

**Sure Start Bradley  
and Whitefield  
Personal Dental  
Service Evaluation**

# **Sure Start Bradley and Whitefield Personal Dental Service Evaluation**

**Final Report  
July 2005**



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## Context

Severe problems exist with access to dental health in Nelson, and much of the wider Burnley, Pendle and Rossendale area. Few families are able to access dental services within Nelson, with local NHS dentists refusing to take on any additional patients. The Bradley and Whitefield Personal Dental Service (PDS) has been provided by Burnley, Pendle and Rossendale Primary Care Trust (PCT) in order to address this shortfall in dental provision. Part of the remit of this PDS is to work in partnership with Sure Start Bradley and Whitefield in order to provide access to dentistry and oral health advice for families with young children living in Bradley and Whitefield. The oral health of young children in the area is of particular concern, with real oral health problems apparent once children reach school age. Improving oral and dental health is also an important aim within Sure Start local programmes and Children's Centres. Oral health problems can have a negative impact on the self esteem of children and can lead to problems eating, speaking and learning. This report presents and evaluation of the impact of the Sure Start PDS in addressing health inequalities in Bradley and Whitefield.

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## Executive Summary

**E1** M-E-L was commissioned in March 2004 by Sure Start Bradley and Whitefield to carry out a comprehensive evaluation of the programme. The brief included a 'stand alone' case study evaluation of the Sure Start Bradley and Whitefield Personal Dental Service (PDS). Sure Start provides this service to families with young children in Bradley and Whitefield wards, in partnership with Burnley, Pendle and Rossendale PCT. The results of this evaluation are presented in this stand alone report.

**E2** The primary aim of the research was to complete an evaluation of the work of the Bradley and Whitefield PDS. The key research question was '*What impact has the PDS had on improving oral health amongst families with young children living in Bradley and Whitefield*'? Further aims included evaluating whether the PDS has reduced inequalities in oral health amongst local families with children under 5, identifying good practice and carrying out a cost effectiveness evaluation.

**E3** To produce a thorough evaluation, M-E-L used complementary approaches to the research. Firstly, a desk based review of secondary data was undertaken. This allowed us to gain context for the evaluation as well as addressing key research questions. In order to assess the impact of the service on users of the PDS, fifty face-to-face surveys were completed with parents of young children who have used the Personal Dental Service. Finally, semi structured interviews were carried out with PDS staff. In addition to this we aimed to carry out a review of cost effectiveness. Unfortunately this was not possible due to the lack of costs data from BPR PCT.

**E4** Before this work could begin on the project, a full submission to the East Lancashire Local Research Ethics Approval (LREC) Board and R&D department at Burnley, Pendle and Rossendale PCT was made. Approval was granted by both the LREC and R&D department in January 2005, following submission of the original documentation in August 2004.

**E5** The Sure Start PDS was established in 2003, as a partnership venture between Sure Start and BPR PCT. The aim of this service was to tackle oral health inequalities by improving access to dentistry for families who are traditionally unable to access them. The PDS provides a range of primary and specialist services in the Whitefield area of Nelson where previously no service existed. All families registered with Sure Start who are not registered with a dentist are eligible to access the PDS. Children under 5 years and their siblings can be seen for 6 monthly check-ups and treatment. Families can access the service until their youngest child reaches the age of five, with Sure Start making appointments and sending out reminders. The service operates on Monday afternoons, with 18 appointments available. As well as treatment, the Sure Start PDS provides oral health advice to families, in order to break the cycle of poor oral health locally. Oral health promoters are often present at PDS surgeries along with Sure Start workers. The service operates from the Sure Start base at Trafalgar House.

**E6** Within the project there is no formal needs assessment demonstrating a need for the PDS; however, oral health is known to be a severe problem in Nelson. Oral health figures reveal that the picture of oral health in Bradley and Whitefield wards amongst 5 year olds is

considerably poorer than that in the wider BPR PCT area and East Lancashire, with the average 5 year old having over 4 decayed, missed or filled teeth.

**E7** The PDS is funded by BPR PCT, and makes up part of the wider Bradley and Whitefield PDS. Very limited information was evident in the documentation regarding management of the Sure Start PDS. Surprisingly, there is no Service Level Agreement (SLA) drawn up between Sure Start and the PCT, or any other signed, formalised contract. Contact with BPR PCT highlighted surprising areas of uncertainty with regard to management of the initiative; very few staff at the PCT were aware of the scheme at all. Indeed, a final response received from the PCT indicated that they do not recognise the existence of a Sure Start Bradley and Whitefield PDS. This suggests a clear need to formalise the arrangement between the PCT and Sure Start, to document this arrangement, and to improve communication between Sure Start and the PCT.

**E8** Measuring the impact of an initiative like the PDS is difficult. Outcomes and changes in oral health will be measurable over a number of years, and the true impact may not be seen for a considerable length of time. Using short term evidence gathered from the programme we can predict that the PDS will have a great impact on the oral health of local families with young children in the future. In the 18 months since its conception, the service has seen over 300 patients who would otherwise be unable to access such dental treatment and advice. This is likely to result in a long-term improvement in the oral health of children, and will reduce inequalities in health by tackling inequalities in access to services. Essentially, by providing families without access to dentistry, with treatment, advice and the materials to care for their teeth, we would certainly expect a long-term improvement in oral health to be experienced by these families.

**E9** One aim of this evaluation was to identify example of good practice in the work of the PDS. Throughout the review we have identified numerous examples of good practice in the work of the scheme, both in the way in which the service is delivered to families, and how it links in with wider Sure Start Bradley and Whitefield initiatives.

**E10** Despite the obvious need for the service, awareness of the PDS was found to be relatively low. On average, fewer than 30% of those eligible families living in Bradley and Whitefield were aware of the service. Lack of awareness may also be an issue amongst local practitioners. Evidence from the survey with service users suggest that it is Sure Start that is instrumental in putting families in contact with the PDS; very few referrals are received from local partners such as Health Visitors and GPs. Increasing levels of awareness amongst both families and local partners should be seen as a key priority for Sure Start Bradley and Whitefield

**E11** Consultation with service users indicates that rates of take-up of the service amongst those families who are aware of the PDS are high (over 70%). This reinforces the fact that the Sure Start PDS is a popular and much needed service locally. Families consulted went on to express extremely high level of satisfaction with the service, praising the excellent staff, the accessibility of the service and the bi-lingual support on offer for the largely Pakistani client base.

**E12** Evidence from the consultation with service users and documentary review reveal that the Sure Start PDS is a very accessible service. Almost all service users agreed that the location of the surgery and the time of their appointment were convenient for them. Sure Start also takes a number of measures to ensure that access to the service is excellent.

Family Support Workers attend sessions, and may accompany families to appointments if requested; interpreters are also available for those who may be prevented from accessing services due to language barriers.

**E13** Using the results of the consultation with service users, we can also further predict the impact of the service on families with young children. The majority of families consulted did agree that their use of the PDS has changed their behaviour. This impacted on their child's toothbrushing, intake of sugar and the confidence of parents in looking after their children's teeth. This is a 'lead indicator' of long term progress and signals the much improved dental health of children in future.

**E14** Despite this very encouraging impact on families' oral health related behaviour, not all parents and carers have made use of the advice that they have received from the PDS. Staff at the PDS did raise a concern about this, mentioning that many parents continue to give their children sugary foods. This is supported by evidence for the survey that indicates that not all parents have changed their behaviour, and that many still find it very difficult to control their child's sugar intake. This suggests that parents need additional support and advice in this area.

**E15** Finally, M-E-L noted that Management Information Systems used to record information relevant to the PDS are poor. Whilst the evidence in this report suggests that the scheme is a beneficial one, this cannot be seen through the documentation held. There is a shortage of data on management arrangements, referrals to the service or planning of the service. The database of users is poorly set up, leading to a reliance on paper records when any analysis is required. This is not conducive to the effective monitoring of a service, its service users or any trends in uptake over time. Lastly, the scheme has no targets to measure its impact. In such an initiative, the result of which will be seen in the long term, it is important to set a series of short term indicators which can monitor progress of the service and identify areas for service improvement.





## 1. Purpose, method and format

### 1.1 Purpose and Objectives

M·E·L was commissioned in March 2004 by Sure Start Bradley and Whitefield to carry out a comprehensive evaluation of the Sure Start local programme. The research brief included a 'stand alone' case study evaluation of the Sure Start Bradley and Whitefield Personal Dental Service (PDS). Sure Start Bradley and Whitefield provide this service to families with young children in Bradley and Whitefield wards, in partnership with Burnley, Pendle and Rossendale PCT. The results of this evaluation are presented in this stand alone report.

