



# **Review of Information provided for NHS Dental patients in Oxfordshire**

**Report of a survey conducted by LINK members and volunteers between October - December 2012**

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## **Introduction**

This report presents the results of a survey carried out across Oxfordshire to ascertain the extent to which Dental Practices contracted to provide NHS services are making available all appropriate and necessary information for their NHS patients. This survey replicates one developed by the Berkshire LINK. In Oxfordshire, the survey has been implemented by Oxfordshire LINK in collaboration with NHS Oxfordshire, which, with Berkshire, will supply commissioners with data covering both counties. Data was collected from practice leaflets, websites and site visits to 62 (77.5%) out of the 80 Dental Practices providing NHS services in Oxfordshire with 14 of the 62 Practices providing NHS services to children only (one of these provide services for children plus exempt patients only).

Providing easily accessible information for NHS patients can potentially assist dental practices in marketing their services and is essential for NHS patients to help them make informed decisions about their dental care. Therefore, based on the Oxfordshire results, the report includes recommendations for good practice relating to important information for NHS patients, and how best it can be made easily accessible at practice premises, in practice leaflets and on practice websites of those dental practices who are contracted to offer NHS treatment by Oxfordshire PCT/Clinical Commissioning Group.

## **Method**

This project was approved by Oxfordshire LINK's Priorities and Finance Group in July 2012. Preparation for starting the survey included development of a project plan followed by a recruitment drive for volunteers with preparation of briefing materials. An introductory letter was sent to all potential participating dental practices to brief them

about the project and about the LINK, and to inform them that they would be contacted by an authorised LINK volunteer to arrange a visit. Volunteers were recruited from existing LINK participants and the wider public through use of media and public engagement initiatives, though other voluntary organisations and by word of mouth. A pilot of the survey was first carried out at dental practices in Wantage and Didcot. Once sufficient volunteers had been identified and briefed, data collection took place between November and December 2012. Analysis of data collected from practice visits, practice information leaflets and practice websites is presented below.

## Results

This section presents a summary of our findings. For detailed results, see Appendices 1 - 3.

### 1. **Information displayed outside Dental Practices:**

- 93.5% of all practices visited displayed clear external signage stating the name of the practice.
- Only 27% displayed the NHS logo externally. None of the practices with children-only contracts displayed the NHS logo.
- 76% of practices displayed the practice opening hours externally
- Only 24% displayed disabled access signage although a further 16 practices were noted by volunteers to have full or partial access for disabled people. A few practices were unable to provide disabled access due to the nature of their buildings.

#### Recommendations:

We recommend that all dental practices contracted to provide NHS services should display externally the NHS logo and indicate whether the NHS service they provide is for all patients or not (e.g. children only). This should always be placed in a position where it can be seen easily. Furthermore, it would be desirable if all indicated externally whether or not they had disabled access, and to state whether this excluded or included wheelchair users.

### 2. **Information available in waiting/reception areas:**

- 64% of practices displayed a schedule of services
- 72% of practices displayed a list of charges
- 61% of practices displayed dental practice leaflets
- Where there was no leaflet on display because it was in preparation or being updated, 7 practices provided a copy of their new draft or old leaflet

#### Recommendations:

We recommend that all dental practices contracted to provide NHS services should display a schedule of services and list of NHS charges in their waiting/reception areas that are clearly visible and in a sufficiently large font to facilitate easy reading. In the case of children-only

contracts this is not applicable but all practice leaflets on display should contain relevant information about the NHS services provided plus copies of the NHS leaflet “NHS Dental Services in England” displayed.

### 3. **Questions asked of Reception Staff and/or Practice Managers:**

- 77% of practices indicated they were accepting new patients. A further 8 said their lists were currently full
- 92% indicated they were accepting emergency appointments
- Procedures for joining the Practice: we were informed that patients are generally required to phone or visit and fill in medical and application forms in order to join practices with an NHS contract. A few Practices also allow new patients to join via e-mail and some have the required forms downloadable from their websites.
- 4-8 weeks was the maximum time patients needed to wait to get a first appointment although most were given an appointment within 2 weeks.
- Receptionists at 41 practices cited the correct charges for all three charge bands. A further 4 were inaccurate or the receptionist did not know and 14 practices saw exempt patients only.
- Most receptionists understood exemption rules for children, adults on income support and young people of 19 in full time education although not all mentioned the need to verify exempt status through sight of the relevant form.

