

# **Dentistry in Somerset:** Access, affordability and the impact on oral health

---

March 2024



<b>Contents</b>	<b>Page</b>
About us	3
Background	3
What we did	5
Key messages	5
Who we spoke to	6
What people told us	7
Recommendations	12
Next steps	12
Stakeholder response	13
Thank you	14
Appendices: 1 – 3	14

---

© Healthwatch Somerset

The material must be acknowledged as Healthwatch Somerset copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at [info@healthwatchsomerset.co.uk](mailto:info@healthwatchsomerset.co.uk)

You can download this publication from [healthwatchsomerset.co.uk](http://healthwatchsomerset.co.uk)

The Healthwatch Somerset service is run by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602. We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch Brand) when undertaking work on our statutory activities as covered by the licence agreement

# About us

Healthwatch Somerset is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.



Healthwatch Somerset is part of a network of over 150 local Healthwatch across the country. We cover the unitary local authority area of Somerset Council.





## Background

In January 2022, we released a commentary about the [Lack of NHS Dentists in Somerset](#) highlighting the concerning shortage of accessible dental care in the county, and the pressing issue of limited access to NHS dentists which was causing widespread public concern. The inability to secure dentist appointments has led to frustration, disproportionately affecting vulnerable groups like parents seeking care for their children, pregnant women, and those reliant on benefits for whom private dental care is financially unattainable.

35% of calls we received from Somerset residents who shared their feedback with us in our January 2022 blog, expressed concerns about the cost of dental care and a desire for more affordable fees in private dentistry, due to the unavailability of NHS options. Budget constraints were highlighted, with people facing the choice between paying for dental care and essential bills.

 I have been on the website for dentists and found six different dentists, but they all say they're not accepting new patients. I am not registered with any dentist but need to see one now I'm as I have an extremely loose (canine) tooth and a wobbly front tooth. It seems my only option is to go private, but I can't afford this being a carer on minimum wage. 

 I've been trying to get my son into an NHS dentist. I've typed my postcode into the NHS website to see which ones are local and have rung nearly every single one of them, and not one of them are taking on any new patients. My son missed out on an appointment last year when he started getting his teeth - due to COVID, and now I can't get him in anywhere. I think it is appalling that they are telling me that I will have to go private. 

## Oral Health insights from the UK Chief Medical Officer

Dental decay is a big problem in the UK and puts a lot of pressure on the NHS.

- It affects people of all ages, but children are more at risk.
- Tooth decay is more common among children in deprived areas.
- Tooth decay can make it hard to eat and sleep, and it can affect children's learning and school attendance.
- Importance of good oral health.

Public Health England says that adding fluoride to water could greatly reduce tooth decay and hospital visits – adding fluoride to water is seen as a good way to improve dental health across the UK, but should be used alongside other fluoride methods. [Statement on water fluoridation from the UK Chief Medical Officers](#)

NHS Somerset want to improve oral health for Somerset residents, including by encouraging behaviours that help prevent poor oral health and tooth decay. One of the programmes to be introduced is a toothbrushing scheme aimed at children and early years. Another initiative is First Dental Steps, which is set to start in 2024 in collaboration with Public Health Nursing. NHS Somerset asked Healthwatch Somerset to help find out what people know about oral health hygiene practices. [Position statement Oral Health Improvement Service](#)

## Reforming NHS dental care in the South West

Concerns about access to NHS dental care are not new, but they were made worse by the COVID-19 pandemic. In 2020, the South West Dental Reform Programme was started as part of NHS England's Local Dental Network [Dental Reform Strategy](#).

The basis of this program is on planning the future of NHS dental services to improve oral health in the region. The South West Dental Reform Programme aims to highlight dental reforms. It aims to help dental practices restart services and make improvements that are better than pre-pandemic levels.

The study aims to find out how many people require dental care, how much care is available, and where there are gaps. The report highlights that people with learning disabilities often have more dental issues and may end up losing their teeth. It is also more difficult for them to access dental care.

In July 2023, the UK Parliament Committee for Health and Social Care, reported on [NHS Dentistry 2022-23](#).

## Accessing dental care in Somerset

A lack of access to NHS dentists in Somerset remains a pressing issue, including for parents, vulnerable individuals, and those with financial constraints. We have residents who are enduring persistent pain and grappling with unresolved dental issues. Many people all over the country are dealing with the same problem.

Healthwatch England has called for urgent and extensive reforms in the commissioning and provision of dental services both nationally and locally, highlighting how difficult it is for people to access dental care; they have repeatedly warned NHS England that dental care needs urgent reforms. [Healthwatch England's position on NHS dentistry](#)

In March 2023, [NHS Somerset made recommendations](#) to the Integrated Care Board (ICB) to determine outcomes of high-quality service within dentistry, and to develop a national standard for dental services in the country.



