

Written evidence submitted by Healthwatch Southend (DTY0039)

Introduction

1. Healthwatch Southend is the independent voice of Southend residents who use NHS and social care services. The Local Government and Public Involvement in Health Act 2007, (which was amended by the Health and Social Care Act 2012), sets out our role and the basis for our independent status. We are funded by Southend City Council, but hosted by a registered charity to ensure our impartiality. We offer advice and guidance on local services, capture the lived experience of local people to inform service improvement and hold local commissioners and providers to account.
2. In line with other Healthwatch across England, we are regularly contacted by local residents trying to access NHS dentistry.
3. Based on the qualitative and quantitative data we have seen, our observations are that
 - a. Urgent action needs to be taken to restore capacity within NHS dentistry
 - b. The NHS dental system is unaffordable for many
 - c. More support is needed for prevention as well as treatment
 - d. Accurate and accessible information about where to go for dental treatment is critical
 - e. Priority must be given to areas of deprivation, and to those suffering health inequalities

The human and financial costs of accessing NHS dentistry for local people

4. Research by Healthwatch England on the impact of the cost-of-living on health indicated that:
 - a. 15% of respondents avoided going to a dentist because of the cost of checks up or treatment, up from 12% in October 2022
 - b. Over one in ten (11%) have avoided booking an NHS appointment because they couldn't afford the associated costs, such as accessing the Internet or the cost of a phone call; up from 7% in October
5. Feedback from a couple of City Councillors has indicated that they are being told the same.
6. There are a small number of NHS appointments available at dentists outside Southend-on-Sea. However, this is dependent on a patient being able to travel by car or public transport. Using travel planning websites, we have calculated that one of our residents going from the eastern part of the City to the next district would spend almost three and a half hours travelling, involving two buses on each journey. Before the temporary price cap on buses,

this patient would have spent over £9 on bus fares, in addition to the NHS dental charges for that and subsequent visits to complete treatment.

7. Whilst the preceding paragraph is based on website searches, our role is to amplify the real life experience of Southend residents. We received the following feedback from a mother recently:

Due to COVID-19 and the lockdowns, we did not attend our dental surgery for our regular check-ups. Unbeknown to me, this took us over the two year cut off which meant that although advised to only be seen for emergencies, they struck us off their NHS list.

I had been trying to find an NHS dentist for myself and my family for the last year to no avail. I have had a broken tooth which I had to treat myself as I cannot afford to go private. I have called every single dentist registered on the NHS website, and the closest one I have finally been able to register with is in Basildon [some 12 miles away]. It is almost impossible to get out of school/ work hour appointments, so this means that I have to take longer off work and the children miss more of their education due to the extra time it takes to travel.

My youngest son (age 7) had an abscess on Christmas day, so I took him to the emergency dentist in Chelmsford [some 20 miles away]. Because we were not registered with an NHS dentist, I then had to take him back to Chelmsford for a check up and to have the tooth removed a week later. Although the dentists he saw there were great, this cost me unnecessary time and fuel, as well as there being no continuity of care for my family.

8. Another local resident gave us the following story (reproduced as submitted to us). This resident lives in one of the more deprived wards in Southend. Her story again highlights the problems faced in accessing and affording NHS dental care:

Absolutely happy to tell our frustration of not being able to get any appointments and after many attempts get taken off their books as nhs patients due to not having been in so long is infuriating as this was due to them only doing emergency appointments then being fully booked and only doing urgent work. I am on waiting lists as far as Barking [some 33 miles away] as my self and partner need work doing.

Partner has been doing his own temporary fillings this whole year with dent temp from chemist as when he went dentist they said would be £200 nhs prices for his work even though it was classified as emergency treatment which should be £40ish so unable to afford it then, 3 month pass and he is removed from the books for not having been. I sent emails and complained but no solution other than go to pals to get on a list that have no availability.

9. Given pressures on many families and as a particular action, we would call on the Government to review the benefits payments for people with special needs as under current legislation many now have to pay for dental treatment.

How should inequalities in accessing NHS dental services be addressed?