The primary aim of the research was to complete an evaluation of the work of the Bradley and Whitefield Personal Dental Service (PDS). The key research question was *'What impact has the PDS had on improving oral health amongst families with young children living in Bradley and Whitefield'?*

More specific objectives of the research were as follows:

- Examine patterns of take up and referral to the PDS
- Evaluate whether the PDS has reduced inequalities in oral health amongst families with young children in the Bradley and Whitefield area
- Identify areas for future service improvement to the PDS
- Establish whether the Bradley and Whitefield Personal Dental Service is an example of good practice
- Determine levels of reach of the PDS and examine accessibility of the service
- Evaluate the cost effectiveness of the PDS

### 1.2 Methodology

To produce a thorough evaluation, M·E·L used a range of different complementary approaches to the research. The methods are broken down into four stages below:

#### 1.2.1 Review of secondary data

M·E·L completed a desk-based evaluation of secondary sources of data. This allowed us to gain context for the evaluation as well as enabling evaluation of the progress of the PDS in relation to targets and oral health profiles of the population. Contact was made with Burnley, Pendle and Rossendale PCT to access data on oral health in Bradley and Whitefield, as well as any information on management structures and costs of the PDS. Staff at Sure Start Bradley and Whitefield also contributed valuable monitoring data collected by the PDS in relation to profile of service users and treatment required. This data was used to evaluate performance of the PDS, impact of the PDS and cost effectiveness of the service.

### 1.2.2 Survey of service users

In order to assess impact of the service on users of the PDS, a small scale consultation was carried out with users of the PDS. Fifty face-to-face surveys were completed with parents and carers of young children who have used the Personal Dental Service.

#### **Design**

A short questionnaire was designed in consultation with Sure Start Bradley and Whitefield. It was agreed that the survey should include questions on:

- Registration with a dentist
- Uptake of dental services
- Referral to the PDS
- Accessibility of the PDS
- Perceptions of dentists and the PDS
- Experiences of the PDS and improvements to the service
- Impact of the PDS on oral health related behaviour

#### **Sampling**

Respondents were accessed using a sampling list of service users provided by Sure Start Bradley and Whitefield.

Before M-E-L contacted service users directly, Sure Start contacted users by letter, asking for their consent for M-E-L to approach them regarding the study. After a two week period, M-E-L contacted those for whom consent had been obtained giving further details about the research. All contact letters and the information sheet are appended.

After contact had been made with service users, interviewers called at the houses of users of the PDS to ask for their involvement in the study. If service users were happy to proceed with the consultation, a consent form was completed, and the survey was administered. The respondents were given the option of completing the survey on their doorstep or inside their house, depending on how safe the interviewer felt with either situation.

#### **Interviewers**

We were keen to involve local people in the research as information gatherers, and the interviewers employed in the fieldwork were members of the local community employed in the wider consultation for Sure Start Bradley and Whitefield. They were given an additional training session before PDS interviewing began, including a briefing on the survey and the evaluation itself, and training on obtaining informed consent. These interviewers employed were reflective of the wider community in Bradley and Whitefield, and were therefore able to speak a variety of the most common community languages.

Table 1 shows the number of completed surveys in Bradley and Whitefield.

**Table 1: Number of completed interviews**

<b>Area</b>	<b>Sample</b>
Bradley	30
Whitefield	20
<b>Total</b>	<b>50</b>

### **Fieldwork**

Letters of authorisation were provided, for interviewers to hand out, as well as identification badges and information leaflets about Sure Start. The local police were notified of the presence of the interviewers in the area. A local drop off point for collection and disposal of questionnaires was arranged at the Sure Start Bradley and Whitefield building.

Four local interviewers carried out the interviewing.

### **Data processing and analysis**

Survey data was entered into SPSS Data Builder and analysed using SPSS. Responses to open ended questions have been coded thematically. A 10% quality check was carried out on entered data, to check for accuracy.

#### 1.2.3 Interviews with Personal Dental Service staff

As well as consultation with service users, three in-depth interviews were carried out with members of staff of the PDS (including one General Dental Practitioner and two Dental Session Assistants). These interviews were completed over the telephone by M-E-L Researchers. The interviews were designed to be flexible, but covered questions including:

- Impact and key achievements of the PDS
- Accessibility of the PDS
- Improvement to the service
- Oral health status of children
- Health related behaviour of the local population

Once again, written consent of the Personal Dental Service Staff was gained before the interview took place. In order to inform this consent, PDS staff were sent detailed information sheets explaining this research. These sheets also explained to staff that they may be able to be identified in the report due to the small number of staff employed at the PDS. Dental staff were, therefore able to take this into account when deciding as to their involvement in the study.

#### 1.2.4 Cost effectiveness

Finally, M-E-L aimed to complete an evaluation of the cost effectiveness of the service. Sure Start Bradley and Whitefield provided an estimate of staff time and other resources dedicated to the Sure Start PDS. A cost effectiveness evaluation was not able to be completed, however, as Burnley, Pendle and Rossendale PCT were unable to provide M-E-L with any costs data relating to the Sure Start element of the PDS.

### 1.2.5 Local Research Ethics Approval

Due to the involvement of health professionals and service users in this evaluation, before the research could get underway, a full submission to the East Lancashire Local Research Ethics Approval (LREC) Board and R&D department at Burnley, Pendle and Rossendale PCT was made. The standard COREC (Central Office for Research Ethics Committees) form was submitted, along with draft copies of all supporting documentation (consent forms and information sheets for service users and staff, authorisation letter for service users and draft copies of both the survey and interview guide). Minor amendments were made to the methodology and research process, as a result of feedback from the LREC Board and PCT R&D department. Approval was granted by both the LREC and R&D department in January 2005, following submission of the original documentation in August 2004. This experience confirmed that the ethos of Sure Start (being community-focused and participatory), requiring both evaluators and the programme itself to be pragmatic and flexible in approach, does not always fit into the clinical model underpinning LREC and R&D approval processes.

### 1.3 Structure of report

This report presents the findings of the PDS evaluation. Each chapter focuses on a different element of the evaluation. The results of the review of secondary data are presented in Chapter 2, with the consultation with service users discussed in Chapter 3. The results of the consultation with staff are detailed in Chapter 4. Finally, Chapter 5 identifies some key conclusions from the evaluation.

## 2. Review of Secondary Data

The first element of this evaluation involved a desk review of the data held by Sure Start Bradley and Whitefield and Burnley, Pendle and Rossendale PCT (BPR PCT) in relation to the Sure Start PDS. This was important in providing context to the evaluation as well as enabling us to answer some key evaluation questions.

Background data was collated during an initial scoping visit to Sure Start Bradley and Whitefield on 17 June 2004. Further contact was made with the Oral Health Team at BPR PCT and Sure Start Bradley and Whitefield once LREC approval had been obtained.

Overall, M-E-L accessed a wide range of information in this evaluation of the PDS. Sources of information accessed included:

- Monitoring data from the Personal Dental Service, June 2003 to January 2005
- PCT-held oral health data for Bradley and Whitefield wards
- Meeting notes from '*Pendle Sure Start Oral Health Project*' team
- Sure Start Oral Health Questionnaire 2002
- Procedural documents including referral guidelines and Triage sheets
- Other materials relevant to the PDS including referral forms and appointment cards
- M-E-L's Local Programme Evaluation 2004/5

This information provided us with a context for the evaluation and an overview of the service, as well as a wealth of data information to inform the evaluation.

### 2.1 Overview of the Sure Start Personal Dental Service

The Sure Start PDS was established in 2003, as a partnership venture between Sure Start Bradley and Whitefield and BPR PCT. The aim of this service was to tackle oral health inequalities locally by improving access to dental services for families who are traditionally unable to access them. The PDS provides a comprehensive range of primary and specialist services in the Whitefield area of Nelson where previously no service existed.

Families registered with Sure Start Bradley and Whitefield who are not registered with a dentist are eligible to access the PDS. Children under 5 years and their siblings can be seen for 6 monthly check-ups and any treatment (children must be aged 18 months or over). The service also expanded in November 2004 to include expectant and nursing mothers. Families can access the service until their youngest child reaches the age of five, with Sure Start making appointments and sending out reminders. At five access to the PDS can continue but users must make their own appointments. Parents of young children can access the PDS for emergency treatment, subject to triaging. The service operates on Monday afternoons, with 18 appointments available (subject to change if treatment is needed). It operates from the Sure Start base at Trafalgar House in the centre of Nelson.

As well as providing treatment to parents, young children and their siblings, the Sure Start PDS also aims to provide oral health advice to families attending the PDS, in order to break the cycle of poor oral health locally. Oral health promoters are often present at Sure Start

PDS surgery times. As well as these advisors, Family Support Workers also attend the PDS along with interpreters to cater for the needs of Pakistani families locally.

