

2015

Leicester Dental Survey 2015

Final Report



Leicester Dental Survey 2015

Our thanks are given to:

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EXECUTIVE SUMMARY

This report contains a summary of the findings from research conducted on behalf of Leicester City Council by Information by Design. The research was undertaken in two phases – a quantitative survey of 1,100 residents across the City, and qualitative work which included focus groups and depth interviews with targeted participants, identified from the survey results.

QUANTITATIVE PHASE

Key findings from the survey include:

- Nearly three-fifths of respondents (59%) described their dental health as very good or excellent with only 8% describing their dental health as bad or very bad.
- Over four-fifths of residents (81%) had twenty or more of their natural teeth.
- 5% of respondents were limited in their ability to attend the dentist by longstanding illness, disability, or infirmity.
- 71% reported cleaning their teeth at least twice a day, with 11% cleaning their teeth more than twice a day.
- One-third of respondents (33%) have never had problems with their teeth or dentures in the last twelve months.
- 65% go to the dentist at least once a year - 15% only go when they have trouble with their teeth or dentures - 7% never go to the dentist.
- 72% have NHS treatment when they see a dentist and less than half (46%) pay a charge for NHS treatment.
- Just over two-thirds of respondents (67%) had last visited the dentist within the last twelve months and 82% had last visited the dentist within the last two years.
- Of those who had not visited the dentist in the last two years, the most common reasons given were that there is nothing wrong with their teeth, not being able to afford the NHS charges, or not being able to find an NHS dentist.
- 14% would feel very or extremely anxious if they went to the dentist tomorrow.
- Respondents generally rated their most recent dental practice highly.
- Over three-fifths of respondents (61%) had tried to make an NHS dental appointment for themselves in the last two years.
- 21% had not tried to make an appointment with an NHS dentist because they do not go to the dentist and 18% having not made an appointment with an NHS dentist because they go to a private dentist.
- Of the respondents who had tried to make an NHS dental appointment in the last two years, 65% had tried to make an appointment for a routine appointment and 22% for an emergency or urgent appointment.
- Of those who had tried to make an appointment, the majority (95%) were successful in making the appointment.
- One-fifth of respondents (20%) had experienced difficulty in getting a routine appointment
- Around one-fifth (18%) had experienced difficulty in getting emergency or urgent treatment with an NHS dentist in the last year.
- Of the respondents who had found it difficult, 38% had found it difficult because the dentist they wanted to visit did not have availability and 33% because treatment was too expensive.
- Nearly one-quarter of respondents (23%) had delayed NHS dental care or treatment because of cost.
- 94% of respondents who have children living in their house knew that NHS dental care is free to all children under the age of eighteen. Those who did not know were more likely to be men and more likely to be White.
- Just over three-quarters of respondents (76%) with children take their children to visit a dentist every year. Those who did not take their children to the dentist every year are significantly more likely to be men.
- Of those who do not take their children to the dentist every year the top three reasons for not taking them was that they only have baby teeth, because there was nothing wrong with their teeth, or because they could not find an NHS dentist – the latter being 14%. As such, of those

who are not taken to the dentist, 14 in 100 children are not taken to the dentist because they could not access NHS treatment.

- Of those with children, less than 18% had been offered fluoride varnish treatment for their children - with a high take-up rate of 93%.

QUALITATIVE PHASE

Focus groups and depth interviews were conducted with the following groups:

- Low income
- North
- East
- Men
- Asian men
- Older people
- Homeless
- Gypsies and Travellers
- Employed
- Not employed
- 25-64 age group (10 male, 10 female)
- Men (10 from each of the 3 IMD terciles)

The key issues considered in the groups were around attendance and barriers; access; dental hygiene and information needs. It should be noted that these groups had all been highlighted in the survey as having some further issues to explore, so it would be expected to encounter a higher proportion with 'problems' than in the general population.

Attendance and barriers

- There were clear issues across many of the groups, with a number of instances where residents were not 'registered' with a dentist or, if 'registered', had not attended a dentist recently.
- Across all of the groups, costs were a barrier in a number of circumstances. Costs of treatment varied considerably when patients were treated privately and could be substantial even for simple check-ups. Those who were on low pay were not aware of the availability of the low-income scheme and there was also confusion about which benefits would entitle patients to free treatment – and indeed some were not aware of which benefits they were on.
- Private patients were often paying considerable amounts for basic treatment, such as paying 'insurance' to cover the costs of a check-up which were 3 times more than the cost of an NHS check-up, and reports of high 'one-off' charges for check-ups (over £100) and crowns (£1,000)
- Timings of services were also an issue – with limited weekend appointments and particular difficulties for certain groups of patients, such as those who worked shifts and those who had children, with some schools having strict rules on appointments.
- Poor experience of dentists, either in the past or more recently, led to some having a fear of the dentist. For some, this had included poor clinical practice such as low hygiene standards.
- For some, attendance at the dentist was only in emergencies, for example with a broken tooth, when a tooth or filling drops out. This led then to having to use emergency dental services either at a dentist, at the Dental Access Centre (Nelson Street)¹, or in the hospital.

¹ The Dental Access Centre (DAC) is an emergency dental service for people who do not have an NHS dentist. Emergency dental treatment includes treatment for severe dental pain, swelling, post extraction bleeding and trauma. This is based at Nelson Street in Leicester and local residents refer to it as Nelson Street.

Access

Access issues were encountered across all of the groups, as would be expected due to the targeted nature of the groups. This was connected to cost – with certain groups finding it difficult to access NHS care and being unable to afford to attend privately. Access issues included:

- Not being able to find an NHS dentist, even after a number of attempts.
- Not being able to access a dentist within a reasonable travelling distance of their own locality
- Those with children finding that they were only able to access a dentist for the adults of the household, and having to take their children further afield to a different dentist, creating a barrier to accessing service.
- Those with disabilities being unable to access services which were suitable to them, or being unable to travel to their dentist.
- Gypsies and Travellers and Homeless residents not being able to access services, with some reporting that they felt that they had been subject to discrimination, but they also had difficulties in accessing 'regular' services due to their lifestyles.
- Suggestions from residents that 'fee paying' customers were being given appointments at dentists, whereas those who were NHS patients were not.

Dental Hygiene

Dental hygiene across the groups was mixed, but it was apparent that men in particular were less likely to brush their teeth twice a day, often brushing irregularly and usually once a day. Across all of the groups, there was very low use of dental floss – only occasionally was this utilized and then only sporadically. Some groups had never used it – and some had used it but found it uncomfortable. There was a reasonably widespread use of mouthwash – sometimes as a substitute for brushing – and some mouthwashes had been 'medicalised', in particular, Corsodyl. There were also some issues with the diet of some groups, in particular, excessive sugar in some diets (such as chai or burfi²); 'pop' (fizzy drinks) in some communities being drunk in the night. Those who perceived that they had very poor perceived dental health had, in some cases, decided that there was little point in caring for teeth – particularly where teeth had been extensively lost or removed.

Information Needs

There were a number of preferences for information, including the internet, leaflets, letters, magazines, and television. Some of the information needed was around how to have good dental hygiene and where NHS services could be accessed (with current information being seen to be inaccurate).

Final Draft

July 2015

² Chai is a very sweet tea, and burfi are 'fudge' type sweets consumed by the Indian community (See Appendix for recipe)

1 BACKGROUND AND METHODOLOGY

This report gives the results from mixed method research conducted on dental health and access to dental services in Leicester. The research was commissioned by Leicester City Council and conducted by Information by Design. The research included both a quantitative survey, and a qualitative phase using focus groups and depth interviews with a number of resident groups identified in the main survey.

The main fieldwork took place in October and November 2014 and the booster groups took place between November 2014 and February 2015. Qualitative work took place between February and May 2015.

BACKGROUND AND AIMS

Research over the last three decades has highlighted issues with accessing dental care³. In this early research, some obstacles to attending were linked to factors which could be described as patient-centred; these factors include dental anxiety, costs of treatment, and the attributes of the dental practice. In more recent years, access to NHS dental services has occasionally been a contentious issue with some reports suggesting that it is difficult to obtain an appointment with an NHS dentist⁴. There have been substantial changes to the way dental services have been organised and paid for in the UK in recent years, most notably the introduction of a new contract in England in 2006. A number of aspects relating to access to dental health care have been examined recently in the Adult Dental Health Survey (ADHS)⁵. This reported on issues linked to appointments, costs and dental anxiety as central aspects in the improvement of oral health.

The aim of the research was to collect robust evidence on access to dental services and related issues in Leicester.

METHODOLOGY

This quantitative research comprised of surveys completed by a representative sample of residents, online and by six sub-groups (booster groups). Initial questionnaire design was undertaken using primarily validated questions from the Adult Dental Health Survey 2009 (ADHS). Consultation took place with the public health team, the local Oral Health Promotion Board, the Leicester Local Dental Committee (LDC) and relevant Councillors, to ensure that all the necessary questions were included in the survey. The survey pilot was conducted with 50 respondents, and data was analysed and checked for missing values and to ensure that respondents had understood the questions.

RESIDENTS SURVEY

A total of 1,139 questionnaires were conducted with residents from across the city. A quota sampling approach for the survey was used to obtain a sample which is representative of Leicester at ward level. Interlocking quotas by ward, age and gender were set, based on 2012 mid-year population estimates. City-wide quotas were also set on employment status and ethnic group based on the 2011 census. To ensure geographical coverage across wards, surveys were conducted in all of the LSOAs within a ward and targets were set for the number of completed interviews at LSOA level.

The residents' survey was conducted using an assisted self-completion technique, also known as 'Knock-and-Drop'. In this:

- Teams of fieldwork staff worked across the geographical area defined for the survey calling on residents in their own homes. This was undertaken across the day from 10.00 am to 7.30 pm, and across all days of the week, including the weekend, to ensure that the sample included those from different backgrounds and working patterns.
- Where residents were at home, team members introduced themselves, described the purpose of the research, sought residents' agreement to complete the questionnaire, and

³ Finch et al (1988) *Barriers to the receipt of dental care*, Social and Community Planning Research

⁴ <http://news.bbc.co.uk/1/hi/health/2935611.stm>

⁵ See, for example, *Access and barriers to care - a report from the Adult Dental Health Survey 2009*, report from the Health and Social Care Information Centre, March 2011

called back at an agreed time to collect it. Where residents had difficulty in completing the questionnaire (for example, due to age, poor eyesight or language difficulties) then assistance was provided by the fieldwork team.

A target sample size of 1,100 completed questionnaires was set for the survey. In total, the achieved sample was 1,139 completed questionnaires. It should be noted that respondents were able to choose not to answer questions so the base size in some of the questions is smaller than 1,139. A full profile of those who completed the survey is contained in the Appendix. The data collected was weighted to the profile of Leicester by age, gender and ethnicity.

BOOSTER GROUPS

There was particular interest in specific sub-groups of residents, and where it was estimated that there would be insufficient data in the main sample to provide robust analysis, 'booster' surveys were conducted, seeking to engage these residents via organisations who worked with them. Six sub-groups in the city were chosen:

- Asylum Seekers
- People with disabilities
- Gypsies and Travellers
- Homeless
- Older people
- Young people (16 and 17 year olds)

These surveys were conducted using a mixture of community liaison and face-to-face contacts as follows:

- Asylum seekers at drop-in sessions and events run by the British Red Cross Refugee Service.
- People with disabilities in a number of venues including sheltered housing, support services, charities, and disability organisations.
- Fieldwork with the Gypsy and Traveller community in Leicester was conducted by telephone by a member of the Gypsy and Traveller Families Team at the Leicestershire partnership NHS trust and also face-to-face when these residents visited the team. At the time of the survey, a number of members of this community had been moved off current sites whilst waiting for new sites to be developed.
- Homeless people were interviewed at relevant support services and in various hostels which offered temporary accommodation.
- Older people were interviewed in sheltered housing and residential homes across Leicester.
- Young people - 16 and 17 year olds – were interviewed in a number of further education colleges and in one secondary school in Leicester.

Although the initial intention was to achieve a sample of around 100 per group, it was recognised that some of the groups were small and as such, targets would be lower. In total, the achieved sample was 360 completed questionnaires broken down as follows:

- 52 asylum seekers
- 23 people with disabilities
- 11 gypsies and travellers
- 102 older people
- 100 young people.

It should be noted that respondents were able to choose not to answer questions so the base size in some of the questions is smaller than 360. A full profile is contained in the Appendix.

ANALYSIS AND REPORTING

Analysis of the survey was undertaken in SPSS. Tables of results and cross-tabulations by gender, age, ethnicity, and deprivation tercile were produced. Chi-squared tests were used to identify the significant differences between the different groups. Where there are significant differences, these are indicated underneath the appropriate chart.

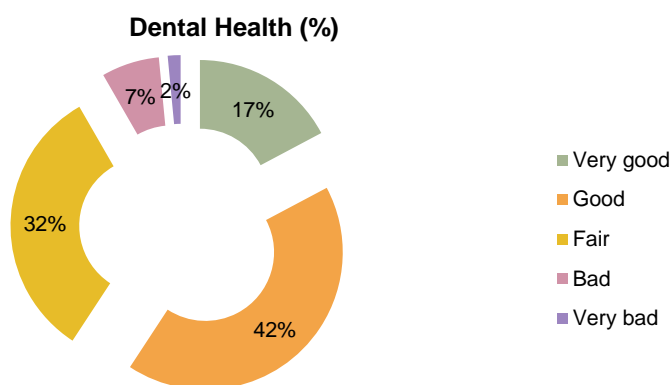
It should be noted that some of the booster groups are very small samples and therefore some of these results should be treated with caution. The booster groups are reported in a tabular format and significant differences are noted.

2 RESULTS

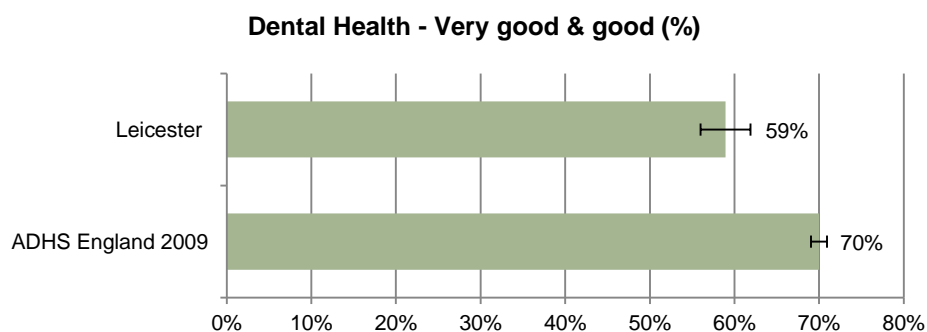
This section presents the results from the surveys conducted with the representative sample of Leicester and the six 'booster' sub-groups.

ORAL HEALTH

Nearly three-fifths of respondents (59%) described their dental health, including their mouth, teeth and dentures, as very good or good. Nearly a third (32%) described their dental health as fair and 9% as bad or very bad. Those who described their teeth as bad or very bad are significantly more likely to be men, to be aged between 25 and 44 year, to be in employment and to be from the most deprived deprivation tercile. 63% of those who described their teeth as bad or very bad were men, compared to 48% of those who described their teeth as very good, good or fair. 54% of those who described their teeth as bad or very bad were aged 25 to 44 years, compared to 37% of those who described their teeth as very good, good or fair. 59% of those who described their teeth as bad or very bad were in employment, compared to 46% of those who described their teeth as very good, good or fair. 79% of those who described their teeth as bad or very bad were from the most deprived tercile, compared to 63% of those who described their teeth as very good, good or fair. Of those with teeth, 59% described their dental health as good or very good, which is significantly lower than the Adult Dental Health Survey (ADHS) 2009 where the comparable figure is 70%.



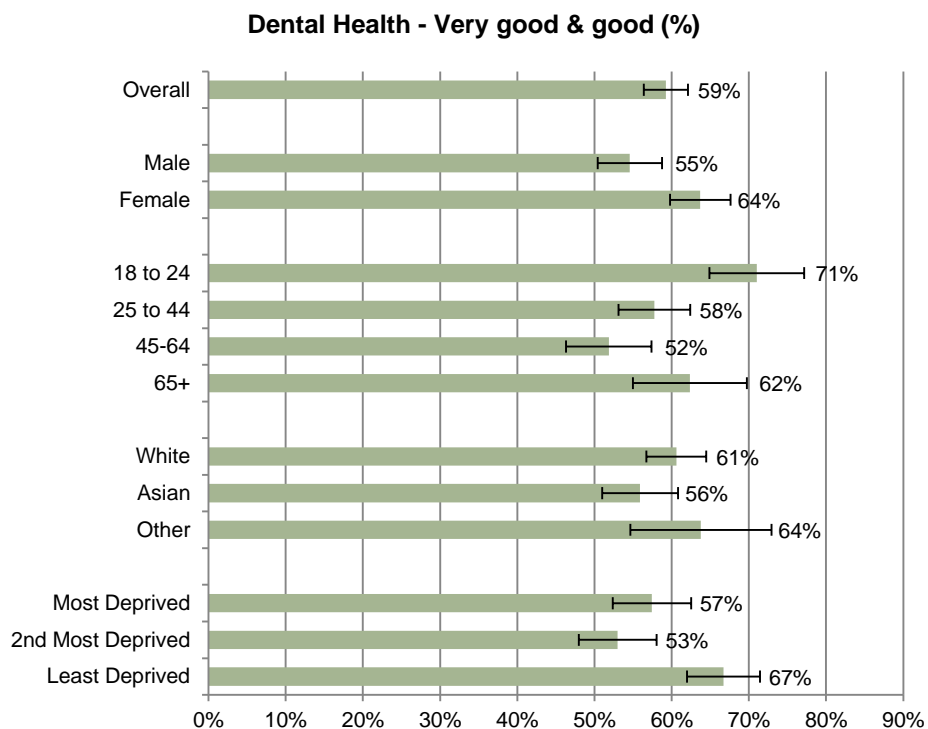
Base size: 1,125



Base size: Leicester = 1,063, ADHS England 2009 = 9,020

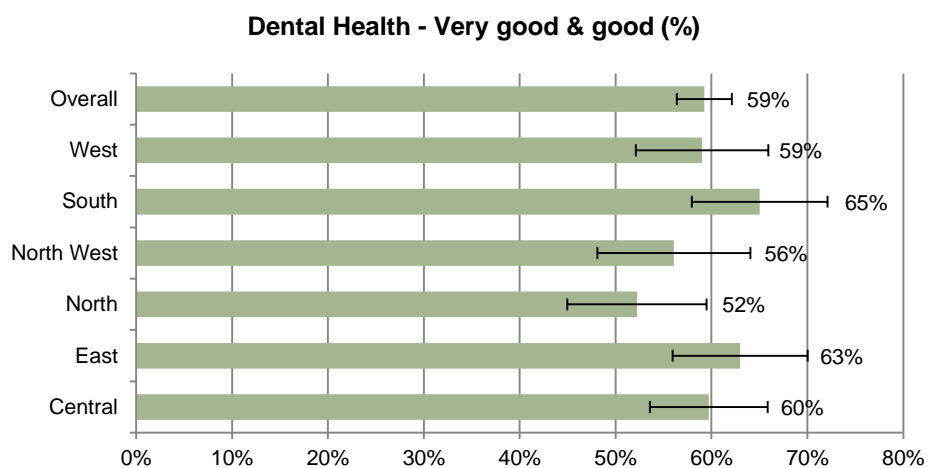
ADHS tables do not contain all categories (just very good/good)

There are significant differences in the proportion of respondents with very good or good dental health. Women, those in the 18 to 24 age groups and those from the least deprived areas are significantly more likely to describe their dental health as very good or good.



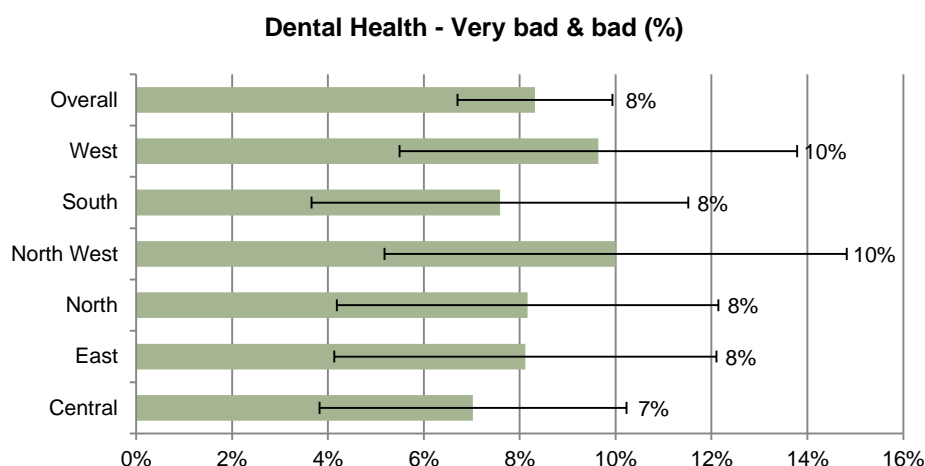
Base size: See Appendix
Significant difference by gender, age and IMD

There are no significant differences in the proportion of respondents reporting very good or good dental health by neighbourhood area.



Base size: See Appendix
No significant differences

There are no significant differences in the proportion of respondents reporting very bad or bad dental health by neighbourhood area.



Base size: See Appendix
No significant differences

There are significant differences in the proportion of respondents with very good or good dental health between the booster samples and the residents' survey. Homeless people were less likely to report good or very good dental health and young people were more likely to report good or very good dental health than Leicester overall.

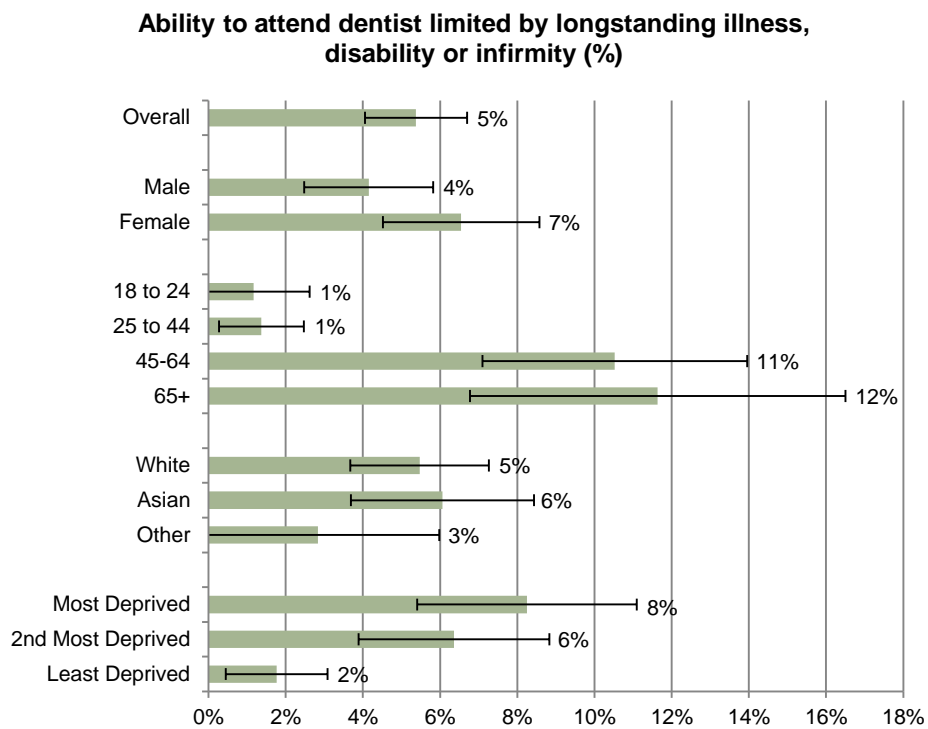
Dental Health (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Very Good & good	46%	65%	82%	38%	60%	83%	59%
Base Size	50	23	11	72	101	100	1125
Significant difference?	No	No	No	Yes	No	Yes	-

LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY (LSIDI)

One-fifth of respondents (20%) have a long-standing illness, disability or infirmity (LSIDI). Of these, 28% have a LSIDI which limits their ability to attend the dentist for routine dental check-ups or treatment. This is higher than in the 2011 census where 17% reported having their day-to-day activities limited either 'a lot' or 'a little' by a long-term health problem or disability in Leicester. In the General Lifestyle Survey 2011⁶ 19% reported having a limiting long-standing illness or disability and 12% had experienced restricted activity in the 14 days before interview due to illness or injury.

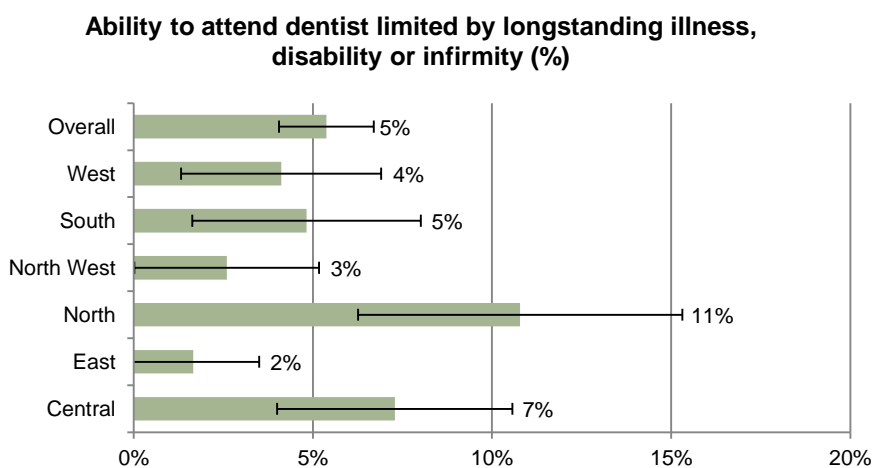
⁶ General Lifestyle Survey 2011, Office for National Statistics

There are significant differences in those whose ability to attend the dentist was limited by LSIDI by age (as might be expected) and deprivation. Those aged 45 and over and those from the second and most deprived deprivation terciles were significantly more likely to be limited in their ability to attend the dentist.



Base size: See Appendix
Significant difference by age and IMD

There are significant differences in those whose ability to attend the dentist was limited by LSIDI by neighbourhood. Residents from the North neighbourhood area were significantly more likely to be limited in their ability to attend the dentist than residents from North West and East.



Base size: See Appendix
Significant difference by neighbourhood area

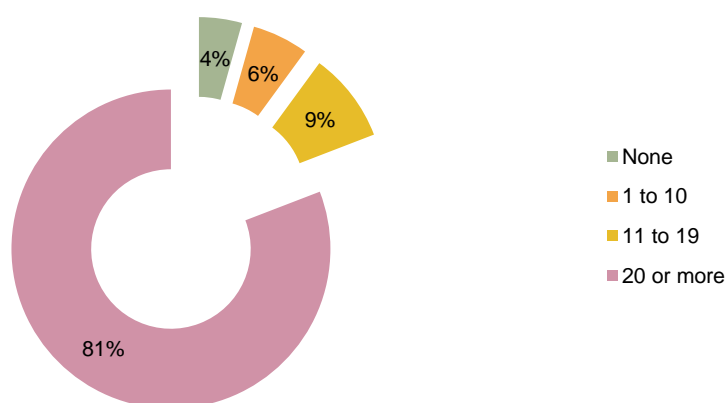
There is a significant difference in the proportion of respondents whose ability to attend the dentist was limited by LSIDI between the older people's booster sample and the residents' survey. Older people, as might be expected, were more likely to be limited in the ability to attend the dentist than Leicester overall.

Ability to attend dentist limited by longstanding illness, disability or infirmity (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Ability limited	6%	45%	0%	15%	25%	1%	5%
Base Size	50	22	11	71	100	100	1,119
Significant difference?	No	No	No	No	Yes	No	-

NUMBER OF TEETH

Over four-fifths of residents (81%) had twenty or more of their natural teeth. 15% have between one and nineteen, 4% did not have any natural teeth. This is slightly lower than the ADHS⁷ where 6% of respondents did not have any natural teeth. Of those who reported having natural teeth, 85% had 20 or more teeth, similar to the ADHS where 86% of respondents with teeth had 21 or more teeth.

Number of Natural Teeth (%)



Base size: 1,119

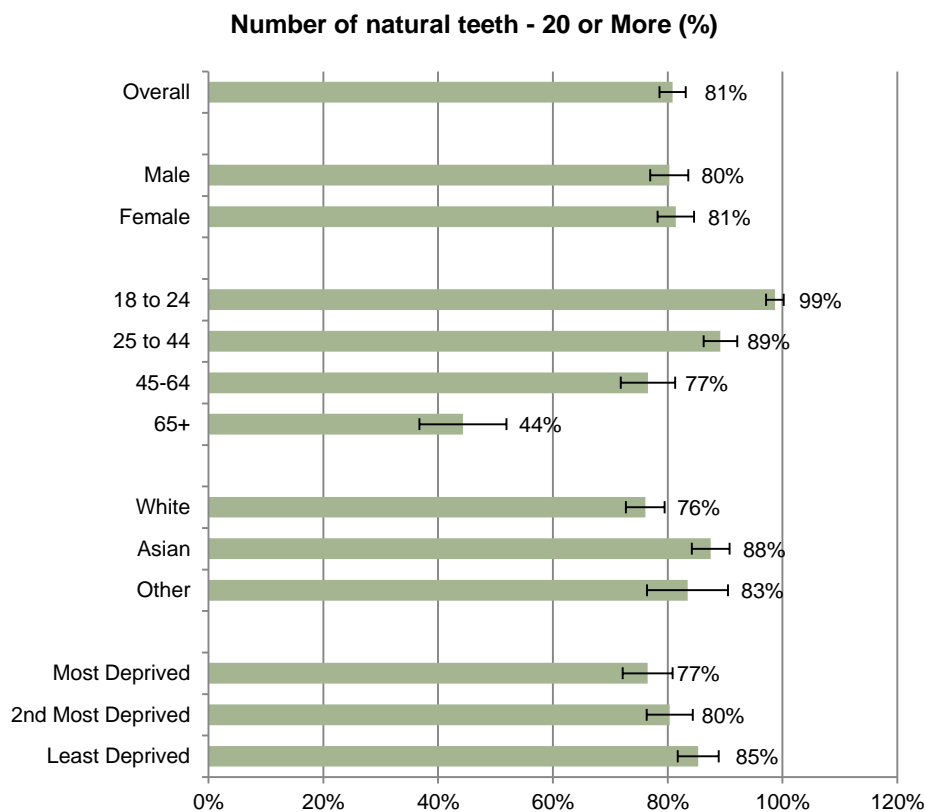
Leicester (those with teeth): 1-10 = 6%, 11-19 = 10%, 20 or more = 85%

ADHS 2009 (those with teeth): 1-8 = 3%, 9-14 = 3%, 15-20 = 8%, 21 or more = 86%

ADHS tables use different categories

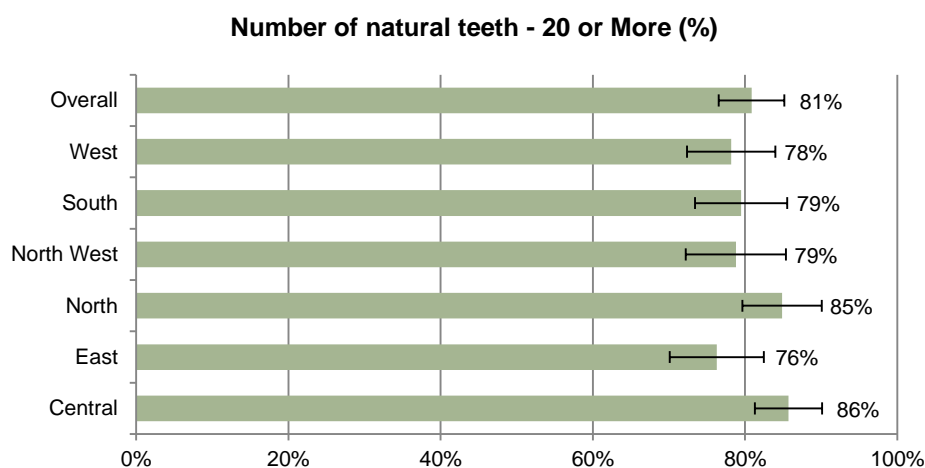
⁷ Adult Dental Health Survey 2009

There were significant differences in the proportion of respondents with twenty or more of their natural teeth. Respondents from younger age groups, from Asian ethnic groups and from the least deprived areas were significantly more likely to have twenty or more teeth.



