



North Tyneside Council

# Health and Wellbeing Board

28 June 2022

Dear Board Member,

With reference to the agenda previously circulated for the meeting of the Health and Wellbeing Board to be held on Thursday, 30 June 2022, I attach for your consideration supplementary reports in relation to the following items:

Agenda Item		Page(s)
6.	<b>Healthwatch North Tyneside</b> To receive a report on the work of Healthwatch North Tyneside and to consider the key issues local people have been raising.	3 - 32
9.	<b>National Drugs Strategy: From Harm to Hope</b> To receive an update on the Government's National Drug Strategy and associated guidance on developing local partnerships and to consider its implications for North Tyneside.	33 - 40

**Members of the Health and Wellbeing Board:-**

Councillor C Burdis

Councillor K Clark (Chair)

Councillor J Kirwin

Councillor J O'Shea (Deputy Chair)

Councillor P Richardson

Wendy Burke, Director of Public Health

Jacqui Old, Director of Children's and Adult Services

Richard Scott, North Tyneside NHS Clinical Commissioning Group

Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group

Julia Charlton, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Helen Steadman, Newcastle Hospitals NHS Foundation Trust

Birju Bartoli, Northumbria Healthcare NHS Foundation Trust

Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust

Patricia Whelan-Moss, TyneHealth

Craig Armstrong, North East Ambulance Service

Steven Thomas, Tyne & Wear Fire & Rescue Service

Mark Hall/Claire Wheatley, Northumbria Police

Dawn McNally, Age UK North Tyneside

Vacancy, North Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

# Update and key themes

## June 2022



[www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk)

0191 263 5321

## 1. September 21- April 22

It's been another busy six months for us at Healthwatch. A copy of our annual report that provides an overview of our activity in 2021/21 will be available at the meeting. We have also launched our new strategic plan -

<https://healthwatchnorthtyneside.co.uk/report/strategic-plan-2022-25/> .

We have been successful in securing additional funding for additional commissioned work, using our skills in engagement and analysis alongside our independence to deliver different projects and we are in the process of expanding our team.

Our Business Administration Apprentice, Faye Gamble, joined our team in November and works one day a week supporting the Living Well North Tyneside website. Our core Healthwatch team is currently at 4.5 FTE. We have a fantastic team of volunteers, who have dedicated approximately 1,000 hours of volunteering time between September and March. Our volunteers help us by supporting engagement events, interviewing people over the phone or in person about their experiences of services, administrative support in our office, running focus groups and being our Trustees. Without them we would not achieve what we do.

**2,482 people shared their views and experiences in 2021/22**



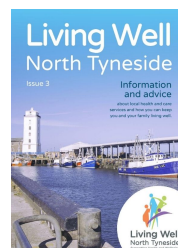
**2,990 people talked to us at 56 events across North Tyneside**



**235 residents told us about their experiences of dental services**



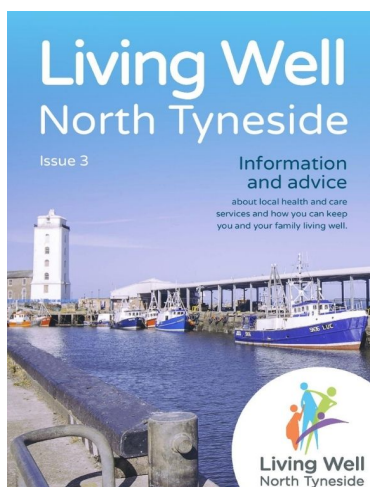
**98,000 Information booklets were distributed in March 22**



## 2. Providing Information

Healthwatch North Tyneside is commissioned to provide Information and signposting for local health and care services. Alongside providing an information service (available 5 days a week by phone, email, website and social media) we also lead particular campaigns to respond to gaps in information local people highlight to us.

### 2.1 Living Well North Tyneside booklets



We have continued to lead the drafting, development and distribution of the Living Well North Tyneside booklets. These provide residents with information and advice about local health and care services and key messages from providers and commissioners. This work is supported by the CCG with funding also coming from the Public Health team at North Tyneside Council, Age UK, the Carers' Centre, Community Healthcare Forum and our own funds.

55,000 of the second edition were handed out at vaccine centres and other community settings between April and October 2021.

98,000 copies of the third edition were posted through letterboxes of every house in North Tyneside in March 2022 and April 2022 (slightly delayed due to members of the delivery team getting covid). A further 3,000 are being distributed via community and healthcare settings.

These booklets seem to be well received by many residents, particularly those who are less likely to access information online. We also hear positive feedback from residents about the range of information provided.

We are working with the CCG and others to develop a longer term plan for this activity and considering a fourth edition in Autumn 2022 depending on the appetite of the system and availability of funding.

### 2.2 Living Well North Tyneside Website



Healthwatch North Tyneside is also an active member of **The Living Well North Tyneside Partnership**. The website was launched in September and we have been working closely with VODA and other partners to create content and promote the website to residents and professionals within the borough.

As a partnership we recognise this is a fantastic opportunity to help people access information and support and have plans to further develop the content and reach of the site. We are looking at ways to fund the creation of content for the site as, across the partnership, we don't currently have the capacity to create the public facing accessible information residents tell us they want.

## 2.3 Service information

### Why GPs are working differently

People told us that they didn't understand some of the changes GP practices introduced during covid. We've worked with North Tyneside's GP Federation TyneHealth and North Tyneside CCG to create a resource to help people understand why GP practices work the way they do and why things may have changed due to Covid-19. This has been used by GP practices on their website and in their recorded phone messages as well as in the living well North Tyneside magazine.

**Why are GP practices working differently?**

It's still a challenging time and to help protect everyone we are required to continue to maintain safe infection control and minimise unnecessary physical contact. GP practices are working hard to provide more appointments than ever before as well as delivering essential vaccinations.

**Our practice is open and here to help you and your family**

**How is our practice working now?**  
We may need to speak to you by phone to decide how best to help you. Appointments may be triaged as this helps keep you safe and makes sure the people with the greatest need are seen first. This could result in a phone or video appointment or a face-to-face appointment, whichever is best for your situation.

**What is triage?**  
A trained health professional assesses your needs to decide how best to support you. They will consider:  
• who could be best to help you - a doctor, nurse, or other healthcare professional  
• what kind of appointment is best - to be seen in person or a phone or video consultation  
• whether help from another health service is more appropriate for example pharmacy, urgent treatment centre etc.

**Why do receptionists ask personal questions?**  
GP reception staff are a vital part of our healthcare team. By asking you questions they can help direct you to the best support. They are skilled in triaging with triage and treat all information in confidence. We ask everyone to please respect our reception team - abuse of any kind is not acceptable.

**Why am I seeing someone who is not my GP?**  
Many GP practice teams include different healthcare professionals e.g. nurses, physio, pharmacists and mental health workers. They can diagnose and treat a range of health conditions. This ensures that you can use the best person for your needs more quickly.

**Where else can I get help?**  
Visit [www.nhs.uk](http://www.nhs.uk) for advice on symptoms and a list of local services. Your local pharmacist or optician can also advise on a wide variety of issues. Browsers and provide treatments where needed.

**What about emergencies?**  
Always dial 999 in a life-threatening emergency. If you need help with minor injuries at any time or urgent care when your GP practice or community pharmacy is closed, visit [www.111.nhs.uk](http://www.111.nhs.uk) or call 111.

**Help us to help you**  
Health services continue to be under pressure and we know at times it's difficult for us all. We appreciate everyone's understanding and support, so please continue to help by:  
• wearing a face mask in all healthcare settings  
• washing/handling your hands  
• using kind and patient with practice staff  
• being open to use our services a bit differently

healthwatch North Tyneside TyneHealth

**healthwatch North Tyneside**

**North Tyneside Launchpad**

**Mental Health Support in North Tyneside**

Details of groups and services that you can contact to self-refer for support with your mental health needs. Most of the services provide free support, however some may incur charges. Please contact the service directly to find out more.

