



# Why can't I find an NHS dentist in Kirklees?

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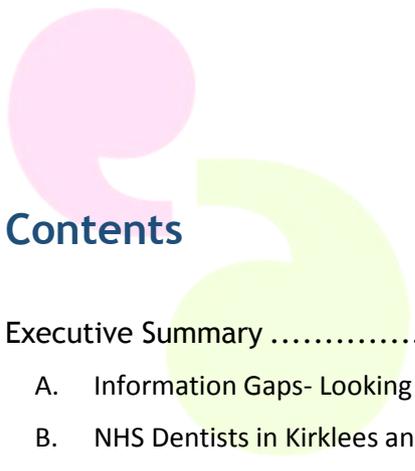




## **NHS Dental Access in Kirklees**

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## Executive Summary

In July & August 2013, one of the key issues that people discussed with Healthwatch Kirklees was the struggle to get access to NHS Dental Services and problems with the service they received. In September 2013, our Trustee Board approved a piece of work to investigate why so many people report that they are unhappy with NHS dentists in our area.

Healthwatch Kirklees found that:

- Patients are routinely given misleading information about the availability of NHS dentists in Kirklees, leaving them confused and frustrated.
- Significant numbers of patients in Kirklees are struggling to find an NHS dentist for routine NHS treatment.
- Unequal access to NHS dentistry across Kirklees may be contributing to the wider issue of health inequalities.
- NHS dental contracts appear to be inflexible, based on historical demand and not an objective assessment of need, demand or accessibility. There is currently no NHS Dental Access Strategy for Kirklees.
- There were examples of poor practice which need to be raised with NHS England, the commissioner for NHS dentists.
- There is a developing issue specifically around dentures for older people, linked to the ageing population in Kirklees.

Outlined below are the areas we identified as in need of significant improvement.

### A. Information Gaps- Looking for an NHS Dentist in Kirklees

It is unacceptable and unfair that patients receive inaccurate information about the availability of NHS dentists in Kirklees from all parts of the NHS. People spend time and effort chasing NHS dentists for appointments because the system is not set up correctly.

The NHS Choices website lists all dentists and provides details of those taking on new NHS patients, however the inaccuracy of the site means that all stakeholders from patients to Clinical Commissioning Groups receive outdated information on which practices are taking on new clients. In turn, the NHS parties give out inaccurate information to customers who become frustrated when the practices they are told they can approach, turn out not to be accepting new patients. Patients should not be wasting time, effort and energy because of failures in the system.



We do not feel that an additional information service is needed to provide details of available dentists across Kirklees, instead we would ask NHS England to advocate a more proactive use of the NHS Choices website by dentists. It should be a requirement that dentists keep their NHS Choices information correct and up to date, and to indicate if a waiting list is in place giving information on how to join this list. This would cost nothing and enable all parties to give out up to date information on which dentists are accepting new NHS patients. This is fair and simple solution which would cost NHS Commissioners nothing to introduce.

### **Actions Required**

1. There is currently no contractual requirement or regulation to make dental practices keep their information updated on NHS Choices, we would like the Department of Health to write to all Dentists in our area stating they are required to keep their NHS Choices information up to date on a weekly basis.
2. Department of Health to include this requirement in the new Dental Contract.
3. Department of Health to amend NHS Choices so that practices are required to show if they have a waiting list that patients can join.
4. Healthwatch Kirklees to revisit this issue later in 2014 to make sure that patients are not being given inaccurate information about NHS Dentists in Kirklees.

### **B. NHS Dentists in Kirklees and Health Inequalities**

We believe that the current spread of contracts, and patients' lack of access to local NHS Dentists is reinforcing the health inequalities which affect Kirklees. This is unfair to patients, and needs to be addressed by NHS England.

If services are unequal for “typical” households, then NHS dental access for more vulnerable people is much worse. Getting access to an NHS dentist in Kirklees is difficult even with access to the internet and the ability to get around in a car, but if you are elderly, homeless or experience social exclusion in some way then your position is even worse.

Additionally, those vulnerable people are impacted by the restrictive design of current Emergency Dental Contracts, which are not working effectively, with many patients seeking emergency treatment then unable to get access to the necessary follow-up.

### **Actions Required**

1. Assistant Contract Manager (for Dentistry) in West Yorkshire from NHS England to develop and establish a Dental Access Strategy for Kirklees, which considers where money is spent and how services should be re-commissioned in order to better meet the needs of the community.

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2. Assistant Contract Manager to attend the Kirklees Health and Wellbeing Board to respond to our findings, and to present a new Dental Access Strategy for our area by May 31<sup>st</sup> 2014.
  3. Commissioners need to improve emergency and outreach dental services, to appropriately meet the needs of vulnerable people, and ensure patients who seek emergency treatment and require further follow up routine treatment should be supported in accessing a dentist and should be considered a priority on an NHS Dentists waiting list.

### C. Problems with the current NHS Dental contract

At the heart of this, is an NHS Dental contract that is not working in patients interests. The myth that patients are “registered” with their NHS dentist is maintained by all stakeholders, and dentists control access to NHS Healthcare by running their own waiting lists privately. NHS England is unable to move money around Kirklees to address inequalities in access, and too many patients are forced either to travel for care, or do not receive any dental treatment at all.

We’d like to see a change to a contract based more on a GP’s model, where services are delivered based on patient demand not on what dentists want to supply, or NHS England is able to contract. People should be able to register with an NHS dentist that is convenient to them. This would allow NHS dental money to follow patients, reducing the inequalities in access that people in Kirklees are reporting.

#### Actions required

1. Healthwatch Kirklees will share patient experiences and feedback with Healthwatch England and Department of Health, and ask Department of Health to address some of these issues at a national level when improving the design of the new NHS dental contract.

