How easy is it to access NHS dentistry in Birmingham and Solihull?

healthwatch Birmingham

healthwatch Solihull

Contents

Executive Summary

Introduction

Healthwatch Birmingham and Healthwatch Solihull have seen an increase in calls from the public about problems accessing NHS dentistry. During the Covid-19 pandemic, dental practices were operating under NHS England's guidance to stop providing routine face-to-face dental care. However, feedback we received prior to the pandemic (between November 2018 and November 2019) shows that a significant number of people had expressed concern about their inability to access NHS dentistry. Therefore, this lack of access cannot be just attributed to the impact of Covid-19.

People told us about challenges trying to get accepted as an NHS patient at dental practices, and securing an NHS dental appointment.

The objective of this investigation[1] is to gather and use the views of services users, carers and families to improve access to NHS dentistry in Birmingham and Solihull. We explored the range of their experience with NHS dentistry provision including:

- Barriers to access.
- What has worked well.
- What needs to change to provide a better service.

Key findings

People told us about the impact the pandemic has had on access to NHS dentistry. However, they also noted that access has been an issue prior to the pandemic. Many argued that dentistry in Birmingham and Solihull has moved towards a two-tiered system with reduced access for NHS patients. Some claimed that certain dental practices are advertising as taking on new NHS patients but only offer private treatment. In some cases, people have paid for private treatment because they cannot find dentists taking on new NHS patients. Some people observed that certain practices would say they were not seeing patients due to the pandemic but then offer private treatment.

1 We conduct four investigations per year, selected throughout 'Topic Identification Process' where we explore the feedback we have received over the year, theme the feedback and identify the key issues that can be further explored through a deeper dive.

Key issues include:

- Difficulties finding a dentist taking on NHS patients and offering NHS treatments including urgent and emergency dental care.
- Concerns that NHS dentists are orientated towards private care with people being offered private treatment when seeking NHS dental care.
- Incorrect information or lack of clarity around which dental practices are delivering NHS care.
- Cost of treatment, both NHS and private, leading people to not seek treatment or reduce the frequency of visits or treatments.
- Difficulties finding an NHS dentist for those who move into the local area.
- Long waiting times for treatment, even for regular attendees, leaving people in pain or having to use NHS 111, go private or visit A & E to get treatment.
- Removal from a dental practice's list of NHS patients during lockdown for non-attendance alongside failure to communicate this until people try to book an appointment.
- Limited awareness of dental practices offering services to people with disabilities or complex needs.
- Lack of access to staff with the skills and knowledge to treat people with a disability, complex needs, and dental phobia.

44% of survey respondents across Birmingham and Solihull are on a dental practice list of NHS patients	
81% do not know that you do not need to be registered at a dental practice to get NHS dental care	**77%** were offered private treatment when looking for an NHS dentist
51% said they have been trying to get NHS dental care for over a year	**81%** of those not currently NHS dental patients felt it was impossible to find an NHS dentist
77% of respondents in Birmingham live in the most deprived areas	**84%** of respondents in Solihull live in the least deprived areas
44% of current NHS patients found it difficult to get an appointment	**78%** of poll participants said they found it difficult or very difficult to access NHS dental care
68% of current NHS patients visit the dentist regularly	**51%** of private patients visit the dentist regularly
53% of survey respondents rated NHS dental provision in Birmingham and Solihull as poor	

People told us they want the following improvements:

- More NHS dentists and NHS dental care.
- Reduction in dental costs.
- A change in the ratio of private vs NHS care provided by dentists and greater promotion of NHS over private services.
- Better information about access and NHS dental capacity.
- More NHS appointments made available.
- Dental services that meet people's individual needs.
- Improved access for people with disabilities.
- Focus on prevention of dental conditions.
- Signposting people to other NHS dentists.
- Improved access to urgent and emergency dental care.
- Improved waiting times and continuity of care.
- Improved process for the removal of people from a dental practice's list of NHS patients for non-attendance.
- Better regulation of dentistry.

How are we using this report to improve NHS dental services?

We sent the draft report to Dental West Midlands (NHS England and NHS Improvement), Birmingham Local Dental Committee (LDC) and Solihull LDC and asked them to indicate the actions they will take to address the issues we identified. A summary of their responses can be found below, with unexpurgated versions in Appendices 2-4. The report is available to the public on our website and has been shared with relevant community and third sector organisations.

We will publish a follow-up report in six months' time, including evidence of actions undertaken by NHS England and NHS Improvement (Dental West Midlands), Birmingham LDC and Solihull LDC. We will require evidence from the NHS and LDCs on specific targets and improvements.

These actions include:

- Developing a "Child focused practice programme" to support the Community Dental Services.
- Commissioning additional services for patients who have difficulty accessing a dentist through NHS 111.
- Establishing an Oral Health Promotion Service.
- Establishing a working group to explore access for Severe and Multiple Disadvantaged people, working with the Integrated Care System (ICS) and third parties such as Crisis.
- Training and workforce development in conjunction with Health Education England.

- Working with and developing Managed Clinical Networks to address issues such as Urgent Dental Care, antimicrobial resistance, prioritising services and quality assurance.
- Working with restorative and oral surgery clinical networks to accredit general dentists with advanced skills.
- Reviewing NHS dental capacity to identify areas of high need and seek to redirect resources which become available to those areas.
- Working with other health and social care providers in the wider ICS to prioritise care for vulnerable patients.
- Working to eradicate claims that 'NHS patients are welcomed' by practices that then sell people private care.
- Clearer messaging so that patients are absolutely sure what care they are receiving.
- Examining how patients with disabilities and complex needs can be treated in primary care.
- Supporting any national initiatives to fluoridate the water supply of as many parts of the country as feasible.
- Better communication with patients around which practices are providing NHS dental care.

Acknowledgments

We would like to thank everyone who shared feedback with us. We would also like to thank NHS England and NHS Improvement Dental (West Midlands) and Birmingham and Solihull LDCs for their support and positive response to this report.

Introduction

Since 2014, Healthwatch England has raised concerns about access to dental care with the NHS. These include the poor information available to help people find an NHS dentist and issues around access and affordability[1]. Fifty-seven percent of feedback about dentists gathered by Healthwatch Birmingham and Healthwatch Solihull between November 2018 and November 2021 was negative and we have also seen an increase in calls from the public about problems accessing NHS dentistry.

The challenges being faced by users of NHS dental services, although amplified by the Covid-19 pandemic, have persisted for years. Numerous reports have highlighted issues including a fall in the number of general dental practitioners, a shift towards private dentistry, lack of clarity about dental treatment available on the NHS and affordability of treatment. This report will analyse the difficulties the people of Birmingham and Solihull are experiencing accessing NHS dental care and identify areas for improvement. It also offers insight on the demographic details of those facing difficulties.

Background

Public Health England[2] argues that good oral health is essential for good general health and wellbeing. The negative impacts of poor oral health include pain, infection, and difficulties with eating, sleeping, socialising and wellbeing.

NHS dentistry exists to provide any clinically necessary treatment to keep the mouth, teeth, and gums healthy and free of pain. Although dentistry was free at point of contact in 1948, it is currently one of the few services where people contribute towards the cost of care, unless they are exempt.

There is a 3-band fixed charge for primary care treatment depending on the care provided. NHS dental services are provided in primary care and community settings, and in hospitals for more specialised care. NHS England and NHS Improvement (NHSE/I) directly commissions all NHS dental services. Dentists working in general dental practices are not NHS employees but independent providers from whom the NHS commissions services. Some dental practices provide both NHS-funded and private services[3] and can offer private dentistry as an alternative to NHS treatment in its entirety or in part. NHS England and NHS Improvement expect dentists who hold an NHS contract to explain the treatments that are available on the NHS.

Some people attend dentists regularly and are therefore on the practice's list to receive regular care. Others access a dentist irregularly or only when in pain. Although the benefits of regular attendance on a patient's oral health are acknowledged, the NHS has designed ways to enable care to be easily given to irregular attenders or those not currently on a dental practice's list of NHS patients. Therefore, the provision of urgent and emergency care is available in every locality and can be provided in both primary and secondary care settings. Patients may access this via 111 or through A&E departments. All other secondary care dentistry is by referral only.

The nature of dental problems, whether routine, urgent or an emergency, determines the response and the time frame within which care is provided[4]. For instance, for routine dental

1 20201208 A review of our evidence Q2 2020-21.pdf (healthwatch.co.uk)

2 On 1 October 2021 PHE officially became the UK Health Security Agency (UKHSA) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf

3 https://www.england.nhs.uk/wp-content/uploads/2014/02/imp-dent-care.pdf

4 https://www.engage.england.nhs.uk/survey/dental-services-west-midlands/user_uploads/wm-out-of-hours-dental-services-needs-assessment.pdf

problems, care should be provided within 7 days if required, urgent dental problems within 24 hours and emergency dental problems within 60 minutes. Appropriate timescales for follow-up treatment are also dependent on severity of the problem.

Factors that predispose people to poor oral health include homelessness, deprivation, ethnicity, mental illness, being in care, physical health, disability, dental phobia, and population density. The population of Birmingham is expected to rise by 3.22% by 2025 (from 1,164,429 in 2020 to 1,201,880 in 2025). 37.8% of the population in Birmingham live in deprivation, with 40.1% living in areas of high population density and 42.1% belonging to minority ethnic groups. In contrast, the population of Solihull is expected to rise by 5.9% by 2030 (from 217,487 in 2020 to 230,362 in 2030). Twenty-eight percent of the Solihull population live in the least deprived 10% of neighbourhoods in England, with 10.9% belonging to minority ethnic groups. These demographic factors will thus increase the need for dental care in the region.

The 2021 GP Patient Survey shows that the number of people able to access an NHS dentist decreased from 94% in 2019 to 74% in 2021. Across Birmingham and Solihull, the average percentage of those successful in getting an NHS dentist appointment over these two years was 77%. 18% failed to obtain an appointment with a dental practice they had been to before. The failure to obtain an NHS appointment was higher (41%) among those trying to access a dentist they had not been to before. At least 18% of people across Birmingham and Solihull who did not try to get an NHS dental appointment believed that they could not get one or were waiting for an NHS dental appointment[1].

Methodology

Following the development of a research protocol, we engaged with the Commissioner of dental provision in Birmingham and Solihull to aid understanding of how dentistry works on the issue of 'registration and access'. A questionnaire was shared on social media to capture people's experiences of accessing NHS dental care in Birmingham and Solihull. We also ran a poll on social media to ascertain 'how easy or difficult it is for people to access NHS dental care in Birmingham and Solihull'

Between February and March 2022, 321 Birmingham residents and 88 Solihull residents who had accessed or tried to access dental services in Birmingham and Solihull completed the questionnaire and 476 people responded to our poll question on social media.

See Appendix 1 for detailed demographic information about participants.

1 https://www.england.nhs.uk/statistics/2021/07/08/gp-patient-survey-dental-statistics-january-to-march-2021-england/

What People Have Told Us

Lack of clarity around access and 'registration'

Our findings show that there is a lack of clarity around access to NHS dentistry, often due to confusion around the term 'registration'. Many callers to Healthwatch Birmingham or Healthwatch Solihull's Information and Signposting line use terms such as 'unable to register with a dentist', 'removed from my dentist's list', or 'I have been deregistered'. There appears to be an expectation amongst dentistry users that if they are on a dental practice's list of NHS patients they should be able to get an appointment when they need treatment.

81% of survey respondents did not know that you do not have to be registered at or regularly attend a dental practice to get NHS dental care

People were unaware that they do not need to be registered to access NHS dental care:

Was not made aware of this at all

This is not what I had been led to believe.

didn't know that although I knew I could move round and not have to see the same dentist if i'd moved.

Had no idea.

I don't know this, I thought you had to be registered

People said they are frequently told by staff that they must be registered to access services. 'Registration' is the terminology that staff use when speaking to patients about access to dental care, so most believe this is the case.

Tell the 25 practices I've called today that I don't need to be registered to be seen

Frequently told by reception staff that you have to be registered and have attended regularly to be seen

Always told I need to be registered

Was always told I couldn't see a dentist without registering with that practice

Was told I was taken off the list because I hadn't been regularly enough

Some believed that even though registration is not technically required to access dental care, this is different in reality. They indicated that not being registered with a dental practice means that they cannot get an appointment or access treatment.

If I am not registered with a dentist, they refuse to give any appointment or even emergency treatment. They say they don't take new patients. In the recent year I had two teeth infections and I suffered from severe pain and take so many pain killers and I could not sleep for days. I was also nursing and contacted NHS but with no avail until I finally found a dentist who gave an appointment and still have to wait 3 weeks before I get a treatment.

If you're not registered, they won't see you.

I have an ongoing dental problem and I couldn't even get it looked at by a dentist I been in pain over a year.

In some cases, when respondents have tried to access their usual dental practice, they have been told that they have been removed from the dental practice's list of NHS patients as they have not attended for a long time. People are then asked to re-register or register with another practice. As Healthwatch Swindon[1] argues, the failure by practices to notify service users that there are no NHS appointments available - rather than stating they have been removed from a list - exacerbates confusion around registration and access by confirming people's presumption about the need to be registered with a practice to access dental treatment.

X [name redacted] dentist took me off because I hadn't been within 12 months and that was due to doing shift work

I thought they could take you off as one of their patients if you hadn't been in 15 mths

Was registered as NHS but removed from practice without being informed as apparently hadn't been for a while. Dentist did not inform that this was happening

Was registered - rang up for appointment told no longer registered!!

My dentist told me because I wasn't regular, I couldn't stay being NHS

Was removed from my current Dentist due to not being seen during the pandemic. I was told that they can remove any patient if not seen in the previous 2 years

Others indicated that information about 'registration not being a requirement for access' is not shared with them by dental practices or NHS111.

111 do not share that info about registration

Not one of the practices I visited within Handsworth ever mentioned that [about registration]. They simply reject me with they're not taking on new patients/filled to capacity.

According to NHS England, an individual does not need to be registered with a dentist in the same way as with a GP to receive NHS treatment. If needing to access dentistry, an individual should be able to contact a convenient dental practice for available appointments. If the practice does not have capacity, the individual might be put on a waiting list, can look for another practice taking on NHS patients or be seen privately. A dental practice may ask people to complete a registration form at their first visit to add them onto their database, but this does not mean that they have guaranteed access to appointments in the future.[2]

1 20201208 A review of our evidence Q2 2020-21.pdf (healthwatch.co.uk)

2 How to find an NHS dentist - NHS (www.nhs.uk)

Access: NHS or private dental patient

44% of respondents told us that they are currently registered[1] as an NHS patient (paid for NHS dental care), 16% receive free NHS dental care, 15% are registered as a private dental patient, while 19% are not registered at all and 5% did not know (see Table 1). Fifty-two percent of respondents in Solihull told us they are currently registered as NHS dental patients (paid for NHS dental care) compared to 42% in Birmingham. Seven percent of respondents in Solihull received free NHS dental care compared to 19% in Birmingham. The same percentage (19%) of respondents across Birmingham and Solihull were not registered with a dentist at all.

Table 1: Are you currently registered as an NHS dental patient?

