

Dentistry: Healthwatch Brighton and Hove briefing paper for HOSC, January 2024

1. Executive summary

- 1.1 Improving access to NHS Dental Care is a priority for Healthwatch.** Issues affecting access existed prior to COVID-19 but were exacerbated by the pandemic. Since 2016, we have collated patient experiences and escalated our concerns, as well as providing advice and guidance (see Annex for more details of our work).
- 1.2 Requests for help to find an ‘NHS dentist’** are one of the main reasons people contact our helpline. At its peak in 2020/21, we saw a 271% increase in queries. Levels remain higher than before COVID. Section 2 includes real-life patient stories.
- 1.3 The ‘cost of living’ crisis has impacted people’s ability to pay** NHS or private charges for dental treatment. Healthwatch hears from patients who have been declined NHS treatment but offered private care, which is unaffordable to them.
- 1.4 Healthwatch is concerned that costs and affordability are disincentivising people to seek treatment,** potentially leading to worse outcomes in the longer-term, particularly amongst those on low incomes. We are particularly concerned that children and vulnerable adults are suffering most.
- 1.5 People’s accounts suggest a lack of access to NHS dental care is having an impact on other parts of the NHS,** including increased calls to NHS111, people attending A&Es and in desperation contacting their GP Practices for help.
- 1.6 There are calls from within the profession for meaningful contractual reform.** The latest changes, introduced in 2022 were regarded by the [British Dental Association \(BDA\) as marginal changes](#), not contractual reform.
- 1.7 Healthwatch works with local dentists and understands that some practices are handing back their NHS contracts.** These practices have ‘gone private’ and the lost NHS activity has not been replaced.
- 1.8 Workforce challenges are affecting provision.** Data seen by Healthwatch shows that over 2,000 dentists left the profession in 2022/23 – they are estimated to serve over 4 million patients. The NHS dental workforce headcount in England is at its lowest level since 2013/14 and whilst Sussex has consistently had more dentists per 100,000 population than the England average, over the last five years this has reduced by 9% and in 2020/21, Sussex lost 262 dentists.
- 1.9 The gap between NHS dental capacity and demand appears to be increasing,** worsening health inequalities. The Sussex Health & Care Shared Delivery Plan states the following objective to “*increase access to, and reduce variability in, primary care (including dentists) as an immediate improvement priority.*”
- 1.10 To support this work, Healthwatch has shared our research with the ICS** as part of a system-wide mapping exercise. We understand NHS Sussex are considering changes to deliver flexible commissioning of dental activity locally and have asked for a further meeting with ICS Leads to learn more.
- 1.11 In December, the Government released their [response to the Health and Social Care Committee’s exploration of NHS dentistry](#),** which Healthwatch fed into. The DHSC rejected a major dental contract overhaul but accepted the need to improve

patient access. We now wait for the forthcoming dental care recovery plan to see the detail on how the government will make changes.

2. Patient stories

2.1 The following are real-life examples of what Healthwatch Brighton and Hove have been hearing from Brighton and Hove residents.

2.2 No dentists accepting NHS patients

"Do you know of any dentists in or near Brighton accepting NHS patients? My husband registered our family as NHS patients with a dental practice, but when I went today, they said they could only take me as a private patient because I haven't been there for the last two years."

"I have rung over 50 dentist practices and been sent away from each one. One in Horsham told myself and husband they would not accept my 2 year old daughter as an NHS patient as there is no money in children..."

2.3 Not a new problem

"We have lived in Brighton for 3.5 years. During that time, it has been impossible to get registered with a dentist for NHS treatment."

2.4 Practices going private

"We received a letter that the dental practice we have been with for 10 years has decided to go private. They will no longer see NHS patients and offered us a monthly plan instead. Everyone I call says they are not taking any NHS patients."

2.5 Health inequalities due to cost

"I have a problem finding a dental clinic that accepts NHS customers. I am a carer and a single parent who is looking after a severely disabled young adult. I can't afford to pay for full-cost treatment."

"I am a pregnant woman suffering from tooth aches and under the maternity exemption I am eligible for free dental care. Please can you assist me as every clinic I have called have denied me this facility."

3. Healthwatch research

3.1 In April 2023, the three local Healthwatch in Sussex (working as 'Healthwatch in Sussex') [published our findings](#) from a joint dental survey which had collated people's experiences of using or seeking to access NHS dental services since the 1st December 2022. We wanted to learn whether reforms to dentistry, which came into effect from November 2022, were leading to any beneficial local changes. We also carried out a review of the NHS Find a Dentist webpage.

3.2 **220 people responded to our survey.** It was pleasing to hear that nearly a third of people were satisfied/very satisfied with the treatment they received when they were able to access it and that one on four accessed NHS dental treatment without any issues. One in four people also said that they were confident about their ability to access NHS dental services over the next 12 months.

3.3 Of concern, across Sussex, were the following findings:

- 62% were not confident about their ability to access NHS dental services over the next 12 months, either for themselves or others.
- 45% were dissatisfied/very dissatisfied about their ability to find a dentist offering NHS treatments.
- 42% were dissatisfied/very dissatisfied with the waiting times to see someone.
- 36% were dissatisfied/very dissatisfied with information on services being accurate and up to date.
- One-in-fourteen people who needed dental treatment were unable to afford it.
- 22% had paid for treatment privately because they had been unable to find or access a dentist able to provide NHS treatment.