### D. Dealing with Poor Practice

We were told of some instances where we felt that dentists were acting inappropriately, in a way that we understand is outside the scope of the NHS contract. It is unreasonable for example, to offer a child an NHS appointment, on the condition that a parent signs up as a private patient.

#### Actions required

1. Healthwatch Kirklees will write to West Yorkshire’s Assistant Contract Manager (for Dentistry) at NHS England detailing where we feel practices have acted in a way that is inappropriate.
2. Healthwatch Kirklees will copy this letter to the Care Quality Commission to enable them to build this local knowledge into their inspection schedule.

## E. Issues relating to Older People

We were surprised at the number of patients aged 70-85 complaining that they could not find an NHS dentist to make dentures, and who have paid in the region of £1000 privately to have this work done. This issue needs to be recognised by NHS England in its Dental Access Strategy for Kirklees.

An aging population places new demands on the Dental System, and we need to make sure that the system changes to acknowledge this fact.

### Actions required

1. NHS England to include a section on issues affecting older people in the upcoming Dental Access Strategy for Kirklees.

## F. Local Strategies and Dental Advice

There is little strategic focus on dental health across Kirklees. Through this document, we have asked NHS England to produce a local Dental Access Strategy. However, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy in Kirklees do not provide sufficient detail regarding the dental health of the people of Kirklees or the difficulties accessing dentistry.

### Actions required

1. Kirklees Council to consider an improved section relating to NHS Dental Access in the Kirklees JSNA.
2. Kirklees Council to consider a reference to NHS Dental Access in the Food and Nutrition part of the Joint Health and Wellbeing Strategy.
3. Kirklees Council to consider an improved section on Alcohol and Smoking in relation to access to NHS Dentistry and oral cancer



## Why did we focus on Dentists?

Comments from people in Kirklees in the autumn of 2013 suggests that it is almost impossible to find a dentist in Kirklees willing to accept NHS patients. People said;

*“I can't find a dentist. I've visited a few and they say they're not taking any new patients on. However they say that private patient appointments are available the same day. It's not acceptable, we can't all afford to pay the high private fees.”*

*“Our dentist also makes us visit every six months and then refers us to the hygienist for cleaning etc which can cost up to £40. And you end up having to pay that money as you really do not want to be removed from the register.”*

*“Have had so many problems with shoddy work and difficulty sourcing a new dentist that I had to eventually go private to ensure a good service”*

*“I was struck off their list without any warning. Just called up and was told that I am no longer registered there. Don't have a dentist now.”*

The issues reported to us range from not being able to access an NHS dentist, to misperceptions over patient registration, receiving poor quality treatment and confusion over dental charges and policies. Some patients also reported to us that they felt they had no choice but to take their dental problems to the hospital A&E department.

We took the identified dental access issue to the Healthwatch Kirklees Trustee Board in September 2012 who approved for us to do a piece of work in this area.



## What did we do to investigate?

After receiving a series of comments and complaints about access to dentists through attending community forums during August and September 2013:

 We used press releases in local newspapers inviting people to share their views, comments and experiences in relation to accessing and using NHS dental services. This produced numerous responses in the form of emails, telephone calls and in-person meetings, where people told us with their stories, comments and thoughts.

 We conducted an online “Dental Access in Kirklees” survey<sup>1</sup> to gather feedback on access to NHS dentists in Kirklees from members of the public. People completed these over the course of 8 weeks in October and November 2013.

 We rang NHS providers, from Clinical Commissioning Groups to NHS 111 to see where people were being signposted for dentists, and to try to understand what getting an NHS dentist looked like from a patient’s perspective.

 We visited the Huddersfield Mission (an organisation which works with some of the most vulnerable and socially excluded groups of people in Kirklees) to gain insight into the experiences of their service users in accessing NHS dentists and how the difficulties of finding an NHS dentist impacts them. We spoke to Paul Bridges, manager at Huddersfield Mission who told us that a common problem faced by his service users was their poor oral health and problems with accessing a regular dentist.

 Once we felt we had identified the main problems and concerns, we made contact with NHS England to discuss the issues identified. We sat down with the NHS England Dental Specialist Tina Jones to get her perspective. To see the questions we asked and the responses we received (see appendix 1).

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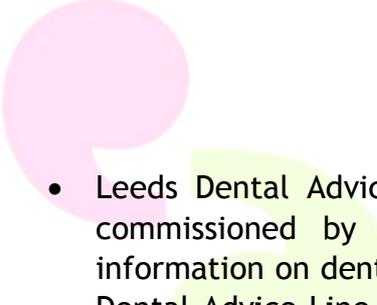
<sup>1</sup> <https://www.surveymonkey.com/s/NQYZLT3>



## A. Information Gaps - Looking for an NHS Dentist in Kirklees

Healthwatch Kirklees found that one of the main areas of concern in accessing a NHS dentist was the lack of a single information point that was able to provide accurate information on the availability of dentists accepting NHS patients. In order to find out more about the issues involved and to establish the effectiveness of local resources for accessing dentists, we contacted the NHS 111 service, Clinical Commissioning Groups, NHS England and Leeds Dental Advice Line (who all offer to assist you in finding a dentist) posing as a patient seeking a dentist, to try to understand the accuracy of the information they provide. This is what we found:

- North Kirklees Clinical Commissioning Group (NKCCG) - Their website advised patients to contact the North Kirklees Dental Advice to find a dentist. We found that the contact details provided were wrong and we brought this to the attention of NKCCG. In response they updated their website which now advises patients to contact NHS 111 to find an NHS dentist.
- NHS 111 - Healthwatch Kirklees made 2 phone calls on different days requesting details of dental practices willing to accept new NHS patients; on both occasions we were provided with inaccurate information, as the practices we were advised to call informed us that they are not taking on any new NHS patients but will accept private patients. During both phone calls to NHS 111 we were not advised of any other dental advice line that we could call but we were advised to use NHS Choices to check which dentists were accepting new patients.
- NHS Choices website - states that in Kirklees there are no dental practices currently accepting NHS patients. This website is maintained by the dentists themselves.
- NHS England Customer Centre - when we contacted them they advised us that they are able to tell us about which dental practices are accepting NHS patients, however since they were also relying on NHS Choices to signpost patients, they failed to provide any details of potential dentists accepting NHS patients. The NHS England Customer Centre also advised us that there is no legal obligation for dentists to update their profile on NHS Choices therefore they did not bother to update it. The Assistant Contract Manager (for Dentistry) said that many dentists do not update the system for fear of creating long queues of patients outside their practices.

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- Leeds Dental Advice Line - by chance, we came across this service commissioned by NHS England for patients in Leeds to provide information on dentist accepting new NHS patients. Although the Leeds Dental Advice Line was specifically created for patients in Leeds, they are provisionally offering a service to people in Kirklees as well. The Leeds Dental Advice line consists of one worker who covers the whole of West Yorkshire. They find out which dentists are accepting NHS patients by calling them up on a weekly basis. We contacted Leeds Dental Advice Line and were advised that there are currently no dental practices accepting NHS patients in Dewsbury or Batley. We then requested a list of all dental practices accepting NHS patients in Kirklees. The information we were provided with was a list of 10 dental practices accepting NHS patients. However after making telephone calls to each practice we found that only one out the 10 was accepting adult NHS patients.

When helping a patient to find a dentist, the NHS Choices website was the site which most professionals referred to. The NHS Choices Website was set up with the aim of helping people to make informed choices about finding local healthcare services. Although in Kirklees the NKCCG website, NHS 111 and PALS advise patients to use the NHS Choices website, patients have told us that they did not use this method rather they relied on friends and family or would contact each local dental practice directly.

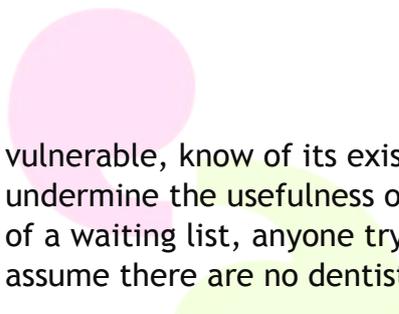
*“My dentist used to send appointment cards for check-ups but I've not had anything from him now. I think he's struck me off because that's what happened to my friend. I'll call him to find out if am still registered...if I'm not then I really do not know how I'm going to find a dentist. I don't even know who to ring, I'll ask my family or friends, it's the best way I think.”*

We contacted a few dental surgeries across Kirklees which, according to the NHS Choices, were not accepting NHS patients. In some cases, we were informed that they were operating an internal waiting list that patients can add their name to or can call each month to check availabilities; some of these waiting lists had indefinite waiting times. Currently, it is not possible to record the use of an internal waiting list on the NHS Choices website, so the information listed is inaccurate.

One dental receptionist at a Huddersfield Dental Practice explained;

*“We don't always update the NHS Choices website as we operate a waiting list system. Patients can call us at the beginning of each month to check if we're accepting NHS patients”.*

A waiting list can be beneficial, however it is problematic when that list is not publicised and promoted to ensure that everyone, especially the most



vulnerable, know of its existence and how to join. Internal waiting lists undermine the usefulness of NHS Choices, as without a clear record of the use of a waiting list, anyone trying to find a dentist through NHS Choices will assume there are no dentists available.

Healthwatch Kirklees believes that it is unacceptable that patients are being given incorrect information about the availability of NHS dentists in Kirklees. Our study shows that NHS Choices, CCG's, NHS 111, and the Dental Advice Line all gave out incorrect information.

Patients have a right to expect correct and up to date information on the availability of NHS services. They should not be expected to phone a list of dentists who "might" be taking on new patients.

We would like to see NHS dentists taking on responsibility for updating their NHS Choices records weekly so that people can easily see who is taking on new patients. If dentists were to do this, all parts of the healthcare system would have access to correct and up to date information.

Healthwatch Kirklees would like to see NHS England writing to all NHS Dentists on this issue, and will check the accuracy of NHS Choices on a regular basis to see if this problem can be resolved with no overall cost.



## B.NHS Dentists and Health Inequalities

Health inequalities are avoidable and unjust differences in health status experienced by certain population groups. People in poorer socio-economic groups are more likely to experience chronic ill-health and die younger than those who are more advantaged<sup>2</sup>.

Kirklees is one of the 50 most deprived local authorities in England in terms of income and employment. Between North Kirklees and Greater Huddersfield there are varying levels of deprivation. For example men and women in Dewsbury can expect to live 3.8 years and 3.0 years respectively less than men and women in the Holme Valley.

Poor oral health is directly linked with socio-economic deprivation and social exclusion. According to the Kirklees JSNA<sup>3</sup>, Batley and Dewsbury have the worst oral health and the number of decayed/missing/filled teeth of children under five was 3.8 in Batley and 3.0 in Dewsbury, compared with 1.5 nationally in 2006.

Although over the past 30 years the general oral health of patients in the UK has improved, the shift in many dentists from the NHS to the private sector has made it difficult for people to find an NHS dentist when they need one.

We believe that patients are having to travel unreasonable distances or turn to private dentists. Those unable to pay for transport and private treatment can end up suffering in silence and are failing to have the recommended regular check-ups. We believe that this can pose real long term public health danger as one of the aims of regular check-ups is to identify infections or early signs of oral cancer.

