Healthwatch Oxfordshire would like to thank all those people who took the time to share their experiences by:

- Responding to our survey
- Speaking to us on the telephone and on the streets
- Telling us their experience

Without you sharing your experiences this report could not have been written

Acronyms used in this report:
GPs = General practitioner
JSNA = Joint Strategic Needs Assessment
NHS = National Health Service
PCT = Primary Care Trust
UDA = Unit of dental activity
1 Executive Summary

1.1 Background

In November 2017, at one of our regular focused ‘town events’, Healthwatch Oxfordshire spoke to residents in Bicester. This brought to light that some people were having difficulty accessing NHS dental services. Healthwatch Oxfordshire raised the issue with NHS England Commissioners of dental services, and as a result of our intervention NHS England is now commissioning more dental services for the town.

We decided to look more deeply into the issue and ask ourselves further questions:

- What is the public’s experience of using dentistry services?
- Is access to NHS dentistry a problem in other areas of Oxfordshire?
- What is working well?
- Are there barriers to people accessing NHS dentists?
- Are there areas for improvement that the dental surgeries and / or commissioners could address?

To find out the answers to these questions, between October 2017 and May 2018 we launched a county wide project focusing on NHS dentistry.

1.2 Listening to people

To hear people’s experiences of NHS dentistry we used a range of methods including surveys, ‘rapid appraisal’ and specific place focused approaches, as well as an online survey for dental patients. Conversations with more than 400 Oxfordshire residents gave us an insight into how the wider population view NHS dentistry.

Speaking to people on the streets also meant that we were able to hear the experience of a significant number of people who do not use dentistry services of any kind. This way of working enabled us to capture views of those who are unlikely to engage with questionnaires.

Comments and findings were collected and then grouped into ‘themes’, highlighting the main issues that people brought to us.
1.3 Where we gathered information

We gathered this information from:

  - 172 forms were returned.
- Town ‘rapid appraisals’ on the streets of Bicester, Oxford (OX4) and Wantage (Healthwatch Oxfordshire 2017, 2018)
  - We collected more than 200 comments from face-to-face contacts at town events in Bicester, Oxford and Wantage
- Healthwatch Oxfordshire links with voluntary sector groups, Patient Participation Groups, and health and social care users at hospitals and health centres
- Healthwatch Oxfordshire’s website, where people can comment on and rate individual services they receive via our Feedback Centre

2 Main findings

The following section summarises what we heard. Generally, our findings fell into the following two categories:

1. Access to NHS dentists.
2. Information about dentistry.

2.1 Access to NHS dentists

Those who did visit dentists, overall complimented the treatment they received, and valued trusting relationships with their dentist.

“Helpful reception staff, thorough assessment, delightful dentist.”

They valued clear communication, good information, and compassionate care. Where this was not forthcoming, patients expressed concern, particularly where there was high staff turnover.

We heard that in some areas of Oxfordshire, such as Bicester, Wantage, Faringdon and Abingdon, people reported problems of access to NHS dentistry. There was concern that the number of NHS dentist were not keeping up with demand in areas of housing expansion.
“I moved to the area and called several local dentists to acquire NHS dentist; told waiting list, and to call back in 1 to 3 months...have been trying since August 2017.”

People told us they are having to travel increasing distances to find an NHS dentist, or having to wait long times before gaining appointments.

Some found physical access to dentists difficult, particularly those with limited mobility or using public transport.

“I am disabled and have to get a taxi that will take a wheelchair. That is the biggest problem. Many dental surgeries upstairs with no lift.”

2.2 Information about dentistry

Some patients found information about dentistry confusing or unclear. There was some confusion around what was offered on the NHS, and what was offered ‘privately’.

“A dentist friend was amazed when I told him that I had been directed to having an expensive private denture, when I could have obtained one on the NHS...”

There was uncertainty around pricing bands, how to find a dentist, and how to compliment or complain about treatment.

We spoke to a significant number of people who do not use dentistry services at all, owing to anxiety about treatment, perceived lack of need, or because of barriers of perceived cost, and uncertainty of NHS price bands.

“Had false teeth fitted, mouth fine since then. Don’t know if I should have mouth checked regularly though? Maybe I will check with my local dentist to see if I should go...”

We found a gap in focus on and awareness of oral health among adults and children.

“I never go to the dentist...haven’t been there in years, just don’t see the need to go.”

The wider environment was not seen as conducive to supporting oral health for children, with easy access to cheap sugary foods, and lack of oral health education.

“A lot of people don’t realise it’s so bad, a lot think ‘kid’s teeth’ will get lost anyway, so are not so important...disposable.”
3 Taking action

Healthwatch heard from more than 400 people across the county. We now want those organisations, agencies and dentists to listen to what we have heard and act.

Healthwatch will bring together relevant stakeholders to focus on the findings of this report and commit to action. Including:

- **Access to NHS dentists** whether it is through more appointments, easier physical access to premises, or increased local service can be addressed by dentists themselves and NHS England Commissioning, working closely with the Oxfordshire Local Dental Committee.

- **Planning for enough dentists** in an area of population growth should be addressed by NHS England Commissioning working with local planning authorities. Existing dental practices can contribute to this process by being willing to develop their service offer both in appointments available and location of new / additional practices.

- **Improved information** about what is available on the NHS, and the charges, can be addressed by dentists, NHS Choices (now known as NHS.uk), Public Health and through engagement with patient groups

- **Public awareness of the importance of oral health** and the role that a dentist plays in this should be addressed by Public Health Oxfordshire, dentists, NHS England Commissioning, schools, health visitors, Oxfordshire Local Dental Committee.
  - Healthwatch Oxfordshire recognise that there are local and national initiatives in place to promote oral health, but from what we have heard there are still many people in the community for whom a visit to the dentist is not a priority, or not seen as necessary. From what we have heard people often cannot get an NHS dentist appointment and some have difficulty in reaching the appointment.
4 Next steps

1. This summary report of findings, together with this full report, will be circulated widely.

2. Healthwatch Oxfordshire will bring together key stakeholders to:
   a. discuss the findings of the report

   and

   b. investigate how these can be addressed so improve the patient experience including developing action points:
      i. co-ordinated planning and commissioning of dental services to gain a holistic view of needs, services, and plans
      ii. how to address barriers to access to dental surgeries and dentists particularly for the elderly, disabled, and young families
      iii. drawing a road map from pre-birth to death of what people need to know, do, and access services to keep their teeth and mouth healthy

3. The report, together with any agreed actions arising from this meeting, will be presented to the Oxfordshire Health Overview Scrutiny Committee (HOSC) in late 2018.

Dentistry in care homes

A separate piece of research conducted by Healthwatch Oxfordshire in 2018 with residential care homes showed that some homes struggle to get NHS dental services for their residents.

Barriers faced meant that many residents at care homes received no dental treatment at all, or only in an emergency. Barriers included:
   a. Lack of NHS dentists to visit a home
   b. Poor physical access at dentists’ surgeries
   c. Lack of transport and staff time to take residents for appointments
   d. Some homes felt that dentists were unwilling or unhappy to treat patients with dementia or learning disability.