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### Mental Health Support

We updated our popular mental health leaflet with contact details of support services available in North Tyneside.

### Prescription delivery

We updated our Prescription Deliveries information to let people know what services were available from all North Tyneside pharmacies. People have told us they really value a local delivery service.

**healthwatch North Tyneside**

**Prescription Deliveries in North Tyneside**

A guide to pharmacies and their delivery options

Did you know that you can get your prescriptions delivered? During the coronavirus pandemic, people told us how helpful it would be to have clear information about how you can get a prescription delivered. The NHS in North Tyneside does not fund pharmacies to provide a delivery service so some may charge. This guide details the services that local pharmacies provide - making this involve a driver picking up your prescription from a local pharmacy. In addition to these local services, there are several online pharmacies that will deliver your medication through the post.

We produced this guide because people told us it would be helpful. As well as an overview of prescription delivery services, we have also answered some Frequently Asked Questions that provide more information - see [www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk) or ring 0191 263 5321 for details.

Please tell us about your experiences of getting prescriptions, and your other health and care experiences here: [www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk)

We use this information to help improve services for local people - your feedback matters.

**Key to table of pharmacies**

- ✓ Prescription delivery available
- ✓ Delivery service offered but may be full to capacity or a waiting list in operation
- ✗ Currently no delivery service

Name and contact details	Delivery available	Cost	How to arrange	Details
<b>Backworth</b> Backworth Newline Pharmacy 0191 268 8832 Unit 2 Old Group Building, Church Road, Backworth, NE27 5JE	✓	Free	Contact the pharmacy or register on their Facebook page	One-off prescriptions and repeat prescriptions can be delivered. Contact pharmacy for areas covered.
<b>Battle Hill</b> Lloyds Pharmacy Battle Hill 0191 262 9427 Battle Hill Medical Centre, Belmont Close, Wallsend, NE28 9DX	✓	£60 per year (£20 for 6 months) (£5 one-off)	Contact the branch by phone or in person (if possible)	One-off prescriptions and repeat prescriptions can be delivered. Contact pharmacy for areas covered.

©1 produced December 2020. All information in this leaflet correct at the time of publishing. Please contact pharmacy directly for most up-to-date advice.



## 2.4 Vaccine programme information and engagement

We have worked closely with the CCG, TyneHealth, North Tyneside Council and VODA since December 2020 to provide public facing communications for the North Tyneside Vaccine programme including:



- Frequently Asked Questions for the whole system based on the questions residents have asked.
- A central website with information about the vaccine programme in one place -TyneHealth.
- Gathering feedback and raising issues with providers and decision makers to improve service delivery and residents' experiences.
- Targeting engagement activities providing information and promoting the programme - including supporting surge and pop up activity on the ground.
- Fielding and resolving individual cases which do not fit within the majority of standard circumstances.

In response, we have produced information about how to book appointments, change bookings etc that has been used across North Tyneside. Our online guidance about 'how to change your covid appointment' has had **280,000** page views and 3,000 paper copies were distributed.

Pooling the feedback gathered across the system, we prepared a report for the Covid Vaccine Board that highlighted the need for a support service to deal with complex questions and concerns that GP practices and NHS 119 were unable to address. The CCG went on to commission TyneHealth to deliver a local vaccine helpline. We have continued to support this service.

## 2.5 Supporting residents to resolve their issues

Here are some examples of how we have supported local people with their issues:

### Finding a dentist

A resident from Wallsend was struggling to find a new NHS dentist close to home, having been removed from her dentist's patient list, so she called us for advice. From our dental research we were aware of a dentist taking on new NHS patients located a short distance from her home. We put her in touch and provided her with information on the registration process. She was able to register with the new dentist and thanked us for our support.

### GP information

A patient of a Forest Hall GP practice contacted us to tell us they could not find the opening hours on the practice website. We contacted the practice on their behalf and asked for the

opening hours to be added and for them to be easy for patients to find. In response to our request, the practice has added the opening hours to their homepage.

### **Making a complaint**

We helped the host of a Ukrainian refugee to make a complaint to a Whitley Bay GP practice about their refusal to register the refugee.

We talked to the practice manager on their behalf and flagged this issue with North Tyneside CCG to make sure information about registering refugees was communicated to all GP practices.

### **Booking an retinal screening appointment**

A member of the public from Howdon contacted us because they were struggling to book a retinal screening appointment. We contacted the service on their behalf. The service arranged a call back and sent an appointment letter with information about the screening programme.

## **3. Key issues people have told us about**

### **3.1 Overview**

As well as gathering feedback from our engagement activities and people contacting us throughout the year, we use our annual survey to gather feedback from local residents. Our annual survey ran between January and April. We are pulling together the detailed feedback we received by service area and will share with providers and commissioners.

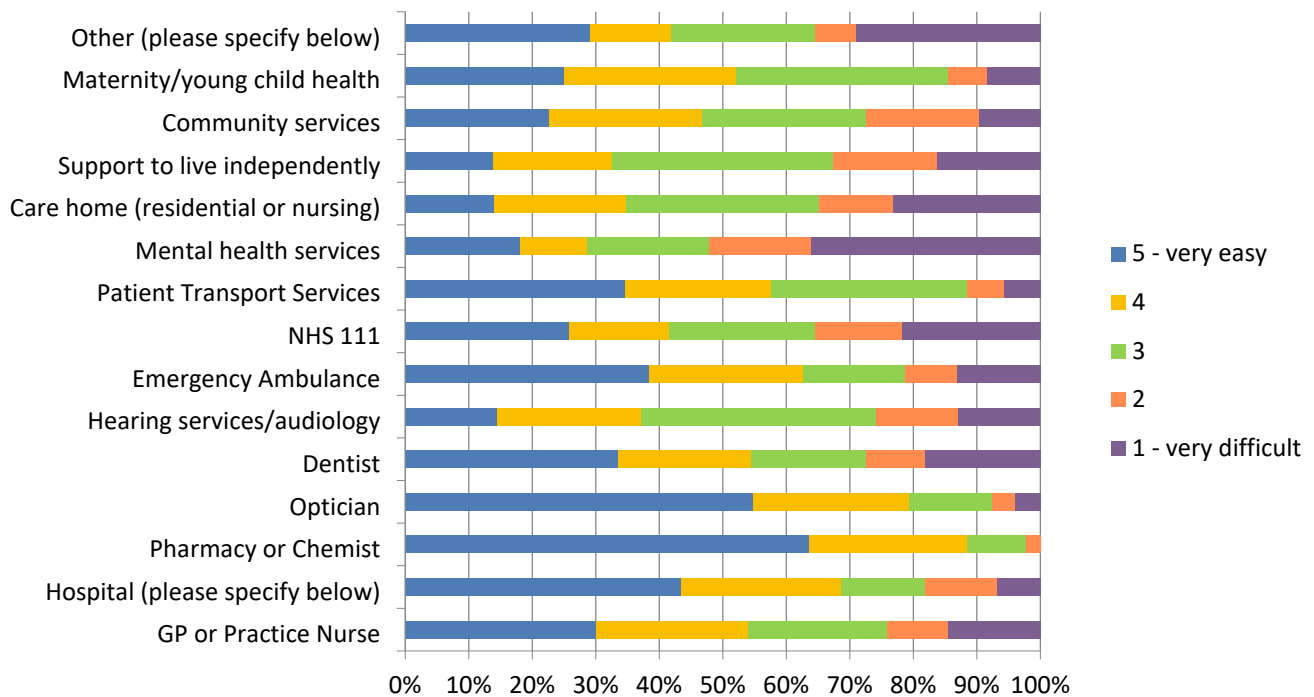
From this feedback we can see the following themes:

- Health and care staff are generally great and they go above and beyond to support.
- People feel they often struggle to get the support they need - talking about fighting to get a service.
- People recognise that the health and care system is under pressure and covid has had a massive impact.
- A sense that we are lucky to have the NHS and some of the best performing services in the country.
- Increasing comments about paying for private treatment rather than accessing NHS treatment, including scans, operations and dentistry - still small numbers but our sense is that this has grown noticeably for people who can afford to pay for private treatment.
- Access to trusted information is still a challenge for some.
- Remote or virtual appointments work for some people but choice is important.
- As services have opened up following covid restrictions, we are seeing issues we heard about pre-covid re-emerge - transport issues

In our annual survey, we asked people to rate how easy it was to use different services and the chart below (showing the responses of 466 local residents) reflects what we have heard generally. GPs and primary care continues to be the service area we hear most about.