#### Procedure for arranging interpreters

We found understanding of how to access interpreting services to be mixed.

- Only 17 receptionists were aware they could contact the PCT or NHS for interpreting services; one also cited social services.
- 12 receptionists indicated family or friends were normally expected to interpret for the patient.
- 7 said they had non-specific numbers to phone to access interpreters.
- 11 did not know how to access an interpreter and 3 said the need had never arisen.

#### Key themes drawn from volunteers' comments

Volunteers reported how friendly and helpful they had found reception staff and practice managers at many of the practices they visited or contacted by phone. However, in some instances volunteers did experience difficulties in making arrangements to visit practices and

contact from PCT Commissioners was required in order to facilitate a small number of visits through reminding Practices of their obligations for Patient and Public Engagement under NHS contracts. Some volunteers and LINK staff found it took time and perseverance to either make an appointment or to get through to speak with the practice manager. Also, certain children-only practices were found to be hesitant to take part in the survey. Only one volunteer commented on being met with antagonism on visiting a practice.

Instances were noted in which practices displayed an excellent range of information for NHS patients. This was not always the case however, particularly in those practices with children-only contracts. Information provided via TV displays in waiting rooms was also seen to offer opportunities for patients to gain all the information they needed providing they were not partially sighted, blind or not literate and provided they remained in the waiting room long enough to see the whole programme. TV displays were also a good source of information about preventive self-management, disease prevention and the need to have mouth, teeth and gums monitored for serious conditions.

Volunteers noted how, in some instances, practices appeared to place a greater emphasis on private treatment provision with NHS information tending to be marginalised or absent.

One particular practice providing services to adults had no NHS information on display either externally or internally, no disabled access information outside, no practice leaflets and no knowledge of the PCT's interpreting service, although one other language was spoken by staff in-house.

#### Access arrangements:

Without disabled access signage displayed externally or on practice websites, potential patients could be disadvantaged. For example, one practice situated on the first floor could be accessed by chairlift from the ground floor, after negotiating a step, but patients would then encounter more steps at the top of the main stairs to access waiting room, reception and surgeries. Therefore wheelchair users could not have accessed this practice and this information could be usefully signed externally.

External signage indicating "Taking on new (NHS) patients" was a positive finding in a practice where NHS service information in all forms was clearly displayed both externally and internally.

Volunteers commented on the interface between private and NHS treatment, and how this was presented to patients. One volunteer commented on the 'hard sell' for cosmetic dentistry on the practice phone prior to reaching a receptionist and felt NHS patients were being treated as 'poor relations'. Another practice gave all patients, both NHS and private, a costed care plan before treatment started and yet another, if there were no NHS vacancies, would take on new patients as private patients, moving them to their NHS list when a vacancy arose.

#### Recommendations:

For any future surveys of dental practices, it is suggested that practices are contacted initially by the commissioning body prior to any approach being made by HealthWatch volunteers.

We recommend that information about disabled access is clearly visible externally and it should be stated if there is no, or limited, disabled access and whether or not the practice is fully wheelchair accessible.

#### **4. Review of Practice Leaflets:**

29 practice leaflets were collected for review. Three were unavailable because they were being updated or re-printed and a further 30 were not obtained.

Contractor status is rarely mentioned at all in practice leaflets although it can be deduced to be either the first name of any list of dental practitioners, or where the designation “principle dentist” is stated. Also, where there are more than 2 dental practitioners listed in practice leaflets no practice makes it clear whether all or only some dentists provide NHS services under the contract.

There are problems with the content of information given about disabled access as leaflets do not always make clear whether there is no disabled access at all, or whether there is full or partial disabled access. It is useful to find information about parking in many practice leaflets.

All practice leaflets need to update the NHS number and more practices need to include information about services available under the contract. The rights and responsibilities of the patient, the rights of the contractor to cease providing services and access to patient information would benefit from a standard format, perhaps suggested by the commissioners, as each practice is currently free to re-invent the wheel with respect to this information, not always with adequate results. A standard format for (PCT) contact details would also help practices to provide this information in full.