Actions are included in the report Treatment Only When Needed: Dental Services for Care Home Residents.
5 How we approached the work

From conversations with more than 400 Oxfordshire residents across the county, between October 2017 to May 2018, we were able to gain an insight into how the wider population view NHS dentistry.

We gathered this information from:

- Healthwatch Oxfordshire survey: ‘Filling the Gaps; access to NHS dentistry in Oxfordshire’ Jan-May 2018. 172 forms were returned.
- Town ‘rapid appraisals’ on the streets of Bicester, Oxford (OX4) and Wantage (Healthwatch Oxfordshire 2017, 2018)
- Through Healthwatch Oxfordshire links with voluntary sector groups, Patient Participation Groups, and health and social care users at hospitals and health centres
- Through Healthwatch Oxfordshire’s website¹, where people can comment on and rate individual services they receive

We actively:

- Heard from individual residents, on streets, at markets and shops, and from people attending a variety of community-based groups. It also came from our outreach at hospitals, health settings, and through our links with voluntary sector representatives.

- Speaking to people on the streets also meant that we were able to hear the experience of a significant number of people who do not use dentistry services of any kind. This group do not have regular contact with a dentist, and this way of working enabled us to capture views of those who are unlikely to engage with questionnaires.

Comments and findings were collected and then grouped into ‘themes’, highlighting the main issues that people brought to us, and were used to form the basis of this report. The findings are

¹ https://healthwatchoxfordshire.co.uk/services/?filter=dentist
outlined according to these themes in the report.

Appendix 2 shows the questionnaire used. Appendix 1 gives a more detailed breakdown of the demographics and themes of the findings in graphic form.

6 Summary of findings

Overall, people valued the professional and caring treatments received from dentistry staff, valuing good communication, clear information, and trusting relationships.

Some people living in Oxfordshire have trouble in finding NHS dentistry locally. Faringdon, Didcot, Bicester, Wantage and parts of Oxford showed clusters of people reporting this problem. This was a concern in areas of rapid housing growth. Some commented that use of private dentistry was not through choice, but because of being unable to find convenient, local NHS dentistry options.

Some people faced barriers reaching and accessing NHS dentists - this was due to lack of public transport, and lack of disabled access. Others felt barriers of cost.

Some people expressed uncertainty and confusion about ‘what was available’ on the NHS, with lack of clear understanding of NHS pricing, treatment options and its relationship with private dentistry treatment options.

There was a need for clear information on NHS dentistry; some of the sources of information were not up to date.

Understanding of the benefits of oral health was not always clear, and poor oral health among children was commented on in some areas we visited.

Some people do not use dentists at all, or only if in an emergency.

Generally, our findings fell into two categories access and information:

1. Access challenges included:
   a. Navigating NHS dental services
   b. Financial concerns
   c. Exercising choice: NHS or private?

2. Information

Each of these categories is explored in more detail in the following sections of this report.
7 Access challenges

7.1 Difficulty finding an NHS dentist

People told us that it was sometimes difficult for them or their families to access an NHS dentist in their area. Bicester had already come to our attention in our town visit in November 2017, partly linked to housing expansion, with existing dentists finding it hard to expand capacity and fund capital expansion of premises. Both Healthwatch Oxfordshire and the Local Dental Committee have highlighted these problems, and because of our intervention NHS England commissioning is tendering for further provision in this area.

“Although dentists advertise that they take NHS patients, in fact it is usually for children.”

“I moved to the area, and called several local dentists to acquire NHS dentist; told waiting list, and to call back in 1 to 3 months...have been trying since August 2017...still waiting.”

“I tried for months to get an NHS dentist, but the only one they offered me would deal with immediate needs only - not regular check-ups.”

Map showing those who commented on ‘difficult to access to NHS dentistry’ in Oxfordshire (Source: Filling the Gap survey. Based on 39 responses)

The map on the previous page shows the locations of responses from the survey. Here, postcodes in South West area, including Didcot, Abingdon, Faringdon and Wantage featured with 15 people stating it was a problem. Oxford city also had 11 people commenting on this issue.
Residents of Bicester commented:

“Can’t get an NHS dentist. There are not even waiting lists. They say call back in a couple of months. Signposted to go to Kidlington or Bucks.”

“My partner has been on a waiting list for 6 years. My children have been on a waiting list for 1 year.”

7.2 Getting an appointment

Once they had found an NHS dentist, the majority of respondents to the questionnaire commented that it was easy, or ‘neither difficult or easy’ to get an appointment with the dentist when they wanted one.

Patients who focused on the convenience of making appointments, commented on the ease of booking, the value of reminders and clear communication

“They see you very quickly here, you don’t have to wait a long time to be seen.”

“I am a busy childminder, and they send a reminder that I need a check-up in the post…”

“Very good dentist…get text reminders which is great.”

Some comments however highlighted differences between booking regular check-up appointments which could be easily booked well in advance, and treatment and emergency appointments. These, often needing more than one appointment, were harder to book, and often involved longer waiting times, comments included:

“They make you phone every day, even if you are in pain, it took me 10 days to get an emergency appointment at the beginning of the year.”

“My wife needs a crown replaced. Getting a ‘double’ appointment two days apart is VERY difficult…”

We also heard from people in Wantage for example, who experienced long waiting times for appointments, to the extent they gave up trying. They raised concerns about the forthcoming housing developments and pressure on services that were already stretched.

One patient commented,

“I had a wobbly tooth, and booked an appointment (May) and asked them to take it out….they said they couldn’t as it was only a check-up and I would have to come back, but the earliest appointment was August…I went home and pulled it out myself with a pair of pliers…it was alright - I did sterilise them..”
Cancellation.

Some administrative practices around cancellation of appointments were a concern for some, where better communication and notice would have been appreciated:

“If they cancel your appointment through illness nothing is said, but if you cancel you get a nasty email.”

“They cancelled my appointments perhaps three times in a row, in all cases it was at very short notice, while I was on the way to the surgery. I then tried to call their office but to no avail. Nobody would pick up the call or return my messages, I got fed up.”

7.3 Barriers to getting to an NHS dental practice

Nearly 15% of respondents commented that they had difficulty getting to their NHS dental practice. Barriers included comments about poor public transport links, lack of accessible transport, lack of parking and physical barriers within the dental surgery itself. This was particularly difficult for non-car owners, and those in rural areas:

“I don’t drive and there are now big gaps in the bus service between my local towns.”

“I don’t drive and there is no bus service from my town, so have to wait until husband is off shift work.”

“Transport is sparse if you need a bus living in a village…”

Physical access to some surgeries, particularly in ‘high street’ settings, was mentioned as a barrier to some:

“They have only one ground floor room. It’s hard for disabled people. They need to have lift access to the other room as only one room has disabled access. It’s is really hard with buggies too.”

“The stairs are a real issue for me as I have arthritis. Two steep flights of stairs…no possibility of a lift?”

“Limited mobility. Dentist has no lift, as a Grade 2 listed building. Not accessible…and needs to change.”
7.4 Navigating NHS dental services.

