

What people have told us about NHS dentistry

A review of our evidence – April to September 2021



Foreword

Recovery of NHS dental care too slow to help thousands left in pain

Lack of access to NHS dentistry has exploded as an issue for people over the last 18 months. We've heard from people up and down the country desperate to access the care they need, leaving them in pain and affecting their mental health. Particularly worrying is the impact this is having on young people, with desperate parents unable to register their children with an NHS dentist as local practices aren't taking on new patients, have gone private or have closed down.

It is not just Healthwatch witnessing these concerns. Reports from bodies across the health sector tell the same story.

In October, the CQC, in the annual 'State of health care and social care' report, also highlighted problems that children and young people had in accessing routine dental care during the pandemic.

Data from NHS Digital shows that the number of appointments for children have fallen by 44% in the last year. Many parents are also struggling to find practices in the first place. The NHS.UK website suggests that swathes of the country are now dental deserts, with seven of the NHS's 42 new sub-regions, known as Integrated Care Systems, reporting that they have no practices taking on new adult NHS patients.

With fewer NHS appointments available, it's not surprising that we're hearing from people struggling to cover private fees, or worse, taking matters in their own hands.

The big worry about the shortage of NHS appointments leading people, who can afford, to private dental care is that it further deepens the health inequalities that COVID-19 starkly highlighted. It is also far from the direction the [*Marmot report*](#) calls for.

We won't restore a fairer NHS until access to dentistry is equal and inclusive for everyone.

While the pandemic has presented new challenges for dental practices, in many ways, it has merely exacerbated long-term structural problems within NHS dentistry that – we all should remember – were meant to be addressed over a decade ago.

Today, dentistry remains the only part of the NHS that receives a lower budget in cash terms than in 2010. Yet, despite our joint call with the BDA and the subsequent calls from a cross-party group of 40 MPs led by Yvette Cooper MP for funding for NHS dentistry, no additional money was made available for dental care in the last Spending Review.

The ongoing neglect of NHS dentistry will have repercussions for the life-long health of current and future generations, particularly among the most disadvantaged communities.

People all over the country have made it clear that we need to fix NHS dentistry. This means making it accessible and affordable for everyone. It is a situation where we have to react with tangible solutions now. And that is why we're once again calling on the Government and NHSE to

take people's struggles seriously, speed up dental contract reform and provide meaningful funding.

Sir Robert Francis QC, Chair of Healthwatch England

Dentistry update: April - September 2021

Background

Access to NHS dentistry has been one of the most significant issues raised with us by the public over the last 18 months. Not only have we seen a large increase in the volume of feedback and a significant increase in the amount of negative sentiment in our evidence, but more strikingly, we have noted a continuation of this new trend over time. These issues are not occurring in isolated pockets, people are raising them right across the country. This is what makes NHS dentistry such an important topic for us – it is clear that our communities from all over England want us to keep pushing this issue until we see some tangible changes.

To draw attention to the crisis in this sector, we have published several reports highlighting the struggles of people trying to access NHS dental care. Most recently, in May 2021, we published our [insight review](#) based on the feedback shared with us between January and March 2021. During this period, four in five people (80%) who contacted us about dentistry had found it difficult to access timely care, and nearly three in five (59%) had reported a negative experience of care.

Our investigations also highlighted that cost was also becoming an increasing barrier for people. Our [national polling data](#) suggested that more than three in five people (61%) feel that NHS dental treatments are expensive. With fewer NHS appointments available, increasing numbers of people have had no choice but to seek private treatment, which is often even more costly. Such disparities will undoubtedly contribute to the rising health inequalities in the country.

Based on our evidence, we had called upon the Government and the NHS to radically rethink their approach to addressing this twin crisis of access and affordability and make NHS dentistry equitable and affordable for all.

This briefing provides an update on what we have been hearing in the first half of 2021/22 and assesses what progress has been made in fixing NHS dentistry for people in England.

