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*investing in children*

# **Project Brace Place**

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## Access to an Orthodontist

Before we started this project we knew from the group's collective experience that living in County Durham means that it isn't always easy to visit an orthodontist. This is because

- a) There isn't always an orthodontist who has a practice where you live and so you have to travel to see one.
- b) There is a long waiting list to see an orthodontist
- c) There are other barriers to getting to see an orthodontist (Awareness of dental services and Financial)
- d) The appointment times are often during school hours, which is inconvenient for parents and children.

### a) What do we know about Orthodontists in our local area?

Very few towns in County Durham have an orthodontist. There is one in Durham City, one at the hospital in Durham City and one in Darlington but that is all we know about in the County but we do know of others out of our area.

This was a typical comment from a group member

'I live in Consett and there isn't an Orthodontist there so I used to have to travel to Jarrow for an appointment but it was too far to visit so I got referred to Durham instead'

We also realised that a lot of young people had to travel a long way to get to their Orthodontist and found the journey there difficult and expensive:

'It's a one hour trip from Consett to get to Durham and back and I'm only in the Orthodontist's for a 5 minute appointment'

'It's 2 buses and a change in Newcastle to get to the Jesmond surgery from Stanley, me mam can't afford it'

### What did we find out from our research?

That there are fewer Orthodontists in County Durham compared to other areas within the North East, like Teesside and Tyneside, and so they have to accept patients from a wide area.

The orthodontist that we interviewed in Durham told us:

'My patients come from Durham City, Chester-le-street, Consett, Stanley, Peterlee and sometimes from the Dales that is from a 15 –20 mile radius of the surgery.

If we compare this to what the orthodontist from Tyneside told us we can see that their patients came from nearer by:

'My patients are mostly from Newcastle and Gateshead but can occasionally be from Consett or Durham, about a 10 mile radius from the hospital. The orthodontist in Teesside gave us a similar picture.

But County Durham is not the only place short of orthodontists, we also found out that there are not enough Orthodontists in Cumbria:

'Apart from Orthodontists in the hospital in Carlisle there is only one Orthodontist for the whole of Cumbria'

### Physical access to the surgery

We already knew that it was hard for young people without cars to get to the orthodontist because there are so few in County Durham and they have to travel big distances. We didn't realise what a big commitment having braces was until we spoke to the orthodontists.

We were told that:

'Orthodontic treatment takes 2 years to complete and on average people make 24 visits to the orthodontists to have check ups and their braces adjusted.'

From one of the orthodontists we learnt that occasionally young people can be offered faster treatment if they are prepared to travel to another practice. For the majority of young people this is not possible because it is too much hassle to do this over 2 years. So the waiting lists get bigger at the practices that are easiest to travel to.

### What do we recommend to solve the problem of easy and local access to an orthodontist?

We have found out that it is difficult to get orthodontists to practice in County Durham at present because there is such a shortage of orthodontists in England. So to deal with the problem in the short term we suggest that orthodontists should be more mobile and travel to the areas where there are so few orthodontists. They can do this by having:

- A travelling orthodontist based in one of the Darlington or Durham practices who visits local dentists in different areas (e.g. Consett, Peterlee, the Dales) once a month to do the basic brace adjustment work, so that people don't have to keep travelling in and out to the main practice.
- A mobile orthodontist like the community dentist (based in a van like the mobile library) who travels around County Durham to do some of the basic orthodontic and brace adjustment work.

We know that we need more orthodontists in County Durham. We also know from talking to orthodontists that it is difficult to recruit orthodontists to this area so we suggest:

- An advertising campaign telling orthodontists what a great place County Durham is to live in!
- Money incentives to get them to join or start a practice in the area.

### b) What do we know about the Orthodontist's waiting list?

The waiting lists are very long to see an orthodontist in County Durham. We all agreed that this was the worst problem facing young people who needed an orthodontist and we wanted to find out why.

'My dentist told me it would be a 2 –3 year waiting list to see the orthodontist. I want my teeth fixed now, it is a nuisance waiting'

'I live in Bowburn and I was referred to an orthodontist in Middlesbrough (25 miles away) so I didn't have to wait so long for my treatment' this group member waited about 6 months.

We thought that the waiting lists were long:

- Because there are not many orthodontists in County Durham.
- We all know a lot of people with braces and more people want to get their teeth fixed now.

