

Liverpool University Dental Hospital Special Care Unit Listening Event Report

10th October 2024



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Introduction

On Thursday 10th October 2024 Healthwatch Liverpool conducted a visit to follow-up on a recommendation made in the report we published after the Listening Event that we held at the Hospital on Tuesday 16th January 2024.

This recommendation said:

“We were not able to speak with as many patients in Special Care Dentistry as we had hoped to. This was partly because Healthwatch Liverpool’s Lead for Learning Disability and Neurodivergence was unable to take part in the visit due to the weather conditions. We would therefore like to arrange a visit specifically to this department to learn more about its work, and, potentially, to act as a precursor to arranging a visit by members of our Learning Disability and Neurodivergent Sub-Groups.”

Two members of Healthwatch Liverpool staff took part in the follow-up visit, including our lead officer for patient experience at Liverpool University Hospitals NHS Foundation Trust (LUHFT) and lead officer for learning disability and neurodivergent work. We spoke with staff and patients’ family members and made them aware that there was no obligation to speak with us and that everything they told us was voluntary and anonymous (unless safeguarding issues were raised that we were required to share with staff). No safeguarding concerns were raised.

3 surveys were completed, or partially completed. In one case, the patient was called into their appointment while we were speaking to their family member, so part of their survey was left incomplete. Where questions were left unanswered, either because patients were called into appointments or because they chose not to answer them for another reason, they are recorded as ‘Unknown’. This report details all the feedback gathered on the day, and also includes our own comments and observations.

Observations

The majority of our visit consisted of conversations with Special Care Dentistry staff who showed us around the Clinical department, answered our questions and allowed us to spend time in the reception area speaking to family members of patients who were attending for appointments on the day. No patients were available to speak with us.

We were welcomed to the unit by Senior Dental Nurse, Claire McLeod, who gave us an overview of the unit and its patients and answered our questions. She also introduced us to other staff and gave us free rein to speak to families in the reception area. Staff morale seemed good, and all staff were welcoming and happy to speak with us.

We learned that since the Covid-19 pandemic the proportion of medically compromised patients has increased whereas, historically, patients with a learning disability would have made up the majority of this patient cohort.

The specialty supports patients with a variety of medical complexities, including those with head and neck cancer, blood cancers and other medical diagnoses. There has also been an increase in patients who require specialised equipment such as heavier weight-bearing chairs and beds, moving and handling equipment. A bed is currently on trial which lowers closer to the ground so that it is easier for a patient to access. This avoids the use of steps or stools.

One room in the unit is due to be converted into a sensory room to provide a more welcoming and less stressful environment for neurodivergent patients. This will include sensory items, mood lighting and bean bags, and is planned for completion in 2025.

Patients are referred by GPs, other primary care providers, including high-street dentists, hospital specialists, community teams such as learning disability and social care teams.

An issue that is raised regularly by patients and family members is the lack of accessible parking close to the hospital. There is a drop-off area directly outside the entrance to Special Care Dentistry which is used for patient transport services/ambulances to convey patients to their appointments, which may include those who need to travel on a bed. However, the nearby Q-Park facility is said not to be good for Blue Badge holders, despite access to a shuttle bus service. Some patients can book with patient transport services, but the waiting times are lengthy, and patients can be uncertain as to when they will get home. They may also require assistance with toileting while they wait to be transported home, which puts additional responsibilities on staff. There is no assistance with taxi fares.

The majority of patients enter the unit via the designated entrance, at the rear of the hospital, but staff will collect patients from the building's main reception area if, for example, they use wheelchairs or have not visited the building previously.

There are a variety of clinic appointments provided each week, including several consultation clinics, review and assessment clinics, treatment clinics. Up to 18 patients are seen for treatment under sedation each week and there is a facility on site to provide care for specific patient groups under general anaesthetic.

In addition to dentists, the unit includes 10 nurses, 6 of whom are Specialist Dental Nurses in Special Care Dentistry, and, more recently, Health Care Assistants (HCAs) who we were told had made a positive difference. Staff have been trained in sedation and have undertaken Oliver McGowan training, as well as attending regular refresher training on autism and Learning Disabilities. Claire won the Star Dental Nurse Manager from LUHFT last year and the whole Team were nominated for Star Dental Team.