## Our aim

We wanted to understand people's current experiences of dental care in Somerset – what care and treatment people require, what is available via the NHS, and what is preventing people from accessing the dental care they need to stay healthy and well. We also wanted to find out what people are doing to maintain good oral health and hygiene.

## What we did

We produced a public survey which we promoted across Somerset, through a wide variety of organisations, our e-bulletin and on social media. The survey was completed between 15 August – 31 October 2023, online, over the phone, on paper and face-to-face at groups and events we attended. These included toddler and parent groups, the Sedgemoor Playday at Burnham-on-Sea (a free event for families), a job seekers group, homeless shelters, the Somerset County Show, libraries and community groups.

1,178 Somerset residents completed the survey (see page 6 'Who we spoke to'). We analysed their feedback to identify common themes and key messages.

## Key messages

Our findings highlight key issues around the lack of NHS Dentists in Somerset and the high cost of private dental care, which prevents many people from getting the treatment they need, and also identify the impact on diverse demographic groups.

**Cost of dentistry:** Families, older people and vulnerable groups, such as people who are experiencing homelessness, are worried about the costs of dentistry and this has been made worse by the cost of living crisis.

**Challenges seeking NHS dental care:** 843 respondents (71%) reported difficulties trying to see an NHS dentist in the past year.

**Shortage of NHS dentists:** 436 respondents (37%) expressed a pressing need for more NHS dentists in Somerset. Residents reported difficulty in finding NHS dentists accepting new patients, with waiting lists extending up to eight years.

**Lack of access to emergency dental care:** There is a lack of access to emergency dental services, which means people are more likely to self-medicate or visit A&E for treatment.

**Pregnant women struggling to access NHS dentistry:** 12 respondents reported difficulty getting NHS dental care while pregnant. While the number may seem small, it is concerning as government guidelines say that pregnant women should get free dental care because pregnancy can affect their dental health.



**Being pregnant I am eligible for free dentistry, but I have to pay for all my appointments and any work carried out because my private dentist will not take any more NHS patients.**



**Oral hygiene:** Respondents answers revealed a range of oral hygiene practices. However, the data also suggests a need for increased knowledge and awareness regarding maintaining optimal oral health. It is crucial to address this gap in understanding, as poor oral care has implications for overall health.



## Who we spoke to

We received 1,178 responses to our survey, signifying a substantial public interest in the topic of dentistry.

See Appendix 2, page 14, for a detailed breakdown of demographic information about survey respondents, including their location across Somerset.

### Age

Age group	No. of people	Percentage
0 - 17	4	0.4%
18 - 24	17	1.4%
25 - 49	476	40%
50 - 64	409	35%
64 - 79	225	19%
80+	29	2.5%
Prefer not to say	16	1.4%

1,176 people answered this question. The breakdown of responses by age group demonstrates the breadth of our reach.

### Gender

- 81% Women
- 15% Men
- 4% Other

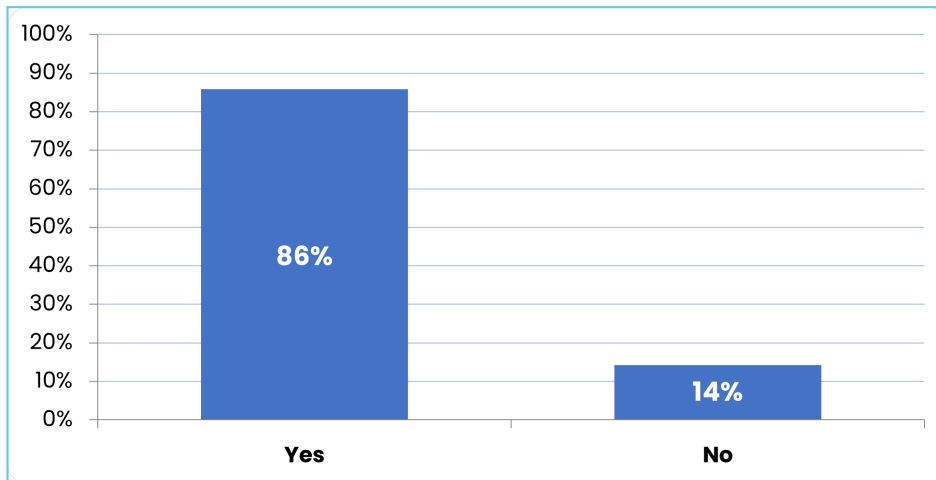
### Ethnicity

- 93.3% White-British/English/Scottish/Welsh/Northern Irish
- 3.3% Preferred not to say

Further breakdown in Appendix 2, page 15.

