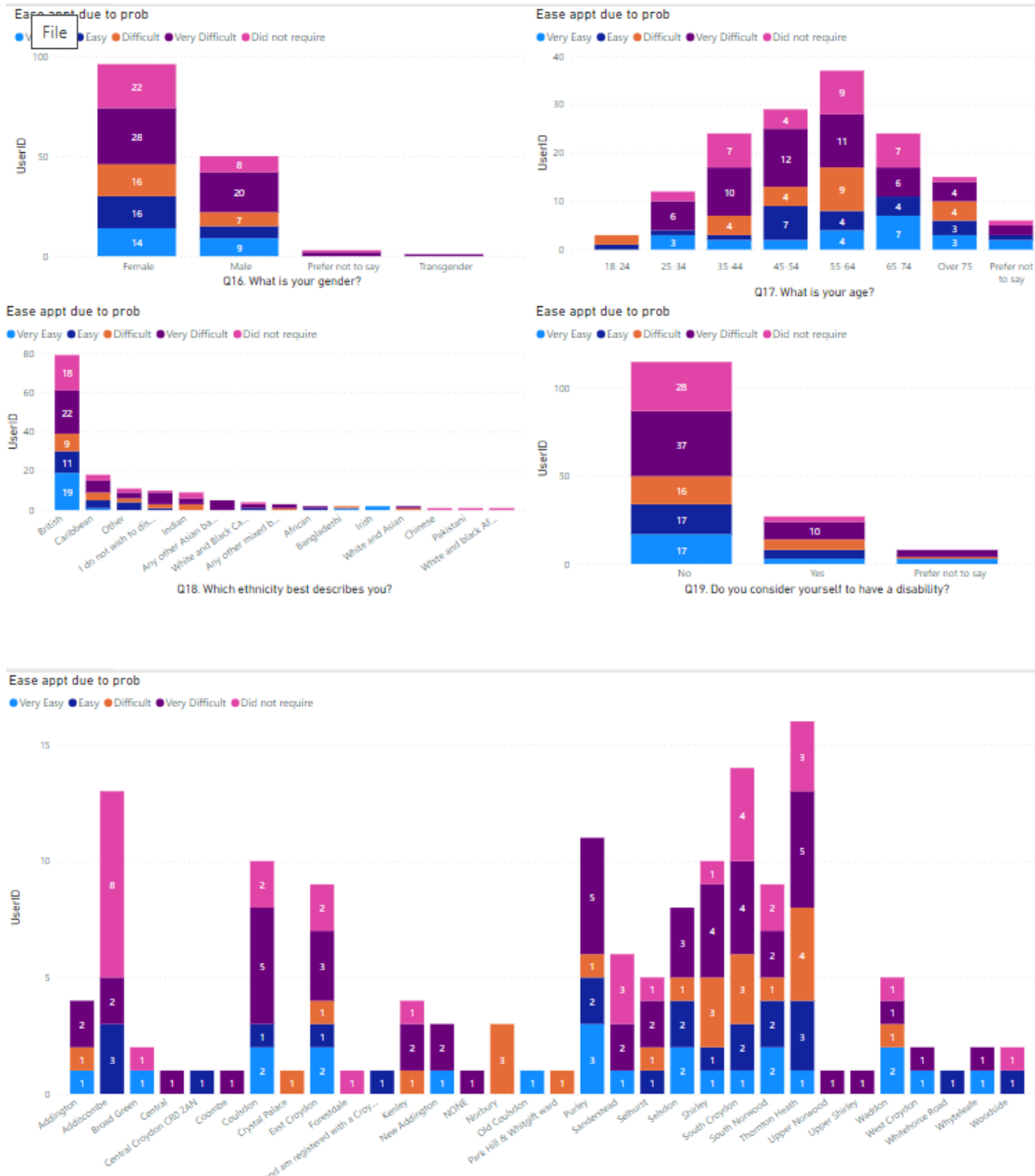
Most were unsatisfied with access, with women marginally more unsatisfied. Those finding it easier were more likely to 55-74 and White British.

Ease of regular attendance appointment



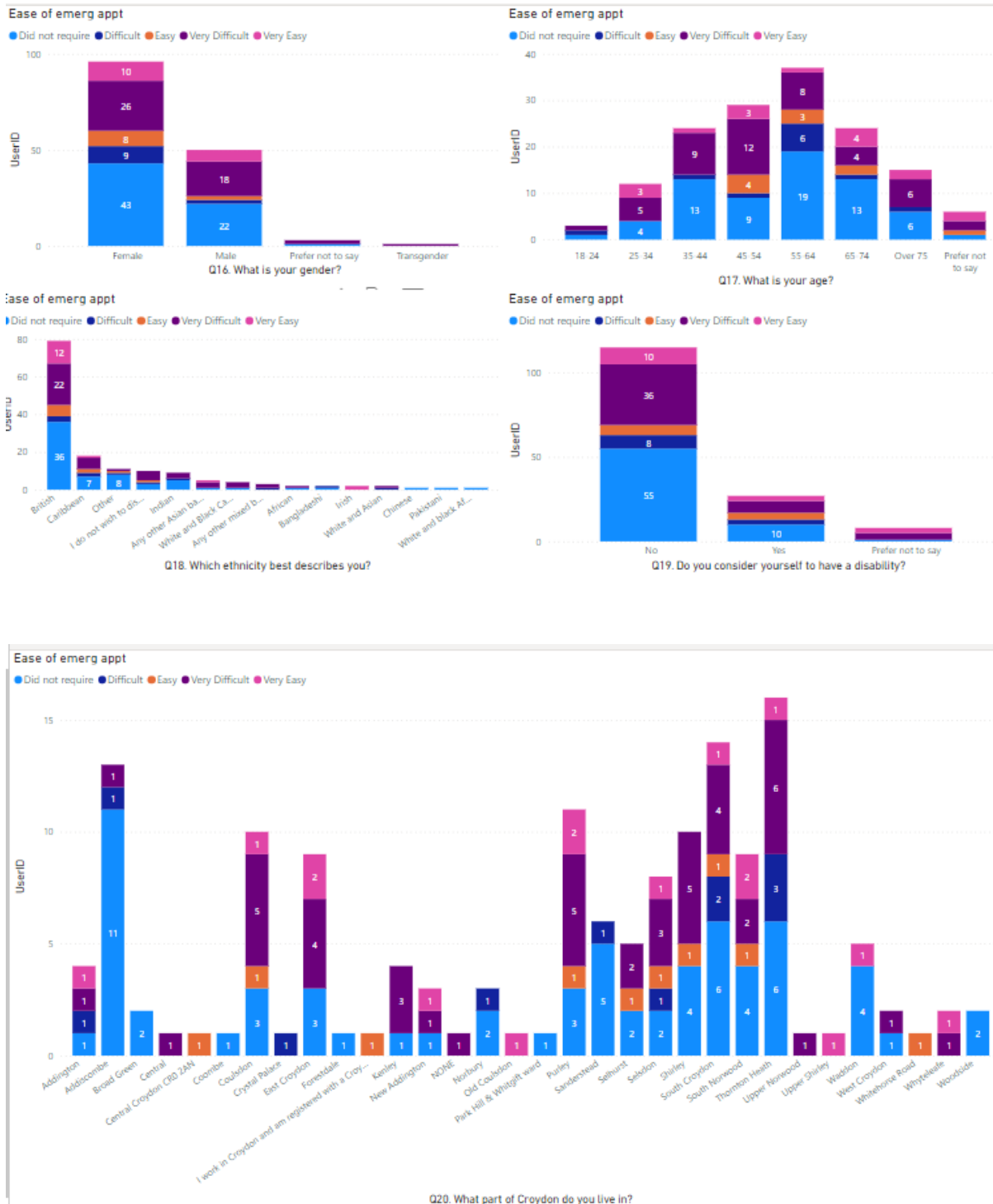
Again, most found it difficult, but women found this marginally more difficult than men, as did younger patients. Some White British found it easier to access. Most difficult places by proportions were Addington, Addiscombe, Coulsdon, New Addington, Norbury, Purley, Selsdon, South Croydon, Thornton Heath and Sanderstead.

Ease of appointment with problem



Most found it difficult, women found this marginally easier than men, as did some 65-75s patients. White British found it easier to access. Most difficult places by proportions were Coulsdon, East Croydon, Norbury Purley, Shirley, South Croydon, and Thornton Heath.

Ease of appointment with emergency appointment

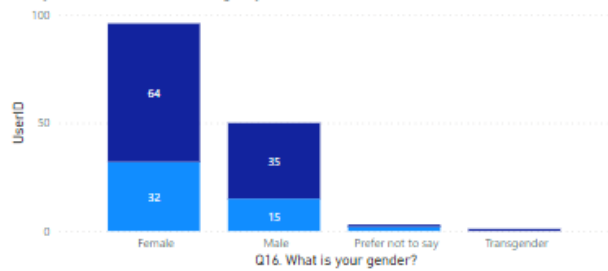


Most found it difficult, women found this marginally easier than men, some in the 45-54 age group found it easy. Most difficult places by proportions were Coulsdon, East Croydon, Purley, Selsdon, Shirley, South Croydon and Thornton Heath.

Regular attendance at a dentist or not

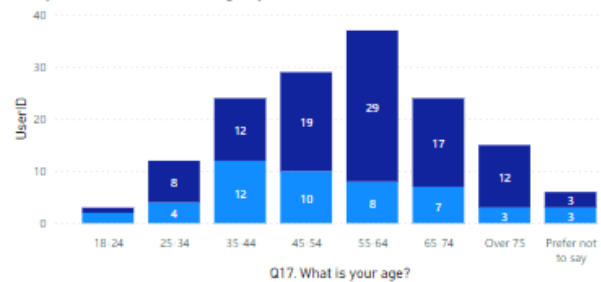
Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

● Only when there was an issue ● Regularly



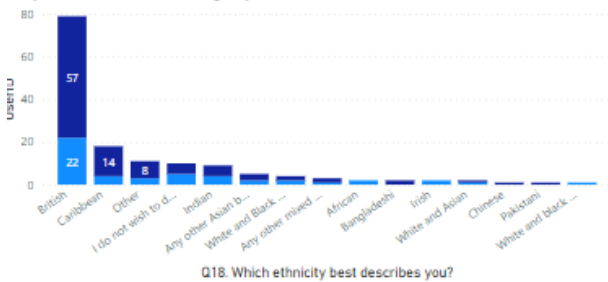
Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

● Only when there was an issue ● Regularly



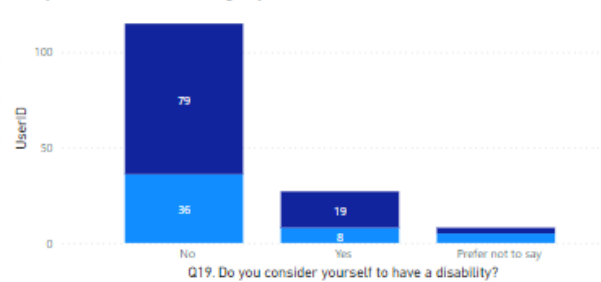
Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

● Only when there was an issue ● Regularly



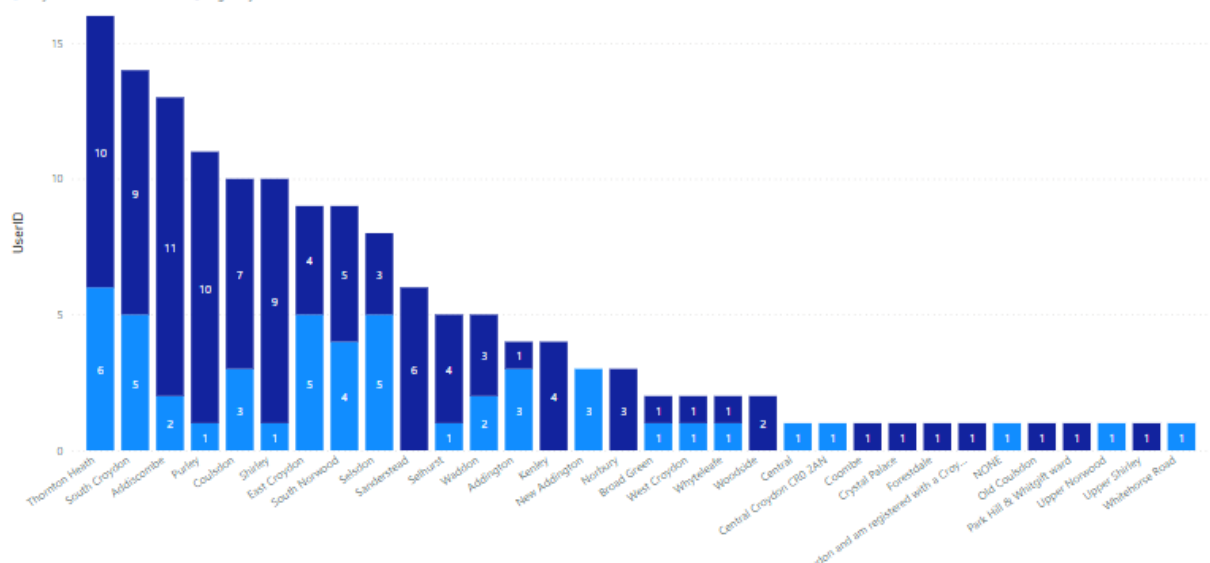
Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

● Only when there was an issue ● Regularly



Before the COVID outbreak in March 2020, did you visit an NHS dentist on a regular occasion, or only when there was an issue?

● Only when there was an issue ● Regularly

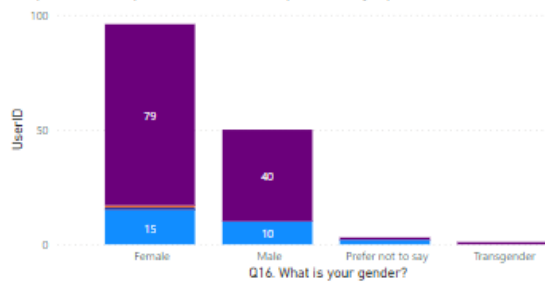


Not much difference on gender, but older people tend to regularly see the dentist compared with younger people. Areas with higher regular attendance include Addiscombe, Purley, Shirley, Sanderstead, Norbury Selhurst, Woodcote. Thornton Heath and South Croydon had slightly more regular attendees.

Importance of NHS access

How important is it to you to have regular access to an NHS dentist?

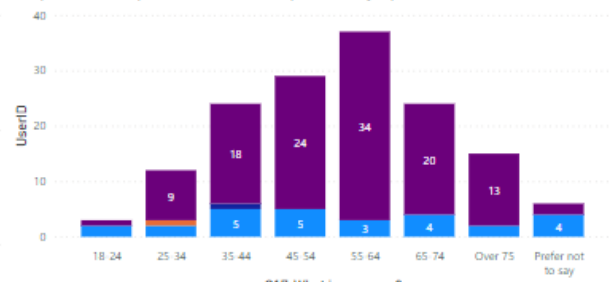
● Important ● Not important at all ● Not that important ● Very important



Q16. What is your gender?

How important is it to you to have regular access to an NHS dentist?

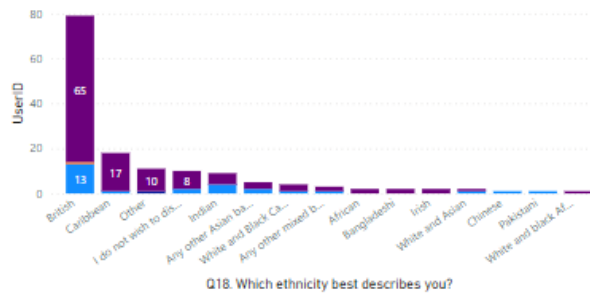
● Important ● Not important at all ● Not that important ● Very important



Q17. What is your age?

How important is it to you to have regular access to an NHS dentist?

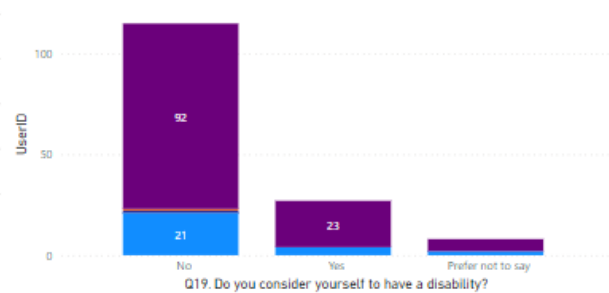
● Important ● Not important at all ● Not that important ● Very important



Q18. Which ethnicity best describes you?

How important is it to you to have regular access to an NHS dentist?

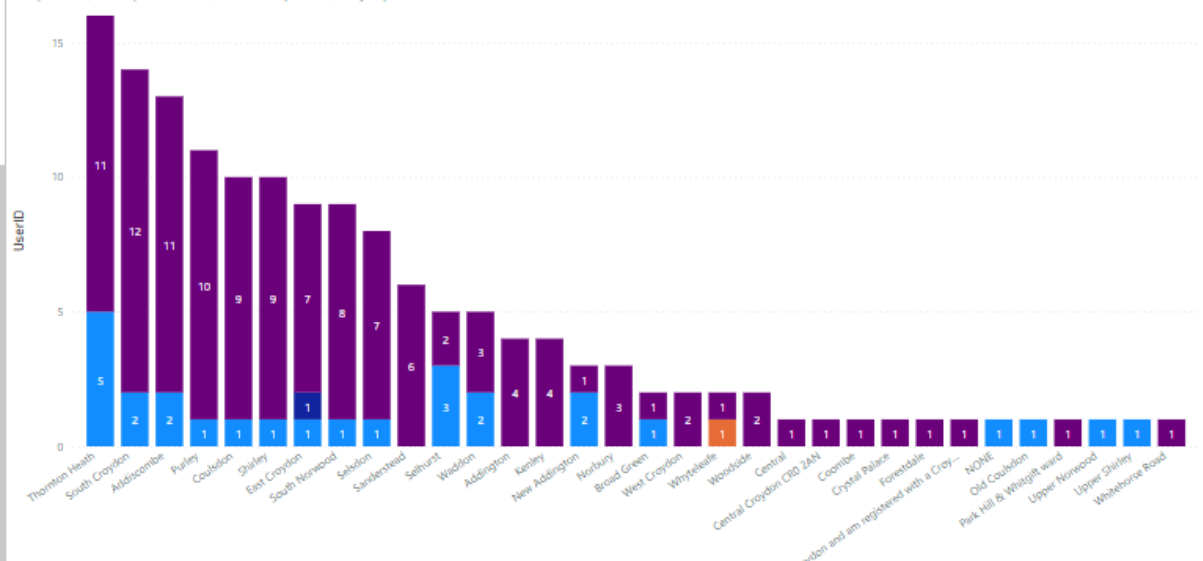
● Important ● Not important at all ● Not that important ● Very important



Q19. Do you consider yourself to have a disability?