Typically, people on low incomes are less likely to have access to a car<sup>4</sup>. For those who do not have access to a car, the struggle of finding an NHS dentist is compounded by any available dentists being located in inaccessible locations, or locations that are difficult or expensive to get to by public transport<sup>5</sup>. Public transport can be expensive, and for people on low incomes it can be a prohibitive factor as a result of which they may choose to go without any dental check-ups or treatment.

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<sup>2</sup> <http://www.publichealth.ie/healthinequalities/healthinequalities>

<sup>3</sup> <http://www.kirklees.gov.uk/you-kmc/partners/other/jsna.aspx>

<sup>4</sup> National travel survey, 2005. Department for Transport

<sup>5</sup> Fifth annual monitoring report on the Rural Services Standard, Commission for Rural Communities, December 2006

*“I've not been to the dentist for years. I have tried to find one but they won't accept NHS patients, I only get Income Support so I can't afford to go private. The dentists that are taking on NHS patients are not accessible for me as I can't afford to travel so far, nobody can drive me there and I can't afford to pay for a taxi. It would cost me more to pay the taxi than the actual dental treatment.”*

### Where is the money spent?

We asked NHS England where they spend money on Dentists in Kirklees. They sent us information on the number of UDA's (Units of Dental Activity -worth in the region of £17 to £30 per unit) they funded in each Ward in Kirklees.

As you can see from our graph below, most dental activity is situated in wards around town centres such as Greenhead, Batley East and Heckmondwike, which should have the best transport links and, as such, are most accessible. However with such limited availability of NHS dental care across the borough, we believe people are being asked to travel further than their own town centre. This is unreasonable and contributes to the perception that money is not being spent according to the needs of patients, but instead is based on historical patterns of spend.

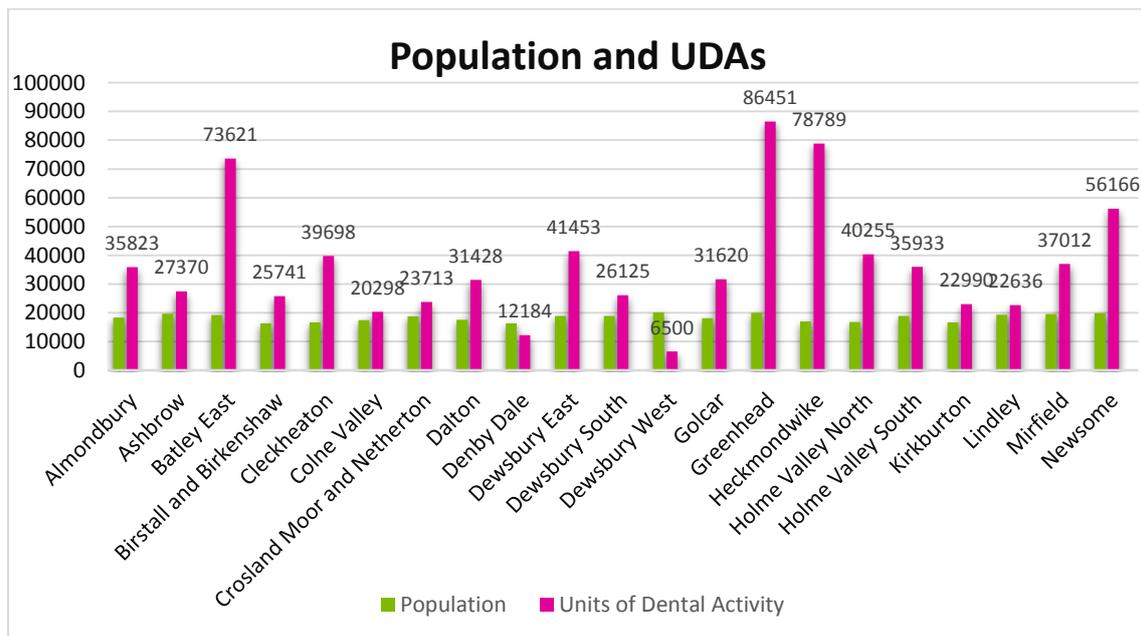
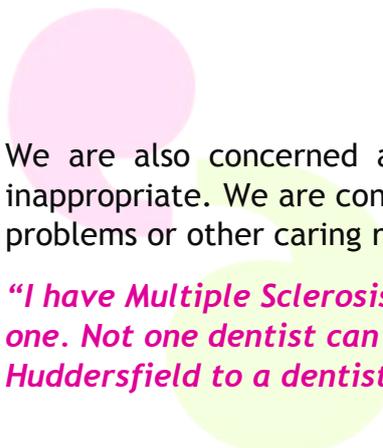


Figure 1

We think that in practice, people are having to travel further than they need to for NHS dental care, because they cannot get an appointment with their local NHS dentist.



We are also concerned about those for whom public transport maybe be inappropriate. We are concerned about people with health problems, mobility problems or other caring responsibilities such as small children.

*“I have Multiple Sclerosis- I had a dentist but I am now looking for a new one. Not one dentist can be found. I have to travel from my home in Huddersfield to a dentist in Brighouse.”*

## Banding Structures

Healthwatch Kirklees believes that the banding structure used under the new NHS Dental Contract (see Appendix 2) could increase the existing dental inequalities for people on low incomes by making it difficult for them to access complex dental treatments. Since complex work such as crowns is expensive people may be opting for lower cost treatments such as extractions. Under the new contract people are having to pay almost double for a crown than they did on the old contract

The graph (figure 2) below illustrates the unequal distribution of UDAs (Units of Dental Activity). Since April 2006, UK NHS dentists have been paid according to how many "Units of Dental Activity" they do in a year. One UDA is worth between £15 and £25 - it varies around the country.