We are worried about the long wait to see an orthodontist for two reasons:

1. 'If I have to wait I think my teeth will take longer to fix and I'll have to have more treatment'

As we get older we are more aware of our appearance and so we'd like to get the braces on when we are younger. We are also worried that as we get older our jaws will set and it will be harder to straighten our teeth.

2. 'Waiting 2 years for treatment means that I will have started my GCSE course and having to have a lot of time off school for my orthodontic appointment could affect my work.' (see also appointment times below)

We have already found out that on average a person getting braces has to visit an orthodontist 24 times and this is a lot of lessons to miss when you get closer to GCSE's.

We asked the orthodontists about these problems.

### What did we find out from our research?

We found out that **long waiting lists are a bigger problem in County Durham** than they are in Teesside or Tyneside because there are fewer orthodontists in Durham.

We compared the waiting time for treatment in Durham with a practice in Middlesbrough that has been running for 9 years with one in North Tyneside, which has recently opened.

Area	Number of Orthodontists	Waiting lists
Durham	1 full time 1 part time	2 – 3 years
Middlesbrough	2 full time 2 part time	4- 6 months
North Tyneside (Recently opened)	1 full time	2-3 months

Each practice treats approximately the same amount of patients per orthodontist – around 600.

Our findings that waiting lists are longer because there are fewer orthodontists to treat people in County Durham are supported by the following statistics which come from a report written by the University of Sheffield on Orthodontic services<sup>3</sup>.

These figures give approximate numbers of 12-year-old children per orthodontic practitioner in health authorities in England. We compared the statistics of County Durham with Northumberland, Surrey and Sussex in the south east of England and the South West of England (the latter has a similar rural population to parts of County Durham and Northumberland)

Health Authority Area	Approximate number of 12 yr. old children per orthodontist
Durham Tees Valley	1,750
Northumberland	1,300
South West Peninsula	900
Surrey and Sussex	650

We were shocked to find that there was such a big difference between different areas in the country. We think that it is unfair that children in the north-east of England have to wait longer to see an orthodontist compared to children in the south of England.

During the course of our research we thought that one of the solutions to make waiting lists shorter was to recruit more orthodontists to County Durham but this is not easy to do because so few orthodontists qualify each year. When we interviewed the orthodontists we found out that less than 40 new orthodontists qualify each year in England. So the waiting list situation won't get better in the future it will get worse, and more children will be denied the dental treatment that they need.

<sup>3</sup> Report of Orthodontic Workforce Survey of the United Kingdom February 2005: Robinson, Wilmot, Parkin & Hall, Oral Health and Development School of Clinical Dentistry, The University of Sheffield.

The orthodontists confirmed that there are long waiting lists for treatment because there is a higher demand now for braces than there was 10 years ago for a number of reasons.

1. More people are concerned about their appearance now than ever before. There are lots of things on TV and in magazines about looking good. You also see a lot of celebrities with good teeth or sometimes kids on children's programmes with braces and so it seems ok to wear them. 'It's more socially acceptable'  
On the whole more girls have braces fitted than boys do because they are more concerned about how they look.
2. One orthodontist told us that a survey had been done recently which showed that young people found being teased about their teeth more hurtful than any other type of teasing about appearance. This was a confidence issue
3. The orthodontists also told us that dental treatment has improved in recent years; 'The results in having braces fitted now are much better than they were 20 years ago so people are seeing good results after they have had braces – braces are more user friendly now'

From our questionnaire we also found out that a lot of young people know what an orthodontist is, and if there is one in their area.

73.5% of pupils who answered knew that there was an orthodontist near where they lived. This is greater than the percentage of pupils who had been fitted with braces, which was 45.5% of males and 63% of females questioned. These latter percentages also support the fact that more girls than boys have braces fitted.

#### What do we recommend to reduce waiting lists?

We need more orthodontists in the north east of England.

We don't think that referring young people out of the County to other orthodontists will help with waiting lists because this will cause their waiting lists to get bigger. The problem must be solved within the county.

#### A long term solution

##### More training places

We have already suggested that some incentives could be used to encourage orthodontists to come and work here. However during our research we found out that there are not enough training places in the north east of England for orthodontists. This is important because it has been shown that most orthodontists stay within a 50-mile radius of where they train.