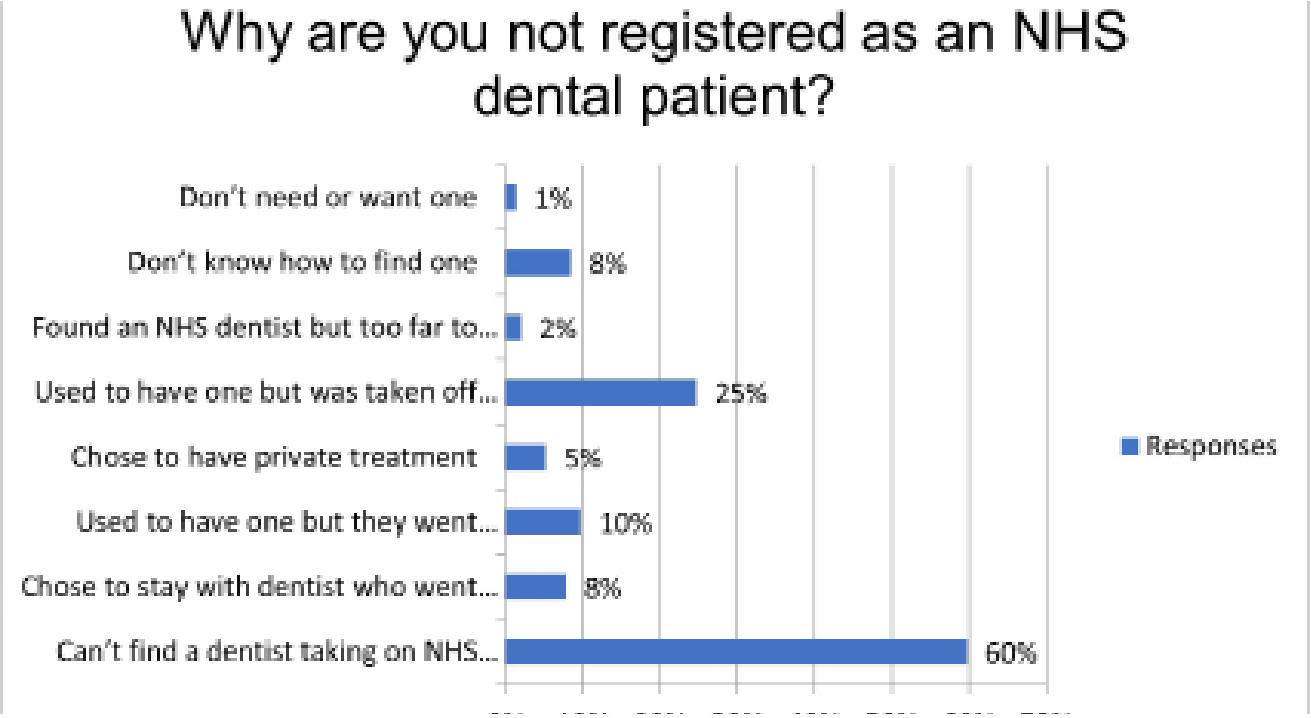
ANSWER CHOICE	OVERALL (n= 402)	BIRMINGHAM (n= 315)	SOLIHULL (n= 73)
Yes (paid for NHS dental care)	44% (n= 177)	42% (n= 132)	52% (n= 45)
Yes (free NHS dental care)	16% (n= 65)	19% (n= 59)	7% (n= 6)
No (private dentist)	15% (n= 60)	15% (n= 46)	16% (n= 14)
Not registered at all	19% (n= 78)	19% (n= 61)	19% (n= 16)
Don't know	5% (n= 22)	5% (n= 17)	6% (n= 5)

More respondents registered as NHS dental patients have been to the dentist for regular check-ups and general treatment than those registered with a private dentist or not registered. NHS dental patients accessed out of hours dental services less than those privately registered or not registered. When those who are registered as private dental patients or not registered at all were asked whether they would like to be registered as an NHS dental patient, a majority said yes (85% - Birmingham and 75% -Solihull).

Private patients or not receiving NHS dental care	NHS dental patients
51% visited the dentist regularly	**68%** visited the dentist regularly
18% visited occasionally	**18%** visited occasionally
13% visited with symptoms	**16%** visited with symptoms
14% have used out of hours emergency dental services	**20%** have used out of hours emergency dental services
83% of private patients or those not receiving NHS dental care said they would like to be treated as NHS dental patients	

Those who would like to be registered as an NHS patient were asked why they were not registered. Inability to find a dentist taking on NHS patients (60%), being taken off the list of NHS patients (25%) and NHS dental services becoming private (10%) were the top three reasons respondents were not registered as an NHS dental patient. 8% said they could not find a dentist or chose to stay with a dentist who went private respectively, 5% chose to have private treatment, 2% were able to find a NHS dentist but which was too far to travel to, and 1% told us they did not need an NHS dentist.

1 The term 'registration' has been used to refer to the act of being on the dental practice's database as indicated by the NHS. It is the term that is most familiar to service users in Birmingham and Solihull.



Birmingham	Solihull
66% can't find a dentist accepting NHS patients	**40%** can't find a dentist accepting NHS patients
22% have been removed from a list of NHS patients	**33%** have been removed from a list of NHS patients
13% visited with symptoms	**16%** visited with symptoms
10% used to receive NHS care but the dental practice went private	**10%** used to receive NHS care but the dental practice went private

Finding an NHS dentist

Thirty percent of respondents across Birmingham and Solihull have been trying to find a dentist for over two years. Twenty-one percent have been trying for 1-2 years, 13% for 4-6 months and 10% 7-12 months. Only 6% were able to find an NHS dentist in less than three months.

The five main ways people used to find an NHS dentist are:

- contacting the practice directly (70%)
- internet search (53%)
- NHS website (45%)
- personal recommendation (31%)
- NHS 111 (13%)

Those currently not accessing dentists as an NHS patient indicated that they had faced great difficulty finding an NHS dentist (81%). Seven percent said they faced some difficulty whilst 4% faced no difficulty. In contrast, 40% of those that are currently NHS dental patients indicated that they faced great difficulty and felt it was impossible to get an appointment or treatment

with an NHS dentist, 18% found it easy and 26% found finding an NHS dentist neither easy nor difficult.

Responses to our online poll show that many (78%) of those that took part found it difficult or very difficult to access NHS dental care. Only 19% found it easy while 3% found it 'neither easy or difficult'.

Birmingham	Solihull
51% said they have been trying to get an NHS dentist for over one year	**45%** said they have been trying to get an NHS dentist for over one year
44% of current NHS patients found it difficult to get an appointment or treatment	**37%** of current NHS patients found it difficult to get an appointment or treatment
81% of those not currently NHS dental patients felt it was impossible to find NHS dental care	**78%** of those not currently NHS dental patients felt it was impossible to find NHS dental care
78% of people who completed our online poll said they have found it difficult or very difficult to access NHS dental care	

Accessing NHS dental treatment

In Birmingham, some people have experienced long waits for dental care. Twenty-three percent of respondents said they had to wait less than seven days for an appointment, 19% said 1-2 weeks, 11% 3-4 weeks and 17% more than four weeks. Forty-four percent of respondents indicated that they had not been to a dentist for over a year, with 17% going in the past six months and 34% in the past three months. For 48% of the respondents, a problem motivated their visit to the dentist, whilst 41% attended for a routine appointment and 6% as an emergency.

Some people in Solihull are experiencing similarly long waits for treatment. When asked how long they had to wait for an appointment, 22% said less than 7 days, 20% said 1-2 weeks, 9% 3-4 weeks and 18% more than four weeks. Forty-five percent of respondents stated that their last visit was three months ago, while 41% stated that their last visit was more than a year ago. Sixty-seven percent of respondents last visited for a regular checkup, 28% went because of a specific problem (e.g. pain or lost interior crowns) and less than 2% went for an emergency.

Among those that left additional comments, waiting times ranged from getting seen the same day to a year. Others contacted NHS 111 to get an appointment due to prolonged waits.

NHS 111 had to intervene to get initial appointment, then I waited over 2 months for the next appointment. Then when the treatment was botched, the next appointment would have been over 10weeks later. The emergency dentist organised by NHS 111 the very next day said I should have been given antibiotics as there was an obvious infection as well as bleeding & severe swelling. I still have a swelling on the jawbone where I had over 6 injections which according to the student's supervising dentist had banged into the bone.

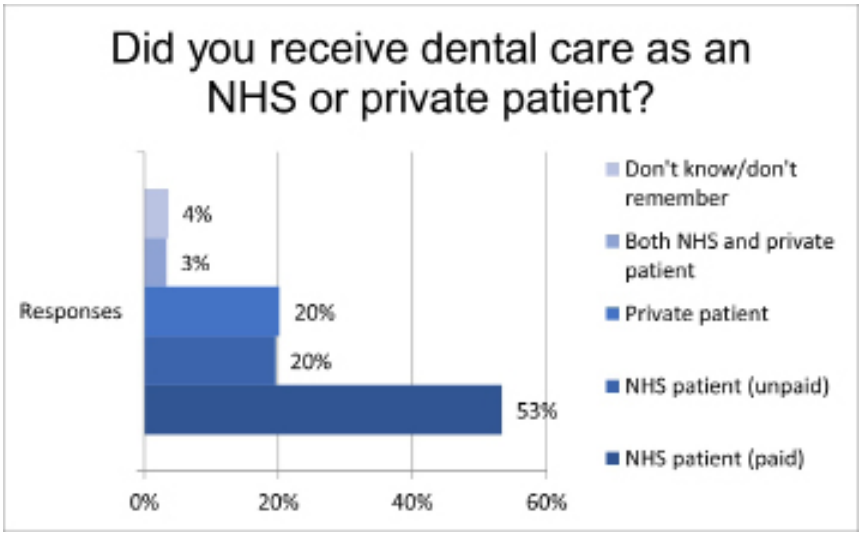
Had to contact nhs111 twice to get a dental hospital appointment

Some respondents noted that they only received same day care because they paid for the treatment. Despite recognising that some delays were a result of the pandemic, people argued that services should be easier to access now. Others stated they felt they had to go private as the waiting list was long or a practice was not taking on patients.

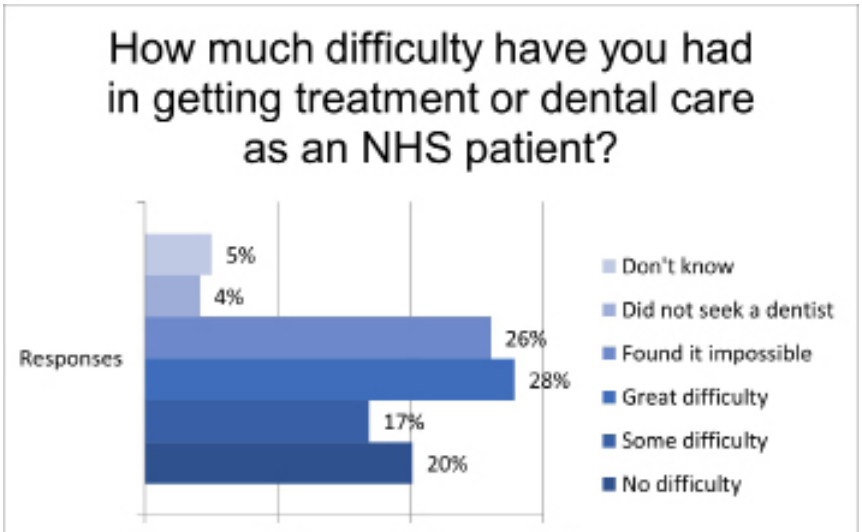
Had to go private told were not taking patients

Can't get a dentist unless pay private

Twenty-three percent received care as a private patient or both an NHS and private patient whereas 53% received care as an NHS patient (paid) and 20% as an NHS patient (unpaid).



More people experienced great difficulty (28%) or felt it was impossible (26%) to get treatment or dental care as an NHS patient. In comparison, 20% of the respondents experienced no difficulty and 17% some difficulty getting treatment.



Access may be defined as having six dimensions: availability, accessibility (location, distance), accommodation (waiting times, opening times), acceptability (quality), appropriate to user needs, and affordability[1]. For the respondents in this study, the following are important when it comes to access (see Table 2):

- standard and quality of care (69%)
- availability of NHS appointments (57%)
- location (36%)
- quality of advice (36%)
- waiting times for urgent appointments (35%)

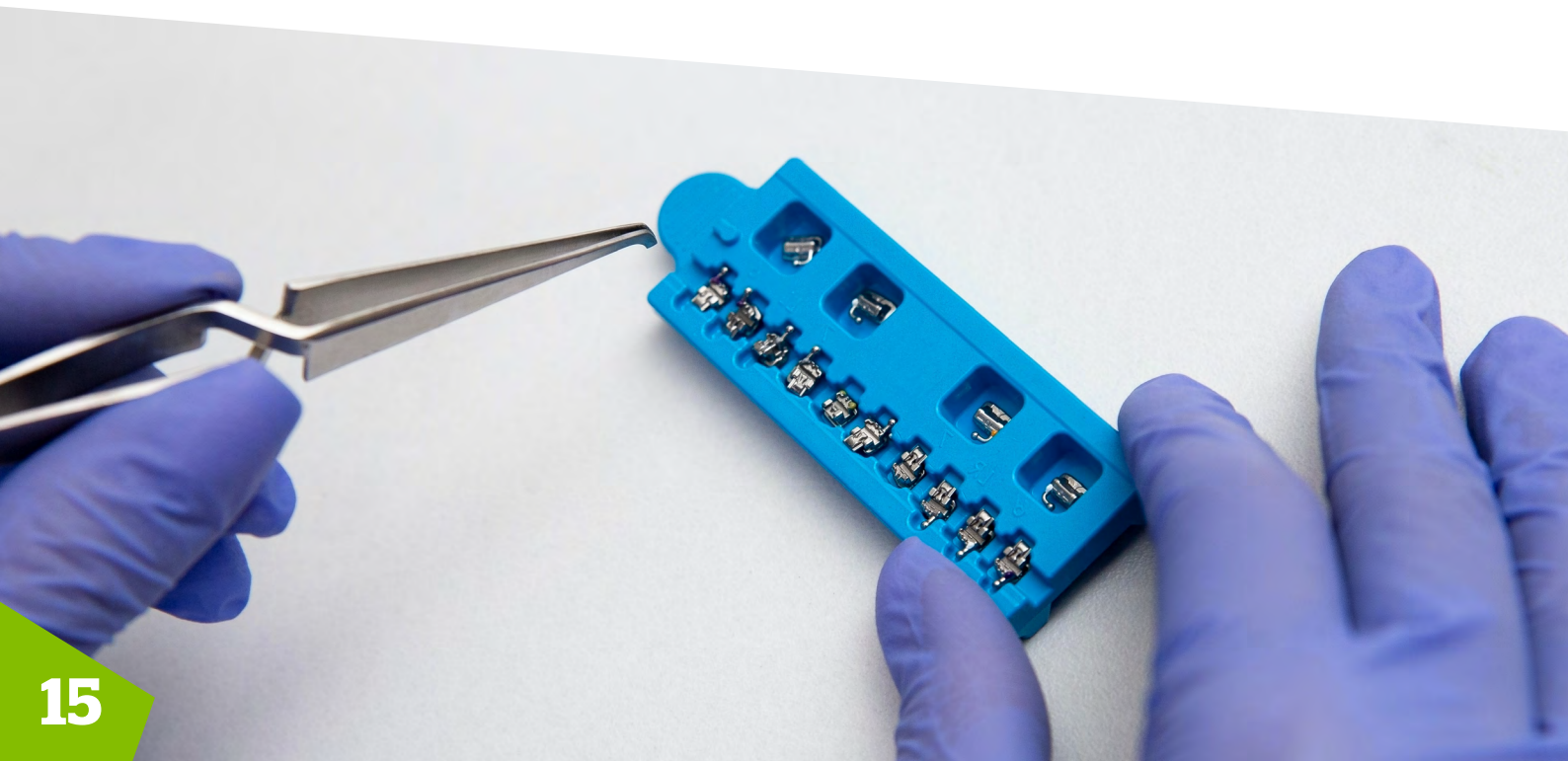
Seven percent specified the following other factors as important for access: cost of NHS treatment, staff attitude, knowledge of staff around dental phobia and anxiety, and skilled staff able to deal with multiple complex needs.

1 https://www.stephenhancocks.com/download.php?op=view_article&article_id=392

Table 2: What matters most to you in judging the quality of a dental service?

ANSWER CHOICES	RESPONSES
Length of time waiting for an urgent appointment	35% (n=116)
Availability of evening/weekend appointments	18% (n=58)
Availability of NHS appointments	57% (n=190)
Good facilities and accessibility (e.g wheelchair access)	12% (n=40)
Convenience of dental practice location	36% (n=119)
Standard and quality of care/treatment	69% (n=227)
Explanation of NHS charges	17% (n=57)
Quality of advice given	36% (n=120)
Reputation of dentists	32% (n=106)
Access to communication services (e.g interpreters, BSL)	1% (n=3)
Opening times	20% (n=67)

Top 5 issues in Birmingham	Top 5 issues in Solihull
57% lack of NHS dental appointments	**43%** lack of NHS dental appointments
47% fear of cost	**41%** actual cost of treatment
46% actual cost of treatment	**33%** fear of cost
28% unsure what dental care is provided to NHS patients	**23%** lack of accessibility
25% fear of dental treatment	**17%** inability to locate the dentist



People's rating of local NHS dental provision

Overall, 54% of the respondents across Birmingham and Solihull rated NHS dental services as poor, 27% found the services to be average and 19% found them excellent. Fifty-three percent of Birmingham respondents rated NHS dental services in Birmingham as poor, compared to 40% in Solihull.

Table 3: Count of Decile of IMD and Rating of Dental Services in Birmingham

INDEX OF DEPRIVATION	1 *(Poor)*	2	3 *(Average)*	4	5 *(Excellent)*	TOTAL
1	26	11	12	7	7	63
2	15	4	9	4	1	33
3	5	5	5	0	1	16
4	23	3	11	5	1	43
5	3	4	4	1	3	15
6	6	2	3	2	1	14
7	7	1	4	2	3	17
8	2	2	1	2	2	9
9	0	1	3	2	0	6
10	2	0	1	1	0	4
TOTAL	89	33	53	26	19	**220**

Table 4: Count of Decile of IMD and Rating of Dental Services in Solihull

INDEX OF DEPRIVATION	1 *(Poor)*	2	3 *(Average)*	4	5 *(Excellent)*	TOTAL
1	0	0	1	0	1	2
2	0	0	0	0	0	0
3	1	0	1	0	0	2
4	0	0	0	1	0	1
5	1	0	1	1	0	3
6	3	0	2	0	1	6
7	1	1	0	0	1	3
8	3	2	3	0	0	8
9	3	1	3	0	2	9
10	8	4	4	0	1	17

Forty-five percent of respondents living in the more deprived areas of Birmingham (index of deprivation 1-5) rated dental services as poor compared to 14% who rated services as excellent. Of respondents living in less deprived areas (index of deprivation 6-10) 10% rated dental services as poor with only 9% rating them as excellent.