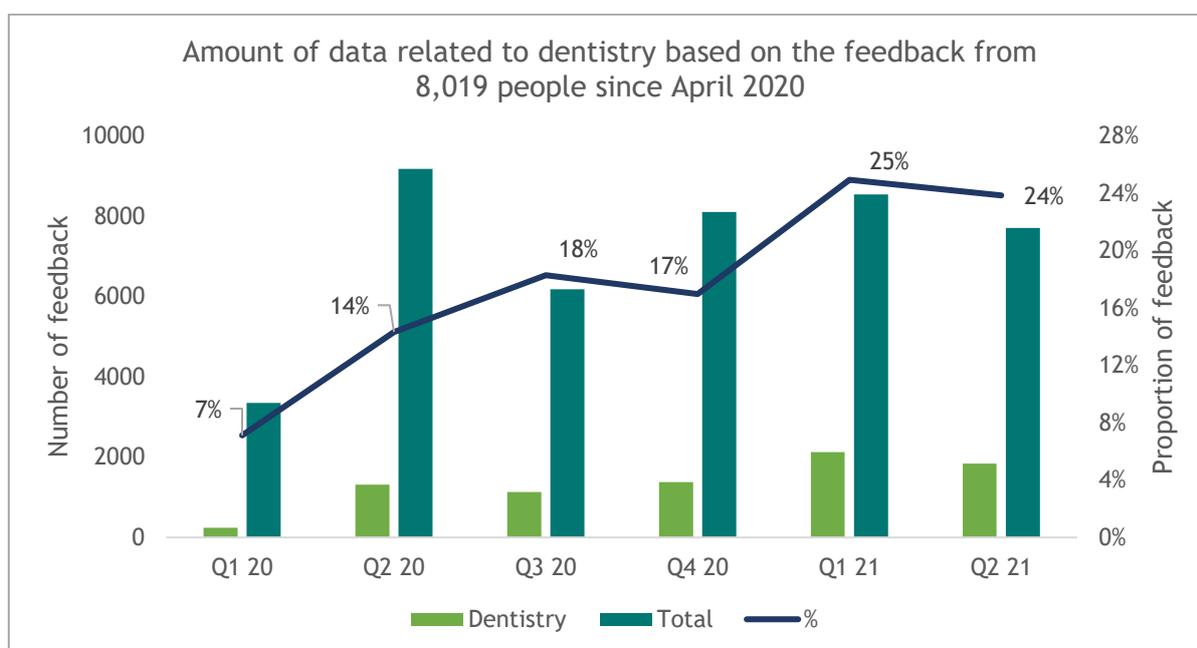
Our latest stats on NHS dentistry

From April 2021, NHS England expected all NHS dental providers to meet 60% of their usual units of dental activity (UDAs). This was up from 45% of their contracted targets between January and March 2021¹. With this increase in capacity, we had expected to hear less about dentistry from April onwards. However, between April and June 2021, we saw the highest numbers of dentistry feedback since the pandemic started in March 2020.

¹ NHS Business Services Authority - [Contractual arrangements for coronavirus recovery in England](#)

During this period, 2,128 people shared their experiences² of accessing NHS dental care, which was a quarter (25%) of all the data we received. The number of people who had provided feedback about dentistry was 55% higher when compared with the previous three months and 794% higher compared with the same period in 2020. More than three in five people (61%) had reported a negative experience; in comparison, only one in 20 (5%) had said something positive. On average, between April – June 2021, nearly four in five people (79%) found it difficult to access timely care. On the other hand, only one in 30 (3%) had found it easy.

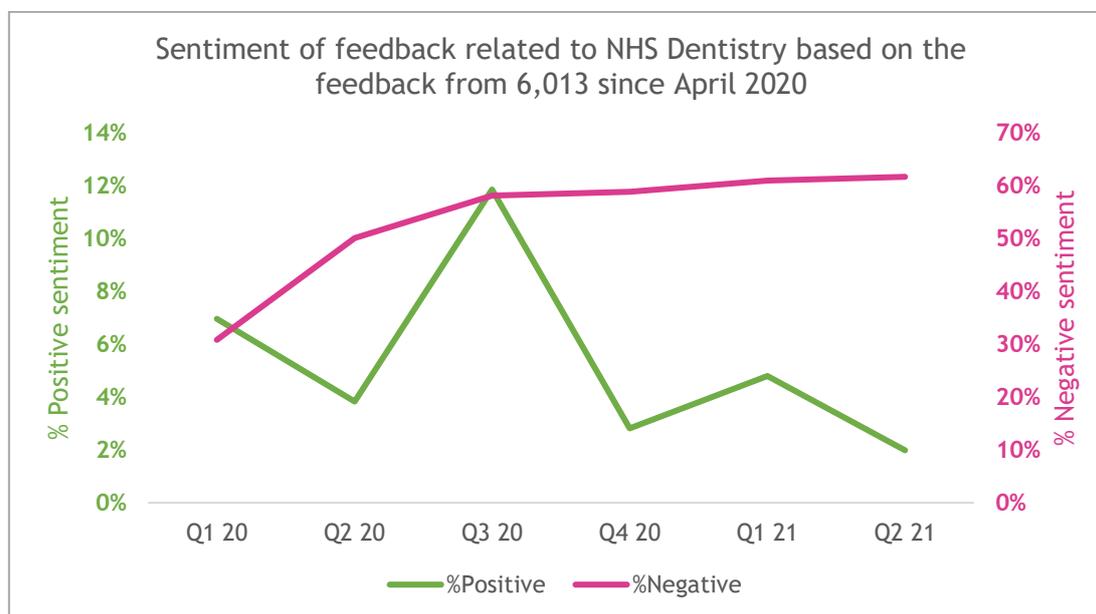
Analysis of our latest data shared with us between July and September 2021 continues to show similar trends – during this period, we have heard from 1,836 people, which is again almost a quarter (24%) of all the evidence we have received during this period. It clearly shows that dentistry remains one of the critical issues that people continue to face. **Overall, since April 2020, nearly one in five people (19%) who contacted us did so to provide their views about dentistry.** In contrast, in the twelve months before the pandemic, i.e., between April 2019 and March 2020, only one in 25 people (4%) had done so.