So we would like more orthodontists to be trained in Northern England. At present there are only 2 training places in Newcastle, 2 in Middlesbrough and 1 in Carlisle with the orthodontists from these areas qualifying every 3 years. We would like to see an increase in the training place intake to 2 orthodontists each year in each of these areas. We know that a lot of people want to train to be orthodontists because we found out that for each training place 30 people apply. We found this very surprising when we found out that it takes 15 years training and about £17,000 worth of debt to qualify to be an orthodontist!

## Short term solutions

Training dentists and dental nurses to assist orthodontists

We understand and accept that diagnosis for orthodontic treatment needs to be done by a specialist orthodontist and that dentists can't do orthodontists work. One orthodontist explained it like this:

'It is like trying to drive an HGV lorry when you have only learned how to drive a car'. However we wonder whether in the future some of the more simple orthodontic work of adjusting braces could be done by dentists or dental nurses, that is if they are given further training and work alongside fully-trained orthodontists? This would release fully trained orthodontists to do initial diagnosis and complicated procedures and therefore more patients could be seen.

## Administration

When we talked to the orthodontists we found out that they all had a lot of paperwork to do.

In our interviews we spoke to a dentist in Middlesbrough who refers to an orthodontist there. The dentist explained how efficiently the practice dealt with paperwork:

'The paperwork is computer generated and sent out to the patient before they get to the orthodontists so it's all been done beforehand'.

They also have a practice manager who deals with the administration and this leaves the orthodontists to concentrate on the treatment.

This orthodontic practice has very short waiting lists and we suggest that if more orthodontists had help with their paperwork, as in this example then that would leave them more time to see patients.

## Jumping the queue – quick referral

We learnt that patients who pay for private treatment don't have to wait as long as other patients to get their teeth straightened. When we were looking for orthodontic information on the Internet we found a website advertising a practice in Kent. They also have a 2 year waiting list but they offer patients the opportunity to pay for a quick referral. This is what their website says:

'Patients who wish to be seen quickly are advised that we offer private assessments for a very reasonable and all-inclusive fee of £94. You will be offered an appointment on the next available private session – usually within a few weeks- and treatment can subsequently be carried out under NHS arrangements if appropriate. .... A private consultation, in the first instance, does not commit you to private treatment – most children transfer to NHS treatment after the private consultation'

We don't think that this is a good idea because not everyone can afford to pay for a quick referral. However for those who can this may reassure them that their orthodontic treatment is not urgent and waiting for the treatment won't cause further problems.

## c) What do we know about other barriers to seeing an orthodontist? (Awareness and money)

We knew from our experience that people who could afford to pay got their braces fitted quickly, we didn't know how much this cost.

We also thought that a lot of parents:

'Are not bothered about helping their kids get braces unless their teeth are really bad'

## What did we find out from our research?

We found out that private patients who can afford to pay for orthodontic treatment don't have to wait for 2 – 3 years to see an orthodontist, in some areas they just wait a few weeks for an appointment.

The orthodontists told us that private treatment costs between £900 - £3,000 so most people can't afford this. We understand from the orthodontist that the only difference between NHS treatment and private treatment is:

'The cost of the materials, because ethically I couldn't treat 2 people differently because one is paying for it, but I do see them a bit quicker because it is in my own time'

Despite what the orthodontist told us we were worried that treating private patients meant that people who couldn't pay would have to wait even longer.

We also found out that if a parent doesn't go to the dentist regularly, or doesn't have easy access to a dentist then their children won't either.

We learnt from the orthodontists that only 50% of the population go to dentists and only a further 35% are motivated to get further dental treatment

One orthodontist told us that:

'Generally speaking people who come from a high income background are more likely to ask for dental treatment'

We wanted to find out more about this so we used our questionnaire<sup>4</sup> to ask young people whether they had had braces and what the head of the household did, so that we could categorise households into income brackets. Although this was a very small sample, from the replies we did find that those who lived with higher earners were more likely to have had braces, which supports what the orthodontists told us.

However we feel that this is not so much to do with parents having money but more to do with a parent's awareness of good health in general and dental services in particular.

## What do we recommend to breakdown these barriers to orthodontists?

The regular promotion of dental health to children and young people at school, so that if they are self-motivated they may persuade their parents to take them to a dentist.

There is already promotion of dental health in schools by community dental nurses: 'When I was younger and lived in Birmingham the dental nurse came to my primary school every year'

In contrast to this those of us who had been at primary school in Durham remembered that we only had one visit from the dental nurse.