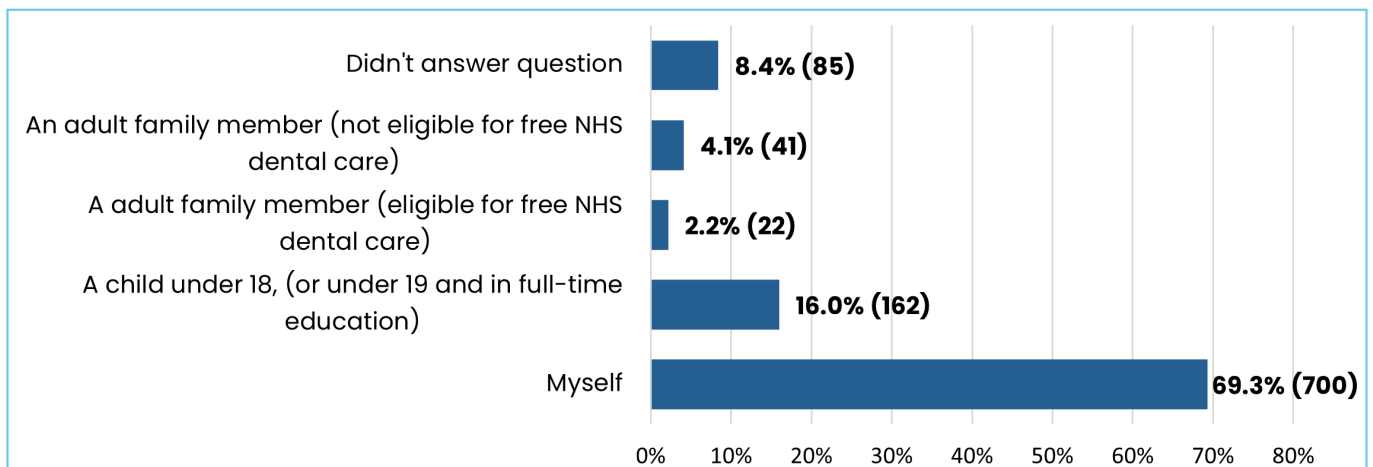
## Have you attempted to access NHS dental care in the past year?

The majority of people who completed our survey, 86%, had attempted to access NHS dental care in the past year for themselves or someone else; 14% reported no need for dental care in the previous year or they had phoned NHS 111 instead.



## Were you attempting to access an NHS dental appointment for yourself or someone else?

1,010 people answered this question. Most people, 69.3% (700), had been seeking an appointment for themselves, and 16% (162) had sought an appointment for a child or young person under 18.



## What people told us

We asked people to answer some specific survey questions about dental care in Somerset and we also gave them the opportunity to share general comments and feedback about their experiences.


### General feedback

**Dissatisfaction with private dentists:** Some respondents felt dissatisfaction with private dental services, mentioning short chair time, rushed appointments, and perception of poor value for money.

**DIY dentistry:** This emerged as a concerning trend due to the cost of living crisis.

**Free dentistry for children:** Respondents voiced strong support for ‘free dentistry for all children’, emphasising the importance of accessible dental care for the younger population.


Respondents raised concerns about the referral process to orthodontics, with barriers for children and young people to access essential orthodontic care. This situation, coupled with the fact that some children have never seen a dentist, raises questions about the long-term consequences and adds additional pressure to our already strained NHS.


 **My children haven't seen an NHS dentist in two years and my son needs to be referred to orthodontics. Even getting to that point there will then be a 2-3 year waiting list.**





**Access and affordability for vulnerable people:** There have been comments raised about access to NHS dentistry for people who are homeless and their inability to pay for private dental care, leading some to resort to various substances to alleviate tooth pain. This not only impacts physical health but also contributes to anxiety and a loss of confidence, impacting mental health.


We received responses from pensioners, highlighting financial challenges associated with private dentistry. Several mentioned having to use personal savings to cover substantial costs, highlighting the economic strain associated with dental care in this age group.


 **As a pensioner on a very low income, it would be helpful to access free dental care. I'm having to use savings to pay for my dentist. My current treatment plan is for £2,000 and more treatment needs to be done. I'm of an age where when I was a teenager dentists were paid to drill. Only four teeth were left undrilled. The rest have either had to come out or are decaying and I had seven crowns in 1987!**

 **Having worked all my life paying National Insurance and Income Tax, I now find in retirement I am unable to access National Health dental treatment to which I am entitled.**

 **For the last few years, I have attempted to find an NHS dentist for my family after our registration lapsed during COVID. I have asked to just register the children at dentists across Somerset, but now have to pay for my children who should be free as well as a higher price for myself and my husband due to a lack of NHS dentists. This is highly concerning in the context of the cost of living crisis.**

 **Dentistry in Somerset is rubbish. I am on disabled benefits [and] not been able to get an NHS dentist for three years. I am in constant pain with most of my teeth. I have lost seven teeth in three years.**

