



Executive Summary

Introduction

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

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

The objective of this investigation¹ is to gather and use the views of services users, carers and families to improve access to NHS dentistry in Birmingham and Solihull. We explored the range of their experience with NHS dentistry provision including:

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

Key findings

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

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

Key issues include:

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



People told us they want the following improvements:

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

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

We sent the draft report to Dental West Midlands (NHS England and NHS Improvement), Birmingham Local Dental Committee and Solihull Local Dental Committee and asked them to indicate the actions they will take to address the issues we identified. A summary of their responses can be found below, with unexpurgated versions in Appendix 1-3. The report is available to the public on our website and has been emailed to respondents, as well as being shared with relevant community and third sector organisations.

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

These improvements include:

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

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

Acknowledgments

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

