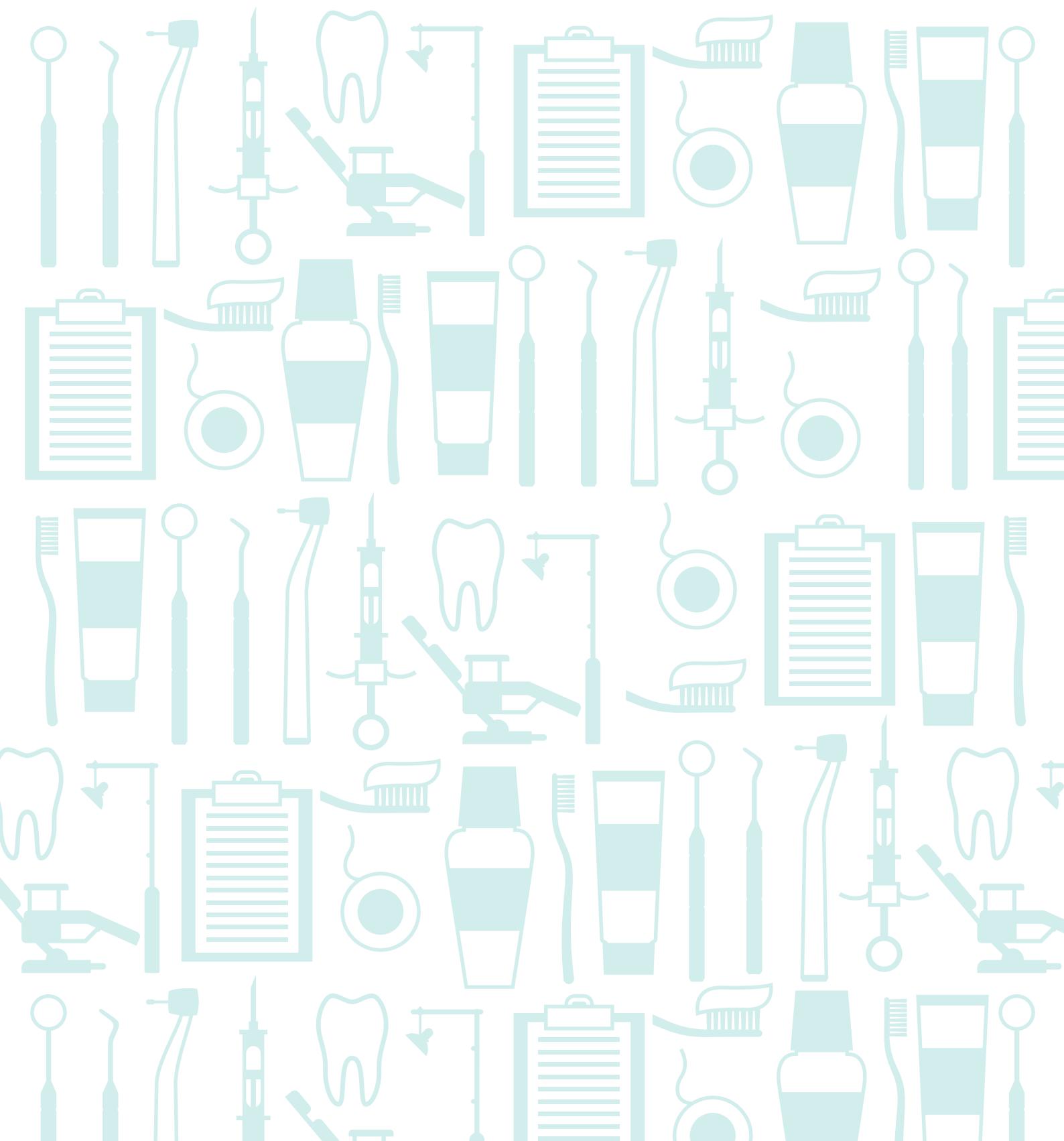


## Access to NHS Dental Services: **What people told local Healthwatch**



## About us

We are the independent consumer champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people. A local Healthwatch exists in every area of England. We support them to find out what people want from health and care services and to advocate for services that work for local communities. Local Healthwatch also act as our eyes and ears on the ground, telling us what people think about local health and social care services. We use the information the network shares with us and our statutory powers to ensure the voice of the public is strengthened and heard by those who design, commission, deliver and regulate health and care services.