*Despite Sure Start's focus on the under 5's, the Sure Start PDS is an inclusive service, allowing older children and parents/carers of under 5 years to access oral health advice and treatment where otherwise they may have not been able to do so.*

### 2.1.1 Referral

Referral to the PDS can be made by any local agency, as well as NHS Direct. Families are referred onto Sure Start Family Support Workers who make appointments at the PDS. Service users are then sent a letter confirming the appointment, as well as a reminder phonecall closer to the time of appointment. The majority of referrals originate from Family Support Workers themselves. These Sure Start workers routinely offer appointments to families at the new birth visit made when a child is 3 weeks old. Anecdotal evidence from Sure Start indicates that local Health Visitors are aware of the PDS, and should be promoting this locally. Self referral is also possible, usually as a result of word of mouth.

During the documentary review, little information was found about referral, with no data on patterns of referral. The referral forms themselves ask for referring agency and reason for referral. This data does not, however, seem to be entered onto a database. This information should be tracked for monitoring purposes. Until this step is taken it is very difficult to track patterns of referrals.

## 2.2 Documented need for the PDS

Lack of access to NHS dentistry is a major problem in Nelson, with severe dental health problems evident in children once they reach school age. Documentary evidence shows that the PDS was conceived as a service which would allow a population with traditionally very poor access to dental services to access dentistry and oral health advice.

Within the documentation accessed by M-E-L there is no formal needs assessment which demonstrates a need for the PDS. When we look at a Community Consultation carried out in May 2000, however, we can see that dental services are a clear area of need amongst the 178 families responding to the survey. This consultation was used to inform the delivery plan of Sure Start Bradley and Whitefield. Within this consultation, parents were asked what services they would like for their pre-school child. Local dental services were high up the list of priorities, with 57% of respondents identifying Dentists as a local service that they would like to use. A further 44% of respondents suggested that Sure Start should also provide information on children's diet.

This data indicates that there was a real need locally for a dental health service providing treatment and face-to-face advice to parents of young children in Bradley and Whitefield.

## 2.3 Management arrangements

The PDS is funded by BPR PCT, and makes up part of the wider Bradley and Whitefield PDS. The service is managed by the Oral Health Team at the PCT. Meeting minutes from 'Pendle Sure Start Oral Health Project' (2002) indicate that at this time the PCT placed emphasis on the importance of their partnership with Sure Start. Indeed this collaboration was emphasised in the Stage 3 application for PDS funding. Sure Start is not involved in

the management of the service, but do dedicate staff time to arranging appointments and recording data from the service. Family Support workers are expected to make referrals and provide oral health advice as part of their role.

Very limited information was evident in the documentation regarding management of the Sure Start PDS. Surprisingly, there is no Service Level Agreement (SLA) drawn up between Sure Start and the PCT, or any other signed, formalised contract. Within such a contract we would also expect to see some key measurable outcomes for the initiative.

Further contact with BPR PCT highlighted surprising areas of uncertainty. Whilst researchers made contact with numerous departments within the PCT, including the Oral Health Promotion Department, very few staff at the PCT were aware of the initiative. Indeed, a final response received from the PCT indicated that they do not recognise the existence of a Sure Start Bradley and Whitefield PDS. This lack of recognition of the service suggests a clear need to formalise the arrangement between the PCT and Sure Start, to document this arrangement, and to improve communication between Sure Start and the PCT.

## 2.4 Impact of the service

Measuring the impact of an initiative like the PDS is difficult. The outcomes and changes in oral health will be measurable over a number of years, and the true impact may not be seen for a considerable length of time. Additionally, impact may be demonstrated in several ways, from the improvement of oral health of children in Nelson to increased confidence of children and a decrease in speech and language problems.

In order to initially assess the short term impact, we would want measure progress of the service against targets reflecting outcomes or achievements. In this instance, however, neither Sure Start nor the PCT have set any targets which allow progress to be measured. Generally, Sure Start's health strategy centres on prevention and early identification of needs. By providing oral health advice at the PDS and other Sure Start initiatives, the service is likely to be meeting this aim of anticipating and preventing health problems; however, comments of PDS staff suggest that much of the work undertaken at the PDS is still required to be reactive due to the scale of oral health problems.

### 2.4.1 PDS monitoring data

Monitoring data provided by Sure Start are displayed in the Tables below and appended graphs. Table 2 shows that the Sure Start PDS has seen almost 300 users since opening in June 2003. Of these, the majority are children (95%), with the scheme for expectant and nursing mothers only recently underway. One notable statistic is that a high proportion of potential users do not attend appointments (18%). This high figure must be a concern for the service providers. Anecdotal evidence from Sure Start, however, indicates that the programme has taken steps to address this by altering the appointment letter. This now provides more information about the service, and explains that non-attendees will be put back on the waiting list. This has reportedly improved attendance of late.

In order to tackle non-attendance, it may be useful to do some follow up consultation with non-attendees of the service to assess reasons for non-uptake. Sure Start can then adapt the service to ensure that such non-attendees are likely to attend in future.



Table 2 also reveals that a very high proportion of PDS users require treatment, indicating that oral health problems are developed at a very young age. Over one quarter of children need treatment, and over one third of nursing mothers. This suggests that much of the work of the PDS needs to be reactive, and re-enforces the need for oral health promotion.

**Table 2: Profile of service use (June 2003 – January 2005)**

Service User	Number of Service Users	Appointments not kept (DNAs)	Appointments cancelled	Patients Required Treatment	% of patients requiring treatment
Children	273	61	56	72	27%
Nursing Mothers	11	1	0	4	36%
Expectant Mothers	3	0	0	0	-
<b>TOTAL =</b>	<b>287</b>	<b>62</b>	<b>56</b>	<b>76</b>	<b>28%</b>

In terms of the profile of users, we can see that the majority are Pakistani (87%), followed by White British (see Figure 1). Figure 2 shows a 50-50 gender balance. The majority of children using the service are aged under 5 years (58%); however a high proportion of over fives do use the service (42%). Documentary evidence indicates that PDS users reflect the profile of the wider population locally, suggesting that the service has good levels of reach.

**Table 3: Details of treatment received (Dec 2003 – January 2005)**

Treatments	Children	Adults
Fillings	51	4
Fluoride Application	3	0
Extraction	7	0
Referral for General Anesthetic	9	0

Table 3 displays details of treatment provided to service users. Both children and parents/carers are most likely to require fillings (73% of treatments). 13% of treatments are referrals for general anesthetic and 10% extractions (see Figure 4).

Finally, Table 4 displays details of the waiting list during April 2005. There are currently 117 people on the waiting list, however the majority (n=68) are not yet active as children under 18 months are too young to use the PDS. There are 49 active members of the list. Taking into account the slots available, this supports anecdotal evidence from Sure Start that currently service users are waiting approximately one month for an appointment.

**Table 4: Waiting list- April 2005**

Age	No. on waiting list
Children under 18 months (not active)	68
Children over 18 months	37
Nursing Mothers	12
Expectant Mothers	0

*Monitoring data reveals that the Sure Start PDS has seen a high number of service users since its opening in June 2003- almost 300 parents, carers and young children. The project has clearly been able to reach a high proportion of families in the programme are, from all ethnic backgrounds. The severity of oral health problems in Bradley and Whitefield is reinforced in the high treatment figures, with over a quarter of users requiring treatment. One area for concern for the project revealed in the monitoring data is the high proportion of parents/carers who miss appointments. This is an area for action for the Sure Start programme.*

2.4.2 Wider oral health data

Contact was made with the oral health team at BPR PCT in order to access oral health statistics for Bradley and Whitefield. Table 5 reveals that oral health indicators in Bradley and Whitefield are considerably poorer than those demonstrated by BPR PCT, East Lancashire and England. In both wards over three quarters of 5 year olds are affected by tooth decay and have an average of over 4 decayed, missing or filled teeth. There has been a slight improvement in these figures between 1995/6 to 2003/4. It is not possible to assess the impact of the PDS using these figures. Whilst we would certainly expect the Sure Start PDS to have a positive impact on these indicators, the improvement may be the result of a range of other factors. It is also likely that the impact of the PDS will take time to be visible in such statistics. What the figures do demonstrate is a real need for oral health initiatives in Bradley and Whitefield, such as the Sure Start PDS.