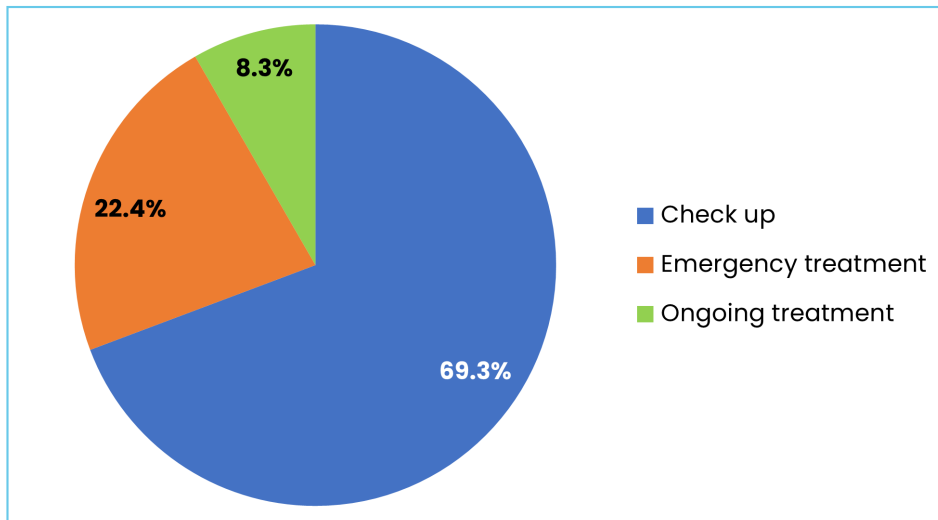
 **My husband nearly died in the BRI, due to endocarditis, after not being given antibiotics like he should have been. Had to pay £1,500 for private care.**

 **Lack of communication with the public about changes to the system is not acceptable. Asking parents to pay for their children to go private is just a ticking time bomb for the NHS – people won't be able to afford it, children won't go and then there will be emergencies and poor oral health for the next generation in the long-term.**





## Was the appointment for a check-up, ongoing or emergency treatment?



1,009 people answered this question. The majority, 69.3%, were seeking a dental check-up, but a significant number, 22.4%, were in need of emergency treatment.

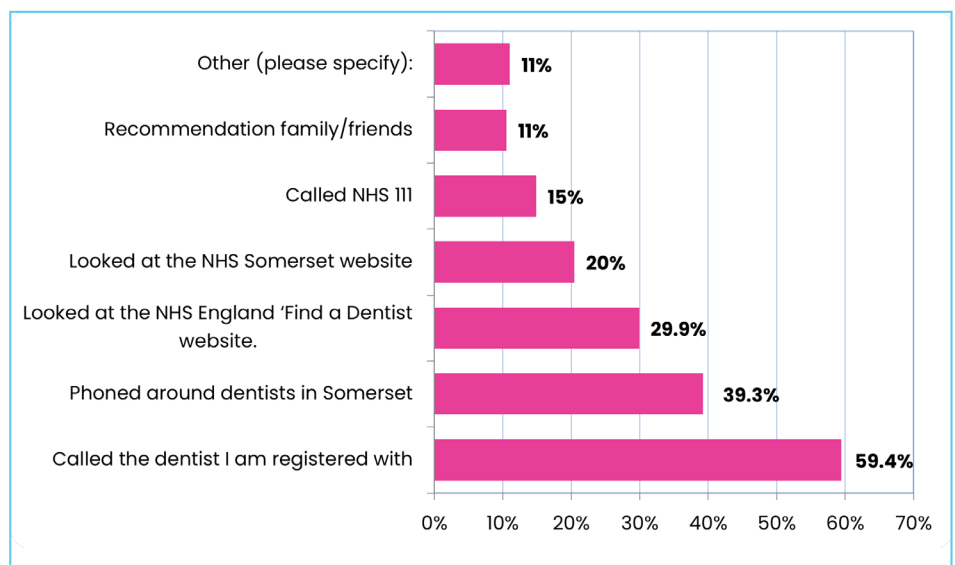
We received responses illustrating the importance of routine check-ups.

I had been a regular visitor to my dentist for around 50 years and despite a poor start as a child my oral health was in good shape. I've now got two snapped teeth which make chewing difficult. I am unable to keep my teeth as clean as when the dentist cleaned the areas I can't reach when I had routine check-ups.

I was disgusted that my dental surgery had not contacted me. They used my email address to warn me of the situation so that I could have tried to find an alternative dentist well before my check-up was due. I am now approaching a year with no check-up, my 90-year-old mother uses the same dental surgery and also was in the same position as me. She would be unable to travel, but I would have gone further if I could have found a surgery to take me.