Base size: See Appendix
Significant difference by age, ethnic group and IMD

There were no significant differences in the proportion of respondents with twenty or more of their natural teeth by neighbourhood area.



Base size: See Appendix
No significant differences

There are significant differences in the proportion of respondents with twenty or more natural teeth between the booster samples and the residents' survey. Young people were more likely to have twenty or more teeth, and homeless and older people were less likely to have twenty or more teeth than Leicester overall.

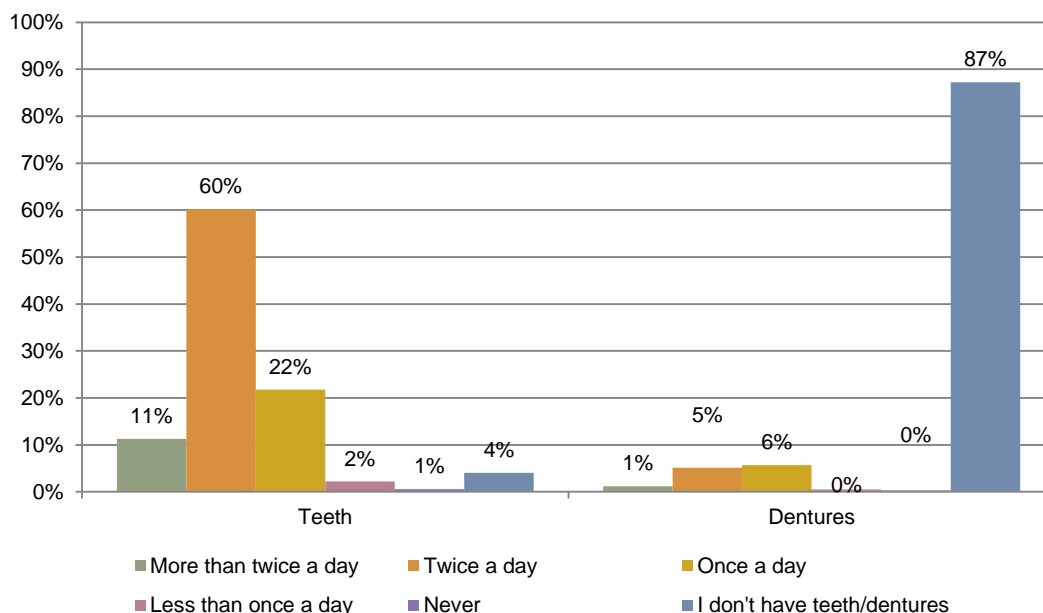
Number of natural teeth (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
20 or more	80%	30%	100%	69%	25%	99%	81%
Base Size	50	23	11	72	100	95	1,119
Significant difference?	No	No	No	Yes	Yes	Yes	-

DENTAL HYGIENE

Seventy-one percent of respondents (71%) reported cleaning their teeth at least twice a day, with 11% cleaning their teeth more than twice a day. Nearly one-quarter of respondents (24%) clean their teeth once a day or less often and less than 1% never clean their teeth.

4% of respondents did not have any teeth and 13% had dentures. Of those with teeth, 74% clean their teeth at least twice a day, similar to the ADHS⁸ where 75% of those with teeth cleaned their teeth at least twice a day. Of those with dentures nearly one half (49%) clean their dentures at least twice a day, 45% clean than once a day, 4% clean them less often than once a day and 2% never clean them.

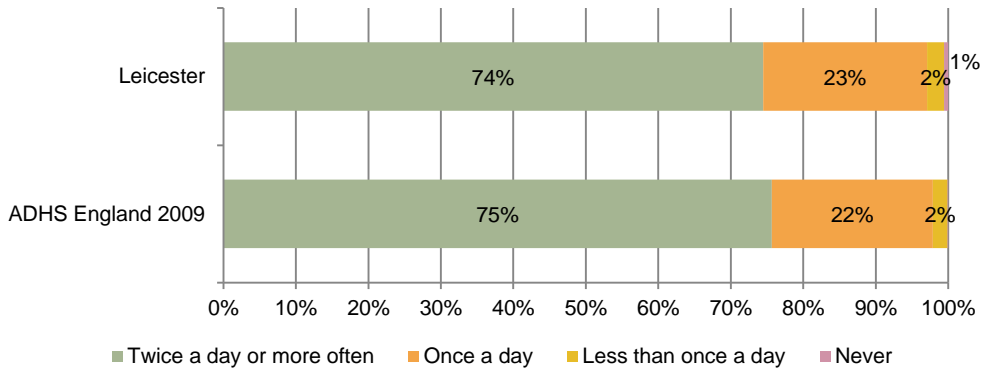
How often do you clean your teeth/dentures (%)



Base size: Teeth = 1,133, Dentures = 1,015

⁸ Adult Dental Health Survey 2009

How often do you clean you teeth? (Those with teeth) (%)

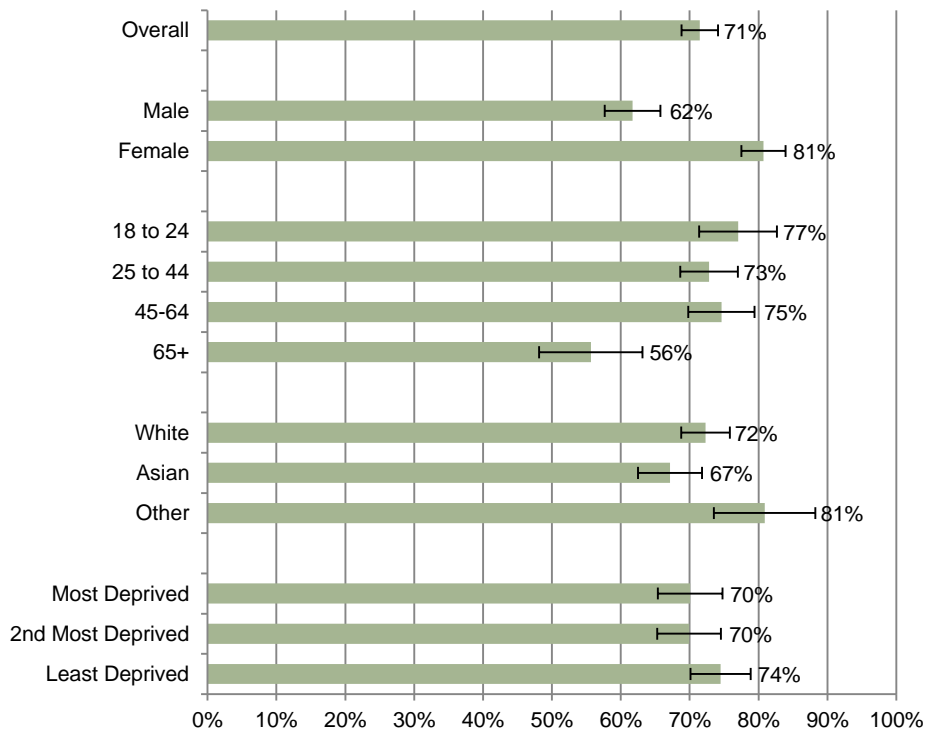


Base size: Leicester = 1,067, ADHS England 2009 = 9,000

ADHS tables have a combined category for 'more than twice a day' and 'twice a day'

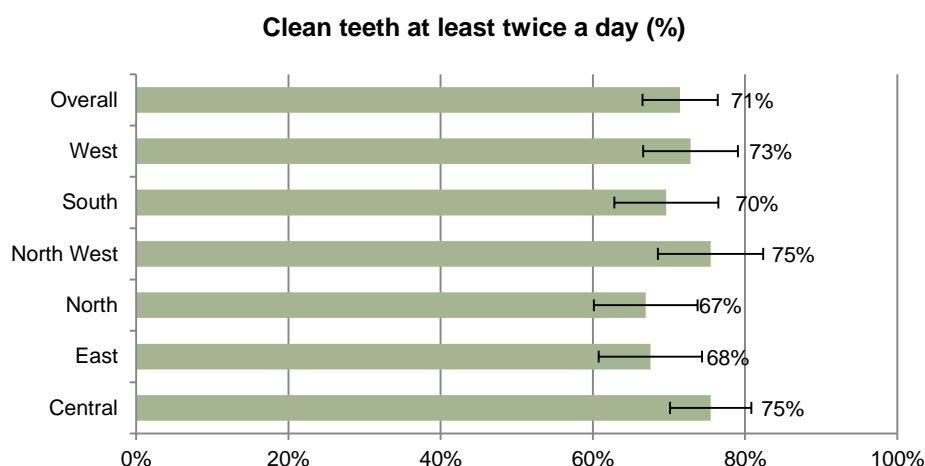
There are significant differences in the proportion of respondents who clean their teeth at least twice a day. Women and respondents from ethnic groups other than White or Asian were significantly more likely to clean their teeth at least twice a day. Respondents aged sixty-five and over were significantly less likely to clean their teeth at least twice a day, but 20% of this age group do not have teeth and so cannot clean them.

Clean teeth at least twice a day (%)



Base size: See Appendix
Significant difference by gender, age and ethnic group

There are no significant differences in the proportion of respondents who clean their teeth at least twice a day by neighbourhood area.



Base size: See Appendix
No significant differences

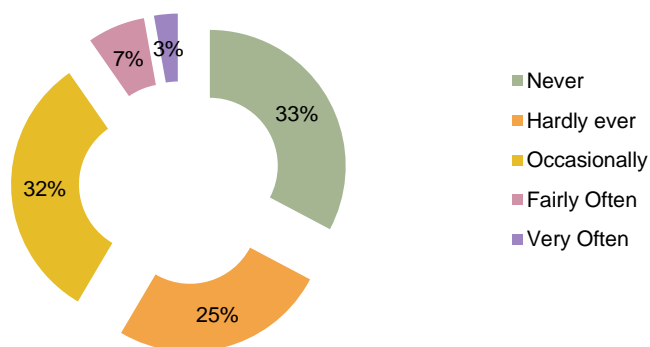
There are significant differences in the proportion of respondents who clean their teeth at least once a day between the booster samples and the residents' survey. Young people were more likely to clean their teeth at least twice a day and homeless people were less likely to clean their teeth at least twice a day than Leicester overall. Older people were also less likely to clean their teeth at least twice a day than Leicester overall, but they were also more likely to not have teeth.

How often do you clean your teeth nowadays? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
At least twice a day	71%	43%	36%	45%	32%	81%	71%
Base Size	51	23	11	71	100	100	1,133
Significant difference?	No	Yes	No	Yes	Yes	Yes	-

PROBLEMS WITH TEETH AND DENTURES

One-third of respondents (33%) have never had problems with their teeth or dentures in the last twelve months. 58% of respondents had problems hardly ever or occasionally, and 10% of respondents had had problems very or fairly often. In the ADHS⁹ respondents were asked if they had experienced specific problems with their teeth and mouth. Of those with teeth, 8% had experienced dental pain very or fairly often, 2% have had experienced functional limitations and 9% had experienced psychological discomfort in the last twelve months.

Problems with teeth or dentures in last 12 months (%)



Base size: 1,134

Leicester (those with teeth): Question – ‘In the last 12 months, have you had any problems with your teeth, mouth and/or dentures?’, Base - Very often = 3%, Fairly often = 7%, Occasionally = 32%, Hardly ever = 26%, Never = 32%

ADHS 2009 (those with teeth): Bases – 9,020

Question – ‘The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems - Physical pain’, Response - Very often = 3%, Fairly often = 6%, Occasionally = 22%, Hardly ever & Never = 70%

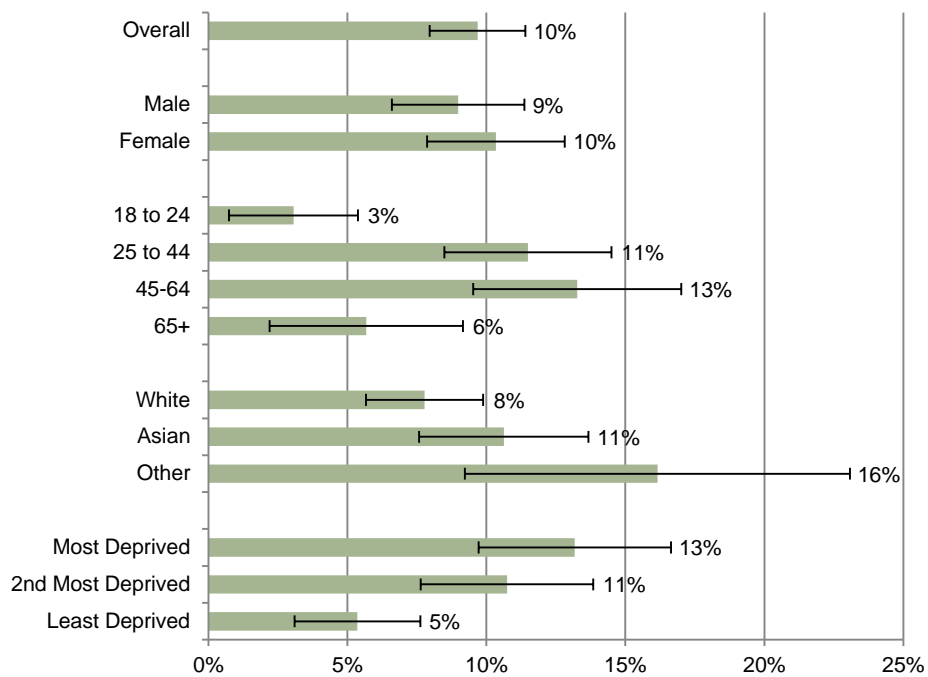
Question – ‘The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems - Functional limitation’, Response - Very often = 1%, Fairly often = 2%, Occasionally = 4%, Hardly ever & Never = 94%

Question – ‘The impact of oral conditions in the preceding 12 months based on the frequency and type of reported problems - Psychological discomfort’, Response - Very often = 4%, Fairly often = 5%, Occasionally = 11%, Hardly ever & Never = 80%

⁹ Adult Dental Health Survey 2009

There were significant differences in the proportion of respondents who had had problems with their teeth or dentures very or fairly often in the last twelve months. Respondents aged 25 to 64 and those from more deprived areas were significantly more likely to have had problems with their teeth very or fairly often in the last twelve months.

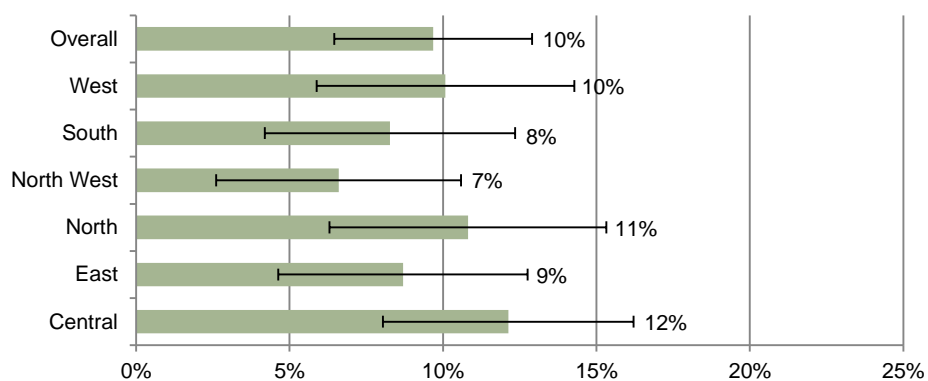
Problems with teeth or denture in last 12 months - Very & fairly often (%)



Base size: See Appendix
Significant difference by age and IMD

There were no significant differences in the proportion of respondents who had had problems with their teeth or dentures very or fairly often in the last twelve months by neighbourhood area.

Problems with teeth or denture in last 12 months - Very & fairly often (%)



Base size: See Appendix
No significant differences

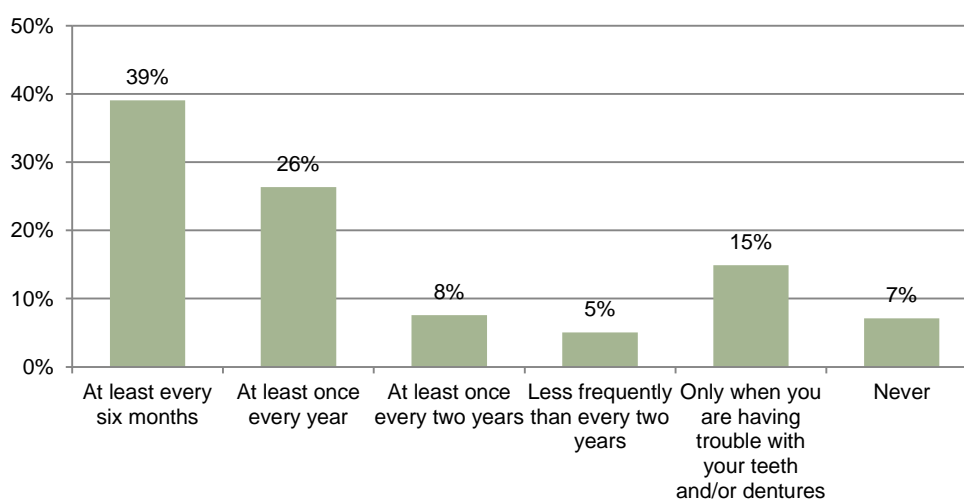
There are significant differences in the proportion of respondents who had had problems with their teeth or dentures very or fairly often in the last twelve months between the booster samples and the residents' survey. Asylum seekers, homeless people and older people were more likely to have had problems with their teeth or dentures very or fairly often in the last twelve months than Leicester overall.

Problems with teeth or denture in last 12 months (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Very & fairly often	27%	17%	18%	35%	17%	2%	10%
Base Size	51	23	11	72	102	100	1,134
Significant difference?	Yes	No	No	Yes	Yes	No	-

VISITING THE DENTIST

Sixty-five percent (65%) of respondents go to the dentist at least once a year, with 13% going less frequently than this. 15% of respondents only go to the dentist when they have trouble with their teeth or dentures – and 7% never go to the dentist. The respondents who only go to the dentist when they have trouble with their teeth are significantly more likely to be from the most deprived deprivation tercile. 77% of those who only go to the dentist when they have trouble with their teeth were from the most deprived tercile, compared to 62% of those who do not only go to the dentist when they have trouble with their teeth. The respondents who never go to dentists are significantly more likely to be aged 65 years or over. 24% of those who never go to the dentist were aged 65 years or over, compared to 14% of those who do go to the dentist. Of those with teeth, 40% go to the dentist at least every 6 months, lower than the ADHS¹⁰ (49%). Two-thirds (67%) of respondents with teeth go to the dentist at least once a year, lower than the ADHS (70%). 15% only go to the dentist when they have trouble with their teeth, slightly higher than the ADHS (13%).

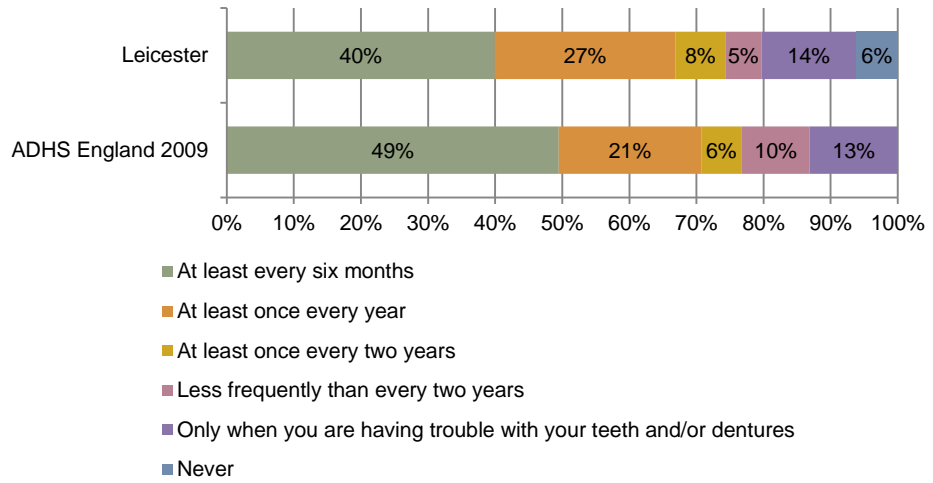
How often do you go to the dentist (%)



Base size: 1,134

¹⁰ Adult Dental Health Survey 2009

How often do you go to the dentist? (Those with teeth) (%)

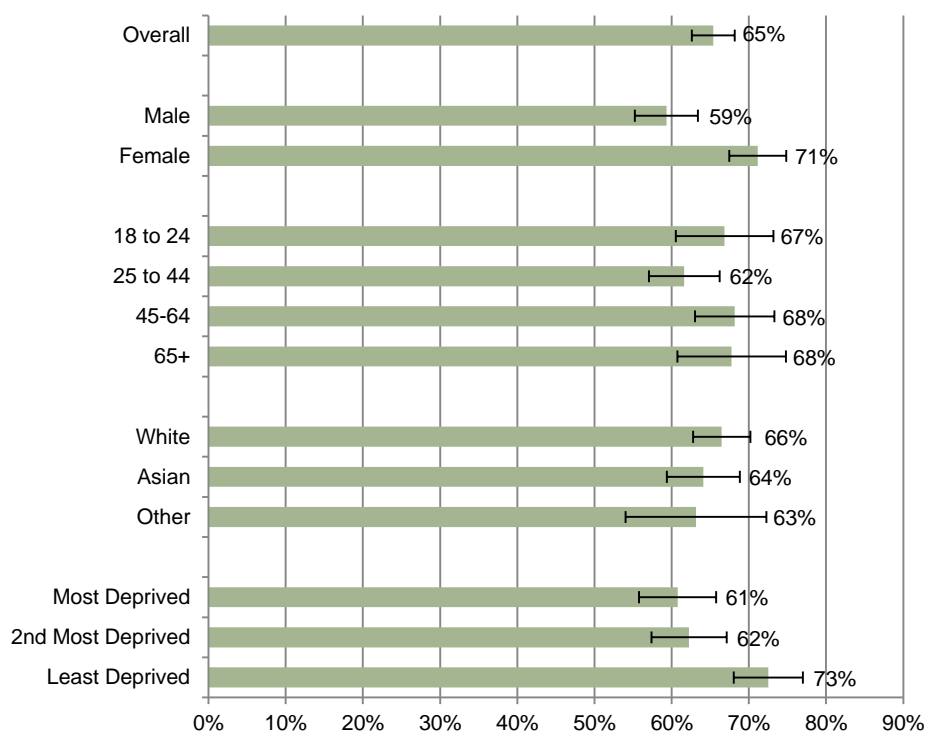


Base size: Leicester = 1,068, ADHS England 2009 = 8,890

ADHS does not include 'never' category

There were significant differences in the proportion of respondents who go to the dentist **at least once a year** by gender and deprivation. Women and those from the least deprived areas were more likely to go to the dentist at least once a year.

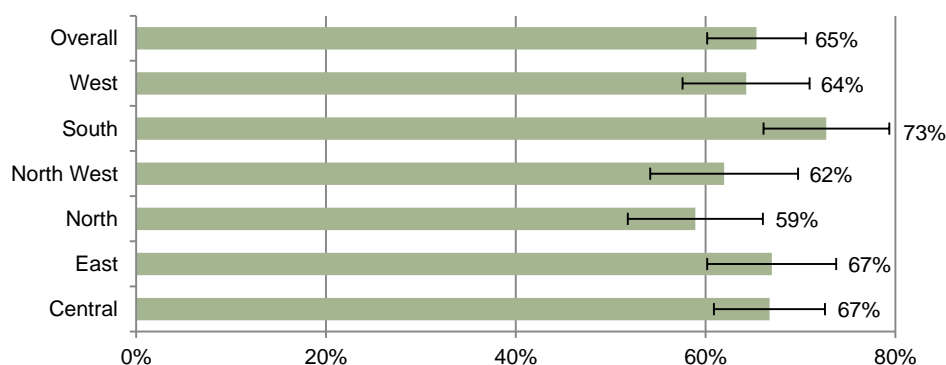
How often do you go to the dentist - At least once a year (%)



Base size: See Appendix
Significant difference by gender and IMD

There were significant differences in the proportion of respondents who go to the dentist **at least once a year** by neighbourhood. Residents of the South neighbourhood area were significantly more likely to go to the dentist at least once a year than residents from the North neighbourhood area.

How often do you go to the dentist - At least once a year (%)



Base size: See Appendix
Significant difference by neighbourhood

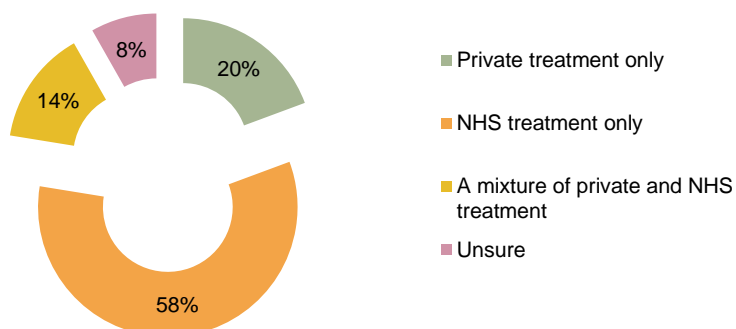
There are significant differences in the proportion of respondents who go to the dentist at least once a year between the booster samples and the residents' survey. Young people were more likely, and homeless and older people less likely to go to the dentist at least once a year than Leicester overall.

How often do you go to the dentist? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
At least once a year	62%	65%	82%	28%	42%	84%	65%
Base Size	52	23	11	72	99	100	1,135
Significant difference?	No	No	No	Yes	Yes	Yes	-

NHS OR PRIVATE TREATMENT

Seventy-two percent of respondents (72%) have NHS treatment when they see a dentist, with 58% having only NHS treatment and 14% a mixture of NHS and private treatment. One-fifth of respondents (20%) only have private treatment and 8% were unsure whether they had NHS or private treatment.

Private or NHS treatment at dentist (%)



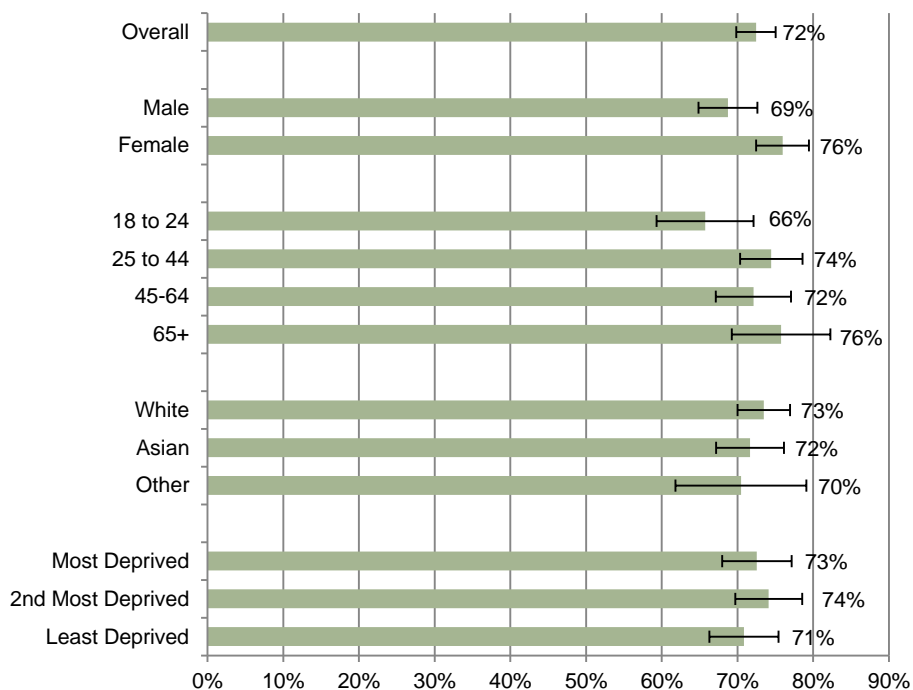
Base size: 1,124

Of those with teeth and excluding those who never go to the dentist, 73% have some NHS treatment (58% only have NHS treatment and 15% have a mixture of NHS and private treatment) when they see a dentist, similar to the ADHS¹¹ (71%). 21% only have private treatment (27% in ADHS) and 15% have a mixture of NHS and private treatment (1% in ADHS).

¹¹ Adult Dental Health Survey 2009. It should be noted that the categories for this are slightly different (private, paid for NHS dental care, free NHS dental care, other, not sure.)

There were no significant differences in the proportion of respondents receiving NHS treatment from their dentist by gender, age, ethnicity or deprivation.