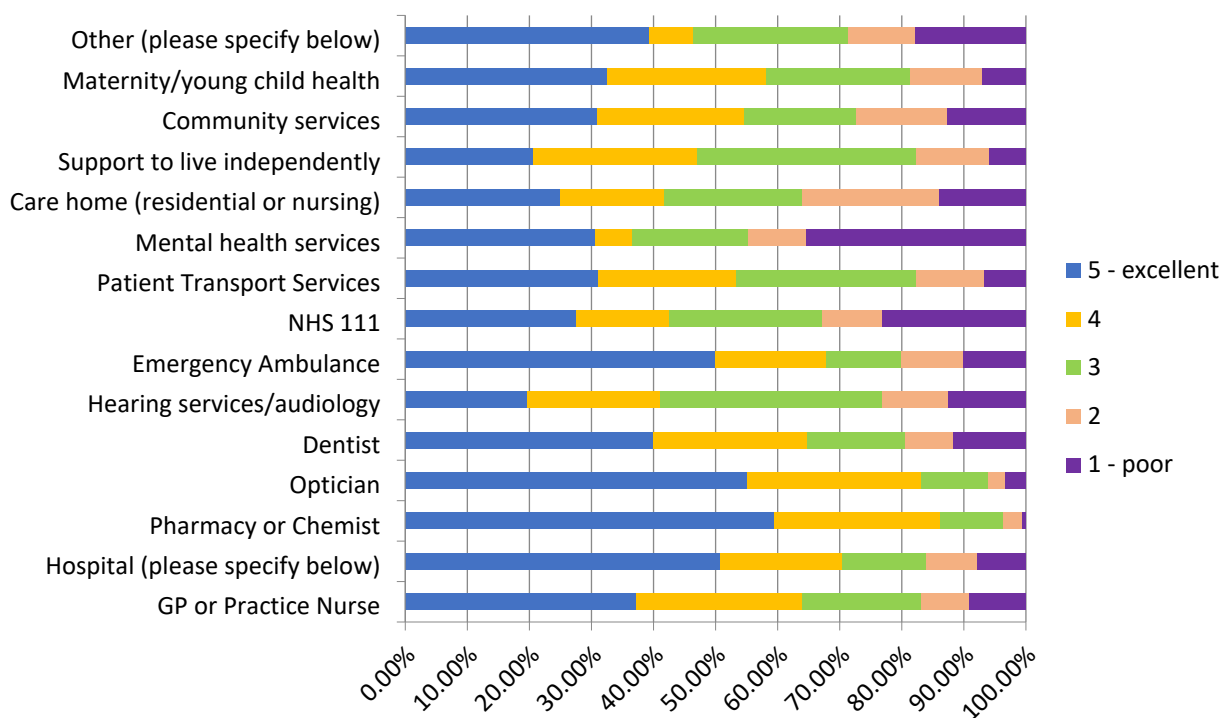


## How easy was it to use this service?



We also asked people to rate their overall experiences of the services they use. We asked for feedback on their experiences too, but many people chose not to share too much detail.

## Rate your overall experience of the service



### 3.2 Dentistry

Since the start of the COVID-19 pandemic, Healthwatch has seen an increase in the number of people sharing their experiences of trying to access NHS dental care.

Healthwatch North Tyneside worked with eight regional Healthwatch in the North East and Cumbria to gather feedback from people across the region on local dental care. In total 795 people responded, from late November 2021 until early January 2022. During the same period, the local Healthwatch volunteers contacted dental practices in their catchment, with a series of questions, to understand the availability of services. This regional report can be read [here](#).

235 people in North Tyneside told us about their experiences of dentistry in this borough since the start of the pandemic to date.

We have published our findings and recommendations for North Tyneside in this report 'Key issues of dentistry in North Tyneside' - Annex 1. We shared these with the Living Well Locally Board and these will be revisited as responsibility for dentistry commissioning moves from NHS England to the ICS.

#### Key findings

- Finding a dentist has been very difficult. Information on the NHS website about dentists taking on NHS patients has not been kept up to date.
- Urgent treatment was prioritised during the pandemic but getting any kind of appointment was a struggle for some.
- There is a need for a clear definition of 'urgent'. Our data suggests a significant mismatch between the clinical definition and users' interpretation.
- Generally speaking, people want to be seen within a month for routine treatment or check-ups and within a week or less for urgent issues.
- The cost of both NHS and private care presents a barrier to equal access.
- There is a lack of understanding about the organisation and funding of NHS contracts and the implications for provision of NHS appointments. This has given the impression that private care has been prioritised for the financial gain of dentists.

#### Key recommendations

- A single central list of dentists taking on patients that dentists are contractually obliged to keep up to date.
- Better Information for service users to improve transparency and understanding focusing on:
  - what being 'registered' with a dentist means
  - NHS contracts and funding of appointments versus private care
  - triage, the definition of 'urgent' and timescales for treatment
  - costs of NHS and private treatment and support available to manage these costs
  - timing of check-ups and advice on maintaining dental health.
- Greater strategic coordination of provision across the borough:
  - to give an overview of the services available to residents of North Tyneside
  - to share good practice and what works well
  - to facilitate signposting to other practices when appointments are limited
- Focus on barriers to accessing dental care to address Health Inequalities.

### 3.3 Pharmacy and prescriptions

Whilst most people tell us they are very pleased with pharmacy services in North Tyneside, we did hear a lot about pharmacy services during the pandemic. In addition, we were asked by North Tyneside's Health and Wellbeing Board to gather people's views to contribute to the review of the statutory Pharmaceutical Needs Assessment (PNA).

We gathered feedback from service users throughout the year and ran a survey to gather evidence to inform the development of the PNA. We heard from over XX people about their experiences of pharmacy services and prescriptions.

We have published two reports:

#### **Views of pharmacy Services - Evidence Gathering for the PNA**

The evidence gathered for the PNA is presented in this report and has been used in the drafting of the new PNA.

#### **Insights into people's experiences of pharmacy services in NorthTyneside**

This separate report covers broader issues relating to pharmacy and prescriptions based on evidence we have gathered over the last 2 years. These do not fit within the PNA. This shows that people are generally very happy with the pharmacy services in North Tyneside. Based on what people have told us, we made the recommendations below and you can read our short summary report in annex 2 .

- Access to pharmacies could be improved, particularly for those working office hours, by ensuring a spread of pharmacies across the borough that provide extended opening, lunchtime services and publicising these.
- Wider promotion of the range of services offered by pharmacies.
- Staff should be aware of people's concerns over privacy, especially at busy times, and offer use of consulting rooms.
- Where possible, synchronise prescriptions for people with multiple items on different repeats or collecting for those they care for.
- Monitoring medication/stock shortages and setting up processes to facilitate access to alternatives.
- Ensure busy times are managed effectively and seating is available. Consider fast track queue for prescription collection, query box for later response etc.
- Consider suggestions for provision of additional services including: dressing changes, trials of health monitoring devices and disability equipment, C-Card for young people to access free condoms, B12 injections, mental health support, free dosette service.
- Consider supporting local pharmacies to offer a free delivery service.

These recommendations have been shared with the PNA steering group and the Living Well Locally Board. The Living Well Locally Board have agreed to review these recommendations when responsibility for commissioning pharmacy services moves from NHS England to the ICS.