#### Key themes drawn from volunteers’ comments

Among the leaflets audited there were some very good and informative leaflets that contained all or almost all the information required by NHS patients. It was noted that separating NHS information from private treatment information within a leaflet made it easier for NHS patients to find the information they needed, or information that the practice needed them to be aware of. It was good to find that information was given about languages spoken in house in one practice leaflet and this information being contained in practice leaflets could usefully be adopted by other practices. In some instances, more attention needs to be paid to font size and colours of print to assist patients with visual impairment to read leaflets.

#### Recommendations:

Commissioners could usefully provide a standard format for required information content of practice leaflets with the expectation that contractors include this content verbatim in their practice leaflets.

Practices could also be advised on the need to consider font size and colour to ensure all patients can read their practice leaflets easily.

Information about disabled access could be improved in terms of its absence from some leaflets.

## 5. Review of Practice Websites

42 Dental Practices providing services to NHS Patients have their own practice websites; the remaining 20 have variable amounts of practice information on the NHS Choices website which gives them the opportunity to include all information NHS patients need, apart from downloadable practice leaflets. For this reason, we have included a review of the NHS Choices websites of those practices without their own website. It is up to each practice to determine how informative their NHS Choices website pages are for their patients.

Useful features found included provision of the practice e-mail address, a link to NHS Direct, a link to the General Dental Council and the PCT, links to the British Dental Health Foundation and Patients Association, provision of an online form to allow patients to e-mail the practice, a facility to book appointments online, out of hours contact details, information on disabled access, testimonials and comments from patients, parking information and map of location, practice contact details repeated on each webpage, preventative treatment and oral health information and a résumé of each dentist.

On the whole, general information for NHS patients on both practice and NHS websites is extremely inconsistent and inadequate between practices in respect of the optimum number of information items that would constitute best practice. There are only a very few really excellent and informative websites and some websites could be difficult to negotiate. Many were noted to be primarily focussed on provision of private treatments, with references to NHS services incidental, if there at all, and in some instances not easy to find. Also, some were presented in very small print and not all patients could be expected to know how to view this in a larger format if needed. Detailed results of the website review can be found in Appendix 3.

### Comments:

All dental practices with NHS contracts, whether or not they have their own websites, have their own web pages on the NHS Choices website and it is up to them to enter information for patients. For practices without their own website, NHS Choices provides web pages with the potential to contain all the information their NHS patients need. However, not all practices with an NHS contract using NHS Choices web pages indicated that they provided NHS treatment, or other information for NHS patients.

### Recommendations:

Practices' own websites would benefit from displaying a standard package of information for NHS and other patients. This should include all items meeting proposed standards of good practice in practice leaflets (See Appendix 4).

Promotion of private dental treatments and procedures takes precedence on many practice websites and we therefore recommend that if the practice is contracted to provide NHS treatment this should be displayed on its own separate webpage that is readily accessible for NHS patients, as currently NHS information may be well hidden. We also recommend that practice website home pages should present name of practice, contact details, location map, and opening times as standard, also indicating whether they provide NHS treatment, to what category of patients, whether they have vacancies and how to make an appointment.



Standards for good practice could usefully include some of the additional features identified above.

## **In conclusion**

We are very grateful to all those volunteers whose efforts have contributed so much to the content of this report. We also thank all the friendly and helpful Dental Practice Managers and reception staff members who willingly gave time and information to our volunteers.

Although many of the dental practices visited in the course of this survey provide excellent and easily accessible information for their NHS patients, in general information provision is inconsistent and incomplete as no standards for consistent good practice appear to operate as part of the NHS contract. There remain many gaps in good practice in provision of information for patients that need to be remedied. In website design, practices need to consider carefully whom their target groups are likely to be, remembering that these are likely to be persons of all ages, socioeconomic groups, literacy, computer literacy and (dis)ability. More consideration needs to be taken of individuals with visual impairments who may need larger fonts and colours that make print easier to read. More downloadable information should also be considered as a way of minimising the number of web pages and tabs people can have to trawl through to find information they need. Also, we believe NHS patients should be able to see information about charge bands and services under the NHS on one page and all home pages should ideally give the name, contact detail and opening hours of each practice that currently is not always the case. In addition, if there is more than one dentist in a practice, it should be clearly stated which of the dentists provides NHS services, as not all may do so.