10. The Government report on *The impact of COVID-19 on access to dental care*¹ highlighted the following:

- More people in deprived neighbourhoods had pain (41%) or broken or decayed teeth (36-40%) compared with those in the least deprived neighbourhoods (24-25% and 30% respectively)
- 26% of those who couldn't afford to pay dental charges, lived in the most deprived neighbourhoods (compared with 3% in least deprived) and 34% lived in lowest-income households (compared to 5% in highest-income homes)
- 34% of people who couldn't afford to pay described their dental health as bad, compared to 5% of people who couldn't pay and said their dental health was good

11. Southend has a number of areas of deprivation - 15% of the City's population are part of the 20% most deprived nationally

- a. Kursaal ward, for example, has 63.3% of households which are deprived in at least one dimension of deprivation, according to the 2021 Census.
 - i. There are approximately 9,500 adults in the ward; applying the 40% proportion mentioned overleaf means that 3,800 people in that ward have pain and/or decay

¹ <https://www.gov.uk/government/statistics/the-impact-of-covid-19-on-access-to-dental-care>

ii. 30% of 5 year olds in this ward have dental decay². This equates to about 858 children

b. In the ward, the percentage of households with income deprivation affecting children and older people³ is

	Children	Older people
Kursaal Ward	33.6	32.1
Southend	19.2	15.3
England	17.1	14.2

c. This level of deprivation will have a marked effect on diet, access to toothbrushes/toothpaste and the ability to pay NHS dental charges.

12. The last survey of children’s oral health in 2019⁴ showed 12.6% of 3 year olds and 20% of 5 year olds in Southend had some dental decay. Seeing a dentist is only part of good oral health for children. As Dr Camilla Kingdon, President of the Royal College of Paediatrics & Child Health, told the British Medical Journal in January 2023,

“It reflects diet, and it reflects a family’s ability to buy a toothbrush and toothpaste, because when you’re struggling to feed your family, [that] becomes a luxury item. It is simple but very visible, alarming evidence of how [the cost of living crisis] is impacting children’s health.”⁵

13. A Better Start Southend is a National Lottery funded programme, supporting families with 0-4 year olds in the six most deprived wards in Southend. Their funders have not included oral health as an outcome, but ABSS works in partnership with the Integrated Care Board and others to provide guidance and information to early years families on access to dentistry and health messaging on oral care. This is because of the clear need to address this aspect of health inequality locally. This is now supported by the inclusion of oral health in the Core20PLUS5 framework for children and young people.

14. Greater access to dental services is most often required in areas of deprivation. We would recommend incentives to locate practices in those areas or the inauguration of a mobile

² Oral Health Profile: Essex local authority. PHE 2020

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https://www.localhealth.org.uk/#bbox=585037,187953,8276,4802&c=indicator&i=t1.child_poverty&selcogeo=E05002216&view=map12

⁴ <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

⁵ BMJ 2023;380:p5

dental service (whether an actual motorised unit or via domiciliary equipment that can be used in the patient's residence/care home, or other accessible setting).

15. Assuming that local people are able to access and NHS dentist, NICE recommends a risk-based approach to periodic reviews⁶, recognising that patients who are less able to look after their oral hygiene need more frequent review; other risk factors should also be considered. We would call on all dentists to follow this, so that the inequalities in wards such as the Kursaal can be partly addressed by increasing capacity.
16. Whilst the Committee's Inquiry is focussing on general dental practice, the role of the community dental service (CDS) cannot be overlooked. Our current provider is reporting waiting times of over 12 months to see vulnerable members of the community.
17. Whilst Healthwatch Southend support efforts to increase the number and availability of NHS dentists and appointments, we are concerned that a holistic approach to prevention – in the community as well as within the dental practice – needs to accompany any initiatives to increase the number of clinicians and appointments.

Information for patients

18. NHS England advises people to use the NHS website to locate an NHS dentist. In January 2023, we looked at the website to see how up to date it is and what it tells us about the availability of NHS dentistry for local residents. Notwithstanding the pressures on practices during Covid-19, there is scant, timely, information on the website. This does not help patients. More worrying is that only two practices clearly stated that they were accepting NHS patients.