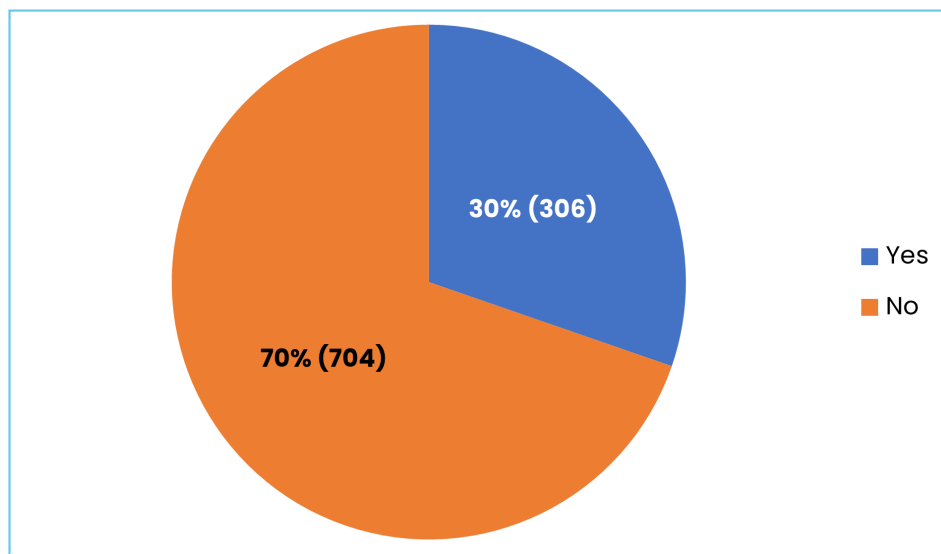
## How did you attempt to make an NHS dental appointment?

1,006 people answered this question; they were able to choose more than one answer. Most respondents 598 (59%) reported making NHS dental appointments by calling the dentist they are registered with. A significant number of people 395 (39%) said they had phoned various dentists in Somerset; 301 (30%) reported using NHS England's website 'Find a Dentist' to locate an appointment; and 106 (15%) people said they had used the NHS 111 helpline.



## Were you able to make a dental appointment?

1,010 people answered this question. The majority, 704 people (69.7%), told us they had been unable to book a dentist appointment. A lack of NHS dentists in Somerset is one of the main causes.



## What do people do when they can't access a dentist appointment?

We analysed responses and identified some common themes. The feedback we received emphasised the financial challenges of private dentistry, which people are reluctant to use or unable to afford. People's responses also highlighted a pressing need for Somerset residents to have swift access to dental treatment. The comments and experiences shared with us raised concerns around the long-term impact on dental and oral health if people are unable to access the dental care they need. Leaving dental problems unattended increases the risk of contracting gum disease, potentially resulting in tooth loss.

### Private dental care

198 people said they tried to find a private dentist and a further 45 people said they were considering going private.

An additional 47 people reported that finances were a hindrance when accessing private dentistry in the absence of an NHS dental appointment. This is a significant factor influencing their decision not to use private dentistry.

Four people said they had visited another country to source cheaper dentistry, as private dentists are too expensive.

### Do nothing/endure the pain

86 people told us their only option was to 'do nothing'. 19 participants reported they opted to 'endure dental pain' or tolerate discomfort.

### Seeking NHS support

29 people said they contacted all available NHS dentists in the local area to try to get an appointment. 17 people sought advice from NHS 111.

### Self-medication for dental pain relief

13 people reported resorting to self-medication for temporary pain relief, raising safety concerns.

Alarming, two of these people disclosed using medication prescribed for friends to help with their dental pain. There are serious health and safety risks associated with using medicine prescribed for others to self-manage dental pain, including the possibility of adverse side effects, an allergic reaction, or the medication might interact with other medications already being taken.

One person revealed they had overdosed on painkillers, resulting in hospitalisation, demonstrating the severity of risks associated with unsupervised medication use, and being able to access antibiotics from their GP.



We heard from one respondent that their GP was unwilling to prescribe antibiotics for a mouth abscess and they had ended up taking their son to the Emergency Department where they were prescribed antibiotics. This suggests that quicker access to appropriate medication via GPs could prevent people taking matters into their own hands and therefore risking further harm.

### **Dentists cancelling appointments**

We received feedback from 21 people who reported that they had existing appointments cancelled; they attributed this to a shortage of NHS dentists. This highlights the impact of workforce shortages on people's access to scheduled dental care.

## **NHS 111 advice line**

### **Emergency dental care**

Feedback about advice given by NHS 111 varied considerably. Five respondents reported having positive experiences when speaking to the NHS 111 advice line. However, our survey revealed gaps in guidance given; several people expressed frustration that their efforts to access emergency dental appointments through NHS 111 were futile.

The different experiences shared by people who called the NHS 111 advice line for emergency dental care show how important it is to have a clear system for dental services. The frustration might indicate issues with how accessible emergency dental care is.

### **Recommendation to purchase dental health kits**

Respondents reported that NHS 111 suggested purchasing dental repair kits as a solution to their dental issues. There are potential health implications with relying on such self-administered solutions and concerns raised about the quality of dental repair kits.

[Eight in ten dentists seeing cases of DIY dentistry](#)

## **What do you do to maintain good oral hygiene?**

299 respondents said their oral hygiene routine mainly involves brushing their teeth.

256 people emphasised the importance of both brushing teeth and incorporating flossing into their oral care routine.

152 people indicated a comprehensive approach by incorporating brushing, flossing and using mouthwash, demonstrating the importance of maintaining a healthy mouth.