Greater Huddersfield has a significantly higher number of UDAs in comparison to North Kirklees. We don't know exactly what this means, but would want to ask NHS England

- Is it because this is where the dentists chose to be located?
- Does this mean that people in North Kirklees have to travel further for a dentist?
- How successful are you at moving monies around in relation to demand for services?
- How many people are registered as NHS patients in Kirklees?
- Where are they located?
- How many of them are using their nearest NHS dentist, and how many travel further?

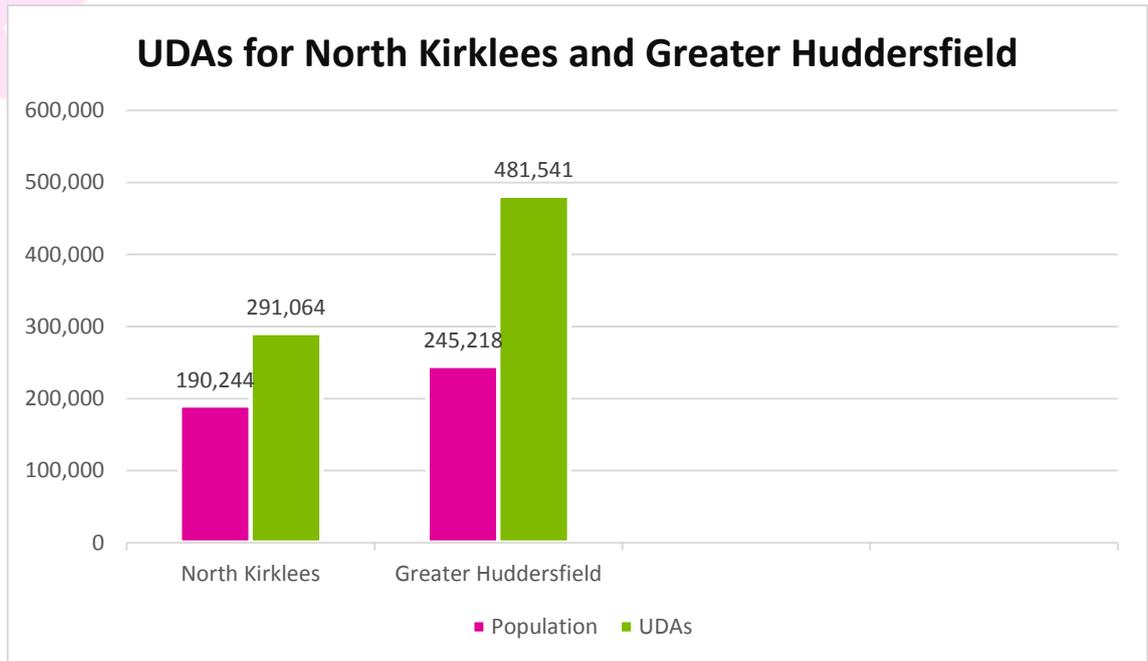


Figure 2

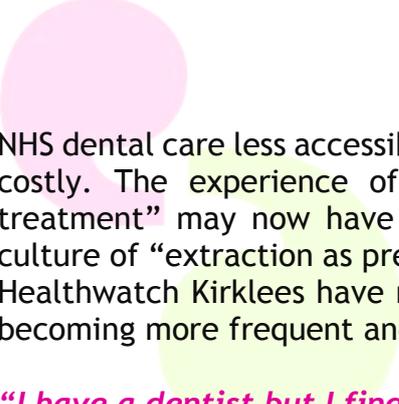
We discussed with the Assistant Contract Manager (for Dentistry), the issue of UDA's not being distributed equally (see Appendix 3); she informed us that the allocation of UDAs was based on historical information. She has advised us that NHS England are working towards an Oral Health strategy for Kirklees.

### C. Problems with the NHS Dental Contract

All Kirklees residents are entitled to NHS dental treatment but dentists are independent practitioners and therefore they can choose how much NHS and private care they provide. Most of the dental care in Kirklees is provided by General Dental Practitioners (GDPs). There is also a Community Dental Care service that has been specifically designed to provide NHS dental care for adults and children with special needs who can't be seen within the general dental service.

Most people have to pay for their NHS dental treatment. However some people have exemptions- Children and young people aged under 18; young people aged 18 in full-time education; women who are pregnant or who have given birth in the last 12 months; people on benefits/ a low income.

The Department of Health was optimistic that the new 2006 dental contract would ensure dental provision remained stable, eliminate the culture of unnecessary over treatment ("drilling and filling") but also make charges simpler to understand, improve access by removing patient registration and encourage a more preventative approach. However it seems that the new contract has also brought with it some negative consequences such as making



NHS dental care less accessible, and regular treatments have now become more costly. The experience of some patients in Kirklees suggests that “over treatment” may now have been replaced with under treatment and a new culture of “extraction as prevention” may have emerged. Patients speaking to Healthwatch Kirklees have raised concerns that they feel extractions are now becoming more frequent and an alternative to preventative work.

*“I have a dentist but I find that rather than treating the tooth with a filling he prefers to extract it. That is preventative work isn't it? With this kind of preventative work I'll have no teeth left.”*

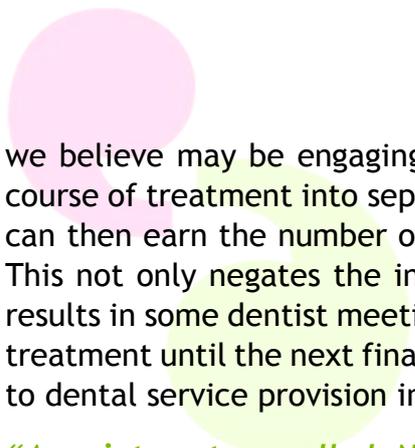
It also seems that some dentists are failing to provide complex (and expensive) treatment, even if it is clinically desirable.