Staff will work with patients at their own pace and level of need. For instance, patients may have several visits to the building which allow them to take things step by step and familiarise themselves with the environment and the staff prior to treatment. Patients have also sometimes been examined in their cars, and home visits have also been made. Staff will occasionally provide domiciliary visits and can also assess patients on the wards in the Royal Liverpool Hospital.

Other points that we were told about included that:

- staff are all trained in clinical holding techniques to support delivery of care
- tinted glasses are offered to patients as to reduce sensory stimulation.

Some patients and carers have Patient or Carer Passports which are helpful with learning about the individual patients' needs. However, some patients attend with carers who do not always bring medication lists or know enough about the patient and this can be problematic for staff. Staff will only provide care which they are confident to carry out. Any concerns relating to personal care are communicated to carers/care homes, bearing in mind Dental Hospital staff's responsibilities regarding safeguarding vulnerable adults.

Appointments are sent by letter, and a referral will usually identify if this needs to be in an alternative format, such as braille. Text messages are sent to cancel or amend appointments, and there is an option for patients to email if they find telephone calls difficult.

Referrals are extensive and contain information on sensory challenges, weight, and medical history. A digital system is used and includes flags for support needs, and this is expanded upon during the consultation appointment.

Staff have access to translation services and an 'interpreter on wheels' for unexpected situations.¹

Other ways in which accessibility is addressed include:

- Braille information if requested
- Easy Read information if requested
- Leaflets can be provided in a range of languages
- Texts and telephone calls are options if people prefer these to letters
- BSL (British Sign Language) speakers usually bring an interpreter with them but, again, provision can be made if requested.

Patients are supported to attend through reasonable adjustments. The hospital's access policy is applied with due consideration to individual circumstances.

Patients' previous experiences with dental treatment and in their lives, may make it difficult for them to cope with dental care. This could include PTSD, trauma or injuries and other conditions. Staff take these factors into consideration and adapt clinical practise accordingly. Clinicians clearly understood the importance of person-centred care, and we felt that experienced staff are adaptable to individual need.

A clinical member of staff referred to Autism Spectrum Disorder (ASD) as 'Aspergers' which is an outdated term and should only be used if that is how an individual identifies². However, we

¹ The Interpreter on Wheels has a screen which is on a stand with speakers. It connects to over 200 community languages via audio and video, and video British Sign Language (BSL). It provides instant access to an interpreter and can help with communication.

² www.autism.org.uk/advice-and-guidance/what-is-autism/the-history-of-autism/asperger-syndrome

were assured that this terminology would have been amongst a list of ways in which patients describe themselves.

We heard from a staff member that, across the NHS, an increasing number of staff are 'coming out' as neurodivergent and it is filtering through into more staff support becoming available. In this person's view, there seems to be a generational difference in that students are much more open about being neurodivergent. This must be a positive step for staff wellbeing but also for patients who can feel reassured that some of their healthcare practitioners share lived experiences with them.

Patient Entrance:

- The entrance feels very 'patient information heavy' as you walk in. There are no pictures or accessible information.
- There was a Patient safety notice informing patients to let staff know if their weight may exceed the weight limit for the dental chairs, which is 21 stone. This was accessible for patients to see in the waiting area.
- The laminated arrows pointing the way as you walk in are helpful although showing signs of wear and tear.
- The map of the fire plan was difficult to read, small, blurry and unclear.
- The CQC 'Outstanding' rating, and the team photo felt welcoming but was 'hidden' on the side as you enter and not right in front of you.
- Health and Safety/Infection Control information was clearly displayed, as was information about PALS (Patient Advice and Liaison Service), including a QR code for submitting feedback.
- There was no autism or learning disability information visible in the entrance area. Some information to show that the unit is neurodivergent/learning disability friendly might reduce patient anxiety.
- Hand sanitiser and antibacterial wipes were present.
- The 'Your Experience Matters' information was on an awkward corner, not instantly available due to the shape of the corridors.
- The 'Your data, your rights' information was also tucked out of sight.
- The window to see how busy the waiting area is, is useful.
- Refuge Points for disabled people were clearly marked (as they were in the treatment corridor).

