

Dentistry

Key issues with dentistry in North Tyneside

March 2022

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Executive summary

Key findings

- Finding a dentist has been very difficult. Information on the NHS website about dentists taking on NHS patients has not been kept up to date.
- Urgent treatment was prioritised during the pandemic but getting any kind of appointment was a struggle for some.
- There is a need for a clear definition of 'urgent'. Our data suggests a significant mismatch between the clinical definition and users' interpretation.
- Generally speaking, people want to be seen within a month for routine treatment or check-ups and within a week or less for urgent issues.
- The cost of both NHS and private care presents a barrier to equal access.
- There is a lack of understanding about the organisation and funding of NHS contracts and the implications for provision of NHS appointments. This has given the impression that private care has been prioritised for the financial gain of dentists.

Key recommendations

- A single central list of dentists taking on patients that dentists are contractually obliged to keep up to date.
- Better Information for service users to improve transparency and understanding focusing on:
 - what being 'registered' with a dentist means
 - NHS contracts and funding of appointments versus private care
 - triage, the definition of 'urgent' and timescales for treatment
 - costs of NHS and private treatment and support available to manage these costs
 - timing of check-ups and advice on maintaining dental health.
- Greater strategic coordination of provision across the borough:
 - to give an overview of the services available to residents of North Tyneside
 - to share good practice and what works well
 - to facilitate signposting to other practices when appointments are limited.
- Focus on barriers to accessing dental care to address Health Inequalities.

Background

During the Covid pandemic, people raised issues about dental care. This pattern is one that has been apparent nationwide according to Healthwatch England. (Source: [HWE blog 12.12.21](#)) Alongside eight other Healthwatch in the North East and North Cumbria, we ran a survey to gather further evidence in December 2021–January 2022. **We heard from 235 residents of North Tyneside during this research.**

We also contacted all dental practices in North Tyneside in January 2022 and asked a standard set of questions. **15 of the 25 practices we contacted responded.** This evidence was gathered before the Government's recent announcements about investment in dentistry.

Dentists have told us that during this period there were stringent infection control requirements in place to manage the Covid pandemic resulting in only around a third of patients being seen – this was outside the control of the practice. There was also an issue with limited PPE supplies in the early months of 2020. Furthermore, Department of Health data shared in a report by the BBC (Source: [BBC news 20.2.22](#)) suggested “almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year”.

It is important to note that quantitative data gathered from practices reflects the situation in January 2022 and therefore is a snapshot. Care should also be taken in comparing this with feedback from users, which was generally retrospective and sometimes referring to almost two years earlier at the start of the first lockdown. The way services were delivered changes as the pandemic response developed.

Here are the key findings from the evidence we gathered in the survey, the feedback we received from users during the pandemic, and our interviews with providers.

A detailed analysis of our findings is available on our website.

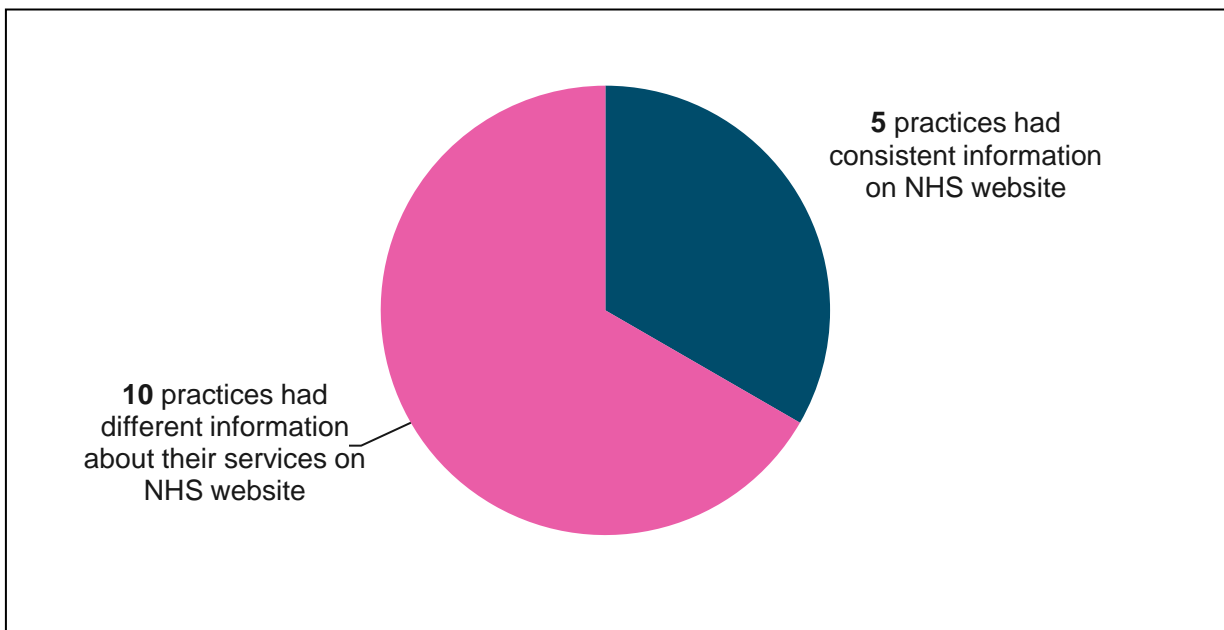
Key findings

1. Finding a dentist

31 people told us about their experiences of finding a dentist. For most people, the process of finding a dentist has been time consuming and fraught with difficulties. It has involved ringing round multiple dentists in the area, with many people unable to find any taking on NHS patients.