**Table 5: Average number of decayed, missed or filled teeth (dmft) amongst children aged 5 years, and proportion of 5 year olds affected by tooth decay, 1995/6 – 2003/4**

	Bradley Ward		Whitefield Ward		BPR PCT		East Lancashire		England
<b>1995/6</b>	4.44 dmft	74% decay	4.42 dmft	83% decay			2.28 dmft		1.52 dmft
<b>1999/2000</b>					2.75 dmft	57% decay			
<b>2003/04</b>	4.04 dmft	76% decay	4.29 dmft	76% decay	2.28 dmft	-			

Source: Burnley, Pendle and Rossendale PCT & North West Dental Public Health Resource Centre

*Oral health data demonstrates the severity of oral health problems in children aged 5 years of age in Bradley and Whitefield. The oral health profile of young children is considerably poorer than the national average, and the North West Figures. The figures serve to reinforce the need for oral health initiatives locally, such as the PDS.*

2.4.3 M-E-L Local Programme Evaluation

Prior to this case study evaluation of the PDS, M-E-L carried out some community consultation via a user satisfaction survey in late 2004. This survey included some questions on the Personal Dental Service. The results are as follows:

- o A quarter of families consulted in Bradley were aware of the PDS, this rose to 32% in Whitefield
- o 70% of respondents who had heard of the PDS had used the service

This indicates that there is a long way to go in raising awareness of the PDS. Taking into account the problems with NHS dentistry locally, a very low proportion of respondents were aware of the service. A high proportion of those who were aware of the service had gone on to use it, however. This suggests that the PDS is a popular, and much needed service. Sure Start need to build up the profile of the PDS. Sure Start newsletters, information packs and word of mouth have been shown to be successful ways of awareness-raising locally.

As well as this, Sure Start needs to promote the work of the PDS amongst local partners, including health professionals as well as schools and nurseries and community organisations, allowing these agencies to signpost more families to the PDS.

The consultation also revealed that respondents who have used the PDS believed access to be excellent, both in terms of timing and location of the surgery.

The user satisfaction consultation also appears to indicate that the PDS has had an impact on oral health of young children in Bradley and Whitefield, as it has influenced the health-related behaviour of parents and carers:

- 71% of respondents reported a change in the frequency of their child's teeth brushing since visiting the PDS.
- Overall, 71% of respondents thought that the amount of sugar eaten by their child/ren had altered since visiting the PDS.
- 63% (n=24) of respondents thought that the frequency of visits to the dentist for a checkup had also changed since visiting the PDS.
- 58% (n=22) of respondents reported that they have now registered their child/ren with a dentist since visiting the PDS.
- 92% (n=33) of respondents reported that they are more confident in encouraging their children to look after their teeth since visiting the PDS.

These encouraging statistics indicate that the PDS will have a long-term impact on the oral health of children. As well as offering reactive treatment, they provide preventative advice which has reportedly impacted on oral health behaviour locally, and the confidence of parents in looking after their child/ren's teeth. Whilst the impact of the service may not be visible at this time, the statistics above indicate that the results will be seen in the long term.

*There is a real need for improved promotion and signposting of the Sure Start PDS amongst the community. There is a clear need for the service, with high rates of take-up. Satisfaction with the PDS amongst service users was very high, and the majority of users did believe that it had impacted on their care of their children's oral health.*

## 2.5 Examples of good practice

Another objective of this case study evaluation was to identify good practice demonstrated by the Sure Start PDS. The desk research revealed a number of examples of good practice, these are listed below.

The Personal Dental Service has accredited Sure Start Bradley and Whitefield as a 'Smiling for Life' organisation. All groups run by Sure Start now offer children and families healthy food accompanied by milk or water.

Sure Start Bradley and Whitefield offer a 'bottle swap' service, whereby parent/carers of children over 1 year can swap bottles for a cup. At Sure Start groups, children aged over 1 year are encouraged to drink from cups rather than bottles.

Sure Start Bradley and Whitefield provide families with printed leaflets giving information on diet, listing 'good' food for children to eat, and providing information on toothbrushing.

Local health professionals make visits to Sure Start run groups to provide face-to-face information about dental hygiene and oral health, providing popular 'freebies' such as toothbrushes. Information about oral health is therefore provided in a range of forms.

The initiatives above support the work of the PDS and reinforce the messages given to parents and carers regarding healthy eating. They also encourage children to enjoy eating healthily which can be difficult for parents and carers to achieve without this support.

Unlike many Sure Start initiatives, the Personal Dental Service is also open to siblings of children aged under 5 years. The PDS will also treat parents/carers of young children according to triaging. It is therefore more inclusive than many Sure Start initiatives.

PDS appointment cards provide information regarding oral health and tooth brushing. This is, however, written in English. Urdu translated cards should also be available.

Local professionals and Family Support Workers visit the Sure Start PDS to give oral health advice and information.

The PDS aims to be child friendly. Toys are available on the surgery, and the Sure Start Family Room is available for use as a waiting area.

Meeting minutes from the '*Pendle Sure Start Oral Health Project*' indicate that fear of attending dentists is a real barrier to service use. To overcome this, families may be accompanied to appointments by Family Support Workers.

*The Sure Start PDS does display many examples of good practice. It is an inclusive, child-friendly service, with an emphasis on prevention and education. Links with the PDS have encouraged good practice in oral health promotion more widely in Sure Start, with health snacks and oral health promotion emphasised at Sure Start-run activities.*

## 2.6 Management Information Systems

As well as examining data to answer evaluation questions, M-E-L assessed the suitability of data collection mechanisms in measuring the impact of the Sure Start PDS. One initial observation is that the Sure Start programme holds very little information about the PDS. At the time of the visit (June 2004), the nominated contact at Sure Start for the PDS was on extended leave from the programme. Other workers at the programme were unable to provide much information about the PDS. There appeared to be a shortage of documentation held generally, with no data on targets, management arrangements, referral details and other outcomes.

The monitoring data collected by the programme is not held in a way that is accessible to evaluations. Katherine Lord at Sure Start contributed considerable time to this evaluation by providing M-E-L with the monitoring data presented in Section 2.4.1. The monitoring data collected at the PDS is not entered on a database in a way which allows the profile of respondents, details of treatment and patterns of referral to be easily examined. Sure Start need to move away from this reliance on paper records, and ensure that all data is recorded electronically on a database such as Soft Smart or E-Start. This would enable the programme to track performance of the service and trends over time in service use.

Amongst the data provided to M-E-L by Sure Start and BPR PCT, there are no SMART targets to measure the impact of the PDS. We may expect to see targets on awareness raising, referral and the provision of oral health advice amongst others. Without these, it is difficult to measure the impact of the service in relation to objectives and monitor success.

There is no data on the management of the PDS, with no known SLA in existence. It is difficult to establish from documentation, exactly how the service is funded, who provides the service, what the involvement of Sure Start and PCT workers is. We would expect to see a formal signed agreement detailing the aims and objectives of the service, the expected contribution of the two partner agencies and measurable outcomes of the service.

There is little data recorded on source of and reason for referral. Whilst Family Support Workers are the only professionals able to make an appointment at the PDS, referrals to the service may come from elsewhere. Sure Start should monitor the source of all referrals. This would allow them to identify agencies which are vital in connecting local families with the PDS, as well as any areas where partnership working may need to be developed.

Sure Start Bradley and Whitefield only collect data from PDS service users if the patient is aged under 4 years of age. The siblings of these young children are also eligible to be treated through the service; however, data is not recorded on these service users. Monitoring data should be recorded on this group in order to give a full picture of Sure Start PDS service users. This may also allow Sure Start to track the dental health progress of a certain cohort of users, enabling them to assess the long-term impact of the service.

## 2.7 Cost effectiveness of the PDS

**Table 6: Cost Effectiveness**

<b>Expenses</b>	<b>Cost</b>
Cost of staff	£6000
Postage	£25 per month
Telephone	£30 per month

As discussed in Chapter 1, a cost effectiveness evaluation was not able to be completed due to the lack of information provided to M-E-L by BPR PCT, who fund the service. Sure Start Bradley and Whitefield do contribute resources to the service, mainly through input of staff time. An estimate of Sure Start’s contribution to the PDS is presented in Table 6. Whilst we cannot project the costs of the service, we may expect that such an initiative may not be expensive. The Sure Start PDS places no additional burden on PDS staff; patients are all eligible to use the wider PDS. The staff time involved in arranging appointments is contributed by Sure Start. Publicising the service is fed into existing Sure Start practices, most notably the new birth visit.

### 3. Survey of service users

This Chapter presents the findings of the survey completed with users of the PDS. Due to the number of surveys completed, data are analysed overall. Percentages are expressed as valid percentages; that is a proportion of respondents who answered each question.