Twenty-eight percent of respondents living in the more deprived areas of Solihull (index of deprivation 1-5) rated dental services as poor with 14% rating them as excellent. Forty-seven percent of those living in less deprived areas (index of deprivation 6-10) rated dental services as poor compared to 13% who rated services as excellent.

Experiences of access for different groups

People with long-term conditions

Birmingham

Seventy-two percent of people with a long-term condition told us they cannot find a dentist taking on NHS patients. Twenty-two percent were left without an NHS dentist when they were taken off a dental practice's list of NHS patients, and for 11% their dentist had become entirely private.

- 63% said they had been trying to get an NHS dentist for over a year.
- 85% felt it was impossible to find an NHS dentist.
- 58% found it difficult to access NHS dental care or treatment.
- Fear of cost (58%), actual cost (57%) and difficulty getting an NHS appointment (67%) were the main reasons for not seeing a dentist even when they had a problem.
- 62% rated NHS dental provision in Birmingham as poor.

Solihull

Forty percent of people with a long-term condition told us they were left without an NHS dentist when they were taken off a dental practice's list of NHS patients. 20% cannot find a dentist taking on NHS patients, 20% don't know how to find one and 20% chose to have private treatment.

People with disabilities

Birmingham

Forty-three percent of people who identified as having a disability told us they cannot find a dentist taking on NHS patients.

- 63% had been trying to get an NHS dentist for over a year.
- 63% felt it was impossible to find an NHS dentist.
- 59% found it difficult to access dental care or treatment.
- Fear of cost (59%), actual cost (60%) and difficulty getting an NHS dental appointment (65%) were the main reasons for not seeing a dentist even when they had a problem.
- 56% rated NHS dental provision in Birmingham as poor.

Solihull

Fifty percent of people who identified as having a disability told us they had found an NHS dentist which was too far to travel to and 50% told us that they do not know how to find one.

- 50% had been trying to get an NHS dentist for over two years.
- 100% felt it was impossible to find an NHS dentist.
- 33% felt it was impossible to access dental care or treatment.
- Fear of cost (33%), actual cost (33%), difficulty getting an NHS dental appointment (33%), inability to locate the dental practice (33%), difficulty making the journey (33%), lack of accessibility (33%) and distance to dental practice (33%) were the main reasons for not seeing a dentist even when they had a problem.
- 66% rated NHS dental provision in Solihull as poor.

Young people

Birmingham

Forty-two percent of young people (between the ages of 0-24 years) told us that they cannot find a dentist taking on NHS patients. Twenty-eight percent were left without an NHS dentist when they were taken off a dental practice's list of NHS patients, and 14% could only find an NHS dentist too far away to travel to.

- 72% had been trying to get an NHS dentist for over a year.
- 57% found It difficult to access dental care or treatment.
- 64% rated NHS dental provision in Birmingham as poor.

Solihull

50% of young people told us that they had been taken off a dental practice's list of NHS patients and 50% could only find an NHS dentist too far away to travel to.

- 50% had been trying to get an NHS dentist for over two years.
- 100% felt it was impossible to access dental care or treatment as an NHS patient.
- 100% rated NHS dental provision in Solihull as poor.

Ethnicity

Birmingham

Ninety-three percent of respondents from ethnic minority groups (i.e. people identifying as black – all categories; Asian -all categories; and mixed -all categories) told us that they cannot find a dentist taking on NHS patients.

- 60% had been trying to get an NHS dentist for over a year.
- 93% felt it was impossible to find an NHS dentist.
- Fear of cost (53%), actual cost (61%) and difficulty getting an NHS dental appointment (74%) were the main reasons for not seeing a dentist even when they had a problem.
- 62% rated NHS dental provision in Birmingham as poor.

Sixty-five percent of respondents identifying as white (all categories) told us that they cannot find an NHS dentist.

- 53% had been trying to find an NHS dentist for over a year.
- 76% felt it was impossible to find an NHS dentist.
- Fear of cost (44%), cost (42%) and difficulty getting an NHS dental appointment (54%) were the main reasons for not seeing a dentist even when they had a problem.
- 53% rated NHS dental provision in Birmingham as poor.

Solihull

One hundred percent of respondents from ethnic minority groups (i.e. people identifying as black – all categories; Asian -all categories; and mixed -all categories) told us that they cannot find a dentist taking on NHS patients.

- 100% had been trying to get an NHS dentist for over a year.
- 100% found it difficult to find an NHS dentist.
- 33% rated NHS dental provision in Solihull as 2 out of 5, 33% rated 4 out of 5 and 33% rated 5 out of 5.

Forty percent of respondents identifying as white (all categories) told us that they cannot find an NHS dentist.

- 50% had been trying to find an NHS dentist for over a year.
- 40% felt it was impossible to find an NHS dentist.
- Fear of cost (29%), actual cost (38%) and difficulty getting an NHS dental appointment (49%) were the main reasons for not seeing a dentist even when they had a problem.
- 46% rated NHS dental provision in Solihull as poor.

Key Findings

Difficulties getting a dentist taking on NHS dental patients and offering NHS dental care

Key concerns:

- Lack of dental practices taking on NHS patients.
- Difficulties finding an NHS dentist for those who move into the area.
- Long waiting lists.
- Having to contact many different dental practices before finding treatment.

We moved to Birmingham in 2020 and have not been able to find a dentist taking on NHS patients even for my son

Been on waiting list for some time now including my two boys

I found a practice late last year, but after many rejections.

[Dental practice name] are not taking children NHS patients and only charge private fee that is extortionate. It is a new process implemented this year. £40+ per child per checkup.

Unable to register as nowhere local has NHS availability

Moved house 14 months ago but still unable to find an NHS dentist

My son has been trying to register at an NHS dentist in his area for 5 years and all say, they are not taking on any more patients this is disgraceful

Have been trying to register for 18 months but nobody is taking on new NHS registrations

I've recently moved to here and have been unable to find a dentist accepting NHS patients

I did visit the dentist regularly in the past, but I can't get hold of one now as they keep on telling me there's a waiting list

I have rang around lots of different dentists and no one is taking NHS patients on

I have tried and tried. Continually ringing all the dentists in my area and in 18 months of trying I still cannot get taken on as a paying NHS patient

Tried extensively to find local one when previous dentist went private. Many showed NHS signs outside but would not take on NHS patients

I moved to Kings Heath in Jan 2020 and I'm still trying to get registered I have phoned 15 dentists all NHS and been turned down by all of them

I've phoned lots of dentists they keep on saying they can't take anymore NHS patients

As soon as I mention NHS, the dentists say no, they don't pay us enough

I received many 'noes' before finding one who would accept me.

I called all dentists on Rookery rd, Soho rd, Church Lane and toward Aston/perry Barr. I intend to try Lozells road, Sandwell and toward west Brom this weekend. Next week, I will try Birmingham City Centre

It took a few calls but I eventually found a dentist a couple of miles away who had appointments within a week of calling. The others I called were at least a month's wait!

Easy to find dentists, very difficult to find one that would accept new NHS patients

People feeling pushed towards private care

Key concerns:

- Difficulties accessing NHS dentistry means people feel forced to access private dental care.
- Limited treatment options on the NHS means people turn to private dental care.

Tried to get into numerous dentists as my partner has severe tooth ache out of 6 surgery's he rang NONE would take him, so he's gone private

Had to go private as NHS were not being treated.

Couldn't find an NHS dentist, so I am in debt now paying private

I possibly could get NHS treatment but they only recommend dentures that I've had before and can't eat or talk with them I ideally want implants but my dentist won't do them and because it's hard to find a dentist in my area I am thinking of going private and pay money I'm 66 and In I'll health but not being able to get proper treatment

Dentist I had used via NHS had changed hands could not get appointment with NHS dentist tried many ended up paying £420

Lack of clarity about which dental practices are taking on NHS patients

Key concerns:

- Although people are facing problems accessing an NHS dentist, most dentists are still offering private dental care.
- Dental practices advertising as accepting NHS dental patients not doing so.
- Some dentists becoming entirely private and leaving NHS patients in limbo.

I have seen an NHS dentist in December who wanted me to have a private scale n Polish at the cost of £73. Also recommended private fillings at the cost of £1000. I feel he only advertises as NHS to get people through the door!

Tried to register with X [name redacted] Dental practice - they have a sign saying accepting NHS patients now, but they aren't and haven't since covid! Frustrating and false advertising

No one is taking NHS patients but can-do private treatments the same day it's a joke

X [name redacted] dental - 10 year waiting list. Solihull dental service- not taking any new patients. Both are offering private treatment the same or next day

Cannot find a dentist taking NHS patients, but they will all take me on as a private patient and see me the same week!

I am not willingly not on a dentist list as an NHS dental patient. Long standing relationship with a very good dentist when the practice went private.

I used to be an NHS patient but a few years ago I was told that if I wanted to continue seeing my dentist it would have to be privately. If I remained a NHS patient I would have to see his Assistant.

Concerns that NHS dentists are more orientated towards private care

Key concerns:

- People being offered private treatment when seeking NHS dental care.
- People feel that dental assessments are motivated by profit.
- Dentists pushing private services to patients.
- Treatment that can be delivered under the NHS being refused but offered privately.

NHS dentist only recommend dentures they don't help any other way unless you go private

I'm concerned that as an NHS patient the drive is to push private treatments on me and more treatment than needed. I do not trust the assessment I am given as profit is the motivation

When looking for an NHS dentist I was offered private treatment but didn't take it up

Solihull based dentist all about expensive private cosmetic procedures. Have rung around regularly over last 3-4 years with none taking on NHS patients.

I have periodontitis diagnosed by my current dental surgery but when I asked if I was going to be given scale and polish during my last check-up, I was told I did not need one although my gums were in a dire condition. The dentist stated that I could have scale and polish if I wanted to but had to pay privately for it.

It feels like dentists are pushing you to have the private services. (For example teeth whitening, implants etc.)

All dentists are heavily promoting private work, most of the online questionnaires I was sent were to do with this. The dentist does bare minimum, keeps you waiting & tries to get other private services taken up. I used to have good teeth but feel the lack of initial appointments after opening up from lockdown 1 seriously hindered things. My parents both got turned away multiple times for their dental work that was needed & have now switched to a private practice (I cannot afford to do this). Too many are only interested in private work, finding an alternative NHS dentist is a thankless task.

Hygienist work is charged for privately

Barriers for people with disabilities or complex needs

Key concerns:

- Limited awareness of dental practices offering services to people with disabilities or complex needs.
- Structural problems accessing dental practices.
- Closures of special needs dental practices.
- Location of dental practices.
- Lack of special needs dental practices.
- Lack of access to staff with the skills and knowledge to treat people with disabilities or complex needs.
- People with complex needs being refused NHS dental care.

I have many complex health issues that standard dentist won't treat. So won't register me.

As a young adult with complex needs, including being in a wheelchair, we have been to at least 4 "special needs" dental clinics over the years, but they keep closing them down. Why complex special needs patients cannot be seen at the new dental hospital is beyond me.

The out of hours dentist told us about [name redacted] until then we had been going to a dentist at the old Dentist Hospital which we assumed was the only one available to physically disabled patients

Due to my son's difficulties few dentists will treat him as he would need sedation for anything other than a cursory check-up.

we have no options because of access since my son is in a large wheelchair

It is a 30 minute drive to the nearest accessible dental surgery that are willing to treat my wheelchair bound son, once there is a lack of nearby parking.

Removal from a dental practice list of NHS patients due to non-attendance during the pandemic

Key concerns:

- Being removed from a dental practice's list when people were advised not to attend dental practices during lockdown.
- Practices not informing patients that they have been removed from the list of NHS patients until they try to book an appointment.
- Being removed from a practice's list of NHS patients even when they tried to book appointments during the pandemic but were not able to access any appointments.
- Being removed from a dental practice's list of NHS patients has left people without access to an NHS dentist.

I attended the dentist regularly up until covid and then my appointment was cancelled. Due to restrictions, I was not able to get an appointment and because I have not been seen during the last 2 years due to the pandemic I was removed. When this was questioned it was because I had not been seen for 2 years, but this was not my doing. I only found out when I tried again to book an appointment, I have been de-registered

My previous Dentist at X [name redacted] in Kingstanding struck me off for not attending, even though I had tried to get an appointment during the lock down. Absolutely disgraceful

My granddaughter was registered with a dentist, I myself had to cancel an appointment last year then I tried to make another appointment for her but they said they'd taken her off the register bearing in mind they wasn't seeing patients for check-ups for a lot of last year so now she can't get an NHS dentist in her area

Was told I am unable to go as NHS with them anymore due to not being seen for a period of time.

I stayed away from the dentist due to covid as I didn't need emergency treatment and now they say I'm not registered.

I stopped going to my old dentist, who took me off their books; then I had to go private when I got an infection. It took a while to find another NHS dentist after this.

Due to the fact that I have not been for 2 years they will not take me back, and i am unable to register with a new one

I am now with X [name redacted] Dental Practice. Previously with X[name redacted] Dental Practice who removed me from their roll without notice or contact during the COVID pandemic.

Waiting times

Key concerns:

- Long waiting times for treatment, even for regular attenders.
- Long waiting times mean some people have had to use NHS 111 to get appointments, go private or visit A & E to get treatment.

I attend when my routine checks are needed, sadly though Dec 2019 I had a severe infection telephoned 111 for support and advice, was just given a list of emergency dentist. £400 after many appointments I am now waiting for an extraction at the QE. With Covid the clinic is 60 weeks behind, this has impacted on my tooth the pain has been Horrific lived on antibiotics and painkillers every month

Waiting times for treatment are typically around 2 months since the pandemic.

Needed a filling and I was told 3 weeks in a row on the morning of each appointment that it had to be cancelled by the dentist. I was in lot of pain.

Did have bad pain after treatment called said had to wait another 2 weeks for appointment was in agony and ended up needing antibiotics

I can get treatment, but the length of time to wait can be 4 plus weeks. When I had dental problems recently, I had to book dates weeks in advance for treatment.

Had to contact NHS 111 twice to get a dental hospital appointment

After being ignored & no calls returned for 2 months, I rang NHS 111 for help. They were able to get me booked me in the next day

Affordability of dental treatment

Key concerns:

- Cost of private care if unable to access NHS dental treatment.
- Cost was the main reason for most (85%) of the respondents that wanted to be on the list of a dental practice as an NHS patient.
- Issues of cost were also a significant concern for some accessing NHS dental care.
- Cost and fear of cost has led to some people not accessing dental care or treatment.

My gums were bleeding so I ended up going to a private dentist, but I had no treatment as it wasn't free he just told me what to buy, and to book a hygienist which I still can't get a hold of

I can't afford the prices for regular check-ups so I only go when I need to

I went as an NHS patient, but they offered private treatment, Wanted nearly £2,000

Was told it would cost over £1000 by a private dentist

Used over Christmas as in extreme pain with wisdom tooth which had to be extracted. Had to go private as no NHS dentists were open and the dentist which I eventually used would only treat me immediately as a private patient. If I wanted NHS treatment by this dentist, I would have to wait weeks. I had to pay £240 which I had to borrow from a friend. I am still in pain even though tooth has been extracted and they were going to pull wrong tooth until I corrected them.

I've been told that I have to pay a fortune for treatment that is much cheaper on NHS

Due to me not being able to afford the cost of going to the dentist I do not go regularly

I'm 63 and can't afford to go to the dentist

Private dentistry, even for regular check-ups is expensive but sadly we cannot find a local NHS dentist with space to take on new patients.

Seems like there are still big charges with NHS dentists so feel like I would get better care staying private

I am desperate to get an NHS dentist. Cannot afford private

Believe that NHS dentistry should be more available. Private dentist told me they do not go above NHS charges, but I have no idea if that's true

Currently need a lot of work done and am long term sick now in benefits so need an NHS dentist

Access to urgent dental care and emergency appointments

Key concerns:

- Poor access to urgent dental care or emergency dental care.
- Even those on a dental practice's NHS patient list are finding access to urgent or emergency care difficult.

Impossible to get one a dentist in an emergency

A few months ago, I had a painful abscess. I had to get an emergency appointment at another dentist because my usual dentist had no appointments. Was difficult finding an emergency appointment anywhere.

Registered dentist receptionist refused to book me an appointment, even when I was in extreme pain and had an infection. I called 111 and they found me an alternative dentist who treated me within an hour.

No appointments .....no emergency care available

Child was in agony so saw out of hours emergency & they said they couldn't help

Had to call 111 as pregnant and even then of the 2 practices they told me to call one still had no emergency appointments

Improving NHS dental services in Birmingham and Solihull

We asked respondents for their views on how NHS dental services in Birmingham and Solihull could be improved. Suggestions for improvement include:

More NHS dentists and NHS dental care

More NHS dentists (Government must make it more attractive to dentists); that dentists stop pushing private services on you when not needed e.g. botox, teeth whitening, invisaline etc; that the charges for NHS treatment are more affordable ,there is little difference between private and NHS; that dentists were actually kinder especially for people terrified (due to past NHS dental butchers); that dentists had an Ofsted equivalent and patient feedback counted for something; that they opened at weekends; that their receptionists were better mannered and that you did not have to conduct conversations about your address/email/phone, treatment etc in front of the whole waiting room. GDPR does exist which is ignored by this alone. There is considerable room for improvement in dental services.