Waiting Area:

- There was no learning disability or autism information for patients.
- The water dispenser had an Easy Read symbol, but there was no other documentation in Easy Read.
- The receptionist was very friendly, approachable, helpful and casually dressed (which we found welcoming).

- The receptionist was knowledgeable about what to do if a distressed patient came in, and where to place them if they needed a quiet space. We were informed there were plenty of spaces and spare rooms to take them to for this. We were also informed that people could enter through a side door if they needed a quieter entrance.
- We learned that there was a radio in the area but that it was currently broken.
- The disco ball on the ceiling was a nice touch.
- There was no information in any language other than English.
- The screen with information, e.g. about different nurses' uniforms and what this means was informative but changed screen quickly, not giving much time to process the information.
- We saw Carer Passports containing advice for signposting and information on how to seek an assessment.
- The bariatric chair was tucked away in the corner.
- The storeroom was unlocked and ajar – after seeing a sign about suicide risks in another space in the department this felt concerning. However, we were assured that patients would not have unaccompanied access to this area.

Corridor area by treatment rooms:

- In the public corridor area there were light switches, which could be accessed by anyone walking into the area and be tampered with. However, we again received assurances that this is a clinical area and is controlled by swipe access. No members of the public are allowed in this area unaccompanied.
- Hand sanitiser and wipes were available in all patient areas which was good to see.
- Access to the appointment area was by key fob only, but once in the corridor all the doors, which were marked 'Fire door, keep shut' were either propped open with a door wedge or chair.
- We felt that the art on the walls, created by patients with dementia, as part of a project with Liverpool John Moores University, helped to 'soften' the clinical setting.
- As visitors we were very aware that appointments were taking place with doors open, and we could hear a sensitive diagnosis happening in one of the rooms. In another room, patient information could be seen on a computer screen when walking past Room 4. However, when we raised this issue with senior staff we were reassured that patient confidentiality was not being put at risk. Our visit as Healthwatch Liverpool staff was unlike a visit from a patient or family member/carers. No members of the public are usually allowed in this area unsupervised. Doors are left open for clinical supervision. Patients would be escorted down the corridor swiftly when moving through the building. The computer screens are a distance from the door where it would not be possible to read information.
- Information displayed on staff notice boards had no neurodivergent information, but did have learning disability information including contact information for learning disability nurses. We also notice information about DOLS (Deprivation of Liberty Safeguards).
- We saw a compilation of positive patient feedback from Jan 2024 on display and wondered how often this gets updated (see also our comment re 'You Said, We Did').
- We saw plenty of hand sanitisers and 'bare below the elbow' reminders.

- Hazardous Area Response Team (HART) information was displayed, along with safeguarding information and flow charts. Key contact information was also displayed on the staff information board.

Recovery area:

- This area included useful information on e.g. pressure ulcers, manual handling and the location of equipment.

Staff room:

- There was a 'Warning Poisons' sign in the staff room on a cupboard, but the door to the staff room was wedged open. We were told that the sign is a Trust requirement. Again, this is a clinical area, and patients would not be in the vicinity unsupervised.

Staff comments:

"It's a good atmosphere to work in."

"It's a small unit, friendly and all the staff are nice."

Family Feedback

Given that we didn't speak directly to any patients and only spoke to 3 family members, we haven't included charts, graphs or Equality, Diversity and Inclusion information in this report as it would be difficult to capture an accurate representation of all patient and family experience based on only 3 conversations. However, the following section summarises what the family members told us.

"My father has dementia and was referred by the Clatterbridge Cancer Centre where he's having head and neck treatment. This is a routine part of his treatment but it's our first visit here. Parking was easy, there's a free shuttle bus. And a staff member brought us over from Clatterbridge. He had to wait quite a while for his surgery but then the referral here was quite quick. I think it's come through within a month."