### 3.4 Young Carers - ‘ I feel I have missed out on my childhood’

We have been working with North Tyneside Carers’ Centre to gather feedback from young carers about their experiences over the last 2 years. 104 young carers (aged between 5 and 21) completed a survey. We reviewed the findings and workshopped the following key messages and recommendations with a group of 8 young carers. These young carers spoke to Jaqui Old (Director for Children’s and Adult’s services at North Tyneside Council) about the what’s important to them during Carers’ week.

This information has been presented to the Carers’ Partnership Board in June 2022 who have committed to develop an action plan to respond to the recommendations.

#### Key messages

- Many young carers have increased caring responsibilities as a direct result of the pandemic.
- Young carers are struggling with their mental wellbeing - increase in self harm and suicidal thoughts.
- Young carers prioritised their caring responsibilities over their education.
- Young carers feel people (including their friends, teachers and professionals) don’t understand what it’s like to be a young carer.
- Young carers reported an inconsistent approach to supporting young carers across different schools and from individual teachers within a school.
- Young carers are feeling pressurised to achieve from their schools. As well as struggling to juggle homework alongside their caring responsibilities on a daily basis, they are also struggling to catch up on their schoolwork due to the pandemic.
- As a result of their caring responsibilities they have poorer school attendance levels than pre-pandemic. They are worried about the longer-term impact on their attainment.
- Young carers reported an increase in challenging behaviour and violence from siblings with ASD, which is impacting on their wellbeing.
- Young carers want to access support more quickly - they do not feel they are prioritised for wellbeing support and there are lengthy waiting lists.
- Young carers feel “old before time” and caring impacts on their friendships - “What my friends talk about is totally irrelevant compared to the issues I am dealing with”.
- Young carers feel that they have “missed out on their childhood”.
- Young carers reported doing ok at school but know that they could do better with support.
- Young carers are worried about the cost of living, the impact on their family and in work poverty.

## **Recommendations:**

### **Contingency planning for possible lockdowns**

- Plan for future lockdowns and develop a contingency plan to ensure young carers have access to support.
- Social workers must consider the impact on the young carer when services are withdrawn or refused and whether the young person is providing inappropriate or excessive levels of care.
- When teaching lessons with young carers, teachers need to recognise the impact of their caring responsibilities on their ability to be educated to home.

### **Schools - Education**

- Young carers feel they need additional support with their education to catch up after lockdown.
- All teachers must be educated in recognising and supporting young carers.
- Schools need to implement a system to help teachers know which pupils in their class have caring responsibilities.

### **Schools - Emotional wellbeing in schools**

- Dedicated emotional support within schools is critical for young carers.
- Access to peer support groups will offer young carers emotional support and help with friendships.
- Personal education sessions need to raise awareness across the whole school population about what young carers do and how it impacts them.
- When young carers are stressed, this must not be misconstrued for poor behaviour and appropriate support should be put in place.

### **Support for young carers**

- Review capacity to support young carers and reduce waiting times.
- More support generally - 1-2-1s, group activities, trips, peer support etc.

## 4. Healthwatch activity coming up

### 4.1 Key themes we will be working on during this 2022/23

Based on the feedback and issues raised with us by local residents and discussions with partners, our board have agreed that we should focus on the following key issues in our Healthwatch work. We will work with local and regional partners to understand these issues better and use user's views and experiences to improve service.

- **Access to information** - continue to work with partners and Living Well North Tyneside.
- **Inequalities and access to support** - including:
  - Women's Health - women's health clinics in primary care and breast screening
  - Audiology services
  - Long term conditions and outpatient support
  - Transport
  - Digital inclusion
  - Carers
- **Integrated and coordinated care:**
  - Hospital to home - experiences of hospital care, discharge and social care
  - Getting care when you need it - particularly NHS111 and GP extended access services.
- **Service users voice in systems**

### 4.2 Additionally commissioned activity

We are being separately funded for the following activities:

**Community Mental Health Transformation** - Funding through North Tyneside CCG for 2 years, a new Co-production and Insight Officer role has joined us in June. This will involve working with mental health service users, families and carers to help design community mental health services as part of the Community Mental Health Transformation programme.

**Adult Social Care User Experience** - North Tyneside Council funded activity to talk to service users about their experiences of services and support improvement in services. - ongoing

**Equally Well Health inequalities strategy engagement** - North Tyneside Council - to engage with local voluntary sector organisations and their users in the implementation plans for the Health and Wellbeing Board's Equally Well strategy.

**Living Well North Tyneside booklets** - Contributions from various public and voluntary sector partners towards the costs of production and delivery.

### 4.3 NHS system change and service user voice

We are working with the other 13 Healthwatch across the North East and North Cumbria ICS footprint to work with the ICS to ensure local people's voices are heard in the new



arrangements and that Healthwatch's statutory role is understood. A representative of the Healthwatch Network will have a seat on the ICB (non-voting).

We continue to work with the ICS to negotiate the role of Healthwatch and service user voice in the new system. We contributed to the Engagement and Involvement strategy published earlier this month <https://www.northeastandnorthcumbriaics.nhs.uk/get-involved/>

More locally we are working closely with our neighbours at Healthwatch Northumberland and Healthwatch Newcastle and Gateshead about common themes across our North of Tyne and Gateshead area.

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# Dentistry

**Key issues with dentistry in North Tyneside**

**March 2022**

# Contents

Executive summary..... 2

Background..... 3

1. Finding a dentist ..... 4

2. Access to treatment and care..... 5

3. Quality treatment..... 8

4. Private treatment, inequalities, and barriers to access..... 9

Acknowledgements..... 10

# Executive summary

## Key findings

- Finding a dentist has been very difficult. Information on the NHS website about dentists taking on NHS patients has not been kept up to date.
- Urgent treatment was prioritised during the pandemic but getting any kind of appointment was a struggle for some.
- There is a need for a clear definition of 'urgent'. Our data suggests a significant mismatch between the clinical definition and users' interpretation.
- Generally speaking, people want to be seen within a month for routine treatment or check-ups and within a week or less for urgent issues.
- The cost of both NHS and private care presents a barrier to equal access.
- There is a lack of understanding about the organisation and funding of NHS contracts and the implications for provision of NHS appointments. This has given the impression that private care has been prioritised for the financial gain of dentists.

## Key recommendations

- A single central list of dentists taking on patients that dentists are contractually obliged to keep up to date.
- Better Information for service users to improve transparency and understanding focusing on:
  - what being 'registered' with a dentist means
  - NHS contracts and funding of appointments versus private care
  - triage, the definition of 'urgent' and timescales for treatment
  - costs of NHS and private treatment and support available to manage these costs
  - timing of check-ups and advice on maintaining dental health.
- Greater strategic coordination of provision across the borough:
  - to give an overview of the services available to residents of North Tyneside
  - to share good practice and what works well
  - to facilitate signposting to other practices when appointments are limited.
- Focus on barriers to accessing dental care to address Health Inequalities.

## Background

During the Covid pandemic, people raised issues about dental care. This pattern is one that has been apparent nationwide according to Healthwatch England. (Source: [HWE blog 12.12.21](#)) Alongside eight other Healthwatch in the North East and North Cumbria, we ran a survey to gather further evidence in December 2021–January 2022. **We heard from 235 residents of North Tyneside during this research.**

We also contacted all dental practices in North Tyneside in January 2022 and asked a standard set of questions. **15 of the 25 practices we contacted responded.** This evidence was gathered before the Government's recent announcements about investment in dentistry.

Dentists have told us that during this period there were stringent infection control requirements in place to manage the Covid pandemic resulting in only around a third of patients being seen – this was outside the control of the practice. There was also an issue with limited PPE supplies in the early months of 2020. Furthermore, Department of Health data shared in a report by the BBC (Source: [BBC news 20.2.22](#)) suggested “almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year”.

