

ShowCase

Increasing access to dental services

Topic: Dentistry

Organisation: NHS Kensington and Chelsea

Location: Kensington and Chelsea (London)

Dates: 2008 to 2010

Budget: £370,000

Website: www.kensingtonandchelsea.nhs.uk/your-health/your-health-services/dentists.aspx

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Overview

NHS Kensington and Chelsea (NHS KC) worked with social marketing consultancy Lamerton Swales on a project to increase self-referral rates to NHS dental services and improve overall oral health in under 18s and adults.

Following a comprehensive phase of scoping research, the team identified the need to improve confidence in and the reputation of NHS dentistry in the borough, by improving service provision and capacity and using PR and communications to promote services.

The intervention mix developed to address low uptake of NHS dentistry in KC consisted of: improving service provision and capacity through a Quality Outcomes Framework (QOF); online toolkit of resources for dental practices; multimedia registration campaign; and a child oral health programme.

Results:

- 2.9 per cent increase in adults accessing KC NHS dentistry from 2007/08 to 2009/10
- 4.4 per cent increase in children accessing NHS dentistry from 2008/09 to 2009/10
- Increase in children receiving a fluoride varnish, from under 1 per cent of children in 2008 to 10.5 per cent in 2009
- Reported improvements in service provision, such as extended opening hours and offering 'child-friendly dentistry'

1. BEHAVIOUR

- Increase self-referral rates in under 18s and adults not using any dental services at all, as opposed to those not using NHS dental services (i.e. accessing private dental services)
- Improve overall oral health in these groups

2. CUSTOMER ORIENTATION

- Stakeholder engagement
- Street survey with 233 residents in wards with low self-referral rates
- 280 self-completion surveys collected from patients in 6 dental practices
- Focus groups with under 18s and parents, 'dental resisters', older people, school nurses, mums and toddlers, BME groups

3. THEORY

- **Health Belief Model:** Considers perceived susceptibility, perceived severity, perceived benefits and barriers, perceived efficacy and cues to action

4. INSIGHT

- Apathy and low perception of need – Residents equated good oral health with no pain or trauma and were unlikely to act unprompted. Pain and trauma were the cues to action in making a dental appointment

5. EXCHANGE

Barriers:

- Poor access and perception of dentists and dental practices, lack of child-friendly dental services
- Fear and phobia
- Financial cost
- Language and cultural barriers

Solutions:

- Improve service provision and capacity, including child-friendly dentistry, translation and extended opening hours
- Use PR and communications to promote services
- Financial incentives for quality improvements in NHS dental practices

6. COMPETITION

- Private dentists – Those already using private dental services were not targeted by this project

7. SEGMENTATION

Primary audiences:

- Under 18s in North Kensington with a nil or low referral rate to NHS dental services, who did not use private dental services
- Adults in North Kensington who did not use any dental services at all, but were entitled to use an NHS dentist
- Under 18s and adults in North Kensington, not using any dental services, who had made an appointment with an NHS dentist but failed to turn up
- Remaining borough residents who fit into this category

Secondary audiences:

- NHS dentists in KC

8. METHODS MIX

- Improved service provision and capacity, including financial incentives for quality improvements in NHS dental practices via Quality Outcomes Framework (QOF)
- Online toolkit for NHS KC dentists to meet new QOF criteria
- Multimedia registration campaign
- Child oral health programme
- Child-friendly award scheme