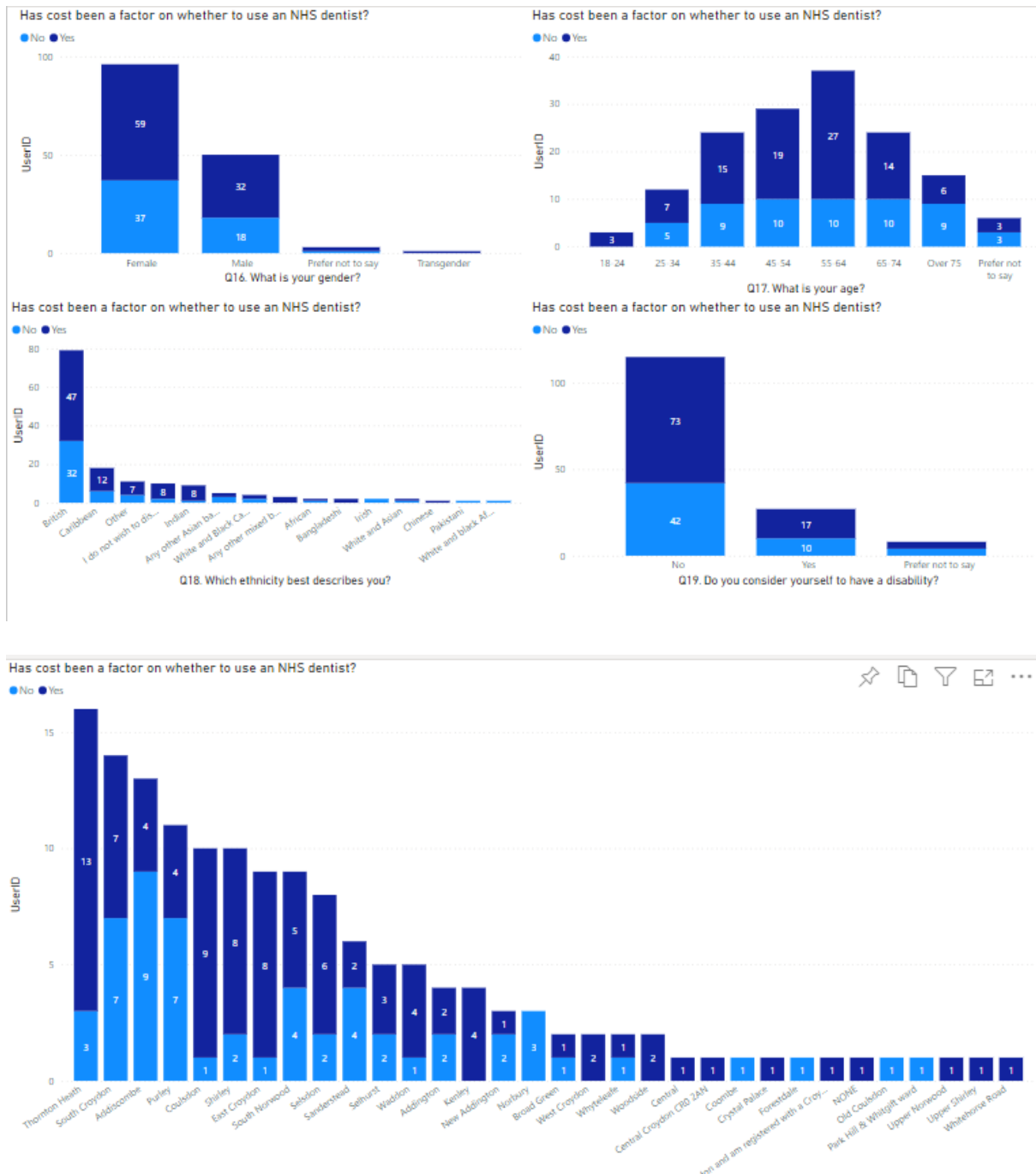
How important is it to you to have regular access to an NHS dentist?

● Important ● Not important at all ● Not that important ● Very important



Most saw the importance of access to a regular NHS dentist. Only one response in Whyteleafe suggested otherwise.

Cost factor



Most saw cost as a factor overall with men feeling this slightly more. Middle aged and older people have been more concerned with cost, except over 75s. Proportionately more people living in Thornton Heath, Coulsdon, Shirley, East Croydon, Selsdon, Waddon, Kenley, Woodside felt it was a factor. For some living in Addiscombe, South Croydon South Norwood, Purley, and Norbury less so.

4 Responses to our research and action plan

South West London Local Dental Committee statement:

“The South West London Local Dental Committee would like to thank Healthwatch Croydon for their interest in general dental practice and in their approach to engagement. The LDC also found it a very positive experience to work with Healthwatch Croydon on this project and looks forward to further collaboration in the future.

“The LDC welcomes the recommendations in the report and sympathises with the findings. During the height of the pandemic dental practices struggled to provide care to all patients who sought it. As the report notes, dental practices were closed for a substantial period of time and only expected, owing to the requirement to install and introduce new infection prevention and control measures, to reopen for full face to face (aerosol generating procedures) services, though at reduced capacity, from October 2020. The substantial period of time that practices were unable to provide face to face care resulted in a significant backlog of unfinished treatments and newly developed dental issues for patients which required urgent attention. Even once practices had resumed face to face care, appointments remained limited owing to new guidance to reduce the spread of Coronavirus.

“As the report notes, the difficulty that patients faced accessing dental appointments is not solely due to the pandemic but is the result of historic underfunding and a sub-optimal contracting arrangement for primary care dental services. Before the pandemic only about 50 per cent of the population of Croydon accessed a dental practice within a two year period. There is no data at present which shows how many people are regular attenders and therefore less likely to require advanced treatments and how many attend only when they have a specific issue that requires attention. What is clear, however, is that a significant proportion of the population of Croydon are unable to attend a dental practice regularly, with the result that when access was reduced, as during the pandemic, the amount of

emergency and urgent care required increased causing a further significant reduction in available appointments as those cases take more time to address.

“We remain concerned that the backlog of unmet need and a new desire from people for regular appointments will continue to put pressure on dental services for several years. Unless there is a significant and sustained increase to available, prevention focussed, primary care dental services then the issues reported to Healthwatch Croydon are likely to continue to be repeated. We fully support Healthwatch Croydon's recommendation that a needs assessment is undertaken and would welcome the opportunity to work with local partners on this.

“Improved communication and awareness is a key recommendation in this report and one the LDC supports. We note that Healthwatch Croydon has produced a parallel report assessing user experiences of dental practice websites. We will support improvements to our members' websites based on this feedback and welcome all feedback which leads to improved services. The report recommends improved information in practices and we will ensure that members have access to relevant official posters and information that they can use in their reception areas. While practices can enhance the information they provide, or improve the way they provide it, we are conscious that this approach supports those who are looking for information. The LDC would be interested in working with local partners including Croydon Council and Healthwatch Croydon as well as the Local Pharmacy, Local Optical and Local Medical Committee in ensuring that information about oral health and NHS dental services and oral health promotion is as widely available and accessible as possible.

“One major issue identified by the report is the perception of "registration". As noted by Healthwatch England in their report on NHS dental services this remains a popular term used by patients, the NHS and indeed by some dentists, despite the formal ending of NHS registration in 2006⁷. Its continued use, however, combined with the habit of some people of accessing dental services only when in pain or in need of urgent dental care has resulted in frustration for patients. National messaging is

⁷ What people are telling us: A summary July - September 2020 Healthwatch England
<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201208%20A%20review%20of%20our%20evidence%20Q2%202020-21.pdf>

required from the NHS to the public about how NHS dental services work is required to ensure clarity and consistency. The LDC suggests that patients make appointments as recommended by their dentist to maintain a clear and unambiguous relationship, as well as focusing on good oral hygiene to prevent issues arising.

“Healthwatch Croydon recommends extending the time between appointments in order to increase available appointments. While the LDC supports dentists following NICE recall guidelines and making sure that patients are not set on inappropriate recalls we consider that individual clinicians are capable of making this clinical assessment responsibly and that the fundamental issue that needs to be addressed is the lack of investment into NHS dental services. Where additional training for dentists is required on recalls we will work with Health Education England to ensure this is available.

“While we understand the sentiment behind prioritising those with urgent need ahead of those with routine appointments this would be difficult to implement in practice and would penalise those who make and keep appointments. The best way to minimise urgent and emergency dental need is to ensure increased regular access for people and to maintain good oral hygiene.

“A barrier to accessing dental care identified by this and other reports is the cost. Healthwatch Croydon recommends better communication about costs and as mentioned we will work with our members to ensure that clear, accurate and up to date information about dental fees, both NHS and private, are displayed on websites and in practice. Better public facing information, however, is required from the NHS. The NHS is referred to as free at the point of service, but for dentistry this is not the case for many people and such public messaging causes unnecessary confusion and stress. While practices can play their part in explaining fees, the NHS itself and the Department of Health and Social Care need to be much clearer in their language and stop referring to the NHS as free at the point of service.

“The LDC was very pleased to see how many people reported that they valued NHS dentistry and about Healthwatch Croydon's recommendation that more be done to celebrate the success story that is NHS dentistry. We would be very happy to work with local stakeholders to explore the positives in NHS dentistry.”

Rachel Flowers, Croydon's director of public health, said:

“Dental care is an important part of health and wellbeing and we were pleased that Healthwatch Croydon undertook a report into the experiences of residents accessing care during the pandemic. Dental practices worked hard during the pandemic to provide as much care as possible and it is heartening to hear that those who accessed services were satisfied with their care. Much more needs to be done, however, to place dental services in Croydon on a secure and sustainable footing so that more people can access dental care in a timely manner. We look forward to working with Healthwatch Croydon and other local partners to secure the dental care that Croydon requires and deserves.”

NHS England London Region Dental Optometry and Pharmacy Services

Commissioning Team said:

“NHS London continues to support all providers of primary and secondary dental care in London to implement the National guidance by both the Chief Dental Officer and NHSE/I following the Coronavirus outbreak.

“NHS Dental practices are now fully open and able to safely provide a full range of treatments whilst prioritising patients with urgent need and delayed treatments over routine and non-urgent dental care. However, practices are operating at reduced capacity, specifically 95% of pre-pandemic activity levels and following infection prevention and control requirements. This continues to result in a backlog of unmet need, delayed and suspended treatments but is improving across London

“Access to an NHS dentist is not limited by which borough a patient resides in; they are able to seek NHS dentistry wherever they choose whether it be in London or indeed anywhere in England. 24/7 access to the London NHS 111 and the Urgent Care pathway, which provides a service to patients in pain or have urgent dental needs, remains available. The service comprises over 30 Urgent Dental Care and is facilitated by the Dental Nurse Triage Service, which, pre-pandemic was commissioned to deliver telephone triage. Following the implementation of the first national lockdown in March 2020, the service was expanded to provide a 24/7

services and receives more than 20,000 calls per month. However, it should be noted that this treatment pathway is not a permanent solution for a patient's dental needs and is commissioned to simply relieve a patient's pain prior to accessing a regular NHS dentist for ongoing treatment.

“NHS London liaise regularly with Local Dental Committees, Public Health England, and other key stakeholders to maintain the collaborative working arrangements established during the pandemic. To successfully emerge from the current difficulties associated with access to dental services, this collective approach is a crucial component of any future plans.

“When a practice is unable to accept new patients they should direct them to the NHS Choices website (www.nhs.uk) or to dial 111 so that the patient can obtain details of other practices in the area that are able to accept new patients.

The services above are also available to asylum seekers as well as the wider population.”

Action plan

Co-production of printed material explaining dentistry in Croydon, between Healthwatch Croydon and Local Dental Committee.

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right questions?** Yes, Healthwatch Croydon reviewed other work and liaised with the Local Dental Committee to ask questions that would be relevant to planning and delivery of this service
2. **Has consideration been given to how the findings will be used?** Yes, firstly insight for local dentists on how their service has been experienced but also to be shared with local and national stakeholders such as commissioners and public health to influence future planning and service delivery.
3. **Is the research design appropriate for the question being asked?** Yes, under the circumstances an online survey was considered the appropriate method
4. **Has any potential bias been addressed?** Where possible, online surveys are completed by some ages and genders and ethnic groups for than others, but these limitations are displayed.
5. **Have ethical considerations been assessed and addressed appropriately?** There were no significant ethical considerations with this survey.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** No significant risk
 - b. **Reputational risk** Only in that we do not produce accurate results or do not deliver work in time to make a difference.
 - c. **Legal risk:** No significant risk
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, staff and volunteer time was used effectively. Some online advertising was used to increase numbers.

8. •Where relevant have all contractual and funding arrangements been adhered to? This was core work agreed by the Local Leadership Board, so no contract or funding was defined for this work.

Data Management

9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.
10. Has data retention and security been addressed appropriately? Yes, all responses are on Smart Survey and data only download to staff computers.
11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act Not relevant for this project.
13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? All responses are received with anonymity.
14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes, this was presented within the survey.

Collaborative Working

15. Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We worked closely with the Croydon Local Dental Committee to understand more about the context of dentistry and ensure

that the questions we asked were relevant to helping further develop services. This was an informal arrangement to share information.

16. Have any potential issues or risks that could arise been mitigated?

Risk	Level	Management
Not enough respondents.	Medium	Continue promotion and time of the survey.
Information we receive not useful.	Low	Review the survey to ensure we get the information we need
Timeliness of information	Medium	Initially present early findings with a month of survey closing before submitting final draft later

17. Has Healthwatch independence been maintained? Yes, Healthwatch's independence has been always maintained. We took advice on the context of dentistry from the Local Dental Committee, but it was Healthwatch Croydon's decision on what was asked.

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Not relevant for this work.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? There are no conflicts of interest.

Intellectual Property and Publication

- 22. Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** This is owned by Healthwatch Croydon who are managed by Help and Care.
- 23. Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website on 1 June 2022.
- 24. Are the research findings clearly articulated and accurate?** To our best knowledge they are.

Evaluation and Impact

- 25. Have recommendations been made for improving the service?** Yes.
- 26. Has the service provider acted based upon the recommendations?** South West London Local Dental Committee has supported most of the recommendations and plan to work with Healthwatch over the development of new sources information on dentistry.
- 27. Is there a plan in place to evaluate the changes made by the service provider?** Healthwatch Croydon is working with the South West London Local Dental Committee to evaluate changes.

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Service user experiences of using Croydon dentists' websites 2021

June 2022

Findings in brief

Most websites
were seen as
friendly but four
in ten were not.

Variability
between websites
on 'registration'
information.

55% of websites
did not have
dental emergency
information.

Two-thirds of
websites showed
Covid-safe
information.

Confusion over
information
including NHS and
private prices.

A third had
broken weblinks
which affected
access.

Recommendations in brief

Clearly show dental emergency information on home page.

Ensure that NHS contract type is shown on home page.

Make sure website is up to date particularly on 'registration'.

Ensure websites meet patients' expectations.

Consider diverse imagery to reflect the communities served.

Consider translation to support diverse communities.

Executive Summary

The impact of COVID-19 has had a significant effect on Croydon residents in accessing and using dental services. Although this was not unique to Croydon, we wanted to gain a better understanding of the specific issues taking place to help local stakeholders understand the challenges from the residents' perspective.

Bearing in mind the amount of work being undertaken nationally on this, we wanted to be sure we added insight and took into consideration the supply challenges in understanding this. We chose to consult with the Croydon Local Dental Committee on this at all stages to ensure we could provide an insight which would help them with their planning and conversations with NHS commissioners.

Working with the Local Dental Committee has been a very positive experience for both organisations. We learnt much about the complexity of dental commissioning and how this may well affect resident access and usage of the service. In several discussions with the Local Dental Committee, we developed the survey to help gain the insight we needed to know, but was also ensured that it would be useful to those who could influence service change in some way. As a result, the experience of working with Healthwatch has been profiled by Sushil John, Croydon local Dental Committee chair, in the Integrated Care Journal in April 2022, as an example of strong partnership working between us.¹

For this project, we looked at the websites of 47 NHS dental practices based in Croydon between January and March 2021. We presented initial findings in July 2021 with the Croydon Local Dental Committee which presented mostly quantitative data. We then did further analysis so that we could show examples of good practice and where services could be improved to help each surgery improve its communication and information.

This report places qualitative insight to support the initial findings as well as examples of best practice. Healthwatch Croydon hopes this report will enable

¹ Integrated Care Journal (2022) Healthwatch and Croydon LDC working to highlight local patient needs: <https://integratedcarejournal.com/newsdit-article/7f6d0005cfe999ea002f699c0088d21d/healthwatch-and-croydon-ldc-working-to-highlight-local-patient-needs/>

practical discussions with all stakeholders to improve access and patient experience for all Croydon residents.

These are our findings based on the responses from the survey:

- **Welcoming:** A majority of websites were seen as welcoming, but 4 in 10 were not. (see pages 13-14) with varying views on the helpfulness or unhelpfulness of the website (see pages 27-32).
- **Variability between websites on 'registration' information:** There is a perception that service users need to register with a dentist (see page 8). Since 2006, dentists do keep patients' details to follow up but this is not an official list, which explains why this does not appear on websites. This confusion has led to a mixed response in the survey, with 44% having information suggesting that some dentists do provide details on how to regularly access services, even if it is not officially registering new patients, this can be confusing. (see pages 15-16).
- **Dental emergencies:** Most websites did not show information about dental emergencies but 45% (29) did show this (see page 17).
- **Covid-safe practice information:** Only two-thirds of websites presented information about COVID safe practices (see pages 18-19).
- **Confusion over NHS price information:** There were two aspects here; showing NHS price information and the clarity between NHS and private fee information which are linked but are not the same. Only 41% clearly showed information differing NHS from private. Yet all these dentists do undertake an NHS contract. It may be that some contracts are only for children and those with exemptions which means they never pay for services which may explain why NHS services are not displayed, but this could be made clearer. (see page 20).
- **Other information:** More websites had up-to-date information than not, but 42% did not have their information updated. In some cases, this included the recent increase in NHS dental charges. The corrections are usually easy to maintain. (see pages 23-24). A majority did have information on benefits

exemptions for patients, but 42% did not. While some dentists may not hold large NHS contracts, all of those with NHS contracts will see patients with exemptions and this information can easily be provided. (pages 25-26).

- **Working links:** Only two-thirds of websites had maintained each page with clearly working links. It is important to maintain the website so it is easy for patients to use and find information. Offering translated text is an important service for a diverse borough like Croydon and is a good policy – only a few offered this. (see page 21).

These are our recommendations to dental practices

- **Clearly show dental emergency information:** This should ideally be at the top of the front page and show clear easy to access information on what the practice does or does not provide (because not all practices can provide urgent care) and where patients can easily get help.
- **Ensure NHS contract information is clearly shown on the homepage:** Every practice that holds an NHS contract should reflect this on their website clearly on the home page. To manage expectations, the type of contract should clearly be shown, even if it is limited to children only or those exempted from charges. Where there are full NHS contracts, prices should be clearly shown and differentiated from private prices and dental plans.
- **Make sure other information is up to date and fix broken links:** It builds confidence when information is clearly up to date including prices and Covid safe practice guidelines. Having a dedicated person or time to check the website can ensure this is maintained well. Clear information on what is meant by 'registration' would be relevant here.
- **Ensure websites meet patients' and potential patients' expectations:** Some websites can be too complex with too many clicks to get the essential information that users need. Usually, the simplest sites are the best, ensuring they work across PC, tablets, and smartphones. Testing websites with the public before launching helps understand user experience.

- **Ensure imagery and style of language reflect the communities being served:** Regularly testing and checking your website ensures it can be accessed easily and positively by as much of the wider community as possible. Selecting imagery and translation is a good option for practices sited within areas with diverse populations.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services by responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

As a result of the COVID-19 pandemic, there were many reports of the difficulty of accessing and using dental services nationally. For the first six months, there was a very limited service, but since 6 October 2020, NHS London asked dentists to reopen services.

Healthwatch Croydon heard from residents about the challenges of services, and this was raised as a priority subject to consider after the Healthwatch Croydon Annual Meeting poll on themes they should consider.

From the beginning, Healthwatch Croydon was already aware that many reports had been produced by other Healthwatch organisations and other patient groups, but these tended to focus on the first period of lockdown when dental service access was very much limited. Following discussions with the Croydon Local Dental Committee, we discussed both the context and factors that may have led to supply issues which could help shape questions which could bring relevant insight.

The result was a survey of 47 NHS dentists' websites to gain insight into the experience of using dentists' websites to find information about services.

1.2 Some context about dentistry and how it is commissioned

While our role as Healthwatch Croydon is to communicate the patient experience as we have done here, we do usually explain the context and background behind the area we are exploring.

One of the points raised in our findings is that public perception of dentistry is not always aligned to how the service is commissioned and delivered. This section helps clarify some of these aspects. This has come out from our discussions with the Croydon Local Dental Committee who have been open to our findings but asked if we could provide more context.

Lists

We asked a question on regular lists and seeing a regular dentist as that is how patients understand their access and use of the service, like that of a GP. No actual lists by dentists exist and therefore there is no formal registration process. Patients may regularly see the same dentist, twice a year for many years, and their details will be kept in some form of business record but there is no official list. This differs from GPs where patients do fully register and can only be registered at one surgery and when they move their records move with them. Patients can be seen at any dentist without records being carried across. Dentists will usually undertake an assessment and take a detailed record of new patients at their first meeting.