People told us that they wanted a single source of information about the availability of NHS treatment that they can easily navigate. The NHS website is designed to provide this information but people said the information on it was often very old and inaccurate.

As part of our research we contacted 25 practices in North Tyneside and 15 agreed to speak to us. We compared what they told us with their entry on the NHS website within the conversation and found only five of the 15 responses matched the details online. Six of the practices hadn't updated their information for over 12 months, and one practice showed it was last updated in 2011. A similar analysis undertaken by the BBC found "about 75% of practices in England had not updated the site to show whether they were accepting NHS patients or not within the last three months". (Source: [BBC news 20.1.22](#))



There were three main reasons for people needing to find a dentist:

- Appointment availability – Some found they could not get an NHS appointment within a reasonable timescale at their usual practice.
- ‘Delisting’ – Others discovered they had been removed from their dentist’s list after not attending for a prolonged period. (This was confirmed in our interviews with dental practices).
- Infrequent attendance – A small number of people told us they had not been to the dentist for many years.

It seems that for many people, contact with the dentist during the pandemic was very limited, especially in the early months, and check-up reminders were not sent because check-ups were not being offered. The volume of enquiries and feedback received indicates that, whilst these issues did exist before the pandemic, the pandemic has significantly exacerbated the situation.

Five people told us they were not informed or warned about being taken off their dentist's lists, with feedback indicating people feel aggrieved by these actions, particularly at a time when services were significantly restricted due to the pandemic.

In addition, it appears there is a misunderstanding of what it means to be registered with a dental practice with many people believing it was the same as being registered with a GP. Patients are actually only 'registered' with the dentist for the course of treatment they are receiving.

From the perspective of dental practices, our interviews highlighted the challenges involved in managing expectations and requests from users during Covid. It appears more could have been done to inform the general population about the approach the practices and the NHS were taking. It appears some communications could have been more sensitive to the users' needs.

Recommendations

1.1 Dental practices should be contractually obliged to update the NHS website with their availability, and their commissioner should take action if they fail to do so. The availability of up-to-date information is critical to a positive user experience.

1.2 To better inform and manage expectations, the NHS and dentists should do more to explain to their users about what being 'registered' with a dentist actually means.

1.3 Individual practices should review their processes to ensure they communicate well with their users and give them reasonable notice if they are going to be 'delisted'.

What we have done

Healthwatch in the North East and North Cumbria has worked with commissioners at NHS England and with Local Dental Committees to produce a [myth buster](#) about NHS dental treatment and what it means to be registered with a dentist. This was launched in January 2022.

2. Access to treatment and care

For a significant period during the early part of the pandemic, dental services prioritised urgent care only. Telephone advice was given where possible, including recommendations for self-care temporary fixes, for example, fillings and prescriptions for antibiotics. A shortage of adequate PPE and strict guidelines on Covid safety measures meant face to face care was extremely limited. NHS 111 played a major role in being the first point of contact for triaging treatment and giving advice. This situation changed over time.

Feedback about the triage approach is very similar to what we have heard in other health settings, particularly general practice.

The feedback we gathered suggests that while people were understanding of the difficulties at the start of the pandemic, they started to lose tolerance when they had no contact about normal services resuming and they couldn't get treatment for their dental issues. It did not help that access to appointments was easier at some dentists than at others.

Urgent treatment

Priority for access to treatment has been determined throughout the pandemic via triage assessment by dental practices and NHS 111 and people understood this.

There is evidence that 'urgent' can have different interpretations. Issues that feel urgent to the person involved may not be considered to be clinically serious, for example a lost filling. Communication when there is a discrepancy needs to be handled with sensitivity, and support offered when people have to wait a long time to be seen. People have told us they had to cope with pain and discomfort for much longer than they feel they should, leading to worry about symptoms getting worse with no sign of treatment.

"My bridge fell out on 15th December, and I have an appointment for 11th January, so have had no teeth for nearly a month. They didn't class this as urgent, but I did!"

Routine treatment and care

As covid restrictions began to ease, people told us they still struggled to get appointments for minor dental problems and check-ups, with long waits for treatment, extended by cancellations and rescheduling generated by the practice.

Some people told us their dental health deteriorated during these times, even to the extent of losing teeth. People feel that the delays will cost them in the long run, both in terms of the state of their teeth and the extra cost of treatment. As one person commented:

"It's shocking! Prevention is better than cure."

A small number of people told us about services moving the goalposts and pointed out that they used to get into 'trouble' if they missed their six-monthly check-up at the dentist, but "now they are saying that you don't need a check-up for 24 months."

