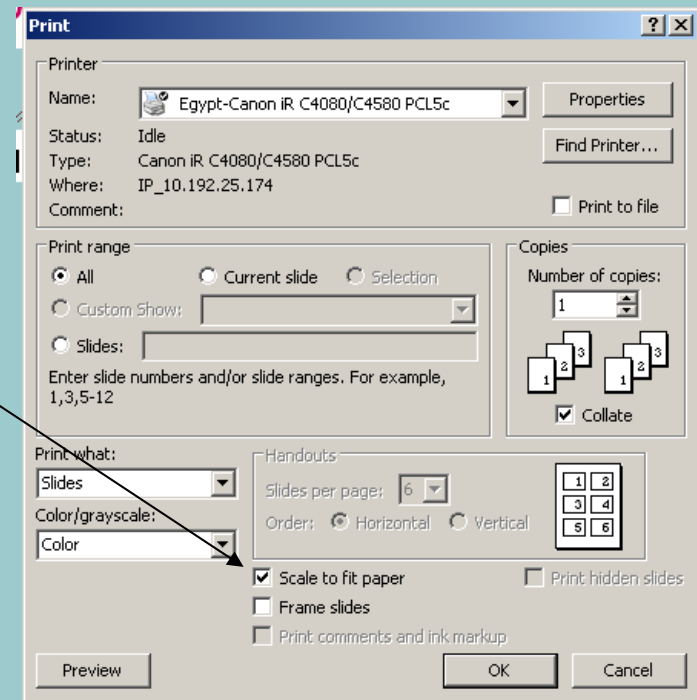




Important note

- Please ensure you tick 'Scale to fit paper' when printing

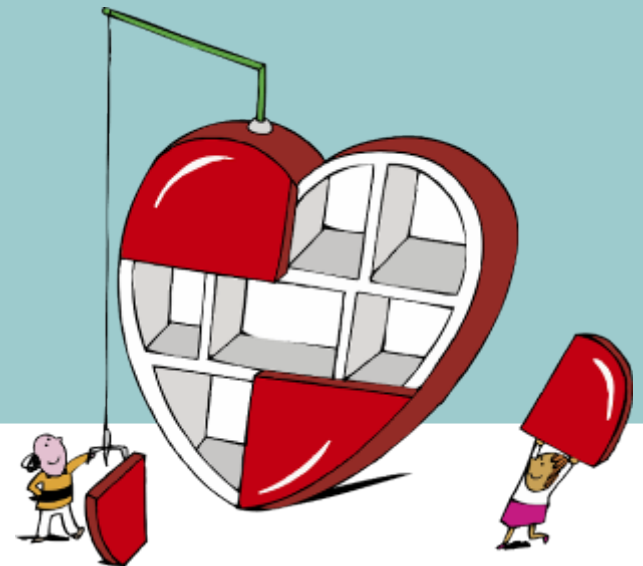




NHS AND COI: WORKING TOGETHER FOR HEALTH

Increasing access to NHS dental care in South Central PCTs

November 2010





Background

- Access to NHS dental services is low in South Central compared to the national average
- NHS South Central have been set the target of increasing access to NHS dentists
- Capacity has been increased through commissioning of extended services at existing dental practices and new practices
 - In some instances, capacity added has not proved easy to fill



Objectives

- Overall
 - Increase access to NHS dental care in South Central PCTs (NHS Portsmouth not involved)
- Specifically for this work
 - Identify potential users of NHS dental services
 - Explore their attitudes, behaviours and barriers to change
 - Develop interventions (communications, service design etc) that will reduce barriers and encourage use of NHS dental services