#### 3.1 Profile of Respondents

The profile of service users taking part in the survey is presented below:

- The vast majority of respondents were female (98%)
- In terms of ethnicity, 90% of respondents were Pakistani and 6% (n=3) were British. This reflects the general profile of service users displayed in monitoring data
- Over half of respondents were in the 25–34 age range (67%), with 27% (n=13) in the 16–24 age group and 6% (n=3) in the 35-44 age range.
- The majority of respondents were not seeking work for other reasons (65%), a further 17% (n=8) were unemployed and 10% (n=5) in full time jobs.

#### 3.2 Registration with Dentist

One positive finding was that the majority of PDS service users interviewed are currently registered with a dental practice (72%). The remaining 28% (n=14) stated that they were not currently registered with a dental practice (see Figure 5). All of those who were not registered with a dentist explained that this is due to the lack of local NHS dentists; there are 'no NHS dentists' (100%, n=13), with a number stating additionally that existing 'NHS dentists are too far away' (46%, n=6) and that they have 'no problems with teeth' (8%, n=1).

Respondents who were not registered with a dentist were asked, 'have you ever been registered with a dentist?' Of these, 79% (n=11) had previously been registered dentist and 21% (n=3) reported that they had never been registered with a dentist. This indicates that the vast majority of service users have been in contact with a dentist.

Whilst there is room for improvement in the proportion of families registered with a dentist, this does represent a marked increase in the proportion of parents of young children registered since the Oral Health Questionnaire completed by Sure Start in 2002. This indicated that less than one third (32%, n=28) of parents/carers were registered with a dentist, with just 9% of children (n=8) registered at a practice. This figure is likely to have been influenced considerably by the work of the PDS.

*Almost three quarters of users of the PDS stated that they were currently registered with a dental practice, with a further 28% (n=14) not registered. This was mainly due to a problem with access to NHS dentists in the local area. The proportion of families registered with a dentist has increased markedly since a previous study in 2002.*

##### 3.2.1 Current access to treatment

All respondents were then asked to explain what they currently do if their child experiences toothache. The most popular responses were as follows (see Figure 6):

- o Go to the dentist (58%, n=29)
- o Self treatment (38%, n=19)
- o Call NHS direct (16%, n= 8)
- o Never had problems with teeth (10%, n=5)
- o Nothing (8%, n=4)
- o Go to GP (6%, n=3)

Three respondents also mentioned that they ring their dentist when they have toothache. A respondent in Bradley also mentioned that they would go to the walk in centre.

*When suffering toothache the majority of respondents would access formal sources of treatment or advice, with popular sources of help being dental practices and NHS Direct. A high proportion of respondents (almost 40%) would chose to self-treat. This may indicate a lack of knowledge of sources of help for toothache, or the fact that they have received oral health advice to allow them to tackle such problems.*

### 3.3 Children's dental health and related behaviour

The vast majority of respondents confirmed that their child/ren had visited a dentist (96%) in their lifetime. This high figure may well be expected as all respondents are users of the PDS. This figure may not represent levels of uptake in the wider community and is higher than the national averages.

Interviewers next read out statements relating to oral health behaviour and asked PDS users to indicate how much they agreed with them. The results were as follows:

- 1) **'It is difficult to limit the number of sweets that my child has'** –The majority of respondents agreed with this (42%, n=21), with a further 14% (n=7) strongly agreeing.
- 2) **'It is difficult to limit the amount of sugary drinks that my child has'** - Half of the respondents (50%, n=16) disagreed with this statement, with another 8% (n=4) strongly disagreeing. It is clearly more difficult to for parents and carers to limit their child's intake of sweets than sugary drinks.
- 3) **'It is difficult to get my child to brush their teeth'** – Seventy percent of respondents disagreed with this statement and believed that it is not difficult to get their child to brush their teeth (with 14%, n=7 strongly disagreeing).

The results show that a number of parents do have difficulties controlling their child's diet. This suggests that many families may need further oral health advice and assistance from Sure Start and the PDS.

*The responses of parents and carers indicate that many have difficulties regulating their child's oral health related behaviour. This is particularly true of intake of sweets, where 56% agreed that this is difficult to control. Parents and carers were however, more confident of their ability to ensure that children brush their teeth.*

### 3.4 Personal Dental Service

#### 3.4.1 Awareness of PDS

Respondents were asked if they had been aware of the PDS before referral to the service. Just under half of the sample had been aware of the PDS (49%, n=24). Six percent (n=3) of respondents were unsure, with the remainder unaware (45%, n=22). This does suggest the need for improved promotion of the PDS by Sure Start. This would allow a greater number of local families to self-refer and make contact with dental services. Whilst the work of Family Support Workers ensures that parents with new born children are aware of the service, it is important to promote the PDS more widely to allow families with slightly older children to hear about the service. It is also key that Sure Start ensure that all local partners are aware of the PDS, eligibility for this service and methods of referral to the service.

Respondents who were aware of the PDS prior to initial referral were asked how they first heard about it. The most popular response was through Sure Start workers (n=9), letters and leaflets (n=5) and friends and family (n=4).

*There is a need for improved promotion of the PDS, with roughly half of the sample aware of the service before referral. Sources of information about the service were varied, and included Sure Start workers and publicity materials. Awareness of the service prior to referral is found to be much higher than in the 2004 community consultation discussed in Chapter 2, however. This may represent successful awareness raising initiatives in the time between surveys.*

*Results of M-E-L's 2004 overall user satisfaction consultation indicate that local people are most likely to find out about local initiatives through word of mouth, local newspapers, and mosques. Sure Start should feed into these channels to further raise awareness of the PDS.*

#### 3.4.2 Referral to the PDS

After establishing levels of awareness of the service, respondents were asked about experiences of referral to the PDS. They were firstly asked 'who suggested that your child see a dentist?' The most common routes of referral were as follows (see Figure 8):

- Sure Start family worker (58%, n=29)
- Sure Start Access Worker (30%, n=15)
- Myself (26%, n=13)
- Friend/Family (12%, n=6)

The least common ways that patients were referred were as follows:

- GP (2%, n=1)
- Nursery School (4%, n=2)
- Health Visitor (4%, n=2)
- Other Sure Start worker (10%, n=5)



Sure Start workers do seem to be the initial catalyst for dental visits, suggesting that Sure Start Bradley and Whitefield is key in putting families in contact with oral health services.

In terms of arranging PDS appointments, Sure Start workers are shown to be instrumental in the process. Over 40% (n=20) of service users explained that a Sure Start family worker had arranged their appointment, with a further 35% (n=17) citing other Sure Start workers.

*Sure Start Bradley and Whitefield is instrumental in putting parents and carers in contact with the PDS. The vast majority of initial referrals and appointments were made by Sure Start Family Workers, Access Workers or another Sure Start worker. Responses also show that a number of parents/carers have self referred and or have been referred by friends or family, suggesting that initial perceptions of the service are positive.*

### 3.5 Access to the PDS

Another key evaluation question focused on access to the Personal Dental Service. Respondents were asked about location of the PDS surgery and timing of appointments. In terms of location of the PDS, the responses were overwhelmingly positive.

- 98% of respondents agreed that the PDS surgery was easy to find, with just one respondents disagreeing with this.
- All of the respondents thought that the surgery was easy to travel to (100%).

This is an extremely encouraging result, in the context of a population which traditionally cannot easily travel to access services. The central location of the surgery is an accessible one, and this is likely to have a great impact on uptake of the PDS.

Service users also provided a very positive view of the day and time of appointments. 98% believed that the day of their appointment was convenient and 96% reported that the time was convenient.

*The PDS is an extremely accessible service in terms of location of the surgery and timing of appointments. This is a very positive aspect of provision and one which is likely to have played a great part in the popularity of the service.*

### 3.6 Experience of the PDS service

The next set of questions focus generally on experiences of use of the PDS service, including overall perceptions and specific aspects of provision.

#### 3.6.1 Waiting times

The majority of respondents reported that they have to wait about 6 months (n=15) for an appointment with the PDS. This is considerably higher than the 1 month wait reported by Sure Start Bradley and Whitefield, however, this may account for children who were put onto the waiting list before the minimum age of 18 months. These families may have to wait several months before their child is of the appropriate age to attend.

A further 6 respondents mentioned that they waited between 1 and 3 months, 4 mentioned that they wait about 3 – 6 weeks and 13 PDS users said that they can usually get an

appointment between 1 -2 weeks. Others could get an appointment quicker than this, '*not long- I was asked how convenient it was for myself*' (n=4). Length of waiting times appear to be generally very variable. This may well depend on the severity of a problem and the urgency of any appointment.

### 3.6.2 Fear of dental appointments

The PDS users interviewed discussed whether their child was worried prior to their appointment with the PDS. Approximately 30% (n=16) reported that their child was worried when they first visited the dentist. One benefit of children using a dental service at such a young age is that they are likely to be less apprehensive about appointments in future. This may well be a hidden impact of the Bradley and Whitefield PDS.