When we surveyed the 25 practices in North Tyneside in January 2022, responses from the 15 interviewed showed the difference in routine care/appointment availability at that time.

Timescale to be seen	Number of practices with routine appointments available
Less than 1 month	4
Between 1-2 months	4
Between 2-3 months	1
Between 3-6 months	1
More than 6 months	1
Not offering routine appointments	4
Total	15

Just over half of the dental practices we spoke to were accepting new NHS patients, with most offering routine appointments within 0–2 months. Nine of the practices we spoke to told us they would signpost to another dental practice to check availability if they could not treat the patient themselves.

Different approaches, confusion and limited choice

All dental practices are independent providers and set up their own systems and approaches to delivering dental services. It is clear from our feedback that practices in North Tyneside take different approaches. This can be confusing for members of the public and create uncertainty about the quality of service available at their own dental practice, particularly when they see others having greater access to services than they have.

At times where services are available, this gives patients the choice to go to the service that suits them, but **when the capacity of services is limited, there are limited opportunities for patient choice.**

Recommendations

2.1 Better information for users about triage assessment, so people know what is classed as urgent, with likely timescales identified.

2.3 Information should be provided on self-help for dental issues when appointments are delayed. People need to know how to monitor changes, including when earlier treatment might be required and how to access help if their problem deteriorates.

2.3 A new information campaign is needed for users on the timing of check-ups – whether this is 6 months or 2 years – and information provided on how to maintain good dental health, particularly when routine cleaning is not available.

2.4 An overview of service provision across the borough is needed to enable Commissioners and Local Dental Committees to take a more holistic view of what services are available, particularly when opportunity for patient choice is limited; and to support greater coordination of services and mutual learning.

3. Quality of care and treatment

Many of the people we engaged with expressed concerns over long waits for NHS treatment with 50 people saying they were unhappy about the wait for different types of appointments or treatment. Some also said care did not seem to be of the same standard as pre-pandemic. However, others praised the care they received, noting thorough check-ups and confidence in Covid safety. A few commended staff for reassuring their anxieties about Covid and dental treatment.

Rating of overall experience of different types of appointment (On 5 point scale Excellent - Terrible)



When asked to rate the overall experience of different types of appointments, the responses received were very mixed and show a spread of ‘excellent’ to ‘terrible’ experiences. There are several factors that influence people’s rating, but there are clearly opportunities for experiences to be improved. While Covid has presented unforeseen difficulties that all dental practices have had to negotiate, it appears that some dental practices have maintained a more rounded and responsive service than others.

Recommendation

3.1 Opportunities for practices to share what has worked well to improve the general quality of services available in the area.

4. Private treatment, inequalities, and barriers to access

The cost of dentistry was raised as an issue in around 50% of the responses we received.

Some people said they are avoiding getting much-needed treatment because of the cost, or opting for removal of teeth rather than a more expensive repair.

"I'm on benefits and worried about bills and not being able to pay them, hence why I'm opting for removal of the ones [teeth] with old large fillings."

"They need to be more accessible and affordable. I hadn't been for a while as I simply couldn't afford to pay. Now I'm left with no dentist."

Our general engagement activities indicate that the use of dental services is patchy, particularly in our more deprived communities. Many people in these areas mentioned cost as a barrier to NHS as well as private treatment.

A further concern raised relates to accessing NHS dental treatment and the perceived promotion and prioritisation of private care.

"I understand that private patients are being attended to however NHS aren't being cared for unless urgent treatment is required."

"I am disappointed that many dentists appear to be dropping NHS work. This will make it impossible to get an NHS dentist if it continues."

Many people are worried that the availability of NHS places and appointments is insufficient in North Tyneside. People say they have noticed a move towards private appointments and a greater difference between private service and NHS service provided by a practice. They also comment that private care is too expensive to be a viable option for many. Furthermore, there was some perception that dentists were looking to make money from the difficulties in access created by the pandemic.

"I think the NHS should govern dentists more. The fact they are prioritising private patients to recoup profits is shocking."

Of the dental practices we spoke to, only 5 said they offer private treatment when NHS appointments are unavailable, and all indicated that waiting times are comparable for NHS and private treatment. Dentists noted that NHS contracted core hours are 9am – 5pm Monday to Friday only, and any appointments outside these times would generally be private. However, because patients have little awareness of the limitations of NHS contracted dental services, dentists say patients feel they are being “fobbed off” when private appointments are seemingly offered in order to make more money.

Recommendations

4.1 In the Health Inequalities work in North Tyneside and nationally, issues of dental health and barriers to accessing support should be focused on.

4.2 Opportunity to increase the public’s understanding of the organisation and funding of NHS and private dental appointments. This would help address myths and enable patients to make fully informed decisions about the dental care options that are available to them.

4.3 Greater transparency about different options for treatment available on the NHS and privately to enable users to make an informed choice for **each** treatment, as opposed to being considered purely as NHS or private patients.

4.4 Better communications with the population about the costs of dentistry (NHS and Private) and the support available to help people manage these costs.

Acknowledgements

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