- We think that if the dental nurse came more regularly to school a child would be more aware of dental health and would ask his parents to go to a dentist.
- If the dental nurse doesn't already visit secondary school (and none of us could think of when we had seen one) then we think that they should visit secondary schools too and raise awareness of dental health with older children.

## c) What do we know about Orthodontist's surgery opening times?

Most Orthodontist's surgeries opening hours are during school hours between 9am – 5pm. The members of the group who have had orthodontic treatment have usually had to take time out of school to go to the orthodontist. This is inconvenient for the young people and for their parents.

'I have to miss lessons when I go to my appointments and my teachers make me catch up on my work at break'

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<sup>4</sup> Appendix 1

'Mam has to use her free day from work to take me to the Orthodontist in Durham, some of me friend's Mam's have to take time off to take them'

We also thought that it was unfair if parents had to take holiday time from work to take their children to the orthodontist.

### What did we find out during our research?

Our research confirmed that most orthodontists were shut outside office hours and if they opened at weekends it was only for private patients.

We looked up local orthodontists on the on the NHS website to find out their opening hours and found that most of them opened between 8.30am – 5 PM, although some opened a bit longer until 5.45pm. Orthodontists in hospitals only work 9 –5.

All the orthodontic practices shut for lunch for an hour between 12 – 1.30pm.

We heard from one of the orthodontists that some practices were open on Saturday mornings and occasionally late at night, but they kept these appointments for their private patients. We can understand that if people are paying to have a brace fitted that they should be able to choose more convenient appointment times but it does seem unfair that most of these appointments are for private patients.

### What do we recommend to make appointment times more flexible?

- Ideally we would like orthodontic practices to consider staying open later. Perhaps starting later and finishing later (12pm –7pm) once or twice a week.
- The orthodontist could have a flexible lunch hour and keep open 12.30 –1.30 on some days so that older children from local schools could visit the orthodontist for a routine brace fix (where a parent doesn't have to be present).
- If a practice does have some appointment times before or after school hours then the receptionist could have a system where people who need these could be offered them in rotation, to make the system fairer, so the same people are not getting them all the time.
- Convenient appointment times could be used as a reward and given to those children who are good at looking after their braces and teeth. They could also be offered to people who keep their appointments and are never late.

## Visiting an Orthodontist

When you go to see the orthodontist there are a number of things we think should be considered to make sure that a young person's visit goes smoothly.

These are:

- a) Easy access to the surgery
- b) Waiting area
- c) Orthodontist's treatment room
- d) Orthodontist's manner
- e) Information and Choice about treatment

### What do we know about access to the orthodontic practices?

Orthodontic practices are not easy places to get to, or get into for disabled people as many are converted from residential homes, and have no car parks and not all are near bus routes (see point a) in Access to orthodontists above)

Many members of the group had problems getting to the orthodontist.

'Parking near the orthodontist is very inconvenient'

### What did we learn from our research?

When we visited the orthodontic practice in Durham you could see that it was difficult to park nearby and also as it is on a steep hill and a no through road it is difficult to drop anyone off at the door.

Access to the orthodontist here would not be a problem if you lived in the town but as many people travel to the practice from a long way it adds to their problems of visiting an orthodontist.

### Recommendation

- Appointment times could be made outside 9-5 when parking is easier.
- If it is not possible to make the practice more accessible for disabled people then staff in the practice should be on hand to help disabled people when they visit.

### What do we know about waiting areas in orthodontic practices?

All the waiting areas we visited didn't have a lot on the walls to look at. There was nothing for teenagers to do in the waiting rooms, although often there is something for very young children to play with, which we thought was odd, as most of the people visiting orthodontists are teenagers.

The magazines in the waiting areas are all outdated and are of more interest to adults, things like 'Gardening World'.

### What did we find out from our research?

- The waiting rooms we visited had good seating and were nice and airy, but they had boring pictures on the walls



- Apart from some of the magazines in the Durham waiting room the only teenage reading we saw was a teenage novel in a hospital waiting room.
- One waiting room had space and shelf for a television but there wasn't one there.
- One waiting room we saw posters on the walls showing children from different with great smiles. We thought this gave a good message about the positive side of orthodontic treatment.
- One waiting room we visited didn't have a clock and we thought that this was because you wouldn't be able to tell if the orthodontist was running late.
- The waiting rooms did have information leaflets about orthodontic treatment
- The waiting areas had toys or games for younger children but not for teenagers
- The Durham practice waiting area had a wide variety of updated magazines, which are renewed every month.