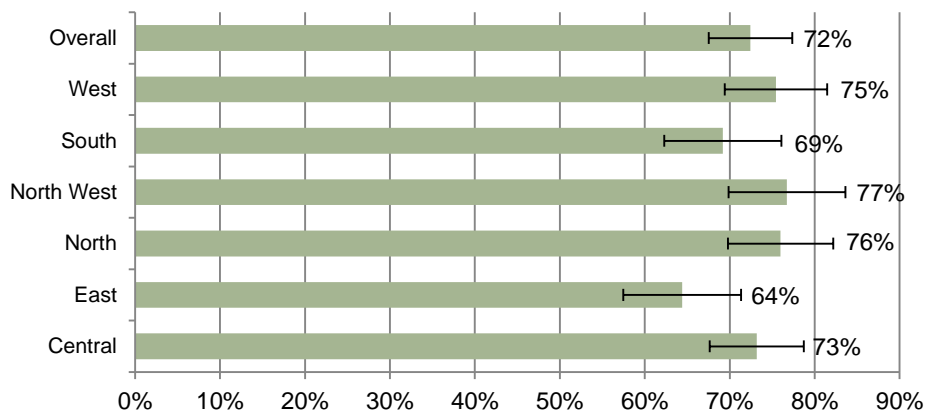
NHS treatment at dentist (including a mixture of private and NHS) (%)



**Base size: See Appendix
No Significant differences**

There were no significant differences in the proportion of respondents receiving NHS treatment from their dentist by neighbourhood.

NHS treatment at dentist (including a mixture of private and NHS) (%)



**Base size: See Appendix
No Significant differences**

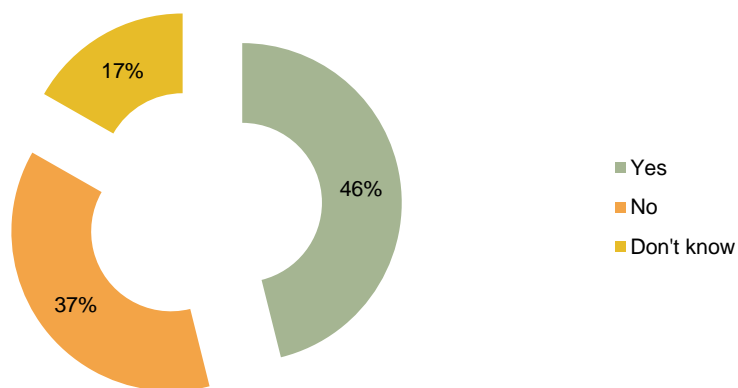
There are significant differences in the proportion of respondents receiving NHS treatment from their dentist between the homeless booster sample and the residents' survey. Respondents in the homeless booster sample were more likely to received NHS treatment from their dentist than Leicester overall.

When you see a dentist, do you have: (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
NHS treatment (inc. mixture of private and NHS)	80%	87%	100%	94%	79%	73%	72%
Base Size	45	23	11	67	97	99	1,124
Significant difference?	No	No	No	Yes	No	No	-

PAYING FOR TREATMENT

Less than half of respondents (46%) pay a charge for NHS treatment. 37% of respondents do not pay a charge and 17% of respondents did not know. In the ADHS¹², of the respondents who had NHS treatment as their last course of treatment 34% had received free dental care and 66% had paid for it.

Do you pay a charge for NHS treatment? (%)



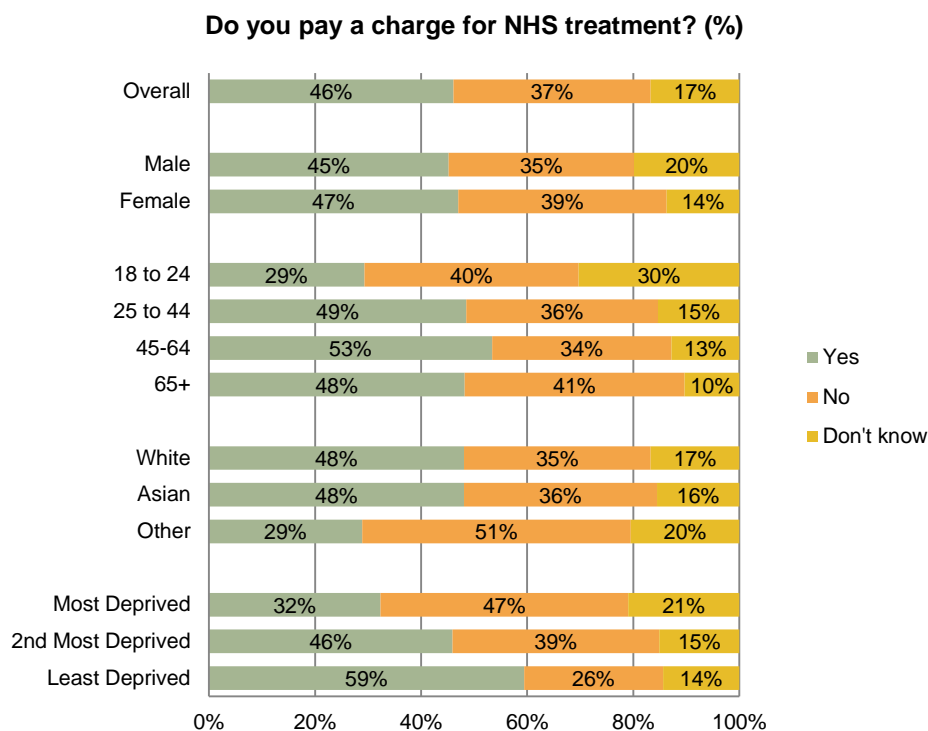
Base size: 1,094

Leicester (those with teeth): Question – ‘Do you pay a charge for NHS treatment?’, Base – 1,035, Response - Yes = 46%, No = 37%, Don't know = 17%

ADHS 2009 (those with teeth): Question – ‘Thinking about the last time you visited a dentist, which of these options best describes the type of care you think you received?’, Base – 8,590, Response - Private = 27%, Paid for NHS dental care = 46%, Free NHS dental care = 24%, NHS and private care = 1, Other = 1%, Not sure = 1

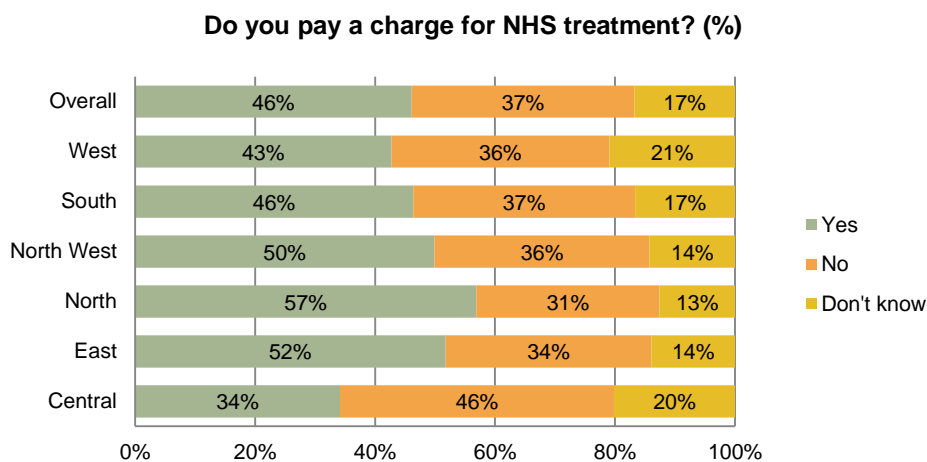
¹² Adult Dental Health Survey 2009

There were significant differences in the proportion of respondents who pay a charge for NHS dental treatment. Those from 'Other' ethnic groups and from the most deprived areas are less likely to pay for NHS treatment. Men, those aged 18 to 24 and those from the most deprived area were more likely to not know if they pay for NHS treatment or not.



Base size: See Appendix
Significant difference by gender, age, ethnic group and IMD

There were significant differences in the proportion of respondents who pay a charge for NHS dental treatment by neighbourhood. Residents from the North West, North and East neighbourhood areas were significantly more likely to pay for NHS treatment than residents of the Central area.



Base size: See Appendix
Significant difference by neighbourhood

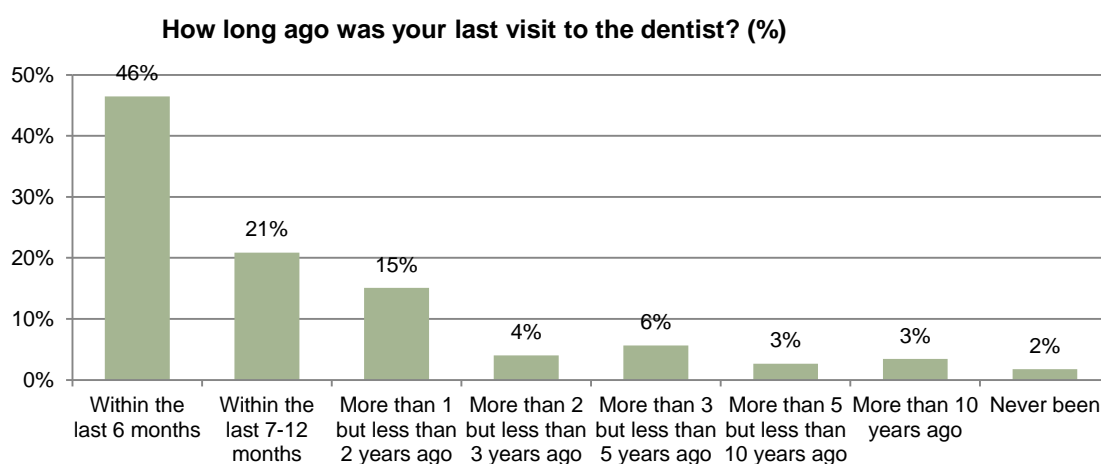
There are significant differences in the proportion of respondents who pay a charge for NHS dental treatment between the booster samples and the residents' survey. Asylum seekers, the disabled, homeless and young people were all less likely to pay a charge for NHS treatment than Leicester overall.

Do you pay a charge for NHS treatment? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Yes	4%	14%	27%	3%	15%	8%	46%
No	88%	77%	73%	94%	76%	66%	37%
Don't know	8%	9%	0%	3%	9%	26%	17%
Base Size	51	22	11	65	99	99	1,094
Significant difference?	Yes	Yes	No	Yes	Yes	Yes	-

LAST VISIT TO THE DENTIST

Just over two-thirds of respondents (67%) had last visited the dentist within the last twelve months, with a further 15% having been 1-2 years ago, making a total of around 8 out of 10 respondents who had been to the dentist in the last two years. 10% had been between 2 and 5 years ago, and 8% visited more than five years ago, or had never been. As such, a total of nearly 2 out of 10 respondents had not visited the dentist in the last 2 years. Respondents who last went to the dentist more than 5 years ago, or have never been, are significantly more likely to be men. 63% of those who last went to the dentist more than 5 years ago, or have never been, were men, compared to 48% of those had been to the dentist more recently.

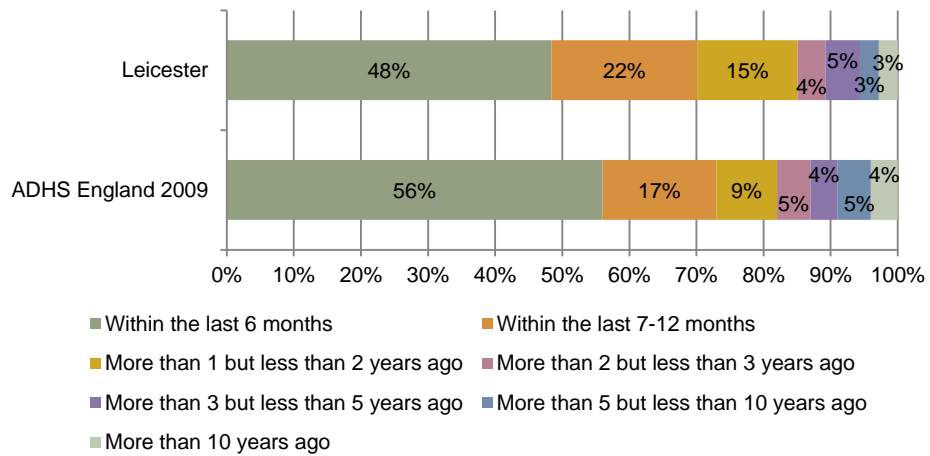
Of those respondents with teeth and excluding respondents who had never been to the dentist, 70% had last visited the dentist in the last twelve months, 47% within the last 6 months – both of these figures are lower than in the ADHS¹³ (73% and 56%).



Base size: 1,133

¹³ Adult Dental Health Survey 2009

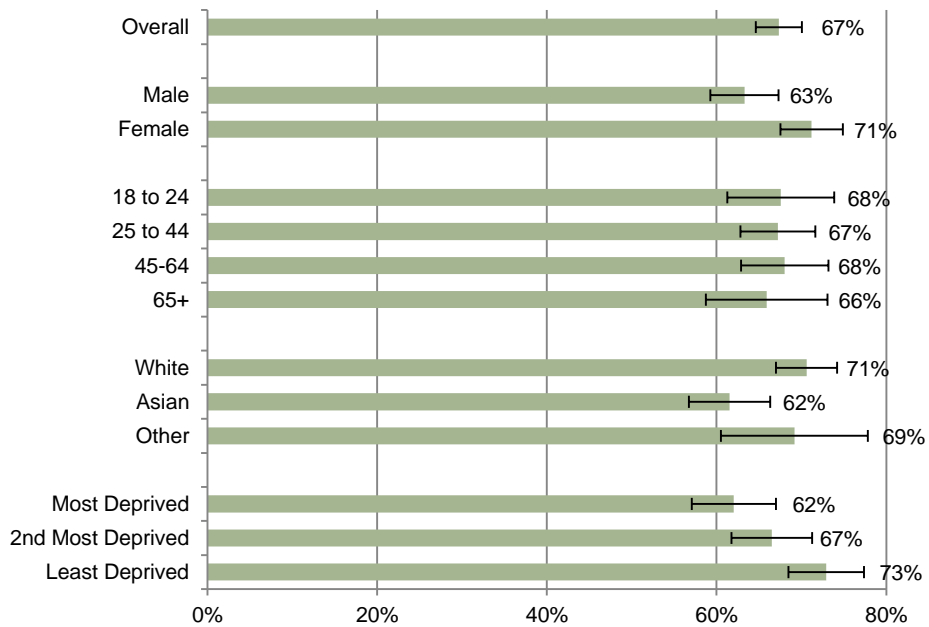
How long ago was your last visit to the dentist? (Those with teeth, excluding 'never' been to dentist) (%)



Base size: Leicester = 1,046, ADHS England 2009 = 8,890

There were significant differences in the proportion of respondents who had visited the dentist within the last twelve months by gender, ethnic group and deprivation. Men, those from Asian ethnic backgrounds and those from more deprived areas were less likely to have visited the dentist within the last twelve months.

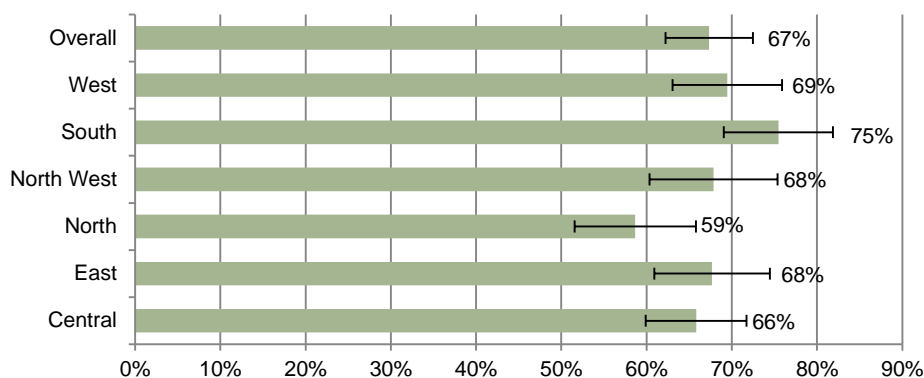
How long ago was your last visit to the dentist? - Within the last 12 months (%)



Base size: See Appendix
Significant difference by gender, ethnic group and IMD

There were some significant differences in the proportion of respondents who had visited the dentist within the last twelve months by neighbourhood. Residents from the South neighbourhood area were significantly more likely to have last visited the dentist in the last twelve months than residents from the North area.

How long ago was your last visit to the dentist? - Within the last 12 months (%)



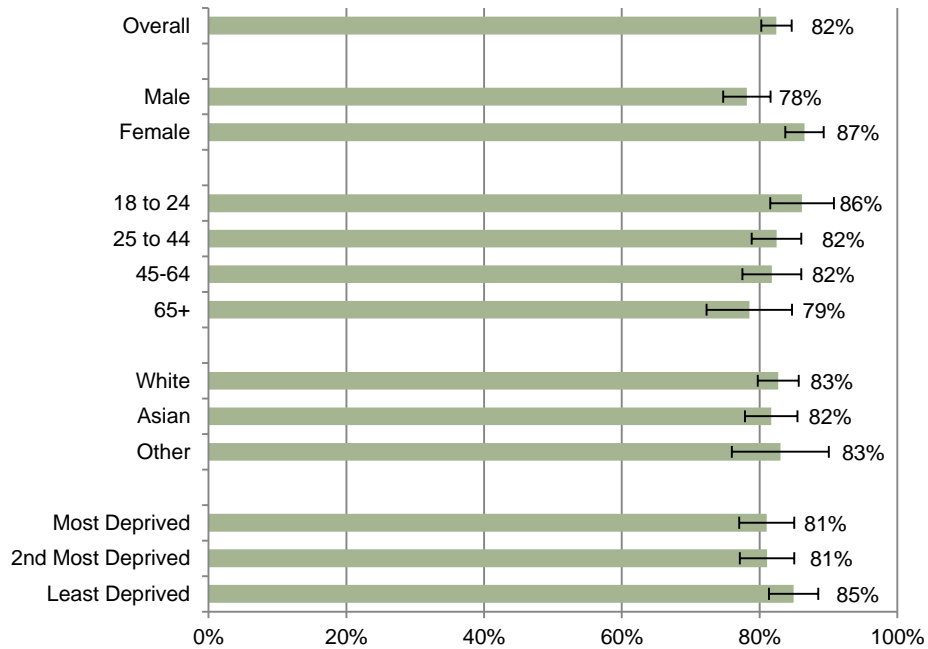
Base size: See Appendix
Significant difference by neighbourhood

There were significant differences in the proportion of respondents who had visited their dentist within the last twelve months between the booster samples and the residents' survey. Homeless and older people were less likely to have visited the dentist within the last twelve months and young people were more likely to have visited the dentist within the last twelve months than Leicester overall.

How long ago was your last visit to the dentist? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Within last 12 months	67%	52%	73%	42%	42%	84%	67%
Base size	51	23	11	72	100	100	1,133
Significant difference?	No	No	No	Yes	Yes	Yes	-

There were significant differences in the proportion of respondents who had visited the dentist within **the last two years** by gender. Men were less likely to have visited the dentist within the last two years than women.

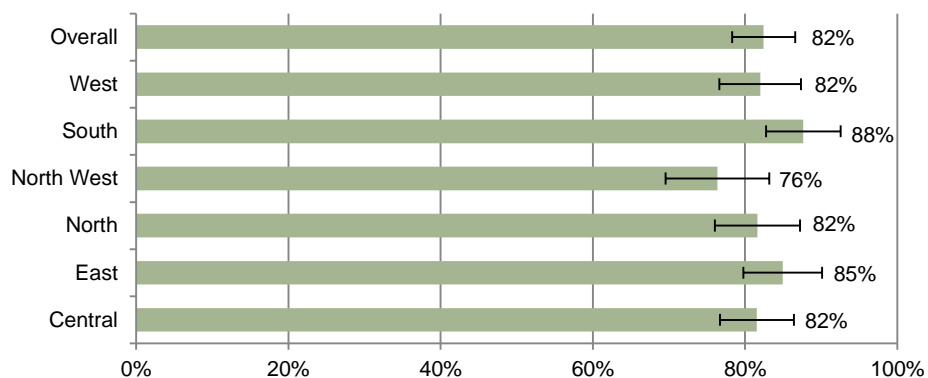
How long ago was your last visit to the dentist? - Within the last 2 years (%)



Base size: See Appendix
Significant difference by gender

There were no significant differences in the proportion of respondents who had visited the dentist within **the last two years** by neighbourhood.

How long ago was your last visit to the dentist? - Within the last 2 years (%)



Base size: See Appendix
No Significant differences

There are significant differences in the proportion of respondents who had visited their dentist within the last two years between the booster samples and the residents' survey. Homeless and older people were less likely to have visited the dentist within the last two years and young people were more likely to have visited the dentist within the last two years than Leicester overall.

How long ago was your last visit to the dentist? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Within 2 years	78%	70%	82%	58%	56%	96%	82%
Base size	51	23	11	72	100	100	1,133
Significant difference?	No	No	No	Yes	Yes	Yes	-

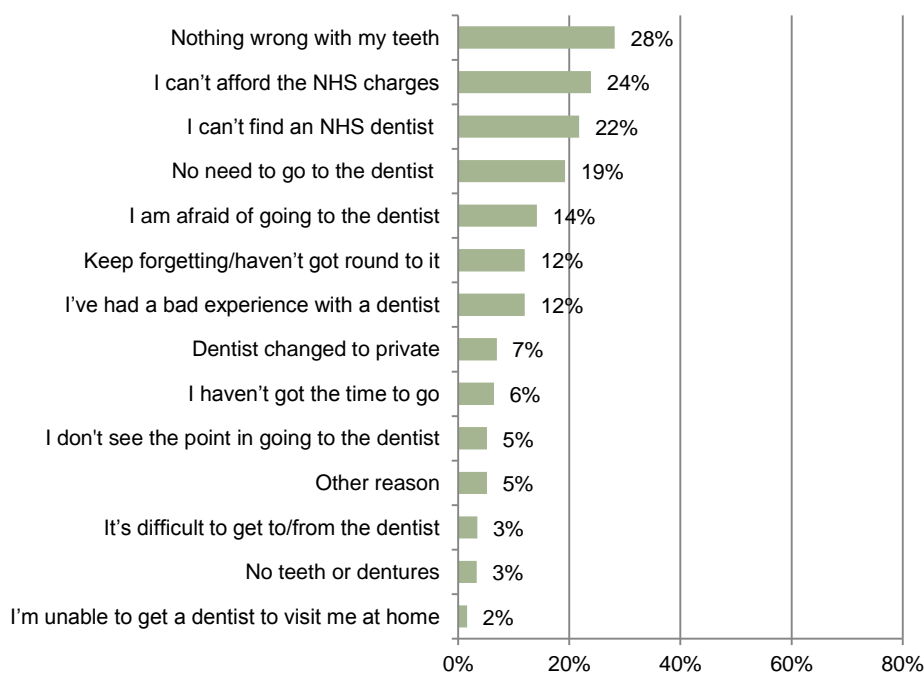
REASON FOR NOT VISITING THE DENTIST

Of those 201 respondents who had not been to a dentist (in the last two years, or never having been), the top 3 reasons given were that:

- there is nothing wrong with their teeth (28%)
- they could not afford the NHS charges (24%)
- because they couldn't find an NHS dentist (22%).

In relation to the latter point (that 22% could not find an NHS dentist), there were a further 7% who stated that their dentist changed to private. This gives a total of 29% - nearly 1 in 3 respondents – who were giving reasons for not visiting a dentist relating to being unable to find an NHS dentist.

Reason not been to dentist in last 2 years or never been (%)



Base size: 201

To allow comparison of the reason for not having been to the dentist in the last two years with ADHS, 'nothing wrong with my teeth', 'no need to go to the dentist', 'I can't find an NHS dentist' and 'dentist changed to private' have been combined. The top two reasons given for having not been to the dentist in the last two years were similar to the ADHS - 41% of respondents with teeth because there is nothing wrong with their teeth/no need to go to the dentist (40% in ADHS) and 27% unable to find an NHS dentist/dentist has changed to private (25% in ADHS). A higher proportion of respondents reported having not been to the dentist because they 'can't afford NHS charges' (27%) than in the ADHS (20%). A lower proportion of respondents (16%) had not been to the dentist because they were 'afraid of going to the dentist' than in the ADHS (23%).

Reason not been to dentist in last 2 years or never been for respondents with teeth (%)		
	Residents Survey	ADHS ¹⁴
Nothing wrong with my teeth/No need to go to the dentist	41%	40%
I can't find an NHS dentist /Dentist changed to private	27%	25%
I can't afford the NHS charges	27%	20%
I am afraid of going to the dentist	16%	23%
Keep forgetting/haven't got round to it	13%	18%
I've had a bad experience with a dentist	12%	17%
I haven't got the time to go	7%	9%
I don't see the point in going to the dentist	6%	15%
It's difficult to get to/from the dentist	4%	6%
Other reason*	4%	-
I'm unable to get a dentist to visit me at home*	2%	-
No teeth or dentures*	0%	-
Base Size: 178		

* Option not on ADHS

There were some significant differences in the reasons given for not having been to the dentist in the last two years, or never having been to the dentist, by gender, age, ethnic group and deprivation:

- Men were more likely to have not been to the dentist because they thought there was no need to go.
- Women were more likely to have not been to the dentist because they are afraid of going to the dentist, or had had a bad experience with a dentist.
- Younger respondents were more likely to have not been to the dentist because they think 'there is nothing wrong with my teeth' or there is 'no need to go to the dentist'
- Older respondents were more likely to have not been because they have 'no teeth or dentures'.
- Respondents aged 25-64 were more likely to have not been to the dentist because they 'could not find an NHS dentist' and because they 'cannot afford NHS charges'.
- The 45 to 64 age group were more likely to have not been because they are 'afraid of going to the dentist'.
- The 18 to 24 age group were more likely to have not been to the dentist because they 'keep forgetting' or 'haven't got around to it'.
- Respondents from White ethnic groups were more likely to have not been to the dentist because they are 'afraid of going to the dentist' and have 'had a bad experience' with a dentist.
- Respondents from ethnic groups other than White and Asian were more likely to have not been to the dentist because there is 'nothing wrong with their teeth'.
- Respondents from the least deprived areas were more likely to have not been to the dentist because they think there is 'no need for them to go to the dentist'.

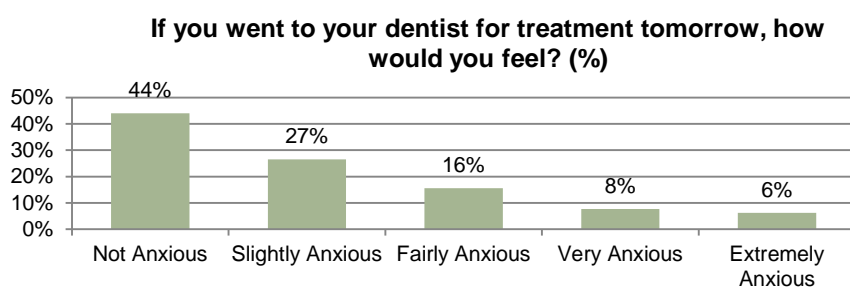
¹⁴ Adult Dental Health Survey 2009

There were some significant differences in the reasons given for not having been to the dentist in the last two years, or never having been to the dentist, by neighbourhood. Residents from the West, South, North West and Central neighbourhood areas were significantly more likely to have not been to the dentist because there is 'nothing wrong with their teeth' than residents from the East area. Residents from the North and East neighbourhood were significantly more likely to have not been to the dentist because they 'cannot find an NHS dentist' than residents of the North West area.

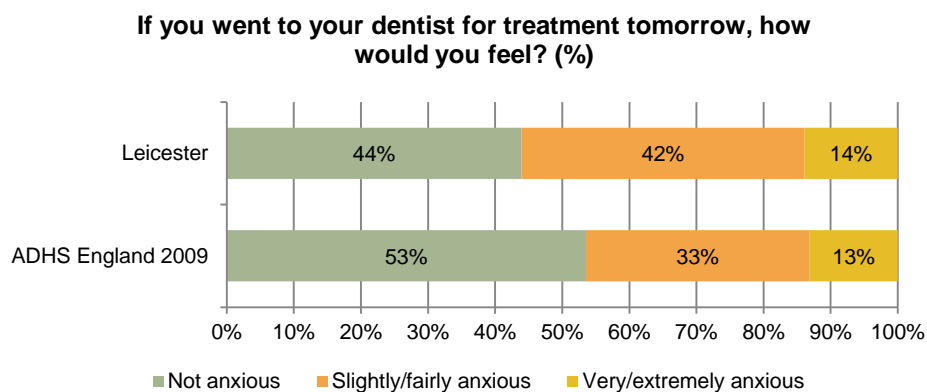
Note that the booster group samples are too small here to report.

ANXIETY AND THE DENTIST

When asked how anxious they would feel if they went to the dentist for treatment **tomorrow**, 44% of respondents would not feel anxious. 42% of respondents would feel slightly or fairly anxious. 14% of respondents would feel very or extremely anxious. The proportion who would feel very or extremely anxious (14%) was similar to the ADHS (13%) – but the proportion of respondents who would **not** feel anxious (44%) was lower than the ADHS¹⁵ (53%).



Base size: 1,109



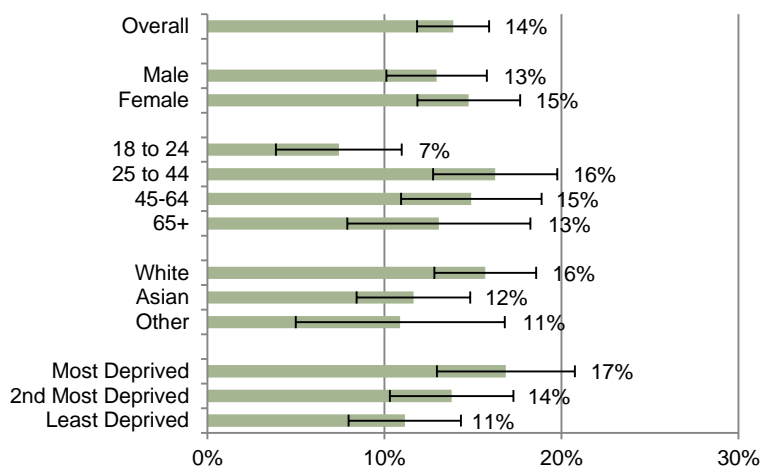
Base size: Leicester = 1,109, ADHS England 2009 = 9,330

ADHS tables have a combined category for 'Slightly Anxious' and 'Fairly Anxious' and for 'Very Anxious' and 'Extremely Anxious'

¹⁵ Adult Dental Health Survey 2009

There were significant differences by age in the proportion of respondents who would feel very or extremely anxious if they went to their dentist for treatment tomorrow. Respondents aged 18 to 24 were less likely to feel anxious about dental treatment. Women were **not** significantly more likely to feel anxious about dental treatment than men, even though women who had not been to the dentist were significantly more likely to say it was because they were 'afraid of going to the dentist'.