It is important to note that quantitative data gathered from practices reflects the situation in January 2022 and therefore is a snapshot. Care should also be taken in comparing this with feedback from users, which was generally retrospective and sometimes referring to almost two years earlier at the start of the first lockdown. The way services were delivered changes as the pandemic response developed.

Here are the key findings from the evidence we gathered in the survey, the feedback we received from users during the pandemic, and our interviews with providers.

A detailed analysis of our findings is available on our website.



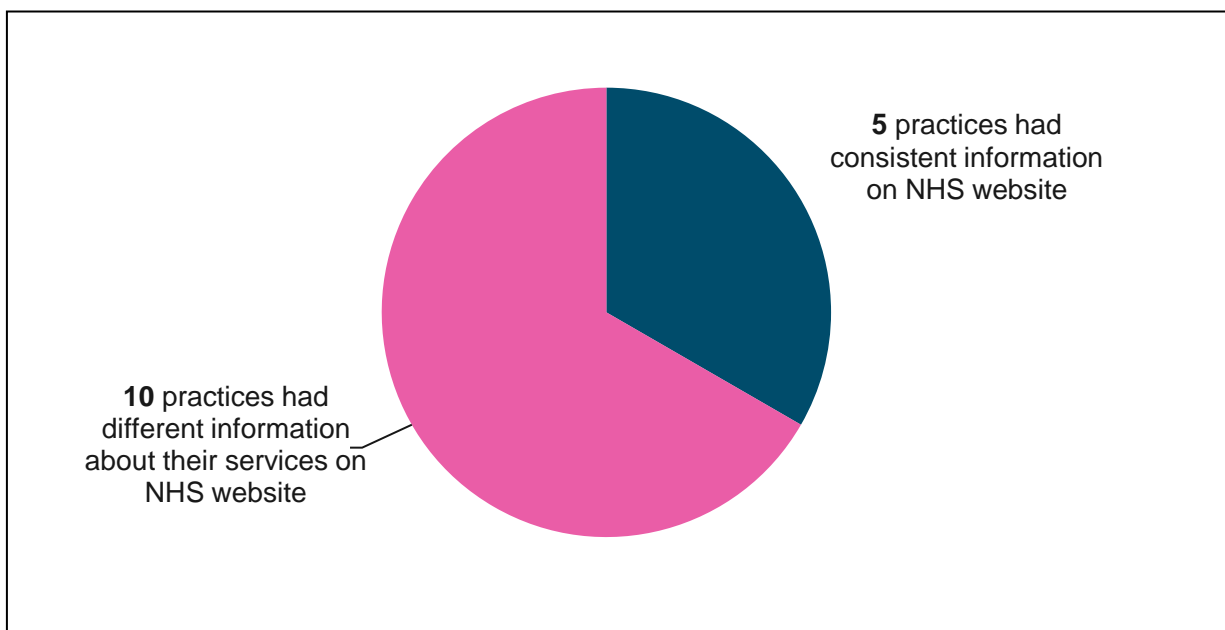
## Key findings

### 1. Finding a dentist

31 people told us about their experiences of finding a dentist. For most people, the process of finding a dentist has been time consuming and fraught with difficulties. It has involved ringing round multiple dentists in the area, with many people unable to find any taking on NHS patients.

People told us that they wanted a single source of information about the availability of NHS treatment that they can easily navigate. The NHS website is designed to provide this information but people said the information on it was often very old and inaccurate.

As part of our research we contacted 25 practices in North Tyneside and 15 agreed to speak to us. We compared what they told us with their entry on the NHS website within the conversation and found only five of the 15 responses matched the details online. Six of the practices hadn't updated their information for over 12 months, and one practice showed it was last updated in 2011. A similar analysis undertaken by the BBC found "about 75% of practices in England had not updated the site to show whether they were accepting NHS patients or not within the last three months". (Source: [BBC news 20.1.22](#))



There were three main reasons for people needing to find a dentist:

- Appointment availability – Some found they could not get an NHS appointment within a reasonable timescale at their usual practice.
- 'Delisting' – Others discovered they had been removed from their dentist's list after not attending for a prolonged period. (This was confirmed in our interviews with dental practices).
- Infrequent attendance – A small number of people told us they had not been to the dentist for many years.

It seems that for many people, contact with the dentist during the pandemic was very limited, especially in the early months, and check-up reminders were not sent because check-ups were not being offered. The volume of enquiries and feedback received indicates that, whilst these issues did exist before the pandemic, the pandemic has significantly exacerbated the situation.

Five people told us they were not informed or warned about being taken off their dentist's lists, with feedback indicating people feel aggrieved by these actions, particularly at a time when services were significantly restricted due to the pandemic.

In addition, it appears there is a misunderstanding of what it means to be registered with a dental practice with many people believing it was the same as being registered with a GP. Patients are actually only 'registered' with the dentist for the course of treatment they are receiving.

From the perspective of dental practices, our interviews highlighted the challenges involved in managing expectations and requests from users during Covid. It appears more could have been done to inform the general population about the approach the practices and the NHS were taking. It appears some communications could have been more sensitive to the users' needs.

## Recommendations

1.1 Dental practices should be contractually obliged to update the NHS website with their availability, and their commissioner should take action if they fail to do so. The availability of up-to-date information is critical to a positive user experience.

1.2 To better inform and manage expectations, the NHS and dentists should do more to explain to their users about what being 'registered' with a dentist actually means.

1.3 Individual practices should review their processes to ensure they communicate well with their users and give them reasonable notice if they are going to be 'delisted'.

## What we have done

Healthwatch in the North East and North Cumbria has worked with commissioners at NHS England and with Local Dental Committees to produce a [myth buster](#) about NHS dental treatment and what it means to be registered with a dentist. This was launched in January 2022.

## 2. Access to treatment and care

For a significant period during the early part of the pandemic, dental services prioritised urgent care only. Telephone advice was given where possible, including recommendations for self-care temporary fixes, for example, fillings and prescriptions for antibiotics. A shortage of adequate PPE and strict guidelines on Covid safety measures meant face to face care was extremely limited. NHS 111 played a major role in being the first point of contact for triaging treatment and giving advice. This situation changed over time.

Feedback about the triage approach is very similar to what we have heard in other health settings, particularly general practice.

The feedback we gathered suggests that while people were understanding of the difficulties at the start of the pandemic, they started to lose tolerance when they had no contact about normal services resuming and they couldn't get treatment for their dental issues. It did not help that access to appointments was easier at some dentists than at others.

## **Urgent treatment**

Priority for access to treatment has been determined throughout the pandemic via triage assessment by dental practices and NHS 111 and people understood this.

There is evidence that 'urgent' can have different interpretations. Issues that feel urgent to the person involved may not be considered to be clinically serious, for example a lost filling. Communication when there is a discrepancy needs to be handled with sensitivity, and support offered when people have to wait a long time to be seen. People have told us they had to cope with pain and discomfort for much longer than they feel they should, leading to worry about symptoms getting worse with no sign of treatment.

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*"My bridge fell out on 15th December, and I have an appointment for 11th January, so have had no teeth for nearly a month. They didn't class this as urgent, but I did!"*

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## **Routine treatment and care**

As covid restrictions began to ease, people told us they still struggled to get appointments for minor dental problems and check-ups, with long waits for treatment, extended by cancellations and rescheduling generated by the practice.

Some people told us their dental health deteriorated during these times, even to the extent of losing teeth. People feel that the delays will cost them in the long run, both in terms of the state of their teeth and the extra cost of treatment. As one person commented:

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*"It's shocking! Prevention is better than cure."*

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A small number of people told us about services moving the goalposts and pointed out that they used to get into 'trouble' if they missed their six-monthly check-up at the dentist, but "now they are saying that you don't need a check-up for 24 months."

When we surveyed the 25 practices in North Tyneside in January 2022, responses from the 15 interviewed showed the difference in routine care/appointment availability at that time.

