

Health and Social Care Committee inquiry into NHS Dentistry

1. Introduction

1.1. [Healthwatch Gateshead](#) and [Healthwatch Newcastle](#) listen to the views and experiences of the local community through a variety of different engagement and outreach activities. As part of this engagement work, barriers and access to dental services were highlighted as areas of concern by the public.

1.2. This insight prompted Healthwatch Gateshead¹ and Healthwatch Newcastle² to undertake projects looking at the barriers to access and inequalities related to the availability of NHS dentistry. With engagement between March 2020 and December 2021, the projects ran adjacent to one another across the two Healthwatches. Seventy-one residents in Newcastle and 147 residents in Gateshead shared their experiences. Themes highlighted by the projects included:

1.2.1. A lack of appointment availability, particularly for routine check-ups.

1.2.2. Patients seeking private dental care for more serious issues, due to NHS waiting times and what some perceived as access to a better standard of treatment.

1.2.3. A lack of awareness around services on offer, often due to poor website maintenance and a lack of specific communications, including check-up reminders, and what to do in situations where urgent or emergency care is needed.

1.2.4. Issues with accessibility for specific groups, including people with disabilities and time issues for working adults.

1.3. These themes were echoed more recently, when in January 2023, as part of the submission of evidence to the House of Commons Cross-Party Health and Social Care Committee Inquiry into Dentistry, Healthwatch Newcastle and Healthwatch Gateshead launched a survey to understand the experiences of local people when accessing dental services.

1.4. Over a two-week engagement period, between the 5th January 2023 and the 18th January 2023, 62 responses were received, the findings are discussed below.

2. Findings and Discussion

2.1. The frequency at which dental check-ups are needed varies from person to person, with recommendations of between three months to as long as two years, depending upon oral health³. Despite this, just under one fifth of respondents (n=12, 19%) had not visited a dentist in over two years, with a range of between three and twelve years, and a median average of 4.5 years.

2.2. When asked why their last appointment was over two years ago, half of the twelve respondents explained that COVID had prevented them from going to the dentist. In these cases, these respondents tended to report shorter periods since their last dental appointment. In some cases, people felt that they either did not want to add to an already burdened system, or that the dental practices themselves were not prioritising routine check-ups.

¹ Healthwatch Gateshead. (2022). Experiences of dental services in Gateshead March 2020 to December 2022. Available [Here](#). Last Accessed: 23rd January 2023.

² Healthwatch Newcastle. (2022). Experiences of dental services in Newcastle March 2020 to December 2022. Available [Here](#). Last Accessed: 23rd January 2023.

³ NHS. (2022). Dental Check Ups. Available [Here](#). Last Accessed: 19th January 2023.

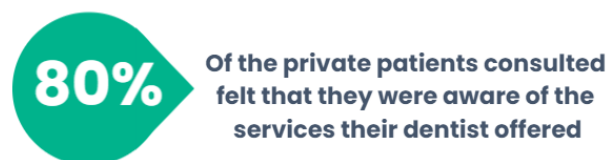
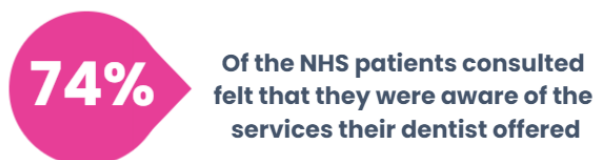
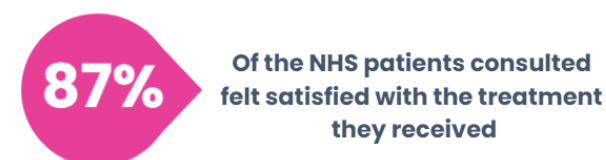
- 2.3.** Respondents who reported having last visited the dentist closer to the twelve-year range, tended to attribute it to not needing to go, a lack of time due to work commitments, and the high cost of treatment. Sentiments around costs were echoed by many of the respondent group, regardless of when their most recent appointment was.
- 2.4.** Most reported that their treatment was funded through the NHS (n=46, 74%), while just under one quarter reported that they paid for their treatment privately (n=15, 24%). Several of the respondents stated that they needed to fund their own care, as the recommended treatment was not available through the NHS.
- 2.5.** In at least one of these cases, one individual took out a loan to fund the necessary treatment. They felt that this was not an affordable thing to have to do, being “*just over the poverty line*”, however, they reported that the pain had prevented them from eating and that their dentist said that they were no longer “*on the NHS list*”. In other cases, respondents could not take out loans to access private treatment and reported that their dental issues worsened, as they waited for treatment on the NHS.
- 2.6.** Overall, 38% (n=17) of NHS patients consulted during the engagement period felt that treatment was affordable. Most respondents who received treatment funded by the NHS reported that their most recent appointment was for a routine check-up (n=31, 69%). As Band 1 treatments, at today’s rates, the appointment would have likely cost £23.80⁴. Less than half of respondents within this group (n=13, 42%) felt that treatment was affordable.