3.4 There were noticeable differences in Brighton and Hove

- 81 people from Brighton and Hove responded to our survey.
- Slightly more people (69%) in Brighton and Hove were not confident about their ability to access NHS dental services over the next 12 months.
- A far higher number of local people (65%) told us they were dissatisfied/very dissatisfied about their ability to find a dentist offering NHS treatments.
- More people, (57%) were dissatisfied/very dissatisfied with the waiting times to see someone.
- A far higher proportion of people (58%) were dissatisfied/very dissatisfied with information on services being accurate and up to date.
- More people (28%) told us they had paid for treatment privately because they had been unable to find or access a dentist able to provide NHS treatment.

3.5 Results from our review of the NHS 'find a dentist' website

- Since November 2022, dentists are now required to update the NHS website regularly to make it clear which practices are taking on new patients and the services available, thereby improving access.
- We carried out a review of the [NHS find a dentist](#) website to see who many practices had updated their web pages and which had indicated they were accepting adult and/or child patients for NHS treatments.
- Our results were worrying. **We found that across Sussex, in January 2023, out of 320 listed dental practice /practitioner entries (provided to us by NHS Sussex), 68% did not appear have updated their details, with some having very historical updates.** We found just 21 practices had updates to say they were taking on NHS adult patients, and 36 were taking on children.

- **Whilst we have not been able to repeat this review in full, we continue to note that in December 2023**, 7 out of 56 dentists in Brighton and Hove were recorded as follows *“This dentist surgery has not given a recent update on whether they’re taking new NHS patients.”*

4. National dental crisis – Healthwatch calls for reform

4.1 On Monday 27 November 2023, Healthwatch England published a flagship report [‘The public’s perspective: The state of health and care’](#). The report looks behind performance statistics to provide an account of what it has been like to use health and care services in 2023. Ten areas are covered in the research, including dentistry. Key dentistry findings included:

- **Negative impacts:** When people can’t find local NHS dentists, they can’t eat, feel ashamed of their teeth or resort to DIY treatment. People have ended up in hospital with septicaemia when they’ve been unable to get urgent care.
 - **Cost barriers:** Cost of living pressures mean many people can’t afford to pay NHS dental charges and avoid going altogether while other people feel pressured to go private when they can’t access a local NHS dentist.
 - **Long waits:** People needing extra support during appointments – like people with disabilities – are facing long waits to be seen at over-stretched community dental services.
- Healthwatch England set out their recommendations for dentistry. They want the government’s upcoming dental recovery plan to:
 - Set out a clear vision for improving patient access to a local NHS dentist that provides preventative and emergency care.
 - Incentivise dentists to provide more NHS work, through major changes to the contract introduced in 2006.
 - Conduct a national assessment of the needs and gaps in oral healthcare for diverse populations.
 - Ensure integrated care boards listen to local communities, include dental representatives in their decision-making, and use all opportunities to join up dental care with other local NHS and public health services.
 - Mandate collection of specific data to track the access and experience of people facing the worst barriers to care.

5. House of Commons cross-party Health and Social Care Committee inquiry into NHS dentistry – the Healthwatch response

5.1 The inquiry was launched on 8 December 2022. The Healthwatch response to the inquiry can be read in full [here](#). Healthwatch commented that:

- **There should be an analysis of whether there is enough overall dentistry capacity** locally, to meet demand.
- **The NHS website should be improved.**
- **ICSs could take steps to improve patient information.** In 2022, Healthwatch in Sussex responded to this void and produced [a patient guide which explained](#)

[patients' rights](#). Any information needs to tackle common misconceptions such as what registering with a dentist means.

- **ICSs could do more to inform patients about what recent dental reforms mean for people.** For example, the latest reforms include a move away from six monthly check-ups to 12 or even 24 months in line with NICE guidance for those with good oral hygiene and enabling dental professionals other than dentists – such as hygienists – to deliver a wider mix of treatments. Some patients may not be happy with these changes – or even know about them – unless they are properly explained.
- To aid the public's understanding, **ICSs could communicate the work they have been doing** to build their understanding of local dental provision since they took on delegated commissioning from 1st July 2022 and publish their priority/delivery plans for local dental provision as soon as possible.
- **ICSs must continue to work with local dental committees to inform commissioning.** We are aware that NHS Sussex Leads held a dental professional listening event on 12 June 2023 where professionals identified their key challenges:
 - The current NHS dental contract
 - Workforce – inability to recruit
 - Affordability – insufficiency of UDA rates
 - Expectation – the pressure to do more
- **That better data and intelligence will support commissioning.** For example, data examining how far patients are travelling for appointments; numbers of 'Did Not Attend's; how many children are unable to see a dentist for NHS treatment, as well as determining the reasons which stop dentists from bidding for re-procurements, will support ICSs to better understand local need.
- **ICSs should focus on meaningful incentivisation that matches capacity.** Under the latest contractual reforms, high-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible. Additionally, where a contractor has delivered less than 96% of their contracted activity for three consecutive years, and no voluntary plan or reduction can be agreed, commissioners will be able to reduce the size of a contract to the highest level of delivery in the preceding 3 years. These reforms allow ICSs, in theory, to better meet identified needs within contracts that don't appear possible currently. ICSs need to be transparent about how they will carry out these functions.