An analysis of our dental survey questionnaire shows:

Understanding NHS dental services.

94 (55%) respondents to the questionnaire revealed uncertainty or lack of knowledge about what dental treatments were available on the NHS.

Understanding of NHS Pricing.

When asked if they knew about the ‘pricing bands’ for NHS treatment, 77 (45%) of people we spoke to answered no, or don’t know to this question.

“Not clear about this, as I just go to an NHS dentist.”

“Never heard of them.”

“How am I supposed to know this?”

Those who were uncertain about NHS costs for treatment also showed a lack of understanding or knowledge of pricing bands

“I have not really thought about it and am unsure about how much things cost.”

“I have heard the term but don’t understand its significance.”
7.5 Knowledge of NHS treatment offers.

In addition to uncertainty about the specific pricing bands and treatments offered, some people also were unsure about what treatments were available.

“Other than basic treatments, I don’t know what is covered by the NHS.”

“I know the common things such as amalgam fillings and basic crowns...I am unsure about other treatments such as root canal treatments.”

Teeth cleaning and polishing was an area of confusion, with patients unclear as to why cleaning was not offered by dentists but by private hygienist appointment.

“I am confused about why dental check-ups and treatments are covered by the NHS, but not the hygienist.”

“They used to offer cleaning and polishing as part of your NHS check-up, but they’ve stopped...why is that? Now they spend five minutes cleaning and say if you want a better job you have to pay privately..”

Those who did understand NHS pricing noted that information was available at their practice, or via the dentist. Clear information about costs was appreciated.

“All information available is in the waiting area and via television screen.”

“I usually receive a detailed account of treatment received and if I needed unavailable treatments I would be told.”

Where costs and treatments were clearly explained, this helped people to feel confident with the work.

“Exceptionally good at explaining the results of oral inspections, the options available and whether they would be on the NHS or private. Clear estimate of costs.”

“My dentist always explains the extent of the NHS treatments available, and the ‘up-grade’ options. They let you mix the two, you don’t have to make one choice and then be denied the other options- I trust their advice.”

Clarity of costs - navigating blurred lines between NHS and private treatments.

Underlying concerns showed some confusion about what treatments were offered under the NHS, and what would need to be done privately. There was considerable ‘traffic’ both ways between NHS and private treatment, often within the same dental surgery.

“The last time I saw the dentist they suggested a treatment but could not find the product, so I was told to buy it myself...our trust is slightly shaken.”
Some expressed a concern around trust with dentists based on the lack of clarity about treatment costs and options and feeling that dentists might ‘push’ them towards private treatment. Some described that they felt under ‘pressure’ from dentists.

“A dentist friend was amazed when I told him that I had been directed to having an expensive private denture, when I could have obtained one on the NHS!”

After three visits, and having been charged for 2 appointments, the dentist said the tooth I was having problems with would cost £350 to restore on the NHS but since he would be forced to us inferior materials this would fall out again, and he recommended a private dentist, who could do a better job for £1,000 with better materials.”

Some patients explained that they were uncertain about the way options and costs were promoted as private, when in fact they could be given under the NHS

“My dentist tried to charge £300 as a private patient, when I am NHS registered. I challenged this as I thought it was wrong and got an apology…but am concerned this could happen to other people.”

Patients also spoke of using a ‘mix’ of private and NHS options for certain treatments.

“I was being referred to a private practice for some root canal treatment that my NHS dentist couldn’t undertake, which made me in effect a private patient.”

“Although I am an NHS patient, I also take the option of add-on private treatment where it improves the quality of treatment available- crowns and porcelain fillings for example.”

However, there was some feeling of stigma generated in the way NHS and private patients were approached

“Every time I attend an appointment I am asked if I am having NHS treatment and do I pay? I say yes and am then handed a form to sign every time. I feel like a second-class citizen. The mantra from dentists is the same; if you want this treatment NHS it costs X and if you want it private it costs Y. It’s a very odd way to speak to customers. At the end of the day you pay anyway so there should be no need to ask. People registered at the practice should have a card loaded as NHS or private to stop the incessant questioning on arrival.”

7.6 Financial concerns

Some people raised financial concerns when speaking about NHS dental treatments, with cost being a factor that would prevent them from taking up the treatment that had been recommended. Again, understanding of NHS costs and
treatment bands was not always obvious or clear, leading to people making choices based on unclear information.

“I am not registered because it’s too expensive...I can’t afford to register with them, but at least I can afford to take my kids.”

“I don’t know why you get free prescription for medication...I am over 62 but I went to the dentist yesterday and they said I would have to pay £200 as I’ve got a wobbly tooth...then they said it might cost £100 so I said ‘forget it’ I haven’t got that sort of cash at the moment.”

“Treatments are generally unaffordable for lower income families.”

7.7 Exercising choice: NHS or private?

Use of private dentistry for those who could afford it was common, although the lines between NHS and private treatment were often blurred.

Reasons given for using private practice or treatments were various. They included lack of trust of NHS treatment, belief of better quality treatment, earlier bad experiences with NHS dentists, and inability to get certain treatments on the NHS.

Some people we spoke to had private insurance or employment contributions for dentistry. Some had made an active choice to switch away from NHS to private dental treatment or had stayed with their dentist during a transition to private. Others had no choice but to use private treatment whilst they waited to find NHS places.

“Used to have an NHS dentist, some years ago, but then they went private, and I haven’t been since...”

“Used to use an NHS dentist years ago, but had a bad experience, so now use a private dentist.”

Some, who could afford the treatment, were using private dentists as a response to lack of access to NHS dentistry. These comments throw light onto whether there is adequate ‘choice’ or if people are being forced to use private dentists due to access problems

“Use a private dentist, as when looking for an NHS dentist...couldn’t find one.”

“Impossible! Why do you not want to know why I was FORCED to become a private patient?”

“Had to wait 2 years as a private patient to be accepted as NHS due to waiting list - expensive.”

Some chose private options as NHS dentists were further away and travel was difficult

“Private isn’t my preference, but I was worried about choosing a dentist more than a bus ride away.”
“The only one I could get is Headington, which is about 3 times the distance to my nearest private dentist.”

7.8 Information about NHS dentistry

The dentistry survey asked for people to tell us about where they would go to get information on what treatments were available on the NHS, giving a choice of answers. Of the 350 respondents of the survey, 228 (65%) of people would seek information from the dental practice.

In general, 151 (43%) of people seemed to favour face-to-face information, along with use of the internet for more information. NHS Choices (now known as NHS.uk), was also used, although not as much as the general internet search, perhaps showing that people could be pointed towards this dedicated source more effectively.

“I’d use online sources to check whether the primary advice from the dentists themselves is sound.”

“I might try the receptionist, or the internet, but basically, I would only trust the dentist to give reliable information on this. I may be wrong.”

Some commented that information from the web-based or leaflet sources was not up to date or correct.

“Website listings are never up to date, so it’s a matter of ringing round.”