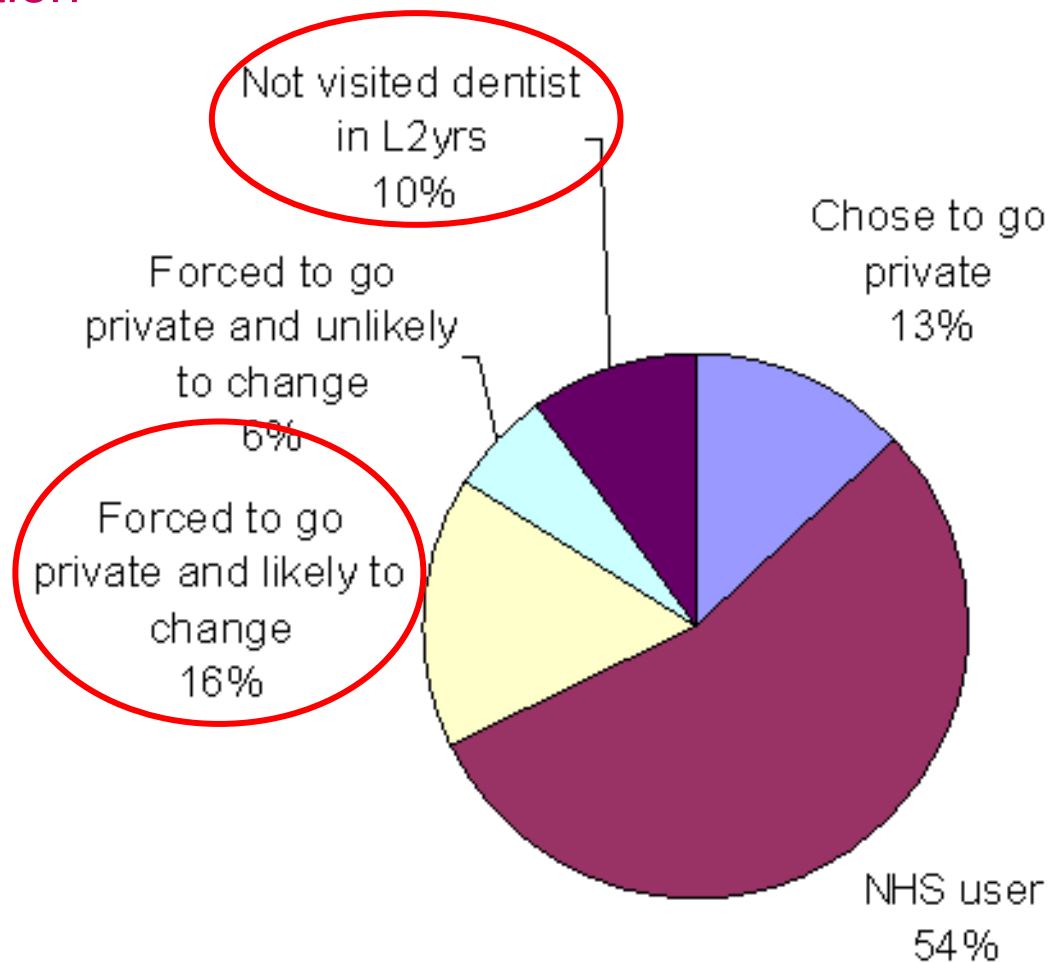


The approach: five step scoping project

1. Desk research – what is already known (national, other areas)
 2. Reanalyse existing dental access survey data to identify and understand segments
 3. Workshop amongst PCT dental and comms leads to share learning
 4. Qualitative research with target segments and dentists/staff
 5. 2nd workshop- agree recommendations
- Timing Apr – Nov 2010



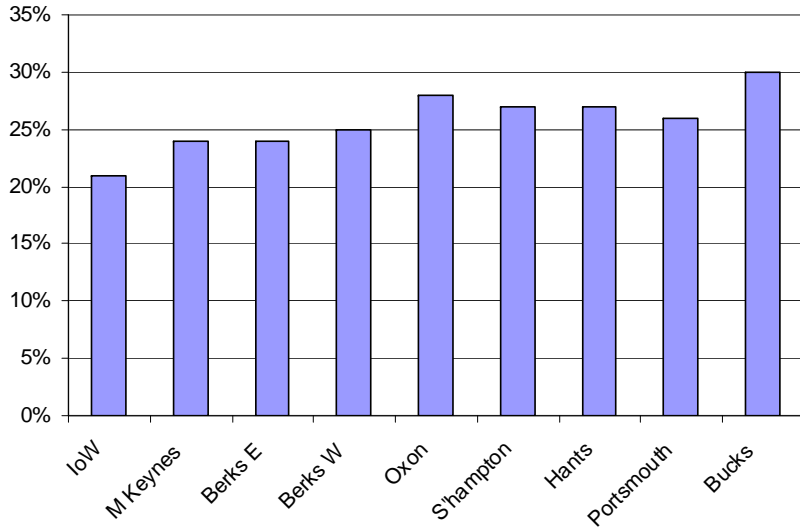
2 segments identified as potential users of NHS dental services, representing 26% of South Central adult population



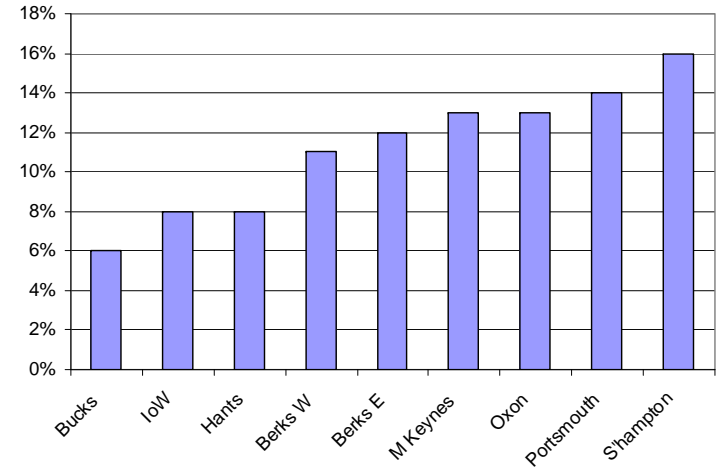


Total target audience is similar % of population in all PCTs, but localness is important