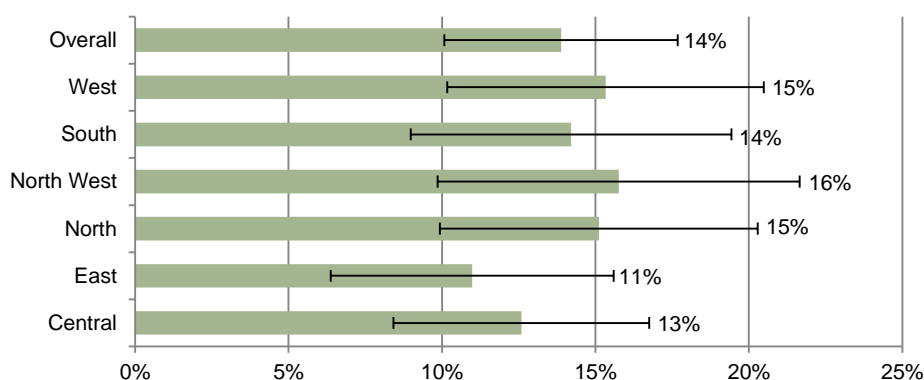
If you went to your dentist for treatment tomorrow, how would you feel? - Very & Extremely Anxious (%)



Base size: See Appendix
Significant difference by age

There were not significant differences by neighbourhood in the proportion of respondents who would feel very or extremely anxious if they went to their dentist for treatment tomorrow.

If you went to your dentist for treatment tomorrow, how would you feel? - Very & Extremely Anxious (%)



Base size: See Appendix
No Significant differences

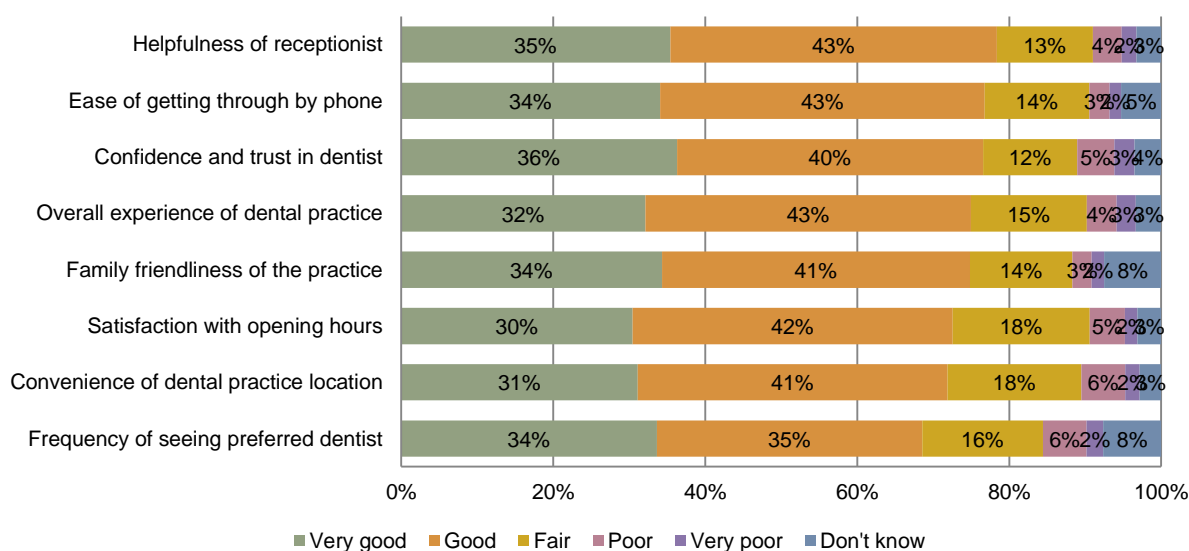
There are significant differences in the proportion of respondents who would feel very or extremely anxious if they went to their dentist for treatment tomorrow between the booster samples and the residents' survey. Homeless and older people were more likely to feel very or extremely anxious and young people were less likely to feel very or extremely anxious than Leicester overall.

If you went to your dentist for treatment tomorrow, how would you feel? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Very & Extremely Anxious	4%	22%	55%	30%	22%	6%	14%
Base size	48	23	11	71	97	99	1,109
Significant difference?	No	No	No	Yes	Yes	Yes	-

EXPERIENCE AT THE DENTIST

Respondents were asked about a range of factors which affect their experience at the dentist. In general, respondents rated their most recent dental practice highly, with five of the eight factors rated as good or very good by at least three-quarters of respondents. Helpfulness of the receptionist was rated as good or very good by the largest proportion of respondents, with 78% rating this as good or very good. In the GP Patients Survey 2014¹⁶, 84% of respondents in England and 78% of respondents in the NHS Leicester City Clinical Commissioning Group rated their overall experience of NHS dental services as very good or good (the scale used did not include 'don't know').

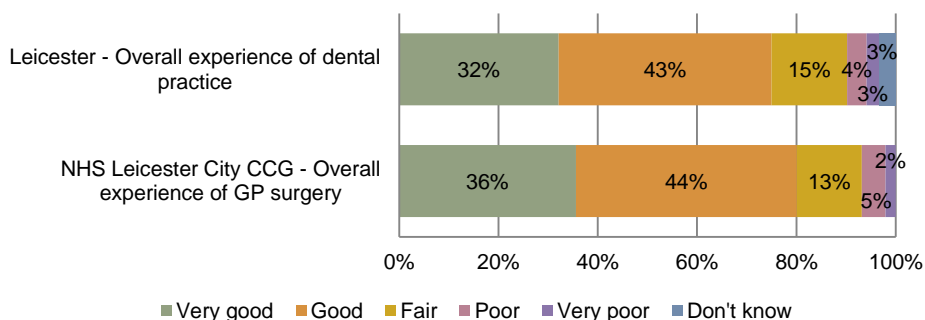
How would you rate your experience with your most recent dental practice? (%)



Base size: 1,015 – 1,048

¹⁶ GP Patients Survey Aggregated data collected from Jan-Mar 2014 and Jul-Sept 2014

How would you rate your experience with your most recent dental/GP practice? (%)



Base size: Leicester = 1,109, GP Patient Survey 2014 Leicester City CCG = 5,477

'Don't know' not asked in GP Patient Survey

GP Survey 2014 Leicester City CCG (asked about GP practice):

Question - Ease of getting through by phone, Base – 5,557, Response – Very easy = 24%, Fairly easy = 44%, Not very easy = 19%, Not at all easy = 9%, I haven't tried = 4%

Question - Ease of getting through by phone, Base – 5,551, Very helpful = 40%, Fairly helpful = 42%, Not very helpful = 10%, Not at all helpful = 5%, Don't know = 2%

Question - Confidence and trust in GP, Base – 5,370, Yes, definitely = 55%, Yes, to some extent = 34%, No, not at all = 6%, Don't know / can't say = 5%

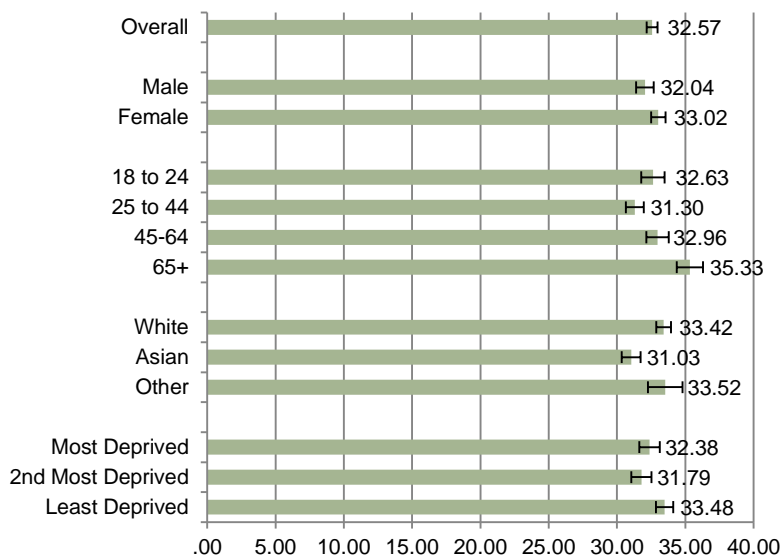
Question - Satisfaction with opening hours, Base – 5,479, Very satisfied = 36%, Fairly satisfied = 43%, Neither satisfied nor dissatisfied = 8%, Fairly dissatisfied = 6%, Very dissatisfied = 3%, Not sure when GP surgery is open = 3%

The following were not asked on the GP Patient Survey: Frequency of seeing preferred GP, Convenience of practice location and Family friendliness of the practice

To allow comparison in rating of their experience with their most recent dental practice by sub-groups, a composite score for rating of experience was calculated using the eight factors. The score was created by assigning a numerical value to each of the answer categories. These assigned values were as follows: "Very good" = 5, "Good" = 4, "Fair" = 3, "Poor" = 2, "Very poor" = 1. "Don't know" was excluded. These scores were then summed to obtain an overall score. The maximum score possible (the highest rating of their experience) would therefore be 40, whilst the minimum score possible (the lowest rating of their experience) would be 8. A mean score could then be calculated for each sub-group.

There were significant differences in the mean scores for rating of experience with most recent dental practice by age, ethnic group, and deprivation. Those aged sixty-five and over, those from White or ethnic groups other than White or Asian, and those from the least deprived areas rated their experience at their dental practice more highly.

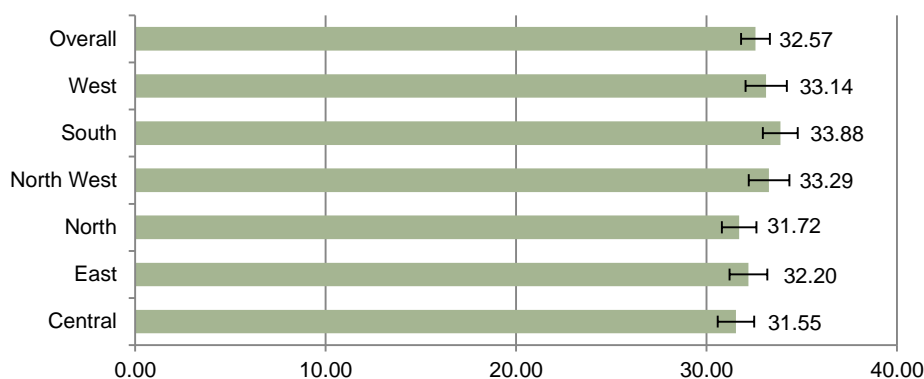
How would you rate your experience with your most recent dental practice? (Mean Score)



Base size: See Appendix
Significant difference by age, ethnic group and IMD

There were significant differences in the mean scores for rating of experience with most recent dental practice by neighbourhood. Residents who lived from the South neighbourhood area rated their experience at their dental practice more highly than residents from the Central and North areas, although it should be noted that patients may register in any practice across the City.

How would you rate your experience with your most recent dental practice? (Mean Score)



Base size: See Appendix
Significant difference by neighbourhood

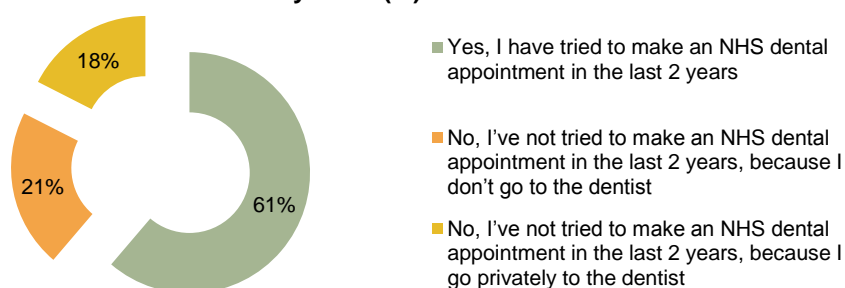
There were significant differences in the mean scores for rating of experience with most recent dental practice between the young people booster sample and the residents' survey. Young people rated their experience with their most recent dental practice more highly than Leicester overall.

How would you rate your experience with your most recent dental practice? (Mean Score)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Mean Score	28.31	33.60	31.63	32.36	33.55	34.04	32.57
Base size	16	10	8	25	40	67	851
Significant difference?	Yes	No	No	No	No	Yes	-

MAKING NHS DENTAL APPOINTMENTS

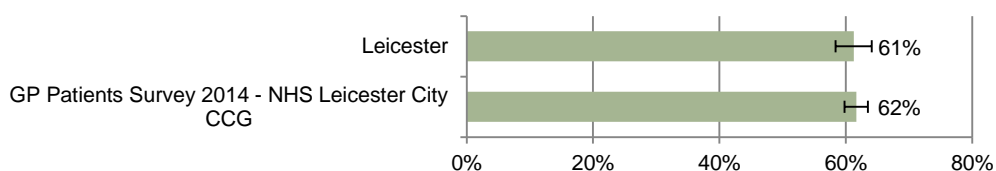
Over three-fifths of respondents (61%) had tried to make an NHS dental appointment for themselves in the last two years. 39% of respondents had not tried - 21% because they do not go to the dentist, and 18% because they go to a private dentist. This is similar to the GP Patients Survey 2014¹⁷ where 61% of respondents in England and 62% of respondents in the NHS Leicester City Clinical Commissioning Group had tried to get an NHS dental appointment for themselves in the last two years. In the ADHS¹⁸ in 2009, 58% of respondents had tried to make an NHS dental appointment in the last three years. The question was not asked for the last two years.

Have you tried to make an NHS dental appointment for yourself in the last 2 years? (%)



Base size: 1,113

Have you tried to make an NHS dental appointment for yourself in the last 2 years? - Yes (%)



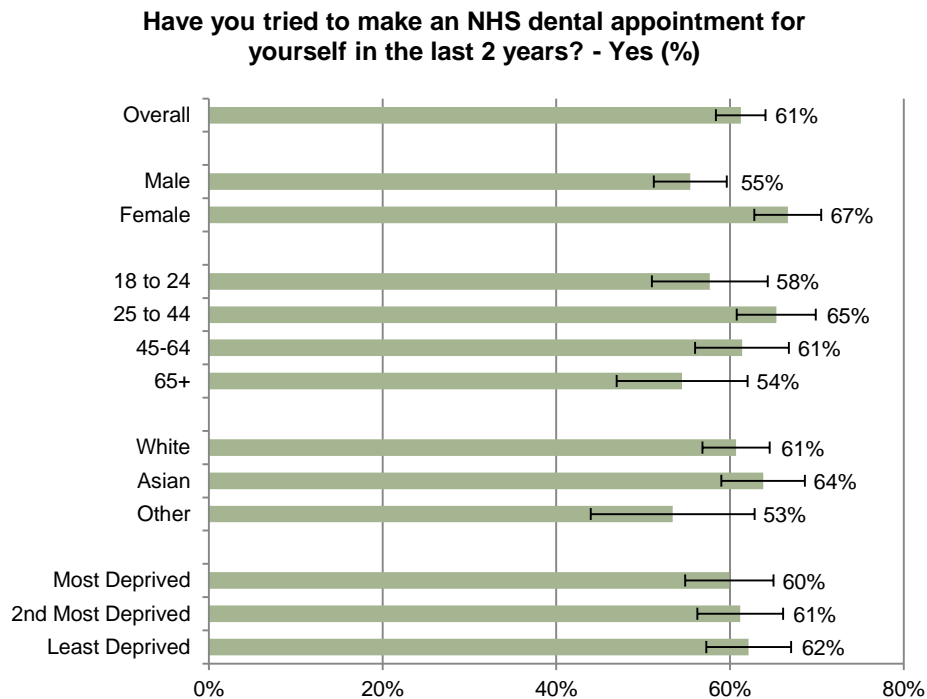
Base size: Leicester = 1,113, GP Patient Survey 2014 Leicester City CCG = 2,615

Categories in GP Patient Survey were: In the last 3 months' Between 3 and 6 months ago, Between 6 months and a year ago, Between 1 and 2 years ago, More than 2 years ago, I have never tried to get an NHS dental appointment

¹⁷ GP Patients Survey Aggregated data collected from Jan-Mar 2014 and Jul-Sept 2014

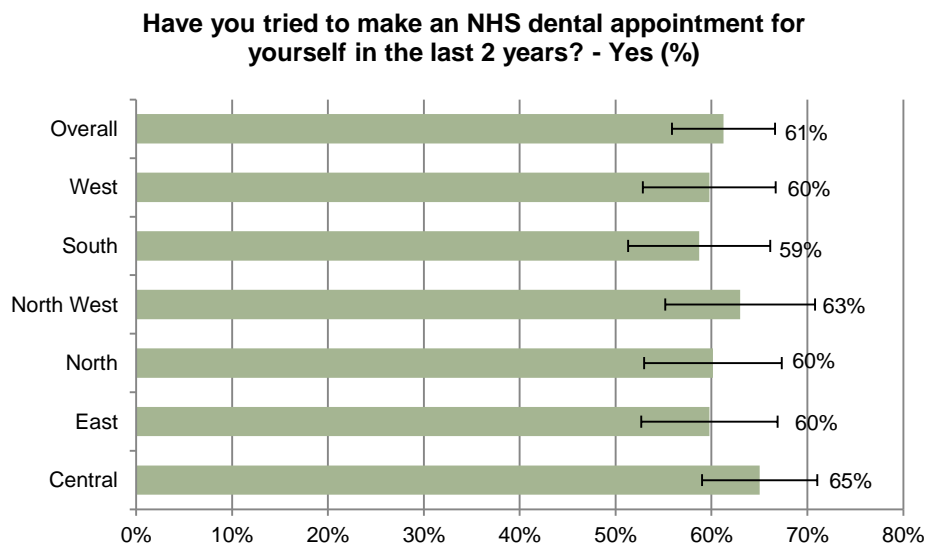
¹⁸ Adult Dental Health Survey 2009

There was a significant difference in the proportion of respondents who had tried to make an NHS dental appointment for themselves in the last two years by gender. Women were more likely to have tried to make an NHS dental appointment in the last two years than men.



Base size: See Appendix
Significant difference by gender

There were no significant difference in the proportion of respondents who had tried to make an NHS dental appointment for themselves in the last two years by neighbourhood.



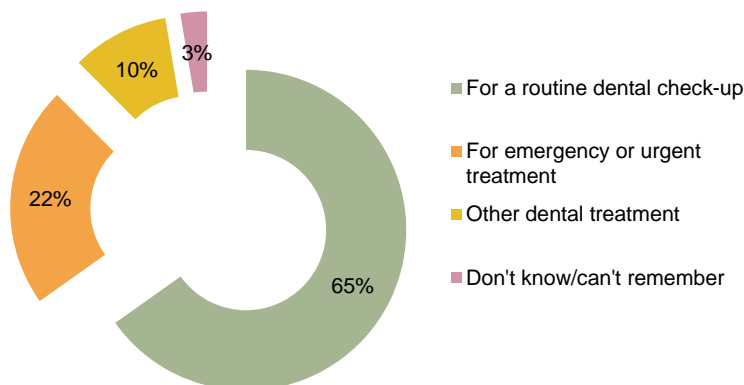
Base size: See Appendix
No Significant differences

There were significant differences in the proportion of respondents who had tried to make an NHS dental appointment for themselves in the last two years between booster groups and the residents' survey. Older people were less likely to have tried to make an appointment and younger people were more likely to have tried to make an appointment in the last two years than Leicester overall.

Have you tried to make an NHS dental appointment for yourself in the last 2 years? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Yes	69%	65%	82%	50%	46%	73%	61%
Base size	51	23	11	72	102	100	1,113
Significant difference?	No	No	No	No	Yes	Yes	-

Of the respondents who had tried to make an NHS dental appointment in the last two years, 65% had tried to make an appointment for a routine dental check-up, 22% had tried to make an appointment for emergency or urgent treatment, and 10% for other dental treatment (3% did not know, or could not remember).

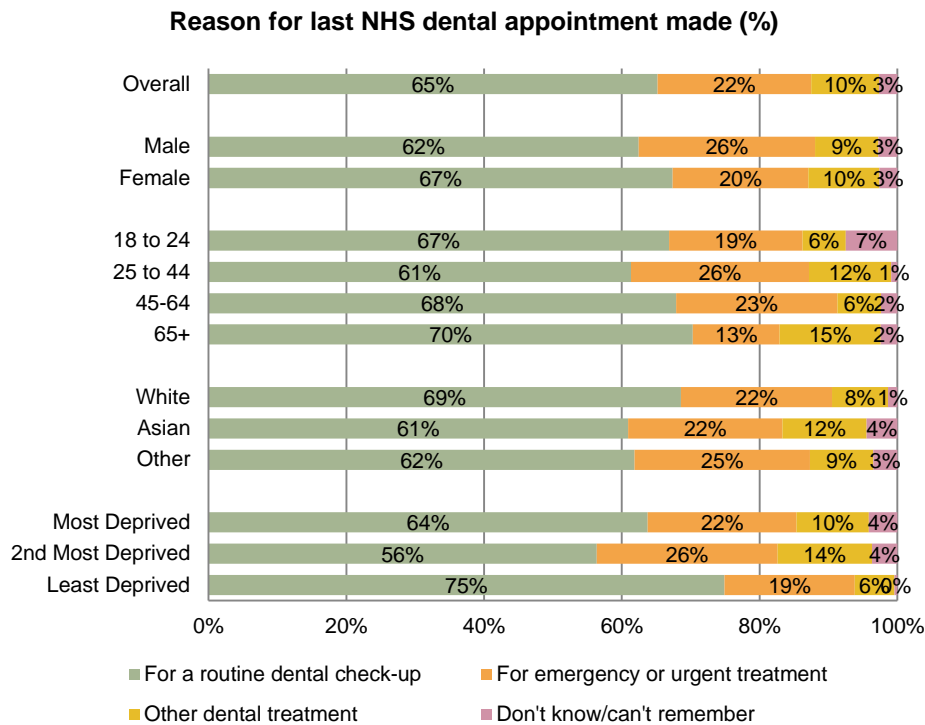
Reason for last NHS dental appointment made (%)



Base size: 657

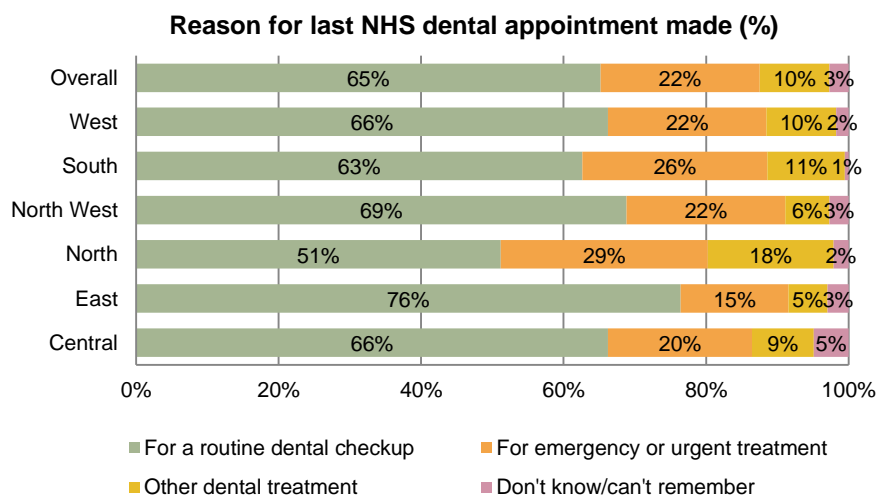
ROUTINE OR EMERGENCY TREATMENT

Of the respondents who had tried to make an NHS dental appointment in the last two years, there were significant differences in the reasons for trying to make the appointment by age and deprivation. Those aged 25 to 64 were more likely to have tried to make an appointment for emergency or urgent treatment, and those aged 25 to 44 and 65 and over were more likely to have made an appointment for other dental treatment. Those from the least deprived areas were more likely to have tried to book a routine dental check-up.



Base size: See Appendix
Significant difference by age and IMD

Of the respondents who had tried to make an NHS dental appointment in the last two years, there were no significant differences in the reasons for trying to make the appointment by neighbourhood.



Base size: See Appendix
No Significant differences

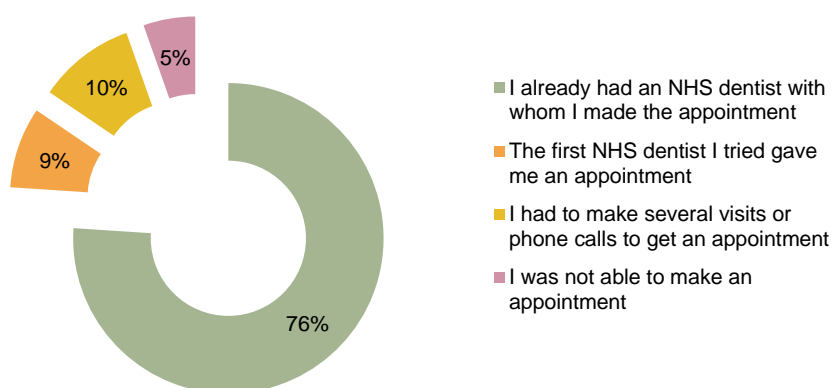
Of the respondents who had tried to make an NHS dental appointment in the last two years, there were significant differences in the reasons for trying to make the appointment between the young people booster group and the residents' survey. Young people were more likely to have tried to make an appointment for a routine dental check-up than Leicester overall.

Reason for last NHS dental appointment made (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
For a routine dental check-up	54%	77%	78%	54%	65%	81%	65%
For emergency or urgent treatment	31%	0%	0%	34%	24%	6%	22%
Other dental treatment	8%	23%	11%	9%	11%	9%	10%
Don't know/can't remember	8%	0%	11%	3%	0%	4%	3%
Base size	28	13	9	33	44	69	657
Significant difference?	No	No	No	No	No	Yes	-

SUCCESS IN MAKING APPOINTMENTS

Of the respondents who had tried to make an NHS dental appointment in the last two years, the majority (95%) were successful in making an appointment. Around three-quarters of respondents (76%) already had an NHS dentist who they made the appointment with and a further 9% obtained an appointment from the first NHS dentist that they tried. 1-in-10 (10%) had to make several visits or phone calls to get an appointment – and 1-in-20 (5%) were not able to make an NHS appointment. The proportion of respondents who were successful in making an appointment (95%) was higher than in the GP Patients Survey 2014¹⁹ where 93% of respondents in England and 88% in the NHS Leicester City Clinical Commissioning Group were successful in making an appointment.

Last NHS dental appointment made (%)

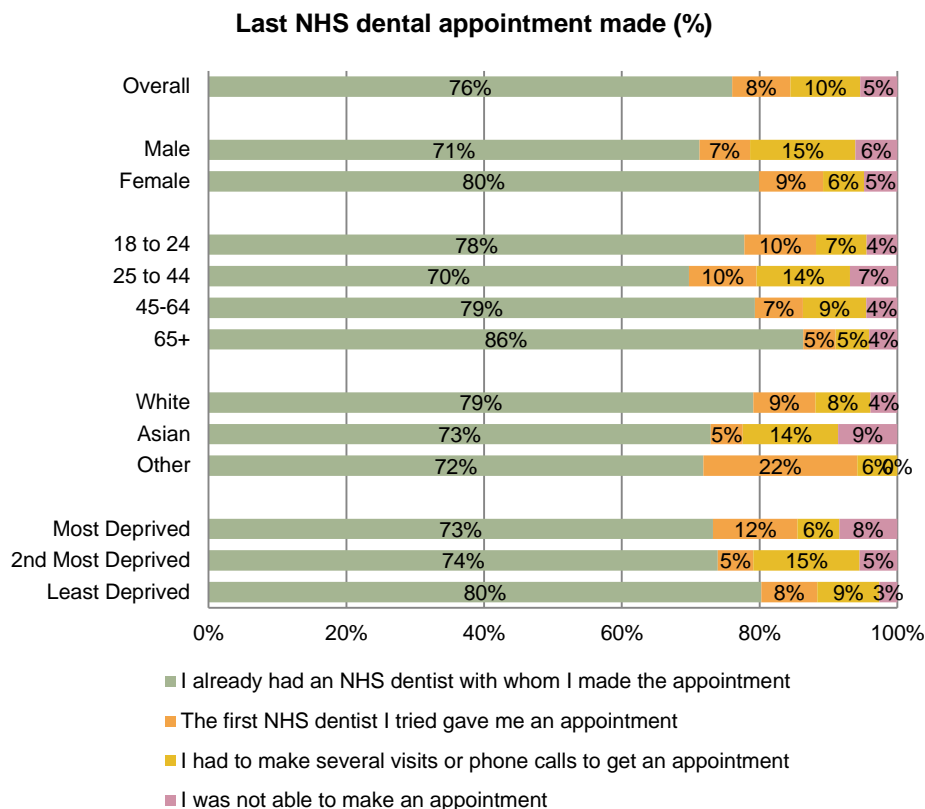


Base size: 650

GP Patients Survey Leicester City CCG: Question - Were you successful in getting an NHS dental appointment?, Base - 1,590, Response – Yes = 88%, No = 8%, Can't remember = 4%

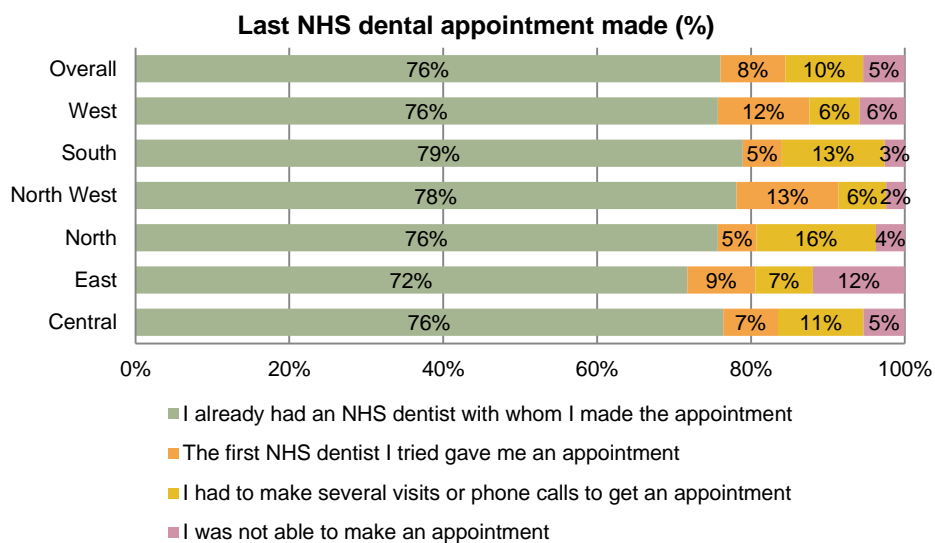
¹⁹ GP Patients Survey Aggregated data collected from Jan-Mar 2014 and Jul-Sept 2014

Of the respondents who had tried to make an NHS dental appointment in the last two years, there were significant differences in their ability to make an appointment by gender, ethnic group and deprivation. Women, those from White ethnic groups and those from the least deprived areas were more likely to have already had a dentist with whom they made the appointment.



