

## Written evidence submitted by Toothless in England (DTY0079)

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### 1. INTRODUCTION

Toothless in England is the national hub of a volunteer-led, grassroots campaign that's calling for 'An NHS dentist for everyone'.

Founded in 2021, 'Toothless' has grown incredibly quickly. The campaign is becoming part of the public consciousness, and frequently the go-to organisation for local, regional, national, and international media seeking comment from an independent and patient-centred group.

The organisation operates a flat structure – no one volunteer has more of a say over the other – and it receives no funding. Out of pocket expenses such as the odd print run of leaflets is picked up by the individual, as are travel expenses to meetings or events, an example of which would be the Toothless in London launch in Westminster and our attendance at the 'Access to NHS dentistry' debate held in Westminster Hall the same day on 10 February 2022.

So far, we've launched 12 regional/county/city campaign groups, held dozens of street stalls, we've been invited to speak at a number of webinars, conducted numerous newspaper, television and radio interviews, spoken to hundreds of patients on the streets, thousands have joined our Facebook groups, we saw in excess of 150 people join our march and rally in Bury St Edmunds, in Suffolk we organised several emergency dental treatment mobile surgeries through the Dentaaid charity, we've received thousands of emails containing stories of pain and anguish, DIY dentistry, hopelessness.

Toothless in England has become a respected campaign, one that is fighting on behalf of patients, and amplifying the voices of those who feel abandoned by the government and the NHS; they have found themselves on the wrong side of the health divide.

Given the selfless work we have done, the hope that many of our supporters hold for our campaign ultimately achieving a successful outcome, we feel dutybound to submit evidence to this committee's inquiry.

## 2. BACKGROUND

Toothless in England was born out of Toothless in Suffolk, which launched in 2021 following the announcement of the closure of the last remaining NHS dental surgery in Leiston, a small rural town next to Sizewell nuclear power station. This announcement came not that long after another dental surgery closed its doors to the town's residents the previous year.

The conglomerates that had operated the town's two dental practices, BUPA and MyDentist, both cited recruitment and retainment issues as reasons for their closure.

These closures left a local population of 5000+ residents without any NHS dental care provision. Local villagers and neighbouring townspeople, Aldeburgh and Saxmundham to name but two, also relied on these two practices for their check-ups and dental treatment.

Steve Marsling, a good friend of mine who lives on the outskirts of Leiston, told me about the closure of his practice, how he was unable to find anywhere that would take him on. He asked if I would be interested in helping him launch a campaign to reinstate an NHS dental practice in Leiston. I immediately told him that I would, and quickly set about creating a petition, a Facebook group, and publicity around our first street stall where we would collect signatures to our petition.

Our first town centre street stall was an eyeopener, to say the least. Neither Steve nor I were prepared for the response we got from the locals. People were literally queuing up at our little street stall to sign the petition and tell us about their experiences with oral healthcare. These stories will stay with us for a very long time. We had never seen anything quite like it before.

What we soon came to realise that day was that the lack of access to an NHS dental practice wasn't restricted to Leiston, not even Suffolk. People visiting the area from further afield, outside the county, were telling us it was rife elsewhere.

Indeed, one of the people who queued up to sign the petition was Helen Warren, an NHS dentist who practiced in Essex but decided to give up the profession due the NHS contract being unfit for purpose and that, as a lifelong advocate for the NHS, she was unwilling to enter the world of private dentistry. Helen accepted our invitation to join the campaign as an advisor.

### 3. WHAT HAVE WE LEARNED FROM PATIENTS?

As a result of being on the ground, face to face with local people who attend our street stalls, we've heard what it's like to be in pain and unable to access NHS dentistry. We've read through countless emails, along with thousands of comments on our Facebook groups – the lived experiences of millions of people who are in a state of anguish and despair.

People in pain reach their wits end and are often resorting to self-treatment – DIY dentistry. Abscesses are being lanced with needles sterilised over the gas hob in the kitchen. Loose or broken teeth are being pulled out with a set of garage pliers. Stories of alcohol and analgesic abuse are commonplace to numb the pain.

We've heard from concerned parents that children approaching their teens have never even seen a dentist because availability just isn't there. The very real worry parents have for their loved ones is causing high anxiety.

### 4. WHAT HAVE WE LEARNED FROM HOSPITAL NURSES AND DOCTORS?

We've spoken to A&E hospital nurses who have told us numerous stories of children coming into Accident and Emergency suffering toothache.

Incidents where mouth cancers haven't been diagnosed soon enough resulted in oncologists seeing increasing numbers, and in some cases, they appear too late to treat without surgical interventions.

Cardiology nurses and cardiologists reporting instances where heart problems have been the result of poor oral hygiene.

Nursing and residential home care assistants, staff who work in young offender units, social workers who help secure sheltered housing for the homeless and vulnerable, have all told us that the lack of access NHS dental treatment is of huge concern to them.

Not only does it make their job more difficult, but they see the effects this is having not just on the affected individuals in their care, but on the NHS further down the road – when routine treatment such as a filling or extraction is not available, it later turns into a matter for A&E.

When it all goes horribly wrong, other parts of an already overstretched NHS are placed under further stress and left to pick up the pieces.