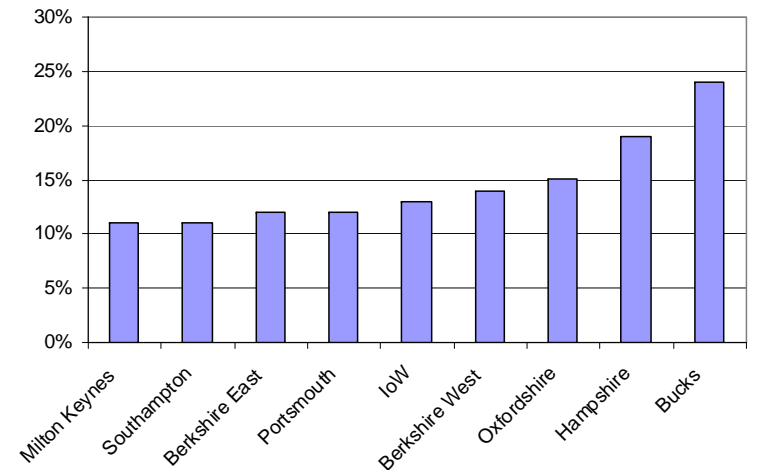
Total target audience



Those who haven't visited dentist in last 2 years



'Forced' to go private & likely to change





Profiles of the 2 priority segments

No dentist in last 2 years	'Forced' to go private, want to go NHS
Spread across age ranges, higher prevalence in young (<25) or older (>55)	Spread across age ranges, higher prevalence in young (<25)
Tend not to have children at home. Includes more from black/ minority ethnic communities	Tend not to have children at home
Urban, less well-off (Southampton, Portsmouth)	Rural, wealthier areas (Bucks, Hants)
ACORN Group: Moderate Means & Hard pressed	ACORN Groups: Wealthy Achievers



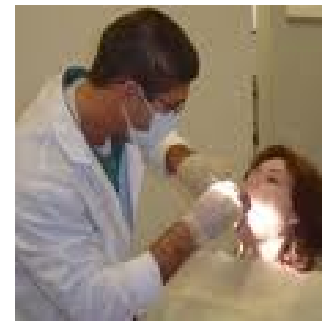
Desk research found consistent views on barriers to accessing dental services and perceptions of NHS compared to private services

- Lack of perceived need
- Fear
- Cost
- Time consuming / hassle factor
- Poor understanding of NHS offer: availability, charges, access
- Suspicion / belief that NHS service is inferior



Define research & insight

Findings from Qualitative Research





Sample Detail: Service Users

Workshop Location (PCT area):	Target Audience
Milton Keynes (Olney Village)	Group 2 (private dentist)
Berkshire West (Pangbourne)	Group 2 (private dentist)
Berkshire East (Slough)	Group 1 (no dentist)
Buckinghamshire (Wendover)	Group 2 (private dentist)
Oxfordshire (OX4 – South Oxford area)	Group 1 (no dentist)
Hampshire (Alton)	Group 2 (private dentist)
Hampshire (Farnborough)	Group 1 (no dentist)
Southampton (Shirley area)	Group 1 (no dentist)

- 8 workshops, each with 4-6 respondents and lasting 2 hours
- In addition, 10 'trialisists' (mix of group 1 and 2) asked to attend an NHS dentist to have a routine check up and to feedback on the process