We have made a number of recommendations for good practice with regard to external signage, internal information display, practice leaflets and practice websites. It is hoped that dental practices might be willing to consider some of our recommendations that seek to improve, where necessary, access to relevant information for all their NHS patients, and through this, to optimise marketing of their NHS services.

The data collected through this survey would allow the LINK (or Healthwatch in the future) to develop guidelines for good practice regarding the content and presentation of Dental Practice leaflets and website design to meet the needs of NHS patients. Print size, information about disabled access and clearly presented information accessible without wading through multiple pages would benefit the usability of some sites. Also certain Practices using the NHS Choices website only could improve the quality of information and ensure it is regularly updated so that NHS patients can access all the information they need.

In future, should the new HealthWatch organisation decide to use lay volunteers to collect data from dental or other NHS facilities, we suggest that any similar project is preceded by a written introduction from the Commissioning body in order to emphasise the legitimacy of any similar joint project work. Also, because we found that dental practices in general have no knowledge or understanding of the LINK and its public engagement role, we recommend that HealthWatch actively raises its profile with all NHS providers in the future.

We also recommend that members of Oxfordshire-based Disability Groups should consider auditing their access to the dental practices they attend in order to obtain disabled users' own views about whether facilities advertised or otherwise as disability friendly are suitable for their needs and this could provide an even more detailed understanding of disabled people's access needs.

## Appendix 1 - Data gathered through visits/phone calls to dental practices

### 1. Information displayed outside and inside 62 Dental Practices

#### External signage

	Yes	No	Comments
Clear external signing stating the name of the practice	58	4	Some practices display additional information including names of practitioners, website address and phone number
NHS logo displayed	17	45	One Practice without an NHS logo indicated they saw children and exempt patients under the NHS. Another without the logo displayed an emergency number. All other children-only practices omitted to display the NHS logo.
Practice opening hours	47	15	
Disabled access signed	11	35	16 Practices have no signage but volunteers noted they do have access for disabled people.

#### Information available in waiting/reception areas:

	Yes	No	Comments
Schedule of services on display (n = 56)	36	20	(not applicable for children-only practices). This information was noted to be displayed on walls but was not always easily seen. When shown on a TV notice board, the information could easily be missed if patient was only in waiting room for a short time.
List of charges on display (n = 58)	42	16	Not applicable for children-only practices.
Dental practice leaflets on display in the waiting area (n = 59)	36	16	Not all practice leaflets contain information about NHS services and are primarily focussed on private treatment. Some practice leaflets are being updated or reprinted, therefore were not available at the time.
If not, leaflet made available on request	7		New drafts or old leaflets made available



## 2. Information given by Reception Staff/Practice Managers

	Yes	No	Comments
Accepting new NHS patients?	48	14	8 practices indicated they were at full capacity
Accepting Emergency appointments?	57	5	6 practices indicated they were accepting children and/or exempt patients only

Procedures for joining the Practice: Patients are generally required to phone or visit and fill in medical and application forms to join an NHS Dental Practice. A few Practices allow new patients to join via e-mail and some have the required forms downloadable from their websites.

### Length of time to obtain 1<sup>st</sup> appointment (n=61):

Within 1 week	1-2 weeks	2-3 weeks	4-8 weeks	6 months	Not accepting new patients	Other
20	24	3	4	1	1	8

### Payment: NHS charge Bands

Receptionists at 41 Practices cited the correct charges for all three charge bands.

Of the remaining 21 practices, 4 responses were either inaccurate or the receptionist did not know the answers. We do not have data for 4 practices and for the remaining 14, their patients (either children or exempt adults) are exempt from charges.

### NHS Dental treatment on Income Support

Receptionists at almost all Practices providing NHS dental treatment for adults understood there was no charge for people on income support, but not all specified that they needed to verify exempt status through having site of the relevant exemption form.

### Payment for dental treatment at 19 years if in full time education

Most reception staff understood that with an appropriate exemption certificate, young people at 19 years in full time education would be exempt from charges, otherwise they would have to pay. Only 3 gave incorrect answers and 1 was not sure.

### Procedure for arranging interpreters

Understanding of how to access interpreting services is mixed. Only 17 receptionists were aware they could contact the PCT or NHS for interpreting services; one also cited social services.

