



"I extracted my own tooth!"

Hot Topic Report - Access to NHS Dental Care June 2022

Executive Summary

This study investigated people's experiences of accessing NHS dental care during the Covid-19 pandemic. 303 responses were received from people across Nottingham and Nottinghamshire, providing a clear picture of the effects of the pandemic on people's ability to obtain treatment.

The findings of the study highlight a wide range of issues over accessing NHS dental appointments and the effects of this on patients.

Although 17.7% of respondents were satisfied with their dentist, which is a positive finding in view of the reduced capacity of dental surgeries throughout the pandemic, many patients had difficulty accessing the care they needed.

Over half of the respondents could not book an NHS dental appointment as none were available: other people were removed from the list of patients, or were offered private treatment, which they were unable to afford.

Inability to book dental appointments had a major impact on patients' wellbeing, many experiencing pain or a worsening dental condition, or an adverse effect on their daily activities and mental health.

It is a cause for concern that in some cases people resorted to treating their dental condition at home, including extracting their own teeth, and that some patients experienced a worsening of existing health conditions as a result of not being able to book a dental appointment.

The study also found a lack of accessible dental practices, resulting in patients with disabilities having difficulty booking an appointment.

Overall, this study illustrates the serious and wide-ranging impacts of the lack of availability of NHS dental appointments. It also shows that patients already experiencing social, economic and/or health disadvantages were severely impacted.

Introduction

Between September and December 2021, a Hot Topic survey was carried out to gain a greater understanding of patients' experiences of accessing NHS dental care during the Covid-19 pandemic. At the start of the pandemic, the Government suspended routine NHS dental treatment and restricted face-to-face urgent care. Dental practices were able to resume care in June 2020 provided they met the necessary requirements for personal protective equipment (PPE) and infection and prevention control (IPC). However, services were still not able to return to operating at pre-pandemic levels, with the significantly reduced capacity due to ongoing Covid restrictions resulting in many patients experiencing difficulties accessing dental care¹.

We received 303 responses from people across Nottingham and Nottinghamshire sharing their experiences of accessing NHS dental care. These responses were analysed in order to provide a clear picture of the impact of the Covid-19 pandemic on the ability of patients to access treatment, and of the effects this may have had on their health and wellbeing.

Our findings

A total of 303 responses were received from people across Nottingham and Nottinghamshire, 247 of whom had tried to book an NHS dental appointment in the last 12 months.



Just over half of the respondents were able to book an appointment, and almost three quarters of these had all the treatment they needed carried out by their dentist. However, this leaves a significant proportion of people who were not able to book an appointment or who did not receive all the necessary treatment.

What people said...

1. Reasons for not being able to book an appointment

The top three reasons why people were unable to book an appointment are shown in the graph below. In more than half of the cases, this was due to the lack of available appointments.



If you were not able to book an appointment, what was the reason for not being able to get one?

Other, less frequently mentioned reasons included: surgeries offering only emergency appointments (3.6%); being unable to afford NHS dental treatment (3.6%); removal from the list due to non-attendance or previous cancellations (2.7%); inability to find a practice that had disabled access (2.7%); the dentist cancelling the appointment (1.8%).

'After calling 30 NHS dentists none was taking on new patients.'

'I could not find a wheelchair accessible dental practice with capacity for more patients.' 'They told me that I can no longer have an appointment as I cancelled an appointment. Due to Covid and anxiety having to care for my mother I had to cancel an appointment.'

These responses show that some people were excluded from the opportunity to book appointments. For example, some were unable to afford NHS dental treatment, or, as quoted above, due to caring responsibilities and mental health, some had to cancel a dental appointment and as a result were prevented from re-booking it. Patients with disabilities also had difficulties finding an accessible practice, preventing them from receiving the treatment they needed. This is a cause for concern, as it risks increasing existing inequalities, particularly among those patients who may already be experiencing social, economic or health disadvantages. Under the Equalities Act 2010, dental practices have a duty to make reasonable adjustments to ensure that disabled people can access their services.

2. If you were not able to book an NHS dental appointment, did you...?

The most common responses provided are shown in the graph below.

If you were not able to book an NHS dental appointment, did you...

Get offered a private appointment at the same dental practice but could not afford it.

Did not find a solution / still trying

Go to a different dental practice for private treatment.