Dentists would rather be private as they make more money. In my opinion this is why there is a lack of NHS dentists. Make them all take on NHS patients.

Stop them taking on private patients and provide NHS care for working everyday people

A lot more spaces for NHS patients

Start to offer NHS services again

More NHS dentists and paid appointments need to be available. It is appalling that my 10-year-old child can't even get access to dental treatment and we currently are on a waiting list yet if we had the money to pay privately we could get an appointment tomorrow!

More dentists in the Solihull area need to be taking on patients. I am unable to find a dentist

Need more NHS Dentist and need to be clearly advertisement… I need to see one every 3-6 months but can't and I can't see an NHS orthodontist either

NHS need to improve reasons for Dentists to wish to work in the system

NHS places in Sutton Coldfield are inadequate for demand. There is no availability locally in Walmley area for years. A housing development of over 5000 houses is planned but there are no places for existing homeowners. Where places are available they are difficult to access due to distance and lack of transport. NHS places are often only with inexperienced dentists and there is no choice at all.

Most NHS dentists appear to not be taking patients on, many people I know are having to stay with dentists many miles from home when they move, because they cannot get into an NHS dentist near their new address. You can't afford to lose your place in an NHS practice!

Reduction in dental costs

I do think more dental treatment such as implants etc would be available at cheaper costs or free for over 60's because we have lost our teeth to age or illness with certain medications that affect our teeth it doesn't mean we do not need to be able to eat or smile better properly there is lots of limitations on the treatment available at dentists and there is too long waiting lists on NHS

Charges for emergency appt to be lessened, awful to be in pain then have to pay the normal amount

Even with the NHS costs are high and quality is variable - I suspect money is more a driving force than good quality care, which is to some extent inevitable when profit is an issue.

I am having to pay over £1000 to sort my teeth, and I am getting into debt for it. Nowhere is taking on NHS patients and I can't leave my teeth in the state they are in.

I am 80 and on a state pension so paying a private plan is difficult and even then treatment is very expensive need an NHS dentist to be able to look after my dental health.

I had an NHS dentist who moved away and went private many years ago and I could only find another private dentist locally at that time. I have stayed with this dentist as I have worked full time and could afford the coats. Now I am reaching retirement age I need to find a NHS dentist and cannot. Perhaps there could be something in place for people over 60 for at least free checkups and hygienist even at private practices if NHS is not available - similar to eye tests being free.

Price for private dental care is too expensive and should be made more affordable.

A change in the ratio of private vs NHS care provided by dentists and greater promotion of NHS over private services

At the moment there aren't any NHS dental services in Birmingham at all. I am disabled taking steroids which make my teeth weak, during the pandemic I have broken 2 teeth . I am immunosuppressed this makes it likely that I will develop an absess under my tooth. Leading to sepsis again. All dentists I have been in touch with are not willing to take me on and see me the same week as a private patient, yet say they are not taking NHS patients although they all advertise that they are taking on NHS patients. I was under the impression that not only was this immoral but also illegal.

I've always had NHS dental services, but the rest of my family find such services difficult where they live. I really believe that all dental services should belong to the NHS & free for all. I know many people in my area cannot pay for dental services & so do not visit dentists at all, very sadly.

There need to be more options, most dentists round here [Solihull] are private, there's one NHS dentist as far as I know and they're never contactable and their reputation isn't great.

Until NHS dentistry is better funded, require private practices to properly publish costs and offer feedback forms. They are businesses. Also, dentists and dental nurses are trained at public expense. Should this be a consideration?

Better information about NHS dental capacity and access

NHS website doesn't accurately list availability of NHS dentists taking on new patients.

Information on which dentists are taking NHS patients should be more clearly signposted

Complete lack of coordinated care or central place to go for information. 111 is utterly useless for dental care. It really is the forgotten NHS service

Ideally all patients would be told the costs and rights of NHS patients, but some private dentist practices would probably dislike this.

A written explanation of work done when you go into the most expensive banding. Feel was told work needed doing that was not and also offered a white private filing that was just not done other than a little bit of white enamel put on and cost an extra £80.

Ensure spaces are available for patients to register. Don't allow practices to waste peoples time saying they take new patients when they don't

More information about what our rights are to receiving dental treatment on NHS plans and not forced into private so that they can benefit from it.

Publicise more widely that you don't need to be registered as an NHS patient to obtain NHS dental treatment (if I've understood that correctly). I paid getting on for £1000 to X [name redacted] Dental getting urgent treatment and follow up when a cusp of my tooth fell off. At no point was I offered an NHS option.

Make life easier to know whether a dentist is NHS or private, and what is involved, and whether I would be welcome back with my last dentist.

More NHS appointments made available

It's hard to be critical of delays given the pandemic creating so much uncertainty - but getting a prompt emergency appt would be one of my key requirements.

It's impossible for me to get dentist appointment. One dental practice told me to wait one Year for the appointment.

I haven't been able to have a routine appointment since pre covid. Therefore, more availability of these appointments is required.

Evening and weekend appointments

Improve the availability of NHS dental services. Priority given to those who live locally.

More investment from the government. NHS dental staff should be paid adequately so that they are not forced to go into private care. Practices should be given subsidies to resource more NHS patients on their books, particularly people who need to receive free dental care.

My dentist has cancelled appointments due to covid protocol. This would be acceptable, except my mother and brother have both had appointments (1 emergency, 2 routine) in the time that my dentist was cancelling appointments. I have had a broken tooth now for almost 4 months and no way to see a dentist.

Dental services that meet people's needs

Being treated fairly as a patient living with HIV.

Provide female dentist, anxiety understanding/trauma

More female to male ratio dentists at practices, Due to past trauma I want to see a female but there was only 1 so waiting times were awful..making the anxiety progress I made worse

Experience & trauma informed understanding of dental phobias. Genuinely having my best interests in mind during treatment. My last dentist ignored my distress, psychological dissociation & physical discomfort

Understanding of my anxiety etc..being a nervous patient ...they are not really understanding , so I'd like suggestions on a new dentist..also my sons grinding his teeth in his sleep and need a guard...absolute disgrace ...we got told only doing emergency cos of covid..what about getting back to doing treatments

Ability to deal with multiple complex health issues

Communication and being treated fairly and decently

understanding of very nervous patients and access to modern pain free methods

Improved access for people with disabilities

There should be a specialist dental clinic available for those with complex disabilities at the dental hospital which has much better access and facilities such as rooms where the dentist's chair can be swapped out for a wheelchair meaning the patient is in the correct position. It is a shame, though, that a relatively new facility does NOT have a "Changing Places toilet" that would make the building truly accessible for EVERYONE! Learning how to effectively treat patients with special needs would surely be good for the students of dentistry based there.

Service is appalling. Disabled child left in pain for weeks & nobody cared about that. I called dental hospitals, private dentists, etc when the NHS dentist claimed they couldn't see my child sooner but nobody could help. Disgraceful!

Focus on prevention of dental issues

NHS should include the cleaning the teeth for the prevention of teeth getting holes instead spending money on the Check and extraction.

General cleaning available on NHS descale. Saves money in long run

Polishing teeth removing the plaque should be considered as an essential treatment for prevention for infection instead of beauty procedure. And also, we should have a choice on options when it comes to referrals.

Signposting people to other dentists

They only state that they're not taking on new or NHS patients, apologise, then thank me for contacting them. I then ask if there are other dental practices in the area. Some will help and others will say they don't know and dismiss me.

Improved access to urgent and emergency dental care

Make it a necessity for dentists to see emergency NHS patients regardless of space on books so that people can at least initially be out of pain and can then look for a permanent NHS dentist with room on their books!

Emergency access should not be a choice of paying or staying in pain. If an appts found them it should go on normal cost not escalated. 111 needs better advice than just giving a list of dentist, when I went the QE I went to a specialist ward within 2 hours I had been sliced infection released pain more bearable the 111 never once advised me to access this. The consultant said 111 do this regular

Revised opening hours to support patients who work. Improved communication with patients when appointments are running behind. Dentists attending work on time to prevent delays. Improved patient care, can be an uncomfortable environment yet you feel rushed and treatment is not explained well.

The need for urgency needs to be looked into. It's critical. This is what is lacking urgent treatment.

Have more than one emergency dentist overnight who do not charge between £20 to a £100 pound for NHS patients even unemployed one dentist open and monopolies the treatment costs

Improved waiting times and continuity of care

Less waiting times for appointments when needed. Quick emergency appointments no delays when in pain. Also helpful to see same dentist instead every time you go another new face is there to start your panic attack off. A familiar face would be nice. Also puts patients at ease.

It's currently inaccessible due to covid. I can't get a be routine appointment for either myself or my daughter. My husband is on a year's long waiting list to have a wisdom tooth removed which causes excruciating pain.

My personal experience is that there is no consistency and continuity when seeing dental practitioners in a surgery. It feels like I get booked with a different dentist every time I visit. Turnover of dentists and other staff is massive in the practice I've been visiting. All this feels very unsettling and care and treatments are unsatisfactory hence I will be trying to find a new dental surgery, maybe one combing NHS and private treatments so can hopefully have more done.

Improved process for the removal of patients from a dental practice's list of NHS patients for non-attendance

Dental Practices should not be able to remove people from their roll without consultation with their patients. They should be accountable and have a duty of care towards their patients.

Patients were asked to stay away from dentists to help with Covid, then when we've tried to access them for routine appointments, we've been told we are no longer registered! It's very unfair. Especially in underprivileged areas.

My some at aged 17 stayed away from X [name redacted] road dental practice, during Covid. When he then needed emergency treatment, he was told that he was no longer registered and he could only find private dental practices.

Better regulation of dentistry

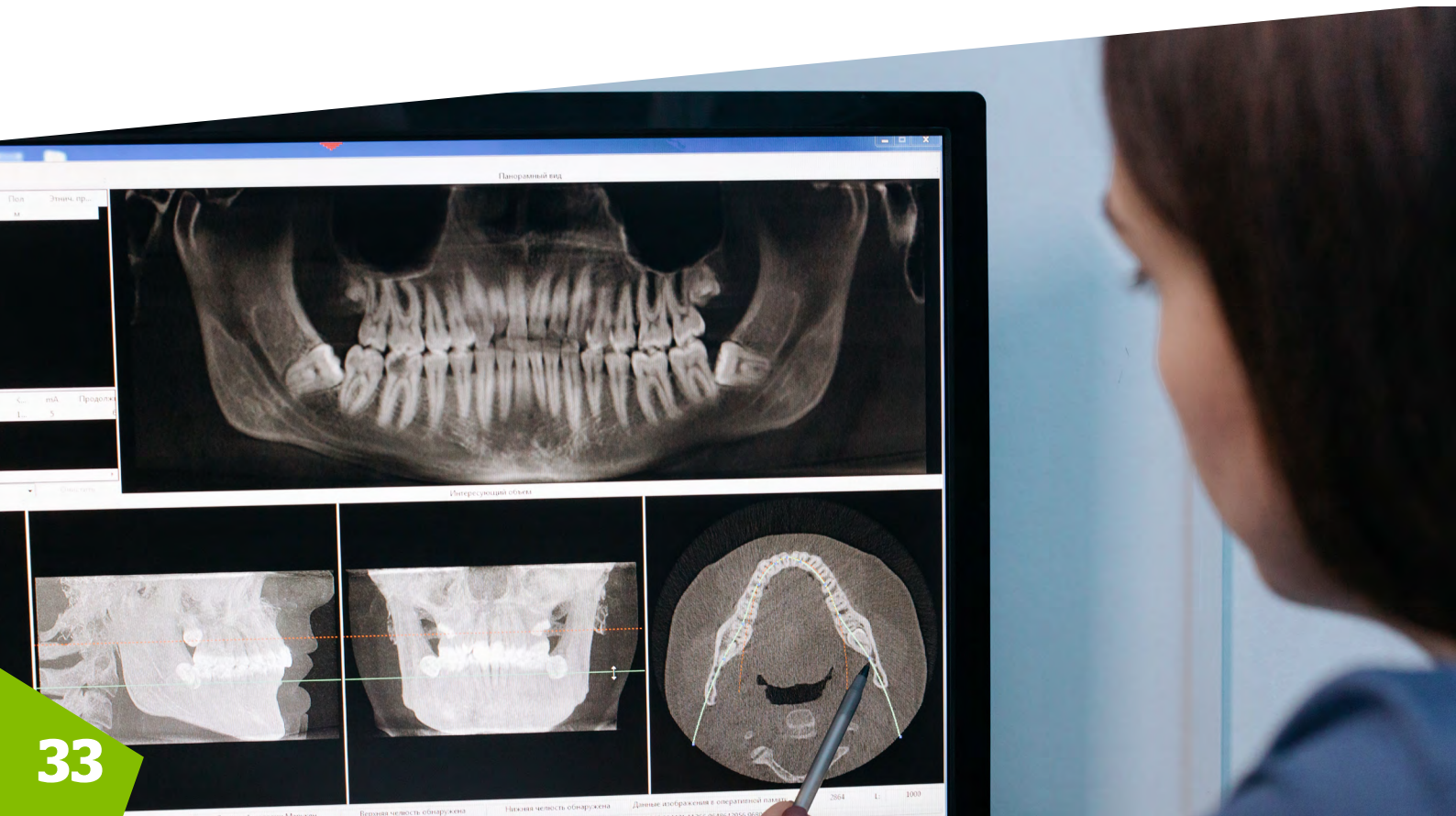
Ensure that NHS dentists are giving their patients quality care.

Ideally all patients would be told the costs and rights of NHS patients, but some private dentist practices would probably dislike this.

Carry out what they are supposed to do according to the NHS bands.

Need better monitoring of dentists - my partner and I go to the same place, he gets his teeth cleaned for free as part of his check-up but I don't and it's really awkward to say anything. There should be a standard check-up.

I now accept that de facto, we now have a two-tier system of dental provision. NHS service is underfunded. Don't want to be an NHS patient, not under current NHS provision. I would rather pay than receive a second-rate service from the NHS.



Conclusion

Challenges such as lack of access, long waiting times for treatment, lack of information or clarity around NHS dental capacity in Birmingham and Solihull, affordability, and poor access to urgent and emergency dental care are leading some people to:

- Forgo or reduce much needed treatment.
- Access private dental care, which is often not affordable and has left some people in debt.
- Use secondary services such as A & E or frequently calling NHS111 to access services.

Access for people with a disability or complex needs to be improved to ensure dental services are available in ways that meets their needs and that dentists are better trained to provide appropriate care.

Difficulties accessing NHS dental care are being experienced across all areas and various groups in Birmingham and Solihull. However, people who are not already on a dental practice's list of NHS patients are facing more difficulties accessing NHS dental care. More generally, NHS dental service provision in Birmingham and Solihull is perceived as poor quality and inadequate to meet people's needs.

The experiences shared in this report highlight the need for a local focus on similar questions to those the Care Quality Commission (CQC)[1] put to the dental sector in their report into dental access during the pandemic. These include:

- How will confidence be restored that access to NHS dental services is available for everyone?
- It is important that there is a review into NHS dental capacity and whether enough is being commissioned to meet demand in Birmingham and Solihull.
- How do NHS dental commissioners and leaders in Birmingham and Solihull ensure that those who are vulnerable and without a dentist have equality of access to NHS care? Including addressing issues of access and affordability to ensure that lack of provision and inability to pay does not exclude people from dental services.
- Greater clarity and information on practices offering NHS dental services in Birmingham and Solihull including how to access them.

The responses from NHS England and NHS Improvement Dental (West Midlands), Birmingham LDC and Solihull LDC are summarised in the following pages. Each organisation's full action plan can be found in the relevant appendix.

1 COVID-19 Insight 10: Dental access during the pandemic | Care Quality Commission (cqc.org.uk)

NHS England and NHS Improvement Dental (West Midlands) action plan

The NHSE/I response recognises the issues identified in our report and commits to work collaboratively where they can with Healthwatch and local commissioners to improve the situation for all dental patients across the city. The response further notes the impact the pandemic has had on access particularly the difficulties experienced by those who are 'vulnerable'.

The response further acknowledges the complexity of dentistry which makes it difficult for both professionals and the public to navigate the system. Noting that there has been a significant perpetuation of the myth of registration leading people to believe that dental practices operate in the same way as medical practices when they do not.

NHSE/I also give an overview of the dental contract noting that the majority of contracts were issued in 2006 when the contracting system changed; so many practices provide historic levels of activity. The NHSE/I response notes that there is also a recognition by practitioners and commissioners that the existing dental contract is not ideal in some circumstances and there has been national work on contract reform for several years. Therefore, some of the responses to the report can only be determined nationally (e.g. patient charges, lack of a registration system).