Funding

This in turn affects how dentistry is funded. Unlike GPs who get paid a standard amount for each patient on their list irrespective of whether they use services, dentists do not get paid this way. Dentists are paid by Units of Dental Activity (UDAs) which they are allocated each year and need to use within that year but try to ensure they are evenly spread throughout the year. If they use them too quickly or too slowly, they could lose funding from NHS England. Each UDA is worth a certain value, agreed between NHS England and the specific practice. This can differ from dentist to dentist and in some cases the amount a dentist gets is less than patient charge:

currently £23.80² for a band 1 standard examination. The amount a patient pays does not correspond to the cost to the dentist.

For a patient that has complex needs, many UDAs could be used on one patient, whereas one who has healthy teeth may only use a single UDA. This unpredictability in the way dentists must manage their NHS allocations makes it a challenge to plan and can lead to dentists using up their allocation at certain stages in the year, leading to disappointment for the patient.

Each dentist is a private company taking an NHS contract and they are not legally obliged to take on more than their contract allows. They can oversupply up to 2% but will not be paid for anything they do above that. However, this 2% will be deducted from their allocation for the following year meaning they will only have 98% of their contracted amount for that following year. Therefore, sometimes all they can offer is private work which is not at NHS prices.

Dentists also take on different NHS contracts, some seeing all NHS patients, others only seeing children or those who can gain exemption from costs on benefits. This again affects the supply of appointments.

Commissioning and need

If this was not already complicated enough, the allocation for how many UDAs each dentist has and how much they get paid for each UDA was decided in 2006. Even then, the allocation was based on what the dentists had done in the previous year, so some dentists who had a quieter year maybe due to having less staff would have had a smaller allocation. This means that for many dentists they are working in communities where demand has changed significantly in the last 16 years but UDA allocations have not. Croydon alone has seen a 10% rise in population. This therefore affects demand, access, and patient experience.

² NHS (2022) How much will I pay for dental treatment? <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

1.3 Rationale and Methodology

This survey is about patient experience of accessing information from websites of Dentists in Croydon between 13 January and 14 March 2021.

The list was derived from the CQC list searching only the Croydon locality. At that time this was seen as the most effective list. Once completed, we later had access to the NHS mandatory list of contracted practices which was compared. There was also some administrative confusion where some dental practice websites were compared twice.

The final sample was 81 reviews of which 17 were private which have been excluded as we do not review private services. This results in 64 reviews representing 47 practice websites with standard NHS contracts and 2 NHS orthodontic services. Of these, 15 had additional reviews.

We also note that there were five on the NHS list that had not been completed in the time period for the research and was excluded - four specific surgeries and one on the list that had merged with another.

1.4 Method

The survey was set up on Smart Survey. Healthwatch Croydon volunteers reviewed the website by searching for the name on Google. Dentist websites were then assessed through the following questions. Dentists were searched by their name and the first example on the Google search was used.

Questions:

Q1. Name of dental surgery

Q2. Date and time you reviewed the website

Q3. Is the website user friendly?

Q4. Is there any clear information and instruction for new a patient wishing to register?

Q5. Is there information on dental emergencies?

Q6. Is there information on NHS prices and the various bands?

Q7. Is there any information relating to Covid? In regard to restrictions and safe practices that have been adopted.

Q8. Is there clear information on the difference between private and NHS treatment?

Q9. Are the links working, such as translation?

Q10. Is the information up to date?

Q11. Is there anything particularly helpful or unhelpful about the information?

Q12. Is there information on what treatment you are entitled to based on your circumstances?

Q13. Anything else here, please comment

1.5 Limitations of the study

Some practice websites are missing: This project began using the list of providers from the Care Quality Commission which showed both NHS and private suppliers. It was not clear which were which and it was only later once when we received a definitive contract list on request from NHS England that we could compare and noticed that some were missing. We will take this learning forward for any future work.

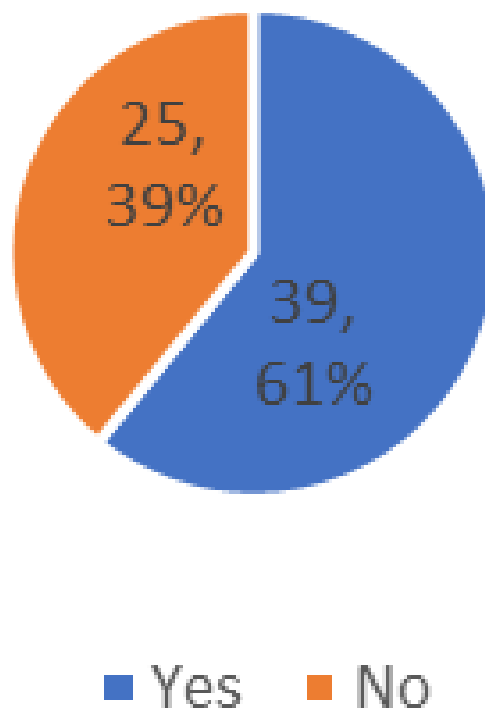
Duplication: Partly due to the complexity between lists and project communication, there were some done more than once. This is reflected in the statistics but averaged when feeding back to each practice to give fair feedback.

Snapshot: This was only a view at one time from a mystery shopper who has their expectations and experiences for each website, but the consistency of the questions makes it useful insight to compare.

2 Insight results

These are our findings based on the survey responses we received, each new space or new line is a separate comment. Please note we have not edited comments, so typos, grammar and phrasing are intentional.

2.1 How friendly was the website?



N=64

- A majority were seen as friendly but nearly 4 in 10 were not.

Positive comments

“Very new looking website, nice aesthetics and clean design.”

“Very new looking website, with nice clean and fashionable design.”

“Plenty of information.”

“Lots of information on treatments.”

“Yes, this website is user friendly because at the beginning of the homepage service users or patients are able to have access to the dental practice through by contact details, including map and telephone.”

Negative comments

“Unable to access information.”

“Very clear on the eyes but not easy to navigate.”

“Lots of information but not what we are looking for.”

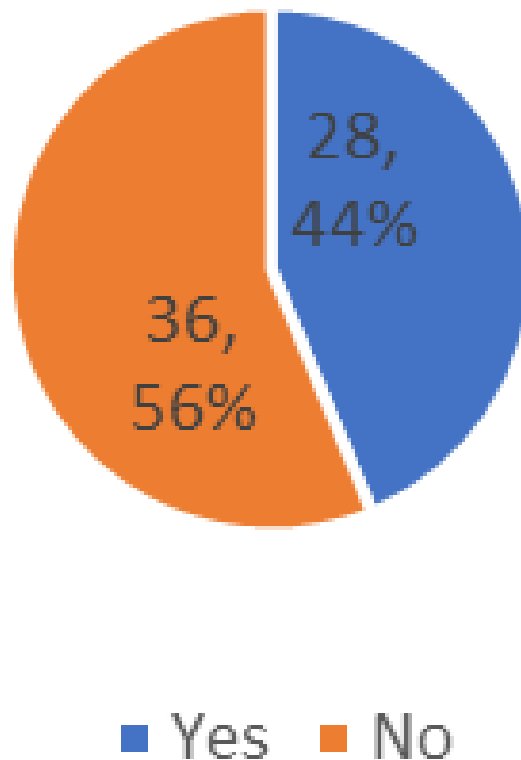
“Information was not easy to access.”

“Couldn't find a website for this practice - only basic info -address, phone number (8 764 1417) and opening hours “

“Information which does not appear to relate or offer exclusive dental services Have to search.”

“Too much unrelated information for the user who just want a dentist.”.”

2.2 How easy was it to register/ request registration?



N=64

- A majority found it not easy to register. This may be due to a gap in perception among the public who believe they need to register to access services. While dentists keep details of patients to follow up they do not keep a registered list of patients.
- However, for some 44% they could indeed find information suggesting that some dentists do provide details on how the register. So, the communication is confusing.

Positive comments

“There is also new registration section for NHS patients, plus there is a contact page and a notice at the top right to prompt users to make the phone call to book an appointment.”

“There is phone number. emails and patients wishing to book appointment advised to complete online form.”

“Yes, there is a tab called 'the new patient journey' however on closer inspection the page is actually very covid heavy, and there is no clear prompt to a fill in a form or make a phone call, however on the booking page you can select that you are a new patient.”

“yes, very large clear button on the top right of the webpage. Has online booking form.”

“Says new patients welcome and phone number, email and online form are prominent.”

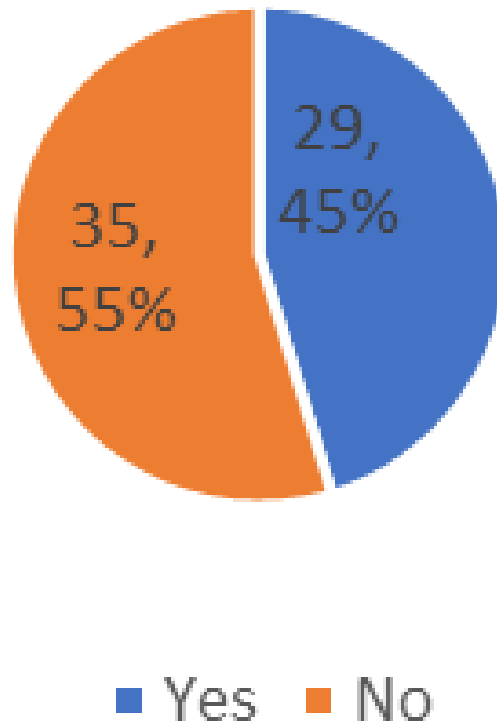
Negative comments

“No information for new patients but to the CQC.”

“Nothing on how to register but there is information on how to book an appointment for NHS and Private sectors.”

There is no information that instruct new service users wishing to register online. Too much information. Too much complexity.”

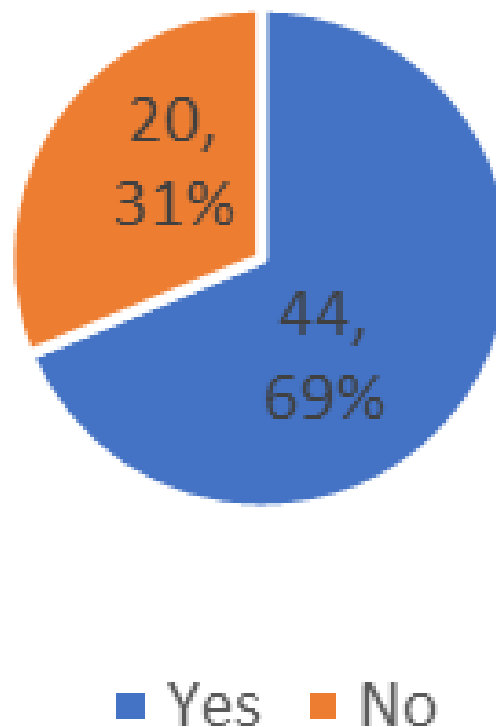
2.3 Dental emergencies information



N=64

- Most websites did not show information about dental emergencies but 45% (29) did show this information.
- Bearing in mind that this is general information that can be helpful for all surgeries to show when they are not open, there is an opportunity to keep the public informed.

2.4 COVID safe practices information



N=64

- Over two-thirds had information about COVID safe practices, but almost a third did not.
- As COVID safe practice details were mandatory for opening, this information should have been easily available but for one third this was either not on the website or not clearly visible.

Positive comments

“Yes, but service user have to access this information by clicking news at the homepage.”

“Yes, a lot of detail, though not on first page; on both pull down 'home' menu or by clicking box with contact details.”

“Yes, first item on home page dated November 20, surgery open with covid safety and later mentions PPE.”

“Mentions limited space in practice which implies fewer patients than usual though this is not explicitly stated.”

“Yes, loads of information, very clearly positioned on the website, also the information is 100% up to date including the latest government updates.” “

The covid information is up to date including all the latest updates from Boris from April 2021.”

Negative comments

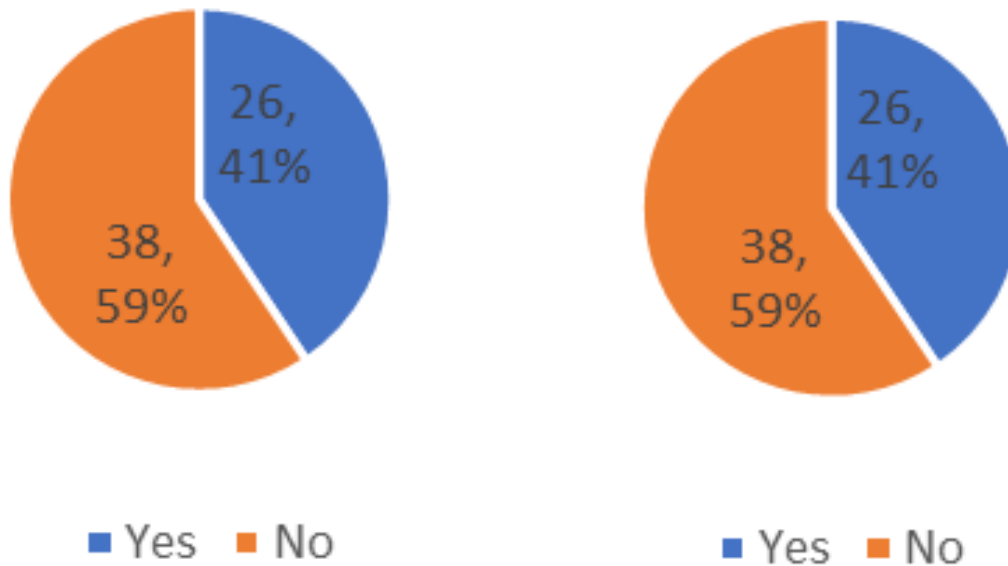
“I cannot find any information relating to Covid-19.”

“No cannot see any information on any type of Covid information.”

“No there is no information on their actual dentist website, as the information listed is linked directly to the NHS website.”

“Does not seem to be anything detailed.”

2.5 NHS price information and clarity of difference between NHS and private



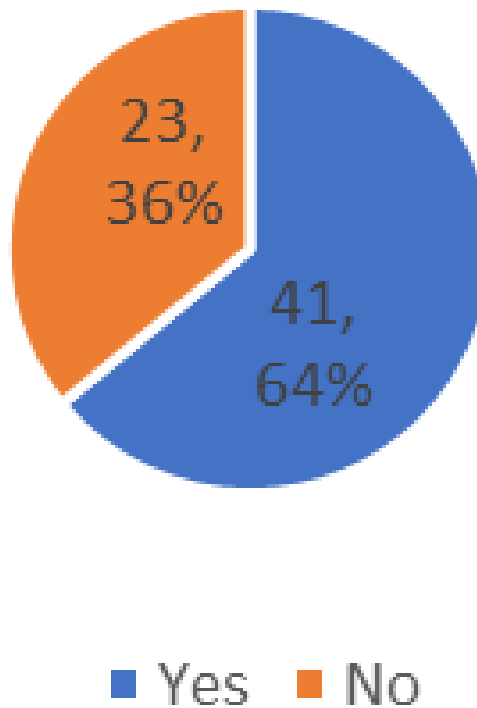
NHS price information

Clarity of difference between NHS and private

N=64

- There were two aspects here; showing NHS price information and the clarity between NHS and private fee information which are linked but not the same
- Only 41% clearly showed information differing NHS from private. Yet all these dentists do undertake an NHS contract.
- It may be that some contracts are only for children and those with exemptions which means they never pay for services which may explain why NHS services are not displayed, but this could be made clearer.
- However, when a new patient is looking for a dentist, they will review websites. Providing a short statement of the kind of NHS contract they provide on the home page will make it clear to the patient and manage expectations. Prominently displaying the NHS logo will also help identification.

2.6 Working links and ways of accessing the website including translation



N=64

- Only two-thirds of websites had pages with clearly working links. It is important to maintain the website so it is easy for patients to use and find information.
- Offering translated text is an important service for a diverse borough like Croydon and is a good policy – only a few offered this.

Comments

“All links and pull-down menus worked except a link to practice's email.”

“All pull down menus and links working -no languages other than English.”

“Yes, links and pull-down menus all work, menus include home, about us etc. No languages other than English.”

“Yes, the links exist but not easy to locate. No translation.”

“Links were working except for one on charges; All info in in English.”

“No links outside the web site and no translation.”

“Links throughout the website are working, no translation that I can see.”

“No translation facility but no links outside the home website.”

“There is a section leading to other accessible formats. e.g., Bengali, and Chinese.”

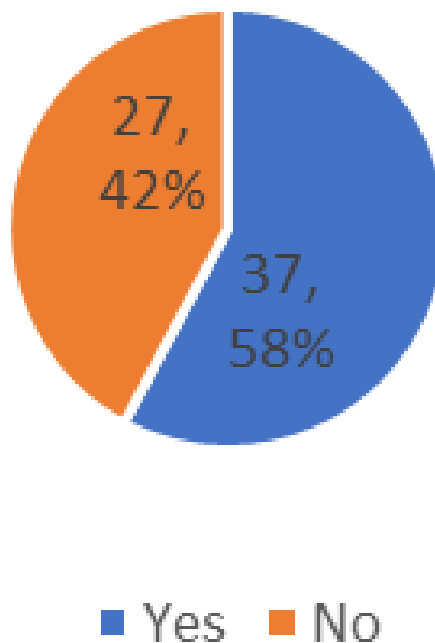
“There is a link on the NHS website but not on the private dental website. furthermore, there are limited languages you can translate in.”

“No translation and no links outside the web site.”

“Patients of non-English speakers and people with learning difficulties will find it too complex to access this information.”

“All the links are working, except the patients' link.”

2.7 Up to date information



N=64

- More websites had up-to-date information than not, but 42% did not have their information updated. In some cases, this included the recent increase in NHS dental charges.
- For patients having access to up-to-date and relevant information is important as well as showing a level of quality which increases confidence in the service.
- The corrections are usually easy to maintain.

Positive comments

“Very helpful the way all of the information is laid out, not too much and therefore it is easy to digest.”

“Info is up to date evidenced by NHS charges reflect the increases of 14 Dec 2020.”

“Covid updates from Jan 2021.”

“Single mention that they do NHS work, on the lockdown update page.”

“There is a lot of current information on their website which is helpful.”

“Info is up to date (NHS charges include the 14 December 2020 increase.”

Negative comments

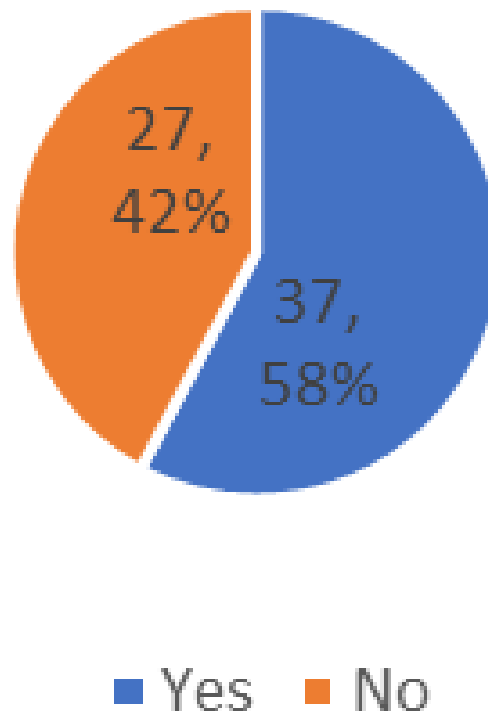
“No information on Covid, which is relevant to these times.”

“2020 stamp on the foot of the pages.”

“Not helpful re covid; info only up to date as of 5 November 2020.”

“Note website not updated since November 20; NHS charges do not include 14 December increase.”

2.8 Information based on your circumstances



N=64

- Again, a majority did have information on benefits exemptions for patients, but 42% did not.
- While some dentists may not hold large NHS contract, all of those with NHS contract will see patients with exemptions and this information can easily be provided.
- The corrections are usually easy to maintain and can reference other regularly updated sources on benefits exemptions.

Positive comments

“Very helpful the way all of the information is laid out, not too much and therefore it is easy to digest.”

“Info is up to date evidenced by NHS charges reflect the increases of 14 Dec 2020.”

“Covid updates from Jan 2021.”

“Single mention that they do NHS work, on the lockdown update page.”

“There is a lot of current information on their website which is helpful.”

“Info is up to date (NHS charges include the 14 December 2020 increase.”

Negative comments

“No information on Covid, which is relevant to these times.”