The negative sentiment in people’s feedback about NHS dentistry continues to increase – compared with the figures from the start of the pandemic in Q1 of 2020, negative sentiment has doubled in Q2 of 2021 (31% and 62%, respectively). On the other hand, the proportion of positive sentiment has fallen by more than two-third over the same period (7% and 2%, respectively). **At 2%, the proportion of positive sentiment in our data is at its lowest since Q1 of 2019, when it was 30% positive.**

² This is from a self-selecting sample of people providing their feedback about health and care services via their local Healthwatch and the Healthwatch England webform.

The graph below shows us how the proportion of positive and negative sentiment in our evidence has changed over time since April 2020. Note that the graph has two scales – the proportion of positive sentiment (green line) follows the left-hand scale (%Positive sentiment), and the proportion of negative sentiment (pink line) follows the right-hand scale (%Negative sentiment).



What national performance stats tells us about NHS dentistry

The latest results from the [National GP Patient Survey](#) mirror the increased volume of negative feedback that we receive about dentistry. When asked if people successfully got an NHS dental appointment in the last two years, in 2020, 6% of the respondents had said no. In contrast, in 2021, this figure was nearly four times higher at 23%. Additionally, the latest [NHS Dental Statistics for England- 2020-21 Annual Report](#) states that the NHS has delivered 69% fewer courses of treatment compared with the previous year. These figures are directly related to the impact of the pandemic, and they support the evidence that we have been presenting in all our briefings about NHS dentistry over the last 18 months.

It is also interesting to note from the GP survey data that more than one in 10 (11%) respondents said they did not go to the same dental practice as before when they tried to get an NHS dental appointment. A similar proportion (13%) reported that they did not even try to get an NHS appointment because they didn't think they could get one. While there can be several reasons for these findings, we note that they match with the experiences that we hear from people about not getting treatment at their usual practice, either because of reduced availability of NHS appointments or when their practice has gone fully private.

We compared data reported by NHS Digital about the number of adult and child patients seen in [2019](#) and [2021](#). The figures below highlight the reduction in numbers for England and the different NHS Geographic/Commissioning Regions:

Adult patients			
	30-Jun-21	30-Jun-19	% reduction
England	18,190,987	21,959,979	-17%
London	2,414,131	3,004,893	-20%
North West	2,501,833	3,058,555	-18%
East of England	2,098,156	2,551,274	-18%
South East	2,589,379	3,139,170	-18%
South West	1,850,201	2,231,353	-17%
Midlands	3,489,052	4,155,518	-16%
North East and Yorkshire	3,202,693	3,751,912	-15%

Child patients			
	30-Jun-21	30-Jun-19	% reduction
England	3,946,048	7,000,685	-44%
North East and Yorkshire	596,034	1,133,462	-47%
North West	507,059	949,784	-47%
Midlands	735,998	1,311,335	-44%
East of England	456,088	811,881	-44%
London	580,034	1,013,246	-43%
South West	386,370	661,062	-42%
South East	671,313	1,100,276	-39%

It is evident from the above figures that the NHS has seen far fewer patients in 2021 compared with 2019, undoubtedly, a direct impact of the pandemic. However, the difference in the number of appointments for children in 2021 is particularly stark.

The data for children is collected on an annual basis. This demonstrates that the number of child patients seen has nearly halved (-44%) in 2021 compared to 2019. This dramatic fall will surely impact their life-long dental health if dental services do not recover soon.

Children living in the North seem to be worse off than those in the South of the country. While there was an average reduction in the number of child patients by -47% in the North East/Yorkshire/North West regions, the average value for the South East/South West is -40%. Lack of dental care access for children is a worrying trend that the NHS must tackle immediately. Poor oral health has detrimental effects on children and young people's physical and mental health.³

Data on adults is measured as a 2-yearly rolling average and 2021 data will include patients that accessed dentistry before the pandemic restricted access. This data shows that number of adult patients seen over the last two years has fallen by almost a fifth (-17%).