*“I am not happy with the way dentists have changed over the years. I have been with my dentist for 18 years and the treatment I receive has declined in standard. About 6 years ago my dentist would carry out root canals, fillings and denture related work but now he just removes my teeth rather than carrying out any preventative work. I had a small black hole on my tooth which could have been resolved with a filling but my dentist allowed it to worsen and eventually he extracted the tooth! At this rate I wont have any teeth left. I have asked for a partial denture but he has not been willing to provide that.”*

The old system of patient charging providing dentists with over 400 different codes against which they could map treatment was replaced by 3 simple charge-bands covering courses of treatment. This new patient-charge system means that the maximum patient charge for a single treatment is now £214 and a single check-up, with no further treatment is £18.00. If patients need emergency treatment the cost should not be a deterrent as emergency treatment is worth 1UDA and covered by band 1. Dentists are not allowed to refuse any particular treatment on the NHS but then offer it to you privately, the only exception to this are cosmetic treatments such as veneers and tooth whitening.

### Problems with UDAs

The NHS Dental Contractor Loss Analysis Exercise (2012) report suggests that some dentists are unhappy with the current UDA system as they believe the way UDAs are awarded and calculated for a completed course of treatment do not always take into account the complexity, time and amount of work that they undertake. For example a dentist providing a patient with ten crowns will receive the same number of UDAs that he would for a patient requiring 1 crown, this we believe is encouraging some dentists to work in a way that is not in the best interests of patients. Some dentists are questioning the way they earn the same amount of UDAs irrespective of the differing needs of each patients and

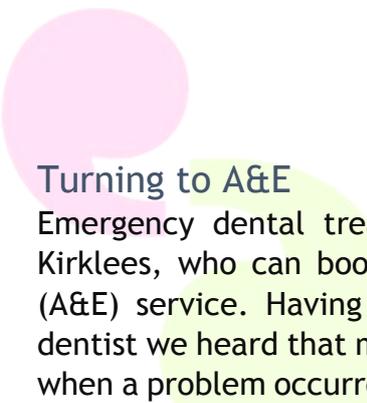


we believe may be engaging in “splitting treatments”<sup>6</sup>. A dentist may split a course of treatment into separate claims for component elements, so that they can then earn the number of UDAs that they feel the work involved deserves. This not only negates the intended transparency of the banding charges, but results in some dentist meeting their targets earlier and then not providing NHS treatment until the next financial year, which can impact the equality of access to dental service provision in Kirklees.

*“Appointment cancelled, No NHS money left! My regular NHS check up was for 9th March 2013, on the 27th February I received a text telling me that it was cancelled, and that I should phone for a new one. On ringing I was told that there was no money for NHS appointments for the rest of the financial year. My next appointment is now 2nd week of May. How can patients be penalised?”*

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<sup>6</sup> Dental Contractor Loss Analysis Exercise, 2012. NHS



## Turning to A&E

Emergency dental treatment can be accessed via the NHS 111 hotline in Kirklees, who can book you an appointment with an Accident & Emergency (A&E) service. Having spoken to various patients struggling to find an NHS dentist we heard that many would resort to emergency dental services and A&E when a problem occurred. Yet the availability of this service is often restricted. Patients find that their problem, although it may be causing them significant pain does not meet the locally applied definition of an emergency. They may have to wait until their problem becomes critical before they can be seen, which contradicts the preventative approach that the government is keen to promote.

We also believe that the treatment provided at emergency services can often be a temporary fix requiring follow on routine treatment to resolve the underlying problem. For those with access to a regular dentist this is not a problem but for those who only have access to emergency services this is inappropriate.

*“I have been looking for a dentist for over 3 months and have still not found one. I have rang the dentist but they keep advising me to call back after 2 weeks. I am now in extreme pain. I have contacted all local dentists but they are all saying that they will only take on private patients not NHS. I don't want to be going to A&E but the problem is getting worse, if I had been seen 3 months ago then I might not be in the pain that I am in today.”*

*“I've not had a dentist since arriving in this country. I just take painkillers when I encounter dental pain, if the pain gets worse I'll just go to A&E as no dentist is taking on any patients. I don't know why we pay taxes when we can't even get to see a dentist. Dentist should be run like GP services, it's not fair that dentists can refuse to see you or make you wait so long. I think tooth pain is much worse than anything else.”*

In some instances patients have gone without treatment or felt forced to seek private treatment even when the cost was not affordable.

*“I'm a 65 year old pensioner, I called up my dentist for new dentures. I was told that that I was “no longer on our computer”. They advised me to call them every month to check if they were taking NHS patients, but they were only taking on private patients. In the end I had to go private and pay £760 for new dentures and I am on pension credits. It's degrading ringing up lots of people, I shouldn't have to jump through hoops to get new dentures”*

*“I had a regular dentist for 15 years. I went abroad for 18 months and when I returned I was informed that since I had missed my 6 month check up I was removed from the register. I have been unable to find a dentist since and when I have called the emergency dentist they have referred me back to look for a dentist myself. I have had to pay for jaw bone and tooth*

*extraction myself. There is a problem with access to dentistry in Kirklees and it needs addressing.”*

It is unacceptable that patients have to wait until their dental problems become acute to be provided with dental treatment. Having a regular dentist can prevent unnecessary A&E visits as dental problems can be identified and treated at an earlier stage.