“2020 stamp on the foot of the pages.”

“Not helpful re covid; info only up to date as of 5 November 2020.”

“Note website not updated since November 20; NHS charges do not include 14 December increase.”

2.9 Information seen as helpful or unhelpful.

- The following shows responses to the general overall questions on websites reflecting what was helpful or unhelpful.
- Helpful websites included details about all treatments, in websites that were laid out well and clear to read and considered the demographics of their community.
- Unhelpful websites included that style of language is not always understandable by patients and some of it is quite complex. Some were not designed well and needed many clicks to get to some information. Some information included services other than dentistry, and details on financing and loans. There was confusion on pricing inconsistencies in information and a lack of information for some on Covid safe practice. The representation of images reflecting the ethnic mix of communities they serve would make them more welcoming, and there was a lack of translated text.

“The information is relevant to providers and partners. Defiantly not useful to the public.”

“The fact that there is no translation for people that do not speak English as their first language.”

“Patients must follow links to obtain information. This is not helpful for those on pay as you go packages, or those non speakers of English.”

“Most of the information does not relates to dentistry.”

“Too much complexity not properly structured.”

“Info is up to date evidenced by NHS charges reflect the increases of 14 Dec 2020.”

“There is a lot of info (for private patients - this is what I phoned to clarify) re payments options -either 12 months interest free monthly payments for treatment or 9/9% APR loans over one to five years by monthly payments (FCA protected) These seem to be for treatments over £600. Not sure how usual this is? Might there be implications for people falling behind with payments and getting into debt?”

Please note re private patients: charges are given and there is also a Medenta Finance loan scheme to spread cost of treatment over one or more years. states that Medenta 'does not promote debt' Examples of payments are given.”

“Having said that there is a lot of helpful info on all treatments, including gum disease. Practice does orthodontal treatment.”

“Existing patients would get a good service at this practice but would not help people who may now be seeking emergency treatment and are having difficulty accessing it.”

“Also, an R Solutions scheme which offers the range of treatments at set prices -e.g., exam and x rays £ Implied this 33. Implied this is available to both NHS and private patients.”

“Loads of helpful information on the website, although it would be better if they had more information on the difference between NHS and Private treatment.”

“There is a lot of current information on their website which is helpful.”

“You have to scroll the screen to get the full information.”

“I like the way the website is laid out all of the components are clear to read and see, you can follow the information quite clearly.”

“There should be a covid update.” “Best website I have reviewed.”

“The layout is not necessarily the best, but there is high quality information, including an invitation to feedback to the CQC.”

“Could have a better look and feel to the website, it looks out of date.”

“It’s helpful to presumably private patients registered with practice or wishing to do so; emphasise I couldn’t see any NHS charges on website or distinction between NHS and other.”

“In my opinion, the information shown is not related to dentistry. Therefore, it is unhelpful, especially to those who access their website.”

“Some information is helpful, but some are unhelpful because most of the things on the homepage are not relating to dentistry.”

“The Colour Scheme is Clear and with plenty information for the person with time to read about other services that are offered.”

“The patient feedback is confusing.”

“Updated website will probably contain up to date info.”

“Seems like a few of the pages that have detail on NHS vs private services needs updating there are also a few broken links here. “

“No information on Covid, which is relevant to these times. 2020 stamp on the foot of the pages.”

“All of the information contained within the website is all up to date, although there could be more information on NHS Bands and covid precautions.”

“Info very helpful except for absence of NHS/private charges. Also, seems (as at some other practices) that patients need to complete form before getting appointment, may indicate that triage is happening which could mean some people not getting non-urgent appointments or having to wait longer.”

“NB In the websites I’ve looked at so far it hasn’t been clear given reduced capacity of DPs whether for e/g/ new patients, routine appointments, etc are being seen.”

“Site is user friendly, except for possible glitch with non-working link (might work on someone else's pc); welcoming and informal. From the website it's the kind of practice you would expect to contact and get an appointment and professional treatment.”

“Nothing more than what we would expect.”

“There is a lot of information on the website, there is information on NHS and private fees, as well as their work on charity work, I cannot think of anything that would be missing from the website.”

“Re Q10 info is up to date (NHS charges include the 14 December 2020 increase. Includes link to eligibility to free NHS treatment including list of benefits and info on NHS low-income scheme. The information on the website is easy to access and clearly set out (in boxes, large print etc). Think one of the links on the covid page may be NHS info which is now out of date.”

“Judging from reviews info is probably up to date. Not much more to add given absence of website.”

“The information helpful and unhelpful because of the design and how it is presented. for example, too much information's that not related to dentistry therefore time will be needed to search through for relevant information.”

“There is no information for those seeking dental services.”

“Would be great to see some information around signposting on there.”

“Nice layout and clear.”

“Not helpful re covid; info only up to date as of 5 November 2020. Not helpful re NHS treatments.

“Very helpful on contacting surgery: phone number etc at end of each page. Also, very user friendly re info on practice, treatments.”

“Not surprising there isn't any info re free NHS treatment since no details re NHS.”

"No information on NHS."

"There is a lot of information on the website, and it seems like they have everything that a new or existing patient would need except translation."

"Good information on managing tooth pain at home, a clear way to triage yourself."

"Covid updates from Jan 2021."

"Single mention that they do NHS work, on the lockdown update page. Information pasted below: 'These include: The NHS and medical services like GPs and dentists. We are supporting the NHS to carry out urgent and non-urgent services safely, and it is vital anyone who thinks they need any kind of medical care comes forward and seeks help.' "

"The dentist is not reflective of a multicultural community in any way and therefore does not comply with current employment legislation or on equality. "

"May be but would require time to search."

"The overall view of the website is not diverse, all the images are do not include a black person, hence a black person will not feel particularly welcome."

"All of the information provided is super helpful, it would be better if there was more information on the registration process, covid and NHS treatments vs private."

"Very helpful the way all of the information is laid out, not too much and therefore it is easy to digest."

"Assume info up to date and opening hours are current but information I could glean not very helpful."

"The website is not friendly, information on dental care is not accessible."

"Basic dentistry information but ignores the Equality Act. Reasonable adjustment."

“This Dental practice attempts to cater for the community but in so doing it has not been structured for patients to locate.”

“Not all, all information is ell detailed.”

“The dentist is not reflective of a multicultural community in any way and therefore does not comply with current employment legislation or on equality.
“

“May be but would require time to search.”

“The overall view of the website is not diverse, all the images are do not include a black person, hence a black person will not feel particularly welcome.”

“All of the information provided is super helpful, it would be better if there was more information on the registration process, covid and NHS treatments vs private.”

“Very helpful the way all of the information is laid out, not too much and therefore it is easy to digest.”

“Re Q5 emergencies: next to appointments box there is a box saying for emergency appointments call 111 for emergency out of hours appointment; Not very clear, -would have expected patients registered with practice to phone there first to get appointment. Is this intended for people not registered with practice. Note website not updated since November 2020; NHS charges do not include 14 December increase.”

“There is also a hygienists access scheme where people can pay for hygienist appointment without having to register with the practice or make a check-up appointment.”

2.10 Review of practices

The following shows responses to the general overall questions on websites reflecting what was helpful or unhelpful. Practices were measured across nine areas:

- User-friendliness
- Clear information about being put on a practice's books.
- Information on dental emergencies
- Information on NHS prices and various bands
- Information on Covid safe practices
- A clear difference between private and NHS.
- Links working or broken and use of translation.
- Information up to date.
- Information relating to personal circumstances such as cost exemption due to benefits.

One practice, Croydon Dental Care had all 9, see case study below. Five surgeries scored 8 out of 9 - Coulsdon Dental Practice, Family Dental Practice, London Road Dental Centre, MK Vasant and Associates and Parchmore Dental Care.

7 - 11 surgeries

6 - 7 surgeries

5 - 7 surgeries

4 - 5 surgeries

3 - 4 surgeries

2- 4 surgeries

1- 2 surgeries

0 - 4 surgeries

The average across 50 was 4.9 out of a maximum score of 9.

3 Responses to our insight

South West London Local Dental Committee

“We will support improvements to our members' websites based on the feedback in Healthwatch Croydon's report and welcome all feedback which leads to improved services.”

This report is published at the same time as the main report on Croydon residents experience of dental services. Please see the statement in this report for more detail on the impact of the insight produced, working with the Local Dental Committee.

4 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right questions?** Yes, Healthwatch Croydon reviewed other work and worked with the Local Dental Committee to ask questions that would be relevant to the planning and delivery of this service
2. **Has consideration been given to how the findings will be used?** Yes, firstly insight for local dentists on how their websites have been experienced by mystery shoppers to improve the information for patients and potential patients.
3. **Is the research design appropriate for the question being asked?** Yes, under the circumstances an online assessment by volunteers seemed most appropriate, during the time of restrictions.
4. **Has any potential bias been addressed?** Yes, these are detailed in the limitations section but include a selection of websites, inconsistencies in recording and assessing websites
5. **Have ethical considerations been assessed and addressed appropriately?**
There were no significant ethical considerations in this survey.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** No significant risk
 - b. **Reputational risk** Only in that we do not produce accurate results or do not deliver work in time to be effective.
 - c. **Legal risk:** No significant risk
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, staff and volunteer time was used effectively.

8. **Where relevant have all contractual and funding arrangements been adhered to?** This was core work agreed by the Local Leadership Board, so no contract or funding was defined for this work.

Data Management

9. **Is the collection, analysis and management of data clearly articulated within the research design?** Yes.
10. **Has data retention and security been addressed appropriately?** Yes, all responses are on Smart Survey and data only download to staff computers. There was no personal data except staff knowing who undertook each survey.
11. **Have the DPA/GDPR and FOIA been considered, and requirements met?** Yes.

Thinking about Research Subjects

12. **Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act**
Not relevant for this project
13. **Has appropriate care and consideration been given to the dignity, rights, and safety of participants?** Not relevant for this project
14. **Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Yes, volunteers were aware they were recording this with anonymity as far as providers are considered.

Collaborative Working

15. **Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed upon, including the development of a clear contractual agreement prior to commencement?** We worked closely with the Croydon Local Dental Committee to understand more about the context of dentistry and ensure

that the questions we asked were relevant to helping further develop services. This was an informal arrangement to share information.

16. Have any potential issues or risks that could arise been mitigated?

Risk	Level	Management
Not enough volunteers	LOW	Recruit more volunteers.
List information out of date	Medium	Need to check sources
Inconsistencies	Medium	Ensure set questions and recheck

17. Has Healthwatch independence been maintained? Yes, Healthwatch's independence has been always maintained. We took advice on the context of dentistry from the Local Dental Committee, but it was Healthwatch Croydon's decision on what was asked.

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Not relevant for this work.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? There are no conflicts of interest.

Intellectual Property and Publication

- 22. Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** This is owned by Healthwatch Croydon who are managed by Help and Care
- 23. Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website on 01.06.2022
- 24. Are the research findings clearly articulated and accurate?** To our best knowledge they are

Evaluation and Impact

- 25. Have recommendations been made for improving the service?** Yes.
- 26. Has the service provider acted based upon the recommendations?** The South West London Local Dental committee is sharing our insight with relevant dental practices to support them in improving their websites to meet patient expectations. We are also putting together a case study of good practice to help dental practices improve their services
- 27. Is there a plan in place to evaluate the changes made by the service provider?** Healthwatch Croydon is working with the South West London Local Dental Committee to monitor changes of practice websites.

5 References

Integrated Care Journal (2022) *Healthwatch and Croydon LDC working to highlight local patient needs*: <https://integratedcarejournal.com/newsdit-article/7f6d0005cfe999ea002f699c0088d21d/healthwatch-and-croydon-ldc-working-to-highlight-local-patient-needs/>

Accessed 19.05.2022

NHS (2022) *How much will I pay for dental treatment*. from <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

Accessed on 14.4.2022



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Croydon residents' views on the COVID-19 vaccine

May 2022

Findings in brief

Most respondents were positive towards the COVID-19 vaccine and to vaccines in general.

Protecting themselves, family and friends, and vulnerable people were main drivers.

Over one in five respondents were vaccine hesitant.

Barriers to receiving it includes booking, distance, and timing of appointments.

NHS and government were seen as best sources of information and that was clear.

There were sample limitations in this survey method around gender, age, and ethnicity.

Recommendations in brief

Ensure the vaccine is more accessible to the whole community.

Communicate the risks as well as the benefits in a more effective way.

Continue conversations with those unsure about the vaccine and vaccines in general.

Devise strategies on how to reduce and counter fake and misleading news on the vaccine.

Wider studies are needed on specific ages, gender, ethnicity, and other demographics.

Executive Summary

During the COVID pandemic Healthwatch Croydon was commissioned through Healthwatch England to conduct a piece of work to understand the public's views towards the new COVID Vaccine. We were one of several Healthwatch organisations nationally who took part in the project.

The project took place from March to August 2021. As part of the project, a new engagement software called CitizenLab, was trialled, to support surveys, events, and polls within one platform. To keep consistency with the other Healthwatch involved in the project across England, our questions were kept the same. We received 155 respondents in total.

We asked the following:

- Thinking of vaccinations in general, such as those given for flu, travel injections etc, what is your overall view of vaccinations.
- If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated?
- If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?
- What are the main reasons you want the COVID-19 vaccine?
- If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?
- Which of the following are reasons why you decided to be vaccinated against COVID-19?
- Where have you mainly seen or heard information about a COVID-19 vaccine recently?

These are our findings based on the responses from the survey:

- **Most were positive towards the COVID-19 Vaccine and to vaccines in general.** 78% said that they had already taken the vaccine. 91% said they were positive to vaccines in general (See pages 17-18).
- **Protecting themselves, their family and friends and vulnerable people were the main reasons for wanting the vaccine:** Helping society get back to normal, and protecting the NHS were also higher scoring considerations. Professionals recommending it and getting back to work were lower scored drivers to take it (see pages 19 and 21).
- **Over one in five respondents were COVID-19 vaccine hesitant:** Around 20% of the respondents had negative opinions concerning the COVID-19 vaccine, Highest scoring reasons were that people did not trust the intention behind it, as well as concerns around the safety of the vaccine and its ingredients. Some did not think COVID-19 posed a risk to them (see page 22).
- **Barriers to receiving the COVID-19 vaccine included booking, distance, and time of appointments:** For the few who had not had it but wanted it having to book the appointment itself would be a barrier. The distance of the vaccination location/ centre as well as the timings of the appointments may present as another reason (see page 20).
- **NHS and government websites were seen as best source of information about the COVID vaccine:** NHS and government websites scored highly as well as TV and radio, newspapers, and online news websites. Social media, Croydon Council and government press conferences scored well. Community organisations, including Healthwatch scored lowest (see page 23). Most respondents 72% felt that information about the vaccine was delivered clearly and effectively but 18% did not find it so (see page 26). Most found sources positive, with only a few finding sources negative (see page 25).
- **Limitations in sample, on gender, age, and ethnicity:** Respondents were more likely to be female, between 55 and 75 and White British, showing the limitations of representing diverse Croydon through a general online survey (see page 16).

These are our recommendations which are relevant to providers and commissioners:

- **Ensure the vaccine is more accessible to members of the community:** At the time of the survey, there were some issues concerning access and booking for some - bringing vaccination close to where people live and with walk-in services should overcome these challenges.
- **Communicate the risks as well as the benefits in a more effective way:** Of the 20% who had not accepted the vaccines, concerns about trust and safety around the vaccines garnered the highest proportion of responses. People's concerns need to be understood and steps to be taken to address these.
- **Continue conversation with those unsure about the vaccine:** It is important to respect the attitudes and views of the public, even if their perspective is not aligned to medical advice. Those that are vaccine hesitant should have the opportunity to engage with a clinician who can respond to their concerns so that they feel heard and listened to. This way some of the myths and fake information can be somewhat dispelled.
- **Strategise how to reduce and address the fake and misleading news on the vaccine:** 70% of respondents said that the news regarding the vaccine was positive, however 30% said that the information was either mixed or negative. Develop communications strategies to combat this which could include finding reliable ambassadors representing a range of background and ethnicities.
- **Wider studies are needed on specific ages, gender, ethnicity, and other demographics:** We acknowledge the limitations of this general online survey. There is a need to conduct specific studies with those more likely to be hesitant in an open environment where people can express their experiences, views, and concerns.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

This project took place because of a need nationally to ascertain why some people were hesitant towards taking the COVID-19 vaccine and to find out what other factors have been contributing to the reasons behind this. We were also able to work with other Healthwatch organisations nationally to help to explore better digital systems to underpin the work that Healthwatch do and used the CitizenLab engagement platform to facilitate this. It is also important to factor in that considering the national and global impact of COVID-19, Healthwatch organisations have a duty to ensure that we work with communities to understand their voice and share this with key stakeholders.

1.2 Rationale and Methodology

Healthwatch Croydon ran the survey from May 2021 to July 2021 and solely online and we received 155 responses from Croydon communities. Predominantly most of the responses were gained through Facebook Advertising, but we also gained insight via additional digital means such as community groups, e-shots, online events, and word of mouth. We used a range of messaging to try to attract community groups from a range of social economic backgrounds as well.

1.3 Method

Respondents were encouraged to respond via online advertising solely based on being a person who lived in the London Borough of Croydon, this form of targeting would appeal to those who have a high to moderate consumption of social media. We also focused on respondents via email and through working in partnership through other community groups. In addition, our survey and collection suite CitizenLab and TypeForm was used to collect data via more simplified user interface on the part of TypeForm, then we were also able to create actions via CitizenLab to further attempt to bolster the number of responses garnered.

Questions

1. About our survey

1. Thinking of vaccinations in general, such as those given for flu, travel injections etc, what is your overall view of vaccinations... (tick one box)

- Very positive
- Fairly positive
- Neither positive or negative
- Fairly negative
- Very negative
- Not sure

2. If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated? (tick one box)

- I have already received the vaccine
- Definitely would
- Probably would
- Probably not
- Definitely not
- Not sure

Please tell us your experience (If you stated volunteer organisation, community group or other please also state their name):

3. If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you? Please tick as many as apply.

- Nothing would stop me from getting a COVID-19 vaccination
- The fact that I would have to get public transport or a taxi to the location of the vaccine appointment might stop me getting it
- The distance to the location where the vaccine appointment takes place might stop me from getting it
- The times available to have the vaccine appointment might stop me from getting it
- Having to book the vaccine appointment online might stop me getting it
- Not being able to book a vaccine appointment at my GP surgery might stop me from getting it
- Another reason might prevent me from having the vaccine - please specify

4. What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply (checkboxes)

- To protect my friends and family from getting COVID-19
- To protect people who are vulnerable/at higher risk of getting COVID-19
- To protect me against getting COVID-19
- Medical/healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member/friend recommends it
- It will enable me to get back to work
- It will help society in general to get back to normal again

- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- It will help the economy get going again
- It will help protect the NHS
- It is the responsible thing to do

5. If you would not want to be vaccinated, what would be your motivation for refusing the vaccine? Please tick as many as apply (checkboxes)

- I can't be vaccinated for health reasons
- I'm against vaccines in general
- I don't think the vaccine will be safe
- I don't think the vaccine will be effective
- I don't trust the intentions behind the vaccine
- I don't think coronavirus poses enough of a risk to me
- I would want to wait until others have had it first
- My family / community are against it
- My faith/religion/belief systems say it is wrong for me to have the COVID-19 vaccine
- I am concerned about the ingredients used in it

6. Which of the following are reasons why you decided to be vaccinated against COVID-19? Please tick all that apply

- To protect myself against getting COVID-19
- To protect my friends and family from getting COVID-19
- To protect people who are vulnerable / at higher risk of getting coronavirus
- I have friends and family who have got ill or died from COVID-19 and I know how serious it is
- Medical/ healthcare professional e.g. GP, nurse, pharmacist, recommends it
- Family member / friend recommends it

- It will enable me to get back to work
- It will help society in general to get back to normal again
- I want to visit my older family members at home or in a care home and I need the vaccine to make sure it is safe for them
- It will help the economy get going again
- It will help protect the NHS
- It is the responsible thing to do

7. Where have you mainly seen or heard information about a COVID-19 vaccine recently?

Please select all that apply.