Respondents were then asked if they were worried about seeing the dentist, themselves. The responses were very similar to the previous question, 33% (n=15) reported that they were worried and 67% (n=33) reported that they weren't worried about seeing the dentist. This apprehension of dental care has clearly not been a barrier to service use for these users; however, it may be a factor in non-uptake of the service and missed appointments.

### 3.6.3 Satisfaction with PDS service

As well as considering specific aspects of the service, parents were asked how satisfied they were with the PDS. The responses provide an extremely positive reflection on the service. Overall, 65% of service users were '*very satisfied*', with an additional 31% (n=15) '*fairly satisfied*' with provision. Just 2% (n=1) were '*fairly dissatisfied*' and 2% (n=1) '*very dissatisfied*'. Overall, 96% of respondents were satisfied with the PDS (see Figure 9).

### 3.6.4 Positive aspects of the Personal Dental Service

After indicating levels of satisfaction, respondents were asked to discuss some positive features of the Sure Start PDS. The majority spoke about the excellent staff at the PDS. They explained that the staff are '*very friendly*'; they are '*very good people*' (n=30). Service users also mentioned that PDS staff are very friendly towards children and that they give '*good encouragement to the children*'. This factor is likely to have a real impact on future uptake of the service, and removes barriers to access such as fear of using dental services.

PDS users also praised the service for '*easy access*' (n=18). They mentioned that the service '*is easy to get to*' and '*it's not far to travel to*'. A further 15 respondents mentioned how easy it is to get an appointment; '*you don't have to wait a long time*'. In the context of Nelson with its severe access problems to dentistry, this is extremely important to users.

Mentions were also made of the bilingual support on offer '*they could speak our own language*'. This is obviously a vital consideration with a base of users which are 90% Pakistani. Service users were also impressed with the guidance that the PDS provides; '*you get good guides on how to keep the children's teeth clean*'. Three parents also mentioned freebies provided, '*children were very happy with the goody bags*'. Other respondents praised the service for generally offering '*a very good service*', '*the dentist was very good*', '*they did everything for me*'.

*Overall 96% of respondents were satisfied with the PDS, thus providing an extremely positive reflection on the service. Positive comments made about the service were most likely to refer to the excellent staff at the PDS, or to the accessibility of the service. The comments generally indicate that the service is a very popular one, which parents and carers are grateful to have access to.*

### 3.6.5 Improvements

Reflecting the high levels of satisfaction evident above, the majority of service users were unable to identify any improvements to the PDS, reinforcing that they were currently happy with the service they are receiving, *'I am happy with the service', 'nothing can be improved I think they were really good'*.

Some suggestions for service improvement were made, however. Six respondents believed that there should be more appointments available; *'there should be more sessions apart from Monday'*. One respondent suggested that there should be a session held on Saturdays *'this would allow for more flexibility with appointments'*.

Respondents also mentioned that the waiting room is too small; *'the waiting room needs extending'*. They also suggested that there should be toys or a play area to amuse the children whilst they are waiting to be seen. Sure Start documentation, however, does suggest that these toys are available, as is the programmes 'Family Room'. This needs to be signposted to service users when they attend appointments.

Finally, many of the respondents would like to see a similar service that is available to adults, *'they should provide a service for adults'*.

*Reflecting high levels of satisfaction, most respondents could not identify any potential improvements to the PDS. Some of the suggestions made included having more flexible appointments, extending the waiting area and providing a service for adults.*

### 3.7.5 Impact of the PDS

Finally, users of the PDS consulted were asked a set of questions about the more long-term impact of the PDS, notably whether their care of their children's teeth had changed since visiting the PDS. The results of the survey suggest that the impact has been significant, with changes to oral health behaviour attributed to the PDS visit.

- 76% (n=37) of respondents reported a change in the frequency of their child's teeth brushing since visiting the PDS. 80% of respondents also said that the time spent brushing their child's teeth had changed since visiting the PDS (see Figure 10).
- Overall, 59% (n=29) of respondents thought that the amount of sugar eaten by their child/ren had altered since visiting the PDS (see Figure 10).
- 67% (n=33) of respondents thought that the frequency of visits to the dentist for a checkup had also changed since visiting the PDS (see Figure 10).
- 96% of respondents reported that they are more confident in encouraging their children to look after their teeth since visiting the PDS. Only 2% (n=1) of parents thought that the PDS had no impact on their confidence levels.
- 44% (n=22) of respondents reported that they have now registered their child/ren with a dentist since visiting the PDS and 26% (n=13) reported that they were already registered with a dentist (see Figure 11).
- 32% (n=16) reported that they had registered themselves with dentist since visiting the PDS, 38% (n=19) said that they were actually already registered with a dentist.

*The PDS has clearly had a huge impact on the oral health related behaviour of service users in relation to their children's teeth. The PDS visit had altered teeth brushing and consumption of sugary food. It has also impacted on uptake of dental care, with service users increasing both their own and their children's registration with a dentists as well as frequency of uptake of services. As well as impacting on family's health the PDS has helped to contribute to wider Sure Start targets, with raising confidence and self-esteem in terms of parenting, a priority area for action for Sure Start local programmes.*

### 3.8 Any other comments?

At the end of the questionnaire, service users consulted were asked if they had any other comments to make about any of issues raised in the survey. Any additional comments made were, once again, very positive '*I am very pleased with the service*', '*I am happy with the service*'. Other respondents mentioned that they would like to see the service extended to include children over the age of 4 years. Some service users would also like to see more NHS dentist in the local area '*there should be more NHS dentists for adults*'.



## 4. Interviews with PDS staff

### 4.1 Profile of interviewees

The General Dental Practitioner has been employed by the PDS for the past 6-7 months and believes that there was only one GDP that previously worked for the PDS.

The dental nurse has worked with the PCT since September 2004 and has previously assisted Health Visitors. She has always had a keen interest in nursing and working with young children. She is relatively new to the PDS and has so far attended 6 PDS sessions.

The PDS secretary has been a nurse all her life and has recently been seconded to work for the PDS for a year. She is now the first point of contact when people come to the PDS. Her role is to arrange the paperwork and health records and also provide advice to parents.

### 4.2 Background to the Sure Start PDS

At the start of the interviews, staff gave a general overview of the Sure Start PDS. The staff explained that the PDS is a primary and specialised dental care service that operates in Bradley and Whitefield. It is available for children aged up to five and their parents/carers. The dental nurse talked specifically about the general impact that the PDS has had on families in the area, *'more children and adults now have the opportunity to get good dental health; it gives the children a good start.'* She also mentioned the advice that the PDS provides; *'it's a great place where parents can ask questions if they are not sure about something'*. The dental nurse mentioned that every child should have a dentist *'if they don't have a dentist from an early age they will have problems in the future.'*

#### 4.2.1 Aims of the PDS

The key aims identified by the PDS staff were as follows:

- To reduce inequalities in children's dental health.
- To improve access to a dentist in the local area.
- To provide an effective dental service for children under the age of 5.
- To see as many patients as possible.
- To provide the local people with good dental help and advice.

### 4.3 Uptake of services

All PDS staff praised the uptake of the service; *'the uptake has been fabulous'*. The Monday sessions are *'always busy'*, *'if you just look at the amount of families coming then you can see there has been a great uptake of the service'*. The secretary mentioned that the slots in the sessions are always taken up *'we are always really busy and full'*. To manage the number of patients that need to be seen, the PDS had recently arranged an additional session; *'we had an extra session to try and get the waiting list down; we saw 50 patients on that day.'*

The dentist and dental nurse went on to talk about the uptake of treatment. They both mentioned that the patients are usually good at coming back for treatment as they are sent several reminders; she highlighted *'we try and keep the patients as informed as possible.'*

The secretary also mentioned that they often arrange for a therapist to attend the Monday session. This then allows the dentist more time to deal with the bigger problems.

#### 4.3.1 Improving the uptake of the PDS

There were no major improvements that were suggested by the PDS staff, other than increasing the number of patients seen by the PDS in a week. As the secretary mentioned; *'more sessions and days are needed'*.

The dental nurse could not think of any improvements which could be made to help with uptake; *'we are generally very busy so this shows we are offering a good service'*. She did however highlight that there are sometimes problems with cancellations of appointments *'they sometimes don't ring up to cancel their appointments'*.