- 2.7.** A small number of respondents stated that their most recent appointment was for emergency or non-emergency treatment, rather than a check-up, and included root canal treatment, fillings, or tooth extractions. The non-emergency treatment would have fallen within Band 2, at a charge of £65.20. Less than one third of respondents within this group (n=4, 31%), felt that treatment was affordable.
- 2.8.** Although the numbers consulted were small, the sentiments were echoed by the dentistry projects previously carried out by Healthwatch Gateshead and Healthwatch Newcastle.
- 2.9.** Thirty of the respondents identified areas for improvement that may help them to visit the dentist more frequently. Most often (n=14, 47%), respondents wanted services to be easier to access in terms of appointment availability, including being able to book appointments online and booking appointments on weekends or outside of working hours.
- 2.10.** Almost half of the NHS respondents (n=19, 41%) reported that they waited between one to four weeks for an appointment. The majority of those who needed a routine check-up and those who needed non-emergency treatment had an appointment within four weeks. Six respondents, both NHS (n=4) and private (n=2), reported that they needed emergency dental treatment; all were seen by a dentist within four weeks.

⁴ NHS. (2021). How much will I pay for NHS dental treatment? Available [Here](#). Last Accessed: 20th January 2023.

- 2.11.** The impact of waiting for an appointment and / or treatment tended to focus on either the mental or physical health of the respondent. Several reported feeling anxious, either as they waited to see the dentist, anxious about their appearance, or anxieties around the cost and the possibility that they would no longer be eligible for free dental treatment (e.g., due to the expiration of their maternity exemption certificate).
- 2.12.** Regardless of the waiting time and the reason for the appointment, some respondents felt frustrated that they could not see a dentist. Often this appeared to be linked to the overall health of the individual and the emotions linked to their specific situation, for example, one parent reported that their autistic children, one of whom had cancer, could not access basic dental care. Another reported that their experiences at the dentist did not have a positive impact on their mental health and waiting for treatment further exacerbated their dental issues.
- 2.13.** Despite some respondents feeling that dental waits were too long, only three respondents reported that they visited a practice different to the one they usually attended. Two respondents found the new dentist through an online search and another visited the practice, in person. When asked why they opted to use the services at another practice, all responses related to accessibility. Overall, several of the respondents reported issues with access to services and yet only a small number received treatment from an alternative dental practice, efforts to increase public awareness around using different practices should be considered.
- 2.14.** Having said this, as the public continue to rely upon more digital methods to find their information, it is important that data is up-to-date and correct. This includes availability to register as an NHS patient at dental practices. Recently, under the search location “Newcastle upon Tyne, NE1”, the [NHS Find a Dentist Search Function](#) on the NHS England website, pulled information that was not as up-to-date as it could have been for the majority of the dental practices listed. Twenty-two of the 50 dental surgeries listed, had not updated their information in the three months leading up to the 23rd January 2023.
- 2.15.** In terms of physical accessibility, dental services were largely perceived to be accessible. 85% of respondents reported that they travelled no more than three miles to visit their dental practice, and most felt that the practice had good transport links and / or adequate parking nearby. Furthermore, all but one of the respondents who considered themselves to have a disability and needed reasonable adjustments, felt that the necessary adjustments were made.
- 2.16.** One local resident felt that the dental practice they used was not accessible. They reported that the practice was not wheelchair friendly and felt that the accessibility information online did not always reflect the reality of the situation. This respondent believed that dentists saw accessibility as a tick box exercise and felt that without input from a person with lived experience, a service could not put the necessary mechanisms in place to ensure services were truly accessible.