- An NHS or Government website (e.g. nhs.uk, GOV.UK)
- Croydon Council
- TV/Radio
- Newspaper/Online news websites
- Social Media
- Friends/relatives
- An NHS GP practice, pharmacy, clinic, or hospital
- Letter, leaflet or poster by the NHS or Government
- Government press conference
- Community organisations/websites
- Healthwatch
- Other
- Can't recall

8. Overall, was the information that you have seen or heard recently ... (tick one box only)

- Positive toward a COVID-19 vaccine
- Negative toward a COVID-19 vaccine
- Neither positive nor negative
- A mixture of positive and negative information

- Don't know/not sure

9. Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively? (tick one box only)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don't know/not sure

10. Is there anything else you'd like to tell us about COVID-19 vaccinations, this is a chance to write up your overall opinion.

11. Tell us a bit more about you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

Please tell us which age category you fall into:

- 13 - 17 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75+ years

- I'd prefer not to say

12. Please tell us which gender you identify with?

- Woman
- Man
- Non binary
- Other
- I'd prefer not to say
- Add choice

13: Please select your ethnic background:

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background
- Gypsy, Roma, or Traveller
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Any other White background

- Another ethnic background
- I'd prefer not to say

14. Please tell us which sexual orientation you identify with:

- Asexual
- Bisexual
- Gay
- Heterosexual / Straight
- Lesbian
- Pansexual
- Other
- I'd prefer not to say
- Add choice

15. Please tell us about your religion or beliefs:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Other
- I'd prefer not to say

16. Please tell us about your marital or civil partnership status:

- Single
- Married
- In a civil partnership

- Cohabiting
- Separated
- Divorced / dissolved civil partnership
- Widowed
- I'd prefer not to say

17. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- I'd prefer not to say

18. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a long-term condition
- Yes, I consider myself to have a disability
- None of the above
- I'd prefer not to say

Limits of the research

Size of sample: We received 155 responses, when we had aimed for a target of 200 to 250. There were limits concerning the way we could contact those who were in the community as we were partially locked down at the time of the survey being carried out.

Representation: With this project we wanted to ensure that we were able to gain access to community groups across social economic and varied backgrounds. As part of the targeting methods, we were able to reach a broader audience due to the online advertising efforts. However, we also include a broader range of

demographics questions at the end of the survey to ascertain how many respondents were represented via these identifiers.

Due to general nature of the survey, a higher-than-average number of responses came from people who were older, White British, female, when compared with the population of Croydon. Some communities particularly those under 35s and of Asian/Asian British background were significantly under-represented. This limits what we can say about different backgrounds and their perception and experience of the COVID-19 vaccine and illustrates the importance in doing very focused work in particular communities, where uptake or perception is mixed to understand more.

That said the views and perceptions here do give some insight into the motivations and concerns of Croydon residents over the COVID-19 vaccine at a particular time in the rollout and may help future rollouts of vaccine, hopefully not in such urgent circumstances.

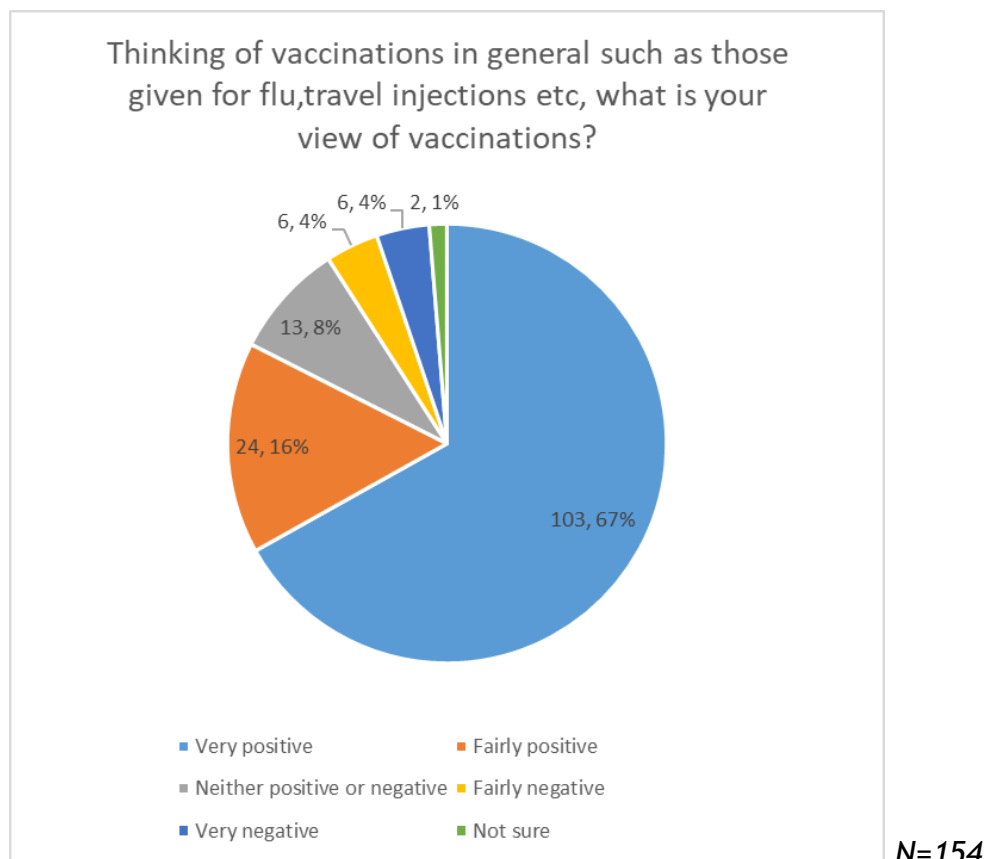
Insight results

These are our findings based on the survey responses we received - please note comments are given verbatim and will include textual errors entered by the participants. We will use the term (sic) where the intention is not clear.

2.1 Views of vaccination generally and about COVID.

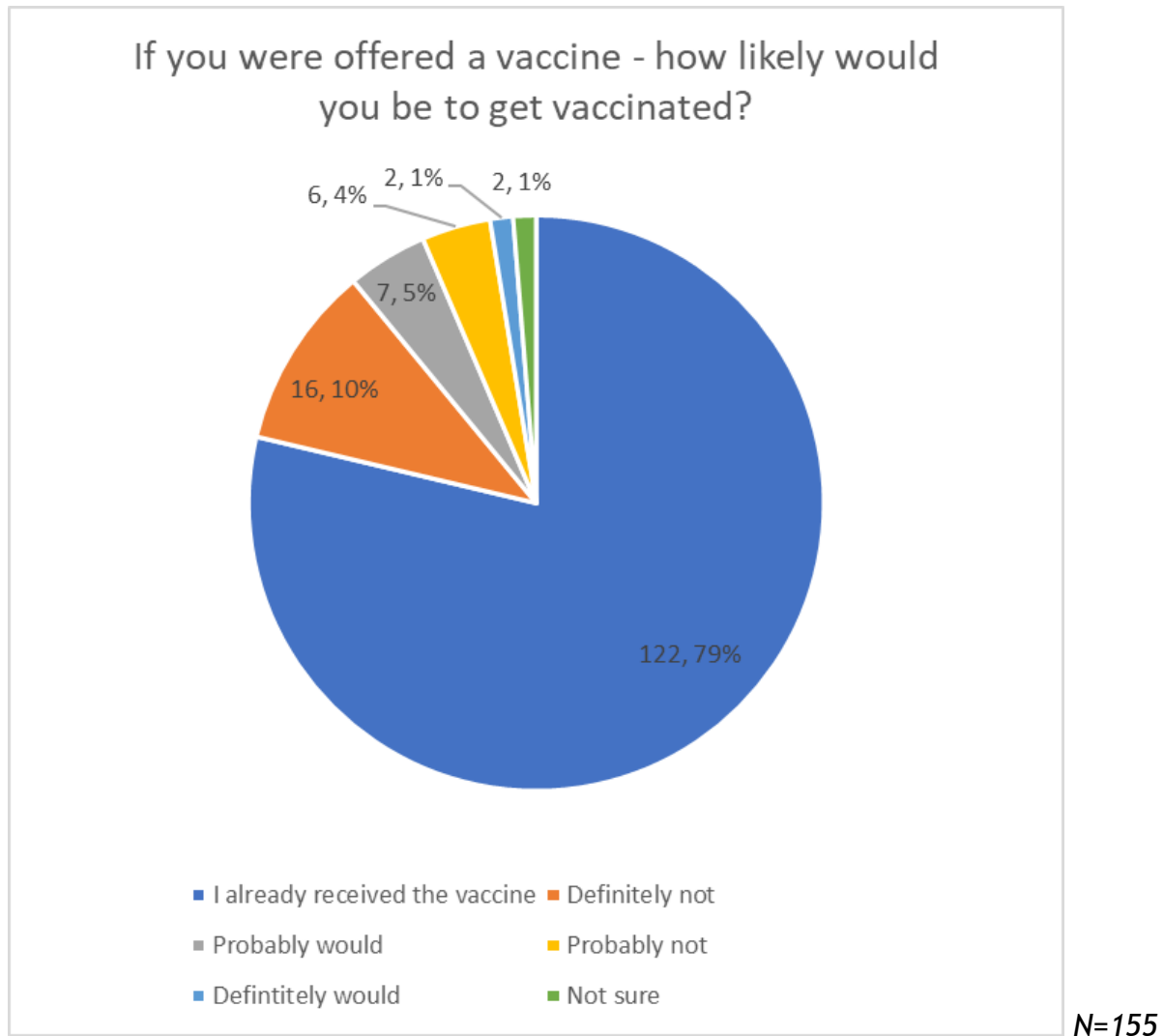
We asked some initial questions to get a baseline asking views of vaccination generally and then specifically to COVID.

2.1.1. Thinking of vaccinations in general, such as those given for flu, travel injections etc., what is your overall view of vaccinations.



Most respondents were positive about vaccines generally: 67% were very positive with a further 24% fairly positive, which means this study is going to show more about why people were not hesitant rather than why they were. Indeed, just 8% were very negative or fairly negative.

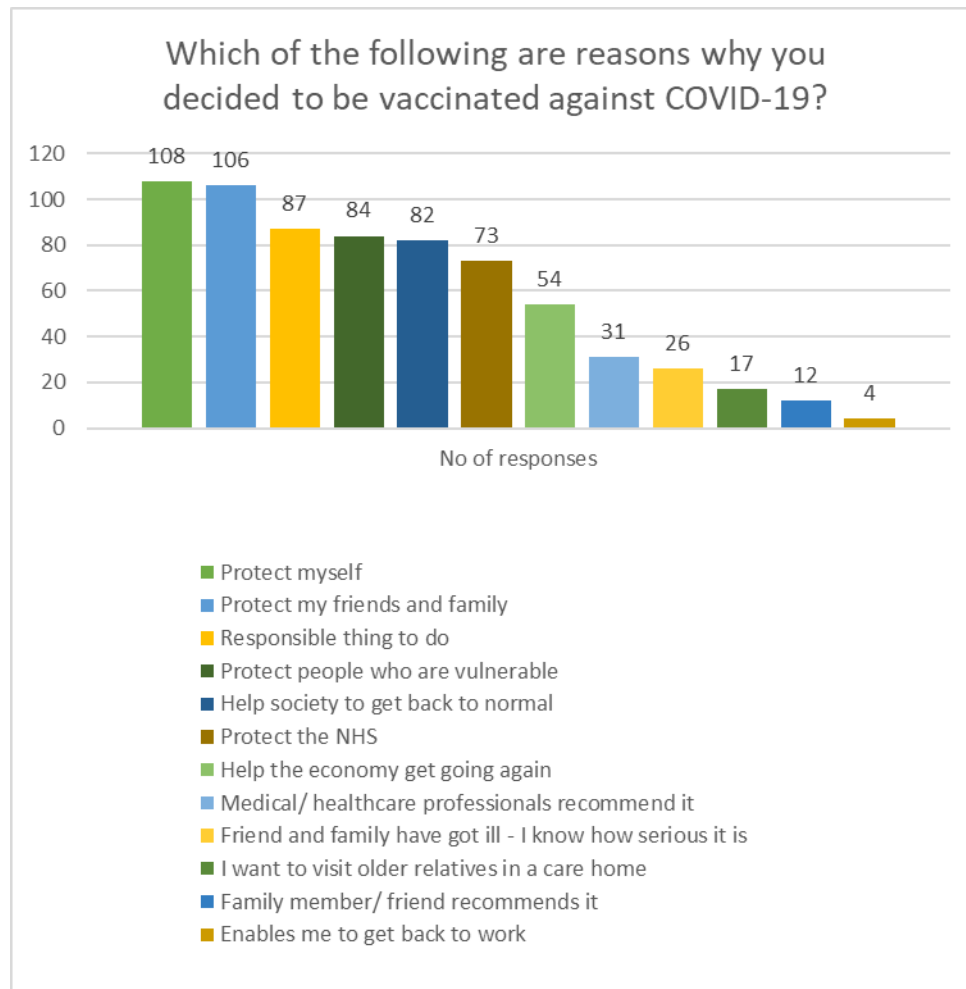
2.1.2 If you were offered a vaccine against COVID-19 (Coronavirus), how likely would you be to get vaccinated?



Most respondents had taken the vaccine already: 79% (122) said that they had already taken the vaccine and a further nine stating they definitely would, or probably would. Only 14% (22) would definitely not or probably not, again reflecting a pro-vaccine sample.

2.2 Responses of those vaccinated

2.2.1 Which of the following are reasons why you decided to be vaccinated against COVID-19?

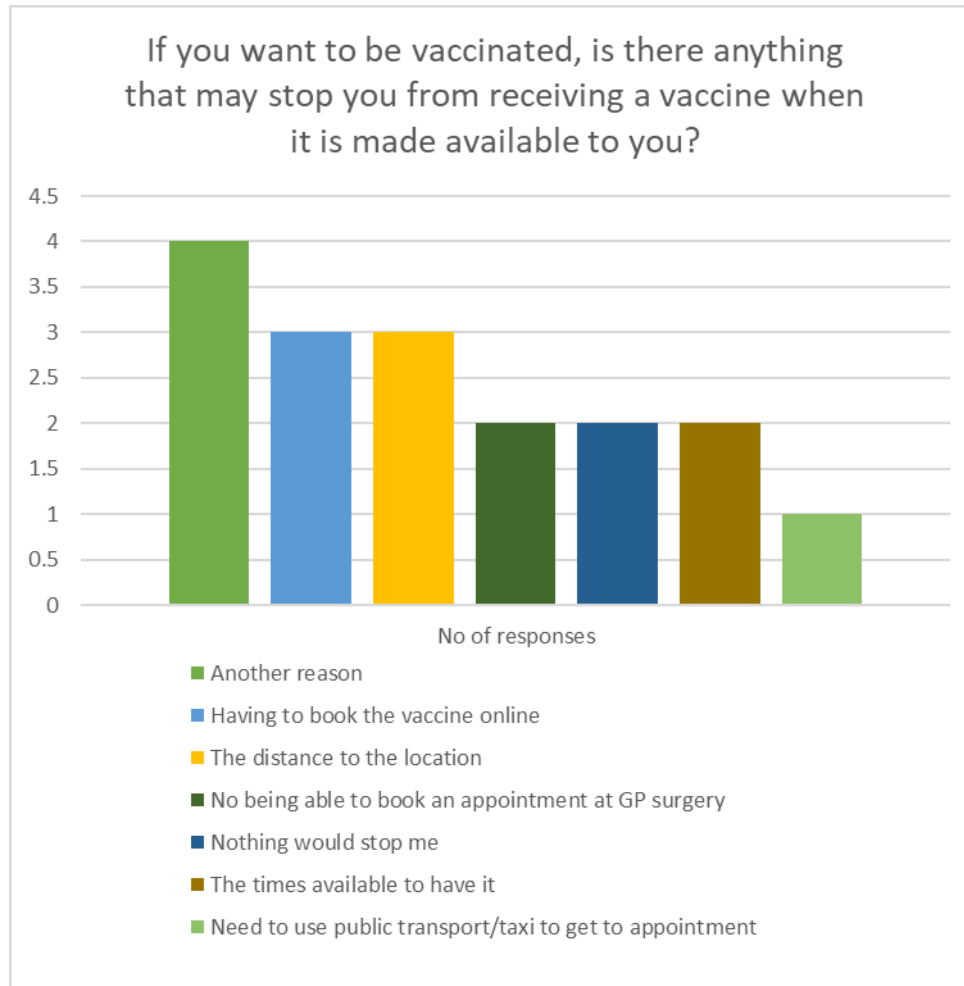


N=684 responses from 124 respondents

Most wanted to protect themselves and friends and family: Other motivations focused on responsibility and protecting to vulnerable people, helping society and protecting the NHS. Just under half did it to help in get the economy running again. Interestingly, less did it because it was recommended by professionals, or family recommendation or that it gets people back to work. This suggests that people did it out of a sense of responsibility to themselves, their families, and their community rather than being influenced by recommendations from medical and healthcare professionals or government officials.

2.3 Responses of those who were not vaccinated

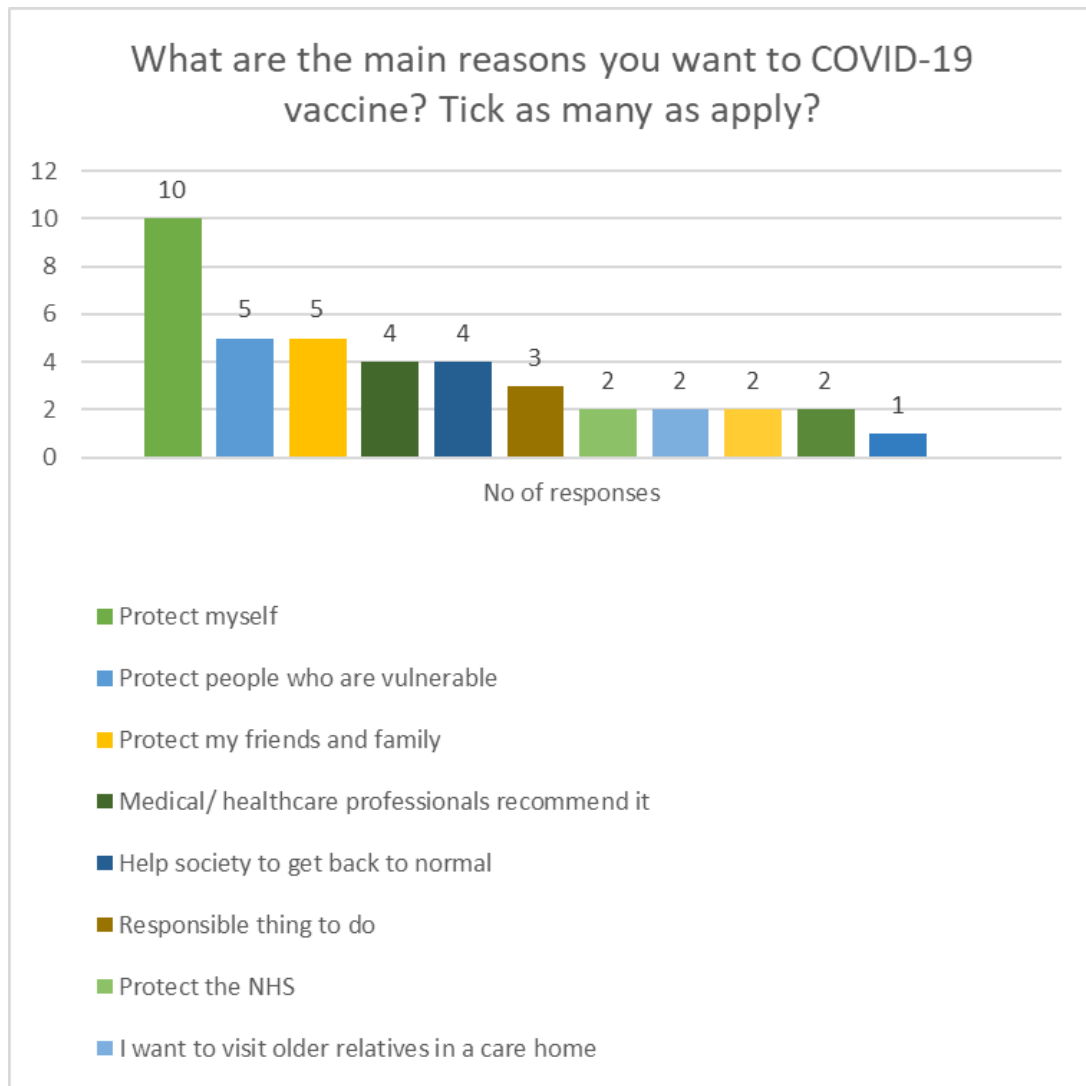
2.3.1 If you want to be vaccinated, is there anything that may stop you from receiving a vaccine when it is made available to you?