Other responses included: waiting for the next available appointment or keeping on trying until able to book an appointment (8.2%); not doing anything about it or leaving it (7.3%); receiving treatment via another service or through 111 (5.5%); taking medication or carrying out self-treatment (5.5%).

'Extracted my own tooth and take pain relief tablets pending being able to book an appointment.' 'Had no treatment at all. I have several broken teeth and can't see anyone.'

Although some people were able to afford private treatment, the results of the study show that most people were unable to do so. Some had to wait for long periods of time before they were able to book an appointment with an NHS dentist, while some could not find a solution at all. This demonstrates the scale of the problem as the treatment needs of many patients were not met, nor were they provided with a solution to address these needs.

3. Has not being able to get an NHS dental appointment had any effect on your health, or the health of the person you care for?

The most common responses are shown in the graph below.

Has not being able to get an NHS dental appointment had any effect on your health, or the health of the person you care for?



Other respondents said that they were worried about the condition of their teeth (8.7%); daily activities, such as eating, drinking, talking, and/or sleeping were affected (8.7%); the situation had an impact on other or existing health conditions (4.3%).



already be experiencing economic, social and/or health disadvantages were placed at risk of their dental, mental and physical health deteriorating further. This is a cause for concern, demonstrating the importance of dental practices prioritising people who are at risk of being significantly affected if they are not provided with the treatment they need.

4. Is there anything else you would like to tell us about your NHS dental treatment?

The most common responses are shown in the graph below.

Is there anything else you would like to tell us about your NHS dental treatment?

Satisfied with the dentist / treatment / appointment availability

Long waiting times

Was not provided with a treatment that was needed / some treatment was not provided due to Covid



Other responses included: receiving poor quality treatment or being dissatisfied with the treatment (3.2%); difficulty making an emergency appointment (3.2%); difficulty finding an accessible practice (2.7%).

'My dental surgery has gone above and beyond to accommodate patients by engaging locums and running Saturday morning surgeries to treat the lockdown back log of patients.') 'I shield and was pleased that the dentist was wearing a mask and a visor.'

'I was treated with antibiotics, but they said the only solution due to Covid was for me to have it pulled out as they couldn't do fillings due to the risk.' It is a positive finding that a number of people were satisfied with the treatment they received or with the availability of appointments, particularly since this was during the Covid pandemic. Some dental practices were clearly able to meet the demands and provide patients with the treatment they needed. However, the findings overall point to a large number of difficulties in booking NHS dental appointments, with many patients affected by not being able to make an appointment.

Conclusions

The aim of this research was to gain a greater understanding of people's experiences of accessing NHS dental care in Nottingham and Nottinghamshire during the Covid-19 pandemic. People were asked about their experiences of booking NHS dental appointments, whether they could access the treatment they needed, and whether other options were available to them if they could not book an NHS dental appointment.

Whilst 17.7% of respondents told us they were satisfied with their dentist, a positive finding in view of the reduced capacity of dental surgeries throughout the pandemic, many people did not receive the care they needed. Based on the findings of the study, it is clear that many people had difficulty booking NHS dental appointments during the pandemic, due to issues such as being unable to find a dentist to register with, being removed from the list of patients, or being offered a private treatment which they were unable to afford. The study also found that people with disabilities had difficulty finding an accessible practice and were unable as a result to book an appointment. Furthermore, not being able to book an appointment significantly affected people's physical and mental wellbeing. For many people, this resulted in them experiencing pain or a worsening dental condition, or in it affecting their daily activities and mental health. Some respondents resorted to treating their dental condition at home, including extracting their own teeth. All of these experiences illustrate the serious and wide-ranging impact of the lack of availability of NHS dental appointments.

It is especially concerning that those people who may already have been disadvantaged, and who could not afford private treatment, were adversely affected. The inability of dental surgeries to prioritise patients likely to be experiencing disadvantage could place the patients at risk and result in a worsening of their physical and mental health. This may have implications under the Equality Act 2010, particularly where people with protected characteristics were affected.