- 2.17.** For many, once they had accessed the dentist, they were satisfied with the treatment. Almost all of the respondents who received NHS funded treatment (n=40, 87%) either agreed or strongly agreed that they were satisfied with the treatment they received. In one case, a respondent who had been diagnosed with a form of head and neck cancer, shared that they felt that their dentist had saved their life.
- 2.18.** As services are opening up after COVID-19 and members of the public present with complex conditions, it is important that dentists have the resources and the capacity to deal with these issues. Through recent reforms dental therapists and hygienists can provide direct access to care for patients. However, feedback from one respondent would suggest that the treatment they received by a hygienist, although satisfied with the standard, should have been carried out by the dentist. To reduce misunderstandings around the use of skills mix in NHS dental care, more work may be needed to reassure the public that dental care professionals, other than that of the dentist, can carry out specific treatments.

3. Recommendations

3.1. Overall, feedback indicated that dental practices delivered good quality treatment and high levels of customer service. The majority reported that they understood the language used and felt that any treatment they needed was clearly explained. At the point of receipt of dental treatment, most respondents were satisfied with the treatment they received. Despite this, accessing the services has proven difficult for many.

3.2. Through analysis of the feedback, a small number of potential actions have been identified. Below is a summary of the suggested actions and the possible role of the local ICS and NHS England.

3.3. Recommendation One: Ensure the public are informed about personalised recall intervals and the importance of regular dentist visits, suitable for their need.

3.3.1. As dentists start to operate at full capacity following COVID-19 and focus on supporting prevention, efforts should be made to reassure the public that they are not a burden on the system and they can access treatment, should they need it.

3.3.2. As feedback indicated that some members of the public do not think about the dentist until they have a dental issue, an outreach campaign could be developed to raise awareness around the importance of regular dental appointments and personalised recall intervals. As focus turns to prevention and early intervention, increased awareness about the role of dentists in identify serious dental issues and wider health problems, including some oral cancers, should be widely promoted alongside the need for personalised care.

3.3.3. An evidence-based personalised recall interval can only be established based upon assessment of oral risk. This risk would need to be determined through an in-person visit. Therefore, although priority should be given to those with the greatest need, any outreach campaign should focus on those who have not visited to the dentist in over two years.

3.3.4. Role of the local ICS:

3.3.4.1. Help to coordinate the pooling of NHS dental resources so members of the public can be directed to available services; lightening the load for individual practices that may be under pressure, as more people feel confident visiting the dentist again.

3.4. Recommendation Two: Ensure the barriers to access are addressed and seldom heard groups are given the opportunity to share their experiences.

3.4.1. Efforts should be made to ensure everyone has access to good quality dental care. The feedback from respondents highlighted a number of accessibility issues including cost, physical access, and availability of appointments.

3.4.2. Work should be done to ensure reasonable adjustments are made for patients, as necessary. All information provided about the accessibility of the practice should be factual, up to date, informed by those with lived experience, and should not be seen as a tick box exercise to the public.

3.4.3. Role of the local ICS:

3.4.3.1. Ensure services are developed in consultation with local people. Targeted outreach should be undertaken to hear the views of specific demographics and seldom heard groups.

3.4.3.2. Through local dental committees, develop strong partnerships with local NHS dentists to ensure local need is met; ensuring commissioned services meet the needs of the local communities they serve.

3.4.4. Role of NHS England:

3.4.4.1. Increase awareness about the NHS Low Income Scheme (LIS), providing clarification around who is eligible, what is covered in terms of dental and wider health services, and the application process.

3.5. Recommendation Three: Ensure patients have access to user-friendly and up to date information.

3.5.1. Raising public awareness about the NHS dental services and what is available in the local area through a variety of different mediums.

3.5.2. In an effort to raise public awareness of services on offer, efforts should be made to ensure public facing information about dental services is up to date. Through the NHS Directory of Services, dental practices are now expected to update the information contained in the directory for their practice, every quarter and on an ad-hoc basis as changes arise.

3.5.3. Furthermore, under the new reforms, dental therapists and hygienists are recognised as dental professionals who are qualified and able to undertake specific dental procedures, including providing fillings and preventative care for adults and children. It should be made clear to the public that the treatment received by therapists and hygienists is not sub-par to treatment they may have received by a dentist.

3.5.4. Role of the local ICS:

3.5.4.1. Ensure local people are aware of the services available to them, beyond that of their own dental practice. Increase public awareness around dental practices not operating in the same way as

GP surgeries, and that a person do not need to live in a catchment area to go to a specific dental practice.

3.5.5. Role of NHS England:

3.5.5.1. Ensure dental practices are meeting the requirement that information about their practice is updated quarterly, and on an ad-hoc basis, as necessary. To avoid confusion, if any dental practices / surgeries are listed on the platform and are no longer in operation, they should be removed.

Jan 2023