### Recommendation

In all orthodontic waiting areas we would like to see:

- Funny, informative cartoon posters on the wall, giving you simple information about living with braces.



- A playstation or games to amuse teenagers, like this waiting room in America



- Videos in the waiting area to appeal to teenagers and adults, not informative ones about teeth though!
- Magazines for teenagers which are regularly updated, like at the Durham practice.
- Music or a radio playing in the waiting area and treatment room.  
'I go to a Doctor who has lots of students there and they play Metro Radio in the background'

#### What do we know about the orthodontist's treatment room?

Orthodontist's rooms are mostly small and functional with nothing to look at on the walls to distract you. We'd like to be distracted because we want to take our minds off the treatment we are going to have, or in case we get bored whilst having the treatment.

Most of the treatment rooms we have used are very clean and clinical, but one of us felt that:

'Sometimes it's too warm in there, it smells bad and the water tastes horrid'



### What did we find out about orthodontist's treatment rooms?

The majority of rooms we saw were very clean and tidy and painted in plain colours. They have nice prints on the walls but nothing else to look at.

When we spoke to the orthodontists we learnt that some orthodontists have entertainment in their treatment rooms like television, or puzzles on the ceiling for the patient to look at.

### Recommendation

In orthodontists treatment rooms we would like to see something to distract us from our treatment like:

- Informative posters on the walls relating to the orthodontic treatment, but none with scary photos of people's teeth.
- Something to look at perhaps a television in the room or an optical puzzle on the ceiling or even a radio to listen to whilst we are having treatment.

### How have orthodontists treated us in the past?

On the whole we have all had good experiences of orthodontists who have talked directly to us about the treatment we are going to have and not to our parents. Many of us have had an orthodontist who has relaxed us by talking to us about our interests e.g. football, or recent films.

'The orthodontist talks to me, not to me mam, and that makes me feel important' However, a member of the group has been frightened by an orthodontist who had talked about their need for treatment in a negative way:

'He said 'oh dear you need.....' and the way he said this made me worry about what was going to happen to my teeth'

Another young person felt that their orthodontist's manner was very abrupt, and this makes him feel awkward when he is having the treatment:

'He never tells you when he has finished the treatment, he just stops'

Some of us also feel that we haven't always been given enough information about what it is like living with braces. We have been given leaflets about the treatment and what needs doing, but would have preferred more information about the practicality of living with braces too.

### What did we find out about the orthodontist's manner?

All the orthodontists we interviewed spoke to us as equals and were very reassuring.

When they answered our questions they looked at us and not at the adult present.

They gave us examples of how they talk to the young people they treat:

'I make eye contact with the child and ask them what their specific problem is and could they explain it to me'

'I will pick up on the fact that they may be nervous so I don't use words that will make them feel uncomfortable'

We were impressed with how they put their patients and us at ease.

## Recommendation

We feel that it is very important that we are spoken to as equals by the orthodontist because we are the ones getting the treatment not our parents. The orthodontists who have treated us in the past have on the whole done this.

However to ensure that all orthodontists know how young people would like to be treated we have written some guidelines for them:

- Talk to the young people directly and not the adults with them
- Talk to young people in a reassuring way
- Explain all treatment in a simple way so that it can be easily understood
- Tell young people information about difficult treatment in a positive way
- Distract the patient by talking about other things apart from the treatment they are having
- Don't be too rough when carrying out treatment, and if it is going to be difficult please explain this before hand.
- Please praise us or give us a sticker or something at the end of the treatment if we've been good!

## What do we know about choices in orthodontic treatment?

In our experience, we have not always been given choices about our orthodontic treatment. The only decisions we have been able to make are to choose the colour our braces are going to be.

We would like to be given wider choices where possible for example whether we can have pain relief or whether we want to have parents in the treatment room with us.

'I wanted pain relief but I wasn't offered it by my orthodontist in Birmingham. If he had explained why I couldn't have it that would have been ok, but I wasn't offered it in first place which worried me more'

'I would have liked more info about what it was like living with braces, the orthodontist didn't tell me'

## What did we find out about choices in orthodontic treatment?

We found out that orthodontists do explain the treatment that needs to be done to their patients and if possible they do give treatment options. One orthodontist told us: 'I have a book about options for straightening teeth and different types of braces they can use.'