60 respondents highlighted the use of interdental brushes in conjunction with brushing teeth, showing a commitment to thorough oral care.

# Recommendations

We believe that health and care providers can best improve services if they listen and learn from people's experiences and feedback.

Based on what people told us we recommend the following actions to help Somerset's Integrated Care Board improve people's access to dental care and enhance oral health care among our diverse communities.

## Improve access

Streamline NHS dental processes to deliver faster and more effective urgent and emergency care, including quick access to necessary medication for dental emergencies. This will reduce the likelihood of people resorting to self-medicating or visiting an Emergency Department to ensure that those in urgent need can quickly get necessary medications for dental emergencies.

## Address affordability

- Reduce financial challenges for families and support vulnerable groups, including those who are homeless, pensioners and pregnant women, by adopting a comprehensive approach to dental health. Address short-term needs while promoting long-term wellbeing across diverse socioeconomic backgrounds.
- Explore alternative avenues for vulnerable groups to access private dental care when NHS options are limited. Additionally, consider the affordability concerns of people who are in work.

## Attract NHS dentists to Somerset

- Develop and deliver targeted campaigns to attract additional NHS dentists to Somerset.
- Foster good relationships with universities/higher education to highlight the advantages of practicing dentistry in the county.

## Educating communities – promote oral health care

- Further education and awareness campaigns may be beneficial to promote comprehensive oral care and hygiene practices within communities.
- Introduce targeted oral care and prevention programmes for school-age children to work towards resolving oral health inequalities.
- Joined up schemes with schools, dental practices, and GPs to educate/deliver programmes regarding the prevention of tooth decay and maintaining a healthy body. (In alignment with [Healthwatch England's recommendations](#))

# Next steps

We shared our initial findings with NHS Somerset in November 2023, to help influence their budget spend for 2024/25. This report will also be shared with NHS Somerset, the regional dental network, and the countywide dental committee.



# Stakeholder response

## Healthwatch Somerset Board

“This report provides a sound foundation that supports the many ongoing concerns the Healthwatch Board has with the provision of dental services in Somerset. The number of Somerset residents who responded to this survey is significantly high, in the region of five or more times that of surveys on other topics, and reflects the very real levels of public concern that exist in the county on this subject.

“The survey results most clearly indicate the ongoing challenges in seeking and receiving NHS dental care. The Somerset Integrated Care Board (ICB) has recently assumed responsibility for NHS dentistry services and the report should be instrumental in informing their programmes and the way ahead. We also anticipate NHS England, in the shape of the South West Local Dental Network, will find the information useful in informing service provision at a regional level.

“Most importantly, we find it essential to highlight that the shortage of NHS dentists and the care they provide is a huge issue for our survey respondents. While there may be some local factors that our ICB can influence, we believe it probable that some of the report findings in this regard can only be addressed through action at a strategic and/or national level. If such action is not forthcoming our subjective view is that long term adverse impact on many NHS and social services in Somerset is very likely.”

## NHS Somerset Integrated Care Board

Matthew Mills (MPharm MRPharmS), Head of Pharmaceutical, Optical and Dental Services (PODS)



“NHS Somerset would like to thank Healthwatch Somerset for their continued support in championing the voices of our communities and empowering the people of Somerset to provide feedback on the healthcare services that we commission. NHS Somerset fully appreciates the time and effort that Healthwatch puts into monitoring and reporting on key health issues and your dedication to the continual improvement of healthcare services.

“The issues highlighted in the report regarding the challenges patients face in accessing dental care are indeed concerning and are unfortunately mirrored in many other areas across the country. As commissioners of NHS services in Somerset, we share your commitment to ensuring that all individuals have timely and equitable access to essential healthcare services, including dental care.

“We take the findings and recommendations of your report very seriously and will be reviewing them carefully to support workstreams around the identification of specific areas for improvement. Our priority is to work collaboratively with our dental teams, local authority, Local Dental Committee, and other stakeholders to address the identified barriers and implement solutions that will enhance access to dental services and improve oral health for our communities.

“NHS Somerset is steadfast in its dedication to promoting the health and wellbeing of our population and will continue to take proactive steps to address the issues raised in your report. We value our partnership with Healthwatch in our efforts to listen to the experiences of both patients and providers to inform our decision-making and drive meaningful change in our dental healthcare system.

“Thank you once again for your valuable insights and we look forward to our continued collaboration in ensuring that everyone in our community has access to the dental care they both need and deserve.”