5.1 Below is a summary of [DHSC responses to the committee's key recommendations](#), as identified by Healthwatch England:

- a. **MPs' recommendation:** Improved access to NHS dentists must include being seen in a 'reasonable timeframe' and 'reasonable distance'.

DHSC response: *The dental plan will set out more on access. A new requirement for up-to-date information on which dentists are taking on NHS work, is helping patients choose to travel out of area for appointments.*

- b. **Recommendation:** The DHSC should reinstate patient registration with NHS dentists.

Response: *The DHSC rejects this outright, saying that the current model – where the contract of care only covers individual courses of treatment – gives ‘greater choice and flexibility’ for patients to choose where they get this.*

- c. **Recommendation:** DHSC and NHSE should fundamentally reform the dental contract, moving away from the unit of dental activity (UDA) system.

Response: *The DHSC wants to build on new contract flexibilities introduced in 2022 but there is ‘no perfect payment model’. Pilots of a capitation-based funding model showed this would not achieve desired results or offer ‘financial sustainability’.*

Healthwatch commentary – Contractual reform

Healthwatch understands from our conversations with dentists that the current NHS contract sets payment limits that can be awarded to dentists for the work they carry out. Some of these limits were set in 2006, and whilst changes made in November 2022 have increased payments for certain treatments these are not sufficient. Practices should not be placed in a position of subsidising the costs of treatment that they carry out. It is recognised that the November 2022 changes are the start of a process to address the challenges faced in delivering effective and accessible NHS dental provision, but they do not end it.

- d. **Recommendation:** The NHS dental budget should be ring-fenced permanently.

Response: *DHSC is considering arrangements for 2024-25 as well as “any opportunities to further strengthen oversight” of dental funding.*

- e. **Recommendation:** Undertake a dental workforce survey to understand the mix of private and NHS work that dentists currently undertake and whether they work full or part-time.

Response: *The DHSC agreed and said a workforce survey was launched in October, with results due in early 2024.*

Healthwatch commentary – Workforce challenges

Healthwatch understands that currently, training to become a fully qualified dental practitioner takes five years to complete. It is not known whether enough British students are opting to study dentistry in the UK to fill this shortage alone. The Government is consulting on legislation to reform the Overseas Registration Examination (ORE) but decisions following this should be taken and acted upon quickly to increase overseas recruitment. We are also aware that many younger dentists are not willing to work under the current conditions imposed by the NHS contract and are more inclined to want to work part-time, whilst many older dentists are now of retirement age, or choosing to retire early. All of this has led to a recruitment problem.

Efforts need to be made to ensure the retention of key workers. Incentives that make a difference can only be co-designed with the dental profession.

- f. **Recommendation:** Every ICB should have undertaken an oral health needs assessment by end of July 2024, in consultations with service users, patient organisation and the profession.

Response: *All ICBs are working towards completing assessments but some won't be complete by end of July 2024 due to ICBs' 'different stages of maturity'.*

Healthwatch commentary –

We are keen to be involved in the work to update the oral health need assessment and stand ready to help.

Annex – work conducted by Healthwatch Brighton and Hove on dentistry

2023

- January – [Healthwatch In Sussex Survey – Experiences of Dentistry in Pregnancy](#)
- March – [Healthwatch respond to the Parliamentary Inquiry into dentistry](#)
- April – [Patients in Sussex share their experiences of dentistry with Healthwatch](#)
- April – [Dentistry – A Healthwatch guide to your rights and accessing the treatment you need](#) (updated)
- June – [CQC report Bristol Gardens MK Dental Practice June 2023](#)
- July – [New report calls for fundamental reform of NHS dental care](#)
- August – [Annual NHS Dental Statistics for England – Healthwatch England's response](#)

2022

- May – [Lack of NHS dental appointments widens health inequalities](#)
- June – [NHS dentistry – a Healthwatch bulletin](#)
- July – [NHS acts on your feedback to improve dental care](#)
- September – [Healthwatch gets questions on dentistry raised in Parliament](#)

2021

- January – [Dental Services during COVID-19](#)
- March – [Review of dental websites and out of hours telephone messages reconfirms earlier concerns](#)
- March – [Press Release: Healthwatch warns of broken dental system](#)
- May – [Twin crisis of access and affordability calls for a radical rethink of NHS dentistry](#)
- November – [Healthwatch learns that no local dentists are offering NHS treatment to new patients](#)
- December – [Recovery of NHS dental care too slow to help thousands left in pain](#)

2020

- December – [Dentistry: the impact of COVID](#)

2019

- July – [‘SMILING MATTERS’: Oral care in care homes in Brighton and Hove](#)
- July – [What should you expect when it comes to care for your teeth?](#)

2016

- November – [10 top tips to get the most out of your dental appointment](#)