Accepting new patients: what the NHS.UK website tells us

One major problem we heard about before the pandemic was how difficult it could be for people to find a dental practice accepting new NHS patients - an issue for a wide variety of groups, including:

- People who may not have been to a dentist in a while (usually more than two years) and may no longer have a usual dental practice.
- People whose usual practice has closed or has moved entirely private.
- Parents looking to start taking a child or children to the dentist.
- People who have recently moved to a new house.
- Those who are unhappy with their usual dentist.

Part of the problem is that data on dental practices is often not kept up to date on the NHS.UK website – the primary source of information for people looking to find a new NHS dentist.

Under the current arrangements, if practices do not update their status within 90 days, then the status on NHS.UK changes to "no information supplied". In total, 3,056⁴ practices on NHS.UK fall under this category. We, therefore, acknowledge that some of these practices may well be taking on NHS patients but, from a people point of view, these practices are impossible to identify via the NHS website.

³ Local Government Association & Public Health England - [Tackling poor oral health in children](#)

⁴ The figure is based on the data that NHS Digital provided us on 07/12/2021.

We also know from research conducted by local Healthwatch across the country that practices showing as “accepting new NHS patients” on the site are often not doing so in practice. For example, in May and June [Healthwatch York](#) conducted a spot check of the 39 practices across the city and found not a single practice was taking on new NHS patients.

“Caller has been attempting to find a dentist through the NHS website and states that he would like to draw attention to this as it does not work and does not do its job! It is just a list of Dentists based on your Postcode. It also includes numerous PRIVATE ONLY Dentists, i.e. NOT NHS, it also gives no indication of whether they currently accept NHS patients - of which incidentally there are none at all. He suggests that the NHS should amend their website to at least include only NHS dentists (or create a separate private list!), and preferably ones accepting patients. He states that in effect the website merely creates an illusion that there is either choice or availability, of which there is literally none. He has written to his MP who has promised to look into this immediately and revert. He concludes that the system is totally broken and is failing children requiring treatment and in pain.” Healthwatch Bristol, 31/08/2021

We analysed the latest data (7 Dec 2021) from NHS.UK, which was provided to us by NHS Digital, and found that of 5,421⁵ dental practices in England:

- only 11% say they are currently taking on new adult NHS patients,
- 12% say they accept charge-exempt adults,
- and 17% take on children as NHS patients.

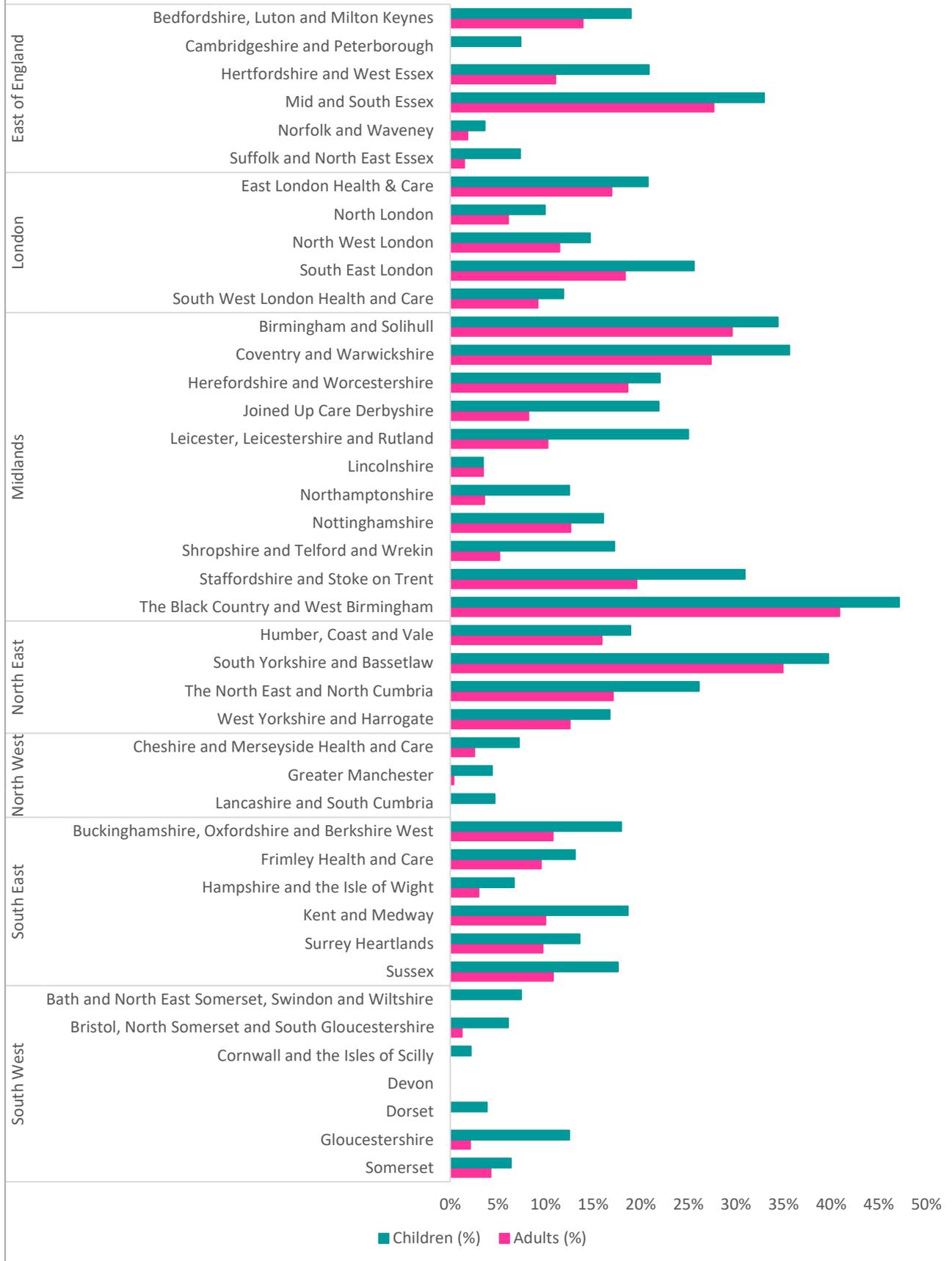
This issue is not evenly distributed across the country. When we break it down by the UK regions, we see that the North West and South West both appear to be experiencing particular challenges (see table below):