Timescale to be seen	Number of practices with routine appointments available
Less than 1 month	4
Between 1-2 months	4
Between 2-3 months	1
Between 3-6 months	1
More than 6 months	1
Not offering routine appointments	4
Total	15

Just over half of the dental practices we spoke to were accepting new NHS patients, with most offering routine appointments within 0–2 months. Nine of the practices we spoke to told us they would signpost to another dental practice to check availability if they could not treat the patient themselves.

## Different approaches, confusion and limited choice

**All dental practices are independent providers and set up their own systems and approaches to delivering dental services. It is clear from our feedback that practices in North Tyneside take different approaches. This can be confusing for members of the public and create uncertainty about the quality of service available at their own dental practice, particularly when they see others having greater access to services than they have.**

At times where services are available, this gives patients the choice to go to the service that suits them, but **when the capacity of services is limited, there are limited opportunities for patient choice.**

## Recommendations

2.1 Better information for users about triage assessment, so people know what is classed as urgent, with likely timescales identified.

2.3 Information should be provided on self-help for dental issues when appointments are delayed. People need to know how to monitor changes, including when earlier treatment might be required and how to access help if their problem deteriorates.

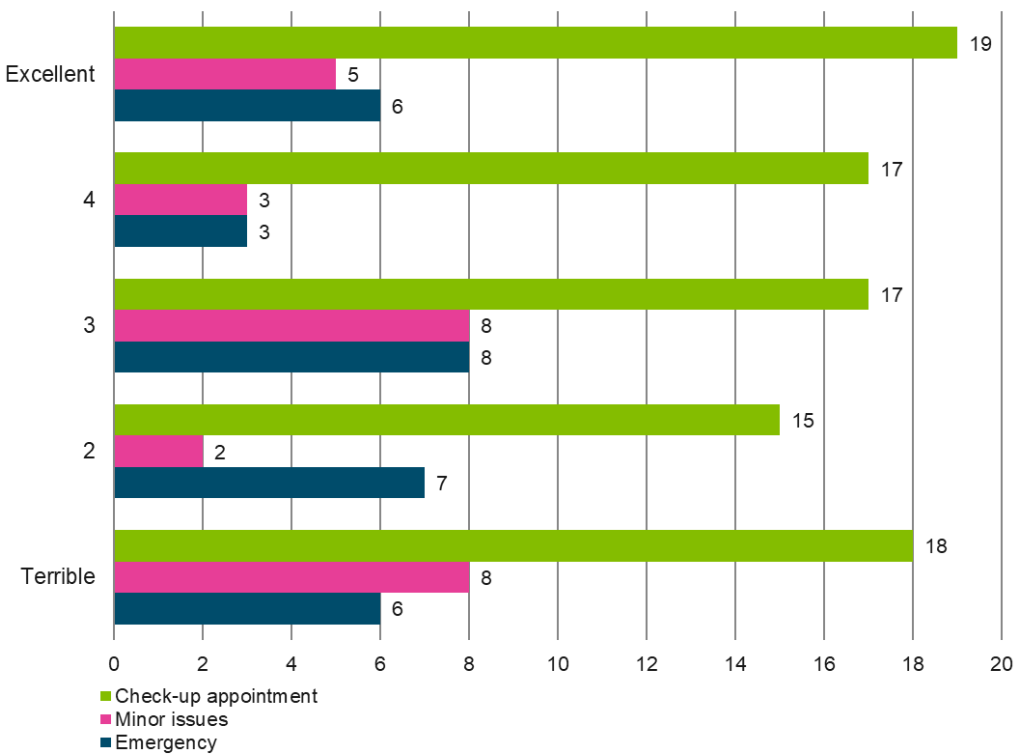
2.3 A new information campaign is needed for users on the timing of check-ups – whether this is 6 months or 2 years – and information provided on how to maintain good dental health, particularly when routine cleaning is not available.

2.4 An overview of service provision across the borough is needed to enable Commissioners and Local Dental Committees to take a more holistic view of what services are available, particularly when opportunity for patient choice is limited; and to support greater coordination of services and mutual learning.

### 3. Quality of care and treatment

Many of the people we engaged with expressed concerns over long waits for NHS treatment with 50 people saying they were unhappy about the wait for different types of appointments or treatment . Some also said care did not seem to be of the same standard as pre-pandemic. However, others praised the care they received, noting thorough check-ups and confidence in Covid safety. A few commended staff for reassuring their anxieties about Covid and dental treatment.

Rating of overall experience of different types of appointment (On 5 point scale Excellent - Terrible)



When asked to rate the overall experience of different types of appointments, the responses received were very mixed and show a spread of ‘excellent’ to ‘terrible’ experiences. There are several factors that influence people’s rating, but there are clearly opportunities for experiences to be improved. While Covid has presented unforeseen difficulties that all dental practices have had to negotiate, it appears that some dental practices have maintained a more rounded and responsive service than others.

## Recommendation

3.1 Opportunities for practices to share what has worked well to improve the general quality of services available in the area.

## 4. Private treatment, inequalities, and barriers to access

The cost of dentistry was raised as an issue in around 50% of the responses we received.

Some people said they are avoiding getting much-needed treatment because of the cost, or opting for removal of teeth rather than a more expensive repair.

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*"I'm on benefits and worried about bills and not being able to pay them, hence why I'm opting for removal of the ones [teeth] with old large fillings."*

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*"They need to be more accessible and affordable. I hadn't been for a while as I simply couldn't afford to pay. Now I'm left with no dentist."*

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Our general engagement activities indicate that the use of dental services is patchy, particularly in our more deprived communities. Many people in these areas mentioned cost as a barrier to NHS as well as private treatment.

A further concern raised relates to accessing NHS dental treatment and the perceived promotion and prioritisation of private care.

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*"I understand that private patients are being attended to however NHS aren't being cared for unless urgent treatment is required."*

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*"I am disappointed that many dentists appear to be dropping NHS work. This will make it impossible to get an NHS dentist if it continues."*

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Many people are worried that the availability of NHS places and appointments is insufficient in North Tyneside. People say they have noticed a move towards private appointments and a greater difference between private service and NHS service provided by a practice. They also comment that private care is too expensive to be a viable option for many. Furthermore, there was some perception that dentists were looking to make money from the difficulties in access created by the pandemic.

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*"I think the NHS should govern dentists more. The fact they are prioritising private patients to recoup profits is shocking."*

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Of the dental practices we spoke to, only 5 said they offer private treatment when NHS appointments are unavailable, and all indicated that waiting times are comparable for NHS and private treatment. Dentists noted that NHS contracted core hours are 9am – 5pm Monday to Friday only, and any appointments outside these times would generally be private. However, because patients have little awareness of the limitations of NHS contracted dental services, dentists say patients feel they are being “fobbed off” when private appointments are seemingly offered in order to make more money.

## Recommendations

4.1 In the Health Inequalities work In North Tyneside and nationally, issues of dental health and barriers to accessing support should be focused on.

4.2 Opportunity to increase the public’s understanding of the organisation and funding of NHS and private dental appointments. This would help address myths and enable patients to make fully informed decisions about the dental care options that are available to them.

4.3 Greater transparency about different options for treatment available on the NHS and privately to enable users to make an informed choice for **each** treatment, as opposed to being considered purely as NHS or private patients.

4.4 Better communications with the population about the costs of dentistry (NHS and Private) and the support available to help people manage these costs.

## Acknowledgements

We would like to thank members of the public and staff at dental practices for their contributions to this report, to our partners for helping to promote the survey, and also to our volunteers for helping to collect feedback.



# healthwatch

## North Tyneside

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# **Insights into people's experiences of pharmacy services in North Tyneside**

**Review of findings – June 2022**

## Background

Over the last 2 years Healthwatch North Tyneside has collected people's experiences of pharmacy services in the area. Evidence has been gathered via two specific surveys:

- Experiences of getting prescriptions during the pandemic – Dec 2020–Mar 2021 (58 survey responses and 6 interviews)
- Evidence gathering for the Pharmaceutical Needs Assessment (PNA) for North Tyneside – Jan – Mar 2022 (301 survey responses)

In addition we received pharmacy-related feedback via our work with all North Tyneside GP practices, through our work with Phoenix detached Youth project (hearing from 45 young people) and our other regular engagement activities.