12 receptionists indicated family or friends were normally expected to interpret for the patient; 7 said they had non-specific numbers to phone to access interpreters and 11 did not know how to access an interpreter and 3 said the need had never arisen.

## Appendix 2

### Review of Practice Leaflets

(n = 29)	Yes	No	Comments
Name of contractor	28	0	But in all but one case, contractor status was not mentioned. Contractor status has mainly been deduced to be the first named dentist on a list of dentists or the 'principle dentist' designation.
Name of each person providing NHS services	23	5	But in instances where a full list of practicing dentists is given, none indicated whether all or only some practitioners provided NHS services.
Professional qualifications of each person	24	4	
Teaching/training of persons who provide dental services or who intend to do so?	5	22	It is unclear whether the 22 do not provide any training, or do provide training but omit to state it.
Address of each of the practice premises	29	0	
Contractors telephone number	28	1	
Contractors Fax number	9	20	20 either not given or have no Fax
Does the contractor provide an e-mail address?	14	15	
Does the practice have a website?	29	0	All have websites, either their own or NHS Choices as their primary website.
Suitable access for disabled patients or information on alternative arrangements for providing services to such patients?	18	11	Disabled information given is not always detailed enough to inform disabled people whether the access suits their own particular needs.
How to request services as a patient	20	9	Of the 20 leaflets, 5 gave information about access to emergency services only
The rights of a patient to express a preference of practitioner, and the means of expressing such a preference	11	18	This was only made explicit in 11 leaflets.
The services available under the contract	19	10	19 included information about services available under the contract either in the Practice leaflet or through provision of the NHS leaflet. The remainder contained information about private treatment only. In one company leaflet the NHS charge bands costs were out of date.
The normal surgery days and hours of the practice	26	3	
Information on the practice answer phone explaining how patients can access dental	19	10	

services out of hours including how to access emergency treatment and the number of the dental helpline			
The telephone number (currently 08454647) of NHS Direct and details of NHS Direct online	19	10	All 19 leaflets contained the old NHS number.
How patients may make a complaint or comment on the provision of service.	19	10	
The rights and responsibilities of the patient, including keeping appointments.	21	8	Although 21 leaflets contained parts of this information, few covered the full rights and responsibilities of patients in a clear and comprehensive way..
The rights of the contractor to cease providing services to any patient who does not attend and fails to cancel with 24 hours notice two booked appointments in any 12 month rolling period.	20	9	These rights were not always fully explained.
Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information.	18	11	This was not always explained fully and omitted often.
The name, postal, website and telephone number of the PCT and from whom details of primary dental services in the area may be obtained.	14	15	Those who displayed details of how to contact the PCT did not necessarily provide full contact details

## Appendix 3

### Review of Practice Websites

	Yes	No	Comments
Name of contractor?	62	0	However, in most websites contractor status is not specified but can be inferred; e.g. first name on the list of dentists. Some mention 'principle dentist' and only one specified contractual status
Name of each person providing NHS services?	44	18	List of staff shown but unclear whether all clinical staff members provide NHS services. Can be implied where few dentists
Professional qualifications of each person providing NHS services included?	39	16	<b>The remaining 7 were unclear</b> ; e.g. GDC registration numbers only, or referral to graduate status without details of qualifications.
Address of practice premises?	62	0	
Contractors telephone number?	61	1	
Contractors Fax number?	15	47	Not all practices appear to have a Fax. One gave 2 phone numbers but did not specify one as a Fax number. Twelve provided e-mail addresses or a facility to e-mail via their website.
Downloadable Practice Leaflet?	0	62	No downloadable Practice leaflets found with all necessary information for NHS patients but: 1 website had 11 downloadable information sheets 1 had 31 downloadable advice leaflets, not necessarily relevant to NHS patients 1 had downloadable leaflets on prevention and treatments 2 had downloadable registration and medical history forms 1 had a downloadable guide to NHS treatment fees From 1 website all information could be copied, pasted and printed as required if patient was computer literate
Services available under the contract?	40	22	NHS services were generally very poorly presented, largely incomplete and inadequate. One website displayed the logo only, another only a contact number for complaints. On other sites, reference to the NHS was difficult to find. We were informed that one website was being updated to include NHS information.
Normal surgery days and hours?	54	8	1 website contained inaccurate information and another was confusing and difficult to access for some patients. On some websites finding this information involved searching through multiple web pages.