⁵ There are a total of 7,360 dental services currently listed on the NHS.UK website. However, of these, 1,939 are “referral only”, which means that members of the public cannot arrange care directly with these services. On the advice of NHS Digital, we have excluded these dental services from our calculations as they would never be showing as “accepting new NHS patients”. We have analysed the remaining 5,421, including both practices with up-to-date status on the NHS.UK website and those listed on the site, but with no information about their current status on accepting new patients.

Region	Accepting adults	Accepting adults: free care	Children	Average
East of England	9%	9%	10%	10%
London	21%	22%	19%	21%
Midlands	30%	30%	29%	30%
North East and Yorkshire	25%	24%	22%	24%
North West	1%	1%	4%	2%
South East	12%	12%	14%	13%
South West	1%	1%	3%	1%

We have broken this data down further and looked at the proportion of NHS dental practices taking new patients by the new Integrated Care System (ICS) regions. **In total, seven of these 42 new NHS sub-regions have no dental practices taking on new adult patients, according to NHS.UK.** Four out of these seven ICS areas are in the South West including Bath and North East Somerset, Swindon and Wiltshire; Cornwall and the Isles of Scilly; Devon; and Dorset. In the North West, two out of three ICS areas were accepting no new patients, including Greater Manchester, and Lancashire and South Cumbria. Of all of these areas perhaps the worst affected is Devon, as there are currently no practices showing as taking on adult or child patients.

Percentage of NHS dental practices accepting new adult and child patients as stated on the NHS.UK website on 07/12/2021, by ICS region



What people are telling us

We have analysed the feedback that people have shared with us between April – September 2021. We aimed to compare our findings with the issues we have reported before to find out if people were saying anything new or different. However, the vast majority of the feedback shared with us suggests that little has changed in user experience, despite increasing capacity. The main issues we have heard about NHS dentistry in the first six months of this year are as follows:

- **Access remains the most significant issue that people are facing.** We continue to hear that people cannot find an NHS dentist appointment despite calling several local practices, 150 in one case. People are reaching out to NHS 111 for help in finding a practice, but call handlers often lack access to more up-to-date information about local practices. In one case, we even heard of an NHS 111 call handler advising a patient to seek private dental treatment as there were no NHS appointments available.

Even when people find a practice willing to see them on the NHS, waiting lists can be anywhere between six months to three years. One dental practice has said that they have a waiting list of 6,000 people. And, when people have got an appointment, they are either being repeatedly rescheduled or cancelled without offering an alternative.