This report pulls together the themes and insights from across all the data and suggests associated recommendations. Figures given are mostly from the PNA evidence gathering. Other evidence is broadly in line with this, unless otherwise stated.

## Themes and Insights

### General feeling

- People are generally very happy with the pharmacies they use. In our annual survey 86% gave a rating of 4 or 5 for their overall experience of pharmacies (on a scale of 1–5, where 1 was very poor and 5 was excellent).
- Pharmacy staff were praised for their efficient service and good customer manner.
- People value being known personally by their pharmacy staff.
- People appreciate being able to access advice about medication and medical issues from knowledgeable and professional staff. Some felt this meant they were less likely to need to consult their GP.

### Usage

- 59% of people in our PNA survey use a pharmacy at least monthly and 14% at least weekly, therefore most of our feedback reflects the experience of regular users.
- People always (69%) or mostly (23%) use the same pharmacy.
- Other pharmacies are used on occasion for convenience or if needed outside normal opening times.
- Pharmacies are mainly used for prescriptions (37%) and over-the-counter medication (18%).
- People were unaware of the full range of services offered by pharmacies.
- People have made suggestions about additional services that could be provided.

### Access

- 93% say pharmacy services are easy to access.
- 70% can get to their main pharmacy within 10 minutes.
- 41% travel by car and 40% go on foot.
- 77% are satisfied or very satisfied with their pharmacy's opening hours.
- Some people would like increased opening – longer hours during the week and at weekends. Also availability of pharmacist during lunchtimes.

- Problems of digital exclusion and ordering of repeat prescriptions raised in earlier feedback during lockdowns seem to have settled. This may be because a range of ordering options are now commonly available and people have found a method that suits them.
- Looking to the future, over half of people (54%) want to be able to visit their pharmacy in person while a third (31%) want to use online services.

## Key issues

- Delivery of prescriptions by local pharmacies was greatly valued during the pandemic and continues to be a helpful option for many. Concern about introduction of charges was expressed in our feedback during lockdowns and Healthwatch produced a summary of delivery services in response. This has not been raised as a concern more recently.
- A few people feel that dispensing of prescriptions could be more efficient with all stock available first time. Problems with stock availability have come up intermittently throughout the time period.
- Some people had issues with early prescription requests not being processed and people being unsure when prescriptions would be ready to collect. Text reminders and updates were really helpful to other people
- People with multiple prescriptions to collect say it would be easier if they were synchronised.
- A small number of people say busy waiting areas have been an issue, resulting in long waits and concerns about privacy.
- There was a very small amount of feedback about poor customer service and long waits. In spite of this, it seems people rarely opt to change their nominated practice for receiving electronic prescriptions.

## Recommendations

- Access to pharmacies could be improved, particularly for those working office hours, by ensuring a spread of pharmacies across the borough that provide extended opening, lunchtime services and publicising these.
- Wider promotion of the range of services offered by pharmacies.
- Staff should be aware of people's concerns over privacy, especially at busy times, and offer use of consulting room.
- Where possible, synchronise prescriptions for people with multiple items on different repeats or collecting for those they care for.
- Monitoring medication/stock shortages and setting up processes to facilitate access to alternatives.
- Ensure busy times are managed effectively and seating is available. Consider fast track queue for prescription collection, query box for later response etc.
- Consider suggestions for provision of additional services including: dressing changes, trials of health monitoring devices and disability equipment, C-Card for young people to access free condoms, B12 injections, mental health support, free dosette service.
- Consider supporting local pharmacies to offer a free delivery service.

## Acknowledgements

We would like to thank all our associates and volunteers for helping to gather feedback, and members of the public who took the time to share their experiences and suggestions.



# healthwatch

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Title:  
**National Drugs Strategy  
guidance and  
requirements for local  
areas**

## North Tyneside Health & Wellbeing Board Report Date: 30 June 2022

**Report from:** North Tyneside Council, Public Health Team

**Report Author:** Behnam Khazaeli (Senior Public Health Manager) (Tel: 0191 6436918)

**1. Purpose:**

The purpose of the report is to provide an update on the Government's drug strategy "From Harm to Hope" released on the 6th of December 2021 and specifically guidance on developing local partnerships released on the 15th of June 2022. The report will highlight implications and considerations for North Tyneside.

**2. Recommendation(s):**

The Health and Wellbeing Board are asked to consider the implications and considerations required to establish a local combatting drugs partnership for North Tyneside.

**3. Policy Framework**

This item relates directly to delivery of the vision, objectives and priorities contained within the Equally Well Strategy. People who experience socio-economic disadvantage disproportionately may also experience problematic drug use.

People with problematic drug use are often amongst the most marginalised in society and can have multiple complex needs due to the circumstances in which they live. Addressing wider social inequalities, for example in housing and employment, as well as tackling poverty, can play an important role in the prevention of problematic drug use and associated harms.

**4. Information:**

The 10-year plan "From Harm to Hope" is the government's strategy and formal response to the Independent Reviews of Drugs led by Dame Carol Black (2021). The 3 key strands of the strategy are:

- To break drug supply chains
- To deliver a world-class treatment and recovery system and
- Achieve a generational shift in demand for drugs

Dame Carol Black's independent review of drugs set out the importance of developing and improving local collaboration, with joint assessments of local need and planning for delivery. The guidance sets out in more detail the drugs strategy vision for "Combating Drugs Partnerships" in each locality that span the whole of the strategy; breaking supply, treatment, and recovery, and reducing the demand for drugs.

On 15 June 2002 Rt Hon Kit Malthouse MP, the Combating Drugs Minister, wrote to all local authorities highlighting the publication of new guidance for local partners delivering the cross-government drugs strategy. The guidance sets out the National Combating Drugs Outcomes Framework and a framework for Combating Drugs Partnerships with an identified Senior Responsible Owners (SRO) required for each area.

The National Combating Drugs Outcomes Framework will provide a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the 10-year drugs strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families, and neighbourhoods across the country and in local areas (please see appendix 1). Further supporting metrics, will be published alongside a technical guide later in 2022.

The guidance also sets out clear deadlines (please see appendix 2) for local areas to confirm the following:

- The footprint of the partnership.
- A local SRO who should chair the partnership and be responsible for reporting to central government on local cross-cutting delivery against the National Combating Drugs Outcomes Framework, alongside their own specific organisational objectives.
- The membership of the partnership, which should bring together the different individuals and organisations with responsibility for delivering the strategic priorities of the drug strategy – breaking supply, treatment and recovery and reducing demand (please see appendix 3, example of a minimum partnership as set out by the guidance).

The guidance also stipulates that the proposed geographical footprint, SRO, and membership of the partnership to be signed off by the following key local partners:

- Elected local authority leader
- Police and Crime Commissioner (including Mayors with PCC functions)
- Local authority Chief Executive(s) or Director(s) of Public Health
- Regional Probation Director
- Integrated Care Board Chief Executive

The strategy and guidance offers an opportunity for North Tyneside as a system to work in partnership across a wide cross cutting agenda for drugs (similar to the Alcohol Partnership). The agenda for example could cover:

- Public health impact including the associated health inequalities.
- Community safety elements including tackling county lines and organised crime, ensuring local communities are protected from the impact of associated ASB and crime as a result of drugs. Increased access to treatment and recovery.

The guidance is being discussed at a regional level via the North East Association of DPH's and the Regional Drug & Alcohol Commissioners group. Some of the issues that need to be considered include:

- What should the local area footprint be? What do we mean by local? Should the partnership be local to North Tyneside or part of a sub-regional footprint?
- Who will be the SRO for North Tyneside (as well as identifying a partnership lead, public involvement lead, and data and digital lead as set out in the guidance)?
- How will the PCC's office engage across the force area?
- What should be the governance arrangements for the partnership i.e. where will the group report to e.g., Health and Wellbeing Board or the Community Safety Partnership?
- How does the agenda link to the development of the North East and North Cumbria ICS footprints?