Base size: See Appendix
Significant difference by gender, ethnic group and IMD

Of the respondents who had tried to make an NHS dental appointment in the last two years, there were no significant differences in their ability to make an appointment by neighbourhood.



Base size: See Appendix
No Significant differences

Of the respondents who had tried to make an NHS dental appointment in the last two years, there were no significant differences in their ability to make an appointment between the booster samples and the residents' survey.

Last NHS dental appointment made (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
I already had an NHS dentist with whom I made the appointment	50%	85%	78%	61%	80%	84%	76%
The first NHS dentist I tried gave me an appointment	21%	15%	22%	9%	9%	9%	8%
I had to make several visits or phone calls to get an appointment	14%	0%	0%	15%	5%	4%	10%
I was not able to make an appointment	14%	0%	0%	15%	7%	3%	5%
Base size	28	13	9	33	44	69	650
Significant difference?	No	No	No	No	No	No	-

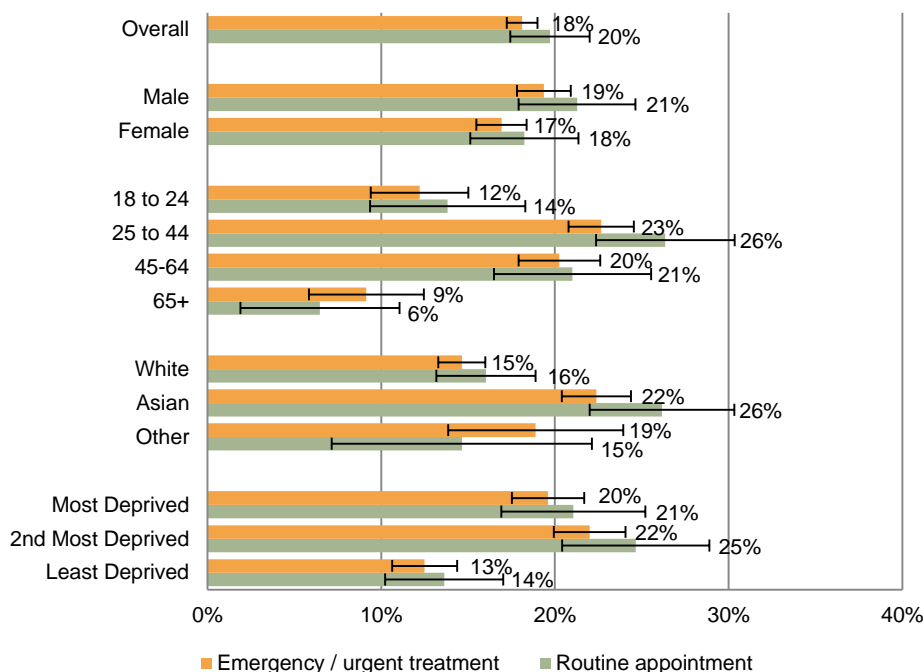
DIFFICULTIES IN MAKING ROUTINE AND EMERGENCY NHS DENTAL APPOINTMENTS

When asked about whether it had been difficult to get both routine (e.g. check-up and non-urgent), and emergency or urgent NHS dental appointment in the last two years, one-fifth of respondents (20%) had had difficulty in getting a routine appointment and a similar proportion - 18% of respondents - had had difficulty in getting emergency or urgent treatment. In the Dental Health of Adults in Yorkshire and the Humber 2008²⁰, 23% reported having difficulties gaining access to routine dental care and 18% to emergency dental care.

²⁰ Dental Health of Adults in Yorkshire and the Humber 2008, It should be noted that the questions for this are slightly different ('Is it difficult for you to get routine (e.g. check-up and fillings) dental care?' and 'Is it difficult for you to get dental care if you are having problems?')

There were significant differences in the proportion of respondents who had had difficulty in obtaining both types of appointments. Those aged 25 to 64 (mainly, of working age), those from Asian ethnic groups and those from more deprived areas were more likely to have had difficulty in getting both routine appointments and emergency or urgent treatment (see chart overleaf).

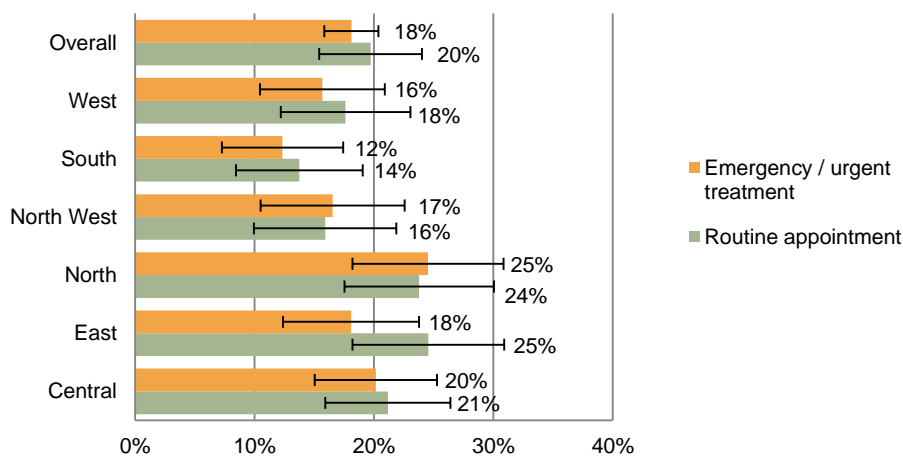
Has it been difficult for you to get a routine NHS dental appointment / emergency or urgent NHS dental treatment in the last 2 years? - Yes (%)



Base size: See Appendix
Significant difference by age, ethnic group and IMD

There were no significant differences in the proportion of respondents who had had difficulty in obtaining a routine NHS dental appointment or in the proportion of respondents who had had difficulty in obtaining emergency or urgent NHS treatment by neighbourhood.

Has it been difficult for you to get a routine NHS dental appointment / emergency or urgent NHS dental treatment in the last 2 years? - Yes (%)



Base size: See Appendix
No Significant differences

There were significant differences in the proportion of respondents who had had difficulty in obtaining a **routine** dental appointment between the booster groups and the residents' survey. Older people and young people were less likely to have had difficulty in obtaining a routine appointment than Leicester overall.

Has it been difficult for you to get a routine NHS dental appointment in the last 2 years?

	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Yes	24%	5%	9%	21%	9%	9%	20%
Base size	49	22	11	66	98	100	1,085
Significant difference?	No	No	No	No	Yes	Yes	-

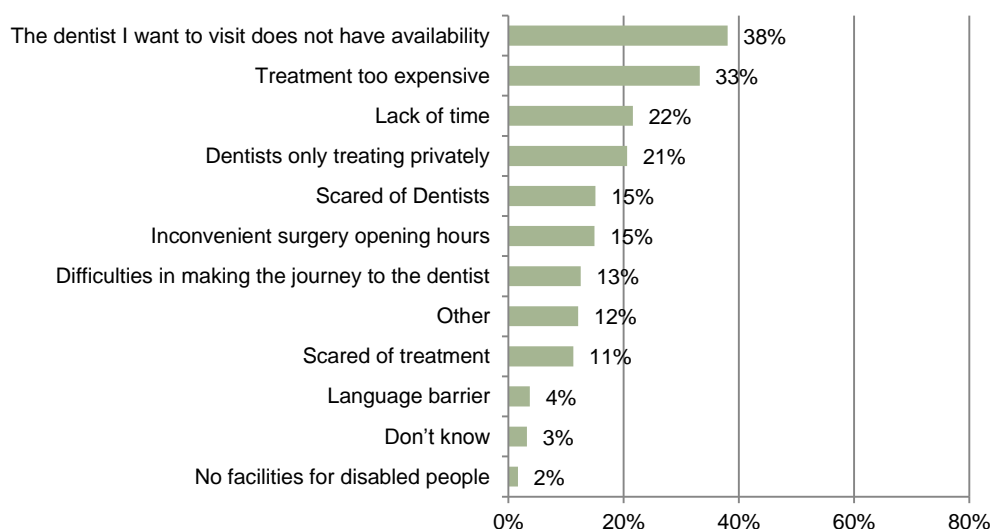
There were significant differences in the proportion of respondents who had had difficulty in obtaining **emergency or urgent** NHS dental treatment between the booster groups and the residents' survey. Older people and young people were less likely to have had difficulty in obtaining emergency or urgent NHS dental treatment than Leicester overall.

Has it been difficult for you to get emergency or urgent NHS dental treatment in the last 2 years?

	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Yes	24%	0%	0%	17%	6%	8%	18%
Base size	49	21	10	66	98	100	1,081
Significant difference?	No	No	No	No	Yes	Yes	-

Respondents who had found it difficult to get a routine NHS appointment or obtain emergency or urgent NHS treatment were asked what had made it difficult. 38% of respondents who had found it difficult because the dentist they wanted to visit did not have availability. A third of respondents (33%) had found it difficult because treatment was too expensive.

What has made it difficult to get a routine appointment or emergency or urgent treatment?(%)



Base size: 262

There were significant differences in the reasons why respondents had found it difficult to get a routine NHS appointment or emergency or urgent NHS treatment.

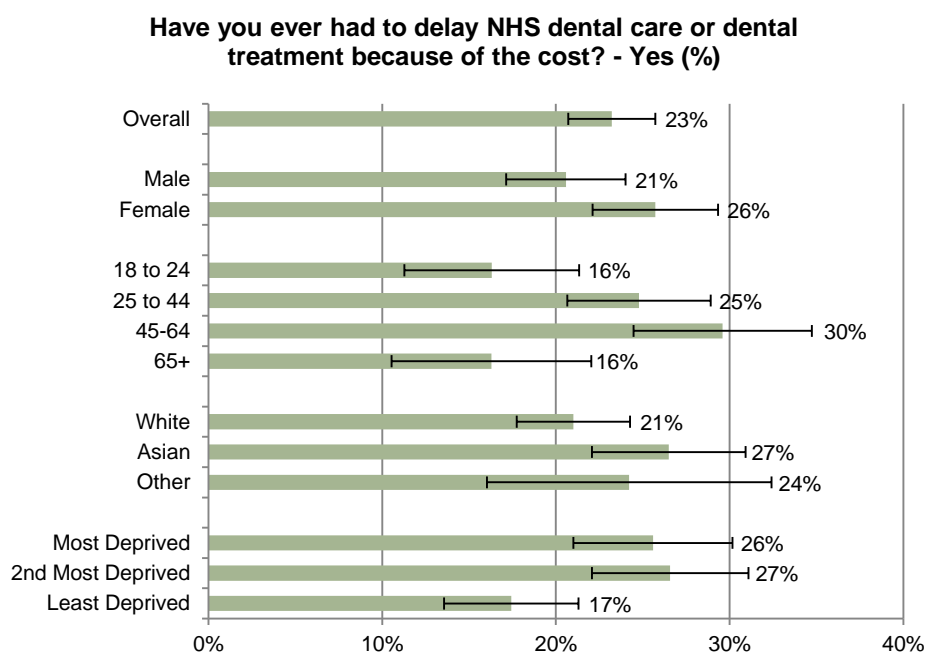
- Women were **more** likely to have found it difficult because they were scared of dentists and scared of treatment
- Men were **more** likely to have found it difficult because of lack of time.
- Younger respondents were **more** likely to have found it difficult because of lack of time.
- Respondents aged 65 and over were **more** likely to have found it difficult because of the difficulties in making the journey to the dentist and because their dentist is only treating privately.
- Respondents aged 18 to 24 and 45 to 64 were **more** likely to have found it difficult because treatment is too expensive.
- Respondents from the least deprived areas were **more** likely to find it difficult because they were scared of dentists. Respondents from more deprived areas were more likely to have found it difficult because of difficulties in making the journey to the dentist.
- Respondents from less deprived areas were **more** likely to have found it difficult because of dentists only treating privately.
- Respondents from Asian ethnic groups were **less** likely to have found it difficult because of lack of time.
- Respondents from White ethnic groups were **less** likely to have found it difficult because of inconvenient surgery opening hours and because treatment is too expensive.

There were no significant differences in the reasons why respondents had found it difficult to get a routine NHS appointment or emergency or urgent NHS treatment by neighbourhood.

DELAYING DENTAL CARE DUE TO COST

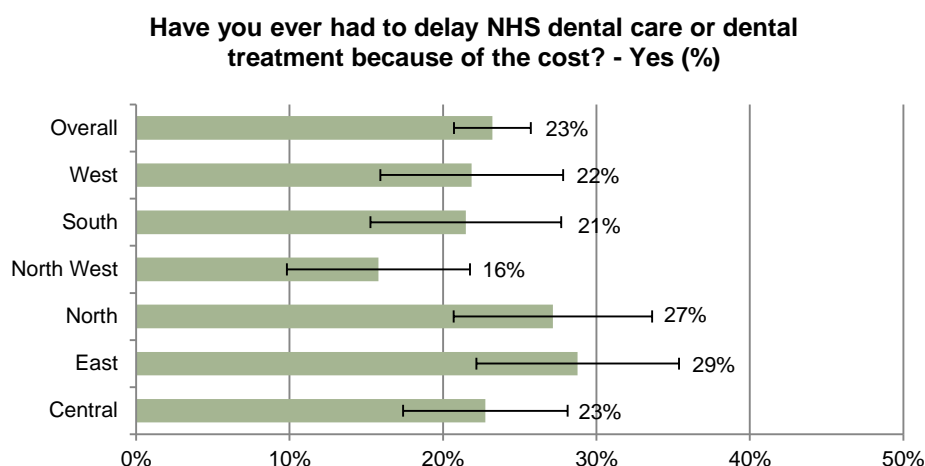
Nearly one-quarter of respondents (23%) had had to delay NHS dental care or treatment because of cost. In the ADHS 19% of respondents reported having delayed dental treatment (not restricted to NHS dental treatment) due to cost.

There were significant differences in the proportion of respondents who had ever had to delay NHS dental care because of the cost. Those aged 25 to 64 and those from more deprived areas were more likely to have had to delay NHS dental care or treatment because of the cost.



Base size: See Appendix
Significant difference by age, and IMD

There were significant differences in the proportion of respondents who had ever had to delay NHS dental care because of the cost by neighbourhood. Residents from the East neighbourhood area were significantly more likely to have had to delay NHS dental treatment because of the cost than residents from the North West area.



Base size: See Appendix
Significant difference by neighbourhood

There were significant differences in the proportion of respondents who had had to delay NHS dental care or treatment because of cost between the booster groups and the residents' survey. Disabled, homeless, older and young people were less likely to have had to delay NHS dental because of cost than Leicester overall.

Have you ever had to delay NHS dental care or dental treatment because of the cost? (%)							
	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample	Leicester Overall
Yes	18%	5%	9%	4%	9%	6%	23%
Base size	45	22	11	72	98	99	1,093
Significant difference?	No	Yes	No	Yes	Yes	Yes	-

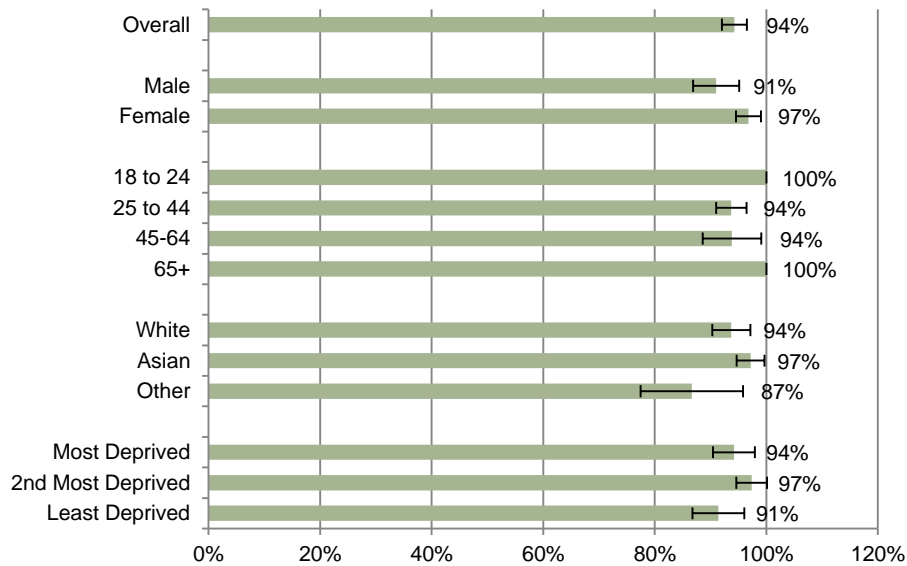
CHILDREN'S DENTAL CARE

Thirty-eight percent (38%) of respondents lived in a house with children under the age of eighteen and answered questions about their children's dental care. The booster samples are not reported on in this section due to the very low number of respondents living in a household with children in each of the groups. Although the young people booster sample was conducted with people aged 16 and 17, so all respondents in the group live in a household with children under the age of eighteen, only 3% answered the questions about children's dental care.

Of the respondents who have children under the age of eighteen living in their house, 94% knew that NHS dental care is free to all children under the age of eighteen. The 6% of respondents who did not know that NHS dental care is free to all children under the age of eighteen were significantly more likely to be men and more likely to be White origin. 69% of these who did not know that NHS dental care is free to all children under the age of eighteen were men compared to 42% of those who did know. 20% of those who did not know that NHS dental care is free to all children under the age of eighteen were Asian compared to 42% of those who did not know overall.

There were significant differences in the proportion of respondents who knew that NHS dental care is free for all children under the age of eighteen by age. Those 18 to 24 and 65 and over were more likely to know that NHS dental care is free for children under the age of eighteen.

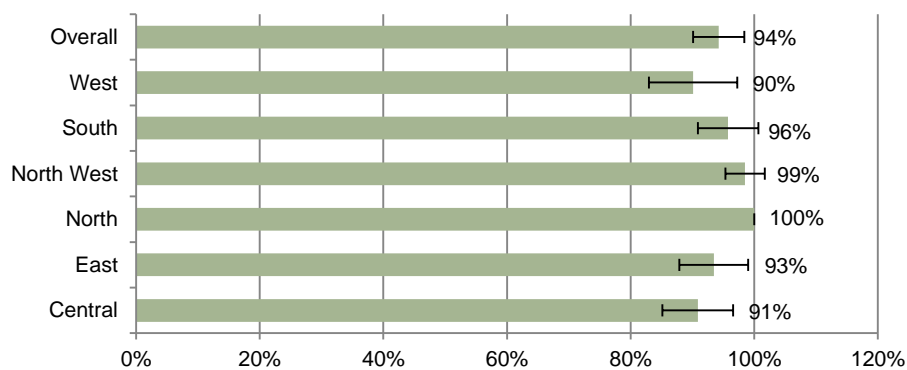
Did you know that NHS dental care is free for all children under 18? - Yes (%)



Base size: See Appendix
Significant difference by age

There were no significant differences in the proportion of respondents who knew that NHS dental care is free for all children under the age of eighteen by neighbourhood.

Did you know that NHS dental care is free for all children under 18? - Yes (%)

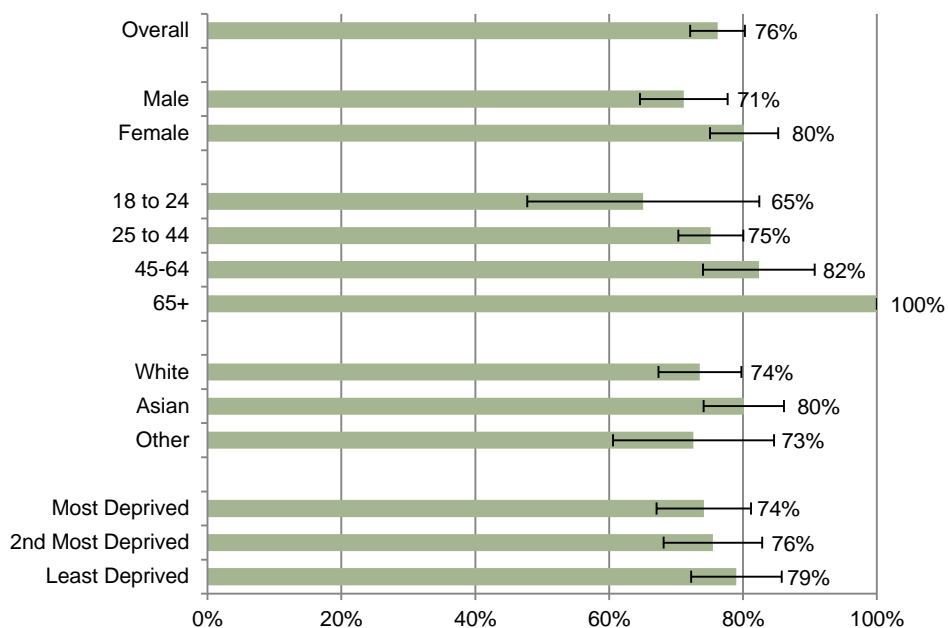


Base size: See Appendix
No Significant differences

Just over three-quarters of respondents with children aged under eighteen in the house (76%) take their children to visit a dentist every year. 24% of respondents with children age under eighteen in the house did not take their children to the dentist every year. Respondents with children aged under eighteen in the house who do not take their children to the dentist every year are significantly more likely to be men. 53% of those who do not take their children to the dentist every year were men compared to 41% of those who do take their children to the dentist every year overall.

There were no significant difference in the proportion of respondents who take their children to the dentist every year by gender, age, ethnicity or deprivation.

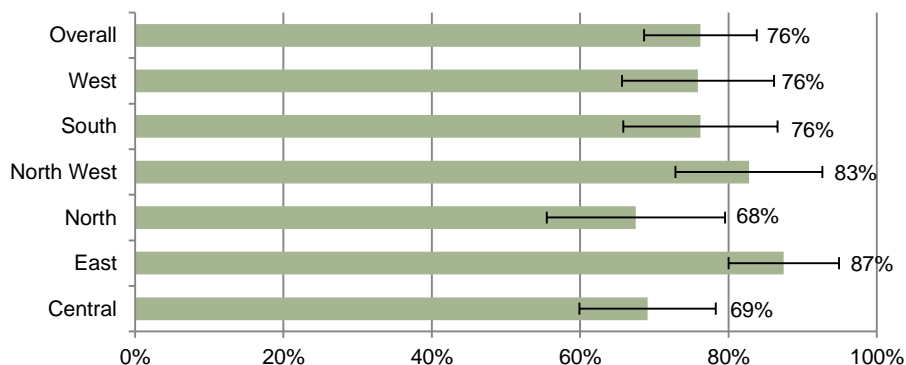
Do you take your children to visit a dentist every year? - Yes (%)



**Base size: See Appendix
No significant differences**

There were significant differences in the proportion of respondents who take their children to the dentist every year by neighbourhood. Residents from the East neighbourhood area were more likely to take their children to visit the dentist every year than residents from the North and Central area.

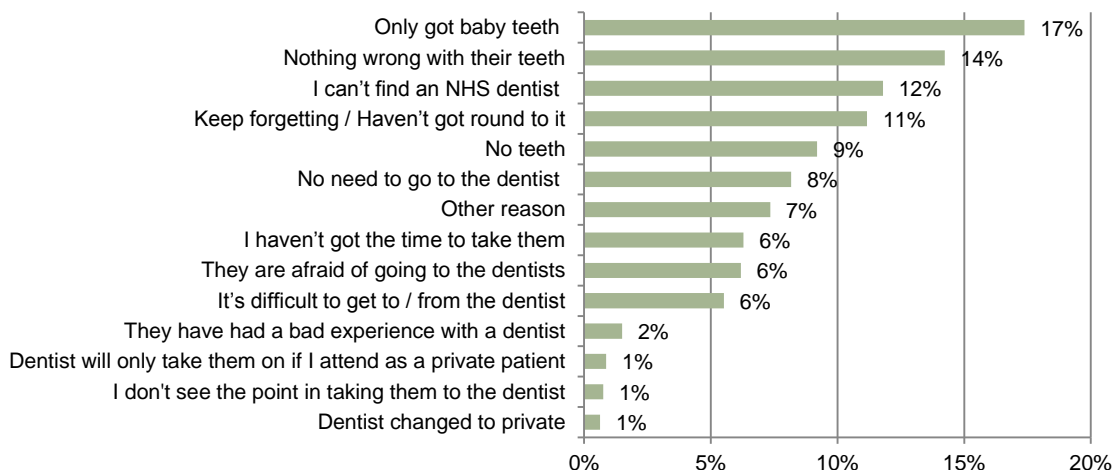
Do you take your children to visit a dentist every year? - Yes (%)



**Base size: See Appendix
Significant difference by neighbourhood**

Respondents with children under the age of eighteen in the house who had not taken their children to the dentist in the last year were asked the reason for this. The top 3 reasons given for not taking their children to the dentist was that they only have baby teeth (17%), nothing wrong with their teeth (14%) and can't find an NHS dentist (12%). Adding those who state that the dentist will only take them if they attend as a private patient, and dentist changed to private to the latter, gives 14% of those who have not taken their children to the dentist because they cannot find an NHS dentist.

Reasons why you have not taken your children to the dentist in the last year? (%)



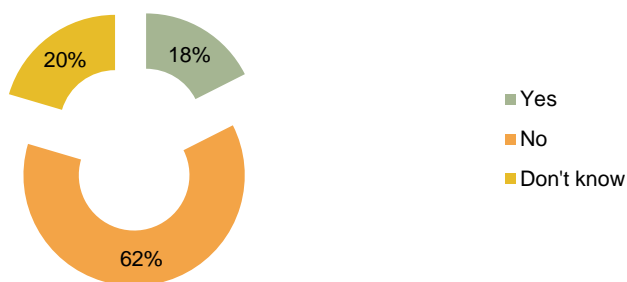
Base size: 121

There were some significant differences in the reasons given as to why they had not taken their children to the dentist in the last year by ethnic group. Respondents from White ethnic groups were more likely have not taken their children to the dentist because they had only baby teeth. Respondents from Asian ethnic groups were more likely to have not taken their children to the dentist in the last year because they cannot find an NHS dentist and less likely to have not taken their children to the dentist in the last year because there was nothing wrong with their teeth.

Note that the neighbourhood samples are too small here to report.

Of the respondents with children under the age of eighteen in the house, 18% had been offered fluoride varnish treatment for their children. 62% had not been offered fluoride varnish treatment for their children and 20% did not know if they had been offered fluoride varnish or not. Of the 18% of respondents with children who were offered fluoride varnish treatment for their children, 93% had accepted the treatment.

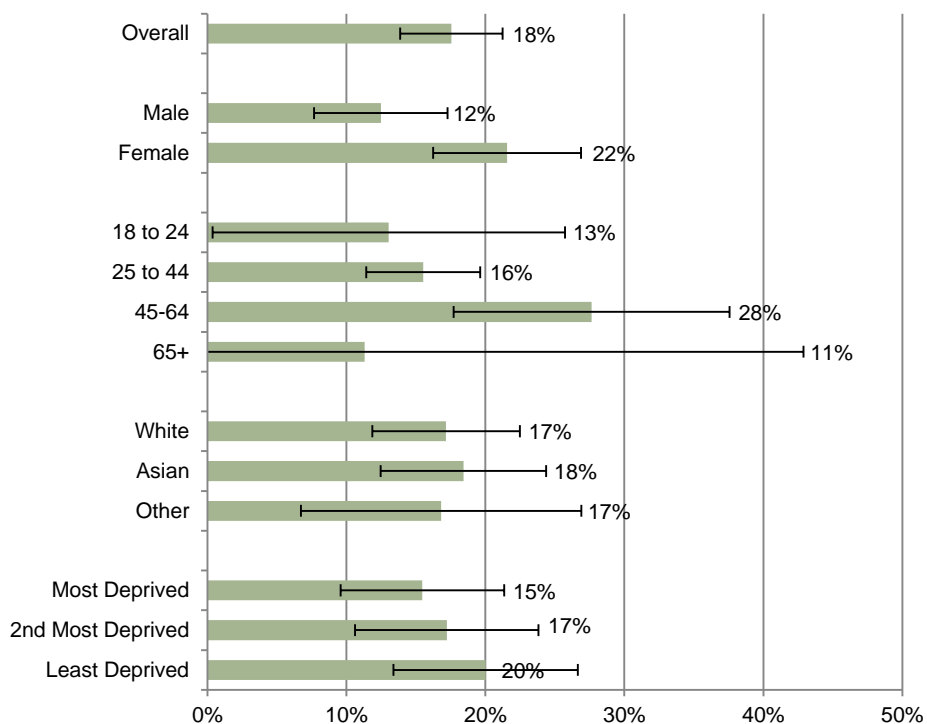
Have you been offered fluoride varnish treatment for your children? (%)



Base size: 411

There are no significant differences in the proportion of respondents with children in the house who were offered fluoride varnish treatment for their children by gender, age, ethnicity or deprivation.

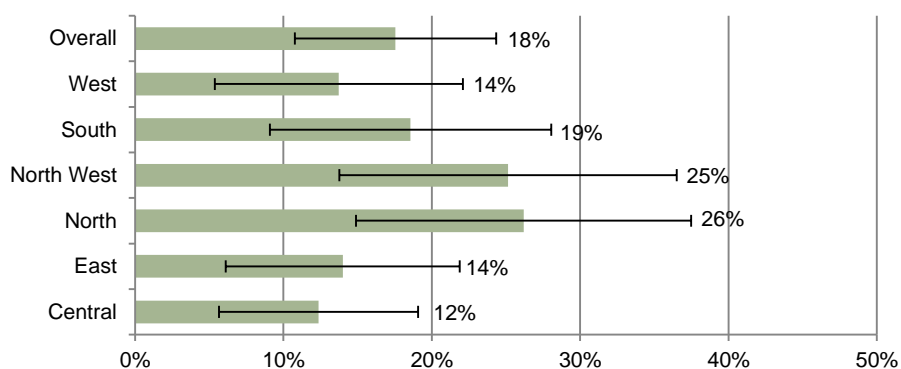
Have you been offered fluoride varnish treatment for your children? - Yes (%)



Base size: See Appendix
No significant differences

There are no significant differences in the proportion of respondents with children in the house who were offered fluoride varnish treatment for their children by neighbourhood.