N=17 responses from 11 respondents

Booking, distance and timing an issue for those who wanted the vaccine but not yet had it: These are the responses of the smaller number of people who wanted it and had not been able to access one. Issues included: having to book the appointment; the distance to the vaccination centre; and the timings of the appointments. This was at a time when perhaps vaccination centres in Croydon had not been fully rolled out, or prioritisation was still in place, or awareness was still low.

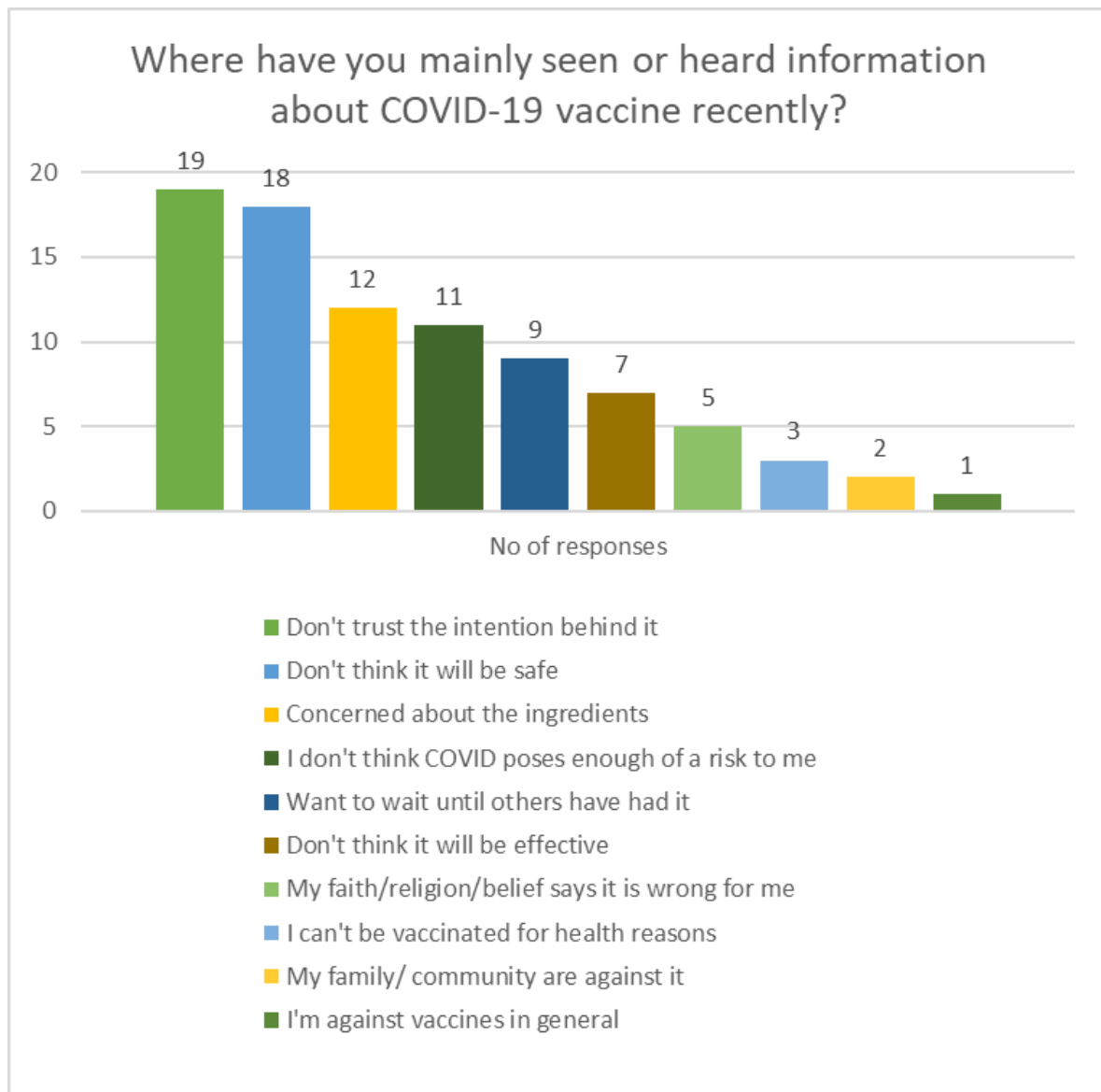
2.3.2 What are the main reasons you want the COVID-19 vaccine? Please tick as many as apply



N=40 responses from 11 respondents

Again, most wanted to protect themselves, friends, and family and those most vulnerable: This is a repeat of the question asked for those who took the vaccine. Again, most wanted to be protected against COVID-19 for themselves and their family or to protect those who are vulnerable, because it was recommended or to help society get back to normal, but the sample here is very small.

2.3.3 If you would not want to be vaccinated, what would be your motivation for refusing the vaccine?

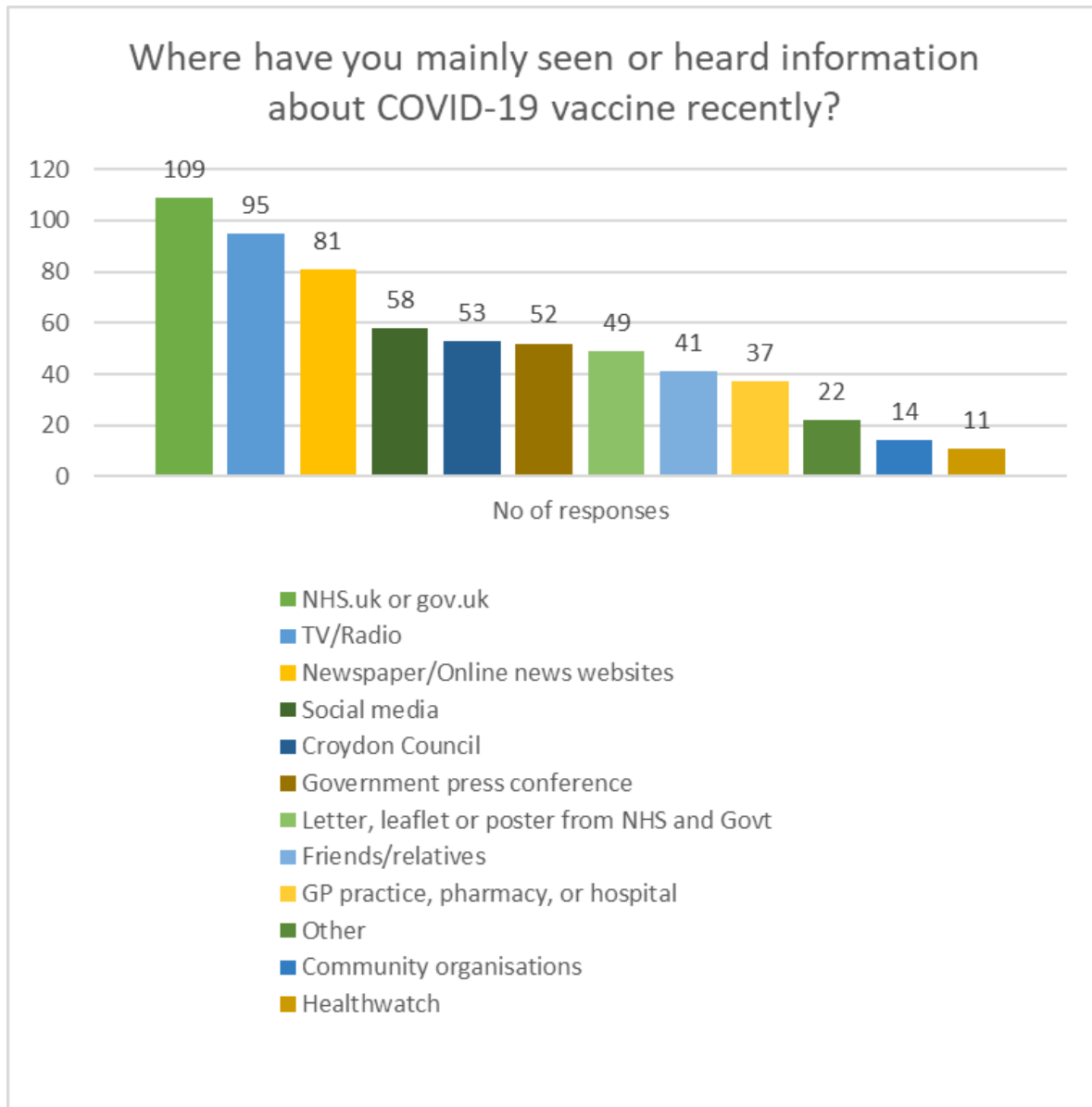


N=84 responses from 32 respondents

Of the initial 155 respondents 32 people answered this question, with most of the answers pointed towards concerns around trust, safety, and the ingredients. These perceptions may stem from misinformation or pre-existing mistrust of the government and any central government-led organisations. Some did not think that COVID posed enough risk or did not think it would be effective. A small number stated faith or belief as a reason to refuse, but only one was against vaccines in general suggesting that it was the issue with the COVID-19 vaccine that gave most concern.

2.4 Information and communication

2.4.1 Where have you mainly seen or heard information about a COVID-19 vaccine recently?

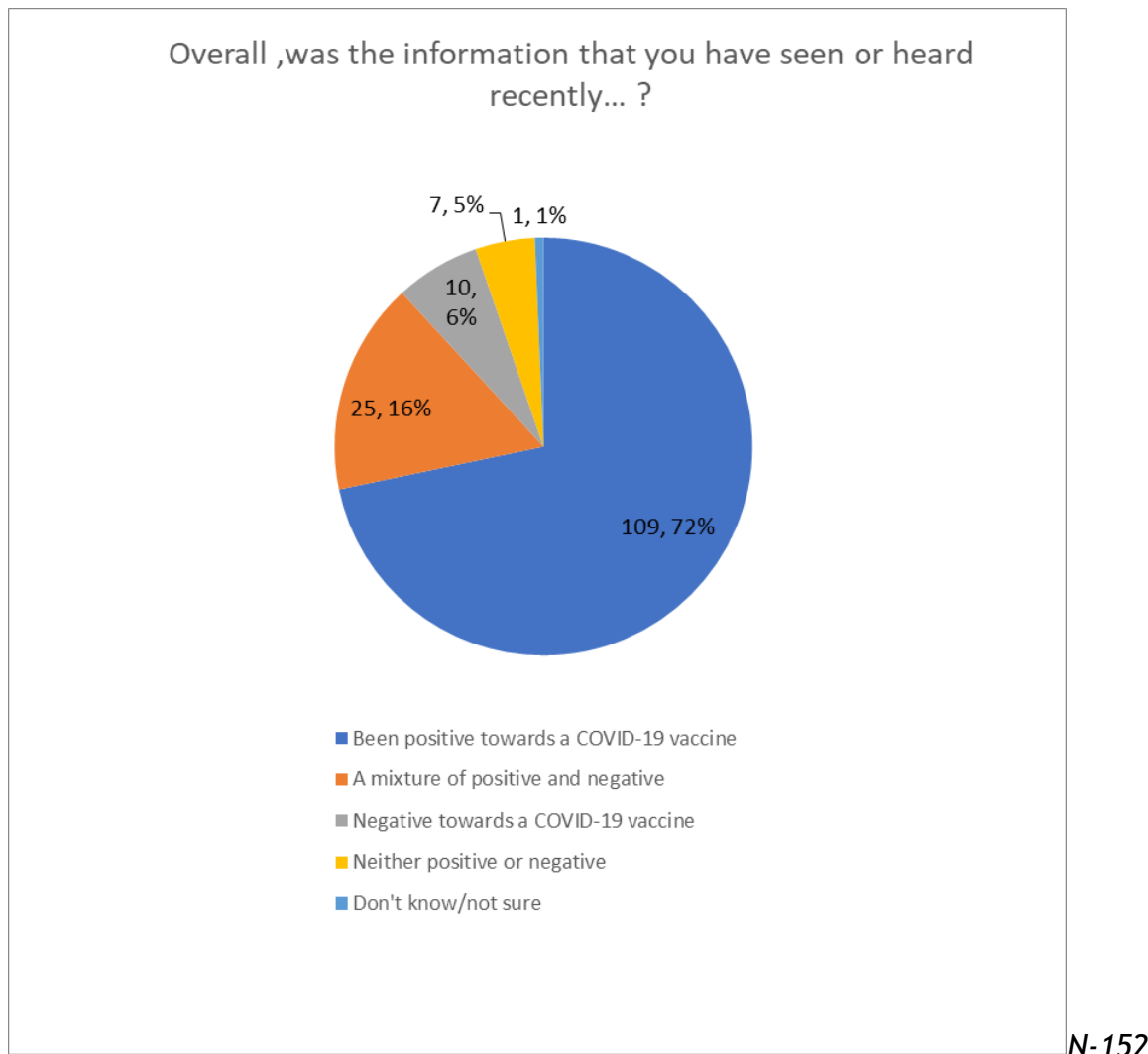


N=622 responses from 153 respondents

We also wanted to find out about COVID-19 vaccine information in general to find out which sources have been the most prevalent in the community given the rise of non-fact check sources in information. Overall, most of the information on the vaccine was consumed from the official NHS or Government websites and TV. Quite a number relied on responses such as social media, Croydon Council, the regular

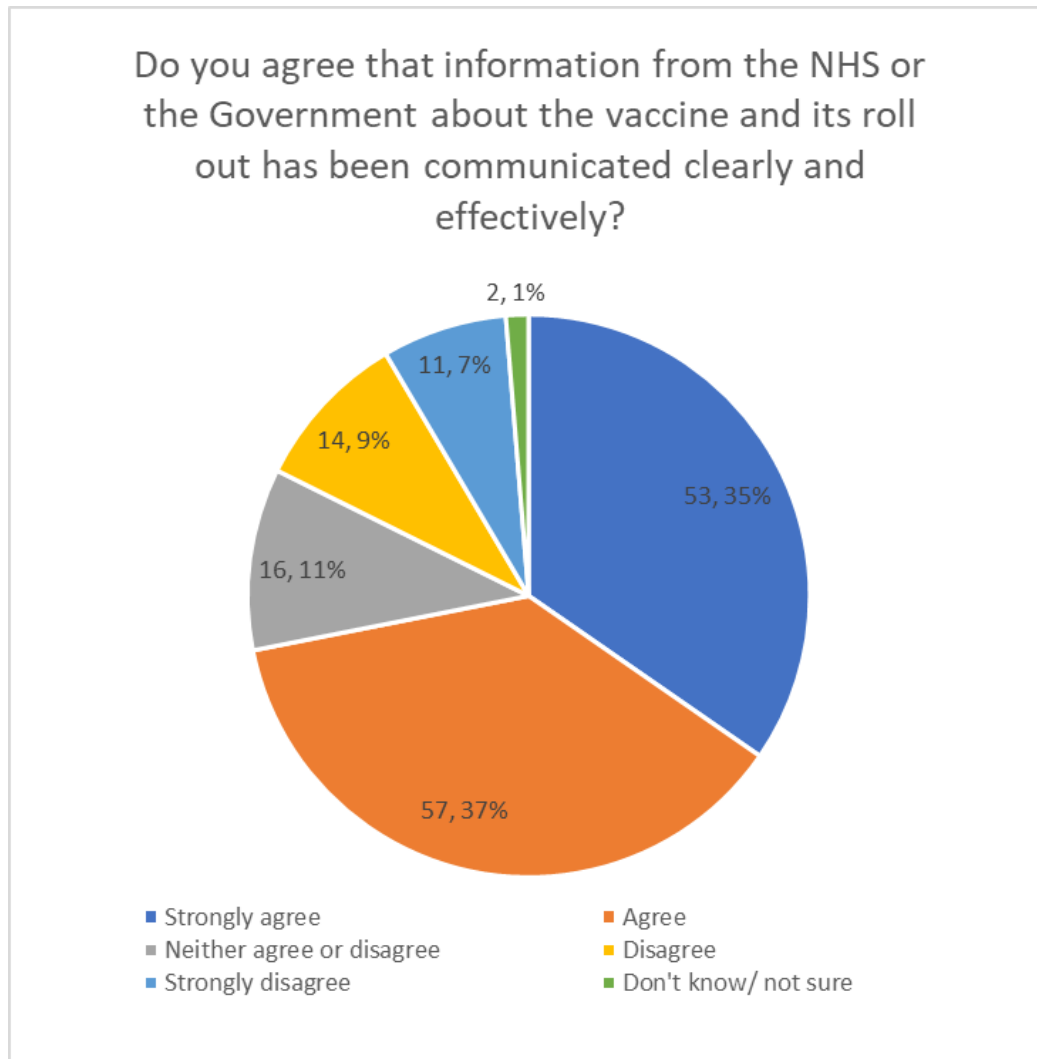
government press conferences, or letter received, or poster seen from government or NHS. Some relied on information from GPs or from friends and family. However, the majority did select the NHS or Government websites as a key place where information was gained in relation to the pandemic.

2.4.2 Overall, was the information that you have seen or heard recently



This question relates to the information and signposting the public may have seen during the pandemic via news, digital and media outlets. Over 70% said that the information on the vaccine was positive and 10% citing that information seen was negative. Then 16% citing that they have seen a mixture of positive and negative information. This means that there is still information that negatively portrays that impact of the COVID-19 vaccine, which is influencing some. showing the challenge for services in communicating the vaccine effectively.

2.4.3 Do you agree that information from the NHS or the Government about the vaccine and its roll out has been communicated clearly and effectively?



N=153

72% of Respondents felt that Information about the vaccine was delivered clearly and effectively: We specifically asked respondents to tell us whether the information from the NHS and Government was clear and effective, of which 72% said they agreed or strongly agreed. 10.5% said that they reported they neither agreed or disagree and 18 % said that they did not think that the NHS or Government information was clear. Overall, we think this is a good reflection of how well the marketing, advertising, and signposting has worked for the NHS both nationally and regionally.

2.5 Further comments

2.5.1 Is there anything else you would like to tell us about COVID-19

vaccinations, this is a chance to write up your overall opinion. (Question 10)

Add comment boxes and coding boxes

We wanted to give our respondents a chance to give an open response on their thoughts on the COVID-19 vaccine. Of the 155 responses, 113 made comments. We have coded the responses in five key areas namely: choice; quality; trust; risk and positive.

Choice

12 comments combined with: Negative 7, Trust 1; Mixed 3; Quality 1.

The emphasis on personal choice was a consideration here as well as assurances needed about long-term impacts. There was sense by some of feeling intimidated into the vaccine and more information is needed about risks and benefits and the justifications for mass-vaccination.

“There should be alternative research focused on other measures to control the pandemic for those who cant or wont take the vaccine. There should be CHOICE.”

“Would be fine with pfizer/biontic. Distrust AstraZeneca with British advice different from rest of world.”

“The positive impact of the vaccinations has surprised me (in a good way) but I have always felt that we are relying too much on them to solve the problem. There has to be a parallel approach to a return to normality. If vaccinations ultimately don't reduce overall hospitalisations and death rates to acceptable levels then we will need Plan B and I want to know what that is.”

“Feel people are being bullied and intimidated into the vaccine. It’s causing a divide through fear.”

“I think you should be making it clear to people that this is an experimental vaccine and that you don’t know all of the outcomes short, medium and long term, that the pharmaceutical companies can walk away from any harm the vaccine may cause, that information about the yellow card is not highlighted to the public and that any side effects are only reportable within a short time frame, after that any harmful side effects are not reportable, that the medical profession are either playing down reactions or discouraging people to report symptoms. I cannot understand why fully vaccinated people still have to walk around with masks on because they can still contaminate others or catch the virus or that they may have to have further jabs due to other strains. This isn’t a solution. Why aren’t you supporting people to lose weight, have better nutrition, take a good quality vitamin D3 with K2, vitamin C and zinc to address lack of taste. To stop eating junk food and instead get fresh air and exercise. Why aren’t you supporting the use of ivermectin instead of basing your evidence of skewed trials which falsely report its failure. Why aren’t you supporting healthy people to allow their immune system to do the work it was designed for rather than attempt to inoculate the whole population unnecessarily.”