"My mother waited a week after surgery for this appointment. My mum's underlying health conditions mean that her own dentist couldn't do the procedure. She needs a machine to help her breathe at home, and her breathing problems make it difficult to be under anaesthetic. Staff will tell me what's happening next. Or mum would ask. Last time we were here we were both given the same information by the surgeon. I'd rate them 4 stars for patient attitude and overall experience, but they could do more for the people who are waiting while relatives get treatment. I'm waiting here with my baby and there's nothing to do. I can't leave to get snacks."

"I know what to expect and the information is clear."

Recommendations

1. Increased usage of Easy Read information and resources would make the unit more welcoming to people with learning disabilities, people who find reading difficult, or speakers of other languages.
2. Ensure there is a board/space for information aimed at patients with learning disabilities and/or autism within the patient waiting areas.
3. A display of photographs of staff members may help to reduce anxiety for some patients.
4. Patients with learning disabilities and those who are neurodivergent tell us that including photographs and/or a video 'walk through' of the journey into the hospital and through to the reception, waiting area and an appointment space on the hospital's website is very helpful. This has been done for other LUHFT services and it would be interesting to know whether it has also been considered at the Dental Hospital.
5. NHS patients tell us that they like to see 'You Said, We Did' style information displayed in public areas. Displays of positive feedback alone, whilst encouraging to see, don't suggest how patient input – both positive and less positive – helps services to develop. Patients like to know about the improvements that have been made. In our experience, feedback from neurodivergent patients, and those with learning disabilities, tends to focus on clinical settings – what helps and what could be improved.
6. Healthwatch Liverpool can supply some #CheckWithMeFirst cards to be available for use by patients who have experienced sexual trauma which makes dental treatment difficult for them. We recommend that this should be accompanied by the provision of staff training on trauma informed care and how to appropriately support survivors attending for appointments e.g. <https://learninghub.nhs.uk/Resource/39776/Item> or <https://thesurvivorstrust.org/training/sign-up-for-the-workshops/>

Response from Liverpool University Dental Hospital

We would like to thank the Healthwatch Team for visiting Special Care Dentistry. It was a pleasure to show them the department and our patients appreciated the opportunity to discuss their care and experiences.

We have formulated an improvement plan following the recommendations made and continuously work to improve the service we provide to our patients and their families.

Some of the areas for improvement include:

- Working with our Trust Learning Disability Team and our Engagement Partners at 'People First' to co-produce easy read resources for patients and provide a more welcoming environment and increased accessibility for all our patients.
- Developing an information board in the waiting area to provide accessible information for patients with learning disabilities and/or autism with support and guidance from the Trust Learning Disability Team, 'People First' and the Neurodiversity lead for Healthwatch Liverpool.
- Working with the Team within Special Care Dentistry to develop a display of staff photographs or a similar resource as a welcome and introduction for patients and support in reducing anxiety.
- Using support from our Trust Communications Team and best practice examples from other Trust Departments, developing a short film or digital resource to provide an introduction and 'walk through' the department to familiarise patients to the environment and prepare them for their visit.
- Developing 'You Said, We Did' Posters with the Trust Patient Experience Team, to be displayed in waiting rooms and public areas. This will demonstrate that patient feedback is being heard and used to drive ongoing quality improvements and service developments in Special Care Dentistry.
- Working with the Safeguarding Lead, Equality & Diversity Team and Sexual Safety Leads at the Trust to provide sensitive signposting and resources for patients who have experienced sexual trauma and engagement with Healthwatch Liverpool and colleagues at Liverpool Women's Hospital to develop Trauma Informed approaches to support patients.

Acknowledgements

Thanks to all the hospital staff who took the time to welcome and speak with us. Particular thanks to Claire McLeod, Paul Milburn and Alison Marks at the Dental Hospital and to Alison Germain-Martin (Patient Experience Manager, LUHFT) for all their support prior to the visit and on the day itself. Thanks are also due to the patients' family members who agreed to share their experiences with us on the day.

About Healthwatch

Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch we also provide an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of this report in another format or language, please contact us and we will provide it.

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