Have you been offered fluoride varnish treatment for your children? - Yes (%)



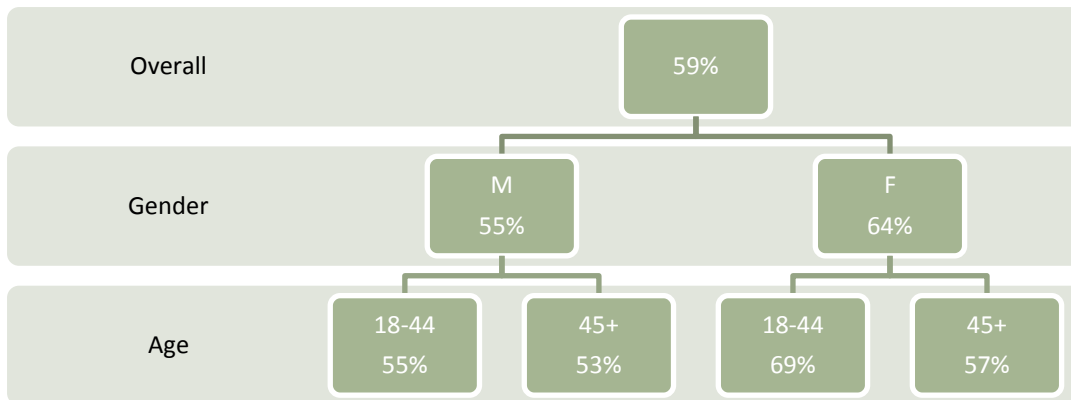
Base size: See Appendix
No significant differences

ADDITIONAL ANALYSIS

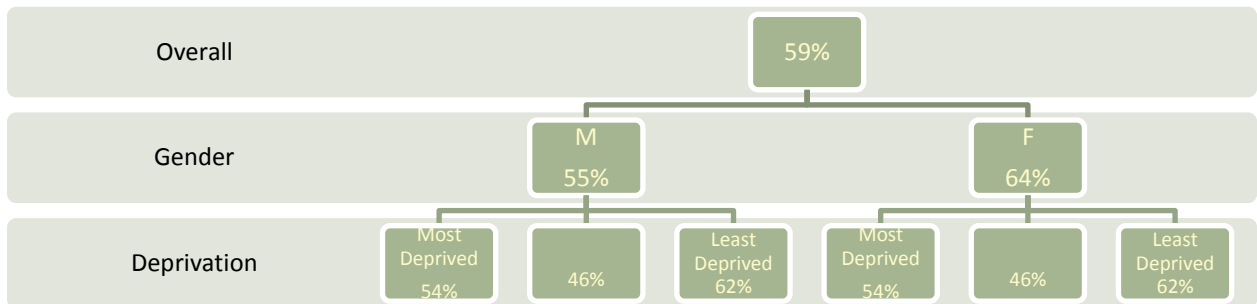
Additional analysis of certain variables was undertaken in order to support the development of the qualitative phase. Three-way cross-tabulations showed clearer differences between the groups. These are summarised in the diagrams below.

DENTAL HEALTH – GOOD OR VERY GOOD

There are clear differences between men and women, but when analysed by age and gender, there are fewer differences between the two male groups than between the older and younger women. Only 55% of 18-44 year old males perceive their dental health as good or very good. In comparison to the difference between the two female age groups, we would expect the figure for the 18-44 year old male group to be higher.

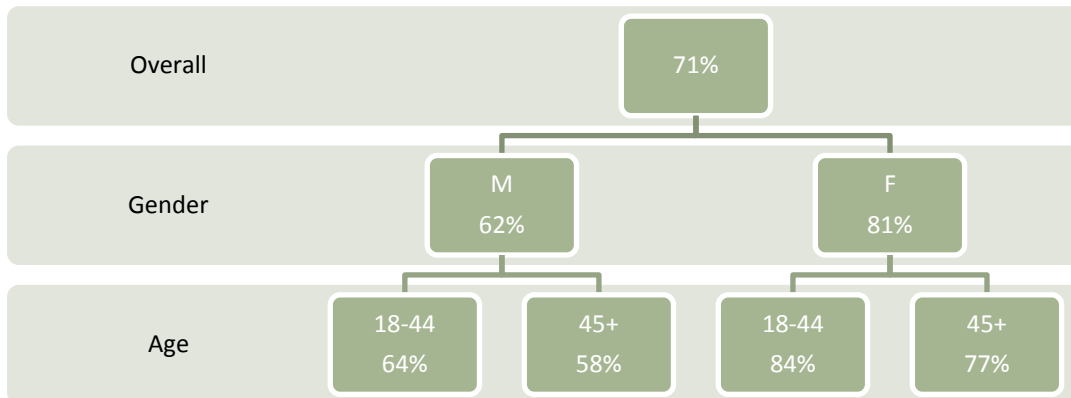


When looking at deprivation, there are again differences between women and men – for men, those in the central tercile have lower perceptions of their dental health.

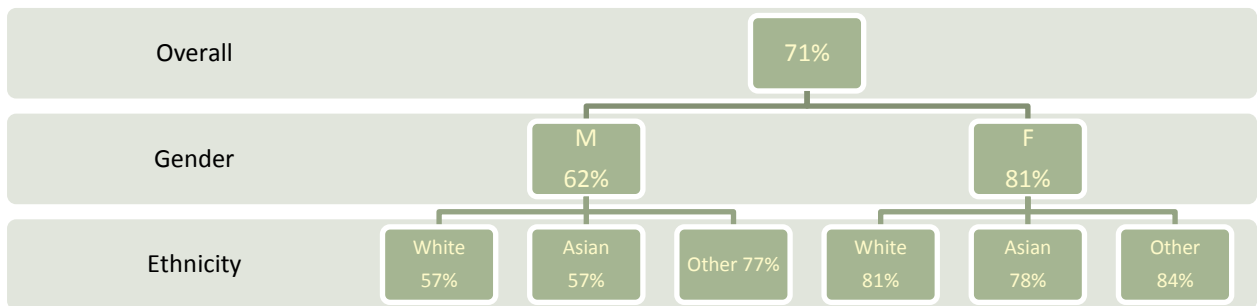


CLEAN TEETH AT LEAST TWICE A DAY

There are clear differences between men and women, but when analysed by age and gender, both older men and older women are less likely to clean their teeth at least twice a day.

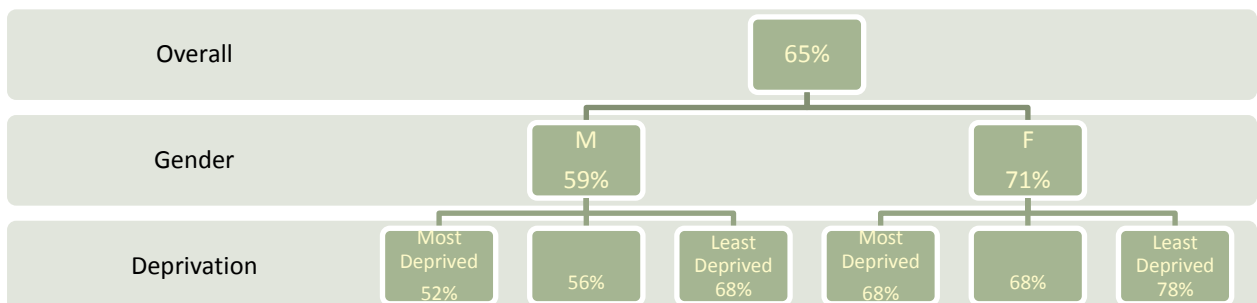


In relation to ethnicity, there are differences between White and Asian men, who are much less likely to clean their teeth at least twice a day.



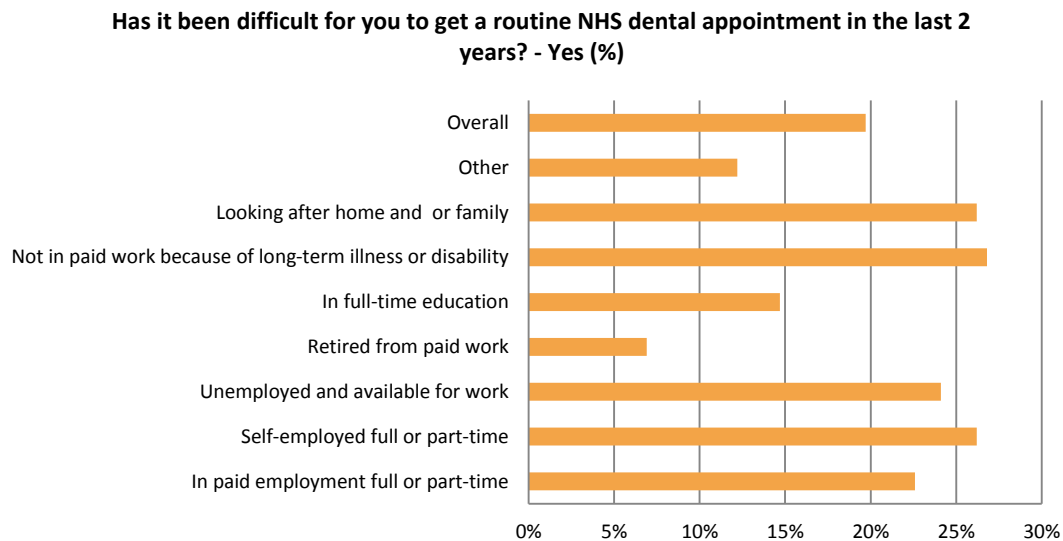
GO TO THE DENTIST AT LEAST ONCE A YEAR

Women are more likely to go to the dentist at least once a year – but men in the lower and central tercile are least likely to go to the dentist.



FURTHER ANALYSIS EXAMINING DIFFICULTIES IN MAKING ROUTINE NHS DENTAL APPOINTMENTS

Analysis by employment status shows that, whilst one-in-five respondents (20%) reported having difficulties in making a routine NHS dental appointment, this proportion rises for some sub-groups of residents. In particular, only small proportions of residents who were retired or in full-time education reported difficulties in accessing routine dental care. In contrast, and for different reasons, those who were self-employed and those who were not working due to long term illness or who were looking after the home were more likely to report difficulties. In these cases, over one-in-four (>25%) reported difficulties in making a routine NHS dental appointment.



Some key differences are also evident in the reasons respondents give for the difficulty in making a routine dental appointment. These include:

Subgroup	Reasons for difficulty in making a appointment
Looking after the home and family	Scared of dentist; scared of treatment
Self-employed	Inconvenient surgery opening times; treatment too expensive; dentists only treating privately
Not in paid work because of long-term illness or disability	Difficulties in making the journey to the dentist
Unemployed and available for work	The dentist I want to visit does not have availability

FURTHER ANALYSIS EXAMINING DENTAL HYGIENE ISSUES

Overall, the results showed that 71% of respondents reported that they clean their teeth at least twice a day, with almost a one-quarter (24%) cleaning their teeth once a day or less often, and less than 1% who never clean their teeth. Further analysis has been conducted to examine the profile of the sub-group of residents with poor dental hygiene – as defined by those who clean their teeth only once a day or less often, or who never clean their teeth. Key findings are that those with poor dental hygiene are:

- Significantly likely to be male (69% of those who clean their teeth once a day or less are male). This is common in both younger and older men – 69% of those aged 18-44 who clean their teeth once a day or less are male, 70% of those aged 45+ who clean their teeth once a day or less are male.
- More likely to describe their dental health as at best fair (51% of those who clean their teeth once a day or less often describe their dental health as fair, bad or very bad; compared to 41% overall).
- Significantly more likely to be from Asian backgrounds.
- Significantly less likely to go to the dentist every 6 months and more likely to only go to the dentist when they are having trouble with their teeth or dentures.
- Significantly more likely to give 'nothing wrong with my teeth' as a reason for not visiting a dentist in the last 2 years.

3 CONCLUSIONS - SURVEY

Residents in Leicester appear to have a low level of self-reported dental health. The results highlight a substantial proportion of residents who perceive their dental health to be at best 'fair' – 4 out of 10 residents felt this. Approximately one-in-ten thought their dental health was poor. Comparing the survey results to the ADHS highlights a lower proportion of Leicester residents who perceive their dental health as good compared to the national picture.

There is some evidence that this perception of dental health may result from poor dental hygiene. Whilst the survey results show the majority of respondents clean their teeth twice a day, the results highlight approximately a quarter who clean their teeth once a day or less frequently – a substantial segment who could be a focus for improving dental hygiene, perhaps using a social marketing campaign.

Profiling those with poor dental hygiene poses some difficulties. It is clear that the group with poor dental hygiene are more likely to be men or from Asian ethnic backgrounds. However, age does not appear to be a key factor – for example, a similar proportion of men from younger and older age groups clean their teeth once a day or less often. Those with poor dental hygiene are also less likely to go to the dentist regularly – this will potentially lead to a need for dental treatment in years to come, or the use of emergency or secondary care services. Those with poor dental hygiene have two conflicting views: they are more likely to give 'nothing wrong with my teeth' as a reason for not visiting a dentist in the last 2 years; but also more likely to describe their dental health as fair, poor or very poor. There is likely to be a number of possible explanations for this including an acceptance by those with poor dental hygiene of the condition of their dental health, and also concerns about 'doing anything about it'. For example, results suggest that those with poor dental hygiene are more likely to give 'sacred of treatment' as a barrier for not visiting a dentist in the last 2 years.

The survey highlights a substantial proportion of residents in Leicester who go to the dentist irregularly. Two-thirds (67%) of respondents with teeth go to the dentist at least once a year, lower than the ADHS (70%). 15% only go to the dentist when they have trouble with their teeth, slightly higher than the ADHS (13%). Men, in particular, are less likely to go to a dentist at least once a year.

A substantial minority - almost one-in-five respondents to the survey - had not been to a dentist in the last 2 years, or had never been. Amongst this group of residents, two key barriers appear to be the perceived affordability of NHS charges, and difficulty in finding an NHS dentist. For both of these, the proportions citing these as reasons for not going to the dentist is higher than the ADHS. The survey results indicate that those aged 25-64 are more likely to give both cost and availability of an NHS dentist as barriers.

Examining the data from the survey on access to NHS dental services suggests that three out of five residents had tried to make an NHS dental appointment in the last 2 years, one out of five had not tried because they don't go to the dentist, and the remaining one out of five because they go privately. Overall, almost one-in-five respondents reported having difficulties in making a routine NHS dental appointment.

Men, and those from Asian ethnic groups are most likely to report facing difficulties in making an appointment with a dentist. For those who faced difficulties in making an NHS dental appointment, availability of the dentist and cost of the treatment were given as the main barriers to securing an appointment.

Further analysis of the data relating to access shows that there were some additional sub-groups who were more likely to report difficulties making an appointment for routine care. These include the self-employed and those who were not working due to long-term illness or who were looking after the home. Whilst the reasons for not making a dental appointment amongst respondents from these groups were partly as could be expected, there also appears to be a view (real or perceived) that dentists 'do not have availability' or 'only treat privately' amongst some segments of residents. Ensuring that up-to-date information on the availability of NHS services is available is paramount to support these groups to attend.

Improving access for those who are looking after home and family is also important, particularly given that there is likely to be a connection between accessibility for this latter group, and of those who do not take their children, 14 children in every 100 are not being taken to the dentist because their parents or carers are unable to find an NHS dentist (or their dentist will only take children privately). In addition, only 6 out of 10 children are reported to have been offered fluoride varnish. There appear to be a number of issues relating to the costs of NHS dental services. There is a substantial proportion who do not know whether they pay for dental care, and limited knowledge of the charges

made. A higher proportion in this survey than the ADHS stated that they could not afford the NHS charges. There are two aspects to this – the ability for residents to access the low-income scheme²¹ and the knowledge in the community of NHS charge bands. These are highlighted in the qualitative conclusions.

In the booster groups, there were clear differences between groups, which were explored in the qualitative section. For example homeless respondents were significantly more likely to report poor dental health and to have fewer teeth, far less likely to clean their teeth at least twice a day – and are more likely to report problems with their teeth in the last 12 months. Gypsies and travellers have poor dental hygiene and are twice as likely to have problems with their teeth or dentures in the last 12 months. Older people are less likely to go to the dentist at least once a year and to feel anxious about dental treatment. Targeted work with those communities, for example, to improve their understanding of dental hygiene and improve accessibility, is recommended. These are explored further in the qualitative section.

²¹ The low income scheme is intended to support those who have a low income to access services which have a charge within the NHS such as prescription charges or dental charges. Further information can be found at: <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx> [accessed 31/07/15]

4 QUALITATIVE RESEARCH

Following the survey, qualitative research was undertaken to provide in-depth insight into some of the issues arising. This element of the research was designed to explore the experience, attitudes and behaviour of a number of key groups. A mixture of focus groups and depth interviews were used for the different groups. The survey results assisted in targeting this qualitative work and, in particular, which groups of residents to include. Focus groups and depth interviews were held with the following groups: where attendance was low at a focus group, depth interviews were used to supplement the information.

Participants were recruited in a number of ways, depending on the target group. Some were recruited via support organisations, such as homeless hostels, others from consented names from the survey. Recruitment criteria and focus group outlines/depth interview schedules were agreed in advance. Incentives of £10 were provided per respondent. Where consent was given by the group/individual, the group or interview was recorded and transcriptions undertaken, prior to thematic analysis.

Target Group	Focus Group	Depth Interviews
Low income	1(3)	5
North	1 (13)	
East	1 (4)	
Asian men	1(3)	4
Older people		8
Homeless	1 (9)	
Gypsies and Travellers	1 (2)	
Employed	1(2)	2
Not employed	2 (2+3)	2
25-64 Women		10
25-64 Men		10
Men (10 most/least/middle deprivation tercile, 10 aged 18-44)		40

The findings from each of the groups are shown below, in separate sections. In each group the following issues were explored:

- Attendance and Barriers
- Access
- Dental Hygiene
- Information Needs

Focus group content included exploration of the four themes and participants were also presented with information on the cost of NHS treatment. The reporting below covers each of the four themes for each group.

LOW INCOME

These focus groups were targeted to those with lower incomes and unemployed.

Three members of the public attended the focus group – and five further depth interviews were conducted to extend the insight into this group. All had incomes below £24,000 (some much less than this). Employment included jobs which were minimum or living wage such as cleaning, carer for special needs children.

ATTENDANCE AND BARRIERS

Some had not been to the dentist for a long period – the maximum was 20 years – others had not been for 3 years. One participant said: *“Yeah, well over a year because we just can’t afford to go.”*

Some had recently received emergency treatment.

The reasons for not attending included:

- Cost – *‘I just couldn’t afford it’*. Another reported: *“I put my name down so then when I go and make an appointment it will be for a check up and you have to pay for the check up and then when they have done that they will say this wants doing and that wants doing and then they give you a price don’t they, it is about £50 or something.”* She had stopped going because she *‘hadn’t got the money to pay’*. Another stated: *“It costs you a fortune to look after them that is why people don’t go to the dentist. Who has £200 lying around? Nobody, not now.”*
- Some reported that they had heard of being offered ‘instalments’ to pay for their treatment: *“I think what they do now at [dentists] is they have you down there for one time to do some work and charge £25 and then they have you down again and you pay the rest so you don’t pay it all in one go.”*
- It was felt that there was some inequity in the system for those who were on a low income: *“What annoys me is if you are on a low income, you get out of bed and go to work, you can’t get free dental treatment but if you are on Jobseekers Allowance you get it free. And we are doing our bit by working, contributing right and you can’t get treatment.”*
- Some suggested that they would only go if there was a need for emergency treatment: *“... it’s the last thing on your mind when you have got a family to look after, unless you’re really in agony then [you’ll] go.”*
- Some were not entitled to time off work to attend the dentist and there was little availability at weekends: *“Yes it would help if they had some kind of weekend cover, I can understand that they don’t have Saturday and Sunday but maybe some hours early morning on Saturday for working people.”*
- There was no awareness of the low income scheme: *“I don’t really think they want you to know I think it is there to be there but they don’t really want you to use it.”* There was also a concern that forms to claim these may be over-complicated for the target group: *“[...] if you fill those forms in wrong you are stuffed anyway’.*
- Some had had a poor experience which had made them reluctant to attend: *“She fitted me with NHS dentures and I couldn’t wear them.”*
- Some were simply: *“[...] scared of the dentist - I can’t stand anything in my mouth.”*

ACCESS

Many had had difficulty in accessing an NHS dentist – but it was also clear that cost was a connected factor.

- *“Well it is quite hard to get into a dentist to be honest so there is that reason and the fact that it is quite dear as well.”*
- *“There is one on Uppingham Road but don’t go there because you need a second mortgage, there is one just off Coleman Road. The only NHS ones are this one on Whitlow Drive, is there one on Uppingham Road near Haines Road.”*
- One participant travelled to the dentist she had been ‘registered’ with whilst living at her parents, which was a long way to travel. She had asked them to take her children but they had refused to accept them, so she took them elsewhere: *“About 3 or 4 miles, 3 miles at least, so I have been there so I keep going back there, I asked them to take on my kids because everywhere local I couldn’t get I said do you take NHS and they just refused, they say we are not taking any this year. You wouldn’t believe it but I had to ring up so many places to find out and then eventually funnily enough there is a practice down the road called Gypsy Lane Dental and they took my husband and my kids on so now they go there and I go to my normal one.”*
- *“I must have tried half a dozen at least before I got somewhere and then funnily enough the one up the road from me, literally to be honest with you. I Googled just nearby dentists, there is Windsor Dental here, there is a few which I tried, no luck, there is Smiles Dentist no luck basically my situation was if I was paying they would take me on but obviously if I was NHS they refused to take NHS patients.”*
- *“No I have tried 2 or 3, Doncaster Road and I don’t know the others name but I went there and can’t get any.”*
- *“No I had, I went to Thurmaston but I wanted a local dentist just on Melton Road around here in the North so I can go at my convenience in the morning or in the afternoon but apparently they wouldn’t take any because they are fully booked.”*

This had led some participants to have emergency treatment privately but they could not afford to go back for further routine appointments: *“Yes, one off treatment I would not go back because it is so expensive. I won’t go for my check up, the treatment that I wanted, I had it and that is it now. I have had several reminders from them.”* When asked what she would do about routine care, she stated: *“I don’t know, that’s a really good question, I thought about it, I will just have to get on my hands and knees and beg for them, I will go NHS.”*

DENTAL HYGIENE

Some felt that they ate ‘quite healthily’, although some ate vegetables, few ate fruit, partly due to waste and expense: *“I must admit I don’t eat any fruit but I do eat quite a lot of veg because I like veg but you never think when you go in the shop to buy any fruit. Fruit you buy it and you don’t eat much of it. You forget about it and then you sling it.”* Most did not routinely eat sweet food, but some of the Indian participants mentioned chai: *“Tea, Indian tea with spices.”*

Most cleaned their teeth ‘twice a day’. However, some reported bleeding or other issues with their teeth and gums: *“When I clean my teeth they bleed.”* There appeared to be little understanding of why bleeding occurred and the way to treat it: *“So what I did was I didn’t clean them twice a day, only once a day because they bled but I have also had stuff that you have off the television for bleeding gums (Corsodyl). You are supposed to drink it and gargle it and spit it out but it doesn’t seem to have done the trick, they are still bleeding.”*

Some felt that ‘...you can over clean your teeth because you can take the enamel off.’

Dental floss was not used by most participants: *“I’ll tell you what I have tried that once, years ago when they said about using it, I thought what a waste of space.”* *“Yes it is time consuming and I can’t be bothered, I see people using it.”* One used it ‘every day’, another ‘when I’m bored and I’ve got 5

minutes to sit on the settee and I'm watching telly.' One mentioned that she had: "seen it in the chemist but I was wondering why do you want to put this stupid thread in between your teeth You just get a piece of paper and gets bits out."

Many used mouthwash: *"You can get these cheap ones now but they're not the same. You need them Corsodyl."*

Some felt that they had not received advice from their dentist: *"I don't know how to use it, to be honest it has never been mentioned in my dentist as well, if I was told I should use it I would. I kept getting bleeding gums so they said why don't you try Corsodyl and the last visit I got prescription Corsodyl for mouthwash because I was getting trouble with my teeth and touch wood it has been good since then so it has worked for me."*

INFORMATION NEEDS

There was very low awareness of the banded charges, and also of the low income scheme by all of the participants.

For information, most of the younger participants said that they would look on the internet, others would look at the dentists, and some at their GP.

Focus groups were held in the North and East neighbourhoods to examine the gap between perceptions and reality of the availability of NHS dentists. Respondents from these neighbourhoods were more likely to both express difficulty in obtaining a routine dental appointment, and more likely to give 'can't find an NHS dentist' as a barrier (though sample sizes are small for the latter).

13 participants attended the group – 11 women and 2 men.

ATTENDANCE AND BARRIERS

Most of the group were 'registered' with a dentist and had few issues with attending the dentist. Indeed, some felt that they were attending almost too often.. *"They want you back in 6 months. They want some more money."* If they did not attend their six-month check, then: *"Normally they say if you are not coming then we will take you off the list."* However, some had been told that they did not need to come back for a year: *"I didn't say that she saw me after 6 months and within 6 months there is nothing wrong so you don't have to come back until a year unless you feel that you need to, if any problem comes come back otherwise you don't really need to come for a year."*

A few mentioned fear of the dentist as being a barrier, in particular, fear of needles: *"No I don't have a bad experience but I am scared, any kind of injection. It is not the dentist. It is the needle."* Another agreed: *"If you look at the size of the needle and that puts you off straight away."* "However, others were: *"...just frightened, I don't like to go, you always think when you are going they are going to do something new, they want you back."*

ACCESS

Although most of the group were 'registered' with a dentist, with only one who was not, many participants had experienced difficulties in obtaining an NHS dentist. Only one (male) was not 'registered' with a dentist and this was his choice, as he had no problems with his teeth, although he was currently considering registering: *"I have never felt the need to go to the dentist from a very early age. I have always had a really good oral health from a young age so I never thought it was something I would ever do."*

Some reported difficulty either for themselves or their family in accessing or making appointments with an NHS dentist: *"Well it is not for me it is for my mother in law and they tried their best but sometimes what it is for the old people, you know what I mean, she has got dentures and they broke but they said it takes 2 weeks."* One had moved out of the area and had then returned, but when she tried to register with her previous dentist, she could not get in: *"No now I am 'registered' with my work place but initially I couldn't get one, I rang round a few dentists to move back to Belgrave and I was struggling [...] I did try [all of the practices] and they said no we are full at the moment, they don't take any NHS patients."* Some had found that the dentist had would not take them as NHS patients, but they would be taken privately: *"[...] they say no so you have to pay for the private and they don't take the NHS patient then you have to pay the privately."* Another agreed, reporting that their practice had changed from being NHS to only accepting private patients: *"They were an NHS practice and then they said if you wanted to join us then they would be private not NHS anymore."* There was also some suggestion that individuals at some surgeries were being asked to become private patients, whilst other members of their family had remained as NHS patients: *"There were 4 or 5 dentists and they are all private now at the same base, my parents were with them and I am 'registered' at the same surgery and they wouldn't take me, they say they haven't got the space for NHS."*

There were some in the group who were paying insurance for dental treatment. This was £11.00 per month (£121.00 per annum) for each person. They had been informed that this paid for the six-monthly check-ups but that then any treatment would need to be paid for on top of this²², but they thought they received a 25% discount on the price of the treatment. However, as one participant

²² 121.00 per annum for 2 check-ups, which would be 18.80 on the NHS (a total of £37.60), representing approximately 3 times the price of the NHS treatment. (See Appendix)

pointed out: *"I think it is 25% off their charges, but you never know what their charges are do you?"* Some had health plans via work which either contributed to, or paid for the costs of dental treatment: *"My work, simple health plan, if I go to the dentist, I pay for it; I get the money back anyway. If I have a treatment, so if I had paid for my check-up they give me the money within 5 days into my account."*

There was a great deal of confusion about how much should be charged for different levels of treatment, even with the NHS Bands, with people being unsure how many visits the bands covered and whether the higher amount paid for one or more crowns. There were reports of different charges being made for treatments such as a simple filling, via private treatment: *"£50, or £150 for a filling."* Prices were not transparent particularly in the private dentists: *"They don't advertise their prices; they don't want you to know."* There was no 'price list': *"It is like going into some of the shops and they don't have a price tag on. They just look at your face and decide what to charge."* However, most of the private dentists did give clear quotations prior to commencing treatment: *"It was given to me in writing; they told me how much the cost would be...there and then."*

There were also some issues relating to the offer of private treatment such as different fillings, which were charged at a higher rate: *"Well we say it is NHS but my daughter had a filling, they offered me a free or did she want a certain filling and they charged me whatever, I can't remember the price, my daughter goes to me mum no-one is going to see inside my mouth so she has had the free one but that is what they do, they give you the free option or they give you the private."* Another participant had received a filling which was purported to be higher quality and longer-lasting but which had fallen out within a month. However, this did not appear to be 'guaranteed': *"When I had my filling I was told if you want to have the best one it could cost you more and it would last longer so I said okay I might as well pay more for it because it was the best thing and it is going to last, within a month it came out and I went back and they said because it is within a month we will give you it free but if it goes again we are not going to do it."*

DENTAL HYGIENE

Most of this (mainly female) group felt that they had a good diet: it should be noted that most of the group were women. All of them stated that they brushed their teeth twice a day. Although they mainly felt that they had a healthy diet and tried to avoid sugar, some of the Indian community mentioned drinking Chai (tea), which *"Let's be truthful, that is all sugar."*

Some used floss, *"...sometimes."* Some had *"...a little brush that has come out now that you can use instead of the dental floss...a tiny one come out now, different sizes."* Most recognised that the reason for not using dental floss was: *"Laziness mainly."* Some mentioned that they: *"had never really been shown how to use it really."* Others mentioned the cost: *"It is quite dear isn't it? The brushes are expensive as well."*

INFORMATION NEEDS

Participants were keen to find out more and particularly keen to find out which were the better dentists: *"How would find a good dentist that is experienced, how would you find that out?"* Some felt that they would: *"Go on the internet."* Others felt that it would be best to find out by: *"Word of mouth, people telling you."*

Focus groups were held in the North and East neighbourhoods to examine the gap between perceptions and reality of the availability of NHS dentists. Respondents from these neighbourhoods were more likely to both express difficulty in obtaining a routine dental appointment, and more likely to give 'can't find an NHS dentist' as a barrier (though sample sizes are small for the latter).

Four participants attended the focus group, all female, all aged under 50.