"Vaccinations are important and should be choice but so many people who have taken in full trust eg oxford astra zeneca vaccine haven’t realised they should have been given pfizer or moderna because the ingredients suited their religion. Muslims cannot have ethanol (alcohol) but trusted the government that should have been aware of the needs of these citizens and defaulted for them and made them aware (educated) their reasons to cater for this group to create mutual respect. None of the ingredients from any of the 3 vaccines were animal derived which was again an excellent plus for muslims too/otherwise. Maybe take lessons for future orders and national vaccine programs. Where there’s a will, there’s a way. Overall, thank you to everyone who has helped keep society safe.”

“I’m okay with vaccines in general (injecting a weak version of a virus so a body can develop antibodies against the virus) but these new vaccines are not like the old ones. Not enough testing on the impact 3-10 years down the line.”

“Makes me uncomfortable with it. Also, the fact that it’s being shoved down people’s throats via the government agencies and media also makes me uncomfortable from a privacy perspective. It’s my body and I can choose - why try to make me feel like if I refuse the COVID vaccine, it’s tantamount to murder? I strongly reject that notion.”

“Also, the statistics are not very clear to me - whilst the BBC and other media sites state the number of deaths WITH COVID (i.e. co-morbidity) there’s not enough information on the number of deaths caused BY COVID alone - last estimate I saw was about 2% of total reported COVID deaths is caused by the virus alone. If true, then this number of COVID-only deaths is enough to justify the lockdowns and national vaccine rollout (and associated debt). With a naturally ageing population, more resources should be put into improving our NHS (and paying staff better) than locking people down to “protect” the NHS. I mean, what are you protecting? The NHS serves the PEOPLE and so many more people died (or will die) from diseases not being treated/diagnosed due to the lockdown than those who died WITH COVID (which is significantly more than those who died from COVID alone).”

“Too much pressure for people not at risk from COVID to receive vaccine. Vaccine not tested enough. Not enough info regarding good metabolic health. Spent more money on COVID reaction and vaccines than on hospitals and staff.”

Some also were concerned about the availability and priorities of the vaccination programme, please note survey ran April-July 2021.

“Very late in getting vaccine for my 98 year old father.”

“I question why younger members of the Croydon Community received the vaccine before older members. Example:- a member just turned 60 had their vaccine before me aged 65, his wife had hers at 59, getting her second jab this week. Another member went to her husbands appointment with him, she was not booked to have it, but, they gave it to her. Don’t understand Croydon’s criteria all through this period, seems to be luck of the draw.”

“Not sure why I can’t book anything in Croydon. Having to go to St Thomas’s at Waterloo with my 2 month old in tow, why aren’t appointments at the hospital or shopping centre showing on the online system?”

“I would prefer if my 2nd dose was not scheduled for exactly 12 weeks away as anything could happen then and delay it further. Many other persons have received appointments for 10 weeks later and I would even prefer that. These times are so far off the manufacturers guidelines. I just want to be fully vaccinated as soon as I can.”

“Overall it has been brilliant. My criticism relates to the early stage so may have been rectified, but I do know of a few elderly people who do not drive being directed to Epsom, which is quite a difficult journey on public transport. Generally speaking public transport is very good between town centres, but rather useless at going around between them.”

“Why can’t I get it at my gp?”

Quality

25 comments combined with: Negative 9, Positive 11, Mixed 4, Choice negative 1.

Issues considered the side-effects of taking the vaccine which put off some from considering boosters, However some reported no ill effects at all. There was some inconsistency in locations for accessing the vaccine, and the process for doing so, between a GP, a health centre, and the mass vaccination sites such as Fairfield Halls.

"I had 2 vaccinations first jab i felt that I had a cold and arm ached for a day or so. 2nd jab I felt very unwell and will not be having no more jabs."

"So I've had the first one at my local GP. They have now told me to book a second one at Fairfield, which is too far. I suffer from anxiety & can't face such a journey."

"I had 2 vaccinations the first jab I felt I had cold /flu for a day or so .2nd jab I felt very un well for about 2 days I will not be having no more jabs if this is what "happens."

"Unhappy with the poor way the 2nd vaccine process for over 50 and that had 1st vaccine of Pfizer has been treated."

"There's no information, we've been ignored, even though we may be deemed as having health needs, the concentration is on the Aztra Zenika 2nd vaccine individuals and 39 year olds."

"Our vaccination took place at Fairfield Halls in Croydon in a small space. On our first visit details were taken down by staff sitting too close together. The second time they were better spaced. Both times the chairs where you had to sit were not sanitised between people sitting on them. The place was too cramped. The staff were excellent."

"The long queues to take the vaccine wasn't good to endure. Felt uncomfortable around so many people together closely."

"Overall I've been very impressed with the scale, speed and efficiency of the vaccination roll-out programme."

"I'm concerned that I wasn't asked if I was driving, nor asked to wait to check that I didn't have an allergic reaction (whereas others I know were)."

"It seems odd that the restrictions don't take account of vaccinations i.e why can't more people meet indoors if they've all been vaccinated? Either you have faith in the vaccines' efficacy or you don't."

"The vaccination roll out has been good so far. I have had my vaccine and was ill for over 2 weeks after the first one and still recovering from my 2nd vaccine-it would be great to get data about long term effects of the vaccine over the next few years."

"Side effects from both AZ vaccinations were not at all pleasant."

"No symptoms were experienced after my two vaccinations."

"I had both without any side effects."

"I think the organisation of and the communication about the vaccination programme has been excellent."

"The vaccine roll out by the NHS has been fantastic. I strongly believe this is because it has been handled by the NHS rather than private management like the flawed Track and Trace. I don't think the NHS gets enough credit for it, rather the government is jumping on the band wagon."

"The vaccine centre I visited was well organised and felt safe. The vaccine was painless although the reaction wasn't pleasant but certainly much better than COVID."

"Overall I feel there has been a fantastic job getting everyone vaccinated."

I feel that the Government's response has been very effective, and the NHS & Military etc, have delivered the whole Vaccination Programme brilliantly. It is a great shame that there has been some "hesitancy", from some sections/groups within Society, which has delayed an even more comprehensive, and speedy, beneficial effect, as a whole. However, within my own, and our Neighbourhood Care Groups' knowledge, I have NOT come across any personal cases of local "hesitancy". Everyone I have dealt with, has taken their vaccination up, as soon as offered.

“Overall I feel there has been a fantastic job getting everyone vaccinated.”

“Service was good however, I felt if I had had been drugged with cocaine or heroine for 4 days after. Therefore there is no way I or my children will ever go anywhere near to this poison ever. I'll let others to vaccinate themselves and be the hero to save the world and be a research rat. Please let me know when you've done all your testing and research on the vaccine, improve it and I may consider to go for a second shot. Thank you.”

“I had no side effects from the Astra vaccine.”

“I had the Pfizer twice & have had heart palpitations. Don't know whether to report it elsewhere My Doctor knows & I have had an ECG with no follow up treatment.”

“Had no effects at all from the vaccine.”

“Have had both with no issues. Thank you to all the NHS staff.”

“The way that the vaccinations have been organised has been brilliant.”

“Has been managed well. There is a problem with those who've had biontec but then become housebound and can't access the second.”

Trust

29 comments combined with: Negative 16, Positive 9, Choice 4.

The comments are very varied with many supporting the vaccination programme and other suspicious of the intentions and the results. These include concerns at long-term effects; the impact on certain ethnic groups; tackling what appears on social media, the impact of influencers such as community leaders.

Others are concerned about the quality of information and communication of this, that some cannot see why it needed to be done at such speed and that this may cause pushback in hesitancy towards it. Even through these few comments, it is easy to see the complexity of this issue for those with any concerns about this.

“There are still misconceptions and negative thoughts around the COVID-19 vaccinations hence some people are still adamant not to take the vaccine.”

“Essentially still in test phase with no long term results known yet. Feel there is too much pressure/blackmail to have vaccine - every person on tv pressing for it relentlessly for last 6 months. Statistics do not give balanced view - for instance deaths are anyone who died after positive test in last month regardless of actual cause of death appearing to make it worse. No comparison figures given to see effect of COVID in context. Vaccine being promoted as the miracle which will give freedom but doesn't seem to have made difference to what is allowed. COVID is going to be with us like flu and needs to be treated accordingly - most people will use common sense about what to do to keep 'safe' and those who don't would (sic) not do it even if there was a law about it.”

“I have had both vaccines but am still somewhat worried about long lasting side effects that might occur. I was worried about the cases of blood clots as this was discovered just after my young daughter was vaccinated.”

“Black and other ethnicities are highly represented in the COVID-19 mortality stats, and often have other health complications, therefore it is important these communities re-evaluate their health and consider taking the vaccine.”

“I am in favour of vaccinations, in general, and I'm in favour of the COVID-19 vaccination in particular. What is so discouraging is the utter nonsense that has been going around, thanks to social media or totally irresponsible sources. I've heard of a 'man of the cloth' telling people that they would become monkeys; there's the nonsense about microchips; more nonsense about 'if you're fit and healthy, you don't need to be vaccinated'. The list seems endless of absolute tosh that some people are prepared to accept as true. What has been a failure, perhaps, is the government's inability to quash these stupid stories from the beginning.”

“Over all opinions on jab worth having, but when percific (sic) forms of jabs are warned by scientists govemnt (sic) that they give you all information instead of waiting for people to get ill or die from it.”

“I think people working in care and nursing should be stopped from working if they refuse to be vaccinated.”

“Feel people are being bullied and intimidated into the vaccine. It's causing a divide through fear.”

“More information about the safety of the vaccine.”

“Sometimes I think it is pointless getting the vaccine because I still have to wear masks and social distance in shops and other public places. I know herd-immunity has to be achieved in the country but if getting the vaccine is not making any difference in our daily lives then, what is the point?”

“I'm okay with vaccines in general (injecting a weak version of a virus so a body can develop antibodies against the virus), but these new vaccines are not like the old ones. Not enough testing on the impact 3-10 years down the line.”

“It is a money-making spin.”

“Strongly believe in taking vaccines to protect oneself and society in general! Frustrated by mis communication surrounding vaccines especially AZ.”

“We need to encourage good take-up among the younger generation.”

“Vaccination centre I about attended was well run and it was simple to get vaccinated. Negative publicity about a small number side affects was unbalanced and more should have been done to promote the benefits of vaccination. Whinging journalists should have been made to realise that COVID was killing people and not the Government who like everyone else had to learn how best to deal with this new disease and vaccination has played a huge part in curbing the impact of it.”

“I think its suspect that healthy people are being vaccinated, including pregnant woman, and being pushed towards children who are a low risk group. It seems an extreme motivation to vaccinate as soon as possible. COVID only appeared 2019 and I find it staggering that years research (we are told) goes into developing vaccinations, so many guidelines must have been bypassed . The roll out has made me consider the efficacy of all vaccines now. MMR, I used to think kept children safe but now I feel dubious and cynical where I didn't before. A fearful population are an easy population to manipulate. I have heard that a lot of scientific voices are being suppressed.”

“A big waste of money.”

“There are huge concerns surrounding Fertility and the vaccine particularly as the initial role out said not to get the vaccine if you were pregnant or trying. More information needs to be supplied to assure woman why this was the case and why they shouldn't be concerned now they are saying it is ok.”

“I took the vaccine so I could travel, I felt tricked. They immediately backtracked. What is the vaccine for? it doesn't prevent the virus, don't stop you getting it. We are guinea pigs really, it hasn't been properly tested.”

“Greater clarity needed for pregnant women.”

“Too much pressure for people not at risk from COVID to receive vaccine. Vaccine not tested enough. Not enough info regarding good metabolic health. Spent more money on COVID reaction and vaccines than on hospitals and staff.”

“I have a blood clot history with unknown reason in the past causing me chest down paralyzed and was almost died. Dr said my case is rare and make me worrying that the risk of blood clot if having a injection.”

“The vaccine is still on trial phase until 2023.”

“It's a scam, with dark and disturbing intentions and desired outcomes.”

“Anyone who declines on non-medical grounds is an idiot - potentially impacting on their own and their family's health. Social media should do more to stamp out the tide of misinformation.”

Risk

Three comments focused on risk based on their personal experience of vaccines. This may give context to why some people are hesitant to this vaccine and vaccines in general.

"I was originally going to get the vaccine, as my Father passed away in April 2020 from COVID-19. As I have allergies I was advised I could only have the Astra Zeneca vaccine. The day I booked to have it, was the day some countries in the EU suspended the vaccine as it was linked to blood clots. I am currently on blood thinners for clots, so become anxious, cancelled the appointment, and decided to wait and see. Since then my 77 year old Mother had her 2nd Astra Zeneca vaccine on 29th April. Two weeks later on 12th May 2021, she collapsed at home and was taken to Croydon University Hospital, where they found 2 blood clots in her lungs. Her diagnosis was a Pulmonary embolism and luckily she was discharged 3 days later. In light of the above recent event with my Mother, I have decided NOT to take the vaccine. THE RISK TO MY HEALTH DO NOT OUTWEIGH THE BENEFITS!!!"

"I have lost 3 of my friends after having their second jab."

"My mother had a severe auto immune disease , after years of treatment at the national in London the professor dealing with her(then rare but now common) case had many meeting with specialists in America and was told that her illness had been caused because she received one of the first flu vaccines she was told NOT to have any further vaccines. My father had A Plastic anaemia and was told NOT to have any vaccines. My son reacted badly to vaccine as a baby the doctor advised against a second does of the whooping cough vaccine. I chose not to have the mmr for my son and the school tried to give it to him anyway. Following pre school vaccine my son developed asthma i also had breathing difficulties as the nurse suggested that mummy should have the polio vaccine as well. How could i refuse. YOU WILL NEVER get me to have any more vaccines i would rather be DEAD than live with the terrible CIPD (central inflammation and peripheral demylation) that my mother had."

Positive response

20 comments recorded on the positive impact of the vaccine and the experience of having it.

“I am very happy to have received both my vaccines and my husband and our daughter have too. She is a nurse at GOSH and helped to administer the vaccines there.”

“I think it is important for everybody relevant to be vaccinated to help control the COVID 19 virus.”

“Thank you.”

“Go and do it if you have a chance.”

“We should vaccinate everyone over 11, and we should make it mandatory.”

“Happy to have had both vaccinations -both done through local community health and my doctors very efficient program.”

“Glad to have had both doses.”

“I was very relieved after my 2nd vaccine.”

“Needed to vaccinate some seriously ill younger people much earlier & those living communally; need to vaccinate teenage children; need to give the spare UK vaccines to poor 3rd world countries; need to ensure UK expats living abroad have access to COVID vaccines.”

“Both the St Pauls Church Thornton Heath & the Crystal palace FC ground were fantastic. Well organised and lovely people.”

“Thank you.”

“We will get there.”

“It's a fantastic thing.”

“Very happy with my experience of getting my first dose at McCoigs Pharmacy on the Brighton Road.”

“Essential as part of getting back to normal.”

“Process has been well organised and well communicated.”

“I’m grateful for my vaccine and the ability to protect myself and others. The process (once eligible) has been smooth and the side effects limited.”

2An amazing achievement proving the power of scientific endeavour.”

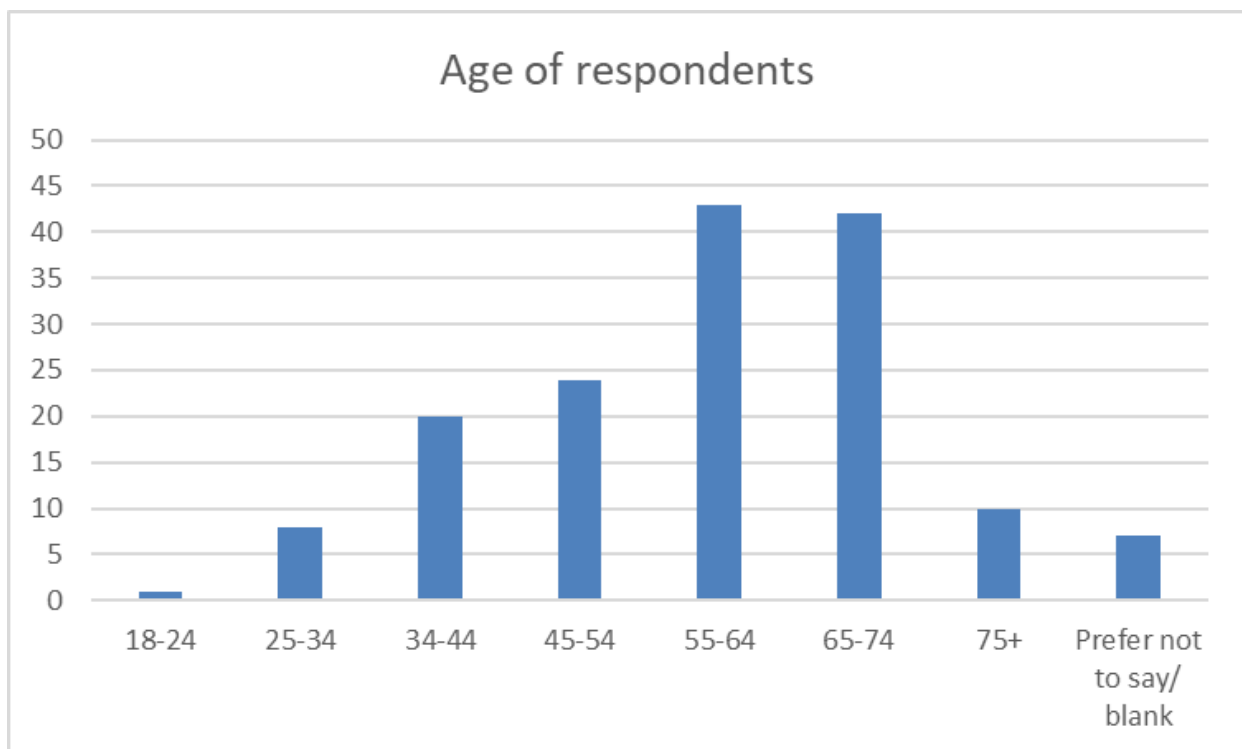
“Had both jabs at new Addington and it was fast , easy and super efficient.”

“Positive experience. Fast roll out.”

“Thankful that we have a vaccine.”

3. Demographics

3.1 Age Range of Respondents:



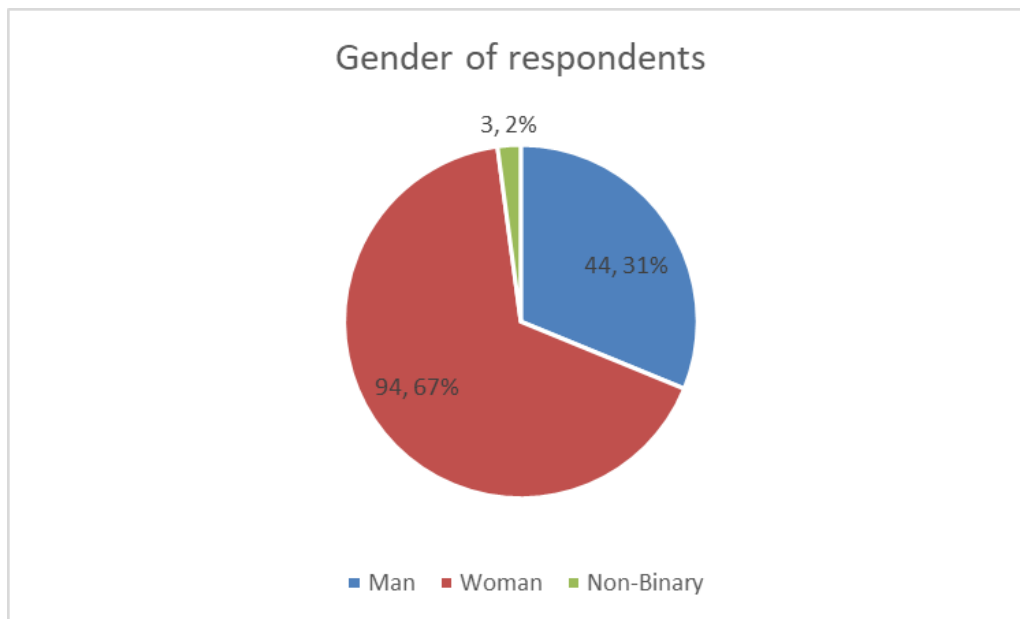
N=155

We have very few responses from under 35s and most responses came from between 55 and 74. This shows an age bias in the sample which may not reflect the age of the borough which has significantly younger and older population.¹

This is interesting as a large proportion of responses were taken via digital adverts and online means. However, some of these responses may have been taken through signposting of this project through third party community organisations. This also makes the case for more focused insight work with specific age groups, rather than just a general survey.