To ensure that the experiences of patients and the wider public are being used to shape decisions about dentistry, we have been sharing evidence provided by our network with a range of national bodies who have responsibility for commissioning and regulating dental services. We hope this report summarising what we have heard to date will be of use to colleagues across the dental sector in helping to improve services.

## Executive summary

In 2015, we published a series of reports from across the Healthwatch network about people's experiences of primary care services, including general practice, community nursing, pharmacy and dentistry. We identified a number of common themes, including variations in ease of access to services, and suggested areas for improvement, which were reflected in the GP Forward View, the Government strategy for improving quality of and access to GP services, published in March 2016.

**With this evidence review we are sharing what local Healthwatch are hearing from patients to help dental professionals better understand people's experiences, inform the development of the new dental contract and help ensure that user feedback plays a key role in the future regulation of the dental sector. The NHS dental contract will determine how NHS care is provided and paid for across England.**

### Role of local Healthwatch

The Healthwatch network is working to hear whether the dental system works for all consumers, including those who are not having their needs met at the moment. The network will work with people who provide, commission and regulate NHS dentistry to share our insight, and to ensure that the system works for everyone. Some of the ways we are already doing this include:

- Highlighting to NHS England where there are gaps in provision, so that demand can be addressed;
- Working to ensure that those at risk of missing out on services – such as those in care homes – are not forgotten about;
- Signposting patients to accurate and useful information about where to go for dental treatment and what they can expect from their dentist.

## The national picture

Broadly speaking, patients report in national surveys that they are able to make an NHS dental appointment when they try to, and are satisfied with their experience of NHS dentistry<sup>1</sup>. Our own national polling corroborates this. We also know that patients leave positive reviews of NHS dentists on local Healthwatch websites, and can be extremely loyal to dentists that they trust:

**“My dentist is the best I’ve ever had. She listens, is friendly, caring, very knowledgeable, and always has time to ask how I am. She’s the BEST!”**

Patient story shared with Healthwatch Blackpool (2015)

However, some of the more in-depth conversations that local Healthwatch have with their communities suggest that the national surveys and online feedback mechanisms don’t always tell the whole story. This is unsurprising as they tend to gather the views of people who are already engaged with health services, such as those who are registered with a GP.

There are some areas of the country where patients tell Healthwatch that accessing dental care can be very difficult indeed. In this review we draw on the findings of 31 local Healthwatch and use a case study from West Yorkshire to demonstrate how severe the situation can get, and how challenging it can be to resolve.

## Emerging issues

Although it seems that the majority of patients who want to access NHS dentistry are able to, local Healthwatch evidence suggests that three particular patient groups are at risk of missing out when it comes to accessing NHS dental care:

- People living in areas where commissioning of NHS treatment has not kept up with changes in demand;

- People in particular groups who may find it difficult to access high street dentists (such as care home residents);
- People who don’t currently go to the dentist at all, or who attend only when they are having problems.

## Moving forward

We welcome the development of the new dental contract and we are encouraged by the increased focus on prevention. Ultimately, preventing problems occurring in the first place has to be the best outcome for patients.

However, the new contract alone will not solve all the problems people currently face in accessing NHS dental services. Indeed, some of the challenges could be overcome without waiting for its implementation.

We have therefore shared the findings of the Healthwatch network with key decision-makers in the dental sector. The findings suggest that

the following areas require further work to help address some of the broader issues facing patients:

- Increasing the flexibility of dental commissioning where local needs have changed rapidly;
- Ensuring that patients get the information they need about oral health, the treatments they can get on the NHS, and how to give feedback or make a complaint;
- Preventing the needs of patients from vulnerable groups, such as refugees or those living in care homes, from falling through the cracks.

Local Healthwatch are happy to support dentists and local commissioners to explore these issues.



<sup>1</sup> NHS England (2016) Summary of the Dental Results from the GP Patient Survey January to March 2016

## Understanding the issue

Everyone should be able to access good quality NHS dental services.<sup>2</sup> In order for this to happen, people first have to find an NHS dental practice that is convenient to them, meets accessibility requirements, and has appointments available.

Once an appointment has been made, people need timely and clear information about the treatments they can have, how much they should cost, and any financial help they might be able to get.