## 5. WHAT HAVE WE LEARNED FROM DENTISTS?

This campaign attracted the attention of dental professional who deliver NHS dental treatments. They have told us that the primary cause of the issues surrounding access to NHS dentistry pre-dates the pandemic. In fact, it goes all the way back to 2006 when an NHS dental contract was foisted upon dentists against their wishes.

We learned that a previous health committee had heard warnings from the British Dental Association (BDA) that the new contract would not work, and that patients and practices would soon suffer.

The BDA were correct, as just two short years following the implementation of the dental contract, that same committee declared, in 2008, that the NHS contract was unfit for purpose.

Here are just a few of the reasons why it was deemed unfit for purpose back then, and why it remains so today.

We've summarised in the bullet points below some of what dentists have told us:

- The 2006 NHS contract declared unfit for purpose in 2008 is still in place, albeit for a few minor adjustments
- It's a contract that puts targets above patient need
- It's a contract that is financially unviable and therefore unattractive to existing or new entrant dental practitioners
- It's a contract that penalises rather than rewards excellence
- HM Treasury finances dentistry for only 50% of the population of England
- NHS commissioners have been unwilling to use their powers to maintain dental services
- Successive governments have lacked the willpower to take the necessary steps needed for radical reform of the NHS dental contract
- Newly qualified dentists do not see a future in the NHS and do not even considering it an option to start their career in practice

We've also been made aware of the negative role 'Corporates' have played in NHS dental provision by:-

- Swallowing up practices that hold an NHS contract to then hand that contract back to the NHS
- Use their in-house legal strength to dominate the market when it comes to bidding for NHS dental contracts – small, independent/individual practices are unable to compete
- Offering 'Golden Handshakes' to the tune of £10,000 to newly qualified dentists to work in the private sector

Lately, because of the energy crisis, we have been told that dental practices are seeing their energy bills skyrocket. For example, we are aware of a practice in Essex that paid £4,500 for their energy usage in 2022. This year, 2023, they are expecting their bill to be around £16,000.

And when it comes to government health department announcements about how they are improving the dental contract, these are simply laughed away.

An example would be where for a patient requiring three fillings or more, for instance, the Unit of Dental Activity (UDA) has been increased to 5 UDAs for that treatment. This gives the impression that the government is responding to the dentist's needs in covering their costs.

But the total amount of UDAs that practice holds within its contract hasn't been increased. All this means is that the UDA limit for that practice will be reached quicker. And there is no incentive to carry out more work on patients who need work done, since the NHS contract won't pay dentists who exceed their contracted UDA limit.

## 6. PATIENT-FIRST SOLUTIONS

We believe that the dental crisis is solvable.

Here are some of the solutions we believe, if they're implemented as a whole, will turn things around in favour of patients, dentists, and the country's oral health.

- ☐ Health professionals working together for the common good
- ☐ Just as the education that goes into men's prostate cancer, or women's cervical cancer, we need the same for oral healthcare
- ☐ Bring back patient registration in line with GP surgeries
- ☐ Insist local council planning departments have the necessary powers to demand housing developers include health facilities in their plans
- ☐ Ensure that the advisors sitting on NHS dentistry commissioning panels have the NHS' interests at heart
- ☐ Fully digitise the patient data systems used in surgeries to enable referrals to oncology departments, GP referrals to dentists, and vice versa
- ☐ Ensure the first five years of a newly qualified dentists career is spent dedicated to NHS dentistry in the community, in return for waiving their tuition fees
- ☐ We have mobile breast screening, why not create mobile dental units for rural areas without the cost of overheads and lack of transport links
- ☐ Just like the 'Barefoot doctors' scheme in China during the late 1960's, we must take oral healthcare to the people
- ☐ Radical and wholesale reform of the current NHS contract that focuses on patient need rather than targets
- ☐ Significant increase in HM Treasury funding for NHS dentistry

## 7. IN SUMMARY

The oral health of this country is in freefall.

Stories of how the lack of access to either regular or emergency NHS dental care has impacted individuals and families have personally brought me close to tears, and I know of others who have been affected similarly.

We get inundated with messages from men and women of all ages who are in real pain – physically and mentally – too embarrassed by the state of their teeth to come out and go public with their experiences. Patients are being stonewalled by a system that no longer caters for them.

We have also seen an increasing reliance on dental charities such as Dentaaid who visit inner city and rural areas of the country. They are providing emergency extractions and pain relief to the needy, all because local dental provision has been made extinct.

What our campaign continues to highlight can be read in every local newspaper, seen or heard on every tv and radio station. But you all know this already, because just about every Member of Parliament has witnessed their postbags repeatedly being filled up with complaints from constituents unable to access NHS dentistry.

We need those in Westminster to take their responsibilities seriously. Government must now eradicate, once and for all, the appalling health inequalities seen in every community, in every corner of England.

This is our NHS. We effectively own it and have entrusted the government to look after it for us.

Tinkering around the edges of a failed NHS contract isn't going anywhere near to addressing the issue. No more prevarication. Government must demonstrate to the public that the NHS is safe in their hands.

The priority must be for 'An NHS dentist for everyone'.

We can provide the committee with any number of patient experiences sent to us by email should that be required.

Toothless in England are willing provide oral evidence to the committee in person at a future date.

Thank you.

**Jan 2023**