*Whilst PDS monitoring figures show a high number of non-attendees of appointments, the PDS staff firmly believe that uptake of the service is excellent, pointing to a busy surgery and long waiting list, with extra sessions needed to reduce waiting times.*

#### 4.3.2 Access to the service

Staff reported no problems with access to the service, *'everyone knows where the building is, they just come in to the Sure Start reception and are then shown upstairs to the dentist.'* The secretary mentioned that the PDS is located in a good place *'it is not far from the shops'*. The surgery is accessible for the disabled; *'we have a lift up to the first floor'*.

All of the staff highlighted that the half day session on a Monday afternoon was a good time to hold the session; *'if we changed it to Monday morning less people would come'*. The dental nurse also mentioned that if a child experiences problems over the weekend then they know they can come and see the dentist on a Monday *'it gives the parent light relief'*.

The GDP talked about general access to dentistry; *'Nelson is very bad for dentists, there are some in Burnley but patients aren't willing to travel'*. As a result staff believe that they have had a huge impact on improving access to dentistry in the area- one of the key aims of the project.

### 4.4 Dental health of PDS service users

In order to gain a picture of the general oral health status of young children in Bradley and Whitefield, PDS staff were asked to generally describe the state of their patients' teeth. All of the staff mentioned that the *'overall dental health is pretty poor'*; *'children need a lot of treatment'*. Particular dental problems that were mentioned were as follows:

- Children in the area have dental cavities at an early age
- Decay
- Gum disease
- Children have far too much sugar in their diets as well as sugary drinks
- *'Total neglect for their teeth'*

Dental staff explained that many of the children seen by the PDS do need treatment. This tends to be reactive rather than preventative work, responding to existing, often severe dental problems. The GDP estimated that roughly 10% of children seen by the PDS were referred onto Burnley General Hospital for an extraction. The PDS does see emergency cases for

children, which they do their best to accommodate; *'we don't turn children away; it's different for adults as they can handle pain but it's not fair for children to suffer.'*

Staff discussed causes of poor dental health amongst children. The key issue identified was that parents and carers need to be educated in oral health to enable them to better care for children's teeth. The dentist highlighted a lack of understanding amongst parents. She believed that if parents knew the risks of fizzy drinks and sweets then they may not give them to children. The nurse talked specifically about Ribena Toothkind, *'it's still really bad for their teeth, it says on the label to only have one cup a day, but children drink it every half an hour'*. Oral health related behaviour of parents is clearly a key factor in poor oral health of young children.

To tackle this issue, staff explained that they provide a wealth of information to parents; *'we give out information at ante natal classes, in schools and nurseries, there are also fluoride schemes that we run.'* The staff were unsure as to whether families are acting on the information, however. Parents do not always change theirs or their child's behaviour.

*Once again, it is clear that there are real problems with the oral health of young children in Bradley and Whitefield. One major cause of these problems was believed to be the poor oral health behaviour of parents and carers. The PDS is investing in education to tackle this; however, PDS staff are unconvinced as to the wider success of this.*

#### 4.5 Patient base

The Sure Start PDS serves an ethnically diverse community, which does, to some extent, affect the way that the service is provided. Staff mentioned that language issues can cause problems, however they use a Sure Start translator to overcome this; *'the translator is a great help'*. Staff explained that by having a translator available, more families are encouraged to attend; *'a lot of families do speak English, but are more comfortable in speaking Urdu'*. The secretary praised the translator for her commitment to the PDS *'she has got to know the people really well and she has built up a good understanding of the PDS, she is good at explaining treatments to non English speaking families'*. Overall, the translator was seen to be a very *'helpful'* and *'useful'* resource, *'language would be a key barrier but with the translator it has stopped this'*.

The GDP and PDS secretary also mentioned that they have to produce special publications and letters in Urdu so that all members of the community can read it *'we produce advice about oral health in Urdu and also put posters up that are in Urdu'*.

#### 4.6 Impact of PDS

PDS staff were convinced that the Sure Start PDS has made a considerable impact on the oral health of young children living in Bradley and Whitefield. All of the responses made by staff were very positive; *'there have been so many people that have been seen by the PDS that we must have done some good', 'it's doing the children good, they get good advice'*. The nurse emphasised that the advice alone will have made an impact on oral health; *'we have given the parents so much advice so hopefully they have listened to the advice we have given them'*.

Despite the information given to parents, members of staff did again raise concerns over whether this impacts on all families. One staff member commented; *'there are only about 40% of parents who listen to what we say and about 10% have really improved their children's dental health...in the end it's up to the parents'*. The dentist also highlighted that *'there isn't*



*anything else that the PDS can do*'. This is in contrast to the responses from the service user survey which indicated that the PDS has impacted heavily on behaviour.

Overall, however, the impact of the PDS was perceived to be good by the staff consulted. These explained that without the PDS, local children would be unlikely to access a dentist and receive treatment at all. This supports the survey results and findings of the documentary review that suggest that the Bradley and Whitefield PDS has had a very positive impact on local families, in terms of raising their confidence to look after their child's dental health and providing them with the tools to be able to do this.

*Anecdotally, staff at the PDS believe that the project is having an impact on the oral health of young children in Bradley and Whitefield. Although the staff do question the extent to which some parents/carers act on the information received, they do not doubt that dental health has improved. Without the PDS, it appears that few children would access dental services at all, and therefore the service is likely to be impacting on oral health inequalities.*

#### 4.7 Key Strengths and achievements

As well as impact of the service, staff consulted were asked to consider key achievements of the PDS. The key strengths and achievements identified by PDS staff were as follows:

- The PDS has met its original aims.
- Reduced health inequalities in the local area.
- Increased access to dental health care in the local area.
- Overcome cultural and language barriers by providing clear and simple information.
- Encouraged more non English speaking families to attend the sessions by using the Sure Start translator.
- Provide good oral health advice to parents.
- Reduced the number of emergency appointments at the local hospital.
- Provides a good local service, families don't have to worry about transport.
- High attendance levels and awareness of the PDS.
- The PDS offers good value for money.
- Good links between PDS and Sure Start '*we are in constant contact with them*'.

#### 4.8 What hasn't worked so well?

The PDS staff identified the following factors that could be seen as areas of weakness:

- There is no continuity of PDS use; it is used for emergency cases but there is no follow up for treatment. Another scheme should be introduced which allows for follow ups and to make sure treatments have been effective.
- A similar service is needed for the over 5's. Children over 5 need to be encouraged to visit the dentist.

The GDP could not think of any problems within the PDS; *'at the moment all is going well, we are giving families good advice and the dental health in the area has improved'*.

#### 4.9 Improvements

The following improvements to service delivery were suggested by PDS staff:

- *'A full day would be good but it is just not feasible'*.
- Parents need to improve attendance at appointments; *'half of them never turn up'*.
- Parents need to take the information on board.
- The PDS need to assess why some users are failing to attend their appointments.
- During busy periods staff need more assistance on reception.
- More NHS dentists are needed in the local area.
- All children should be provided with a toothbrush.

Apart from these few suggestions the staff could not think of any improvements, *'there are no improvements to be made'*.



## 5. Conclusions and Recommendations

This final chapter presents some of the key findings from this evaluation of the Sure Start element of the Bradley and Whitefield Personal Dental Service, along with some recommendations for future service delivery.

### 5.1 Conclusions

#### 5.1.1 Personal Dental Service

- The key aim of this evaluation was to measure the impact of the Sure Start PDS on the oral health of young children in the Sure Start area. Despite the inherent difficulties in measuring the impact of a long-term initiative such as the PDS, a review of the evidence does indicate that the Sure Start PDS has and will make a positive impact on the oral health of young children and their families. Many service users have reported that the PDS has impacted greatly on their behaviour when caring for their children's teeth. This is a 'lead indicator' of long term progress and signals the much improved dental health of children in future. Despite the need for reactive work at the PDS, it is focused around providing preventative work and advice to families. Essentially, by providing families without access to dentistry, with treatment, advice and the materials to care for their teeth, we would certainly expect a long-term improvement in oral health to be experienced by these families.
- Another aim of the evaluation was to measure the impact of the service in reducing oral health inequalities. Again, whilst we cannot cite any statistics to prove the impact of the PDS on oral health inequalities, the role of the initiative should be significant. The PDS addresses inequalities in access to services, by providing those who are unable to access dentistry with a local service. This, in turn, should impact on health inequalities, as all local families are able to receive treatment and preventative advice.
- Identifying the exact impact of the scheme over the long term will be difficult, however. Benefits may manifest themselves in different ways, for example, an increase in confidence of a parent or child. Whilst we would expect the PDS to have a positive impact on dental health, any such improvement may also be influenced by other factors, for example, changing fluoride levels in drinking water.
- The Sure Start PDS is an accessible and inclusive service. Almost all users agreed that the location of the surgery and the time of their appointment were convenient for them. Sure Start also take a number of other measures to ensure that access to the service is excellent. Bilingual support is provided at the sessions for the mainly Pakistani client base. Family Support Workers also attend sessions, and may accompany parents/carers to appointments if requested. These workers will also telephone families to remind them of their appointments shortly beforehand. Everything is in place to ensure that access to the service is excellent. The service is also an inclusive one, allowing older siblings of under 5's and nursing or expectant mothers to access dental services.