**5. Decision options:**

The Board is asked to:

- Note the requirements of the guidance issued on 15 June 2022
- Provide some initial views and thoughts on the requirements.
- Agree to receive a further report setting out the proposed arrangements for North Tyneside.

**6. Reasons for recommended option:**

n/a

**7. Appendices:**

Appendix 1: National Combating Drugs Outcomes Framework

Appendix 2: Key tasks and timeline for Combating Drugs Partnerships as they are established

Appendix 3: Recommended core members of a Combating Drugs Partnership

**8. Contact officers:**

Behnam Khazaeli, Senior Public Health Manager, tel: (0191) 6436918 / 0776196321

**9. Background information:**

Dame Carol Black review ([first part of the Review](#) & [second part of the Review](#))

From Harm to Hope: A 10-year Drugs Strategy [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

Guidance for local delivery partners [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](#)

**10 Finance and other resources**

Any financial implications for services or projects arising for drug and alcohol services will be met within current budget envelopes through the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG). SSMTRG is for three years from 2022/23 to 2024/25. There is no additional funding to establish a partnership for North Tyneside.

**11 Legal**

The report contains no legal implications.

**12 Consultation/community engagement**

Consultation will need to take place with wider partners and stakeholders about the development of a partnership for North Tyneside. The guidance is clear that any partnership established should ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways. Consultation and community engagement will be key as the partnership develops a strategy and local action plan for North Tyneside.

**13 Human rights**

There are no human rights implications directly arising from this report.

**14 Equalities and diversity**

There are no equality and diversity implications arising directly from this report. The partnership will need to consider equalities implications and especially the impact of drugs on those in poverty, on different ethnic groups and social class. A full equality impact assessment is not considered necessary at this stage but will be considered as a needs assessment is undertaken and subsequent action plan and strategy is developed.

**15 Risk management**

There are no risks from the national drugs strategy or local guidance. Risks will be identified by North Tyneside as the partnership is developed and managed as a system.

**16 Crime and disorder**

There are no crime and disorder implications directly arising from this report.

**SIGN OFF**







Chair/Deputy Chair of the Board

X

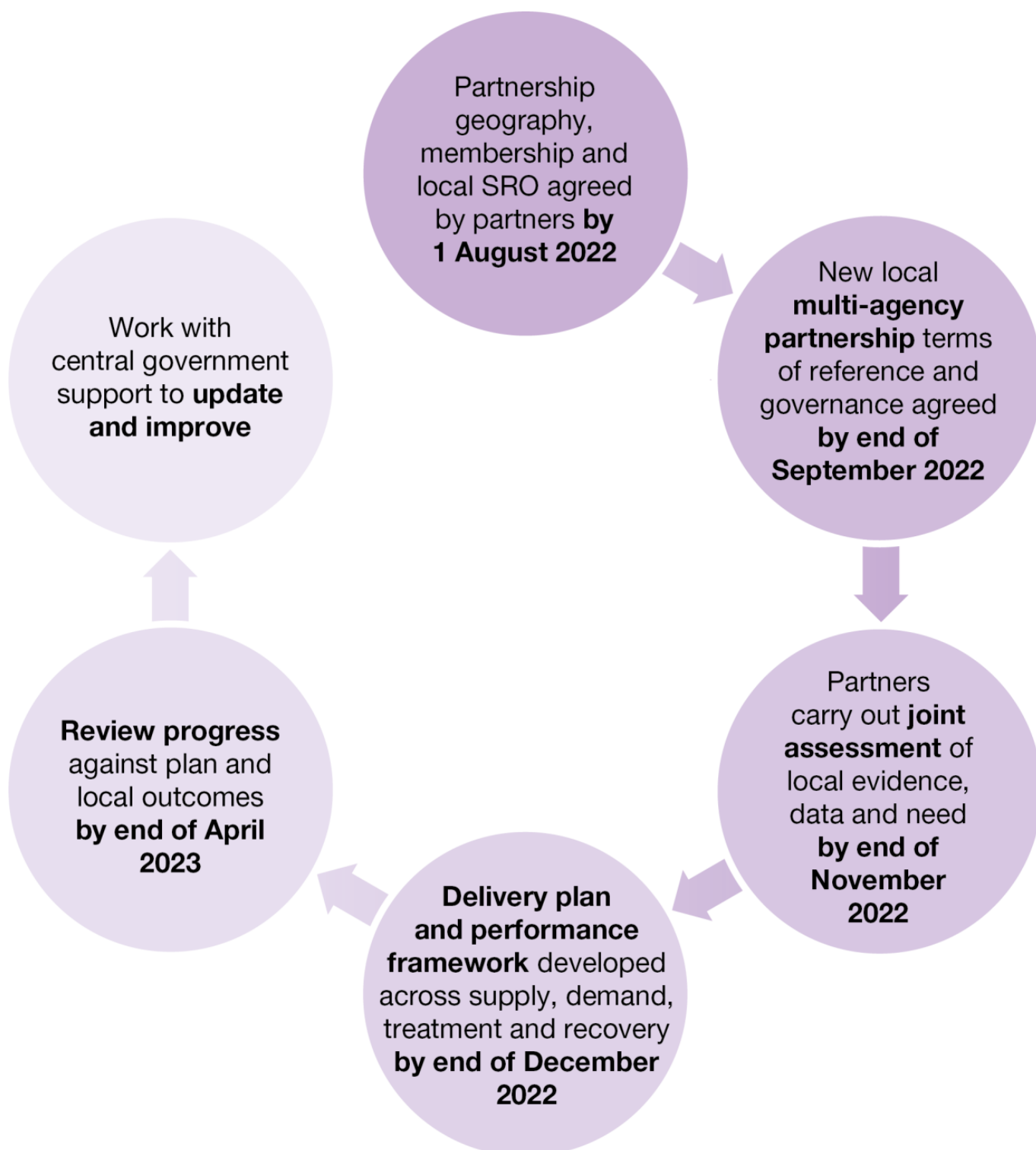
Director of Public Health

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## Appendix 1: National Combating Drugs Outcomes Framework

<b>National Combating Drugs Outcomes Framework</b> <b>Our ambition: a safer, healthier and more productive society by combating illicit drugs</b>	
What we will deliver for citizens (strategic outcomes)	Measured by:
 <b>Reducing drug use</b>	<ul style="list-style-type: none"> <li>the proportion of the population reporting drug use in the last year (reported by age)</li> <li>prevalence of opiate and/or crack cocaine use</li> </ul>
 <b>Reducing drug-related crime</b>	<ul style="list-style-type: none"> <li>the number of drug-related homicides</li> <li>the number of neighbourhood crimes</li> </ul>
 <b>Reducing drug-related deaths and harm</b>	<ul style="list-style-type: none"> <li>deaths related to drug misuse</li> <li>hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)</li> </ul>
What will help us deliver this (intermediate outcomes)	Measured by:
 <b>Reducing drug supply</b>	<ul style="list-style-type: none"> <li>the number of county lines closed</li> <li>the number of moderate and major disruptions against organised criminals</li> </ul>
 <b>Increasing engagement in drug treatment</b>	<ul style="list-style-type: none"> <li>the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)</li> <li>continuity of care – engagement with treatment within three weeks of leaving prison</li> </ul>
 <b>Improving drug recovery outcomes</b>	<ul style="list-style-type: none"> <li>the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use</li> </ul> <p><b>Key additional components integral to recovery include housing, mental health, and employment</b></p>

## Appendix 2: Key tasks and timeline for Combating Drugs Partnerships as they are established



### Appendix 3: Recommended core members of a Combating Drugs Partnership



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