ATTENDANCE AND BARRIERS

None of the participants in the focus group had attended a dentist within the last year. There were a number of barriers to attendance:

- Working hours: *"I work about 48 hours a week and I can finish at 4 in the afternoon, I can finish at 5. Actually I went down there on Friday at 5 o'clock when I finished work because my mum said you can't go, just go and try, and it was shut."*
- The lack of availability of dentists and appointments: *"Getting an appointment or even getting into a dentist."*
- For some, the attitudes of receptionists on making appointments: *"They are rude, the receptionists. It is all of them, it is everywhere they are all snotty you know what I mean."*

ACCESS

There appeared to be an issue for this group with access in their locality. Some had not been to the dentist recently and were unsure whether they were still 'registered' with their dentist: *"I think I am but I have not been for a while."* One had attempted to register with a local dentist, and had given her name to be 'registered', but had not heard from the dentist since. Her father had given his name at the same time, and he had been called for an appointment. *"I gave them my name but they haven't 'registered' me."* Another had tried two local dentists without success: *"There is 1 local here, a few minutes down the road and then there is Ockenden Road/ East Park Road that is further out, but even Ockenden Road is within working distance but I have tried there, I have tried this one, they are all full they can't take no-one on."* This had led her to consider dentists outside their immediate area even though her travel costs would be expensive: *"Beaumont Leys has got a sign up because that is a new dentist, it has not even been there a year yet and they have got a massive banner, that is why I approached them but we will see. It is still a trek to get from here to there to see the dentist isn't it? And do they refund your travel expenses because no-one else will take you on."*

One participant, whose son had a medical condition which affected his behaviour, had been told that the dentist could not deal with him so she had removed herself from his list – particularly since he had 'sworn under his breath'. Others had been 'registered' but had not attended an appointment so had been removed from the list. One had tried to see the dentist after an abscess appeared, but the dentist would still not see her for an emergency appointment. *"No I was took off, because I didn't go before I was took off and then I had so much pain I was crying and if you see now I have got a lump swelling there but they won't see me."* She had: *"...tried with 2 dentists on East Park Road and they said they were both full, they told me to go to the emergency place." (Nelson Street).* However, she felt that the emergency dental centre was unsuitable for taking children into: *"But then because of the area that it is in, you have all the druggies and I am not taking a child there."* It was also difficult to access due to working commitments, as it was only open during the day and there was a requirement to book prior to attending.

DENTAL HYGIENE

There was a mixed pattern in relation to healthy eating, with one admitting: *“I eat lots of sweets.”* Some suggesting that they ate too much ‘junk food’. However, this may be connected with their employment/income position. Some brushed their teeth: *“Twice a day.”* Others however reported that: *“I brush them when I need to brush them.”* None used dental floss – one reported: *“I got told it was bad for your teeth, I don’t know if it was my grandparents.”*

INFORMATION NEEDS

This group, being mainly younger people, felt that the internet would be their main source of information: *“Well you would Google wouldn’t you, just Google within a certain radius and then phone them up.”* Others suggested that they would learn from friends and family: *“Word of mouth.”*

Gender differences are apparent throughout the survey. There were some key differences between men and women, with men having poorer perceptions of their dental health, and also appearing to be less proactive in their attitudes and behaviour relating to their own dental health, and being less engaged in the dental health of their children. For example, men are significantly less likely to clean their teeth twice a day, to go to the dentist at least once a year or to have tried to make an NHS dental appointment in the last 2 years. Depth interviews were conducted with men – in the least, middle and most deprived terciles – and then men aged 18-44. There was a mixture of employment status and age. This section therefore reports on each of the categories

ATTENDANCE AND BARRIERS

Deprivation	Issue/Quotes
Least deprived (most affluent)	<p>4 were 'registered' with an NHS dentist; 4 privately; 1 not 'registered'; 1 mixed treatment.</p> <p>Those who were 'registered' generally attended regularly and it was seen as normalised behaviour. <i>"I think I have been doing it for years and years so it is the norm now for me. I have been doing it since I was a kid. My mum and dad have been taking me since I was a young child at school so it is a norm."</i> However, some admitted that they had not been for a few years, partly due to lack of appointments: <i>"Yes I have about 2 years back and the last time I did try to get a slot in my local dentist they said it was over capacity basically so I couldn't get in."</i> Another said: <i>"I haven't been for some time because I have been ill and I have had a death in the family so I haven't been."</i></p> <p>Some were afraid of the dentist: <i>"I don't want to go but I have to go, I had an abscess and he had to take a tooth out, he gave me antibiotics and then he took the tooth out, it was that painful and that is why I hate dentists."</i></p> <p>Others mentioned work commitments being a barrier: <i>"Work maybe work commitments, if you are talking about dentists in this area it would be work."</i></p> <p>Opening hours were also an issue for some: <i>"This particular dentist said they are open' til 7.00 pm on Tuesday evenings so they have late opening and they also have Saturdays but I am not sure how that rolls out."</i></p> <p>The costs of treatment was an issue which prevented some from attending: <i>"Probably yes, before you know it, it could be a couple of hundred pounds the bill comes out to be or you go for one treatment and there is a knock on effect and they are like you need to come back another 3 or 4 times, this is what I hear from family and friends."</i></p> <p>Even those who were 'registered' with an NHS dentist found: <i>"Well there is no choice, is there a choice? So you have to pay through your nose."</i></p> <p>Some were on benefits, which meant that they did not have to pay, although they were uncertain: <i>"We are on family credit so we don't have the full cost, we don't have any cost I don't think."</i></p>
Middle	<p>Most were 'registered' with a dentist.</p> <p>Some did not go due to having false teeth: <i>"I don't really go that often with having false teeth, just to have a check up because I have a few of my own on the bottom."</i> Some were afraid: <i>"No because at an early age when I were about 15 I had my front teeth knocked out at football and then they just got worse and worse and I had all my top set took out and had a new plate in the top."</i> Some older</p>

	<p>participants found it difficult to access the building due to stairs: <i>"Yeah. And the dentist is upstairs and downstairs, old man can't go upstairs."</i></p> <p>There were a few concerns about the cost of the dentist those who were working generally found it acceptable: <i>"Yeah, like I say, if it's reasonable then I can afford to, yeah."</i> However, others found it expensive for treatment required after a check-up: <i>"Probably just the cost, especially if it is not a check up, anything other than a check-up it can be very expensive, there are 3 bands it is £20, then £50 and then £200, it tends to put people off, myself in particular as well."</i></p> <p>Whilst some, for example those who were self-employed, were able to access the dentist easily, others found it more difficult due to the time they had to wait between appointments: <i>"Possibly longer hours, especially with my dentist, to get an appointment you are waiting 3 to 4 weeks at least so maybe quick appointments would be really helpful."</i> The gap between appointments following check-up was also made more difficult for patients who were in pain: <i>"Normally it is fine but you have to wait 2 weeks for further treatments and during that period if you are in any pain there is not much they tend to do except give you some medication so it is just the wait that can be annoying at times"</i></p>
<p>Most deprived (least affluent)</p>	<p>Around half were 'registered' with a dentist. Those who were not 'registered' mentioned that other members of their family were: <i>"I'm not personally but my Mum and Dad are."</i> Some could not 'register': <i>"Because they are all full – I can't get anything on NHS – the ones I go to are full."</i> Some who were not 'registered' had had to use a private dentist due to an emergency: <i>"Well, I don't have one but I did use a private one last year in an emergency."</i></p> <p>Some had had to go to a dentist which was not close to where they lived: <i>"I 'registered' early last year with a practice based in the city centre, I wasn't really happy with my previous dentist."</i></p> <p>Some went regularly: <i>"November 2014. I usually go every year but sometimes every 6 months."</i> Some had not been for a while: although interestingly, some mentioned that other members of their family had been: <i>"I haven't been for over a year but my children and wife have."</i> Some had not been for a long time: <i>"Years ago....I can't remember how long."</i> One participant, who was afraid of the dentist, went: <i>"As little as I can."</i></p>
<p>Working Age (18-44)</p>	<p>Most were 'registered' with the dentist and some of the men had problems with their teeth. <i>"I've had problems; last year [the dentist] removed one tooth."</i> However, some did not regularly attend the dentist and admitted that his teeth were: <i>"...very bad, and the issues are growing."</i> One barrier was shift patterns – one said that he <i>"Don't really go to the dentist – I work in the NHS, and have six different shifts."</i> Another mentioned that cost was a barrier. This participant had paid £480 for four white fillings, but reflected that: <i>"[this is a] very good dentist, but cost is a problem and lack of trust."</i></p>

ACCESS

Deprivation	Issue/Quotes
Least deprived (most affluent)	<p>A number of participants in this group mentioned issues with accessing an NHS dentist, but reported that the same dentist was able to take on private patients: <i>“I have looked around but the ones that I found, when I contacted them they basically turned around and said that their books are pretty full, they can’t take on any more NHS patients, that is a common answer I get from them. Of course if I am paying privately then I am more than welcome to come in.”</i></p> <p>Some had contacted dentists not only in the area they lived, but in other areas and on the outskirts of Leicester: <i>“Yes, but a few have told me that it is not just that one so I think it is just a common practice amongst dental surgeries across Leicester. I mean prior to phoning them I did phone quite a few ones, I even went to Oadby and places like that but a lot of them to be honest just wouldn’t take any interest if you were asking for NHS dental care.”</i></p> <p>One participant, who was a private patient, described their experience of private treatment. <i>“I am in a position where I can pay for it because for just a check up, I am looking at my receipt here, costs me £112, so that is private and obviously I am probably going to be more profitable to them than having an NHS patient and probably the same treatment will be on an NHS level anyway but obviously I am paying for it so they would prefer me as a patient or a customer.”</i></p> <p>A number of participants reported insurance policies and different schemes to pay for dental care: <i>“Of course they are selling insurance policies, care plans, that is another thing they contact, they are quite enthusiastic about selling care plans and things, monthly schemes, personally I can say I pay as I go.”</i></p> <p>It was suggested that dentists should be give a ‘quota’ of NHS patients: <i>“I think that if the dentists are practicing in the city centre then not everyone will have that sort of money so they should allocate x% in their practice to allow NHS patients [...] and that should be a fixed thing, not at their discretion.”</i></p> <p>Some of the dentists were not taking on patients at all: <i>“Yes there are, the ones in the local area they are over, they haven’t got any space to take anyone else on. You have to go far adrift to get one, the other side of town basically, which is not convenient, if you haven’t got transport to get there, you can’t get there, you want one in the area.”</i></p>
Middle	<p>Most were ‘registered’ but some were not. One (younger) participant said: <i>“The only thing I would probably go for is just for a check up for my teeth and if they do need cleaning so probably stuff like that. Other than that why would I need to go to the dentist apart from if my teeth were hurting?”</i> Another suggested that the charges were preventing him registering: <i>“Well what I have heard going to a dentist for a check up and everything I think they charge you around £60.”</i></p>
Most deprived (least affluent)	<p>Some participants reported that they could not access a dentist: <i>“Because they are all full – I can’t get anything on NHS – the ones I go to are full.”</i> Some were ‘registered’ outside their local area from choice: <i>“Mine and my wife’s dentist is approximately 2 – 2 ½ miles away but that’s through choice – we have one nearer which the children attend but we haven’t re-‘registered’ with those – and that’s about a mile/5 minutes in the car.”</i> Another had ‘registered’ with her partner’s dentist: <i>“No, I didn’t – I’d been ‘registered’ with one originally and that’s a bit inconvenient for me and my partner had been using this dentist for a long long time and recommended I try so I did.”</i></p>
Working Age	<p>There were a number of different issues for those of working age. Some said that the ‘NHS is not accessible’. Some had: <i>“...not been in the last 5 years, but I did visit NHS dentist 3 months ago, and my name is on their waiting list.”</i> One</p>

	participant had been given root canal previously, and then <i>'at the same dentist, several years later, I needed another root canal, and that I would have to go private and pay.'</i>
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DENTAL HYGIENE

Deprivation	Issue	Quotes
Least deprived (most affluent)	This group was aware of the recommendations relating to dental hygiene: some brushed more regularly: <i>"3 times a day if I can manage but usually twice."</i> However, some said: <i>"I should clean them twice but I clean them once."</i> Most felt that: <i>"...they have been drummed in but that is just something the dentists tell you in their room. But I do admit I do have a very sweet tooth so they tell me to eat sugar free sweets, which I do but I do have a particular weakness for chocolate things."</i> Many admitted to not flossing their teeth: <i>"I didn't know about the flossing, I thought it was just something people use when they feel the need to use it."</i> Most were aware of: <i>"... the balanced diet and things that have contact with your teeth I absolutely understand that sugary things, tea, coffee I would say wine things that discolour your teeth I did know about things like that."</i> Some in the Indian community mentioned burfi: <i>"I go for the burfi and then the wife goes you can't eat too much burfi, it has got too much sugar in it."</i>	
Middle	There were some who cleaned twice a day, but others mentioned that they only cleaned once: <i>"Every day, sometimes twice a day...it all depends on what I have been eating."</i> Although some had tried dental floss, none used it regularly. In relation to diet, there was awareness of the impact of fizzy drinks and snacks but <i>"I am aware I shouldn't but I do."</i>	
Most deprived (least affluent)	Again in this group there was a range – one stated that he was: <i>"...a fanatic at cleaning them."</i> <i>"I clean mine once a day – I did used to clean them twice a day but now I generally do them once a day in the morning."</i> Another agreed that this was: <i>"Not as often as I'd like but once a day at least."</i> Another explained that: <i>"I brush once a day and never have any problems so it must be sufficient."</i> Some had used dental floss: <i>"I have used it in the past – I haven't been recommended to use it recently – I find it a bit of a faff but I have used it."</i> Another said: <i>"I've tried and I can't get on with it, it seems so awkward."</i>	
Working Age	Most cleaned their teeth either once or twice a day. None used floss: <i>"No, never crossed my mind."</i> However a few used mouthwash once or twice a day:	

INFORMATION NEEDS

Deprivation	Issue/Quotes
Least deprived (most affluent)	There were some ideas about where to place information locally: <i>"For one you have a free publication which is the Link Magazine which goes out to the residents of Leicester, the local council magazine, I think you could put a lot of stuff in there and perhaps highlight a lot of things in that. The local supermarkets you could probably approach if they are happy to have things within specific areas promoting dental hygiene in Leicester or even in schools, community centres and also local shops, libraries of course as well which is another area and also GP practices and also you could have it in council offices around Leicester as well and also YouTube videos with various information from the council."</i> The need for accurate information was also mentioned by some: <i>"That is what is needed, somewhere where there is definite information, I know there is a link saying go to the NHS ones but if you print things out there are systems there which will say NHS, fee paying whatever is confusing with all that so if you just have one area cluster which says NHS only, dental surgeries listed on the council website."</i>

	<p>It was clear that the information on websites was often not updated, or was incorrect: <i>“Yes I have been on there but when you phone them up it is all a totally different ball game. That’s my point, I think it is face value they are happy to give you acknowledgement that we are NHS but when you phone up as an individual you find a different story.”</i></p>
Middle	<p>This group were primarily driven to online sources: <i>“Probably look online.”</i> Another agreed: <i>“Yes definitely, just on the NHS website on the internet.”</i> Only one said that: <i>“I can’t use the internet, it gives me seizures.”</i> Another suggested that they were already well-informed: <i>“I don’t really feel I lack the information and I couldn’t really tell you where I’ve got that from. I feel I know I guess from going the dentist regularly over the years, they’ve managed to explain everything I’ve needed to know.”</i> It was also felt that there was a lot of information already available: <i>“Well, it’s normally displayed all over the place, the dentists, and quite a few places; it’s on the TV quite regular.”</i></p>
Most deprived (least affluent)	<p>Again, where necessary, this group would find information mainly:</p> <ul style="list-style-type: none"> • <i>“Online at the moment, my local dentist, local pharmacies.”</i> • <i>“I don’t need any advice but if I did need it I would imagine the first place I’d try would be the internet or the NHS themselves – a brochure of some sort.”</i> <p>The issue of access to dentists was raised in this context: <i>“Again, local dentists but that’s if you’re visiting the on a regular basis if you get access to go to them. Obviously if you go there you might be able to pick up a leaflet or 2 and read through them and see what they’re saying....getting the information that’s available to you but then it comes back to square one, to be able to get a dentist and go to one in your local area it’s quite a difficult thing.”</i></p>
Working Age	<p>This group suggested that they would “Google or go on the internet”, or “Ring the NHS.</p>

There are significant differences between White and Asian groups with White residents being more likely to have less than 20 teeth. Asian respondents were less likely to clean their teeth at least twice a day – Asian men in particular are less likely to clean their teeth at least twice a day. They also, on average, rated their experience of their most recent dental practice lower than white or other groups and were more likely to report difficulties in making their last NHS dental appointment

Men were recruited via the Sikh temple. Three men attended the focus group and four further depth interviews were conducted with other Asian men from different Asian backgrounds.

ATTENDANCE AND BARRIERS

Some of the men did not go to the dentist regularly, but waited until they had a problem with their teeth. Others said that they did not need to go because there was nothing wrong with their teeth: *“I don’t need to go to a dentist because at the moment my teeth are all right so I don’t bother to register.”*

ACCESS

There were some issues for some of the men in gaining access to an NHS dentist. Some had tried to register at their local practice, but had been unable to do so and as a result, had to drive 4 miles to a dentist in a different area. Others had ‘registered’ with a dentist but had forgotten an appointment, and so had been removed from the list: *“Because sometimes when you have to go you haven’t got time [...] and sometimes when you don’t go they just remove your name from their register.”*

There was a perception that dentists were encouraging patients to go privately, rather than using the NHS: *“A lot of people today want private, that is what dentists want nowadays, they get more money for private I think?”* It was suggested that some private treatment was unnecessary: *“My experience is because these people want more money, they clean, they look in there every 3 months or 6 months, filling if you need to fill they fill again and on NHS they say it is okay for the time being, come back after 6 months.”* He reported that he was also having his teeth cleaned at the dentist every 3 months.

Others had either recently arrived in the UK and had not been able to register with a dentist, but had ‘registered’ with a GP: *“I haven’t got a dentist, I don’t know where there is a dentist in the UK but I am ‘registered’ with a GP. I don’t know where there is a dentist in this place.”*

One of the members of the temple asked: *“Are you going to have more NHS dentists so more people can go?”* This was because he had heard: *“People complaining because they can’t register with a dentist because they haven’t got a place to book them there.”*

DENTAL HYGIENE

Some cleaned their teeth regularly, but there were some who only cleaned their teeth once a day, and others who only cleaned ‘after food’. Some cleaned their teeth only in the morning, and not at other times. Some, who were older, and had fewer teeth, did not feel that it was necessary to brush their teeth: *“I’ve only got one tooth up her and one on the bottom, so there’s no need.”* Some used mouthwash as a substitute for cleaning their teeth: *“That liquid stuff.”* One participant said that this was *“[...] special medicine, put in mouth and {gargle noise}. I use it after food.”*

None of the men had heard of dental floss: *“What does that mean?”* Some used special ‘needles’ to remove food from between their teeth, and felt that this was the best way to do this.

INFORMATION NEEDS

The men felt that it would be useful, particularly for those who were new arrivals in the country, to have easily understandable information in different languages, both in leaflet format and on the internet.

Some felt that once residents were 'registered' with a dentist, then the dentist should give advice on dental hygiene: *"The dentist. I can't use the Internet."*

Both leaflets and word of mouth were also important sources of information: *"Sometimes you look on leaflets, somebody recommend to you, your friend says it is better so you go there."*

Homeless respondents were significantly more likely to report poor dental health and to have fewer teeth, and far less likely to clean their teeth at least twice a day – and are also more likely to report problems with their teeth in the last 12 months. A focus group with homeless people was held to explore issues such as access to dentists and dental hygiene.

ATTENDANCE AND BARRIERS

There were 10 participants in the group, 2 female and 8 male, reflecting the homeless population. All had been to the dentist at some point in their life, but only two had been in the last year, one in the last two years, three up to five years ago, and the remainder up to 10 years previously. The group were a range of ages. The vast majority of those at the group would like to go to the dentist, but only two were 'on a list'.

There were a number of barriers to going to the dentist

- Financial reasons – although all of the group were unemployed, there was a lack of clarity about whether they had to pay to go to the dentist. Some thought that they would have to make a contribution, perhaps paying a small amount from their benefits. Some thought that this would be acceptable, if they needed treatment: *“If it's [dental problems] been a problem for you...and you're on benefits...you will find the money to do it.”* However, for most it was not seen as a financial priority, given the levels of their benefits and their other day-to-day living expenses.
- The lack of 'instant treatment' and having to make return visits, which was difficult for those who are homeless and have irregular lifestyles: *“[...] they'll book you in, look and then they'll say come back in 2 weeks. They won't do anything straight away.”*
- Fear of the dentist, particularly those who have problems with their teeth or a number of missing teeth (some had only a few teeth – 8 or 9 – only one had all his teeth). This had usually been due to a poor experience of treatment during childhood or adolescence. Some had received poor treatment or pain when they were children, and had fear of the dentist as a result: *“I sit in the waiting room, I get sweats, I'm shaking, I have to go downstairs.”* Another mentioned: *“I had a brace here for a couple of years and the pain of pulling your teeth together - I know it's been a long time, I was 16 when my brace came off and I've not been back since.”*
- The feeling that the dentist may 'judge' you due to the condition of your teeth: *“Some people get embarrassed about it and have people judge them because they've been in a certain situation where their teeth got discoloured or been knocked out.”* One participant reported: *“I've got really bad teeth and I've gone in there and I've really had the dentist take the mickey out of it. Just because my teeth were in a real bad state at the time and I'd gone to sort them out*
- Some felt that their teeth had deteriorated so much that they could not now stop the process: *“I should have looked after my teeth better when I was younger. You just get to a certain point, there's no way of stopping that process now. There's no way of me making my teeth better because of the damage I did when I was younger. You can't stop your teeth decaying, it's one of them things.”*
- The need to remember to go to the dentist, and taking responsibility for your oral health as an adult: *“You forget, because your Mum takes you all the time.”*
- That dental treatment was highly intrusive and personal: *“...it's a real personal thing as well, when someone's in your face and mouth.”* This was explained further by another participant, who suggested that dentists were in a position to 'see' what your habits are, such as smoking or drinking, which affected many of those who are homeless: *“But the dentist, they'll know that's why this has happened that way or your gums gone that way or this has gone that way.*

Over a period of time smoking, all smokers, your gums will start to shrink, your teeth will start to get bigger. It's gum disease.[...] So if you're a smoker and you go there and he goes are you a smoker or a non-smoker? He can tell straight away because of the line of the gum. He doesn't have to ask you any questions."

- It was also felt that most dentists' waiting rooms actually accentuated the fear, due to the smell, the furniture and the noise: *"There's nothing like going to the dentists, it basically means it's the same smell, the drill noise, the plastic chairs and everything. There's no other experience as bad as that."*

ACCESS

Those who had accessed a dentist recently had found a dentist by chance: *"I just knew somebody else who knew. Somebody who used it and had been told by staff basically."* Others had tried to access dental services, and had found that it was difficult, having been told the dentist was: *"Full, full, full, that's it."* There were reports that some dentists were asking whether the resident was in employment prior to accepting them for treatment: *"You go to beg, and they always say 'are you working?' first."* There was also some indication that having an address at the hostel may preclude them from registering at some dentists. It was also felt that many dentists were only registering patients who paid privately for treatment: *"All dentists pretty much used to be NHS didn't they? They're not now. They're in the market and they can pick and choose because there's so much more money in it. It's a shamble, it's a shamble. I can see why they do it, I would."*

Because of the issues of being able to access a dentist, combined with the fear of treatment, there was a suggestion that it would be useful for a dentist to attend the hostel, at least to undertake initial check-ups and identify the course of treatment that was necessary. *"I'd be straight up for it, straight up for it."* Having an appointment in: *"[...] your own little environment that you're comfortable in, that's something."*

DENTAL HYGIENE

There were reports of a relatively high sugar diet – around half took sugar in tea, and many drank alcohol particularly beer and cider. Some were drug users and some used methodone. Most had toothbrushes, and toothpaste, but none had any dental floss and some did not know about how to use dental floss. Some did not brush their teeth regularly, some once a day, some twice and one brushed his teeth 3 times a day. Some used mouthwash. *"I do. Sometimes I genuinely forget. I unfortunately forget to brush my teeth."* Partly, this was due to their chaotic lifestyles: *"I think sometimes, it's not a priority is it. You've got other things going on in your life. Cleaning your teeth... until you get pain from them....?"*

INFORMATION NEEDS

One of the key issues for this group was the need for information about which dentists would accept them on their register. They felt that posters in the hostel would be suitable ways, and information given to their support workers. They also felt that there was a need for more information on oral hygiene and how they should approach this, and again it was felt that leaflets or posters would be useful.

Although the sample size is small, gypsies and travellers have good self-reported dental health, but poor reported dental hygiene. They are nearly twice as likely to have problems with their teeth or dentures in the last 12 months – although this is not a significant difference due to small sample sizes. The focus group was held to explore their understanding of access to dentists and dental hygiene.

A small group of gypsies and travellers was arranged by colleagues from LCC Gypsy and traveller support unit. However, on the day of the group, some members of the community were called to a meeting in London and were unable to attend, but two female members of the community attended the group and were able to give some useful information on the issues relating to access, to treatment and to dental hygiene practices in the community.

ATTENDANCE

The women reported that they were both 'registered' at a local dentist, but although one had been to the dentist recently, and had also taken her children, the other reported that neither she, nor her children, regularly attended, only accessing the dentist if there was a problem *"I can't remember how many year [since going to the dentist]. To tell the truth I don't really always go to the dentist and neither have the kids."* Her reasons for not going were that: *"I don't like dentists and [I've] got black teeth. It's like I'm too frightened."* She reported having a bad experience with an abscess and extraction: *"I was telling him I know the infection's still there, I was crippled in pain and he was trying to take it out and I absolutely screamed the place down and he didn't get it out, there was too much abscess, the infection was still there. So then he just sent me home with it half broke off and he said you've got to go the hospital."* This had left her frightened ('frit') of the dentist, and so she now had bad teeth. As such, when she went to the dentist she felt that the dentist was 'looking down at her' because her teeth were in poor condition. She had changed dentist and had found the new dentist better initially – but this was only on the first visit – and on later visits she had felt that the dentist had forgotten: *"She was alright, she was... the first time I went and told her all that she was quite good but afterwards it was like she'd forgot that I said I was frit and I was still frit."*

ACCESS

The dentist who they were using was not close to the area they lived (both were settled travellers). *"But it is a bit far out from us, from where we are isn't it? There is dentists near where we live but you can't go with them can you."* One had tried to register at the dentist close to them which was advertised as taking NHS patients, but had found that: *"Yeah but when I went in they said 'oh no, we're not taking anybody yet because one of the dentists is off on maternity leave so we can't register you yet till she comes back."* Both participants felt that *"I think half the time with that it's because it's a load of us travellers."* One reported that her ex-husband had been accepted at the local dentist, but that she and the children had been refused: *"That's why we don't get straight on. They don't want all the kids in. My ex-husband he went in and got signed straight on and then when I went to register with them, they wouldn't register me."* She felt that her husband had been able to register because: *"They probably didn't think he was a traveller. Because he hasn't got the little kids hanging on him when he goes in."* They did, however, feel that it was hard to tell because the perceived discrimination was not explicit: *"Sometimes I think that is the reason, when they know you're a traveller. But I wouldn't say it always is, it's hard to tell."* They observed that they were often treated harshly or refused access to different services and as such, they were: *"Used to being brushed off. [...]. Every single day, every minute of your life when you're out in the rest of the community. You can walk into a pub and you can get refused; the shop. I walked into the shop and you can be followed from one end to the other. Every time you go to the shop you get followed, even if you've been in that shop 50 times, you'll be there every day." 9 times out of ten it's because you're a traveller'.*

When asked whether there was a difference between the community who were actually travelling in vans, and those who were settled, it was clear that there were more barriers to accessing services for those who were travelling in vans: *"[When] I was travelling around [...] we've never really 'registered' with a dentist. If you're teeth is bad then you'd go and see a dentist then but it's the same with doctors and everything with travellers, we all have to be really, really ill before I'll even go to the doctors. You've just got other things to do, you never get time for yourself to do anything do you?"*

ATTITUDES TOWARDS DENTAL HYGIENE

Whilst there were only two in the group, there were some clear issues relating to both diet and dental hygiene. Firstly, there was an indication of a high sugar diet, in particular, with 'pop' being consumed regularly by the adults and children of one of the participant, who also drank pop during the night. She explained that *"I can't brush my teeth before I go to bed because it makes the pop tastes horrible if I brush my teeth."* There were other issues with diet – one reported that she rarely cooked fresh food although the other did this about three times a week 'on a good week' – and that as her children were getting older, there was more 'junk food' cooked. They also reported that they often chewed chewing gum - one reported having recently changed her preferred chewing gum to sugar-free gum: *"I'm trying to change chewing gum as well, I thought that was good."*

When asked about their dental hygiene practices, one rarely, if ever, brushed her teeth – the other one only brushed her teeth once a day in the morning, but never at night: *"I don't like the way your mouth tastes on a night when I brush them, afterwards."* Neither used or would consider using dental floss. One had started using mouthwash in the past, instead of cleaning her teeth – *"I did start using mouthwash. Yeah, before I went to bed. That was when I was having real bad problems with my teeth. But then I just stopped again."* There was a misconception about mouthwash: *"I do think mouthwash is good though because when you spit it out you see all the stuff. Yeah, it is really good."* One participant reported that because her teeth were bad, brushing teeth caused pain: *"But then it starts them off hurting, that's the thing with me that's stopped me brushing my teeth."*

There were other issues which may also affect their attitudes towards dental hygiene. Both participants reported that they had not been to school (one not at all, the other had left at 11). Neither had learned to read at school but one had recently taught herself to read – although their own children did go to school, there was a culture of children being taken out of school when they were 11, particularly boys. *"They've learnt what they need to know. And they teach them some things we don't want them to know, like drink and sex education. 9 times out of ten they aren't going to be doctor or a lawyer are they – they're going to be doing what their Dad does."* Women would not be allowed to have a job. *"You've got your job at home. You wouldn't be allowed to go out and work."*

INFORMATION NEEDS

The participants did not feel that they needed any further information, as they felt content with their understanding. As one had very low literacy, she felt that she would not be able to read information sent. Therefore, it was felt that any information should be given to them by support workers.