## Appendix 4:

### **Suggested Good Practice guidelines for content of dental practice external signage, internal information provision, practice leaflets and websites**

Although we identified a number of practices whose information provision and presentation of information was excellent, evidence from our survey shows that not all Oxfordshire dental practices either provide, or present, adequate information for their NHS patients either, externally, internally, in practice leaflets or in practice websites.

When preparing and displaying written material for NHS patients, Dental Practices should be mindful of the needs of disabled patients, patients who may not be computer literate and patients whose visual acuity may be less than perfect. In preparing written information, the use of font sizes that can be easily seen is an important consideration.

#### **1. External signage:**

We recommend that:

- 1.1 At the minimum, name of practice, opening hours, contact number and emergency contact number should be displayed outside practices in a position where they can be easily seen. Additionally, e-mail and website address should be considered.
- 1.2 Where Practices are contracted to provide NHS dental care, this should be clearly stated externally, at a minimum through displaying the NHS logo. In addition, indicating which groups of individuals can be seen under the contract could also be beneficial for potential new patients.
- 1.3 Disability access should be clearly signed externally. If this excludes wheelchair users this should be stated. For practices with no disability access, ideally this should also be indicated externally.

#### **2. Information for NHS patients for display in waiting / reception areas:**

We recommend that:

- 2.1. A schedule of NHS services with a list of charges should be displayed in a prominent position where it can be easily seen, and with print large enough to be easily read. In practices where this information is presented exclusively on TV notice boards, we recommend the information is also duplicated in written format as patients may not have time, or adequate vision, to see all the information on the screen.
- 2.2. Dental Practice Leaflets that include all the information NHS patients need should be placed where they can easily be seen. In the case of children-only contracts, the NHS leaflet "NHS Dental Services in England" should either be displayed or routinely offered to parents on their first visit.

### **3. Dental Practice leaflets**

We recommend that:

- 3.1 In order to address the current inconsistencies, we recommend that Commissioners provide dental contractors with a standard information package for NHS patients to be included verbatim in dental practice leaflets.
- 3.2 The current NHS number and full contact details for Dental Commissioning should always be included in practice leaflets.
- 3.3 Font size should be sufficiently large to facilitate easy reading.
- 3.4 Disabled access details should be included.
- 3.5 In practices with more than two dentists, practice leaflets should indicate which dental practitioners provide NHS services
- 3.6 NHS patient-specific information should be presented all together in one bloc within leaflets.
- 3.7 Details should be given of any languages other than English spoken in house
- 3.8 Leaflets should contain full information about disabled access detailing whether or not it is wheelchair friendly

### **4. Dental Practice websites**

We recommend that:

- 4.1 In order to address the current inconsistencies, we recommend that Commissioners provide dental contractors with a standard information package for NHS patients to be included verbatim on dental practice websites.
- 4.2 Those practices who use NHS Choices website exclusively ensure that all the information NHS patients need is displayed on their web pages and that this information is reviewed regularly to ensure it remains current.
- 4.3 The home page of dental practice websites display name of practice, address of practice, phone and e-mail address of practice, opening times, emergency contact details and a link to a location map as standard. The home page should also state that they provide NHS services, to which category of patients, whether they have vacancies and how to make an appointment.
- 4.4 Dental practices with their own websites ensure that a standard package of information for NHS patients is included on its own web page, separately from private practice information, to make it easily accessible for patients.

- 4.5 Websites (excluding NHS Choices) provide downloadable practice leaflets plus oral health promotion and disease prevention material
- 4.6 Websites clearly detail their charges for private treatments not available on the NHS, including treatment from a hygienist.

We also recommend that NHS patients should have access to information detailing the professional qualifications of dental and other practitioners. Those websites that already provide a brief résumé of each professional member of staff and information about their special interests imply a friendly approach toward their patients.



## **Appendix 5: Volunteers who took part in the survey**

Thanks go to all those individuals who volunteered to visit the Dental Practices. They are:

Sue Butterworth

Margaret Eaglestone

Elizabeth Henty

Marion Judd

Mary Judge

Pauline McCormack-White

Anton Nath

Jean Nunn-Price

Nicole O'Donnell

Irene Rae

Wendy Stillgoe

Julie Taylor

Ann Tomline