In a recently published report, [Healthwatch North Yorkshire](#) found that of the 77 NHS dental practices in the area, only two would take on new adult patients for NHS treatment – and they also had significant restrictions on who was allowed to be seen. Similarly, [Healthwatch Blackburn with Darwen](#) reported that all 21 dental practices in their area, who are on the NHS.UK website, weren't taking on any new NHS patients for the foreseeable future.

- **Access to urgent care is difficult.** Some people are still finding it hard to access emergency dental treatment and have to wait long periods (38 days in one instance) before getting any help. People have found emergency phone lines constantly engaged; as a result, some have ended up in A&E. Without treatment, people are putting up with excruciating symptoms and are unable to eat or drink due to the pain and discomfort. In extreme cases, one person has pulled their own teeth out, and another was admitted to a hospital because they did not get the proper treatment on time.

“Call from someone who had been hospitalised with a tooth abscess, requiring IV antibiotics. He has previously accessed a dentist via [NHS]111, but the treatment they provided did not prevent the abscess getting worse, hence the emergency admission. Was given no advice on discharge about what to do in relation to the teeth which still needed attention. Had been calling dentists to try and seek NHS care, with no luck. He told me 'I have 3 teeth which are causing me problems, they

need extracting - the pain is keeping me awake at night and I'm sick of eating soup - I can't keep live like this'." Healthwatch Sheffield, 07/04/2021

- **Impact on people due to lack of timely dental care.** Lack of access to dental care has impacted different people in different ways. Below are a few examples that we have come across in our evidence:
 - People have been regularly prescribed antibiotics without resolving the underlying issues.
 - Minor problems are becoming much more prominent, leading to worry and anxiety.
 - People are unable to get their dentures or loose crown fixed.
 - Apart from the discomfort and finding it difficult to eat, some people are conscious of their appearance and avoid social interactions.
 - Pregnant women cannot access free dental care during maternity, and in one case, even when there was a medical need that could adversely affect the unborn baby.
 - Cancer treatments are getting delayed as people cannot get the necessary dental treatment before they can start their next round of therapy.
 - People often resort to fixing the problems themselves by buying over the counter self-help kits, which aren't always helpful, as we have heard they need frequent replacement. In some cases, even dental practices have advised people to purchase temporary filling kits from the supermarket, including the elderly with poor eyesight.
 - Students and people on Universal Credit suffer more than others as they often cannot afford private treatment.

- **Availability of only private care.** People are reporting that their usual dental practice has either shut down or has gone fully private. Those who provide NHS care have said that they have used their full NHS capacity and cannot offer any further treatments on the NHS. They are asking for private fees instead. With an increase in living costs across the board, including a proposed rise in the National Insurance next year, people have described it as "ironic" that they have to pay private fees to access any dental care.

"I have been kicked out of my [Name] Dental Clinic. Having paid NI for my entire adult life, I find myself in a situation with no option but to pay for private dental cover as there's simply no other option in the local area. How am I, and my family, supposed to afford this considering the price of pretty much everything is going up, including a rise in National insurance (how ironic)?" Healthwatch England, 18/09/2021

We have heard from people who have borrowed money from families to help pay their dental bills or have been unable to pay rent on time due to high private treatment costs. The lack of support from NHS dentistry and high private charges negatively impacts how some people view dentists and NHS dental care. They feel that private dentistry costs are shocking, and dentists are exploiting the shortage in NHS provisions.

“Caller explained that he needed to see a dentist and could not find an NHS dentist, so in desperation booked an appointment to see a private dentist who [charged] £200 for examination and 2 x-rays. Now the dentist has quoted him £6,000 for work the patient feels is not needed.” Healthwatch Suffolk, 07/07/2021

- **Extra charges.** We have again come across evidence suggesting that people paid extra to cover the cost of PPE or additional cleaning measures for infection control. It is unclear whether this was part of private treatment or on the NHS; however, it is evident that providers haven't always clarified the charges adequately.
- **Lack of information or clarity about treatment costs.** People struggle to get up-to-date information about which practices are taking on new patients because NHS and dentists' websites aren't updated regularly. When people called NHS111 to get help, they were asked to check the dentists' websites, which were out of date. Consequently, many contacted their local Healthwatch hoping that they'll provide them with the most updated information or even an appointment.

As mentioned before, our data suggest that some dentists aren't providing clear information about treatment costs to their patients before starting the treatment. It seems people assume they will receive treatment as an NHS patient when in reality, they are booked as a private one. Lack of clarity about costs had meant that people had found out how much they would have to pay just before the start of the treatment or, sometimes, after their appointment finished. As a result, they have felt pressured to pay more than they can comfortably afford.