“Most dental practices nearby do not supply information to the NHS Choices dental service finder.”
Many of the comments we received were positive about NHS dental care, reflecting the findings of Healthwatch England (2017) and the national GP survey, which showed most people using NHS dentistry are very satisfied with the service. Comments on individual dentists’ practices can be seen on the Healthwatch Oxfordshire website.

### 8.1 What is working well?

**Overall standard of care.**

Many patients commented on the positive aspects of NHS dental care, including service and facilities, professional standard of work and approachable, friendly staff. Patients really valued the work dentists and their staff carried out.

> “Dentists all brilliant...faultless work.”
> “The practice is very well organised. Brilliant cycle parking just opposite
> “Helpful reception staff, thorough assessment, delightful dentist.”

**Clear communication.**

Patients also valued clear communication from dental staff about treatment options, costs and overall advice on dental and oral care. Feeling able to ask when uncertain was also important.

> “Dentists always welcoming, not rushed, clear in their advice, and the reasons for the recommended treatment. There has never been a reason not to trust their advice.”
> “Exceptionally good at explaining the results of oral inspections, the options available, and whether they would be on the NHS or private. Clear estimate of costs.”
> “Sometimes I don’t understand my dentist’s advice, but then I feel comfortable enough to probe - I think it might be a language thing...he told me to clean the interior of my teeth and I didn’t understand.”
Management of anxiety and fears.

Fears of having dentistry treatment was a common theme, often relating back to childhood, or fear of pain. However, it was clear that both good treatments, along with supportive attitudes of staff made a huge difference in alleviating fears and encouraging people to seek regular treatment.

“I feel relaxed and comfortable when visiting the dentist. The staff are very kind, warming, I would recommend this practice to everyone, I was so scared when I first went, and they have been incredible.”

“They are very good. Every other dentist I have been to you feel pain. But with them, I just feel pressure, no pain.”

“I had a childhood fear of dentists… but my dentist really got me through it, they are really good.”

“I am very nervous about getting my teeth done and they really help with that.”

“I go every six months now, but I used to leave it until it was an emergency…I am scared of dentists, but they have really helped me with this.”

Child-friendly.

Patients commented on the importance of positive attitude of dentists towards children, in enabling them to build trust and to understand the needs and stages of dental care in children.

“Really friendly with my kids. Gave me an appointment there and then, my kids loved it. The dentist was really friendly with them, so they are not scared to go back.”

“We go as a family of four for a check-up every six months. It is easy to get an appointment and the dentists are really good with children.”

“My child is 18 months old now and the dentist has told me it is important for her to be prepared for a check up on our next trip to the dentist.”

8.2 What could be better?

Whilst we have mentioned comments above from some people about what could have been better in their NHS dental service, some other issues did come to our notice:

Continuity of staff.

Patients valued consistency and the ability to build trust with dental staff. Some commented on the high turnover of staff in some practices, which affected on how they felt about treatment.
“Staff were pleasant and generally knowledgeable, but constantly changing. Since moving 7 years ago I have had 5 different dentists. I am very unhappy about the constantly changing staff.”

Supporting those with special needs.

For some, sensitivity, understanding and good communication for patients with special needs was important.

“Staff can be rude. I went recently with my autistic son, despite me booking in with our regular dentist, they had changed us to see another dentist which made my son anxious. She then started trying to discuss his diagnosis in front of him...she then started asking my son lots of questions which clearly overwhelmed him...obviously no knowledge of autism.”

“We were not offered x-rays because my child could not co-operate. Despite regular appointments and visual examinations, many cavities were missed, leading to extractions of permanent teeth. This could and should have been avoided.”

We also heard about dental care for adults with learning disabilities. One carer commented that if someone with a learning disability is referred for a general anaesthetic, they may be referred on to Churchill Hospital for a pre-op assessment, and then onto another appointment for treatment.

“What happened to the x-rays again?”

“Sometimes you get there, and the anaesthetist wasn’t available, and so you had to go back.”

Communication and administrative practices.

“.... I wanted to ask a specific question but didn’t get the information I needed. I had to make a decision about fillings, but there was no room to ask questions at all. Perhaps the receptionists should take off their headphones when they talk to people?”

“Recently new ownership and less customer friendly, definitely business focused, appointments usually running late...”

9 Oral health

With forthcoming reform of the dental contract, oral health and prevention will become central to treatment, and engage both patients and dentists in taking shared responsibility for oral health. It will be essential that people understand the benefits of oral health and regular dentist checks for picking up wider conditions such as cancers, and underlying illnesses, as well as prevention of poor oral health.
When questioned if their dentist had spoken to them about looking after teeth and gums, the majority of respondents to the questionnaire said they had, and understood the benefits of regular checks in not only preventing teeth decay, but preventing other conditions such as throat and tongue cancers.

“Regular check-ups help you know when problems are starting and then you can address them early.”

“I’ve had friends whose cancer of the mouth was discovered in good time. I am aware that the dentist can prevent teeth getting worse.”

Some with particular health conditions recognised that dentists play a role in monitoring overall oral health and underlying conditions.

“I’ve had diabetes for 25 years, and these were the first dentists to give advice on oral health care for diabetics. They are very good at referring onto the care at the hospital needed.”

“They were brilliant, I had ulcers in my mouth, I saw the dentist and within a day they had arranged an appointment at the face clinic at the hospital. I felt well looked after.”

22 (6%) respondents reported they had not been told about oral health or were not convinced about the benefits of regular check-ups. Underlying some comments about whether people needed to see a dentist, was a lack of understanding about the benefits of good oral health, and the role dentists play in ensuring other mouth, gum and throat problems did not arise.

“Had false teeth fitted, mouth fine since then. Don’t know if I should have mouth checked regularly though? Maybe I will check with my local dentist to see if I should go…”

“Now 70 - not much point incurring the expense.”

9.1 Oral health in the community

In conversations on the streets, oral health was not something that adults commented on to any large extent. However, conversations with community workers, teachers, and dental professionals in some areas did highlight problems with oral and dental health. For example, in some of the areas we visited for the Oxford city, Focus on OX4 Report (Healthwatch Oxfordshire 2018).

“We have a lot of patients with decay and a lot coming in have all their teeth out.”

Oxfordshire JSNA (2017, 2018) has highlighted differences in oral health across the county, with poorer outcomes in more deprived areas of the county. For example, we heard comments on children’s oral health in conversations both in Rose Hill and Greater Leys, (Focus on OX4). Some commented that there was little support for promotion of oral health within schools and among families, and that earlier support initiatives had been cut.

Easy availability of sugary snacks locally and lack of healthier food outlets, lack of support and guidance for school healthy eating policies, along with uncertain awareness of risk factors was noted by some as contributing to the problem.

“A lot of people don’t realise it’s so bad, a lot think ‘kids’ teeth’ will get lost anyway, so are not so important...disposable.”

“Young mums, a lot of them don’t know (about oral health) ...when it’s best to brush.”

“So many services have been cut, and there is nothing happening locally, so it often comes back onto the school to have to manage it.”

10 What about people who don’t go to the dentist?

Speaking to people on the streets, in shopping centres, and other venues, and through the questionnaire, enabled us to hear a wide range of experiences and brought to our attention that a significant number of people do not use dentists at all.