The actions NHSE/I has outlined in response are below, and the full response is in Appendix 2.

How will confidence be restored that access to NHS dental services is available for everyone.

The clinically led Local Dental Network chair has developed a plan to improve services by:

- Developing a "Child focused practice programme" to support the Community Dental Services.
- Commissioning additional services for patients who have difficulty accessing a dentist through NHS 111.
- Establishing an Oral Health Promotion Service.
- Establishing a working group to explore access for Severe and Multiple Disadvantaged people, working with the ICS and third parties such as Crisis.
- Training and workforce development in conjunction with Health Education England.
- Working with and developing our Managed Clinical Networks. These address issues such as Urgent Dental Care, antimicrobial resistance, prioritising services, quality assurance.
- Working with restorative and oral surgery clinical networks to accredit general dentists with advanced skills – if resources become available this will have identified a cohort of practices that could provide more advanced care in general dental practice.

It is important that there is a review into NHS dental capacity and whether enough is being commissioned to meet demand in Birmingham/Solihull.

- Commissioners had planned an area team wide review of dental access; this has been delayed by the pandemic but will be commenced in the year. PCTs undertook a number of needs assessments but they are now quite out of date. However, working with colleagues in Dental Public Health, commissioners will identify areas of high need and seek to redirect resources which become available to those areas.

- Resources may be freed up where contractors reduce their contract activity or perhaps where single handed dentists retire, and the contract terminates. For example, so far this year in BSol we have seen a contractor with a small NHS contract privatise and another has rebased his contract. In total this amounts to less than 1 whole time dentists worth of activity.

- Commissioners are consulting with public health colleagues to determine where the activity should be reallocated. The principles will be that an area must have significant deprivation and a lack of dental access and activity. Providers in the area(s) will be targeted via an expression of interest process.

- Responding to the need for a system wide approach to health and social care, we are moving towards being part of a wider Integrated Care System. This is in its early stages, but we have started to work with other health and care providers to prioritise care for vulnerable patients. For example, we recognise that pharmacists may be point of contact for patients with acute dental pain and may be a good place to signpost dental services.

Birmingham Local Dental Committee action plan

The Birmingham LDC response recognises many of the issues identified in our report and commits to work collaboratively where they can with Healthwatch and local commissioners to improve the situation for all dental patients across the city.

The Birmingham LDC recognises that clearly something is wrong as there has been nearly an eight fold increase between 2020 and 2021 relating to concerns raised by the public around inability to access NHS dental care. In addition, that the same is true about concerns brought to MPs by their constituents. The Birmingham LDC welcomes the Healthwatch report's clarification around 'patient registration.' Since the advent of the 2006 GDS (General Dental Services) Contract, no patients are strictly, 'registered,' with any particular practice. The LDC notes "this of course is not how our teams like to operate (or more importantly, how patients would want us to function) and we welcome the continued relationship with all of our patients. Patients see their dental needs being met by 'their' dentist and there is absolutely nothing wrong with this. We say they are 'registered' with the practice though this is not a legally recognised status. Whilst the NHS recognises 'notional' lists of patients, nobody is 'registered' with a dental practice since 1st April 2006".

The Birmingham LDC's response also highlights some of the issues that are affecting dentistry in Birmingham and access to treatment. Such as increased demand for NHS dental care, change in the make-up of the people in the city which has increased demand on the system, the impact of financial penalties on the delivery of dental care, problems with the current dental contract and its failure to address health inequalities (for instance under the 2006 GDS contract, a dentist gets paid the same amount whether (s)he delivers one filling or 20 fillings for a patient in a single course of treatment. This has become a significant driver for many colleagues in reducing their NHS commitment). The Birmingham LDC also highlights problems with how dentistry is funded (where successive governments have funded for approximately half of the population) therefore dental budgets have not grown to reflect growths in local populations and changes in the demographics. In addition, uplifts to GDS (2006) contracts have not kept up with inflation. As a result many dental practices have been forced into a situation where they are now wholly private, or offering a mixed

NHS/private model of care, very few are totally NHS. Monies paid by patients towards NHS dental care do not supplement the annual contract value (ACV). This means that money taken at the reception for NHS dental care is effectively returned to the government, it does not stay in the practice.

Many patients who do not receive benefits are often on low wages and it is these patients in particular who we see struggling with dental charges, the LDC agrees that the fees are too high, especially for Band 3. Some patients will take cheaper options (e.g. extraction of teeth rather than preservation). Even those patients receiving benefits are often unsure about which benefits they receive and they sign the 'FP17' form in good faith only then to be lumbered with a penalty fee of £100 from the NHS for claiming free dental treatment when they were not entitled to. Many of these are elderly patients who simply do not understand what exact type of benefit they are in receipt of, there is never an intention to defraud. The exemptions are difficult to fully understand, unnecessarily complex, even for our reception teams.

The actions the Birmingham LDC has outlined in its response are below, and the full response is in Appendix 3.

- Work more with the local commissioners though we appreciate that they are stretched not least due to the absurd apparent need for repeated reorganisation within the NHS. The current threadbare team is stretched across a much larger footprint and it is therefore difficult for them to deploy team members to regular LDC meetings. This is needed on a regular basis so that they get a good flavour of issues on the ground affecting patients and dental teams.

- We abhor the use of 'NHS patients welcomed' only then to be sold private care. We are unsure of numbers of colleagues doing this but would welcome working with Healthwatch and the commissioners to eradicate such behaviour.

- Most practices offer a hybrid model of care and we welcome clearer messaging so that patients are absolutely sure what care they are receiving. The LDC will happily support a messaging campaign. The NHS dental contract is very 'grey.' It fails to outline exactly which treatments are available on the NHS and which are not, the profession has for years asked for clarity of contract. This will help clear any ambiguities about what can be done under the NHS and treatment which needs to be offered on a private basis only.

- We recognise that there may be a place to treat patients with disabilities and complex needs in the primary care setting. Traditionally, many of these cases would be treated either at the Birmingham Dental Hospital or in the specialist community dental services. The Local Dental Network should look at this and the LDC would support such initiatives.

- As part of the Health and Care bill presently going through final stages in parliament, it is anticipated that with the ambition for a more integrated care model, the LDC will be able to help meld solutions to some of the specific local issues. We are looking to influence the Integrated Care Boards as soon as possible, but certainly in time for April 2023 when dental commissioning will be delegated to these boards. The LDC could work in collaboration with Healthwatch here to ensure funding is protected for the appropriate level of care for the population of the city? Indeed additional resources could be utilised for the particular issues identified in your report.

- Birmingham LDC will support any national initiatives to fluoridate the water supply of as many parts of the country as feasible. This is very cost effective and has huge public health benefits.

Solihull Local Dental Committee action plan

Solihull LDC's response gives an overview to the NHS contract, highlighting that there is agreement within the system that the NHS dental contract does not work as it should nor has it had the benefits that it intended when adopted in 2006. The Solihull LDC notes it is not clear why the 2006 contract removed patient registration. The banding system introduced with the 2006 contract has not always made charging more transparent. Funding under this contract does not take into account changes and growth in the populations.

The Solihull LDC also recognises the impact the pandemic has had on access and the backlog it has created. In addition, the Solihull LDC notes that access to NHS dentistry is further impacted by lack of staff, difficulties recruiting new staff, retirements, dentists moving away from NHS provision, cost of training and student debt which is leading many towards private dentistry.

The actions Solihull LDC has outlined are below, and the full response is in Appendix 4.

Difficulties getting a dentist taking on NHS dental patients and offering NHS dental care including emergency and urgent care.

- SLDC is working with the commissioners to help to identify how this situation can be improved.

People are being offered private treatment when seeking NHS dental treatment.

- Whilst we absolutely do not condone people being lured into private dental practice on the pretext of receiving NHS treatment, there is a moral and ethical duty for dentists to offer all treatment options to a patient, including those that are not available under the NHS contract. However, if a patient is given an appointment and booked in for NHS treatment then NHS treatment should be provided if that is what the patient wants. SLDC is working with the commissioners to help to identify how this situation can be improved.

Incorrect information or lack of clarity around which dental practices are providing NHS dental care.

- Currently practices providing NHS dental care should be listed on the NHS website. We are happy to work with Healthwatch to see how we can improve communication with patients.

Cost of treatment, both NHS and private is unaffordable for most people, leading people to not seek treatment or reduce the frequency of visits or treatments even where needed.

- The costs of NHS treatment are set by the Government and have increased well above inflation over the past 20 years. This has not increased the monies to provide NHS dentistry but has just acted to reduce the contribution paid by the Government. SLDC would welcome a reduction in patient charges along with an increase in NHS funding to plug the gaps in access that exist now. SLDC would also like to see more clarity around people who are exempt from charges as the system is difficult to navigate at present and some patients are being unfairly fined for ticking an incorrect box.

Difficulties finding an NHS dentist for those who move into the area (Solihull)

- SLDC is happy to work with and support any initiatives NHS England and commissioners propose to try to increase the availability of NHS dentistry across Solihull.

Long waiting times for treatment, even for regular attenders, leaving people in pain or having to use NHS 111, going private or visiting A & E to get much needed treatment.

- During the pandemic dentists were asked to prioritise urgent and priority groups above routine appointments. It is hoped that gradually things will improve as things get back to normal but increased funding of more NHS provision is needed as identified by patients who advised that there were problems before the pandemic. NHS 111 is the gateway for urgent treatment at present for those patients who cannot find an NHS dentist. A & E is not a good choice as it is very unlikely that they will have access to dental advice or the facilities for dental treatment within the department.

Removal of NHS patients from dental list during lockdown for non-attendance and failure to communicate with patients concerning removal from dental practice lists leaving people to find out when they try to book an appointment.

- There is confusion around registration with dental practices. As stated above, contractual registration was removed in 2006. During the pandemic dentists were asked to see NHS patients that were not usual patients of their practices. Most dentists and patients would welcome the reintroduction of registration to ensure continuity of care and to foster an ongoing good relationship.

Lack of awareness regarding dental surgeries that offer services to people with a disability and complex needs and a lack of access to staff with the skills and knowledge to treat people with a disability, complex needs, and dental phobia .

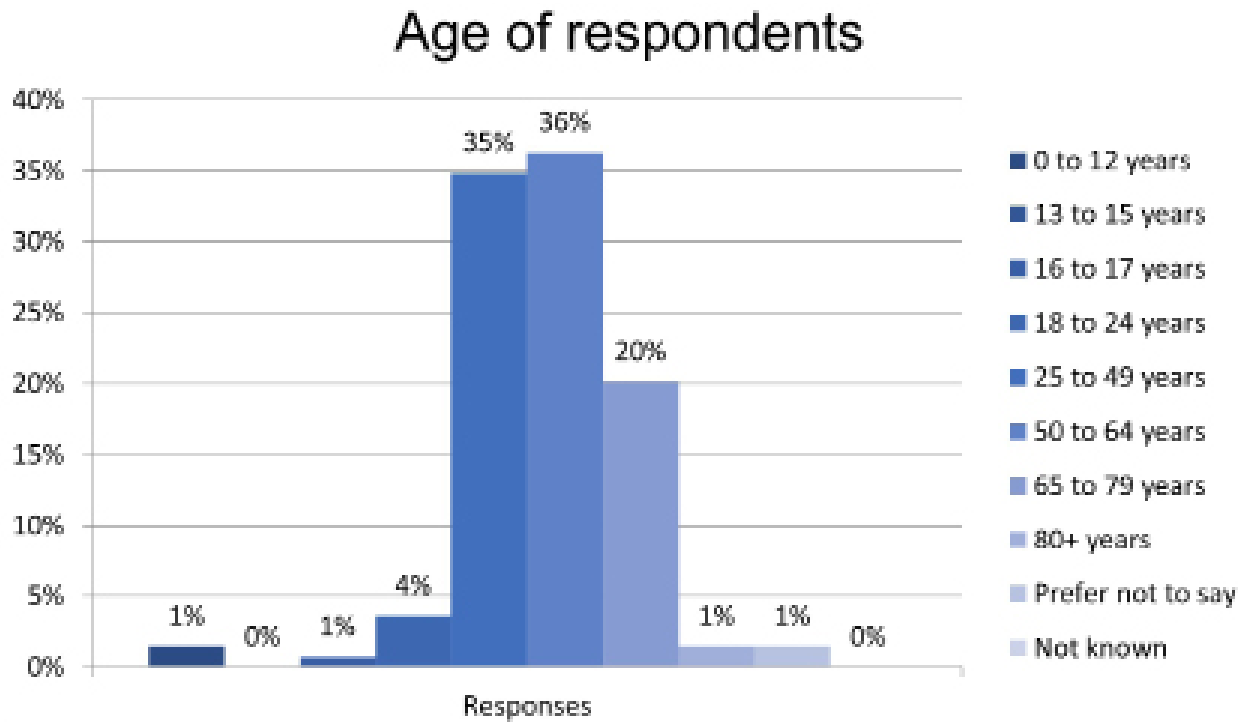
- SLDC agree that these are vital services and that they should be available in primary dental care where possible. There is a Managed Clinical Network in respect of this and SLDC are happy to support any initiatives proposed to help.

Concerns that NHS dentists are orientated towards private care.

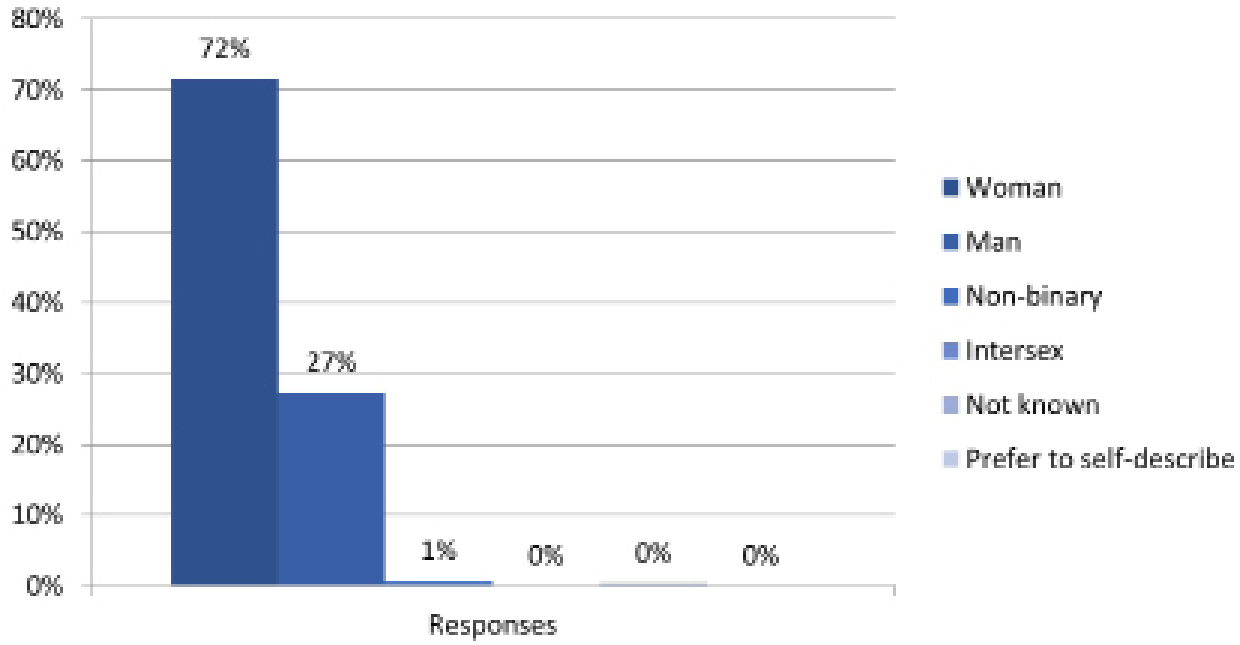
- Most dentists provide both private and NHS dentistry. Morale and motivation is very low in NHS dental practice at present. We welcome any initiatives to make the provision of NHS dentistry a more attractive place to work.