Healthwatch Kirklees believes that those patients who present themselves at A&E seeking emergency treatment and requiring follow up routine treatment should be supported in accessing an NHS dentist and if need be should be considered to be made a priority on the waiting list. It is unacceptable that patients have to wait until their dental problems become acute to be provided with dental treatment. Having a regular dentist can prevent unnecessary A&E visits as dental problems can be identified and treated at an earlier stage. We would like to see NHS England to ensure that they are aware of how many patients are seeking dental advice at A&E and help them access an NHS dentist.

## D. Dealing with Poor Practice

The shortage of NHS dentists and the difficulties in finding one have also affected the general expectations of NHS patients in regards to the quality of service they receive. We spoke to numerous patients and identified that many were still under the impression that NHS dentists still held a register therefore the fear of being struck off a register prevented them from complaining about the poor treatment they received.

*“Horried - My husband was seen there a few times for wisdom tooth extraction. We have just been seen by another dentist as we have moved to another part of the UK to find out he had gum disease and half a wisdom tooth left in. He has since had his remaining wisdom tooth removed and the gum disease treated. He was seeing the dentist due to reminder letters every three months over 1 year so how was this missed?!?!?”*

*“The procedure for complaining about dental services is not as clear as the procedure for complaining about your GP. It's difficult to know who you are supposed to approach if you don't want to approach your dentist directly.”*

*“The fillings done by my dentist are poorly done as they fall out within weeks. I went away on holiday and my filling fell out so i saw a dentist abroad, who then asked me if I was aware that I required 7 more fillings?! I was so shocked considering i had just recently visited my dentist. When i got back from my holiday and next saw my dentist I did mention it to him after he noticed my new fillings but i dare not complain as i think he will remove me.”*

This lack of awareness and understanding of the NHS dentist registration has led to many patients experiencing problems with confronting poor quality of treatment.

The fear of being removed from the dental list and then not being able to find another dentist may be causing them to accept unsatisfactory treatment and preventing them from complaining.

*“I’ve been with my dentist for over 12 years but in the last four years I feel that I have been experiencing supervised neglect. My dentist rushes through check-ups and cleaning, my fillings are leaking and I have an oily taste in my mouth. I’ve spoken to the Dental Help Line who have provided me with advice. I am hesitant to complain as I am worried my dentist will remove me.”*

We have also heard patients inform us that they are being charged to stay on “the register” and being “struck off without notice”.

*“I was registered with a dental practice and was receiving treatment for my tooth. I missed an appointment due to my daughter falling ill, I did ring them as soon as to inform them. I was expecting them to fine me or give me a warning but instead they struck me off their register! I was still half way through my treatment and I am currently in agony over my tooth, its constant pain. I’ve contacted many local dentists but they are just not taking on any NHS patients. I think it’s awful that they could remove you like this. I didn’t miss it on purpose, my daughter was ill and as a mum she comes first to me. They have said to me that my reason for missing the appointment is “not good enough”. I’m now in pain without a dentist.”*

*“My dentist used to send appointment cards for check-ups but I’ve not had anything from him now. I think he’s struck me off because that’s what happened to my friend. I’ll call him to find out if am still registered...if I’m not then I really do not know how I’m going to find a dentist. I don’t even know who to ring, I’ll ask my family or friends, it’s the best way I think.”*

*“Dentist says I need to visit every six months otherwise my name will be removed from the register. My son’s name was removed from the register and I had to pay £25 for him to be registered again. Surely this is not right.”*

It is unreasonable for dentists to remove patients from their own lists in this way and against the NHS contract to charge patients to remain on an NHS List. We will inform NHS England, General Dental Council<sup>7</sup> and the Care Quality Commission<sup>8</sup> when we come across examples of poor practice like this.

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<sup>7</sup> <http://www.gdc-uk.org>

<sup>8</sup> <http://www.cqc.org.uk>

## Problems with patient charging systems

Dental charges should be fair, upfront, open and transparent. Patients are frequently unhappy with what they see to be an unclear charging system.

*“I forgot to take the card that proves that I don't have to pay for prescriptions/medical treatment to my dentist on my last appointment, and was charged £18 because I couldn't prove that I don't have to pay.*

*The cost of dental treatment can be excessive, and it can be very difficult to afford. It seems that £18 is a lot of money for just a check up. Pensioners struggle to afford the £49 for some minor procedures, and they are not exempt from paying. It seems that sometimes people are being charged slightly different amounts despite everything being standardised.”*

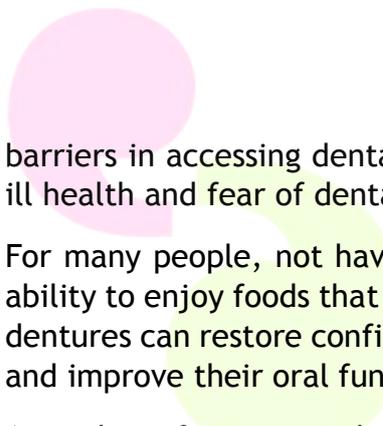
The intention behind the new charges banding system was to make costs more transparent and simple to understand when properly adhered to, however this is negated when charges are not explained. NHS England should ensure that all dental practices display information on charges and who is exempt from paying. They should also keep copies of HC1 forms and promote the NHS low-income scheme to eligible patients.

Healthwatch Kirklees believes that it is the right of the patient to receive good quality treatment therefore patients should be reassured that quality NHS treatment from NHS dentists should be expected. Other services such as GP's, pharmacists, hospitals should be encouraged to make referrals to NHS dentists to reinforce positive perceptions of NHS dentistry. All dentists should also ensure that their complaints policies are on display and promote the role of the General Dental Care Council.

Healthwatch Kirklees believes that the current contract does not make it easier for patients to choose a quality NHS dentist, as there is no publicly available rating information for dentist apart from the Care Quality Commission. NHS patients not receiving preventative advice like the private patients receive from their dentists can compound oral health inequalities faced by people in deprived areas.