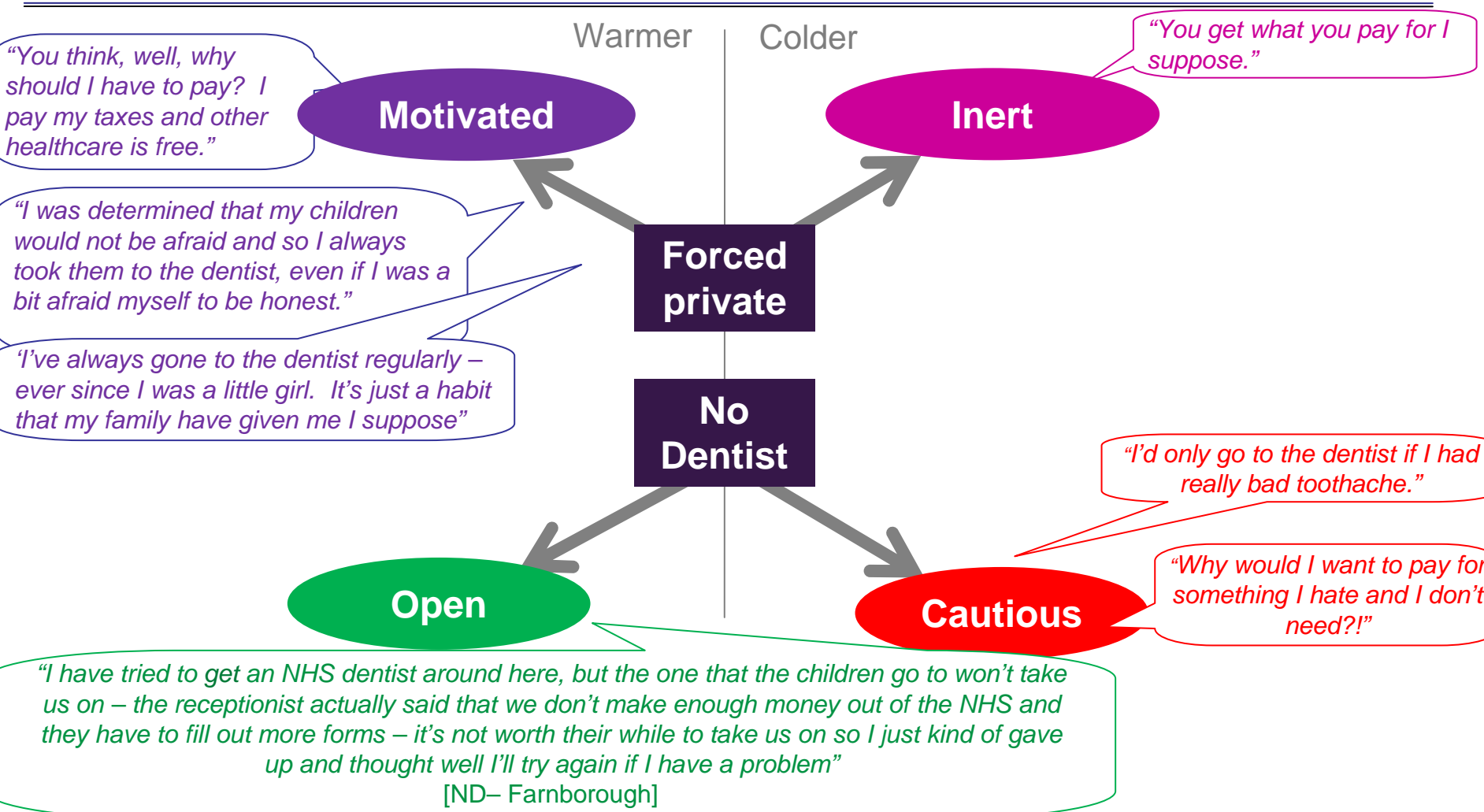
Sample Detail: Service Providers

- 10 x depth interviews with service providers spread across the PCTs
- 4 x face to face (1 hour) and 6 x telephone (30 - 60 minutes) interviews
- Spread across the PCTs
- 2 x from each of the following practice types:
 - Fairly new and thriving
 - Fairly new and struggling
 - About to open
 - Established practice accepting new NHS patients on a regular basis
 - Established practice not accepting new NHS patients.