Appendix 1: Demographics

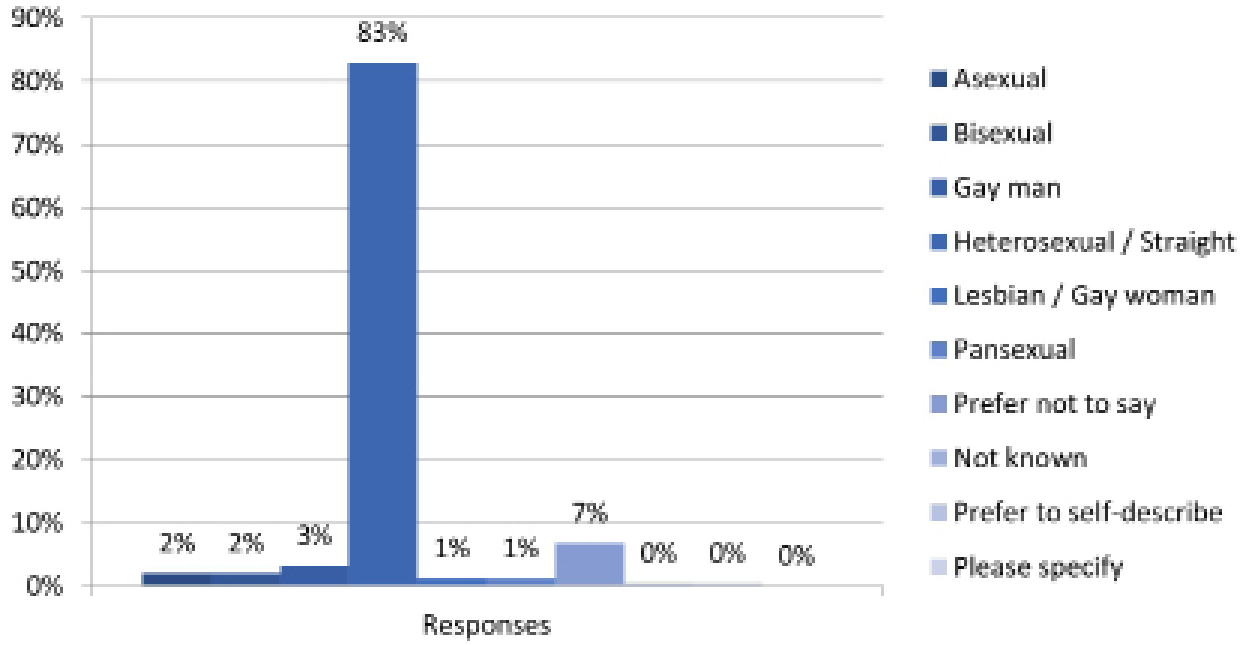
ETHNICITY	FEEDBACK COUNT	PERCENTAGE
Arab	2	1%
Asian / Asian British: Any other Asian / Asian British background	4	2%
Asian / Asian British: Bangladeshi	3	1%
Asian / Asian British: Chinese	1	0%
Asian / Asian British: Indian	6	2%
Asian / Asian British: Pakistani	10	4%
Black / Black British: African	2	1%
Black / Black British: Any other Black / Black British background	1	0%
Black / Black British: Caribbean	7	3%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	1	0%
Mixed / Multiple ethnic groups: Asian and White	1	0%
Mixed / Multiple ethnic groups: Black African and White	1	0%
Mixed / Multiple ethnic groups: Black Caribbean and White	1	0%
Other	2	1%
Prefer not to say	7	3%
Prefer not to say/Unknown	0	0%
White: Any other White background	16	6%
White: British / English / Northern Irish / Scottish / Welsh	182	70%
White: Gypsy / Traveller / Irish Traveller	1	0%
White: Roma	0	0%
White: Irish	12	5%
Please specify:	29	
ANSWERED	260	
SKIPPED	149	

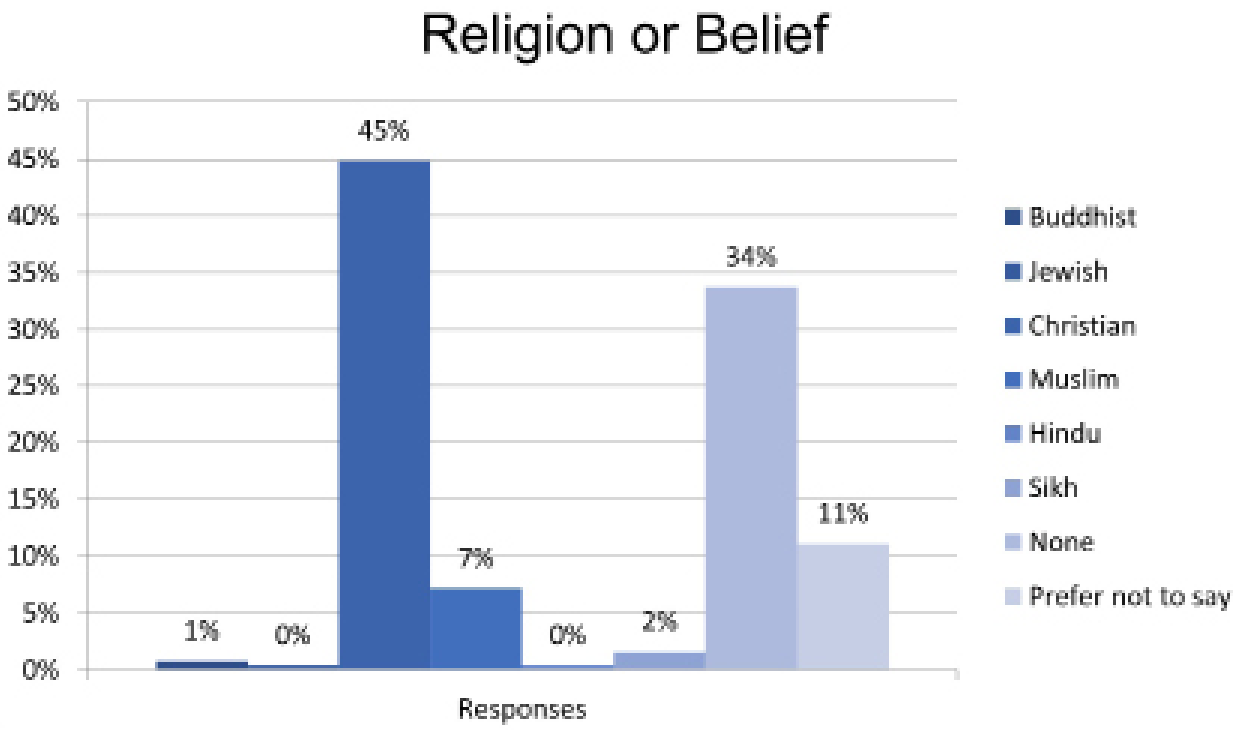


Gender of respondents



Sexual orientation





	BIRMINGHAM	SOLIHULL
INDEX OF DEPRIVATION	**% OF INDEX OF DEPRIVATION (n= 271)**	**% OF INDEX OF DEPRIVATION (n= 51)**
1	29% (n= 79)	4% (n= 2)
2	15% (n= 40)	0% (n= 0)
3	8% (n= 21)	4% (n= 2)
4	18% (n= 49)	2% (n= 1)
5	7% (n= 20)	6% (n= 3)
6	6% (n= 17)	12% (n= 6)
7	7% (n= 19)	6% (n= 3)
8	4% (n= 12)	16% (n= 8)
9	3% (n= 8)	18% (n= 9)
10	2% (n= 6)	33% (n= 17)

Please tick if any of the following are true for you or the person you are sharing feedback about:

ANSWER CHOICES	FEEDBACK COUNT	PERCENTAGE
A refugee or asylum seeker	0	0%
Carer	28	19%
Young carer	1	1%
Homeless/Unstable accommodation	4	3%
Student	5	3%
Experience with mental health	46	32%
Experience with addiction	3	2%
Limited family or social connections	20	14%
Living in poverty	11	8%
Long term unemployed	17	12%
Geographically isolated	2	1%
Working in stigmatised occupation (e.g. sex worker)	0	0%
Experience with offending	2	1%
Digitally excluded (e.g. limited access to computer, broadband, smartphone)	3	2%
I have a long-term health condition	84	58%
Digitally excluded (e.g. not confident using a computer or smartphone to access health services)	5	3%
No recourse to public funds	9	6%
Other (please specify)	18	13%
ANSWERED	127	
SKIPPED	194	

Appendix 2: NHS England and NHS Improvement Dental (West Midlands) full response

Thank you for sharing the report with NHSE/I. NHSE/I acknowledges the pre-pandemic concerns and that the pandemic itself has had a major impact on access to NHS dental services.

It is fair to say and is noted that the difficulties experienced by those who are "vulnerable" have been compounded by the pandemic and its impact on dental services.

NHSE/I accept the feelings of local people who participated, and whilst it is disappointing to see so much dissatisfaction and frustration reported the outcomes were not unexpected. Many of the areas highlighted were known to NHSE/I.

Also, the difficulties and uncertainties and challenges for dental practices during the pandemic has to be acknowledged.

It is important to acknowledge that dentistry is a very complex area of health care with high levels of regulation and oversight. It is complex for professionals let alone the public to navigate the system. There has been significant perpetuation of the myth of registration. Many people believe that dental practices operate in the same way as medical practices when they do not.

It is important to note that NHS dental providers have contracts with NHSE/I and the contracts specify the level of delivery required; in Units of Dental Activity (UDA). The contract value is directly related to the number of UDAs to be provided. The majority of contracts were issued in 2006 when the contracting system changed; so many practices provide historic levels of activity.

When UDAs become available either through investment schemes or new opportunities the NHS is required to use formal tendering processes to allocate new activity. During the pandemic the usual contractual arrangements were suspended.

Some areas of the response address matters that can only be determined nationally; such as patient charges, lack of a registration system.

There is also a recognition by practitioners and commissioners that the existing dental contract is not ideal in some circumstances and there has been National work on contract reform for several years. Through the Office of the Chief Dental officer and other networks we feed back our local experiences to the national teams.

Our clinical leaders and commissioners meet with national colleagues regularly to provide feedback on a variety of concerns affecting access.

The following response is offered to your summary bullet points as these encapsulate key issues;

- How will confidence be restored that access to NHS dental services is available for everyone?

- It is important that there is a review into NHS dental capacity and whether enough is being commissioned to meet demand in Birmingham and Solihull.

- How do NHS dental commissioners and leaders in Birmingham and Solihull ensure that those who are vulnerable and without a dentist have equality of access to NHS care? Including addressing issues of access and affordability to ensure that lack of provision and inability to pay does not exclude people from dental services.

- Greater clarity and information on practices offering NHS dental services in Birmingham and Solihull including how to access them.

How will confidence be restored that access to NHS dental services is available for everyone?

Access was significantly reduced during the pandemic from March 2020 to the official end of the national emergency period in March 2022.

During the pandemic dental surgeries were closed completely for several weeks and significant health and safety measures had to be implemented to enable reopening. Since then dental contractor's activity levels have been increasing and are now at 95% of "normal". The Chief Dental Officer issued guidance throughout the pandemic to dentists to ensure that vulnerable people, children and those with an urgent need should be prioritised for treatment. Routine checks ups (particularly for those who are not classed as vulnerable) should not have been prioritised although there were no restrictions on practices offering check ups where they had capacity.

We cannot independently change the dental contract, which provides a limited number of "Units of Dental Activity" per year to each practice.

NICE guidance on recall intervals recommends that the recall intervals should not be automatically set at 6 months but should be risk based. For some patients this may mean a shorter recall period of 3 months, and for others a longer period of up to 24 months. During the pandemic practices had very reduced capacity, many patients who had a relationship with practices will now be due their recall. Given that the priority has been for urgent care, the vulnerable and children some people may experience long waits for routine check-ups.

Unfortunately, data shows that the impact of the pandemic equates to a loss of a whole years' worth of dental appointments. We have a recovery and restoration plan however it is acknowledged that it could take several years to return to "normal". Some of the missed appointments will relate to routine six monthly checks which may not have been necessary. Patients with good oral health should not expect to return to a routine six monthly recall. Dental commissioners are working with providers in high street practices, community dental services and hospital services to ensure that those with the highest level of need and longest waiters are seen first. Commissioners will continue to actively debunk the notion of registration.

Many children are awaiting a general anaesthetic for dental extractions. Dental disease in children has also resulted in pressure on the Community Dental Service. The Local Dental Network, working with Health Education England, has provided training for General Dental Practitioners to upgrade their skills in treating children and preventing dental disease. Additional sessions for high priority children with dental disease were commissioned (within a limited budget), and ongoing Peer Review and training is scheduled. If more resources become available these will be targeted at these priority groups.

NHSE/I have invested significantly in clinical leadership in commissioning which has resulted in a multi-disciplinary approach to the commissioning process.

Through our Managed Clinical Networks, we have worked with clinicians to prioritise severe and time critical interventions e.g. for orthodontics. There is high demand for these services, and some interventions have a limited impact on general health. Balancing patient need and want for dental treatment is challenging, especially when other services such as cancer treatment are also stretched.

We have worked on developing electronic referral systems so that urgent referrals for potentially malignant oral lesions can be made efficiently and quickly, to facilitate assessment within 2 weeks.

Commissioners have always supported fluoridation of water supplies, and we are fortunate in Birmingham that our water is fluoridated. This is recognised as one of the most effective ways of reducing dental decay and reaches the most vulnerable groups.

The clinically led Local Dental Network chair has developed a plan to improve services by;

1. Developing a "Child focused practice programme" to support the Community Dental Services.
2. Commissioning additional services for patients who have difficulty accessing a dentist through NHS 111.
3. Establishing an Oral Health Promotion Service
4. Established a working group to explore access for Severe and Multiple Disadvantaged people, working with the ICS and third parties such as Crisis.
5. Training and workforce development in conjunction with Health Education England.
6. Working with and developing our Managed Clinical Networks. These address issues such as Urgent Dental Care, antimicrobial resistance, prioritising services, quality assurance.
7. Working with restorative and oral surgery clinical networks to accredit general dentists with advanced skills – if resources become available this will have identified a cohort of practices that could provide more advanced care in general dental practice.

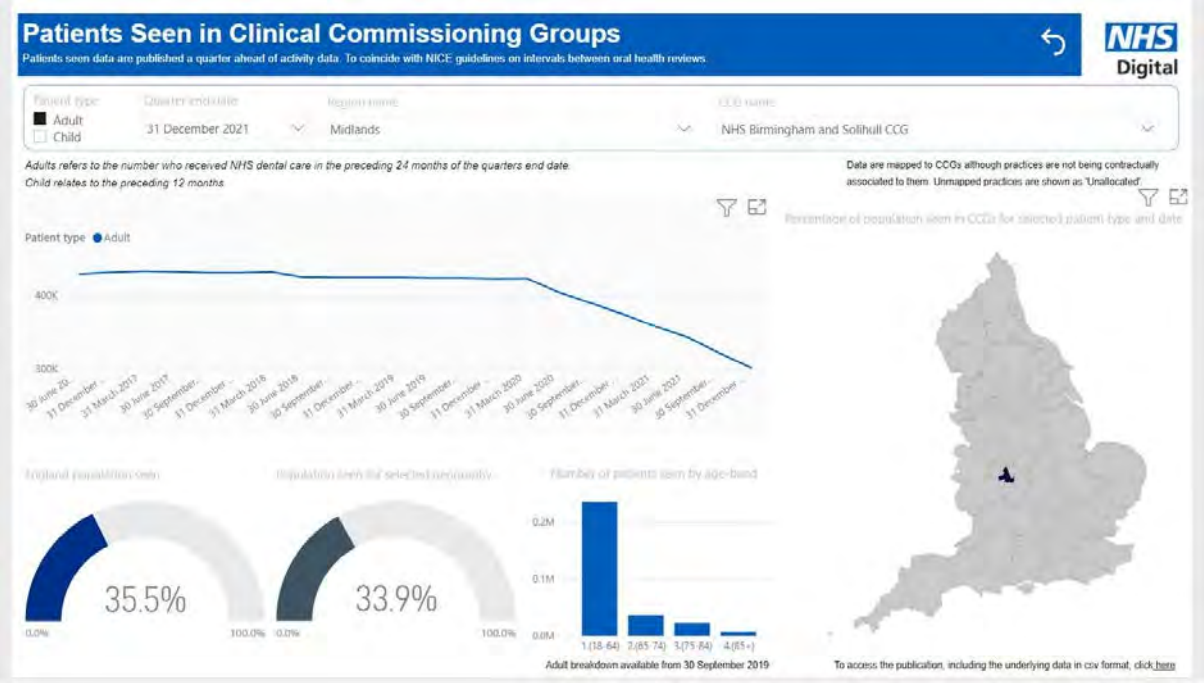
It is important that there is a review into NHS dental capacity and whether enough is being commissioned to meet demand in Birmingham.