Practice	Date of update	Accepting?
Mr Vapiwala	06/01/2011	no update
Advanced Dental Aesthetics	05/10/2017	no update
Rose Dental	17/07/2019	no update
Westcliff Dental Practice	24/12/2020	no update
Leigh Dental Centre	23/02/2021	if referred
Smiles on Broadway	23/02/2021	no update
Longford House	26/02/2021	no update
ND Rankin	07/03/2021	if referred
Mr Patel	19/11/2021	no update

⁶ <https://www.nice.org.uk/guidance/cg19/chapter/Recommendations>

Southend Dental Care	02/12/2021	if referred
Mr Lutterodt	11/02/2022	no update
Thames Dental	19/04/2022	no update
Parmar Dental	09/08/2022	if referred
Inspire Dental Eastwood (London Road)	17/11/2022	no
Inspire Dental Eastwood (West Road)	17/11/2022	Yes
Inspire Dental Eastwood (Rayleigh Road)	23/11/2022	No
Dentistry for You	05/01/2023	Yes

19. We also spoke to most of these dentists about appointments for children. Here again, we found a real shortage of dentists accepting children; even those asking parents to call on the day for emergency slots could not guarantee availability.

Practice	Accepting children under 5?
Mr Vapiwala	Call on day for emergency
Advanced Dental Aesthetics	[No response]
Rose Dental	Yes
Westcliff Dental Practice	No
Leigh Dental Centre	No
Smile on Broadway	Limited capacity
Longford House	No
Rankin	No
Mr Patel	Limited capacity
Southend Dental Care	No
Mr Lutterodt	No
Thames Dental	Call on day for emergency
Dentistry for You	[No response]
Parmar Dental	No
Inspire Dental London Road	Call on day for emergency
Inspire Dental West Rd	Call on day for emergency

Inspire Dental Rayleigh Road	Call on day for emergency
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Registration with a dentist

20. We hear from residents about being “removed” from a dentist’s list, despite there being no registration requirement similar to a GP. Many residents are saying that despite the restrictions in place during Covid-19, they are being told that they failed to attend for a check-up and can no longer access that dentist. In some instances, they are being told that they can remain with a practice if they become private patients.
21. Whilst we understand the need for regular appointments, the concept of registration is misleading and a source of anxiety for many local people.

What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?

22. Dentists currently receive no help with funding the acquisition of a surgery or, more importantly, with the purchase of very expensive and sophisticated dental equipment unlike GP's which may act as a barrier to recruitment. We would ask that consideration is given to ways of supporting capital costs.
23. If the newly qualified dentist has received their training via a government loan it could be a requirement that they are contracted to provide a minimum level of NHS work for a specified number of years. Most newly qualified dentists will do this anyway but a small percentage will be lost immediately to more lucrative private work only. An alternative could be that their loan repayments are reduced on a sliding scale depending on the number of years NHS work they undertake.
24. Assistance with some funding of verifiable continuing professional development (CPD) may also be an incentive particularly for new recruits.

What role should ICS's play in improving dental services in their local area?

25. Integrated care systems have a key role in workforce planning. They need to consider the training and recruitment of dental therapists, dental hygienists, dental nurses and oral health promoters to augment the dental team and provide holistic and ongoing preventative care to patients. Personnel could be shared between practices.
26. As part of the 'levelling up agenda' ICSs should work with partners to consider funding the establishment of 'dental hubs' linked to the training of dental undergraduates and free of

charge to patients as per the former Southend hub linked to Essex University and the Royal London Dental Teaching Hospital. This was an invaluable resource for those struggling to access NHS dentistry.

27. Through their work on population health management, they can identify areas of deprivation shown to have poorer dental health and/or access to dental services. This can be used to commission domiciliary equipment or a mobile unit that could be shared between practices in addition to improved oral health promotion in the area
28. By their very nature, they must foster 'joined up', working where dental health service providers have good relations and links with local social services, child health, speech and language therapy, mental health services and dieticians.
29. ICSs should also ensure the community dental service (CDS) is fully integrated with the local hospital Oral Surgery department to allow the sharing of staff and services to enhance the care of patients of all ages with special needs.

Conclusion

30. Healthwatch Southend is concerned about the impact of the current shortage of dentists on the physical and emotional health of local people.
31. This is exacerbated by the cost-of-living crisis, which affects not only access to NHS dentistry, but also healthy diets and simple access to toothbrushes and toothpaste.
32. Renegotiating the national contract is a complex area, and one on which we assume professional bodies will submit their own evidence. We have responded to two of the Committee's specific questions. We focus on lived experience, and the consequences of limited access to care.

Jan 2023