National data tell us that most people who try to make an NHS dental appointment are successful, and the majority of those who try feel positive about their experience.<sup>3</sup>

However, the experiences people have shared with local Healthwatch tells us that there are still some problems in some areas.

A new NHS dental contract is in development and may start to be introduced from 2018-19. New ways of paying dentists for their work are also being tested. For patients the contracts will mean that each person has their own care plan, which will aim to improve their overall dental health, not just treat problems. The new contract presents an important opportunity to improve the nation's health over the long term. However, there are a number of more immediate steps that could help improve the experiences of many of those in need.

### Focus on the NHS dental contract

NHS England currently commissions high street NHS dentists to provide a set number of Units of Dental Activity (UDAs) each year. The value of a UDA is agreed locally and differing courses of treatment are 'worth' differing amounts of UDAs. These are linked to the three 'Bands' of patient charge for NHS dental treatment. For example, if a patient has an NHS filling they will pay £53.90 for a Band 2 treatment, which earns the dentist three UDAs.

In the current contract there are no financial incentives for dentists to keep patients disease-free. Instead, all payment is for treating active disease.

Under the new contract, dentists would also be paid to prevent disease from developing in the first place. In the practices testing the new approach, dentists are giving all patients an initial assessment of their oral health.

The patient then gets a Red, Amber or Green rating, which is used to produce a personalised plan. The plan shows how they can take action to improve their oral health and prevent future problems, working with their dentist. The timing of next assessment is also set in accordance with the patient's oral health and the National Institute for Health and Care Excellence (NICE) guidance (see 'Going too often, or not often enough?' on page 5).

The Department of Health will evaluate this new approach and may start to roll it out nationally from 2018-19, if it is successful.

**"It is so helpful to know that someone is there to listen and who knows what services are there. I have been trying to find the number of the dentist home visiting service for two weeks, I have asked District Nurses and they did not know. You have given me extra information to help. Thank you."**

Patient story shared with Healthwatch Liverpool (2015)



<sup>2</sup> NHS Choices (2016) NHS dental services explained

<sup>3</sup> NHS England (2016) Summary of the Dental Results from the GP Patient Survey January to March 2016

## The national perspective

To help set the context for local Healthwatch findings, in early 2016 we commissioned a national poll of consumer attitudes towards dentistry.

Of the 2,048 respondents, **3 in 5 (61%) had visited an NHS dentist in the last two years**. Almost 1 in 4 (24%) had visited a private dentist in this period. **1 in 5 (19%) told us that they had tried to get an NHS dental appointment but couldn't get one within a reasonable timeframe.**

### Of those who had not been to any dentist in the last two years:

- 1 in 4 (28%) felt they didn't need to visit;
- 1 in 3 (33%) said they were nervous about going to the dentist.

### Cost of treatment also emerged as a specific issue:

- More than a third (36%) of those who hadn't been to the dentist said it was because it was too expensive;
- 1 in 6 (17%) people who had visited a dentist said they had delayed or cancelled planned treatment because they felt it was too expensive.

## Going too often, or not often enough?

Many of us are used to attending the dentist every six months, and the majority (62%) of those in our poll who had visited an NHS or private dentist said they were advised to go back within six months, with a further 20% being advised to return in a year.

Yet NICE advises that a visit up to every two years could be fine for adults with a healthy mouth and teeth.<sup>4</sup> At the moment we can't know whether patients are attending too often – but if they are, the risk is that limited Units of Dental Activity (UDAs – see 'Focus on the NHS dental contract', on page 4) are being used up on 'healthy' regulars, leaving less space for irregular attenders or new patients.

According to the GP Patient Survey, those patients who have not visited a particular practice before are less likely to be successful in making an appointment<sup>5</sup> – suggesting that it can indeed be harder for people who don't already have a dentist to access treatment.

Our polling also suggests that a significant number of people aren't going to the dentist as often as NICE advises. When asked why they hadn't seen a dentist in the last two years, men (35%) were nearly twice as likely as women (19%) to say it was because they didn't feel it was necessary, whereas women (47%) were more likely to say that they were nervous about going (compared with 22% of men who had not attended in the last two years).

Almost half (46%) of 18-24 year olds said they didn't think going to the dentist was necessary compared to around a third (34%) of 25-34 year olds. This suggests that there is scope to target public health messages more effectively at all these audiences.