Recommendations

Healthwatch Nottingham and Nottinghamshire recommends that:

- NHS England ensures a more rapid and radical reform of the way dentistry is commissioned and provided, to enable greater access to dental services for all residents in Nottingham and Nottinghamshire. This needs to include making sure that everyone can access and is able to register with an NHS dentist locally.
- NHS England and dentists place emphasis on reducing health inequalities in line with requirements under the Equalities Act. This would include putting reasonable adjustments in place and ensuring access for patients with existing physical and mental health conditions, patients whose daily lives and/or health may be significantly impacted if they do not get the treatment they need and patients with mobility issues. The emphasis also needs to be put on those who cannot afford private treatment.
- NHS England and dentists improve information about NHS dentistry, including how to find and register with a dentist, charges they will have to pay, and the rights and responsibilities of the dentists and the patients, which causes significant confusion for patients. The information will help to ensure that people have a clear picture of where and how they can access services, and of what the costs will be.
- Dentists should inform people when they are at risk of being taken off the list, so that people have the opportunity to meet the criteria to remain registered.

Recommendations for further research

This research shows that people with long-term conditions and those experiencing economic, social and/or health disadvantages were severely affected by the lack of NHS dental services. Further research is needed to understand the wide-ranging effects of the lack of dental services on these groups of people.

About Us

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making.

We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

Healthwatch Nottingham and Nottinghamshire

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Appendix - Who answered the Hot Topic Survey?

District	No.	%
Nottingham City	94	31.0%
Gedling	71	23.4%
Rushcliffe	32	10.6%
Ashfield	26	8.6%
Newark & Sherwood	24	7.9%
Mansfield	22	7.3%
Bassetlaw	19	6.3%
Broxtowe	15	5.0%
Total	303	100%

Nottingham City Gedling Rushcliffe Ashfield Newark & Sherwood Mansfield Bassetlaw Broxtowe



Table: source all respondents (n=303)

Age Group	No.	%
16-24	8	2.6%
25-34	25	8.3%
35-44	56	18.5%
45-54	58	19.1%
55-64	56	18.5%
65-74	46	15.2%
75-84	15	5.0%
85+	7	2.3%
Not answered	30	9.9%
Answer unclear	2	0.7%
Total	303	100%
Table: source all respondents (r		

Table: source all respondents (n=303)

No.	%
212	70.0%
75	24.8%
1	0.3%
6	2.0%
9	3.0%
303	100%
	212 75 1 6 9

Table: source all respondents (n=303)

Ethnic Group No. % White 223 73.6% Black 27 8.9% Asian 12 4.0% Mixed/Multiple ethnic 2.3% Arab 2 0.7% South Asian 0.3% Other 3 1.0% Prefer not to say 15 5.0% Not answered 13 4.3% Total 303 100%



Table: source all respondents (n=303)

'Prefer not to say' & 'not answered' are removed from graph



Religion	No.	%
Christian (all denominations)	49	16.2%
No religion	36	11.9%
Atheist	10	3.3%
Other	5	1.7%
Muslim	3	1.0%
Buddhist	2	0.7%
Hindu	2	0.7%
Prefer not to say	15	5.0%
Not answered	181	59.7%
Total	303	100%



Table: source all respondents (n=303)

'Prefer not to say' & 'not answered' are removed from graph

Employment status	No.	%
Full time	104	34.3%
Retired	73	24.1%
Part time	54	17.8%
Unable to work	27	8.9%
Not employed	23	7.6%
Student	7	2.3%
Prefer not to say	9	3.0%
Not answered	6	2.0%
Total	303	100%
Table: source all respondents (n=303)		
Total number of people with one or	136	44.9%

Full time
Retired
Part time
Unable to work
Not employed
Student
Prefer not to say
Not answered



more health condition or disability

Do you live with any of the following?	No.	%		
Long-term health condition	95	31.4%	Long-term health condition	3
Physical impairment	41	13.5%	Physical impairment	13.5%
Mental health illness	39	12.9%	Mental health illness	12.9%
Hearing impairment	30	9.9%	Hearing impairment	9.9%
Visual impairment	19	6.3%	Visual impairment	6.3%
Learning disability	11	3.6%	Learning disability	3.6%
Social/behavioural problems	6	2.0%	Social/behavioural problems	2.0%

Table: source all respondents (n=303)

Endnotes:

1. Care Quality Commission (2021). COVID-19 Insight 10: Dental access during the pandemic.

Report signed off by:

Name	Position	Date
Jane Laughton	CEO	07/04/2022