The orthodontists also give the patient leaflets to explain the treatment they will need. When we saw these leaflets we thought that they had too much information in and not all of us felt that we would be bothered to read them.

We also learnt that often there is only one possible treatment choice, which will work for a specific orthodontic problem.

The orthodontists explained this to us:

'If I feel that the option the patient has chosen won't have the best outcome for their teeth then I will advise them that it is not worth going through with the treatment'

One orthodontist leaves the patient in no doubt that the choice to have orthodontic treatment is theirs alone:

'Often the most important choice is do they want the treatment or not, I like to impress on the young person that it is their choice and not their parents choice or mine and they have a choice to say no. To emphasise that I am only asking them their opinion and not their parents I swing my chair right around and face the child and have my back to the parents'

In this example we like the fact that the orthodontist focuses on the young person and not the adults in the room. This reassures the patient and encourages them to trust the orthodontist.

## Recommendation

- We would like all orthodontists to talk directly to the young person about their treatment and emphasise that the choice is theirs alone.
- To help the young person make this decision we would like to have as much information about the orthodontic treatment explained to us as simply as possible and any choices made very clear.
- We would like information leaflets to take away to read but not in the present format. An brightly coloured A5 flier with bullet points about the brace options and teeth problems would be more useful to us than the boring leaflet that is used at present.
- To enable us to have a better understanding of what it is like living with braces we would like to be able to talk to a young person who has already used braces successfully so that they could honestly tell us how it feels and how people react to you. Sometimes it is difficult to talk to a young person directly so we would like the option of being able to contact someone by email or text, as this is a less personal and more informal way to communicate.

## Conclusion

1. There are too few orthodontists in County Durham, so not every child who needs orthodontic treatment has easy access to an orthodontist when they need one.
  - We know that in other parts of England this is not the case and we think that this it is unfair that it is harder for young people in the north east of England to get orthodontic treatment.
  - We are also concerned that because the orthodontists have to see a lot more patients in County Durham and are very busy, the young people here may not be getting the best orthodontic treatment.
  
2. Too few orthodontists in County Durham means that young people have to wait for orthodontic treatment for on average 2 to 3 years, this is frustrating and worrying for them. It is worrying waiting to have orthodontic treatment because:
  - Waiting to have your teeth fixed throughout your teenage years can lead to more teasing by friends and damage your confidence when you are already feeling very vulnerable.
  - If teeth are not straightened when someone is young, then more treatment may be needed to sort out the problem when they are older.
  - If we have treatment during the 2 years of our GCSE course then having lots of time off school for appointments can cause problems with our work.
  
3. Too few orthodontists in County Durham means that young people who live a long way from where the orthodontic practices are based have to travel to get to their appointments. Orthodontic surgery times are generally between 9 –5 .This means that orthodontic treatment can be inconvenient and disrupt the whole family because:
  - Young people have to take time out of school, and therefore miss school work, to go to their appointments
  - Their parents have to take time out of work to accompany their children to appointments. Which can mean loss of income or loss of holiday time.
  - Having to travel a long distance in a rural county like County Durham may mean that the family has to use 2 or 3 buses to get to an appointment.

Our long-term recommendation for solving the problem of too few orthodontists in County Durham is to recruit more orthodontists to the area by:

- Making more training places available in the north east region. We have learned that orthodontists tend to stay within 50 miles of where they train.
- Enticing orthodontists to work here by giving them good financial incentives and start-up grants if they set up a practice in County Durham.

Our short-term recommendations are to:

- Make orthodontists mobile and, like the community Dentist, send them out once a month to different areas, either in a mobile unit or by visiting existing dental practices to do the routine orthodontic maintenance work such as adjusting braces.
- Train dentists and dental nurses to do some of the routine orthodontic maintenance work to free up the orthodontists for the main diagnosis and treatment work.
- Enable orthodontists to have a good administrator who can do the paperwork for them and leave them more time to do orthodontic treatment.