<sup>4</sup> NICE (2004) Dental checks: intervals between oral health reviews

<sup>5</sup> NHS England (2016) Summary of the Dental Results from the GP Patient Survey January to March 2016

## What people said

### Balancing local supply and demand

Health and Wellbeing Boards are responsible for producing local Joint Strategic Needs Assessments (JSNAs) which play a key role in looking at the needs of a local population and guiding the future commissioning of services.

NHS England also produces Oral Health Needs Assessments in partnership with Public Health England to help ensure they are commissioning the right level of service provision to meet local needs. Yet local Healthwatch have found that oral health is not always included in JSNAs.

For example, in 2016 **Healthwatch Bexley** recommended that oral health should feature as a core component of their local JSNA, and the local Health and Wellbeing Board has now decided that it will be part of a comprehensive update.<sup>6</sup>

NHS England currently commissions local dentists to provide a certain number of UDAs each year. In some areas, the commissioning of UDAs does not seem to have kept up with local demand.

Since **Healthwatch Leicester** was set up in 2013, it has been aware that patients have had little or no access to dental appointments in two particular areas of the city. Healthwatch Leicester has worked continuously to demonstrate the need for more UDAs to be commissioned.

Following Healthwatch Leicester's persistent efforts, NHS England agreed to commission 25,000 extra UDAs in one area and 10,000 extra in the other, as well as two new dental practices. While a pause in procurement means that these changes have not yet been implemented, Healthwatch Leicester continues to advise and signpost local patients, and to work with local commissioners and providers to ensure that people's voices are heard.

The fact that local dental appointments are lacking in some areas had difficult consequences for this patient who spoke with Healthwatch Dorset:

**"The caller was frantically trying to locate and be able to join a dental surgery in the Christchurch/Bournemouth area. She didn't belong to a dental practice and needed to join one as she had received a letter from Southampton Hospital stating that they would cancel her heart operation unless she was able to have a dentist check her mouth, gums and teeth before the operation could be deemed safe and therefore take place."**

**"As she is due to have a triple heart bypass she was very worried about not being able to find one and the operation being cancelled. She said she had called about 15 dentists. Unfortunately there was either no capacity to take her on or there was a waiting list of three months, even though she was prepared to pay privately as a one-off."**

**"Even though she explained the urgency of her situation, it didn't seem to help, as no one could accommodate."**

**Patient story shared with Healthwatch Dorset (2015)**

(Healthwatch Dorset was eventually able to signpost to a dentist who could help).



## Groups that may be missing out

Local Healthwatch found examples of dentists providing excellent services to certain groups of people who are often overlooked by other health services.

## Spotting wider medical needs for homeless people:

**“My dentist... is absolutely fantastic. If I ring them up with a serious problem then they see me within two days. It’s very good for homeless people and they also ask other questions too, they are very supportive of me and they give me information to help me as a homeless person. Dentists pick up on a lot of other health issues too. I can’t be prescribed pain relief medication because of my past but he advised me on what I could eat and techniques for managing the pain. I find my dentist much more supportive than my GP.”**

Patient story shared with Healthwatch Waltham Forest (2014)

However, others – for example those with disabilities, refugees and asylum seekers, and care home residents – are experiencing particular problems.

## Access difficulties for disabled patients:

**“Mrs C has been with X dental practice for about 12 years. Recently she was asked if she could register with another dentist because they couldn’t cope with the pressures of disabled patients who use wheelchairs, etc. She would be grateful if someone could explain to her why she is being asked to leave the practice without being given any assistance to find another.”**

Patient story shared with Healthwatch Dorset (2015)

## Paperwork causes delays for refugees:

In Oxfordshire, Reading and Wigan, local Healthwatch have all heard about the problems that some refugees and people seeking asylum face when accessing dental services. Healthwatch Oxfordshire heard that it could take up to eight weeks for the HC2 form that entitles them to access NHS dental services to get through the system. One asylum-seeker felt he had to pull his own infected tooth out as he could not afford a private extraction at £200 and had not yet received his HC2 form.<sup>7</sup>

## Trouble finding dentists for care home residents:

A number of local Healthwatch have raised concerns that care home residents may be missing out on dental care. In 2015 Healthwatch Bolton reported that it was easier to get access to a hairdresser than a dentist if you were a local care home resident.<sup>8</sup>