EMPLOYED

Those in employment are less likely to go every six months than those not in employment. Those in employment are also more likely to give 'can't find an NHS dentist' as a barrier and 'can't afford the NHS charges' compared to those not in employment

ATTENDANCE AND BARRIERS

Some were not 'registered' with a dentist: *"I work for Leicester City Council at De Montfort Hall so we do shows, so I work shifts. Mornings and evenings so it's really hard to get appointments."* Another had been 'registered' for 5 or 6 years at the same dentist, but had been on a long holiday and had missed appointments: *"I couldn't make it and they just took the name out."* Another mentioned: *"A few years ago I was 'registered' with a dentist and then the same thing happened. Because you don't go often, they take you off the list and whatever and then I just couldn't get myself on the list again."* Some had employers who were 'understanding': *"When we had appointment at daytime, I used to tell my boss take 1/2 hour off and I used to go at daytime as well."* For those with children, the issue of taking time off work was compounded: *"Trying to get the time off and then telling the school, because you've got take them out from school and everything. And the times when the kids come out of school that you've got an hour or 2 hours that you can take them, there's never any appointments, they're always busy."* Cost was also mentioned: *"It's a bit expensive for me, like I'm only working 30 a week, so I won't be able afford it so that why I just kept waiting for NHS. I've got the card as well, the NHS card."*

ACCESS

Some had tried to register with a dentist, and then had found that there were no appointments: *"I went to Smiles and Willowbrick but they kept saying if there's space we'll let you know, so I kept waiting for them."* Others reported family members who had encountered problems with getting their children 'registered': *"my sister who's children obviously live in this area and she's found it really, really hard to... well, she wanted to come and tell you herself, she found it really, really hard to book into a dentist. She's had to go and find a dentist really far out, and she's got 3 small children so she can't access any of the dental in our area basically, they won't take any NHS patients on. For herself it wouldn't be a problem but it's for her 2 girls and she's found it really hard so she's had to take them elsewhere."* Despite persistence, some could not access a dentist: *"I always keep phoning them, if there's any space available, she says 'sorry, darling, not here'."*

There were clear issues for shift workers and those with different hours and who are unable to attend during the working day: *"Especially for workers if they had different hours or something. Because we can't access it during the day or whatever, so it would have to be in the evening after work or something, so if they had a late evening surgery or something like that."*

This led to those who could not find a dentist relying on emergency dental services: *"But when they tell you that their books are full and they can't take you on, you don't know where to go, so you just don't bother do you? It's like one of them kind of things. Unless something happens and you absolutely have to go to find something."*

DENTAL HYGIENE

There was good knowledge of dental hygiene amongst this group: *“Brushing your teeth regularly, twice a day, flossing, you know the usual thing. The normal things that you do, using Dentifresh and things like that.”* However, some brushed: *“...just once a day,”*

However, those without a dentist were discouraged from undertaking regular and recommended dental hygiene: *“When you are with a dentist, we feel like doing it, but since I’ve not got a dentist...”*

Flossing was not undertaken regularly: *“I find that when I go to the dentist I find there’s more, you know like gaps that he creates.”*

There were issues with diet for some – spicy foods in particular were seen to discolour teeth: *“[...] and especially with us because we have curries a lot and I always find that turmeric [affects the teeth]...”*

INFORMATION NEEDS

The group were aware of different sources of information – including the internet – Google – and various NHS websites. There was also mention of ringing NHS Direct (now NHS Choices 111).

UNEMPLOYED

A focus group was held to explore the barrier of perceived cost of treatment. Focus group content should present information on the cost of treatment to help to examine if this cost is 'perceived' or 'real'. These focus groups should be targeted to those with lower incomes and include those who are unemployed.

A specific group was held with three male participants – one in receipt of JSA and two in receipt of Employment and Support Allowance (ESA)²³ and a further depth interview was held with one female participant who had three children.

ATTENDANCE AND BARRIERS

One was 'registered' with a dentist; two had put their name down but had been told to 'keep ringing back'. Each of them had tried to register with a number of different practices: *"I've tried this one down here, Smile, and the one in Netherhall and they all say the same."* The female participant (with children) had had problems with registering with a dentist and only recently managed to find one that would take her three children. She had been told that they were not taking under 15 year olds at her local practice, so had 'registered' with one out of her area to take her 3 children, aged 11, 7 and 1½ there. She herself was not 'registered' with a dentist and had not been for five years, due mainly to fear. Her children had not been to the dentist until one of them had a problem and so she had been forced to use an emergency dentist. Indeed almost all of the participants had used the Nelson Street facility due to not being able to get an appointment at their own dentist: *"The one I 'registered' with was over a year ago. But since that I've probably been to the one at Nelson Street twice. Because they can't get you in."* Another participant mentioned that getting either a regular, or emergency appointment, was very difficult: *"You ring up for an appointment, they're fully booked. If you ring for emergencies, they only do so many in the afternoon, and you've missed them unless you ring really early."* Again, this led to pressure on the Nelson Street facility: *"...now, I've got a massive hole in that tooth. The filling that Nelson Street put in, just falls out anyway."* The majority of participants had therefore not been to the dentist for a long time: *"About 3 years ago."*

The participant with children mentioned the issues of taking her children to the dentist, which was about a mile and a half away from home. There were barriers relating to car parking, and having to arrange childcare for the younger child. She also mentioned issues with the children's school, who were strict, even for dental appointments: *"The other annoying aspect is that many dentists do not open on a Saturday which means you've got to take your children out of school time, in order for you to go and visit the dentist. Our school is really strict anyway with them having attendance issues and missing lessons and things. Obviously they would allow you to go, but they would prefer [you to] bend dentist appointments around like say playtime or lunchtime which means your shortfall period of length of time that you have to take them out."* She suggested that Saturday appointments would be more convenient for the children and would not affect their schooling.

The focus group specifically asked about the cost of treatment and awareness of the NHS charges. Some, who had previously worked, were aware of the charging bands: *"I do because I did used to work and I had to pay for treatment."* There was awareness of 'different prices' and some awareness of the treatment available within the different bands of treatment. However, there was some confusion about how different benefits entitled claimants to the different treatments: *"Is that for all benefits though?"* Some of the participants were also unsure about which benefits they were on –

²³ An allowance given to those who have illness or disability, regardless of whether they are in work or not. <https://www.gov.uk/employment-support-allowance/overview>

although some felt confident that they were on Job-seekers allowance (JSA)²⁴ or ESA, one seemed unsure: *“I think I am on ESA.”*

One of the participants had been to hospital for treatment, and suggested that some dentists preferred this for those whose teeth were in poor condition: *“Because some of the dentists don’t want to touch your teeth if they are in that bad state, they send you to the hospital anyway and the hospital don’t ask for a penny, they don’t question anything they just say what they are going to do.”* As such, it was seen as positive, in that the treatment was *‘...free, even if you are working and you get referred to the hospital to have your teeth out it is free.’*

None of the participants had been offered any insurance or treatment plans.

ACCESS

One of the participants reported having had problems with his wisdom teeth, and had been unable to access an emergency appointment so had to go to hospital: *“I went to an emergency appointment with my doctor, he said ‘I need to go to dentist’. I went to the dentist down the road, they said they not taking any patients on. So I went to the hospital and had my teeth out at the hospital. Yeah, they said you need to go to a place on London Road I think, Nelson Street I think. I went to there and they said they couldn’t take them out because there was a wisdom teeth and one was in half and they referred me to the hospital and I had to wait in Leicester Royal Infirmary.”* This had taken 3 months, before treatment was complete.

Some had tried a number of different dentists to try to obtain an NHS appointment: *“I mean I only found a dentist by looking at the websites for the NHS to see who takes on NHS patients and I rang about 4 or 5 different surgeries around my area where I live but nobody said that. I mean they says on the website they do take NHS patients but when you ring them up they say we’re oversubscribed with NHS patients, we’ll only take on private patients.”* The participant had to go to a dentist out of her area – and with children, this made it difficult: *“I have then to go to a practice which was out of my area. The reason I wanted it to be in my area was just quick walking distances, rather than having to take the car or I’ve got a younger child as well so if it’s just somewhere locally and convenient, I find it much easier to go to rather than having to go somewhere a couple of miles down the road.”*

DENTAL HYGIENE

Some brushed once a day, some twice. None used dental floss although some had used it in the past. It was felt that this was due to low awareness of the existence and benefits of flossing: *“Everyone knows that you clean your teeth morning and night because it is drilled into you but dental floss isn’t.”* However, some used mouthwash: *“That is what I use the most.”*

Participants did not feel that they had a good diet – *“Too much fizzy pop – ‘full fat’ mainly, I smoke, drink tea.”*

Some had medical conditions which affected their dental health: *“No I try to watch my diet but I take tablets that are for acid so acid comes up and rots my teeth anyway. When I went to the dentists last time, ages ago, saying the tablets are causing decay to your tooth.”*

INFORMATION NEEDS

It was felt that there was a need for clear information about *“...dentists that are still taking people on.”* Indeed, it appeared that there was misinformation, as when contacted, those who were advertising

²⁴ An allowance given to those who unemployed and are looking for Further information about job-seekers allowance <https://www.gov.uk/jobseekers-allowance/overview>

that they took NHS patients did not accept them: *“But then when you are in they say we aren’t.”* It appeared that some dentists may be selecting patients based on their ability to pay: *“Yes my brother, I walked into [dentist name] told them are you taking NHS and they said no and my brother walked in and he pays and he got straight in.”*

It was felt that leaflets in the doctor’s surgery would be useful as *‘you probably go to the doctors more often than you would visit the dental practice’*. This could include information about: *“...how often you should brush, especially in different languages, especially targeted for young mothers like avoid using teats for too long and things like that, obviously the health visitors they give you advice, if that information is available in different languages in the doctor’s surgery when you are just sitting there sometimes you just look at the leaflets that are there and something will just catch your eye and you will want to read it. But being an Asian I do find that within the Asian community women tend to give their children milk often in a bottle with a teat rather than in beakers and things.”*

OLDER PEOPLE

Older people are more likely to feel anxious about dental treatment and are less likely to go to the dentist at least once a year. A focus group/depth interviews with older people with partial dentures, and with no teeth, was held to explore attitudes towards dental treatment and reasons for anxiety.

Older people who had consented to be re-interviewed were unwilling to travel to a focus group and therefore eight depth interviews were undertaken by telephone.

ATTENDANCE AND BARRIERS

Some reported that they went to the dentist every six months *'they summon me'*. Some reported that they had retired and that prior to retiring, had been worried about costs. However, *"... now I don't have to pay at all so I don't have to worry about it I just go."* A small number were not 'registered'. Primarily due to concerns about cost particularly those who had to manage on a pension of around £240 per week *"Well, I just don't know where I'd go if I did desperately need one. I don't know what I'd do, where I'd go. I have to ask friends / family what to do. Yeah, I don't like paying. Well, from people I've heard who have been it's very, very expensive."* Some were also concerned about needles: *"And I'd have to have gas because I can't stand anybody coming at me with a needle."* Some had disabilities which meant that they either could not get to the dentist, or they could not get upstairs at the surgery: *"Disability, I haven't got anyone to take me so I can't go. I need someone to push the wheelchair to get me there and there just isn't anybody at the minute."* Others mentioned that: *"Some of the receptionists could be nicer but that seems to be a general thing with receptionists, doctor's receptionists, and so forth. They can be a bit abrupt."*

SPECIFIC ISSUES RELATING TO AGEING

There were some specific issues relating to ageing, such as teeth falling out, thinning and fillings dropping out. This meant that some had to be careful about foods they ate and how they looked after their teeth (e.g. inability to use floss or brush teeth due to mobility issues). However, there were also some positives – being more inclined to look after your teeth to avoid dentures and not having to pay for treatment.

- *"I don't bother about it that much because I've lost quite a few teeth and I regard the situation as a bit of a lost cause – I'm 66 – it's a bit 'bolting the stable door' really."*

Because I am on NHS I am not worried about the cost because I don't pay because I am on sick so it is kind of irrelevant.

- *"Well I had one fall out, I had a screw in one but they couldn't do it so they actually had to mould one into the 2 front teeth to put the moulded one into the middle, I think they glued it in or something like that."*
- *"Yes, I have got cholesterol anyway so I don't have to lower sweet things right now. I am put on a diet sheet with the high cholesterol."*
- *"Well, I've got a few. I've got a few teeth. Not brilliant, by no means brilliant."*
- *"Over the years. I mean they'd be a few years old now wouldn't they? About 60 years old when you get your... what would it be, 55 when you get your milk teeth. They all go don't they?"*
- *"Well, I have to watch what I eat; I know they're not brilliant. Well, yeah. It's on your mind isn't it? Some foods you just eat a piece of meat and there's a dirty, great big bone and you bit on it, you know. Things like that."*
- *"I don't want them to be honest. I want to keep my teeth as long as I can. One of my friends I go fishing with, he had to have all of his out and dentures and I think it cost him getting on for £2000."*
- *"My teeth are going thinner and thinner though."*
- *"I don't think so because I think when you get older you look after them better don't you so no not really."*
- *"No, my hands wouldn't let me, I am not able to do that so I just brush them and then use mouthwash."*

- *“I think that what’s causing this to be sensitive, is the enamel coming off. I think you can repair it, how I don’t know how. Because you can’t replace the enamel. Apart from that I never have any bother with my teeth, which ones are mine anyway. Well, they’re all mine.”*
- *“Whatever the dentist asks for, £600/ 700 for the treatment. That is a lot, it is 3 months of my pension money.”*

ACCESS

Some had been ‘registered’ for many years at their dentist and as such were confident and positive about the service provided. However, some mentioned that: *“All the dentists they are private, you pay for a check up but now I don’t pay for a check up because I am over 65, I get only the check up free, if there is treatment you have to pay it. I do need a bit of a treatment and they told me I have got to pay.”* Even some of those who had been ‘registered’ for a long time, had found that they had been moved to private provision: *“Well that was an NHS dentist, it used to be under the NHS before but not anymore, for the last 15 years, the thing is there is no more NHS, the only NHS dentists is if you are on benefits.”* Some had retired, and having previously had a private dentist, had decided to find an NHS dentist.

Some had been referred to the hospital for treatment, but had been referred back to the dentist: *“My dentist has recommended me to Glenfield Hospital for a check up for one of these teeth, when they are messing about, they check it and slap on my face and said you know you have got to go back to your dentist, I will write a letter to him and you have got to pay for that treatment. And I have been paying my tax my whole life, more than 50 years so when it comes to my turn to get some benefit and they turn their face.”*

DENTAL HYGIENE

Some only cleaned their teeth once a day. *“Once a day, twice if I remember but it’s more likely to be once. I usually stumble to bed half asleep so I don’t remember to clean my teeth.”*

Flossing was not done regularly by the group. Some were not in the habit of flossing: *“I don’t, no – it’s another one of those things I did buy some but I just kept forgetting to use it. I think it’s if you haven’t done it from childhood it’s a really hard habit to get.”* Others mentioned that they found it difficult or unpleasant to do: *“When I did have some and I did try it I didn’t find it a very pleasant process. It was uncomfortable and it didn’t seem to be doing much good anyway.”* Some used mouthwash: *“I have Listerine mouthwash twice a day.”*

In relation to a healthy diet, some were entrenched in their behavior, in that they *“...eat what I want when I want. And I like my sugar in my tea. I like all the bad things yeah.”*

Some had different medical conditions which meant that their diet was healthy, such as diabetes, but some had negative health behaviours which they recognized would impact on their dental health: *“With my tablets I can’t drink alcohol – heart and stroke – I do drink Coca Cola a bit. To be honest, they say don’t smoke, don’t do this, don’t do that – I said I’m 74, I go fishing and I can’t fish without having a fag. I’ve smoked since I was 14, it’s a waste of time now isn’t it.”*

INFORMATION NEEDS

Those who were in their sixties tended to use the internet or their dentist to find information. *“If I needed to look up something I look on the internet now, there are websites, there are lots and lots of places so mostly now I do use the web and also what I read in the dentist, when you sit waiting there is always information around.”*

It was felt that there was some information which was not clear, due to the impact of television advertising: *“The dentists recommend you things but the tele tells you everything different doesn’t it?”*

Written information was favoured by some participants: *“Perhaps the library. Or magazines. There’s always a problem page, ‘I’ve got bad teeth, what shall I do?’ and you read the answer don’t you. Doctors pages, problem pages yeah. You know Chat and Pick Me Up. All them sort of magazines”*

25-64 AGE GROUP (10 MALE, 10 FEMALE)

Whilst equally likely to have visited a dentist in the last 2 years, those aged 25-64 were more likely to not have been to the dentist because they could not find an NHS dentist and because they perceive they cannot afford NHS charges.

Eight depth interviews were conducted with men and eight with women.

ATTENDANCE AND BARRIERS

Men

Some were 'registered' with a dentist but some had not been for two or three years for a number of reasons:

- Financial - some had found that treatment costs were escalating, beyond what they found affordable: *"Yes I was with the one on Netherhall road and I paid money up front then every time I went it was more money, more money so I have never been back there."* Some had been offered payment plans, but found them unaffordable: *"Originally they were very good then there was this problem with them about the costs which puts you against them. They took my tooth out and made a plan saying how much it was to be then every time I went there was more treatment and more costs. They weren't forthcoming with explaining things to me."* Some had workplace schemes with flexible benefits. Some had been refused treatment on the NHS and had to pay privately: *"My problem was that I had a veneer fitted by a dentist then the veneer came off and he then refused to complete the work and suggested I go private with it so I did."* Another *"...had to have 2 crowns done which cost me £2000 and the NHS were saying that they wouldn't do the work."*
- Shift working: *"I work nights and don't get up until 3.00 pm and it is difficult to get appointments then. Most appointments for some reason are in the morning you can never get one in the afternoon."* Another mentioned that: *"My boss would grudgingly give me the time off but more often than not you need to book it as holiday."*

Women

Most were 'registered' with a dentist and tended to attend regularly. Barriers to attending included:

- Financial difficulties: *"Well, I am having a little bit of financial difficulty so I'm not going (works for the NHS)."* As a result she had missed her appointment.
- Fear - some were 'terrified' of the dentist.
- Working patterns - some worked shifts: *"It is but other things come into consideration, I work shifts, if you are on night shifts it is difficult to organise everything."*
- Difficulty in attending appointments with their children: *"I have got children so sometimes I can't get into the appointments because I have to pick my kids up and then it is just because I have got other things to do or I don't want to go because I know what I am going for. I like to go for checks up and they tell me what they are going to do next time."*
- Redundancy - one had been made redundant and could not afford the private charges, nor could she find an NHS dentist: *"I have not been for a good year now, I have been made redundant, I am temping at the moment but I can't get an NHS dentist and I am not intending to go because last time I went it was £70 each which is ridiculous."*
- The cost of treatment: *"Some treatments are not free so it costs a lot and I have to leave those treatments that are too expensive, like one tooth of mine is root canalled and it was not root canalled properly and it is crowned as well and now they are saying if they treat it they will have to take the crown off and after that the crown has to be put back on again and I have to pay for it and it is very expensive."*

ACCESS

Men

Some had found it difficult to access an NHS dentist: *“Yes, there’s not many around.”* Participants reported trying a number of dentists to obtain access – 5 or more in some cases.

Some were confused about whether NHS dentists were available at all: *“First and foremost I didn’t know if it was like an NHS/ private partnership. Realistically I didn’t even know you could get NHS dentists, I thought what with all the health care reforms that had happened in recent years, private clinics running NHS services.”*

Some had been with their dentist for long periods: *“Just once, when I couldn’t find what I was looking for I chose to remain with the one that I have been with for 20 years. I was looking for one nearer to where I live but I couldn’t find one so opted to stay where I was. It is probably about a 20 minute drive away this one. It was when I moved house into this area.”*

Some had been put in a situation where they had to register as a private patient: *“Well when I first wanted one this was quite a few years ago, I couldn’t get one on the NHS so I had to go private. I couldn’t find anybody and I think it would be a good idea if we had had a central register when you could register your name and as soon as a place came up near where you live you could be put on it”*

Many had been offered dental plans: *“Yes that was suggested a long time ago that all my patients are going Denplan so it was expected that I would and I said I am NHS I don’t see why I should have a Denplan so I stood out on that. I thought it should be the NHS I don’t think everything should go private “*

Women

Again, some had tried a number of dentists: *“About 4 or 5 different dentists but they were all private.”*

One participant, who had come from Pakistan, had tried a number of dentists: *“We called at least 3 or 4, my husband called on behalf of me and now it is in town and every time I go I need someone to go with me because I don’t drive.”*

There were also some examples of poor practices in the dental surgeries. Some were *“...grubby and horrible.”* Another mentioned that the dentist had not undertaken an x-ray, another that the dentist: *“...has a long beard with no net and he went into my mouth and I could feel his beard on my face, it was disgusting.”*

DENTAL HYGIENE

Men

Again in this group there was a range of dental hygiene practices, with some men brushing up to 3 times a day. However, few used dental floss. One mentioned: *“Yes I do but I hate it as it hurts as my teeth are quite tight together. I also use mouthwash, lovely Listerine. I also use a lot of sugar free chewing gum especially after eating. The floss also cuts into my fingers.”*

There was a range of diet: *“Not sugary drinks really maybe occasionally but not regularly. Yes, I have a nibble now and then – sweet snacks. I do have a sweet tooth.”*

Women

The women generally brushed their teeth twice a day: *"I brush my teeth twice, every time, in the day or twice a day, in the morning and the in the evening."* Some had used dental floss but had often found it difficult: *"No, I don't anymore – it's too harsh, makes my gums bleed."* Another mentioned: *"I have done in the past but not so much now because once you start using it you should keep up with it but I don't like the feel of it because it is easy to go too far."* One had never heard of dental floss: *"I don't know what it is."* Some had: *"...the sticks and the little brushes."* Others mentioned mouthwash: *"Daily yes, mouthwash is daily. Brushing and mouthwash daily."* Generally they had, or tried to have, a healthy diet.

INFORMATION NEEDS

Men

Some mentioned the dentist as their source of information – and NHS Direct (now NHS Choices 111). Others mentioned online and some suggested that there was too much information in GP and dental surgeries: *"Sometimes there is too much information on the walls. Don't do this/Don't do that etc etc."*

It was felt that more information was needed about where there were NHS dentists available: *"Well simply that they should have a register for those who are not 'registered', a sort of central place where people can say I am looking for a dentist and then when they have got space on their lists we can be told and go and register."*

Women

The internet and dentists' website were mentioned, and some felt that letters should be sent out to those looking for NHS services.

5 CONCLUSIONS - QUALITATIVE

The groups recruited were specifically targeted as having some issue which required further investigation, such as access issues, poor dental hygiene, or poor opinions of their dental health, and therefore the focus group findings cannot be generalized. For each group, there were a number of issues raised, in particular:

- Some were not 'registered', and others who were had not attended the dentist regularly. Barriers to service include costs, time to attend and timings of services; poor experiences and fear of the dentist. Some of these issues are connected together. Residents may be supported by emphasising the ability to change to a different dentist, which was not widely understood, with a prevalent perception that 'registration' is still enforced.
- Participants observed that there appeared to be some dentists in the City who would not take particular categories of patient – with some indication that there are dentists who will not take those who have children, or will only take adults and not children from the same family.
- There appear to be some specific issues for those who are in particular need, who have specific demographics, such as those who are homeless or gypsies and travellers, those who are unable to leave their home due to disabilities or old age. Their ability to access dental services appears to be limited both by their own lifestyles or attitudes, but also by the lack of facilities that are able to meet their needs.
- As a result of those who have particular needs being unable to access services, there is a knock-on effect on secondary care and emergency services, with those who then have 'problems' needing to access services at Nelson Street or Glenfield hospital.
- There is a particular connection between affordability and attendance in a number of segments of residents. For example, those who are in employment appear to find it difficult to afford NHS, or private charges – and those who are on a low income find even NHS charges unaffordable. There was also low awareness of both the NHS charge bands and what treatment they covered, and the availability of financial support for those who are on a low income.
- Timings of services are particularly important for some groups, such as those in employment and those with children, with schools sometimes reluctant to release pupils for appointments. However, accessibility for those of working age needs to be improved by extending dentists' opening hours to the evenings and weekends.
- Whilst there were only a small number of cases where patients were dissatisfied, those with poor experience of dentists or dental receptionists had often not reported this to the relevant organization, perhaps due to fear of being unable to find another dentist or the lack of knowledge of who to contact.
- There appears to be a mismatch between the information provided on NHS Choices on dentists who are taking NHS patients, and the reality of accessing the dentist. However, there are reports of 'selection' of patients who are able to gain access to dentists, with some patients reporting being denied access, including those who are unemployed, gypsies and travellers, and those who have children.
- There are many issues relating to dental hygiene, with self-reported poor practices in many of the different sub-groups. In particular, many men do not brush their teeth twice a day – across all ethnic groups. Residents do not understand the need for dental floss and find it difficult to use. Mouthwash – particularly Corsodyl – is seen by some to be a substitute for tooth brushing.
- There is some suggestion that the charges made for private treatment vary and are at best unclear for patients and at worst are much higher than might be expected. Examples such as patients who pay more than 3 times the cost of 2 six-monthly check ups in 'insurance' and who pay over £100 for a check-up or £1,000 for a crown, suggest that those who access their treatment privately may not be aware of the comparative costs of NHS treatment, and that some of the charges that are made may be over-inflated. This means that those who pay

high prices for treatment may then be deterred from attending check-ups or from having the recommended course of follow-up treatment.

- Information needs centre around dental hygiene and access to NHS services, and there are different needs in different segments. As might be expected, some are more responsive to information provided via the internet, such as those who are younger and some prefer information in leaflets or magazines or on TV. These information preferences should be considered carefully, but it is clear that information should be written in an understandable format, with the use of Plain English.

In summary, there appears to be evidence of some self-reported poor dental hygiene which is set alongside lower than recommended levels of attendance at the dentist within some segments of society in Leicester. Attendance is influenced by a number of factors, including in particular accessibility of services (both in terms of availability, and accessibility for those who are disabled or have particular needs) and cost. For some residents, dental health could be improved by them taking greater responsibility for their own dental health, for example, ensuring that they access the dentists at recommended intervals and taking the necessary steps with their dental hygiene to protect their teeth and gums. In tandem with this, there is a need to encourage dentists to take NHS patients, and not to treat them privately, and to ensure that adults, children and those in segments with particular needs are able to access NHS services when they need them

IbyD
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6 APPENDICES

DEMOGRAPHICS

Gender	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
Male	49%	28%	54%	52% (12)	9% (1)	68%	53%	51%
Female	51%	72%	46%	48% (11)	91% (10)	32%	47%	49%

Gender	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
16 to 17	0%	0%	0%	0% (0)	0% (0)	0%	0%	100%
18 to 24	19%	3%	12%	0% (0)	55% (6)	17%	0%	0%
25 to 34	17%	11%	40%	9% (2)	0% (0)	31%	0%	0%
35 to 44	21%	16%	34%	0% (0)	36% (4)	26%	0%	0%
45 to 54	15%	20%	8%	17% (4)	9% (1)	17%	3%	0%
55 to 64	13%	28%	4%	26% (6)	0% (0)	10%	25%	0%
65 to 74	10%	18%	0%	22% (5)	0% (0)	0%	26%	0%
75 to 84	4%	3%	2%	0% (0)	0% (0)	0%	28%	0%
85 and over	1%	0%	0%	26% (6)	0% (0)	0%	18%	0%

Employment status	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
In paid employment full or part-time	41%	52%	0%	0% (0)	0% (0)	0%	2%	0%
Self-employed full or part-time	6%	3%	3%	0% (0)	0% (0)	0%	1%	0%
On a government scheme for employment training	1%	0%	0%	0% (0)	0% (0)	1%	0%	0%
Unemployed and available for work	5%	3%	14%	0% (0)	9% (1)	51%	6%	0%
Retired from paid work	17%	23%	0%	55% (12)	0% (0)	0%	79%	0%
In full-time education	11%	5%	8%	0% (0)	0% (0)	3%	0%	100%
Not in paid work because of long-term illness or disability	5%	7%	0%	45% (10)	9% (1)	38%	10%	0%
Looking after home and or	10%	2%	5%	0% (0)	82% (9)	1%	1%	0%

family								
Other	4%	5%	70%	0% (0)	0% (0)	4%	1%	0%

Employment status	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
White	55%	65%	0%	82% (18)	91% (10)	88%	80%	34%
Mixed	3%	2%	15%	0% (0)	0% (0)	4%	2%	7%
Asian	35%	30%	26%	14% (3)	0% (0)	4%	11%	51%
Black	5%	3%	30%	5% (1)	0% (0)	4%	6%	6%
Other	1%	0%	28%	0% (0)	9% (1)	0%	1%	1%

Children under 18 in household	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
Yes	38%	26%	40%	0% (0)	64% (7)	10%	0%	100%
No	62%	74%	60%	100% (23)	36% (4)	90%	100%	0%

Number of Children in households with children	Residents	Online	Asylum Seekers Booster Sample	Disabled Booster Sample	Gypsies and Travellers Booster Sample	Homeless Booster Sample	Older People Booster Sample	Young People Booster Sample
1	34%	56%	65%	0%(0)	57% (4)	43%	0%	67%
2	40%	38%	29%	0%(0)	0% (0)	29%	0%	33%
3+	26%	6%	0%	0%(0)	29% (3)	29%	0%	0%

BASE SIZES

	Sample Size
Residents Sample	1,139
Online	61
Asylum Seekers Booster Sample	52
Disabled Booster Sample	23
Gypsies and Travelers Booster Sample	11
Homeless Booster Sample	72
Older People Booster Sample	102
Young People Booster Sample	100

Residents Survey

Gender	Sample Size
Male	555
Female	584

Age	Sample Size
18 to 24	213
25 to 44	436
45-64	316
65+	171

Ethnic Group	Sample Size
White	624
Asian	396
Other	109

Leicester IMD Tercile	Sample Size
Most Deprived	368
2nd Most Deprived	382
Least Deprived	385

Neighbourhood	Sample Size
Central	248
East	186
North	184
North West	149
South	175
West	198

NHS BAND CHARGES

- **Emergency dental treatment – £18.80**
- **Band 1 course of treatment – £18.80**
This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £51.30**
This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £222.50**
This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

CHAI AND BURFI RECIPES

CHAI RECIPE

Boil 5 minutes, then steep 10 minutes:

1 Tbsp fennel or anise seed
6 green cardamom pods
12 cloves
1 cinnamon stick
1/4" ginger root, sliced thin
1/4 tsp black pepper corns
2 bay leaves
7 Cups water

Add, bring to a boil, and simmer 5 minutes:

BURFI RECIPE

2 cups full cream milk powder

300 ml thickened/ double/ heavy cream

1 400 can of condensed milk

1/2 cup finely chopped skinless pistachios

Prep Time: 0 minutes

Cook Time: 12 minutes

Total Time: 12 minutes

Mix all the ingredients (except the nuts) in a rectangular microwave safe bowl and whisk till smooth.

Put the bowl in the microwave and set the time for 6 minutes on the High setting. Start and run the microwave. Watch the dish carefully and if the mixture looks like it might boil over, stop immediately and wait for 8-10 seconds. Start again and run till the 6-minute time is up.

Take the dish out of the microwave and stir well to break all lumps (these lumps are the milk solids that are beginning to form due to the cooking).

Put the dish back in the microwave and set again on High for 6 minutes. Watch for the initial minute and then allow to continue cooking. When the time is up, sprinkle the chopped nuts over the surface of the Barfi and let sit/ rest for 10 minutes.

After 10 minutes remove from the microwave and cut into 2 to 2 1/2-inch squares. Serve immediately or after cooling to room temperature.

END OF DOCUMENT