## **Appendix 1**


### Questions to ask Orthodontists in interviews – October 2005

- Where is your surgery?
- Is your surgery attached to a Dental practice?
- Are many Orthodontists attached to Dental practices?
- Where is the nearest Orthodontist to your surgery?
- Where (geographically) do most of your patients come from?
- In general how old are the people that you treat?
- Can people contact you directly or do they have to be sent through a dentist?
- What are your Orthodontic Clinic opening times?
- Are there special opening times for school children or people who work?
- What is the receptionist like, what does she look like, sound like?
- What is the waiting area like, what type of entertainment is there, what type of seating is there is there any music playing?
- What do you do to make people feel more comfortable and relaxed when they come for treatment?
- What sort of information do you give young people about their treatment or the braces they are going to have?
- Do you give young people a choice in the treatment that they are offered?
- How?
- Are more people getting braces now than there were 10 years ago? If yes, why do you think that is?
- Do Orthodontists do anything else apart from straighten teeth?
- Do the Orthodontists do expensive treatment and the Dentists do the routine cheap stuff?
- Do you do just NHS or do you have private patients too?
- Do the majority of people get free treatment?
- How do you place patients in order of importance? What do you do with emergencies?
- Is there a big demand for more Orthodontists?
- Are a lot of Orthodontists being trained now?
- Do you think that there should be more Orthodontists being trained?
- How do you become an Orthodontist?


- Can Dental Technicians or Dentists adjust braces or does it have to be done by an Orthodontist?
- Do you ever work out of your geographical area or visit people out of area?
- Ideally how many patients do you think each Orthodontist should treat?
- In reality how many patients do you think an Orthodontist treats?
- How long is your waiting list for treatment?
- How would you reduce waiting lists

## Appendix 2

### Questionnaire and Analysis of Questionnaire




### QUESTIONNAIRE




**\*\*PLEASE NOTE THAT COMPLETION OF THIS QUESTIONNAIRE IS OPTIONAL.  
HOWEVER YOUR FEEDBACK WOULD BE MUCH APPRECIATED AND ALL FEEDBACK AND PERSONAL DETAILS WILL  
REMAIN CONFIDENTIAL\*\***


The aim of this questionnaire is to gather data concerning issues about braces and orthodontists. The research is for a company looking into children called *Investing in Children*.  
This questionnaire is anonymous and by completing the questions you are giving informed consent.  
Please complete the following questions to the best of your ability and with honesty.

1. What is your sex?  
Male  Female
2. What is your age? .....17...years
3. Have you had braces before?  
Yes  No
4. Is there an orthodontist in your area?  
Yes  No  Don't know
5. What does the head of your household do? ...Teacher.....



**THANK YOU FOR YOUR TIME AND COOPERATION**  
To reiterate, please note that all data collected will be confidential.





*investing in children*

### **Analysis of the questionnaire relating to orthodontic treatment**

We asked 30 sixth form pupils from a school in Durham City to fill out our questionnaire. The pupils from the school come from the Durham City area and 6 miles east of the City including the villages of Coxhoe and Bowburn. 11 males and 19 females responded.

Why did we do the survey?

- We wanted to see if more girls than boys had braces.
- We wanted to find out if having braces is related to family income.
- We wanted to find out how aware young people are of the availability of an Orthodontist in their area.

As so few young people filled out the questionnaire, we are conscious that it is dangerous to draw too many definite conclusions from our findings. However the questionnaire does support some of the information that we learned from interviewing the orthodontists and our other research.

Who has braces?

Of the 11 males who responded 5 had braces which equals 45.5% of the respondents

Of the 19 females who responded 12 had braces which equals 63% of the respondents

This statistic supports information we found out from one of the orthodontists, i.e. more females have braces than males because females are more aware of their appearance.

#### Occupation of head of household

We plotted the occupations of the head of household against our own income scale.

-Where A indicates that the head of the household is in a professional occupation with a high income e.g. District Judge and E indicates that the head of the household is unemployed. There were more respondents to the questionnaire from the top 3 income brackets representing 60% of the total who replied.

We then counted how many people had braces from each income bracket.

This is what we found:

A- 5

B- 4

C- 6

D- 1

E- 1

From the above analysis we can see that 88% of the young people who have braces fall within the top 3 income brackets. This supports our theory that young people from households with higher earners are more likely to have braces. This may be because they regularly go for dental treatment or possibly because their parents are prepared to pay for them to have a brace.

#### Awareness of local orthodontic practice

Finally, by analysing the questionnaire we realised that the majority of young people questioned -73.5% - were conscious that there was an orthodontic practice near where they live. This awareness was not limited to those who had braces or related to how much their parents earned, but may be because more people now know about orthodontists and what they do.