In 2016, Healthwatch Kent reported that care homes had told them about accessibility problems for wheelchair users within dental practices. They were also concerned about the distance to Community Dental Service clinics with hoist facilities and the difficulties involved with transporting older residents to access this care – with similar concerns about the out of hours emergency dental service.<sup>9</sup>

Care home staff that Healthwatch Lancashire spoke to later in 2016 said some of their residents have difficulties accessing dental services, especially those who have poor mobility or dementia. More than half said they had struggled to arrange dental care for their residents in the past.<sup>10</sup>

**“It is only done through a referral when there is something wrong. The residents don’t get regular checks; they are only seen when there is a problem”**

Story shared with Healthwatch Lancashire (2016)



<sup>7</sup> Healthwatch Oxfordshire Project Fund (2016) Primary health care services for refugees, asylum-seekers and vulnerable migrants in Oxford city. A study on the experiences of service users and service providers

<sup>8</sup> The Argus (2016) Hairdressers more common in care homes than dentists, says patients group

<sup>9</sup> Healthwatch Kent (2016) The Tooth be Told

<sup>10</sup> Healthwatch Lancashire (2016) Access to dental services for care home residents in Lancashire

Members of the public have also raised specific concerns about this issue:

**"My father had to go back to A&E on 19 September 2015 to get a catheter refitted. On his return I asked the care home if they had a visiting dentist he could see. The reply was that they did have a dentist, but his contract had been cancelled by the practice and they had been unable to source any other dentist willing to travel to the home. This means any resident who cannot leave the care home does not have any access to dental services."**

**"The care home has 40 residents, at least half of whom are bed ridden and may require dental care. My father has complex health needs, and it is not so easy to predict whether he will be fit and able to travel to a dentist's surgery and be prepared to wait to be seen. All of it would be a hugely distressing experience for all concerned especially as we would have no foreknowledge of when or if at all my father would be seen by the emergency dentist."**

Patient story shared with Healthwatch Derby (2016)

Healthwatch Derby was concerned about the lack of information for social care providers about how to access dental services for their residents, following a change in NHS dental contracts. In response to this feedback, Derbyshire Community Health Services NHS Trust has written to all social care providers in Derby City about how to access appointments for their residents.<sup>11</sup>

At the moment the problems facing care home residents are not always being identified by the NHS or those responsible for ensuring quality. For example, primary care dental services and care homes are regulated separately – so asking about the oral health of care home residents

does not necessarily fall under the remit of either set of inspectors. In addition, domiciliary care is not covered within the standard NHS dental contract.

The local Healthwatch network is able to notice this kind of issue because they look at all services, how they work together, and people's experiences of them – rather than just looking at individual services in isolation.

### **Difficulty finding a dentist**

NHS Choices is a key source of information for patients who are looking for a new dentist. With no contractual requirement for dentists to keep their data up to date, patients are missing out on vital information.

In 2014, we were already reporting that data on NHS Choices was out of date. When **Healthwatch Bucks** carried out their project in 2015, they found that:<sup>12</sup>

**"It became very obvious, very quickly, that the data on the NHS Choices list of dentists was not always up-to-date with practices having merged, been moved entirely into private practice, or having other out-of-date details e.g. phone numbers and names. This creates more frustration than is necessary and possibly encourages people to give up finding dental help. This in turn might fuel rumours that access to NHS dental treatment is very difficult and, longer term, may affect the dental health of certain parts of the population."**

Feedback from Healthwatch Bucks (2015)

Healthwatch Bucks repeated its project in 2016 and found that there were still problems with the accuracy of information on NHS Choices.<sup>13</sup>



<sup>11</sup> Healthwatch Derby (2016) S.U.D.A Trend Analysis Overview

<sup>12</sup> Healthwatch Bucks (2015) Access to NHS Dentistry in Buckinghamshire

<sup>13</sup> Healthwatch Bucks (2016) Dentistry Mystery Shopping 2016

## Information for patients

Although the current contract means that patients do not have to be registered with a dentist in order to get treatment, some people have told local Healthwatch that informal 'registration' still exists. This lack of clarity causes problems for consumers, for example in Dorset:

**"Caller has had bowel cancer and secondary liver cancer. His teeth are falling out as a result of chemotherapy and he advised he could not get free dental treatment because he had not been to the dentist for two years and thus been dropped from the list. He was having chemotherapy all that time."**

Patient story shared with Healthwatch Dorset (2015)

People also lack clear, consistent guidance about the treatments they can access through the NHS, for example scale and polish. Once treatment begins, cost can come as a surprise. In our poll commissioned in early 2016, we found that 4 in 10 (41%) people said they remembered being told the cost of their last dental treatment before it began. 1 in 6 (17%) people who had visited a dentist said they had delayed or cancelled planned treatment because they felt it was too expensive:

**"My wife was told that she would need root canal treatment and the closest appointment would be a private one costing £1500. No mention of NHS treatment was given. I called to query this and was told that a root canal would cost less than £100 and found an NHS slot available in a couple of days."**

Patient story shared with Healthwatch Leicestershire (2015)

## Complaints

It is crucial that the NHS welcomes and values feedback, including that shared through complaints.

All dental practices, whether they are NHS, private or both, should have a clearly signposted complaints procedure to encourage a timely response to patient concerns. However, **Healthwatch Hampshire** found that fewer than half of NHS contracted dental practices across the county had information on their website about complaints.<sup>14</sup>

The Regulation of Dental Services Programme Board (RDSPB) brings together the key organisations involved in setting, managing and regulating dental care in England.<sup>15</sup> It aims to make dental regulation more coherent, streamlined and effective by improving joint working between those organisations.

The complaints workstream of the RDSPB has highlighted the lack of coherence across the sector, with a large number of bodies taking overlapping responsibility for some complaints. This causes confusion for dental professionals and can be very frustrating for patients:

**"The rings in my dentures have become loose, they do not fit me properly. I waited for a year to be seen by the hospital who fitted them for me. They sent me back to my dentist who ended up making things worse, and now the hospital won't touch them as they say the dentist has damaged them and that he should sort them out. The dentist keeps referring me back to the hospital. I'm now in the process of complaining, in the meantime it's me who is struggling to eat."**

Patient story shared with Healthwatch Kirklees (2014)



<sup>14</sup> Healthwatch Hampshire (2015) The Whole Tooth

<sup>15</sup> Care Quality Commission (2015) The future of dental service regulation

## Where next?

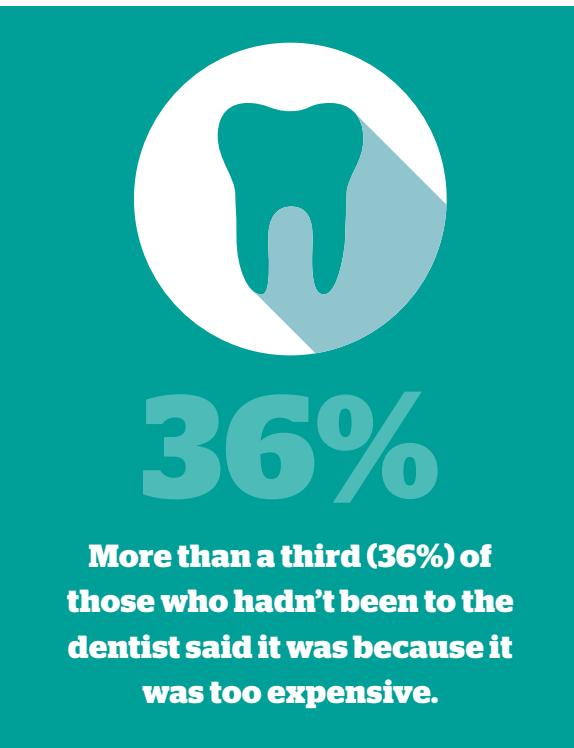
We welcome the move towards a new national dental contract based on prevention, which should help clarify how frequently people need to go to the dentist and potentially free up some capacity. The introduction of individual care plans for patients also provides an opportunity to educate people about their oral health and create good habits for the future.

We also welcome the recent announcement that NHS Choices has acted on evidence of poor consumer experience previously raised by our network in 2014. NHS Choices will improve the quality of its data, presenting people with a more accurate view of dental practices accepting new NHS patients, and make it easier to see which practices are not regularly updating their profiles.

Together these steps could help overcome some of the biggest hurdles patients face in accessing NHS dentistry.