“About 4 months ago I visited my dentist and she informed me that at the time the dental hygiene carried out by the dentist has stopped (was an extra charge linked to that service), so I was suggested to book the hygienist separately. No option was presented at that time, either cost of time, or if it was through NHS. Today, 28th of July was my appointment with the hygienist. Once I was in the [dental chair] and right before starting, I was told that the dentist had booked me for an hour and the cost will be £110. I was shocked and embarrassed - if I was told that was the price 4 months ago, I wouldn't have booked. I booked the hygienist assuming that the

charge was about £30-35 pounds according to the NHS website. Unwillingly and out of embarrassment and pressured, I ended-up having 30 minutes treatment for £55 and I was asked to sign a document after all, that was filled by the hygienist previously. As a stay-at-home mum, thinking of paying £110 for a dental cleaning is out of consideration. I don't think it is honest to wait until the patient is ready to get the treatment to inform the cost. They should be well informed at the [time] of the booking.” Healthwatch Lambeth, 03/08/2021

- **Issues with "de-registration"**. We continue to hear that people have been removed from their practice list because they didn't make an appointment recently. People are upset when this happens and feel that providers did not consider their shielding status or their frontline duties during the pandemic when making the decision. Interestingly, when [Healthwatch Camden](#) called all 33 dental practices with NHS contracts in Camden, they found that most practices distinguish between "new" and "existing" patients, with existing ones having greater access to appointments. Four out of 5 dental practices offered at least some provision to NHS patients they considered "existing", suggesting that providers follow an "informal registration" process and assume people are "registered" with a dental practice in the same way as an NHS GP.

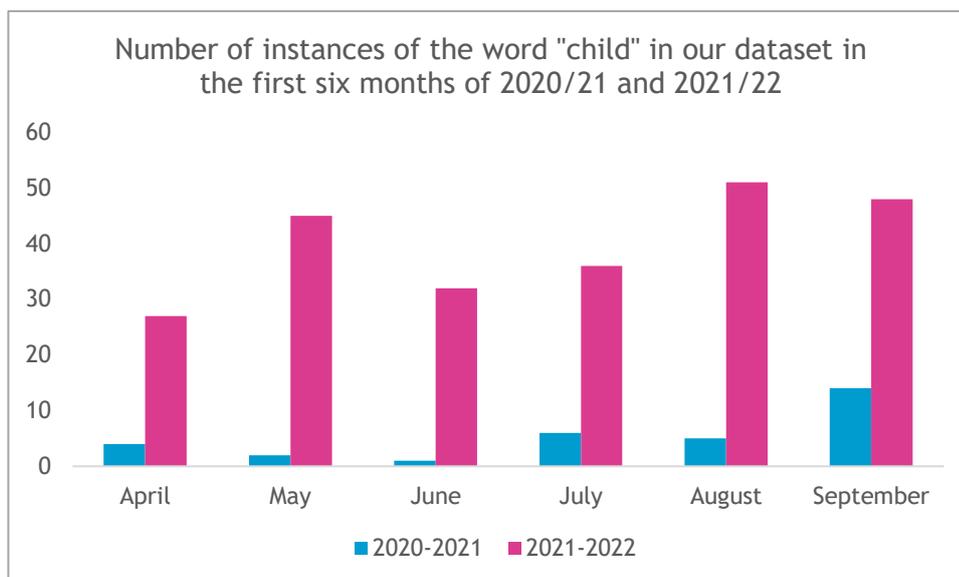
We think this confusion is amongst both providers and patients, and the issue might grow further. Practices with “existing patient” lists would probably like to see them within the [NICE guidance timeframes](#), at least every two years. If people have not been to “their practice” within the two years of their last appointment, which is very likely under the current circumstances, many more would be accidentally taken off the list, creating more access issues.

New emerging themes in our data

As mentioned before, most of our data highlight similar issues we have reported previously; however, we have also come across some new problems. It seems that lack of access to NHS dental care has started to impact young children, which is supported by the figures reported by [NHS Digital](#) and discussed in this report. Also, people living in care homes, people with a disability, and those with language barriers struggle to get the care they need. Below are the details of what we found

- **Lack of NHS dental care access for children is the most significant new theme we have come across in our latest data.** When we searched for the word “child” in our records, we found 239 instances of feedback related to dentistry in the six months from April to September 2021. This data was shared with us by 60 local Healthwatch across the country. In contrast, in the twelve months from April 2020 to March 2021, we came across only 141 such instances from 58 local Healthwatch. In other words, we have heard more than 1.5

times more about children and NHS dentistry in the first six months of this financial year, compared with the whole of the previous one.