We heard from more than 45 people across the age spectrum who did not visit dentists.

When asked where they would go if they had a dental problem, most said they would find ‘emergency treatment’. Most people we spoke to still assumed you had to be ‘registered’ on a list with a dentist to receive care. Many had uncertain information.

Reasons given for not using dentists varied, including ‘no need’ to go, fear of dentists, cost concerns, lack of time, and having not found once since moving home. There was also a lack of understanding of the need for oral health checks.

Others did not think they could find an NHS dentist or had given up after not finding a local NHS dentist in their area. Others spoke of long waiting lists. Some just didn’t see the need to go, especially if they perceived there was ‘no problem’. This included comments by parents about dental treatment for their children.
10.1 ‘No need’ to go

“Don’t go to the dentist or take my child, as don’t have any dental problems.”

“Full set of false teeth don’t smoke or drink, so don’t need it (man in his 60s)”

“No, I haven’t been to a dentist since I was a child...I haven’t needed to and haven’t had any problems - but now I am getting older I am getting problems and pain, so I need to find a dentist.”

10.2 ‘Too scared’ - Fear of dental treatment

“Would use an NHS dentist, but too scared to go...have tried in the past but the dentists said they don’t have time to help with my fears..”

“I am terrified of dentists, ever since I was a child, and now I’ve passed that onto my children.”

10.3 ‘Too expensive’ - Cost and uncertainty about price

“I don’t like them, I haven’t seen a dentist for a good ten years, if I had to have a tooth out, I would do it myself...just too expensive.”

“I moved from London but haven’t registered with an NHS dentist as they are so expensive...I don’t plan to register with one for years to come because of the cost.”

“A lot of people are put off as they don’t understand what they are entitled to...the information needs to be more ‘out there’ (Leys).”

10.4 ‘Too busy’... not enough time

“I have a young child, and don’t have the time to sort a dentist..”

“I know I should go to the dentist, but too busy to register...with a baby and another one on the way, I work as well...so it’s too much.”
Appendix 1: Survey results

1. Your gender

![Gender Distribution Chart]

2. Your age?

![Age Distribution Chart]

3. Have you or your family found it difficult to get access to an NHS dentist in your area?

![Difficulty Accessing Dentist Chart]
4. How easy was it to book an appointment with your NHS dentist when you need one?

- Neither difficult or easy: 1%
- Neither difficult nor easy: 67%
- Easy: 82%
- Difficult: 20%

5. Do you have difficulty in getting to your NHS dental practice?

- Yes: 84%
- No: 16%

6. Do you know which treatments are available on the NHS?

- Yes: 45%
- No: 16%
- Unsure: 39%

94 (55%) respondents to the questionnaire revealed uncertainty or lack of knowledge about what dental treatments were available on the NHS.
7. Where would you go to find out what treatments are available on the NHS?

<table>
<thead>
<tr>
<th>Where would you go for information on NHS Dentistry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsure</td>
</tr>
<tr>
<td>Internet</td>
</tr>
<tr>
<td>Friends/family</td>
</tr>
<tr>
<td>NHS Choices</td>
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<tr>
<td>Posters/leaflets at practice</td>
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<tr>
<td>Dentist website</td>
</tr>
<tr>
<td>Dentist</td>
</tr>
<tr>
<td>Receptionist</td>
</tr>
</tbody>
</table>

8. Do you know about pricing bands for NHS treatment?

When asked if they knew about the ‘pricing bands’ for NHS treatment, 77 (45%) of people we spoke to answered no or didn’t know to this question.

9. If you wanted to make a complaint about your dental practice, how would you go about this?

If you wanted to make a compliment or complaint about your dental practice, how would you go about this?

- Dental practice: 58%
- Internet search: 24%
- Friends/family: 18%
- Other: 12%

10. Do you think there are benefits to attending regular check-ups at your dentist?

Do you think there are benefits to attending regular check ups at your dentist?

- Yes: 100%
- No: 0%
- Unsure: 0%
10. Has your dentist ever told you to look after your mouth, teeth and gums?

<table>
<thead>
<tr>
<th>Has your dentist ever told you to look after your mouth and gums?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>85%</td>
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</tbody>
</table>

Appendix 2: Survey Questions

1. What is your gender?
2. What is your age?
3. Tell us your postcode
4. Do you visit the dentist?
   - If no, why not?
5. Which dental practice do you use?
6. When you have dental treatment do you attend as a:
   - NHS patient
   - Private patient
   - Not sure
7. Anything you would like to tell us about your dental practice?
8. Have you or your family found it difficult to get access to an NHS dentist in your area?
   - Tell us about your experience?
9. How easy is it for you to book an appointment with your NHS dentist when you need one?
   - Tell us more about this.
10. Do you have difficulty in getting to your NHS dental practice?
    - In what way? (parking, access etc.)
11. Do you know which dental treatments are available on the NHS?
   • Tell us more.

12. Where would you go to find out what treatments are available on the NHS?
   • Tell us more

13. Do you know about “pricing bands” for NHS treatment?
   • Tell us more about this

14. If you wanted to make a compliment or complaint about your dental practice how would you go about this?

15. Do you think there are benefits to attending regular check-ups at your dentist?
   • Tell us more about what you think.

16. Do you have any more comments to make about your experience of using NHS dental services?

Appendix 3: Useful Information

<table>
<thead>
<tr>
<th>NHS Dental charges explained</th>
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<tbody>
<tr>
<td><strong>Emergency dental treatment - £21.60</strong></td>
</tr>
<tr>
<td>This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.</td>
</tr>
</tbody>
</table>

| **Band 1 course of treatment - £21.60** |
| This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate. |

| **Band 2 course of treatment - £59.10** |
| This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3. |

| **Band 3 course of treatment - £256.50** |
| This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work. |

And help with dental costs:

[https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx](https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx)

[https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx#free](https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx#free)

Source: NHS Choices ((2018) now known as NHS.uk)
Find local dental services through the following link NHS.uk, Dentistry:
https://www.nhs.uk/Service-Search/Dentist/LocationSearch/3
For information on NHS Charges:
https://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx

Appendix 4: National overview of dentistry commissioning

Overall, national data, such as answers from questions in the GP Patient Survey, shows that most people who try and access an NHS dentist are successful, and once they do so are generally satisfied with the treatment they receive (NHS England 2017). However, we also know from other sources that some people do find it difficult to access an NHS dentist locally, and there are areas for improvement. Healthwatch England for example, focused on NHS dentistry, in its 2016 report, ‘Access to NHS Dental Services’, leading to a 2,018 recommendation for improved access to NHS dentistry to be incorporated in the Government’s NHS mandate review.

Information gathered from national and local sources, raised concerns about access to NHS dentistry, and highlighted groups that were missing out, or not attending dentists at all. This includes those who are homeless, disabled, and refugees.

The report also highlighted that access to NHS dentistry was patchy for those living in residential care homes and those living in areas of rapid housing expansion, where NHS dental service provision was not keeping up with demand.