However, as the experiences people have shared with local Healthwatch suggest, there are still areas in need of attention which will not necessarily be solved by the new contract. Indeed, there is a risk that waiting for major system wide changes like the contract is getting in the way of action that could be taken right now to improve things for consumers.

We have therefore shared the findings of this report with a range of national bodies which have responsibility for commissioning and regulating dental services, including NHS England, the Department of Health, the Chief Dental Officer and the Care Quality Commission (CQC). We suggest the following as areas for further consideration:



### Help commissioners to adjust to changing levels of demand

Local Healthwatch can make a real difference by working with dentists and regional NHS England teams to identify areas where current commissioning arrangements have not been flexible enough to meet sudden changes in need. This relationship should continue as the new contract is piloted and implemented, with commissioners checking that patients are visiting the dentist as frequently as they need to.

## Improve patient education and information about dentistry

From individual dental providers to the Chief Dental Officer, we all need to take responsibility for public education regarding oral health, with national bodies and local networks working together effectively. This approach will be especially important as we move towards a national dental contract based on prevention.

Patients must understand why visiting the dentist is important and receive clear, consistent information about the treatments they can get and the costs they will need to pay. They also need to receive clear messages about how frequently they should be re-attending, based on their individual oral health.

## Explore the access issues for those in care homes

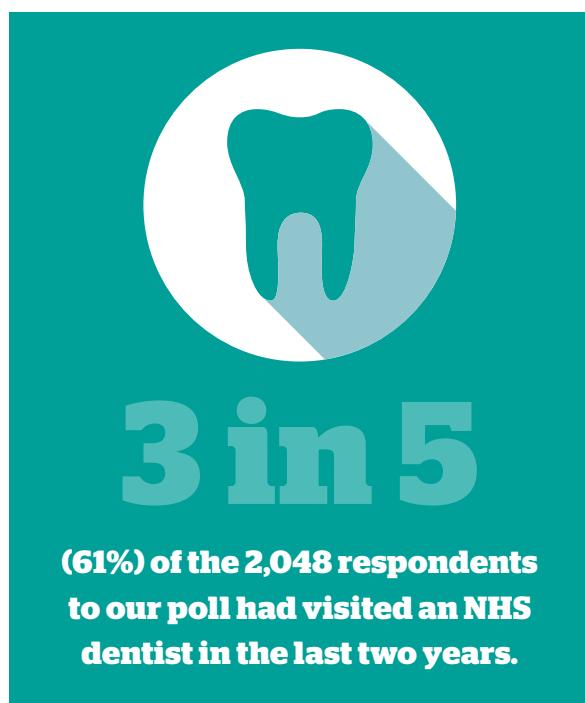
We know that primary care dental services and care homes are regulated separately – meaning that neither set of inspectors would necessarily ask questions about the oral health of people living in care homes. We will work with the CQC to ensure that the oral health needs of people in care homes do not fall through regulatory cracks.

We will also encourage local Healthwatch to monitor care home dental provision in their areas. For example, we will provide them with specific questions to ask about access to dentistry when visiting care homes, and to find out more about how dental practices meet the needs of vulnerable patients. Where we find apparent gaps in provision we will bring these to the attention of commissioners so that the needs of all local residents can be met.

## Help patients to resolve issues more quickly when care goes wrong

Patients need clear information about how to give feedback and make complaints. Together with the General Dental Council, we are leading a workstream for the Regulation of Dental Services Programme Board to help patients navigate the complaints system.

We are developing a shared understanding of complaints handling that can be used by providers, commissioners, regulators and local Healthwatch to ensure that we are all clear on where complaints should go and whose responsibility they are. We hope that dentists will find this of use when reviewing their own patient information materials.



## Healthwatch Bradford and Healthwatch Kirklees

### Understanding the issue

**'How do I get an NHS dentist?'** is the most common question the public has asked Healthwatch Bradford and Healthwatch Kirklees since 2014. Together the organisations found that Bradford and North Kirklees are both significantly above the national profile for decayed, missing and filled teeth and that residents struggle to access dental services.