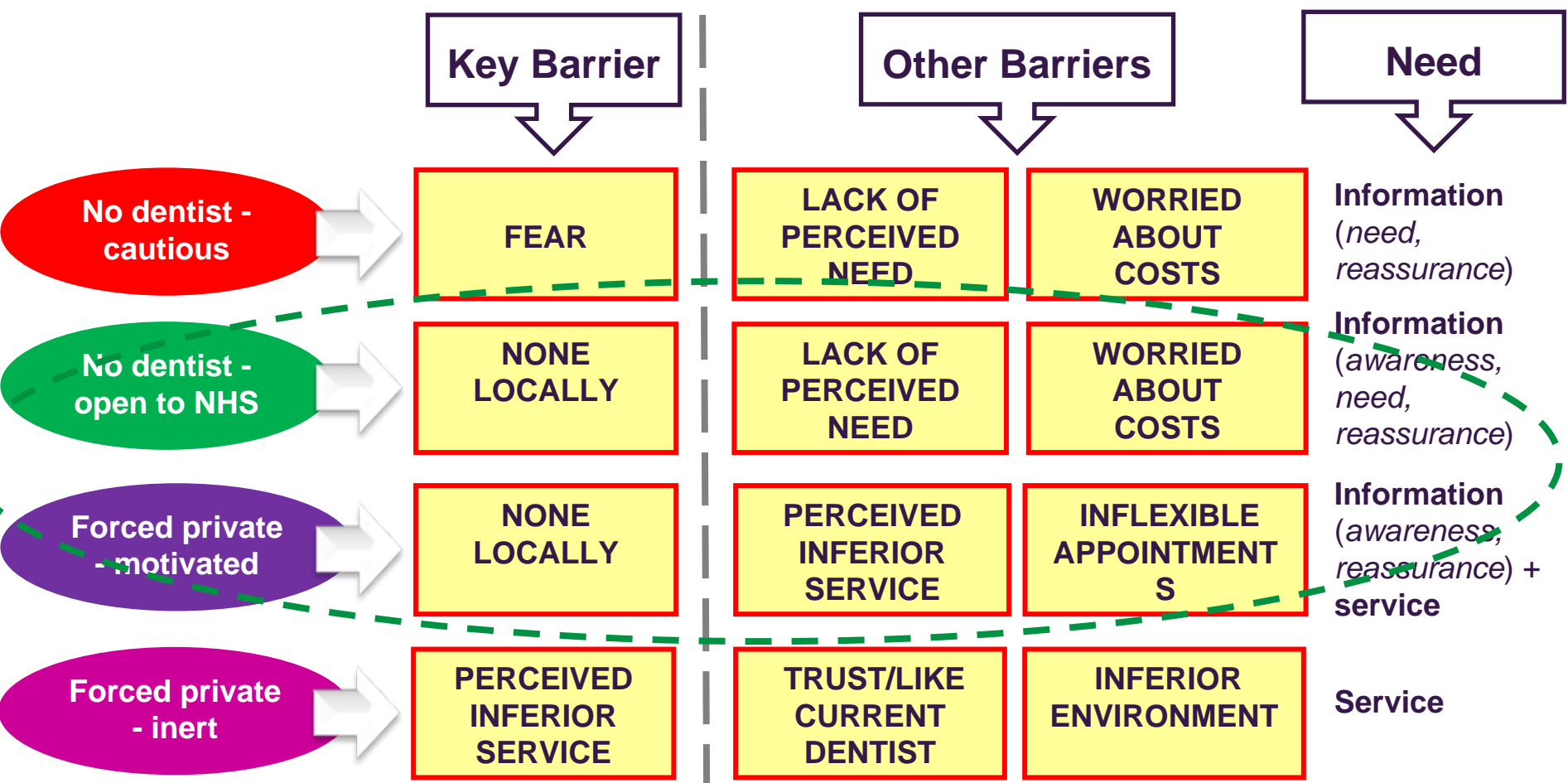
Understanding the attitudes that exist amongst service users

Distinct attitudinal differences between the *two* core segments as well as within them - to both dentistry in general and the NHS as service provider ...