## E. Issues relating to Older People

With the increase in life expectancy and decrease in oral diseases, an increasing number of older people now retain their teeth. The oral health problems faced in older age include periodontal disease, dry mouth, defective dentures and oral cancer. The attitudes towards maintaining oral health have also changed and tooth loss is not as acceptable as it used to be. Older people face many



barriers in accessing dental care such as mobility problems, lack of transport, ill health and fear of dental treatment.

For many people, not having teeth can lower self-confidence and reduce the ability to enjoy foods that nourish your body. For many older people well fitted dentures can restore confidence, improve the overall look of the facial muscles and improve their oral function.<sup>9</sup>

A number of comments have been made to Healthwatch Kirklees where older people have told us that they are experiencing problems with accessing dentists. This has included an NHS dentist refusing to provide dentures unless patients pay privately, and dentures being poorly fitted.

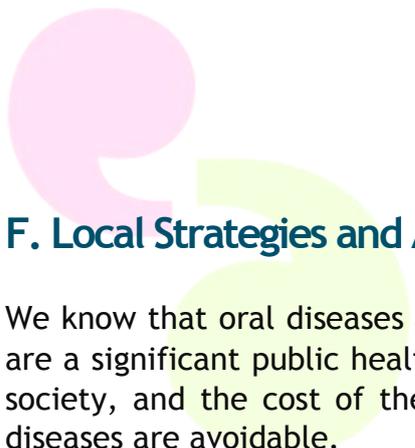
*“The rings in my dentures have become loose, they do not fit me properly. I waited for a year to be seen by the hospital who fitted them in for me. They sent me back to my dentist who ended up making things worse, now the hospital won’t touch them as they say the dentist has damaged them and that he should sort them out. The dentist keeps referring me back to the hospital. I’m now in the process of complaining, in the meantime it’s me who is struggling to eat.”*

*“My mum has got dentures but they do not fit properly. She won’t really complain as she doesn’t want to have to start looking again for a dentist.”*

*“My dentist wouldn’t provide me with partial dentures on the NHS so I had to pay for them. I’m not sure if I’m still on the list as I haven’t been called to any appointments.”*

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<sup>9</sup> <http://www.dentalhealth.org/tell-me-about/topic/older-people/dentures>



## F. Local Strategies and Access to NHS Dentists

We know that oral diseases are the most common of the chronic diseases and are a significant public health problem due to their impact on individuals and society, and the cost of their treatment. What's more, the majority of oral diseases are avoidable.

Oral health is strongly linked with deprivation and social background.<sup>10</sup> Amongst children and adults there are certain groups that are more vulnerable to poor oral health and who can be harder to reach. These include older people, especially those in care homes and homeless people. Healthwatch Kirklees believes that we should focus more on the needs of such socially excluded people who we believe are losing out under the current NHS current contracts.

We believe that oral health endeavours should not be carried out in isolation, rather they should integrate with broader public health programmes such as those tackling obesity, smoking, improving diets and lifestyle, following a common risk factor approach. At a time when resources are being stretched thinly across large geographical areas it is vital that oral health becomes everybody's business.

### Kirklees Oral Health Strategy?

Currently, there is no dental strategy for Kirklees to address the issues outlined above. Our report has highlighted that there is a need for in-depth assessments of the oral health needs of some of the groups more vulnerable to poor oral health in Kirklees, including older people and homeless people, which could be carried out as independent pieces of work or incorporated into broader needs assessment work for these groups. We recommend that this needs assessment work should inform the development of a local dental access strategy for the oral health of vulnerable people, or it should be included in other ways into local work streams or commissioning plans to address the needs of these vulnerable groups.

### Kirklees JSNA (Joint Strategic Needs Assessment)

Kirklees' Joint Strategic Needs Assessment (JSNA) provides a comprehensive picture of local health and wellbeing need, identifies Kirklees' key health issues and major health inequalities and what can be done to address them. Healthwatch Kirklees would like to see a section on oral health in the JSNA that

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<sup>10</sup>NHS Operating Framework for 2011/12  
<https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2011-12>



improve commissioners understanding of the oral health issues, and lead to the provision of better services.

## Kirklees JHWS (Joint Health and Wellbeing Strategy) Food and nutrition – a JHWS priority

Food and nutrition is identified as one of four main priorities within the Joint Health and Wellbeing Strategy (JHWS) for Kirklees. Poor oral health is associated with poor nutrition. Poor nutrition not only affects our oral health but can also increase the risk of health problems such as diabetes, obesity and heart conditions. Dentists can play a vital role in identifying those at risk of conditions such as diabetes, gum disease and oral cancer.

## Alcohol and Smoking - a JHWS priority

Most head and neck cancers are caused by alcohol and tobacco consumption which together account for around three-quarters of cases.<sup>11</sup> Many of the oral cancers can be prevented with the elimination of tobacco and by reducing the consumption of alcohol. The removal of these two risk factors can also reduce risk of second tumours in people with oral cancer. Regular dental check-ups and screening can ensure earlier diagnosis as early stages of cancer are more likely to respond well to treatment.

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<sup>11</sup> Blot WJ, McLaughlin JK, Winn DM, *et al.* (1998): Smoking and drinking in relation to oral and pharyngeal cancer. *Cancer Res*; 48:3282-3287.



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## Appendix

NHS Dental Bands and Charges 2013			
Band	Treatment	Charge	UDA Value
Band 1	This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.  Urgent treatment when you need to see a dentist immediately also costs £18.	£18.00	1 UDA  1.2 UDA
Band 2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.	£49.00	3 UDA
Band 3	This covers everything listed in Bands 1 and 2 above, plus crowns, veneers, dentures and bridges.	£214.00	12 UDA