- The evaluation revealed that the Sure Start PDS is also a much-needed service. Previous consultations with families have highlighted dentistry as a gap in provision, and a priority for many local families. More explicitly, oral health statistics also reveal the true scale of the need for such dental initiatives. The oral health profiles of children aged 5 years in Bradley and Whitefield are considerably poorer than those in the BPR area and East Lancashire as a whole. Severe dental problems do exist locally and this evaluation only highlights the need for further investment in tackling this issue.
- Reflecting the obvious need for the service, uptake of the Sure Start PDS has been excellent. In the 18 months since its conception, the PDS had seen almost 300 patients in its Monday afternoon slots. The 2004 M·E·L user satisfaction survey indicated that 70% of those parents and carers who aware of the service, had made use of it. This high uptake reinforces the fact that the PDS is a popular and much needed service. The value of the Sure Start PDS to families is also emphasised by the positive feedback received in the survey with service users. Indeed, 98% of users consulted were satisfied with the service. Reasons for this satisfaction were dominated by the positive perceptions of PDS staff. Service users also praised the accessibility of the service, bi-lingual support on offer, and the materials and information provided.
- Despite the popularity of the service amongst users, awareness of the PDS was actually found to be relatively low. On average, fewer than 30% of those eligible families living in Bradley and Whitefield were aware of the service. Lack of awareness may also be an issue amongst local practitioners. Evidence from the survey suggest that it is Sure Start that is instrumental in putting families in contact with the PDS; very few referrals are received from local partners such as Health Visitors and GPs. Increasing levels of awareness amongst both families and local partners should be seen as a key priority for Sure Start Bradley and Whitefield.
- One of the objectives of the evaluation was to identify examples of good practice in the work of the Sure Start PDS. We can conclude that there are numerous examples of good practice in the way in which the service is delivered to families, and in which it links in with wider Sure Start efforts to tackle oral health problems.
- Finally, despite the excellent impact that the Sure Start PDS has had on many families, the evaluation has indicated that many local parents and carers still have problems controlling their child's sugar intake and other aspects of their oral health related behaviour. PDS staff identified this as an important issue, with many service users perceived as simply not taking the oral health advice on board.

#### 5.1.2 Partnership working

- One key finding which emerged repeatedly throughout this evaluation is the problem in partnership working and communication between Sure Start and BPR PCT. It has been very difficult to access any information regarding management of the service or joint working. PCT meeting minutes from 2002 indicate that the PCT initially took partnership working with Sure Start very seriously, indeed, this was referred to in a bid for funding for the PDS. However, recent contact has revealed that the relevant departments at the PCT are not aware of the arrangement between the PDS and Sure Start Bradley and Whitefield, despite the funding that

they provide for this. In a final contact with M-E-L, the PCT stated that they do not recognise the existence of the scheme. This is obviously a surprising area of concern.

- On a similar theme, a review of documentary evidence yielded no SLA between Sure Start and the PCT, or any other formalised arrangement detailing the aims and objectives of the Sure Start Bradley and Whitefield Personal Dental Service, or any commitments which either partner are expected to make to the scheme.
- Despite issues in communication with the PCT, the links between Sure Start Whitefield and the Bradley and Whitefield PDS staff appear to be good. Sure Start has gained 'smiling for life' accreditation through the PDS, and Sure Start workers regularly attend PDS sessions. Practices at Sure Start activities and groups such as Health Eating and 'Bottle Swap' complements the work of the PDS well. The arrangement between the PDS and Sure Start places no additional burden of work on PDS staff and day-to-day working arrangements between the two parties are apparently efficient.

### 5.1.3 Management Information Systems

- The documentary review completed in this evaluation revealed that Management Information Systems used to record information relevant to the PDS are poor. Whilst the evidence in this report suggests that the scheme is a beneficial one, this cannot be seen through the documentation held. There is a shortage of data on management arrangements, referrals to the service or planning of the service. The database of users is poorly set up, leading to a reliance on paper records when any analysis is required. This is not conducive to the effective monitoring of a service, its service users or any trends in uptake over time. Lastly, the scheme has no targets to measure its impact. In such an initiative, the result of which will be seen in the long term, it is important to set a series of short term indicators which can monitor progress of the service and identify areas for service improvement.

## 5.2 Recommendations

### 5.2.1 Service delivery

- Although action has recently been taken to address the issue, there do seem to be problems with patients missing appointments. We would recommend that some in-depth consultation be carried out with a sample of these non-service users to ascertain whether there is anything else that Sure Start can do to boost attendance rates. An analysis could also be carried out into the profile of non-users from Sure Start records to assess whether any patterns emerge.
- We would recommend that Sure Start Bradley and Whitefield invest in publicising the PDS more widely amongst local families to boost awareness of the service. Campaigns should be developed which target those families who have not recently had a new birth, and therefore may not be aware of the scheme. Newsletters, word of mouth and the work of local community and voluntary organisations could be vital in this.

- We would recommend that Sure Start also target local practitioners and partners as ways of raising awareness of the services. Local schools, GPs and Health Visitors should be provided with details of the initiative, what it can offer to families, and how they can refer onto it.
- Despite initiatives such as the PDS in Bradley and Whitefield, the oral health profile of children aged 5 locally is extremely poor. This suggests the need for further investment in dental health initiatives in the area, as well as an increase in the number of NHS dentists locally. We recommend that Sure Start Bradley and Whitefield therefore pass the evaluation findings onto BPR PCT. Sure Start Bradley and Whitefield could also look to review their services to ensure that oral health is promoted throughout these where appropriate.
- Although the impact of the service has generally been very good, not all parents and carers have changed the way in which they care for children's teeth. PDS staff suggested that not all service users listen to their advice, whilst some parents explained that they do find it hard to control their child's sugar consumption. This suggests that parents need additional support and advice in this area. Sure Start could also speak to service users in order to establish 'what works' in oral health advice and information provision.
- The survey with service users revealed that a high proportion of parents and carers and children were initially apprehensive about attending an appointment. This may be a reason for non-use amongst a number of other families. Sure Start may wish to design publicity in an attempt to dispel these perceptions, highlighting the availability of the family room and support from Sure Start workers in attending appointments.
- In order to make the PDS as accessible as possible, we recommend that Sure Start and the PDS review the appointment cards provided to service users, to ensure that information is provided in Urdu as well as English. These appointment cards could also carry simple oral health promotion messages.
- Some parents and carers called for more flexibility in the timing of appointments, with some service users suggesting Saturday appointments. This may not be feasible but may be one method of increasing rates of attendance at appointments.
- Service users suggested that the waiting room at the PDS could be improved and made more child-friendly. We would recommend that Sure Start further publicise the availability of the Sure Start family room as a waiting area.
- Finally, we would recommend that Sure Start Bradley and Whitefield need to provide feedback to those service users who have contributed to this evaluation. This could be tied in with a wider strategy to promote the work of the Sure Start PDS locally.

#### 5.2.2 Partnership working

- The problems with partnership working and communication are a key priority for action following this review. We would recommend that Sure Start and BPR PCT need to meet to discuss their understandings of the PDS. A formalised agreement

needs to be drawn up detailing some relevant short term targets for the PDS. These need to be set by Sure Start and the PCT in partnership.

### 5.2.3 Management Information Systems

- In order to measure the short term progress of the Sure Start, we would recommend that Sure Start and the PCT compile a series of short term indicators or outcomes for the PDS. This will allow Sure Start to monitor progress towards longer term goals of improving oral health outcomes. Care needs to be taken to ensure that these targets are SMART (Specific, Measurable, Attainable, Relevant and Time Bound).
- We would recommend that Sure Start take steps to record monitoring information on their database (in electronic format) more effectively. Details of all service users, treatment received and patterns of use should be recorded on the database in a way which allows analysis to be carried out. Sources of referral should also be entered onto their database, so that Sure Start is able to track sources of referral, and identify any gaps in this.
- If the details are kept of all service users (therefore of siblings as well as those children under the age of 4), this would allow Sure Start to track the dental health progress of a certain cohort of users, enabling them to better assess the long-term impact of the service.
- Finally, we would suggest that Sure Start take a more systematic approach to recording data relevant to the PDS. For such an initiative we would expect to see detailed project plans, implementation plans, aims and objectives, management information, as well as local targets.