It also highlighted that people were often uncertain about dental pricing and services offered on the NHS, and that information was not always forthcoming or understood (Healthwatch England 2016;2017;2018).

10.5 How are NHS dentists commissioned?

With dissolution of Primary Care Trusts, following the NHS Health and Social Care Act (2012), NHS England Area Teams took on commissioning responsibility for all NHS Dental services, with the aim of gaining a more joined up view of service provision and quality. This includes primary, community and secondary dental services, dental out of hours and urgent care. It covers dental services provided in high street dental practices, community dental services, and services at general and dental hospitals. Oral Health services became the responsibility of Public
Health England and were devolved to public health departments within local authorities.

At the heart of commissioning and NHS dental practice is a commitment to equity and access. This has been highlighted recently in a recent Quality Watch report produced by the Health Foundation and Nuffield Trust in 2017. This argued the need to tackle both regional and socioeconomic variations in dental health.

Dental health inequalities persist, with both higher rates of hospital admissions for dental extractions, and higher proportion of children age 5 with dental decay found in areas of deprivation (Health Foundation 2017). This is echoed in figures in the 2018 Oxfordshire Joint Strategic Needs Assessment which showed differences in dental health decay in five-year olds in the county, and higher rates of decay in areas of deprivation (JSNA 2018).

‘Failing oral health is more than just inconvenience and pain. It can affect your life chances, your job prospects, and things like oral cancer (which dentists are trained to detect), can actually kill you if it isn't detected early on’. (Mick Armstrong, Chair British Dental Association. November 2017).

Likewise, equity and access mean not only meeting the needs of the local population but ensuring that groups who are vulnerable do not miss out. For example, The Faculty of General Dental Practice UK (FGDP (UK) 2017) recently published guidance on practice of dentistry for patients with dementia. This supports dentists with understanding the condition, and approach to treatment options for those with dementia.

10.6 Change to the NHS dental care contract

Nationally, the primary dental care contract (2006) and the way in which it is commissioned is currently under review by the NHS Commissioning Board. This is facing a period of transition.

The current contract ensures NHS Dentists are commissioned using financial calculations based on agreed measurements of ‘units of dental activity’(UDA). A UDA is based on the amount of work done during dental treatment, where more complex dental treatments count for more UDA’s than simpler ones. The value of a UDA is set locally, with a set number agreed each year, with individual dental practices bidding for the number of UDAs. UDA calculation also links to the three NHS treatment charge ‘bands’.

This method of payment has come under criticism from both government and dentists themselves, in that it is a payment for treating active disease and does not give time or incentive for oral health promotion and prevention, with disincentive to treat patients with high needs (British Dental Association 2018). The Steele Report (June 2009) affirmed that the role of dentists was not only to treat dental problems, but also improve oral health, and emphasised a need for focus on prevention.

Currently the Dental Contract Reform programme is piloting different models for remunerating dentists. These do not rely on UDAs as currently measured, and
incorporate rewards based on development of ‘patient care pathways’, in which patients and dentists work together for good oral health and prevention, as well as treatment. It is still unclear when these changes will be embedded wider than the pilot areas (NHS England, 2018; Hatton, 2017; Public Health England 2017; British Dental Association, 2015; NHS Commissioning Board 2013).

10.7 NHS dental charges

Dentistry is one of the few NHS services where the patient contributes to the cost of treatment - unless they are eligible for free treatment, for example pregnant women, those up to 19 years and in full time education, and those in receipt of some benefits (NHS Choices 2018). Prices are defined using ‘Price Bands’, which lay out the different treatments and their cost (see Appendix 3). To balance income from the patient and tax revenue, the Department of Health announced a price rise of 5% in April 2018 (Which 2018; NHS Choices 2018). Some NHS patients can opt to pay privately for certain treatments, for example, when this would enable them to have other treatments, not funded by the NHS.

10.8 Dentistry in the care home population

Information from both local sources, from the British Dental Association (2012) and Healthwatch England (2017) drew attention to potential gaps in access to NHS dentistry among the population of older residents in care homes.

The British Dental Association (2012) in a summary of research on dentistry in care homes observed that there are challenges presented by an ageing population - and the challenge for dental care for this group is particularly pertinent for care homes.

More people are keeping their own teeth into old age, and as a result, accessing oral health and dentistry services continues to be a priority. However, the report found that access to dentistry was patchy across the country and showed high levels of unmet need among older residents in care homes, both for oral health and dental treatment. This was seen to have a knock-on effect both on the health of care home residents, and on the staffing capacity of care homes, as untreated oral and dental health problems affected nutrition intake with chewing difficulties calling for restricted diets. Homes identified the need for more formalised contracting arrangements and budgets to be able to access routine care for older residents (British Dental Association 2012:3).

However, in practice, we heard that some information on NHS Choices can be inaccurate or out of date, and in some areas, such as Bicester and Wantage, NHS practices are not always available locally, with patients not always able to travel distances to exercise ‘choice’ and find NHS treatment.
Appendix 5: NHS dental services in Oxfordshire

Oxfordshire’s NHS dental services are commissioned by NHS England South East (Hampshire Thames Valley). Currently, the Thames Valley area, of which Oxfordshire is a part, commissions about 2.8 million Units of Dental Activity\(^2\) (UDA’s) per annum through contracts delivering services. 988,774 UDAs are for Oxfordshire itself (NHS England 2018).

The NHS England local office has responsibility for:

- engaging with local dental networks and patients to identify priority areas for improvement
- linking to the Clinical Commissioning Group and Public Health
- as well as developing strategy, monitoring and commissioning frameworks (NHS Commissioning Board 2013).

Monitoring of dentistry access and strategic planning is increasingly important, set against current and future housing and population growth across the county, and increased pressures on dental services. A strategic commissioning framework for dental services in Oxfordshire (2008-13) focused on outcomes to increase access, improve oral health, recognising that some hard to reach groups, such as those living in areas of health inequality, had poorer outcomes for dental health (Oxfordshire NHS PCT 2008).

Specialised dental services are also available to those with support needs. Oxford Health NHS Foundation Trust, for example, is commissioned to provide specialised dental services at clinics across the county, via the Oxfordshire Community Dental Service (OCDS)\(^3\). This is aimed at children and adults who cannot be treated in general dental practice for a variety of reasons, including having a learning or physical disability, or needing children’s orthodontics. It also includes treatment at home for those who are eligible (Oxford Health 2018).

Oral health improvement services, and oral health surveys are commissioned separately by Oxfordshire County Council, under its public health remit. Oral health education has been delivered since 2015 by Oxfordshire Oral Health Improvement Team, under a Community Interest Company (also called Community

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\(^2\) Units of Dental Activity (UDAs) are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs, and dentures are 12 UDAs. NHS England (August 2016)

\(^3\) https://www.oxfordhealth.nhs.uk/service_description/dental-services/
Dental Services). Their support includes education and prevention, including running the ‘Healthy Smiles’ programme across early educational settings and ‘Lifelong Smiles’ in care homes and community support centres.