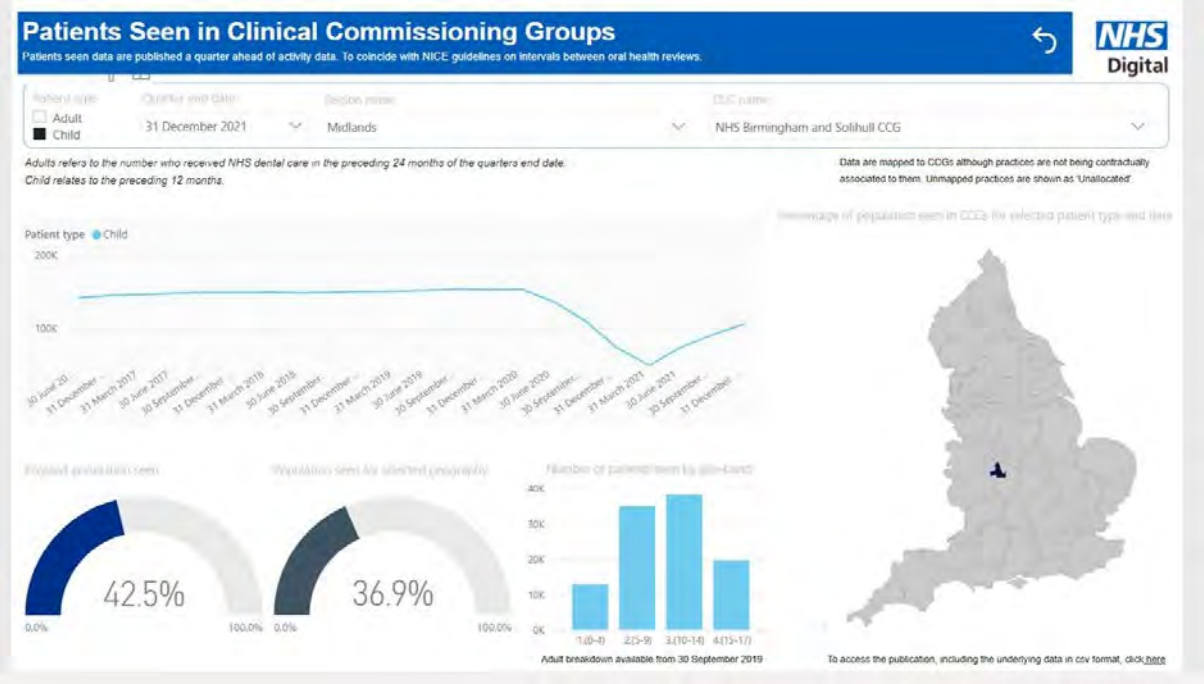
It is important to note that around 50% of the population is in touch with an NHS dentist. Some people use private services either exclusively or in combination with NHS services, others attend only for urgent care and sadly some people do not attend at all. Commissioners had planned an area team wide review of dental access; this has been delayed by the pandemic but will be commenced in year. PCTs undertook a number of needs assessments but they are now quite out of date. However, working with colleagues in Dental Public Health commissioners will identify areas of high need and seek to redirect resources which become available to those areas. Resources may be freed up where contractors reduce their contract activity or perhaps where single handed dentists retire, and the contract terminates. For example, so far this year in BSol we have seen a contractor with a small NHS contract privatise and another has rebased his contract. In total this amounts to less than 1 whole time dentists worth of activity. Commissioners are consulting with public health colleagues to determine where the activity should be reallocated. The principles will be that an area must have significant deprivation and a lack of dental access and activity. Providers in the area(s) will be targeted via an expression of interest process.

Current Commissioned Units of Dental Activity.

- Birmingham including West Birmingham (formerly within Black Country); 1,792,932 UDA
- Solihull; 276,213

The charts below based on December 2021 data access rates for BSol adults (A) and children (B) compared to national access rates. The impact of the pandemic is clear. This data is refreshed twice per year. Childrens access is improving.





In general there have been more than usual contractors opting to privatise across the West Midlands footprint in the last 6 months; the reasons given have been linked to the availability of staff, impact of the pandemic and the difficulties of working within the current contract. It is possible that further contractors will leave the NHS or reduce their NHS commitment. Whilst at first this seems negative it does present opportunities to move activity to areas with a deficit.

In July of this year NHSE/I will be formally required to work closely on developing primary care

in Integrated Care Systems in preparation for delegation to hold dental (and pharmacy and optometric) contracts and will have responsibility for resources, investment and access from April 2023.

Much dental disease has a common aetiology with other chronic diseases, such as obesity and diabetes. We recognise that vulnerable people may be more susceptible to some of these disease processes and have more difficulty accessing services. Responding to the need for a system wide approach to health and social care, we are moving towards being part of a wider Integrated Care System. This is in its early stages, but we have started to work with other health and care providers to prioritise care for vulnerable patients. For example, we recognise that pharmacists may be point of contact for patients with acute dental pain and may be a good place to signpost dental services.

How do NHS dental commissioners and leaders in Birmingham ensure that those who are vulnerable and without a dentist have equality of access to NHS care. Including addressing issues of access and affordability to ensure that lack of provision and inability to pay does not exclude people from dental services.

Under the clinical stewardship of the Regional Dentist a regional working group has been implemented to look at issues and solutions for these groups.

More locally our Local Dental Network Chair and Senior Commissioning Manager have started meeting regularly with Crisis/Healthnow to hear the experience of patient champions and feedback this information to the ICS. The aim is to provide a system wide approach to health and social care. Future education to GDPs will include the lived experience of service users. We have identified communication and signposting between services (eg. Pharmacists and dentists providing urgent care) as an issue to address. We continue to work with NHS 111 to improve access for patients without a dentist and are looking at ways to support vulnerable people in accessing services.

The pandemic has highlighted the significant issues around access for irregular attenders and commissioners are growing their contacts in the third sector and local authority. In response to these issues' commissioners arranged some targeted schemes for specific groups last year. We have significant learning from these. It is not simply a matter of adding new activity etc but education for dentists, third sector and local authority colleagues as well as service users is needed.

Commissioners are currently developing a scheme for irregular attenders for urgent care. One complexity is how people access services. The majority of people use NHS111 and they can be assessed, advised and referred to urgent care where the criteria is met. However, people who are irregular attenders or who are considered vulnerable seem to struggle more. The NSH111 system cannot "sift" people into targeted schemes so we need to find alternative routes in and perhaps different ways for dentists to work. For example, some people with a chaotic lifestyle attending appointments may be very difficult but could benefit from a walk in option. This is difficult to manage in a high street practice hence our needing to work with dentists as well as service users.

In respect of patient charges; this is nationally dictated and set out in law and we cannot change the rules on this locally. However, we have been clear with practices on exemptions for refugees, migrants etc and need to work with third sector and dentists to ensure evidence of exemption is produced at appointments. It can be very distressing where penalty charge notices are issued to people.

We are committed to improving access to interpreting services for those with either language or non-spoken language communication needs such as British Sign Language (BSL) and are hoping to liaise with GP commissioners to ensure a joined up approach in future that will help

contractors in offering services to these vulnerable groups of patients.

Greater clarity and information on practices offering NHS dental services in Birmingham and how to access them.

As stated earlier the system is unfortunately complex and fraught with misinformation. It is imperative that people know what their rights and responsibilities are and how to access care that they need.

NHSE/I locally believe that there should be nationally based communications and information accessible to all; for example, as the current cancer campaign encourages people to report symptoms to their doctor there is a place for similar dental campaigns. It is for example not helpful when news articles wrongly signpost patients to attend Accident and Emergency departments when patients are likely to face an unnecessary wait before being redirected to other services. Commissioners will continue to lobby for this alongside local communications colleagues. Plus, local information regarding services etc. meeting with peer groups, third sector and local authority colleagues will help us to develop effective local communications and messages.

Whilst we need to support dental providers there is also a need to challenge especially in respect of incorrect or a lack of available information on the NHS Website and practice websites. Many NHS providers websites do not indicate that NHS care is available. We will continue our work with providers and the local Dental Committee to try to address this. NHSE/I has no enforcement powers as updating the relevant websites is not a contractual requirement however commissioners will continue to lobby for a contractual change which would enable us to enforce this aspect.

Nationally there is a move to providing contractors access to the NHS111 Directory of Services in order that they can change their entry. The West Midlands office has worked with NHS111 colleagues to ensure that any changes are routed through commissioners first as a formal contractual change may be required. Providers cannot self-select their availability, and ensuring that the correct information on the full range of local practices is not possible unless commissioners have oversight of requested changes.

We will be working on communication to GDPs on general and specific issues, such as reminding them that people without an address can use the practice address for exemption certificates etc.

As stated above commissioners are aware of the need for engagement and education with third sector and local authority colleagues to ensure they have adequate knowledge of the dental system in order to best support service users.

Commissioners will continue to monitor recall intervals etc. e.g. through BSA reports to ensure that dentists are not undertaking unnecessary check-ups on patients who have good oral health

Commissioners will be pleased to work with Healthwatch to improve communication. Note that we already support complaints colleagues with information and responses as well as having recently met with colleagues from the Customer Contact Centre to agree local briefings to enhance communication to callers.

I hope that the comments above address the issues raised. I understand that Healthwatch will undertake a review of the situation in 6 months' time. Should you wish to discuss further in advance of that review please contact me.

Appendix 3: Birmingham Local Dental Committee full response

Introduction

Birmingham Local Dental Committee (BLDC) is a statutory representative body that looks after the interests of over 400 dentists across the city of Birmingham.

The LDC is funded by a statutory levy paid by all NHS contract holders, though this is generally split by dentists working in each practice. There is an addition a voluntary levy paid by some who work outside of a GDS contract (e.g. orthodontists). Wholly private dentists can also seek LDC support if they pay the voluntary levy. Essentially, the work of LDCs is related to issues affecting NHS practitioners.

Our sole remit is representation and support of colleagues who contribute towards the LDC levy. This representation is both locally and nationally and can be directly in person or by financially supporting our national negotiating teams at the British Dental Association. Local commissioners of dental services have a statutory duty to consult with the LDC, this does happen sometimes. The LDC also contributes financially to various national dental charities.

Birmingham LDC welcomes this opportunity to comment on the findings of the local Healthwatch report into NHS dental services in the city. We recognise many of the issues identified and look to work collaboratively where we can with Healthwatch and local commissioners to improve the situation for all dental patients across the city.

Background & History

The LDC recognises that nationally, the number one issue raised by patients to Healthwatch is difficulty in accessing NHS dental services provision. We understand that this matter escalated throughout the pandemic with a nearly eight fold increase between 2020 and 2021 relating to concerns raised by the public around inability to access NHS dental care. We are led to believe that the same is true about concerns brought to MPs by their constituents. Clearly, something is wrong?

Citizens of Birmingham have been fortunate that, unlike many other parts of the country, availability of NHS dental services was not an issue for decades. That situation has more latterly and certainly since the pandemic, changed considerably. All dental practices across the city are having to meet an unprecedented demand for NHS dental care. Practices were closed for 6 weeks at the beginning of the pandemic and the effects of this closure undoubtedly had a greater impact on those with higher dental needs, practices are still catching up with backlogs of care. Dental practices are working differently since the pandemic, we have to in order to ensure safety of team members and patients alike: reduced efficiency of the service has been coupled with unprecedented demand, the result is clear for all.

Teams are reporting a huge demand for care from patients, many who are presenting as ‘new’ patients to our practices. Indeed, teams are reporting being harassed on a daily basis as they are unable to offer urgent appointments, there is no capacity left in the system. The LDC is aware of many practices losing reception staff as they have had to bear the brunt of angst from clearly very upset and angry patients: it is not the patients’ fault that they cannot access dental care on the NHS. Equally, many dental teams are working beyond their contracted hours to meet the exceptional demand and this situation cannot continue.

We welcome the Healthwatch report’s clarification around ‘patient registration.’ Since the advent of the 2006 GDS (General Dental Services) Contract, no patients are strictly,

'registered,' with any particular practice. This of course is not how our teams like to operate (or more importantly, how patients would want us to function) and we welcome the continued relationship with all of our patients. Patients see their dental needs being met by 'their' dentist and there is absolutely nothing wrong with this. We say they are 'registered' with the practice though this is not a legally recognised status. Whilst the NHS recognises 'notional' lists of patients, nobody is 'registered' with a dental practice since 1st April 2006.

How NHS Dentistry is Funded and the Current NHS Dental Contract ("2006 GDS (England)")

So that some of the questions posed in the Healthwatch report can be addressed, it is helpful to appreciate how NHS dental services in primary care are funded. Since the advent of the 2006 GDS contract, each practice is given a fixed amount of money each year ('Annual Contract Value'- ACV) paid over twelve equal monthly instalments, to deliver a specified amount of dental care (or 'activity.') Failure to achieve 96% of that activity target will lead to financial penalties for the practice.

This 'clawback' of monies from NHS dental practice has steadily grown (was c £169m nationally in 2019-20). Nationally, some 30% of all NHS dental practices are exposed to clawback penalties. This money is lost from delivering NHS patient dental care every year and has been increasing year-on- year (pre-pandemic); it is used to plug deficits in the NHS elsewhere, away from dental care, though local commissioners have worked recently with this LDC to try and preserve some of these monies, evidence of collaborative work in the interests of patient care.

It is therefore in the financial interest of each contractor to provide as much NHS treatment as they can to avoid financial penalties. Seeing patients that need more active treatment delivers no 'activity measures' commensurate with the additional amount of time needed to treat these patients. The current contract therefore does nothing to address health inequalities, an issue identified in the Healthwatch report. Under the 2006 GDS contract, a dentist gets paid the same amount whether (s)he delivers one filling or 20 fillings for a patient in a single course of treatment. This has become a significant driver for many colleagues in reducing their NHS commitment.

It is important also to recognise that at any time, successive governments have only ever funded for approximately half the population to have access to NHS dentistry. The 2006 GDS Contract was enforced on 1st April 2006 and deemed by many a landmark moment, practices were no longer allowed to 'grow' their patient base: all practices were given a dental budget based on a snapshot of activity in the preceding year. Practices have been stuck with this and now work in a system of remuneration which has been universally recognised as being fundamentally flawed. Dental budgets have not grown to reflect growths in the local population and there has also been no funding allocated to areas of new development so residents here are having to look further afield for care provision.

There is evidence also of significant contracts being closed (e.g. one in Handsworth that was worth over £0.5m annually) and the funding allocated to these has been lost forever.

The last Health Select Committee looking at NHS dentistry (July 2008 - nearly 14 years ago) recognised weaknesses in this contract demanded a change to the 2006 GDS Contract, the profession and more importantly, our patients are still waiting for a more equitable NHS dental contract! Various attempts at piloting variations to the contract have led to no meaningful changes at all and indeed the no.100 or so practices involved nationally in the latest prototypes were all thrown back into the standard 2006 GDS Contract on the 1st April 2022.

Popular practices have not been allowed to grow in the NHS, this has led to many adopting and growing private care options. Patients do not recognise this fact and may explain some of the experiences described by some in the Healthwatch report. Equally, it must be recognised that some patients prefer private dental care, for a raft of reasons, not least convenience. Some

seek advanced cosmetic work which has never been delivered in the NHS. The vast majority of dental practices now work in a mixed economy, and indeed in many cases, the private income supports financially the NHS element of the practice, without the private funding streams, there would be no NHS care at all in some of these practices. National spend on private dental care now outstrips that on NHS care.

Any uplifts to GDS (2006) contracts have not kept up with inflation and this is before the huge hikes in the CPI/RPI since the beginning of 2022. NHS dental income has dropped by a third. As a result of this many dental practices have been forced into a situation where they are now wholly private, or offering a mixed NHS/private model of care, very few are totally NHS. Our patients have no idea of this or why practice conversion has become necessary, why would they?

It is important also to recognise that all running costs (staff wages, heating, lighting, rents, rates, materials) are met by the contract holder from this annual sum of money. Any uplifts offered to the NHS contracts fails to recognise the very significant escalation in these running costs compared to a decade ago.

Monies paid by patients towards NHS dental care do not supplement the annual contract value (ACV). This means that money taken at the reception for NHS dental care is effectively returned to the government, it does not stay in the practice. There have been no meaningful increases to the ACV for the past decade initiated by government polices around austerity measures following the banking crisis of 2009.

Pre the 2006 GDS contract, adult patients (who were not exempt from patient charges) paid 80% of the dentist's fee for each individual treatment, ranging from a few pounds (e.g. for a dental x-ray) up to a maximum amount of £372, the state paid the remaining 20% to the dentist. For exempt patients, the full 100% was paid for by the state. At this time, the vast majority of dental practices offered a full NHS service, few were mixed and even fewer were wholly private. Many patient groups found the patient charge system too complicated asked for a simpler payment system away from the many hundreds of different individual payment codes. The 2006 GDS contract saw the advent of the Banded fee structure (presently the fees are: Band 1- £23.80, Band 2 - £65.20 and Band 3 - £282.80). We agree with the Healthwatch Birmingham observation that many see the fees as prohibitive (especially Band 3). It is with dismay that the profession has seen annual increases imposed in patient charges of 5% for each of the past five years: it must be stressed that these fee increases do not come to the dental practice, these are returned to the Treasury, effectively, the dental practice is deemed to collect a 'tax' on behalf of HM Treasury. Patient charge revenue ('PCR') has gone up 70% in the decade to just prior to the pandemic. PCR now makes up just under 30% of the whole NHS dental budget. The ACV has never gone up at 5% in a year and the net effect of this of course is that the government is getting the patients to pay more of the national bill for NHS dentistry!

Many patients who do not receive benefits are often on low wages and it is these patients in particular who we see struggling with dental charges, the LDC agrees that the fees are too high, especially for Band 3. Some patients will take cheaper options (e.g. extraction of teeth rather than preservation) - how can this be allowed to happen in a first world nation?

Of course, dentists do not set the NHS dental fees, the government does this, we simply collect them. We recognise from some of the comments offered by members of the public to your report that they think dentists can flex these, we cannot.