### What people said

**'I have been looking for a dentist for over three months and have still not found one. I ring the dentist but they keep advising me to call back after two weeks. I am now in extreme pain. I have contacted all local dentists but they are all saying that they will only take on private patients, not NHS. I don't want to be going to A&E but the problem is getting worse. If I had been seen three months ago then I might not be in the pain that I am in today.'**

Patient story shared with Healthwatch Kirklees (2014)

### Balancing local supply and demand

When Healthwatch Bradford ran a survey between January and March 2016, 74% of those who did not have an NHS dentist said that they had tried to find one, but had been unable.<sup>16</sup>

In September 2016, a 'mystery shopper' exercise conducted by the two Healthwatch across the whole of West Yorkshire identified only two practices in the region accepting new NHS patients.<sup>17</sup>

### Groups that may be missing out

In 2015 Healthwatch Kirklees worked with Healthwatch Bolton to raise concerns about a number of problems for care home residents, including:

- Lack of preventative/routine dental care;
- Reliance on emergency dentists/private dentists/Accident and Emergency;
- Oral health missing from care plans;
- Lack of training in oral health for care home staff.<sup>18</sup>

### Difficulty finding a dentist

Also in 2015, Healthwatch Kirklees made a series of complaints to the Advertising Standards Authority about dental listings on NHS Choices being inaccurate. NHS Choices committed to rewording its listings in order to resolve the issue.



<sup>16</sup> Healthwatch Bolton and Healthwatch Kirklees (2014) Oral Health Care In Residential Care Homes Evidence from Bolton and Kirklees

<sup>17</sup> Healthwatch Bradford (2016) Access to NHS dentists in Bradford

<sup>18</sup> Healthwatch Bradford and District (2016) Report of Healthwatch Bradford and District to the Meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 6th October 2016

## Information for patients

Healthwatch Kirklees has developed an animation for patients which explains why going to the dentist too frequently might not be in their best interests. Public Health England has said it will work with Healthwatch Bradford and Healthwatch Kirklees to produce guidance for patients with healthy teeth in order to reduce the number of unnecessary check-ups and release resources for other patients.

## Where next?

In the face of the continuing problems facing people who needed dental treatment in West Yorkshire, Healthwatch Bradford and Healthwatch Kirklees made use of as many routes as possible to ensure that the voices of patients are heard. They have raised awareness of the issue via local media and gained the support of local MPs, who asked questions about the issue in the House of Commons. One MP also met a Health Minister to discuss people's concerns about dentistry.

The two Healthwatch shared their findings with an NHS England group, which was set up to improve access to dentists. Although NHS England had developed a proposal for a pilot scheme to open up new appointments in the worst affected areas of the district by re-investing resources from commissioned but unused UDAs, Healthwatch Bradford and Healthwatch Kirklees are concerned by the lack of progress and they have started to look at new ways to improve the situation.

Healthwatch Bradford and Kirklees are looking into how frequently patients in West Yorkshire return to the dentist (see 'Going too often, or not often enough?' on page 5), to see whether healthy adults are going too much. By analysing the rate at which patients re-attend for routine dental check-ups, they want to find out how many new appointments could be freed up for new patients if attendance intervals for dentally fit adults were increased.

They are working with the local Sustainability and Transformation Plan leader to work out ways to ensure that people are only visiting the dentist when they need to. This would mean that patients who need urgent dental care would find it easier to access, and healthy patients would not be attending more than necessary, without requiring extra funding.

**"I can't find one! Nobody is accepting patients...I can't believe that nobody is doing anything about it. Oral health does not seem to be a priority for this area."**

**Patient story shared with Healthwatch Kirklees (2016)**



## Thank you

Local Healthwatch whose work has helped to inform this report: Barking and Dagenham, Barnet, Bexley, Blackpool, Bolton, Bradford and District, Bristol, Bucks, Bury, Cornwall, Derby, Derbyshire, Dorset, Ealing, Hampshire, Kent, Kirklees, Lancashire, Leeds, Leicester,

Leicestershire, Liverpool, Northamptonshire, North Somerset, Oxfordshire, Reading, Rotherham, Slough, Shropshire, Waltham Forest, Wigan and Leigh.

## Where our evidence came from

A number of local Healthwatch have sought the views of patients across the country on their local NHS dental services. The comments in this report are just a small selection of the feedback they received.

To help set the context for local Healthwatch findings, in early 2016 we commissioned a national poll of consumer attitudes towards dentistry.

All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2048 adults. Fieldwork was undertaken between 21 - 22 January 2016. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

## Notes

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