References to oral health can be found in Oxfordshire Oral Health Needs Assessment, the last of which was produced in 2010 (NHS Oxfordshire 2010). The Oxfordshire Joint Strategic Needs Assessment (JSNA) also highlights some limited insight into data collected on oral health issues among children age five. In Oxfordshire as a whole, we know that 77.3% of five-year olds were free of dental decay in 2014-15, similar to the national average. However, some pockets are still worse than the national average; the rate was lowest in Oxford city where 67% of five-year olds were free from dental decay in 2014-15 (JSNA 2017;2018).

Across Oxfordshire’s population of 677,900 (2015), residents seeking a dentist can pursue several avenues. These include choosing between NHS, specialist and private dentistry, as well as a mixed model. Patients can find a local NHS dentist through NHS.uk website, or via local networks. Unlike GPs, dentists do not use catchment areas, so patients can choose based on convenience, across locations.

Appendix 6: Dentistry comments

<table>
<thead>
<tr>
<th>Although dentists advertise that they take NHS patients, in fact it is usually for children.</th>
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<tbody>
<tr>
<td>I moved to the area and called several local dentists to acquire NHS dentist; told waiting list, and to call back in 1 to 3 months...have been trying since August 2017...still waiting.</td>
</tr>
<tr>
<td>I tried for months to get an NHS dentist, but the only one they offered me would deal with immediate needs only - not regular check-ups.</td>
</tr>
<tr>
<td>Can't get an NHS dentist. There are not even waiting lists. They say call back in a couple of months. Signposted to go to Kidlington or Bucks.</td>
</tr>
<tr>
<td>My partner has been on a waiting list for 6 years. My children have been on a waiting list for 1 year.</td>
</tr>
<tr>
<td>They see you very quickly here, you don’t have to wait a long time to be seen.</td>
</tr>
<tr>
<td>I am a busy childminder, and they send a reminder that I need a check-up in the post...</td>
</tr>
<tr>
<td>Very good dentist...get text reminders which is great.</td>
</tr>
<tr>
<td>They make you phone every day, even if you are in pain, it took me 10 days to get an emergency appointment at the beginning of the year.</td>
</tr>
<tr>
<td>I've got to wait more than a month for a bi-annual check-up, and that was only because they had cancellations, otherwise it would have been a 2 month wait.</td>
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</tbody>
</table>

My wife needs a crown replaced. Getting a ‘double’ appointment two days apart is VERY difficult...

It is ok to get a 6 monthly appointment however it is hard to get treatment appointments.

I had a wobbly tooth, and booked an appointment (May) and asked them to take it out....they said they couldn’t as it was only a check-up and I would have to come back, but the earliest appointment was August...I went home and pulled it out myself with a pair of pliers...it was alright- I did sterilise them..

If they cancel your appointment through illness nothing is said, but if you cancel you get a nasty email.

They cancelled my appointments perhaps three times in a row, in all cases it was at very short notice, while I was on the way to the surgery. I then tried to call their office but to no avail. Nobody would pick up the call or return my messages, I got fed up.

Missed two appointments- phoned and cancelled both times. Took me off books. Had to go to Buckingham to get emergency treatment. So not with dentist at the moment. Had built up relationship with dentist, then got chucked out. Even though phoned to say couldn’t make it.

I don’t drive and there are now big gaps in the bus service between my local towns.

I don’t drive and there is no bus service from my town, so have to wait until husband is off shift work.

There is no public transport available and parking is limited.

Transport is sparse if you need a bus living in a village...

I don’t drive and use public transport, and I’m worried about getting back home if I was ever to need something unpleasant done and the experience of having to take public transport back.

They have only one ground floor room. It’s hard for disabled people. They need to have lift access to the other room as only one room has disabled access. It’s is really hard with buggies too.

I am disabled and have to get a taxi that will take a wheelchair. That is the biggest problem. Many dental surgeries upstairs with no lift.

The stairs are a real issue for me as I have arthritis. Two steep flights of stairs...no possibility of a lift?

Limited mobility. Dentist has no lift, as a Grade 2 listed building. Not accessible...and needs to change.

Not clear about this, as I just go to an NHS dentist.

Never heard of them.

How am I supposed to know this?

I have not really thought about it and am unsure about how much things cost

Other than basic treatments, I don’t know what is covered by the NHS.

I know the common things such as amalgam fillings and basic crowns...I am unsure about other treatments such as root canal treatments.

I am confused about why dental check-ups and treatments are covered by the NHS, but not the hygienist.
They used to offer cleaning and polishing as part of your NHS check-up, but they’ve stopped...why is that? Now they spend five minutes cleaning and say if you want a better job you have to pay privately.

All information available is in the waiting area and via television screen.

I usually receive a detailed account of treatment received and if I needed unavailable treatments I would be told.

Really good, we don’t feel like the dentist is pushing everything onto us. He is willing to wait to do procedures and when we signed up I had a maternity card. He suggested doing fillings whilst I had this.

Exceptionally good at explaining the results of oral inspections, the options available and whether they would be on the NHS or private. Clear estimate of costs.

My dentist always explains the extent of the NHS treatments available, and the ‘upgrade’ options. They let you mix the two, you don’t have to make one choice and then be denied the other options- I trust their advice.

The last time I saw the dentist they suggested a treatment but could not find the product, so I was told to buy it myself...our trust is slightly shaken.

I have just changed dental surgery...I could not cope any longer with the pressure on me to have private things done to my teeth.

After three visits, and having been charged for 2 appointments, the dentist said the tooth I was having problems with would cost £350 to restore on the NHS but since he would be forced to use inferior materials this would fall out again, and he recommended a private dentist, who could do a better job for £1000 with better materials.

My dentist tells me that the NHS versions are no good, so I need to pay huge amounts and go private to get something that lasts- he isn’t prepared to do the NHS versions.

How is it that an NHS dentist is allowed to...tout for business for a private practice?

My dentist tried to charge £300 as a private patient, when I am NHS registered. I challenged this as I thought it was wrong and got an apology...but am concerned this could happen to other people.

A dentist friend was amazed when I told him that I had been directed to having an expensive private denture, when I could have obtained one on the NHS...

I was being referred to a private practice for some root canal treatment that my NHS dentist couldn’t undertake, which made me in effect a private patient.

Although I am an NHS patient, I also take the option of add on private treatment where it improves the quality of treatment available- crowns and porcelain fillings for example.

I have a degenerative health condition which has an impact on my jaw...I am with an NHS dentist, but they said I can’t have the procedure on the NHS, I have to pay privately...it’s over £6K.

Every time I attend an appointment I am asked if I am having NHS treatment and do I pay? I say yes and am then handed a form to sign every time. I feel like a second class citizen. The mantra from dentists is the same; if you want this treatment NHS it costs x and if you want it private it costs y. It’s a very odd way to speak to customers. At the end of the day you pay anyway so there should be no need to ask. People registered at the practice should have a card loaded as NHS or private to stop the incessant questioning on arrival.

I am not registered because it’s too expensive...I can’t afford to register with them, but at least I can afford to take my kids.
I don’t know why you get free prescription for medication…I am over 62 but I went to the dentist yesterday and they said I would have to pay £200 as I’ve got a wobbly tooth...then they said it might cost £100 so I said ‘forget it’ I haven’t got that sort of cash at the moment.