Even those patients receiving benefits are often unsure about which benefits they receive and they sign the 'FP17' form in good faith only then to be lumbered with a penalty fee of £100 from the NHS for claiming free dental treatment when they were not entitled to. We are convinced that the majority of cases are as a result of genuine errors (e.g. a patient in receipt of 'Pension Credit Guarantee Credit' is entitled to free treatment whilst someone receiving 'Pension Credit'

is not). Many of these are elderly patients who simply do not understand what exact type of benefit they are in receipt of, there is never an intention to defraud. The exemptions are difficult to fully understand, unnecessarily complex, even for our reception teams. Our teams are left to explain the nuances of exemption benefits when this really should be the role of HMG Department for Work & Pensions, not overstretched frontline dental staff.

Other Issues

Nationally, the number of practices leaving the NHS has grown steadily from 2006 and whilst not an issue in this city (yet), there is growing evidence that many are now looking to cease providing NHS dental services, for a whole raft of reasons, but essentially as a result of mass underspend by NHSE on the service, inability of practices to grow and the inequities of the 2006 GDS contract. This will only compound the issues identified in the Healthwatch report.

Questions need to be asked as to why more dentists are switching from the NHS to private care provision. Modern thinking in the wider NHS is centred around delivery of preventative care, the 2006 GDS contract does not pay for such care. As noted already, the system is not deemed to pay accordingly for more complex and challenging treatments either.

Postgraduate training is very expensive as is modern dental equipment. For practices to offer contemporary treatments, the set up costs and training are not rewarded by the NHS and so practitioners cannot afford to offer these services outside of private care regimes. Unlike in secondary care, there are no rewards to NHS dentists in primary care for personal professional development. Where a postgraduate trainee carries out treatment comparable to a colleague in general practice, the hospital trust will be rewarded considerably more for the same work than the High Street primary care provider.

The cost of conforming to various dental regulations has risen very significantly since the advent of the 2006 GDS Contract. The General Dental Council has the highest retention fee of all professional regulators. The CQC did not exist in 2006. There has been no allowance made by the NHS for the rising costs of working as a dental practitioner, before a patient can even be seen.

Dentists in the UK now get sued more than anywhere else in the world, the highly litigious environment did not exist a decade ago. The 'no-win-no-fee' lawyers see dentistry as a very soft target and associated increasing dental indemnity costs for many of our colleagues have made practising dentistry prohibitively expensive. The net effect of increased litigation has meant that certain treatment modalities are simply not delivered on the NHS, the chairside time needed to deliver the much higher clinical standard expected is just not possible under the current contract. Many colleagues fear patient complaints and simply are afraid to embark on NHS treatment for this reason. Burnout and stress are also key indicators for practitioners leaving the NHS too.

The 2006 GDS contract has become despised by many in the profession and indeed dental commissioners who recognise the fault and failings of this system. Many younger colleagues, often burdened with very significant debts (averaging £80k each), following 5 years at university training do not see a future in the NHS and this has contributed to a huge problem of retention and recruitment of dentists to NHS dental practices. Staffing issues have been exacerbated by the pandemic with more senior colleagues taking early retirement, many dental nurses have chosen career changes fearing the risks of working in the area of the mouth which has a high prevalence of the virus in infected patients.

The delivery of patient care is funded by the ACV and this was derived by a snapshot of activity delivery from 2005-06. The population of the city, the demographics have all changed and yet these are not reflected on spend in the NHS dental services. Indeed, as evidenced by the joint letter from Sir Robert Francis (Chair of Healthwatch) and Dr Eddie Crouch (Chair of the British

Dental Association) to HM Treasury just prior to the last Spending Review identified that simply to deliver a level of care across England comparable (no better) to a decade ago would need an immediate investment of £879m. In real terms, there has been a massive cut in dental spend. Excluding revenue from PCR, HMG's spend per head of population on NHS dentistry has fallen from £41.79 to £34.53 between 2010 and 2020.

The LDC would like to work more with the local commissioners though we appreciate that they are stretched not least due to the absurd apparent need for repeated reorganisation within the NHS. The current threadbare team is stretched across a much larger footprint and it is therefore difficult for them to deploy team members to regular LDC meetings. This is needed on a regular basis so that they get a good flavour of issues on the ground affecting patients and dental teams.

There are other specific issues identified in the Healthwatch report, some of which have been addressed above. Others that we could help with include the following:

We abhor the use of 'NHS patients welcomed' only then to be sold private care. We are unsure of numbers of colleagues doing this but would welcome working with Healthwatch and the commissioners to eradicate such behaviour.

Most practices offer a hybrid model of care and we welcome clearer messaging so that patients are absolutely sure what care they are receiving. The LDC will happily support a messaging campaign. The NHS dental contract is very 'grey.' It fails to outline exactly which treatments are available on the NHS and which are not, the profession has for years asked for clarity of contract. This will help clear any ambiguities about what can be done under the NHS and that treatment which needs to be offered on a private basis only.

It is wholly inappropriate for dental patients to present to their GP, or worse still, present to A&E with dental complaints. Urgent dental care needs special attention. The recent £50m national initiative to see more of these patients by extending surgery hours in the final six weeks of the financial year 2021-22 was poorly received by the profession (only c40% of the money was taken up nationally). Our teams are exhausted (not least as a result of working through the pandemic in challenging clinical environments, burnout is becoming a serious issue) and many cannot simply open earlier or later or at weekends to see yet more patients. During the fourth quarter (of 2021- 22), the threshold to secure full funding for that quarter was 85%- teams have been working tirelessly to attain this to avoid very significant financial penalties. At the time of typing, NHSE appears to indicate that the target from 1st April 2022 will return to the pre-pandemic 100% to secure full funding: this will do little to keep colleagues in the NHS whilst Covid infection rates continue to rise in the community and indeed are now higher than ever before. Unless the virus is brought back under control, we foresee more colleagues leaving the NHS service, chasing 100% targets cannot be safe in this environment for dental teams or patients, this is a dangerous imposition from NHSE.

We recognise that there may be a place to treat patients with disabilities and complex needs in the primary care setting. Traditionally, many of these cases would be treated either at the Birmingham Dental Hospital or in the specialist community dental services. The Local Dental Network should look at this and the LDC would support such initiatives. It must be stressed that whilst we are lucky to have a dental hospital in the city, our colleagues there have been equally inundated like 'High Street' (primary care) dentists with patients and there are huge backlogs of care. The pandemic has truly affected all aspects of patient care but working in the oral environment has brought its own inherent risks and challenges, we are working to different operating procedures and this has not helped to reduce the bottlenecks in the system. However, it must be stressed that secondary care is not challenged with financial penalties for failing to deliver activity targets. Many of our colleagues feel we are treated differently to the rest of the 'NHS family' and resentment will do little to curry favour going forwards, yet another reason many are looking to leave the NHS.

As part of the Health and Care bill presently going through final stages in parliament, it is anticipated that with the ambition for a more integrated care model, the LDC will be able to help meld solutions to some of the specific local issues. We are looking to influence the Integrated Care Boards as soon as possible, but certainly in time for April 2023 when dental commissioning will be delegated to these boards. The LDC could work in collaboration with Healthwatch here to ensure funding is protected for the appropriate level of care for the population of the city? Indeed additional resources could be utilised for the particular issues identified in you report.

We are lucky that the water supply in the city is fluoridated. Despite this, general anaesthetic extractions appointments are still needed for far too many children across the city. That said, Manchester, a city of comparable size and demographics has eight times more paediatric general anaesthetic extraction cases than we have in Birmingham and this is due to the beneficial effects of the water fluoridation programme. Birmingham LDC supports any national initiatives to fluoridate the water supply of as many parts of the country as feasible. This is very cost effective and has huge public health benefits. It must be emphasised however, that since the enforced implementation of the 2006 (GDS) dental contract, the make-up of the people in the city has changed markedly, there being more people now who are new to the city, the vast majority of these will not have grown up in parts of the world where water fluoridation exists and so they will not have had the benefits of their Birmingham born citizens. These newcomers will have greater dental needs and this will impact on system demands too.

Morale and motivation to stay in the NHS as a primary care dentist is at an all-time low, repeated surveys demonstrate this. The pandemic and associated higher cross infection protocols have added to the levels of burnout amongst dental professionals never seen before.

In summary, it is the view of this LDC that the vast majority of our colleagues would prefer to remain working in the NHS to serve our local communities. However, mass underspend on NHS dentistry - especially in the past decade, the 2006 GDS dental contract, stresses of working in target driven environments, the unattractiveness of the NHS offer, difficulties in retaining and recruiting staff, the burdens of increasing business expenses all cumulatively make it impossible for many to continue.

Dental practices are small independent businesses and practice owners have financial responsibilities to ensure their practices remain viable. It is clear that all of the factors mentioned above have led to the 'perfect storm' and NHS dentistry is now on its knees. As healthcare professionals, our colleagues need help from HMG to enable us to help more for the dental needs of our communities, through the NHS.

Ongoing discussions between NHSE and the British Dental Association need to strike a deal which will make NHS dentistry an attractive place to work again. For the sake of our patients, we cannot continue as we have.

Our biggest fear is that there will be a skeleton service left in Birmingham, as witnessed already in so many parts of the country, worse still, as in others, no NHS dental service will exist at all. This is wholly unacceptable for a first world nation.

Appendix 4: Solihull Local Dental Committee full response

Please find below the response of Solihull Local Dental Committee (SLDC). Please note that we have seen and read the response provided by Birmingham LDC and concur with the points that they have made.

We would like to add the following:

Solihull Local Dental Committee

SLDC is a statutory body, set up to represent dentists on the NHS Performers List and working under an NHS contract within Solihull. The LDC has no remit to commission any dental services, however it works closely with the local managers at NHS England to disseminate guidance to NHS dentists and consult on service provision.

NHS Dental Contract - Background

In 2006 a new dental contract was imposed on the profession. Prior to this new contract, dentists were paid a fee per item for treatments that they carried out. There were several hundred different items that could be carried out and this often led to confusion amongst patients where people receiving similar care could be charged differently. The previous contract also had a provision where dentists were registered with a practice.

The new contract in 2006 removed the registration of patients and it also introduced 3 bands of treatment with each band having a single charge. It was understood that the banding was an attempt to ensure that charging was more transparent and easier to understand, however this is not always the case. It is unclear why patient registration was removed from the dental contract.

Under the new contract each dental practice with an NHS contract has a fixed sum available each year. Under the old contract, it was open ended and so an increase in demand meant that more NHS treatment could be provided. This is no longer possible. Once a practice has used up their allocated funding there is generally no further monies available. Should a dental practice not hit their allocation for the year the money is clawed back from them by NHS England. This money is often diverted to other parts of the NHS and is not ringfenced for use in dentistry. SLDC has worked with the commissioners recently to try to utilise some of this money to the benefit of dental patients.

Whilst the banding system is supposed to simplify things it does mean that a dentist gets paid the same whether they do a simple extraction or an extraction, 10 fillings, a root filling and deep gum treatment! The first treatment course in the example above can last 20 minutes, whilst the second course can take several hours over several weeks or months. To hit targets and avoid financial penalties there is therefore a perverse incentive to carry out simple courses of treatment.

At the end of February 2022, the Government did put £50m into NHS dental services to try a short-term fix to improve access for patients requiring urgent treatments. This money was not all allocated as it was provided at the last minute and there was little time for dentists to put things in place to deliver this access. The funding was only for March 2022 and was no longer available after 31st March 2022.

Whilst each NHS dental practice has a fixed contract value, this includes the dental charges that patients pay. NHS dentists have absolutely no say over how much patients have to pay and any money collected by them is deducted from the NHS contract. Over the past 10 years patient charges have increased considerably more to make up a greater portion of the

dental contract. The dental contract and funding has increased at a much lower rate. When patient charges increase by 5%, this does not mean that dentists get 5% more, they just get more money deducted from the contract at source.

Funding of NHS dental contracts is based upon the year prior to 2006 when the new contract was introduced and does not reflect any changes in the population. Practices cannot grow their NHS patient base and must work within the NHS budget that was allocated back then. Since 2006 this has led to the average dental practice income dropping by a third.
There is a widespread acknowledgment that the dental contract does not work as it should and a new contract has been piloted for the past 10 years. Unfortunately, the pilots were cancelled late last year and so it looks like the current flawed contract will be in place for some time yet.

Pandemic

At the start of the pandemic dental services were almost completely stopped for the first 2 months. After that time and due to strict rules governing infection control, the number of patients able to be seen in practice was dramatically reduced. NHS dentists were asked to prioritise urgent care and priority groups, including children. Whilst things are gradually returning to normal, there is still a very large backlog for people trying to access NHS dental care.

Staffing

Currently there are many vacancies in NHS dental practice including nurses and ancillary staff. It is very difficult to recruit new NHS dentists. There are several factors at play here, including many of the older members of the profession deciding to retire early or simply moving away from NHS dentistry. For the younger dentist, the cost of training and student debt, that many have, means that they are increasingly looking away from NHS dentistry and towards private dentistry.

Patient Concerns

Turning to the patient concerns highlighted in the report.

1. Difficulties getting a dentist taking on NHS dental patients and offering NHS dental care including emergency and urgent care.

Currently only a finite number of appointments can be offered as NHS dental practices are working to capacity and are not able to provide any more than they currently do within existing financial and staff constraints. Staffing is a big concern as fewer dentists want to work in NHS dental practice. SLDC is working with the commissioners to help to identify how this situation can be improved.

2. People are being offered private treatment when seeking NHS dental treatment.

Whilst we absolutely do not condone people being lured into private dental practice on the pretext of receiving NHS treatment, there is a moral and ethical duty for dentists to offer all treatment options to a patient, including those that are not available under the NHS contract. However, if a patient is given an appointment and booked in for NHS treatment then NHS treatment should be provided if that is what the patient wants.

3. Incorrect information or lack of clarity around which dental practices are providing NHS dental care.

Currently practices providing NHS dental care should be listed on the NHS website. We are

happy to work with Healthwatch to see how we can improve communication with patients.

4. Cost of treatment, both NHS and private is unaffordable for most people, leading people to not seek treatment or reduce the frequency of visits or treatments even where needed

As detailed above, the costs of NHS treatment are set by the Government and have increased well above inflation over the past 20 years. This has not increased the monies to provide NHS dentistry but has just acted to reduce the contribution paid by the Government. SLDC would welcome a reduction in patient charges along with an increase in NHS funding to plug the gaps in access that exist now. SLDC would also like to see more clarity around people who are exempt from charges as the system is difficult to navigate at present and some patients are being unfairly fined for ticking an incorrect box.

5. Difficulties finding an NHS dentist for those who move into the area (Solihull)

SLDC is happy to work with and support any initiatives NHS England and commissioners propose to try to increase the availability of NHS dentistry across Solihull.

6. Long waiting times for treatment, even for regular attenders, leaving people in pain or having to use NHS 111, going private or visiting A & E to get much needed treatment.

During the pandemic dentists were asked to prioritise urgent and priority groups above routine appointments. It is hoped that gradually things will improve as things get back to normal but increased funding of more NHS provision is needed as identified by patients who advised that there were problems before the pandemic. NHS 111 is the gateway for urgent treatment at present for those patients who cannot find an NHS dentist. A & E is not a good choice as it is very unlikely that they will have access to dental advice or the facilities for dental treatment within the department.

7. Removal of NHS patients from dental list during lockdown for non-attendance and failure to communicate with patients concerning removal from dental practice lists leaving people to find out when they try to book an appointment.

There is confusion around registration with dental practices. As stated above, contractual registration was removed in 2006. During the pandemic dentists were asked to see NHS patients that were not usual patients of their practices. Most dentists and patients would welcome the reintroduction of registration to ensure continuity of care and to foster an ongoing good relationship.

8. Lack of awareness regarding dental surgeries that offer services to people with a disability and complex needs and a lack of access to staff with the skills and knowledge to treat people with a disability, complex needs, and dental phobia

SLDC agree that these are vital services and that they should be available in primary dental care where possible. There is a Managed Clinical Network in respect of this and SLDC are happy to support any initiatives proposed to help.

9. Concerns that NHS dentists are orientated towards private care

Most dentists provide both private and NHS dentistry. Morale and motivation is very low in NHS dental practice at present. We welcome any initiatives to make the provision of NHS dentistry a more attractive place to work.

Finally, one issue highlighted by most dentists is the number of appointments that are booked for which people do not attend. One large practice recently reported 150 missed appointments in a month. Potentially this has prevented 150 people from accessing NHS dentistry. We

understand that there are many genuine reasons why a patient may not be able to attend an appointment but request that patients let dentists know at the earliest opportunity so that the appointment can be offered to someone else. We are happy to work with Healthwatch to see how this concern may be addressed.

We hope that these comments help and look forward to working with you in the future.

About us

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham and Healthwatch Solihull listen to and gather public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Lines, our online Feedback Centres, and through our community engagement activity led by staff and volunteers.

You can read more about the work of Healthwatch Birmingham here:
https://healthwatchbirmingham.co.uk/about-us/

You can read more about the work of Healthwatch Solihull here:
https://healthwatchsolihull.org.uk/

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