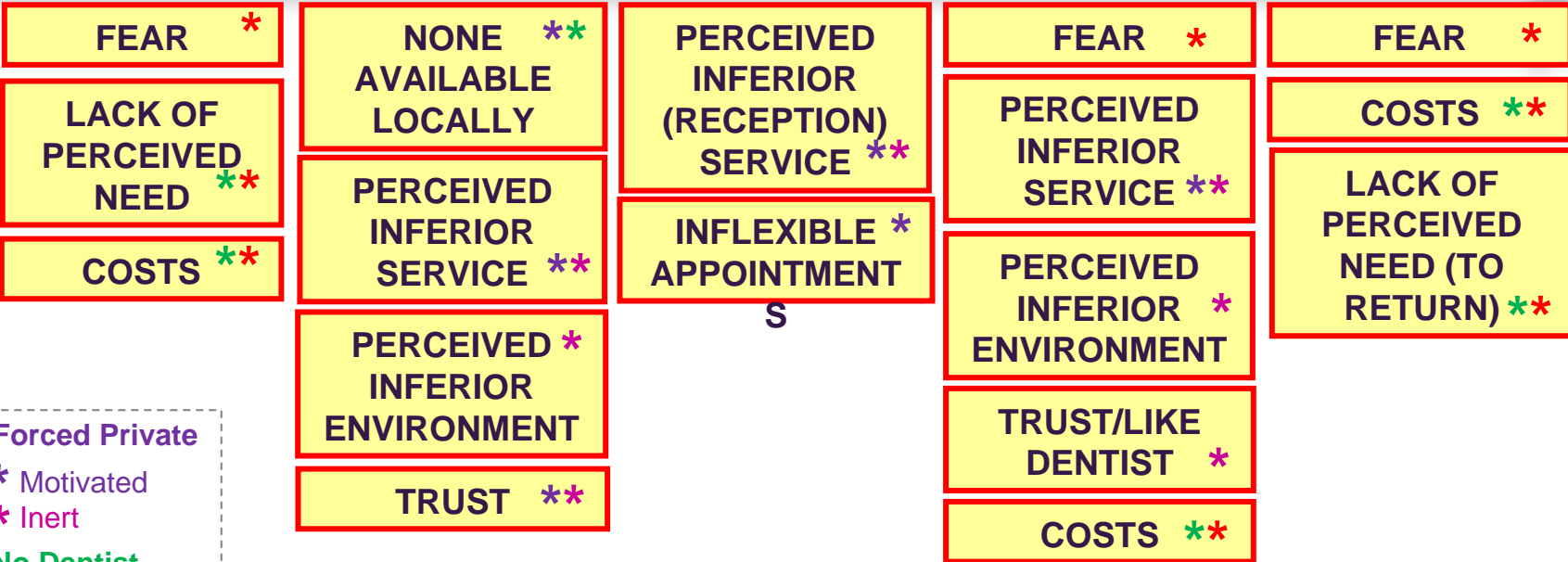


Attitudinal differences impact greatly on the degree to which people will be open to behaviour change, and therefore, to any interventions

Qualitative research found similar barriers locally to national



Barriers in relation to patient journey



Forced Private
 * Motivated
 * Inert
 No Dentist
 * Open
 * Cautious



Understanding the attitudes that exist amongst service providers

Dentists' recognise some of the barriers for *service users* towards considering the NHS

- Variations in *attitude* evident mainly by level of experience rather than area

PERCEIVED INFERIOR SERVICE

- Some felt that patients have negative attitudes towards the NHS
 - Some patients assume they will have less time spent on them in the NHS
 - And that they will be offered a more inferior treatment on the NHS
- ↓
- There is a suspicion, amongst some dentists, that this negativity is driven by private dentists wanting to justify their fees!
 - Dentists also report that patients who have been with the NHS for a number of years are *more likely* to be satisfied with the service versus those switching from private dentistry
 - A good deal of trust and relationship building has, therefore, to be done early on in the dentist/patient relationship, to overcome any pre-existing negative feelings

However, dentists report that some patients, once enrolled and using, express feelings of real gratitude towards the NHS - especially in areas where there hasn't been an NHS provision for a number of years (most prevalent in Bucks and Oxford during this research)

As reported by users themselves there are also barriers preventing connection with an NHS dentist in the first place

NONE LOCALLY

- Dentists also comment that patients complain about how difficult it is to get a NHS dentist:
 - Dentists themselves, however, believe that this is because *patients have not been looking*, or are simply *unaware* of the increased numbers of NHS dentists that have been put into their area
- Dentists feel that the media has done them a disservice in this respect, perpetuating the myth that there are fewer NHS dentists (as well that the service that they provide is an inferior one)

COSTS

- Dentists also believe that strong feelings of resentment exist amongst *some* patients who are opposed, in principle, to paying for dental care at all:
 - A good many patients believe that dental care should be free like other aspects of the NHS

Less *spontaneous* acknowledgement of user issues around non-treatment aspects of service delivery (customer service, environment) and worry about costs, although these are recognised when raised.



Pen portrait overview: Group 1: Those who have not been to the dentist for the last 2 years

Lifestyle

Less affluent than average.

More likely to live in urban locations, notably Portsmouth and Southampton

Attitude to NHS dentistry

You can't get an NHS dentist around here

I'll need to register

It will take ages to get an appointment

I don't know what it will cost

Attitude to going to dentist

There's nothing wrong with my teeth – I don't need to go to a dentist

I don't know how much dental care costs but am concerned it will be a lot (dentists are only in it for the money)

I am scared of going to the dentist – pain, control, being judged

I used to go to the dentist but he went private and I stopped

Barriers to uptake

No perceived need

Cost

Fear

Drivers to uptake

Want to look and feel good

For some, used to go to the dentist regularly so might not need that much encouragement to resume the habit





Pen portrait overview: Group 2: Those 'forced' to go private but want to return to NHS

Lifestyle

Relatively well-off
More likely to live in rural locations

Attitude to going to dentist

It's important to go to the dentist regularly
I had to go private when my dentist stopped doing NHS

Barriers to uptake

Perceptions about the availability, flexibility and quality of NHS services compared to private

Attitude to NHS dentistry

You can't get an NHS dentist around here any more
NHS dentists probably don't offer as high quality or flexible a service as private dentists



Drivers to uptake

In regular, planned care, so no need to persuade of benefits of visiting dentist
Unhappy with having to go private – would prefer NHS



Interventions to overcome barriers

“You have to come up with a whole range of ideas to get them through the door first of all and then to keep them coming”

[New and Thriving Dentist - Slough]