My brother had a tooth out, it cost over £150 its too expensive.

I work so I can’t get any financial help to use dentists, it’s just too expensive.

I worry my children won’t be able to find an NHS dentist once they reach an age when they don’t qualify for free treatment, and don’t have sufficient income to pay for check-ups.

Why are NHS charges so high? I need several teeth treating and just cannot afford this kind of cost. As a result, I am now facing an old age where I will not have sufficient teeth to eat properly.

Treatments are generally unaffordable for lower income families.

Used to have an NHS dentist, some years ago, but then they went private, and I haven’t been since...

Used to use an NHS dentist years ago, but had a bad experience, so now use a private dentist.

Use a private dentist, as when looking for an NHS dentist…couldn’t find one.

I had to wait, using the private practice for several years, before I found some NHS spaces.

It was difficult years ago, which is why I go to a private dentist.

Impossible! Why do you not want to know why I was FORCED to become a private patient?

Had to wait 2 years as a private patient to be accepted as NHS due to waiting list-expensive.

Private isn’t my preference, but I was worried about choosing a dentist more than a bus ride away.

The only one I could get is Headington, which is about 3 times the distance to my nearest private dentist.

I’d use online sources to check whether the primary advice from the dentists themselves is sound.

I might try the receptionist, or the internet, but basically, I would only trust the dentist to give reliable information on this. I may be wrong.

The official list doesn’t match the experience you get at the dentist.

Nationally, it should be made clear what the NHS can do...

Website listings are never up to date, so it’s a matter of ringing round.

Most dental practices nearby do not supply information to the NHS Choices dental service finder.

Excellent dentists, and an exceptionally good hygienist.

Dentists all brilliant...faultless work.

The practice is very well organised. Brilliant cycle parking just opposite.

Very friendly, efficient, on time. Very clean.

I’d be reluctant to change...otherwise you lose the years of knowledge and contact with your dentist.


The dentist was very thorough. They explained things about my teeth I’d never understood before.
Dentists always welcoming, not rushed, clear in their advice, and the reasons for the recommended treatment. There has never been a reason not to trust their advice. Efficient, friendly, good at communicating when seeing you.

Exceptionally good at explaining the results of oral inspections, the options available, and whether they would be on the NHS or private. Clear estimate of costs.

Sometimes I don’t understand my dentist’s advice, but then I feel comfortable enough to probe- I think it might be a language thing…he told me to clean the interior of my teeth and I didn’t understand.

I feel relaxed and comfortable when visiting the dentist. The staff are very kind, warming, I would recommend this practice to everyone, I was so scared when I first went, and they have been incredible.

They are very good. Every other dentist I have been to you feel pain. But with them, I just feel pressure, no pain.

I had a childhood fear of dentists... but my dentist really got me through it, they are really good.

I am very nervous about getting my teeth done and they really help with that.

I go every six months now, but I used to leave it until it was an emergency...I am scared of dentists, but they have really helped me with this.

Really friendly with my kids. Gave me an appointment there and then, my kids loved it. The dentist was really friendly with them, so they are not scared to go back..

We go as a family of four for a check-up every six months. It is easy to get an appointment and the dentists are really good with children.

My child is 18 months old now and the dentist has told me it is important for her to be prepared for a check up on our next trip to the dentist.

Dentists keep changing- have had six different dentists. Been there many years. Would like to have continuity of care.

Staff were pleasant and generally knowledgeable, but constantly changing. Since moving 7 years ago I have had 5 different dentists. I am very unhappy about the constantly changing staff.

Staff can be rude. I went recently with my autistic son, despite me booking in with our regular dentist, they had changed us to see another dentist which made my son anxious. She then started trying to discuss his diagnosis in front of him...she then started asking my son lots of questions which clearly overwhelmed him...obviously no knowledge of autism..

We were not offered x-rays because my child could not co-operate. Despite regular appointments and visual examinations, many cavities were missed, leading to extractions of permanent teeth. This could and should have been avoided.

Sometimes you get there, and the anaesthetic wasn’t available, and so you had to go back.

I’ve changed from them; the dentist was not friendly. I wanted to ask a specific question but didn’t get the information I needed. I had to make a decision about fillings, but there was no room to ask questions at all. Perhaps the receptionists should take off their headphones when they talk to people?

Not exactly friendly atmosphere...

They had problems with their systems appointments the wrong day..

Recently new ownership and less customer friendly, definitely business focused, appointments usually running late...
It's what people feed their children...we have parents coming in pushing prams with Coke in the baby's bottles.

A lot of people don’t realise it’s so bad, a lot think ‘kid’s teeth’ will get lost anyway, so are not so important...disposable

Young mums, a lot of them don’t know (about oral health)...when it’s best to brush.

Dental health is a real issue in Rose Hill...we have young children come in with black and decayed milk teeth...

Lots of sugary drinks, and sweets when children are picked up from school, and if attendance is an issue, sweets used to ‘bribe’...

So many services have been cut, and there is nothing happening locally, so it often comes back onto the school to have to manage it.

I never go to the dentist...haven’t been for years, just don’t see the need to go. I suppose if I had a problem I would find one....(man in his 70s)

Don’t go to the dentist or take my child, as don’t have any dental problems.

Full set of false teeth don’t smoke or drink, so don’t need it (man in his 60s).

Haven’t been to the dentist for over 50 years (not a joke!).

...Not needed one.

No, I haven’t been to a dentist since I was a child...I haven’t needed to and haven’t had any problems - but now I am getting older I am getting problems and pain, so I need to find a dentist.

Don’t use a dentist not registered will just go to a dentist if need, better information about this would be a help.

Scared of needles...years ago had 5 teeth out, and won’t go to dentist anymore...if I had an emergency, I would go to an emergency dentist.

Would use an NHS dentist, but too scared to go...have tried in the past but the dentists said they don’t have time to help with my fears..

Don’t ever go to a dentist, don’t like them and try to avoid it.

Moved into the area some years ago but hasn’t had the time...am scared of dentists, need one as have problems with my teeth, but I am trying to work up the nerve to go to one.

I am terrified of dentists, ever since I was a child, and now I’ve passed that onto my children.

I don’t like them, I haven’t seen a dentist for a good ten years, if I had to have a tooth out, I would do it myself...just too expensive.

Too expensive to go here

I moved from London but haven’t registered with an NHS dentist as they are so expensive...I don’t plan to register with one for years to come because of the cost

A lot of people are put off as they don’t understand what they are entitled to...the information needs to be more ‘out there’.

I am not registered as it is too expensive, but my kids are...I can’t afford to register with them, but at least I can afford to take my kids.

I have a young child, and don’t have the time to sort a dentist.

I know I should go to the dentist, but too busy to register...with a baby and another one on the way, I work as well...so it’s too much.
References


http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment


Healthwatch Oxfordshire (2018) Treatment Only When Needed, Dental Services for care Home residents. https://healthwatchoxfordshire.co.uk/