# Thank you

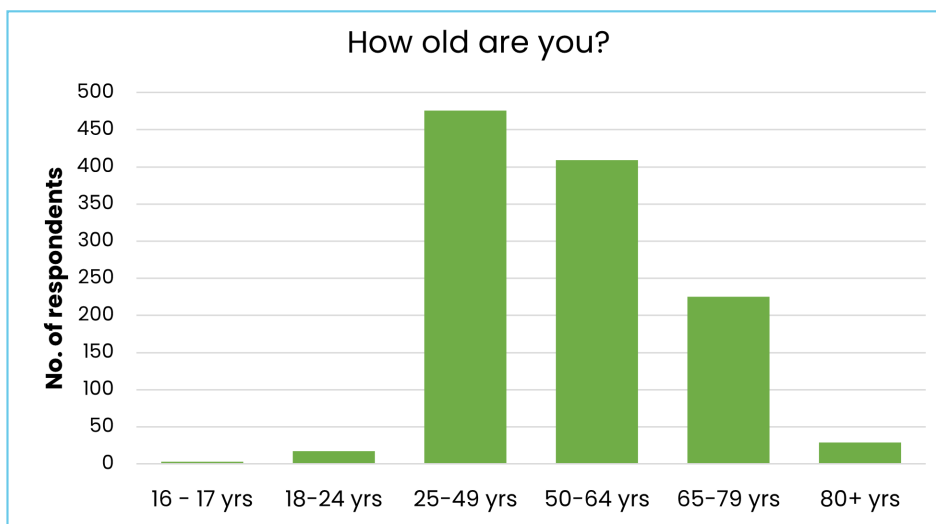
We would like to thank everyone who took the time to provide their views and experiences throughout this project and the organisations who supported us. Additional thanks is given to Willow and our other dedicated volunteers

## Appendices

### 1. Survey questions

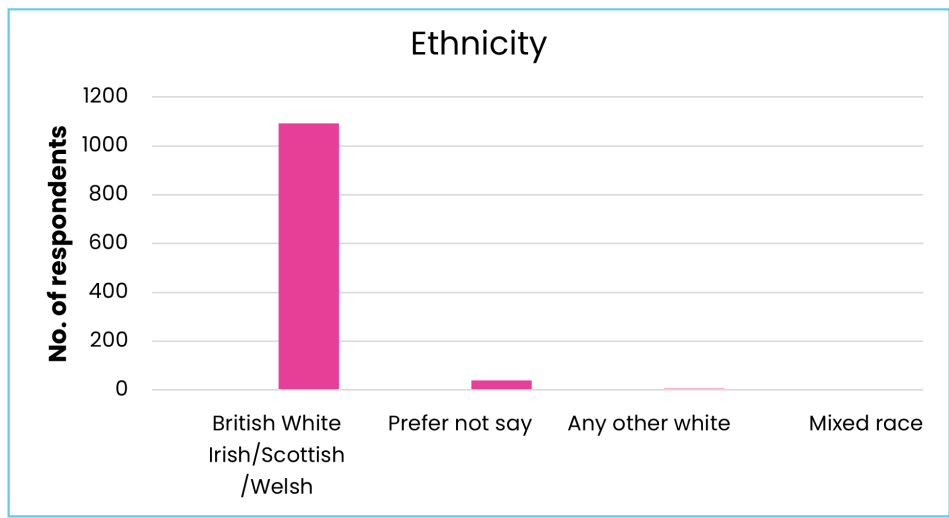
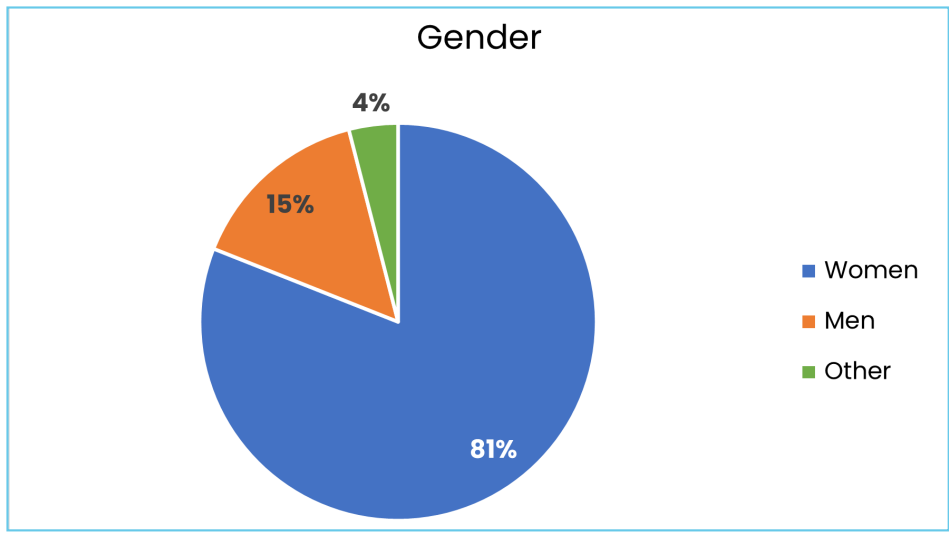
1. What do you do to maintain good oral hygiene?
2. What do you think is meant by 'good oral health'?
3. If you are pregnant or have had a baby over the last 12-months have you been able to see an NHS dentist during this time under your entitlement for free dentistry?
4. Are you registered with a dental at present?
5. Are you eligible for free NHS dentistry?
6. Have you attempted to access NHS dental care within the last year for yourself or someone else?
7. Was the appointment for a check-up, ongoing treatment or emergency treatment?
8. Were you attempting to access an appointment for yourself or someone else with an NHS dentist?
9. How did you attempt to make an NHS dental appointment?
10. Were you able to make a dental appointment?
11. If you were unable to make an appointment what did you do next?
12. Did you speak to NHS 111 when trying to make an appointment?  
If yes, what was the outcome?
13. Are there any comments about NHS dentistry in Somerset that you would like to share or recommendations you feel we should highlight