Dental Surgery Marketing Case Study

Thriving Dentist: multiple practices

- One Dentist, who had expanded to four sites and had raised the number of NHS patients from 2,000 to 20,000 in one site, has done the following:
 - ★ Using other health events to promote dental health and own surgery with stand outside practice in high street (with goodie bags giveaways)
 - No smoking week, oral cancer week, national smile month
 - ★ Visiting schools to reach kids (and reports gaining parents too as a result by suggesting family appointments)
 - ★ Ensured suitable staff answering the phone and taking enquiries (training for reception)
 - ★ Connections with wide range of local primary care providers, e.g. GP, optician, podiatrist, osteopaths
 - ★ Broader opening times than other surgeries – earlier opening times and Saturdays
 - ★ Posters and billboards “now accepting new patients”
 - ★ Leaflet drops in local area
 - ★ Patient forum in surgery to listen to patients’ needs
 - ★ Talks to patients about what entitled to on NHS
 - ★ Including marketing in staff contracts

*“ On oral cancer week, smoking cessation we have a stand outside the practice on the high street (existing practices) “
[About to Open, Pangbourne]*



Other “successful” activity highlighted by dentists

- Other activity used singly and variously by some other surgeries covers a range of the suggested interventions and is reported as successful:



- Text message reminders – e.g. *Oxford*



- Comprehensive website with registration function – e.g. *Oxford*



- Customer service training – e.g. *Reading, Marlow, Oxford, Slough*



- Goody bags – *mentioned as an effective intervention created by Tower Hamlets PCT (PCT sent out vouchers which could be exchanged for a goody bag at check up)*