It is evident from our data that children are suffering due to reduced NHS dental services. Children as young as five years old are putting up with painful symptoms and cannot eat as a result. Parents are finding it impossible to find a practice that would take on children as NHS patients. They are worried about their child's oral health as they cannot get the check-ups or any preventative treatment.

“Mum phoned to ask about where she could access NHS dentistry for her 3-year-old child who has not yet been to a dentist. She is concerned about prevention, but also about getting her child used to going to a dentist. She said 'I must have phoned around 30 dentists this morning, nobody can even put us on a waiting list, they are all closed. It's madness.'” Healthwatch Sheffield, 30/06/2021

When children cannot access dental care on time, it can have broader implications on their lives. For example, a primary school teacher in Blackpool told us that many parents struggle to find an NHS dentist for their children and cannot afford to go private. The consequence of this is that their children are often missing school due to tooth problems or abscesses. The teacher also feels that there can be a lack of awareness and information about maintaining good oral health even among parents. So, the problem continues into the next generation.

We have also come across evidence to suggest that some dental practices are willing to take on children as NHS patients only with conditions. For example, [Healthwatch Sutton](#) found that few practices in their area took children as NHS patients only if their parents or siblings were already visiting the practice. Other evidence reports that some dentists are

willing to take on a child as an NHS patient only after their parents register as a private patient. Due to the nature of our data, we cannot comment on the scale of this issue; however, NHS England's own [guidance](#) makes it clear that this is not acceptable practice.

“Very frustrating that nearly all the dentists are saying they don't take any NHS patients on and only taking private. My sons both need their teeth checked... To enable them to be seen I need to register as a private patient paying £120 for first appointment and they can then register as NHS patients. Really shocking.”

Healthwatch Cambridgeshire and Peterborough, 10/05/2021

“I have been trying to obtain an NHS dentist for my 10-year-old daughter, myself and my husband. The whole of the [Name] area has no availability for NHS patients. One dentist in [area name] said they could add us to a list that had a 3 year wait for an appointment! Another told me that the only way that my daughter could be seen would be if myself and my husband took a private place at a cost of £75 for an initial consultation each! This is disgraceful and holding people to ransom for their children to be able to access basic dental treatment! Whilst I do not need to see a dentist, it is imperative that children have access to NHS dentists whilst growing.”

Healthwatch North Yorkshire, 29/04/2021

- **Older people who are housebound or living in care homes are struggling to access NHS dental care.** Several people have contacted us on behalf of their elderly relatives who are either housebound or living in care homes and have been unable to access dental care. Dentists have refused to carry out home visits due to COVID-19 or are asking for private charges for a visit, which some cannot afford. Those living in care homes were unable to attend a dentist appointment due to the restrictions related to the pandemic. It seems some care homes did not consider dentistry as “essential medical care” and asked residents to isolate for two weeks if they went to their dental appointment.
- **Issues for some of the most marginalised people in our society.** People with special needs, such as the deafblind, have struggled to access care as they could not find a dentist that would make reasonable adjustments. Even wheelchair users have reported similar problems as they couldn't find an NHS dental practice that was Wheelchair Accessible. [Healthwatch Derby](#) also noted that lack of sign-language or language-based interpreters has meant that deaf people and people who speak little or no English respectively have struggled to get the necessary care. Healthwatch Cambridgeshire talked to a Syrian refugee family recently resettled in the UK under the Home Office's vulnerable resettlement scheme. However, since their settlement in September 2019, they have been unable to

find an NHS dentist to take them on despite being extremely vulnerable to several health issues.

Positive reports about dentistry

We have heard some positive stories about how some dental providers and commissioners are taking steps to ease the current situation in NHS dentistry. We hope these examples will encourage all those involved in commissioning and delivering dental care to take steps within their remit to address one of the biggest challenges they have faced recently.

- Healthwatch Hertfordshire informed us that NHSE from East of England has commissioned several dental surgeries across the area to offer services for people with “intermediate difficulty” periodontics or endodontics problems. Suppose a general dental surgery feels a case is too complex for them but is not complicated enough to refer to a specialist dental hospital in London. In that case, they can refer such patients to the intermediate service more locally. This can potentially also benefit people who lack adequate transport facilities to visit such specialist centres.
- Healthwatch Brighton and Hove received an update from the NHSEI South East about their attempts to improve access to routine dental care. They informed Healthwatch that the local commissioners were offering additional temporary UDAs to increase access to routine care and extra sessions for out-of-hours urgent care. However, Healthwatch Brighton and Hove are aware that similar schemes provided in the past had a low uptake by providers as only three practices took up the offer across East and West Sussex.
- Healthwatch Warwickshire found that some dental practices offered out-of-hour services, including on weekends, and two even had dentists on call for emergencies.