### 2. Who we spoke to – demographics



Ages not shown on the chart:

- 0 to 12yrs - 0% (0)
- 13 to 15yrs - 0.1% (1)
- Preferred not say - 1.4% (16)



Further ethnicity breakdown

Ethnicity category	No. of people	Percentage
Black British	2	0.2%
Any other Asian	1	0.1%
Pakistan	1	0.1%
Mixed race	2	0.3%
Asian & White	5	0.4%
Any other White	7	0.6%
Irish	2	0.2%
Any other mixed	2	0.2%
Any other ethnic	19	1.6%

## Location

Location	Postcode	No. of people
Watchet	TA26	6
Burnham-on-Sea	TA8	207
Crewkerne	TA18	14
Montacute	TA15	5
South Petherton	TA13	15
Somerton	TA11	22
Wellington	TA21	67
Taunton	TA1 & TA2	178
Bridgwater	TA5, TA6 & TA7	121
Highbridge	TA9	148
Cheddar	BS27	9
Glastonbury	BA6	25
Frome	BA11	18
Minehead	TA24	15
Chard	TA20	33
Dulverton	TA22	2
Langport	TA10	8
Ilminster	TA19	13
Merriott	TA16	9
Martock	TA12	9
Out of area	Other BA	70
Not given		184



### 3. References: embedded links

Page 3	<a href="https://www.healthwatchsomerset.co.uk/blog/2022-01-28/lack-nhs-dentists-somerset">Lack of NHS Dentists in Somerset</a>	https://www.healthwatchsomerset.co.uk/blog/2022-01-28/lack-nhs-dentists-somerset
Page 4	<a href="https://www.gov.uk/government/publications/water-fluoridation-statement-from-the-uk-chief-medical-officers/statement-on-water-fluoridation-from-the-uk-chief-medical-officers">Statement on water fluoridation from the UK Chief Medical Officers</a>	https://www.gov.uk/government/publications/water-fluoridation-statement-from-the-uk-chief-medical-officers/statement-on-water-fluoridation-from-the-uk-chief-medical-officers
	<a href="https://democracy.somerset.gov.uk/documents/s15778/Position%20Statement%20Oral%20Health%20Improvement%20Service.pdf">Position statement Oral Health Improvement Service</a>	https://democracy.somerset.gov.uk/documents/s15778/Position%20Statement%20Oral%20Health%20Improvement%20Service.pdf
	<a href="https://www.england.nhs.uk/south/info-professional/dental/dental-reform-strategy/">Dental Reform Strategy</a>	https://www.england.nhs.uk/south/info-professional/dental/dental-reform-strategy/
	<a href="https://committees.parliament.uk/publications/40901/documents/199172/default/">NHS Dentistry 2022-23</a>	https://committees.parliament.uk/publications/40901/documents/199172/default/
	<a href="https://www.healthwatch.co.uk/news/2024-02-01/our-position-nhs-dentistry">Healthwatch England's position on NHS dentistry</a>	https://www.healthwatch.co.uk/news/2024-02-01/our-position-nhs-dentistry
	<a href="https://nhssomerset.nhs.uk/wp-content/uploads/sites/2/Enc-F-Delegation-of-Pharmacy-Optometry-and-Dental-Services-1.pdf">NHS Somerset made recommendations</a>	https://nhssomerset.nhs.uk/wp-content/uploads/sites/2/Enc-F-Delegation-of-Pharmacy-Optometry-and-Dental-Services-1.pdf
Page 11	<a href="https://www.bda.org/media-centre/8-in-10-dentists-seeing-cases-of-diy-dentistry/">Eight in ten dentists seeing cases of DIY dentistry</a>	https://www.bda.org/media-centre/8-in-10-dentists-seeing-cases-of-diy-dentistry/
Page 12	<a href="https://www.healthwatch.co.uk/news/2024-02-01/our-position-nhs-dentistry">Healthwatch England's recommendations</a>	https://www.healthwatch.co.uk/news/2024-02-01/our-position-nhs-dentistry



**healthwatch**  
Somerset

[healthwatchsomerset.co.uk](http://healthwatchsomerset.co.uk)

0800 999 1286

[Info@healthwatchsomerset.co.uk](mailto:Info@healthwatchsomerset.co.uk)