- Welcoming environment (keeping decor fresh) – e.g. *Many*

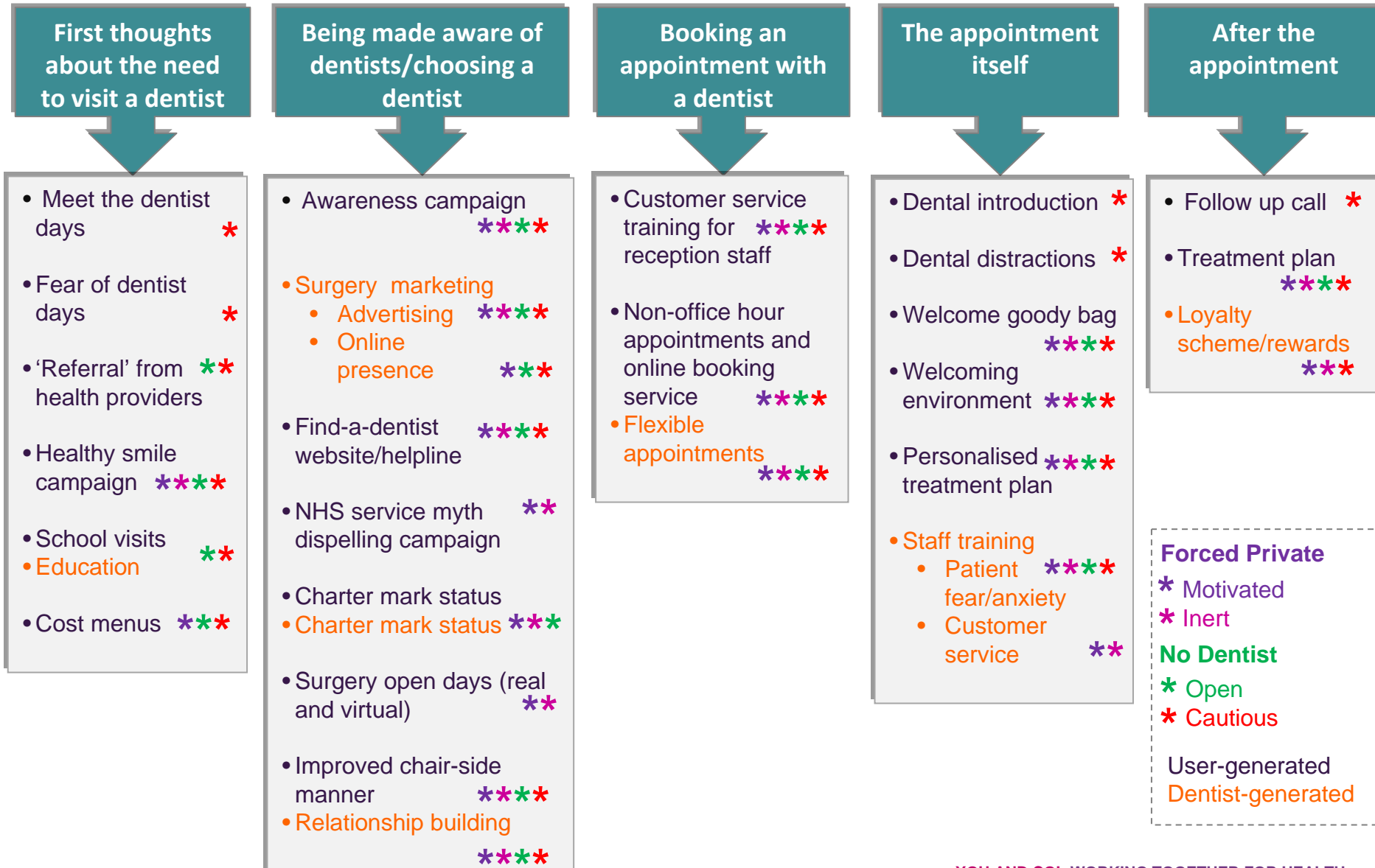


- Printed treatment plans – e.g. *Buckingham*

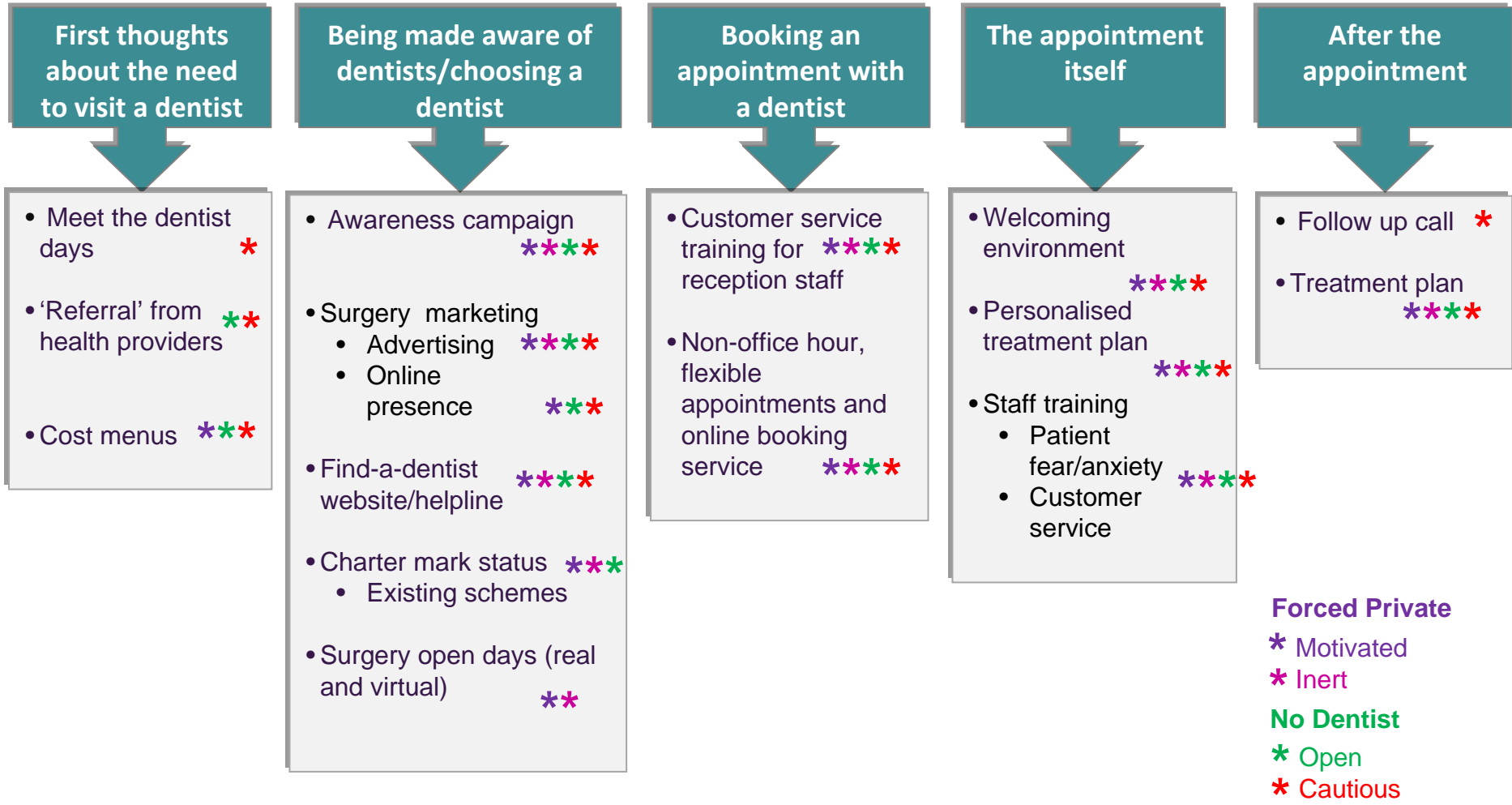


- Leaflet drops- e.g. *Oxford*

Summary of interventions with potential relevance to audiences over the 'customer journey'



Areas for mid term focus – strong role for dental practices in partnership with PCTs





Local action plan

To be completed by each PCT

NHS AND COI: WORKING TOGETHER FOR HEALTH

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