¹ <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/> iaFirstFeature

3.2 Gender of respondents



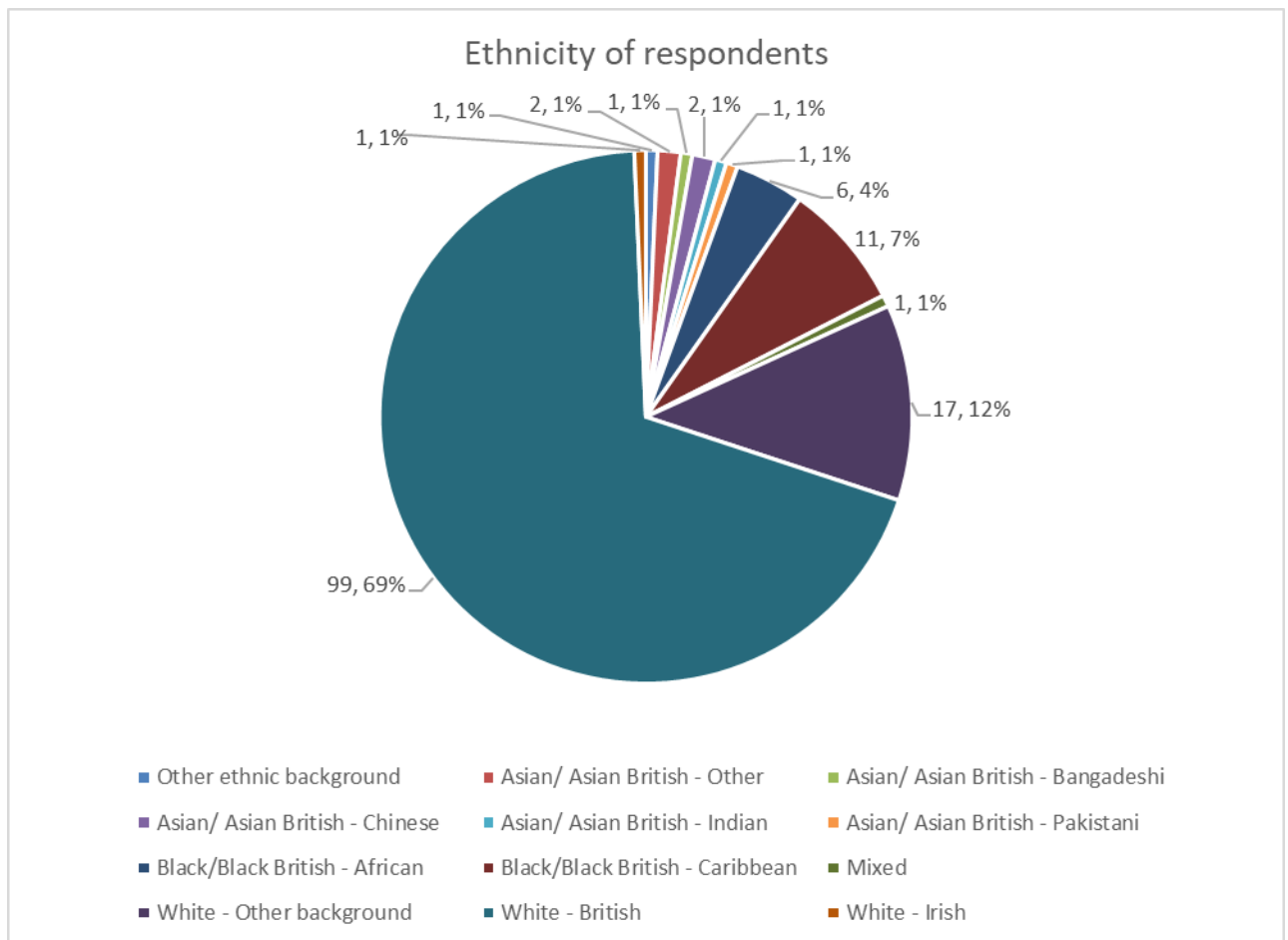
N=141 (14 Preferred not to say or left blank)

The respondents were significantly more female (61%) than male (31%). This may suggest a respondent selection bias in that women were more inclined to fill in the survey. Bearing in mind that population is 51.5% v 48.5² based on Croydon Observatory estimates, this is a significant bias.

Again, this type of survey may well attract more respondents from women than men and more focused work with men may help resolve this.

² Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/iaFirstFeature>

3.3 Ethnicity



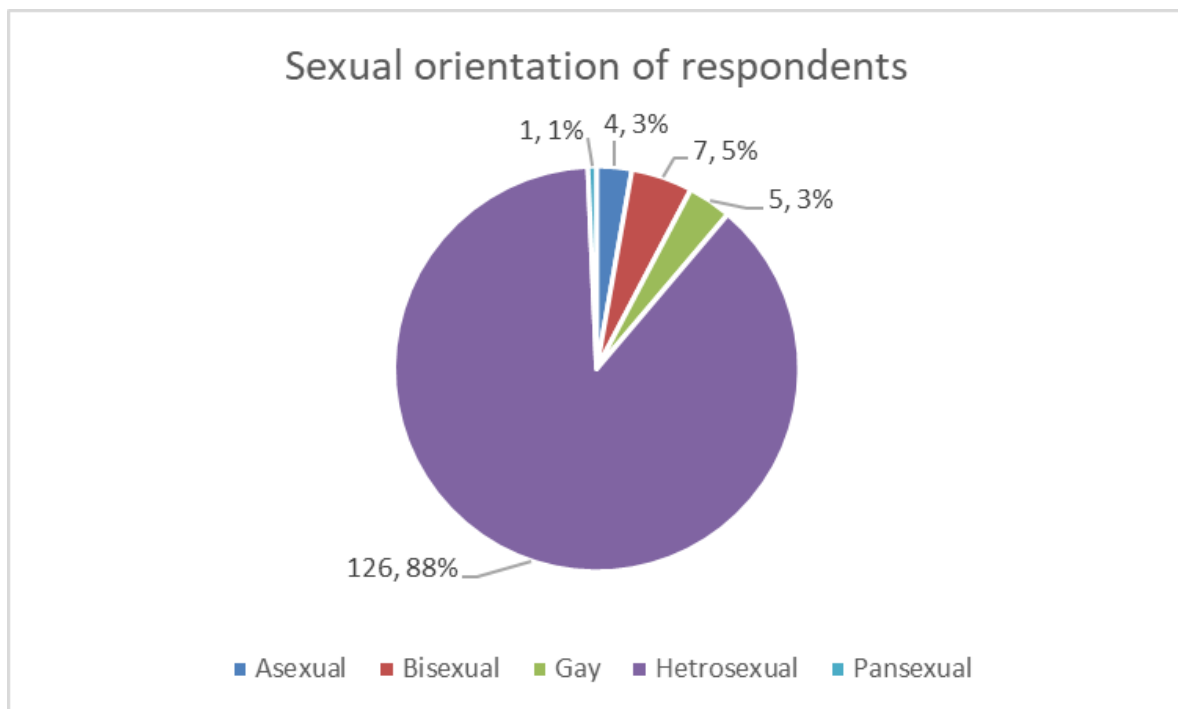
N=143 (12 prefer not to say or blank)

The sample was over 75% White, with 64% representing White British (English, Scottish, Welsh or Northern Irish). Black Caribbean (7%) and Black African (4%), and very few respondents from Asian communities, in marked contrast to Croydon's wider demographics³, with over 50% non-White British population.

Again, this suggests that more focused studies within specific communities may better understand the complexity of this subject than a general survey.

³ Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/iaFirstFeature>

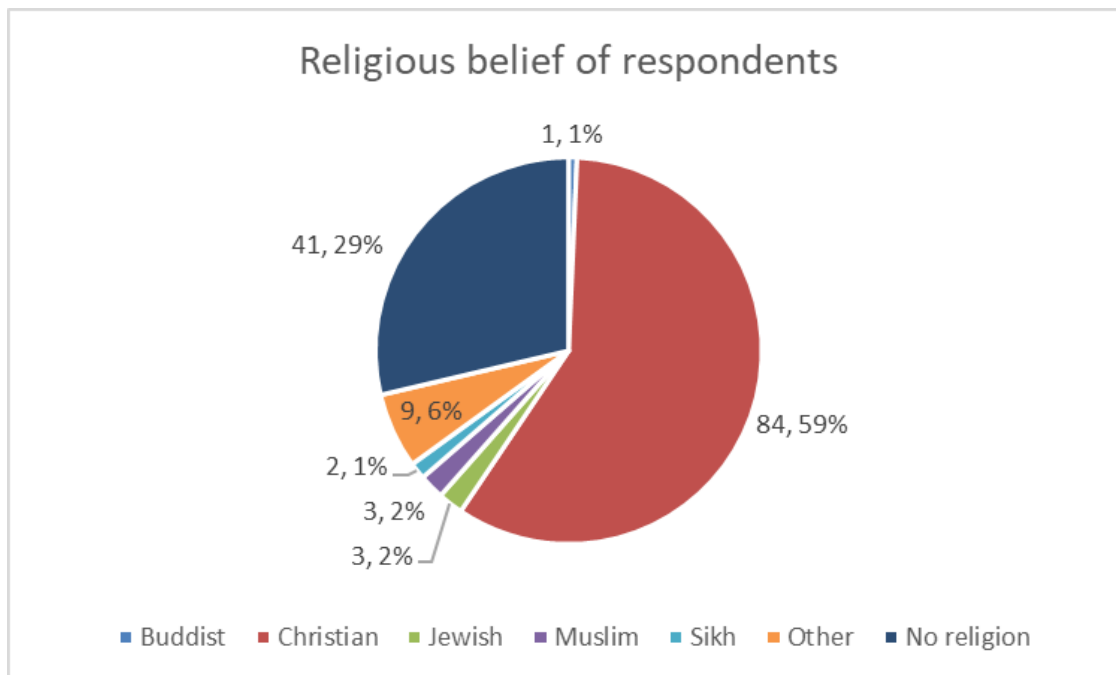
3.4 Sexual Orientation



N=143 (12 prefer not to say or blank)

Most were heterosexual, with 5% bisexual, 3% gay, 3% pansexual and 1% asexual.

3.5 Religious belief of respondents



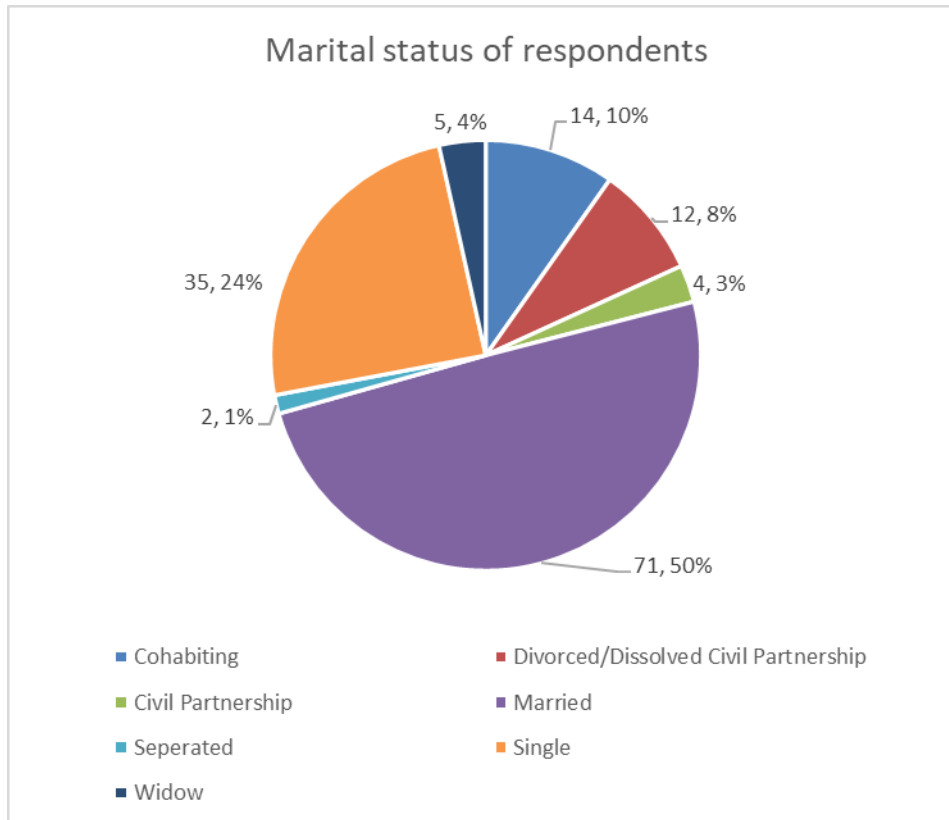
N=143 (12 prefer not to say or blank)

Most respondents were Christian (59%), with the next largest group declaring no religious belief at all (29%), other religions were represented in smaller numbers.

Compared with Croydon observatory⁴ the numbers were quite close for Christianity (56%), but overstated no religion which is 20% in Croydon. Muslim and Hindu communities are understated in this survey which reflects the need to produce insight directly with these communities if you wish to gain more understanding than in a general survey. Interestingly, Sikh, Jewish and Buddhist were overrepresented in as they all represent below 1% in the borough and 2% in the survey.

⁴ Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/iaFirstFeature>

3.6 Marital status respondents



N=143 (12 prefer not to say or blank)

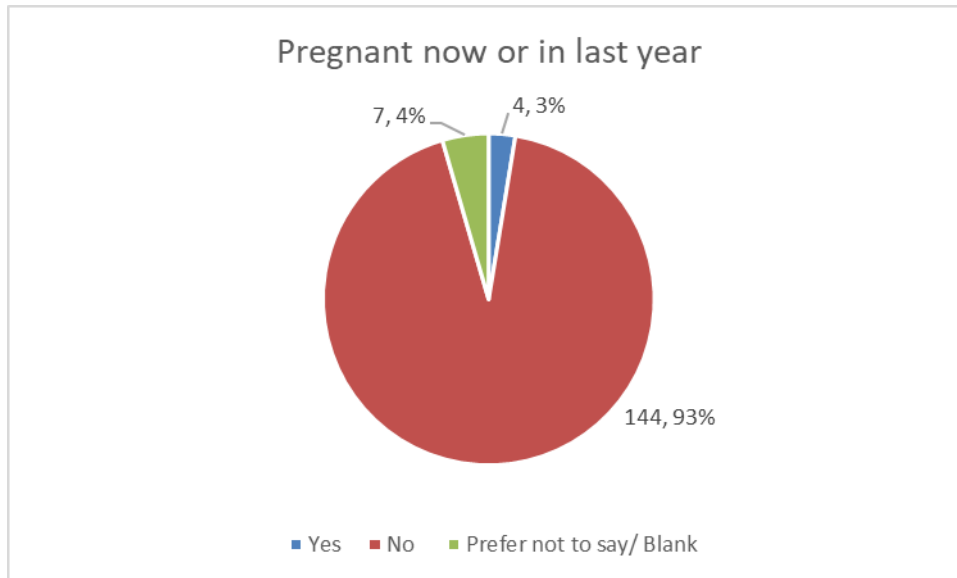
A majority (50%) of those who responded were married, 10% cohabiting, 3% in civil partnerships and a quarter single.

This compares with (42%) married in Croydon⁵, which our survey overstates and 39% single, which our survey understates

Since the survey participants were also older this may reflect the bias towards married and understate single people who are likely to be younger.

⁵ Croydon Observatory: <https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/iaFirstFeature>

3.8 Pregnant now or in last year



Very few respondents were pregnant or previously pregnant the last year.

3.9 Disability, Long term condition and carer status of respondents

Out of 155 respondents:

- 39 had a long-term condition
- 17 had a disability
- 20 were carers.

4 Responses to our research

Croydon Health Services NHS Trust Chief Executive and Place-Based Leader for Health, Matthew Kershaw, said: “Listening to the voices of our community is central to everything we do. This new Healthwatch Croydon report explores the challenges that have been, and continue to be, at the heart of monumental efforts across the borough to protect people from COVID-19.

“We were London’s first hospital vaccination hub and, since then, almost a million vaccinations have been given to residents through our walk-in centre, GPs, pharmacists and community vaccinators.

“It’s never too late to get your jab and we are continuing to engage with local faith leaders, community groups and residents in our borough to help people make an informed choice with pop-up clinics and convenient appointment times and culturally sensitive information that meets the health needs of our diverse population.”

Rachel Flowers, Croydon's director of public health, said: “We welcome these findings from Healthwatch Croydon on the Covid-19 vaccination uptake. It provides some useful insight into how our residents have responded to the rollout of these important vaccinations. We continue to encourage people to have their first and second dose and booster jabs as this is still your defence against getting seriously ill from the virus.

“Croydon Council is currently running a training programme for residents to be Covid-19 community vaccination champions. The champions will further support our successful work with the local NHS and partner organisations to get more people to have the vaccine, to protect themselves and others so that we can all live safely with the virus. Anyone who still has concerns or questions about the vaccines should speak to a healthcare professional to make an informed decision going forward.”

5 Quality assurance

Developing Research Questions

1. **Overall does the research ask the right question?** Yes, the questions were developed centrally through co-production with Healthwatch England.
2. **Has consideration been given to how the findings will be used?** Yes, the findings will be shared with key stakeholders in Croydon to improve understanding of the perception of vaccines and the experience of the COVID-19 vaccine programme.
3. **Is the research design appropriate for the question being asked?** Yes.
4. **Has any potential bias been addressed?** Yes. We have shown the limitations of a general survey and mentioned these under limitations and within the demographic section.
5. **Have ethical considerations been assessed and addressed appropriately?** Yes.
6. **Has risk been assessed where relevant and does it include?**
 - a. **Risk to well-being** None found.
 - b. **Reputational risk** None found.
 - c. **Legal risk** None found.
7. **Have appropriate resources been accessed and used to conduct the research?** Yes, as part of a wider project for Healthwatch England we have used appropriate resources to conduct the research.
8. **Where relevant have all contractual and funding arrangements been adhered to?** Yes, this met the terms of the agreement with Healthwatch England.

Data Management

- 9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.
- 10. Has data retention and security been addressed appropriately? Yes.
- 11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

- 12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for?. i.e. the Mental Capacity Act Yes.
- 13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? Yes.
- 14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

Collaborative Working

- 15. Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? Yes, we had a clear agreement with Healthwatch England who were running this project/
- 16. Have any potential issues or risks that could arise been mitigated? Yes
- 17. Has Healthwatch independence been maintained? Yes

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Yes.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? Yes

Intellectual Property and Publication

22. Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? Yes, this is owned by Healthwatch Croydon, who are managed by Help and Care

23. Is the research accessible to the public? Yes, this will be published on the Healthwatch Croydon website on 13 May 2022.

24. Are the research findings clearly articulated and accurate? Yes.

Evaluation and Impact

25. Have recommendations been made for improving the service?

Recommendations have been included within this report for consideration.

26. Has the service provider taken action based upon the recommendations?

Most of the recommendations have already put in practice by commissioners and providers before we shared our data with them, but provide useful insight that can be applied to future programmes.

27. Is there a plan in place to evaluate the changes made by the service provider? Healthwatch Croydon will continue to monitor activities on vaccination and see that these recommendations are applied across other programmes.

6 References

Croydon Observatory (2022) Population Overview - see
https://www.croydonobservatory.org/population/#/view-report/87014b69cc914a438349d2e0affff35f/____iaFirstFeature

Accessed 16 March 2022



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