



**healthwatch**  
working together in West Yorkshire

# The public's experience of NHS dentistry

# Contents

Background .....	3
What are the key issues around dentistry services? .....	4
What have we tried to do to address the issues? .....	14
What would we like to see change? .....	20
Contact us .....	21

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# Background

Over the last 10 years, Healthwatch across West Yorkshire, including Craven in North Yorkshire, have worked hard to alert NHS providers and commissioners to the significant gaps in dentistry services.

We have experienced more struggle in achieving change in the way these services are provided than we have with any other NHS service. The responses from the public that we have received provide quite shocking feedback and statistics that has resulted in patients accepting the current issues and hoping for the best in relation to their dental needs.

We believe that NHS dentistry services function in a way that is different from every other part of the NHS, and they are not subject to the same scrutiny. There is an acceptance that a significant proportion of people won't be able to access NHS dental care, dentists are allowed to select who they are willing to take on as NHS patients, little consideration appears to be given to disproportionate impacts of poor access on people with protected characteristics, and people are ill informed about what is available to them. If a GP surgery, local hospital, or community provider were to offer their services in the same way, this would be challenged.

We've included a timeline summarising the work delivered around NHS dentistry by Healthwatch, in which you can see that we have repeatedly raised our concerns to a variety of partners involved in the delivery and commissioning of NHS dental services. Our most significant successes have been working with local MPs to increase the number of units of dental activity commissioned areas of the region on a temporary basis. We worked with the chief dental officer to deliver a project increasing recall intervals for people with healthy teeth; although this didn't have the full impact that we hoped, it did result in greater variation in length of recall across the area, meaning that it's likely more people were talking to the dentist about how frequently they need to be recalled.



West Yorkshire Healthwatch collectively would like to highlight the following findings in relation to our engagement work with patients, to achieve significant changes in the commissioning and provision of NHS dental care:

1. Patient centred; a prevention focused dental care provision.
2. A move away from the units of dental activity model of dental contracting), improving access for people with protected characteristics and complex dental needs. Units of dental activity are a measure of the amount of work done during dental treatment. More complex dental treatments count for more units of dental activity than simpler ones, like a check-up).
3. Clear information about the availability of dental care.

## What are the key issues around dentistry services?

Access to routine NHS dentistry is poor across West Yorkshire. Approximately 51% of the UK population is commissioned to access dental services, across West Yorkshire this equates to around 976,650 people gaining access to dentists from a population of 1,915,000.

Healthwatch has been engaging with the public around access to NHS dentistry since it was launched in 2013. One of the first issues that members of the public raised with our organisations was their struggle to find a dentist that would see new NHS patients. National statistics from the British Dental Association state that in June 2017, at the end of 24-month period, only 22.2 million adult patients were seen by an NHS dentist, representing 51.4 per cent of the adult population. If we take this calculation and apply it across West Yorkshire this equates to around 976,650 people gaining access to dentists from a population of 1,915,000.

In March 2018, there was only 1 dental practice in 280 across West Yorkshire that was taking on new NHS patients. In March 2023 there were no dental practices across West Yorkshire accepting NHS patients.

In areas of high deprivation across the region such as in North Kirklees and Leeds, the charity Dentaid has been delivering drop-in clinics for people in need of urgent dental care, who cannot access routine NHS dentistry. This charity delivers dental care in developing countries, in areas where there is no routine

access to dental services. It has shocked us that this is necessary to meet the gaps in provision in our region and that this has not resulted in a stronger response from dental commissioners.

"I am feeling defeated. I spent six years on waiting lists. Using the means and tools mentioned online, I have contacted every dentist in York, Selby, Leeds, and Bradford. I have attended Leeds emergency dental care for antibiotics more times than I can count. After this time, I have only been given antibiotics by the dental system in this region."

"I am 24 years old and am due to lose all my teeth by the failings on the NHS to provide access to these services. I need to be referred to the dental hospital, but I can't be referred unless I have a dentist, which is quite ironic. I have broken teeth below the gum line which is potentially very dangerous and I'm at risk of septicaemia due to having to take antibiotics constantly, as I have open pockets in my gums. I'm really hoping someone can help me as I'm at my wits end with this. If I could afford private care, it would have been sorted by now."

"I was knocked off my road bike a week ago and went face first into a steel lamp post. I've knocked my four upper front teeth out, chipped my upper canine teeth and loosened most of my bottom teeth. I went to A&E and was advised to find a dentist as soon as possible. I've had no luck. My regular dentist retired last year, and I've been unable to register anywhere, I wore braces for three years and did have perfect straight teeth with no cavities and I've only ever needed a check-up in the past. Can you recommend somewhere I can get help? I've been managing on pain killers ever since."

## **Members of the public have struggled to be heard and to have influence over access issues despite clear evidence of systemic issues.**

As is evidenced in the description of work conducted and led by Healthwatch across West Yorkshire in this document, we have invested a huge amount of time in raising issues around dental access with NHS England, local dental

committees, dentists, the British Dental Association, councillors, scrutiny committees, local MPs, and many more organisations and individuals. We have persisted with several initiatives and approaches and have gathered feedback from thousands of people. We have taken the time to understand the widest range of perspectives and present the information in a constructive and competent way.

We have struggled to have any significant impact on access to dentistry in West Yorkshire. Our biggest success in increasing the level of access to dental care in Dewsbury was to secure the investment in an additional 13,060 units of dental activity across three years to be delivered by dental practices in each area. We worked with the MP for Dewsbury, Rt Hon Paula Sherriff to get this outcome. In 2017, within six weeks of the slots being released, all the available appointments had been used, and there were still significant gaps in delivery.

There has been an unwillingness from NHS England to commit to making any fundamental, sustainable changes. Often the response from this organisation is to reiterate that the current national contract for provision of NHS dentistry services is not up to scratch, and that there is little they can do to address the issues in our area.

"I contacted you a few months ago asking if there was any way of finding help to get into a dentist; it would need to be wheelchair accessible. I've tried every avenue I possibly can including asking my doctor to make a referral which she did, and it was rejected, I'm in constant pain and getting abscesses continuously plus my teeth are literally falling out.

I've lost four in the last couple months which included a big molar which I woke up choking having nearly swallowed it. I'm disabled with severe osteoarthritis and other ailments which makes me literally housebound, but my daughter helps me lots with daily tasks and getting to and from hospital appointments.

I'm on quite a lot of medications which includes numerous strong pain killers... I have at present three to four very loose teeth and obviously this also affects what I can eat. It's also making my mental health suffer as it can make me extremely distressed... I've tried the NHS helplines and rang every dentist listed in Leeds and surrounding areas and can't find any willing to help."

The approach to delivering NHS dentistry creates gaps in provision that are detrimental to an individual's health, the health and care system and the wider public sector.

Significant numbers of adults and children in West Yorkshire are unable to access routine NHS dentistry. This puts them at greater risk of developing significant oral health issues and needing urgent and emergency dental treatment. West Yorkshire is one of the areas in the Yorkshire and Humber with the highest incidence of incisor caries in children aged five.

"I have been trying to obtain an NHS dentist for my 10-year-old daughter, myself, and my husband. The whole of Ripon, Harrogate and surrounding areas have no availability for NHS patients. One dentist said they could add us to a list that was a three year wait. Another told me that the only way that my daughter could be seen would be if myself and my husband took a private place at a cost of £75 for an initial consultation each! This is a disgrace and holding people to ransom for their children to be able to access basic dental treatment. It is imperative that children have access to NHS dentists."

Limited access to routine and preventative dental care means that many people in West Yorkshire do not see a dentist for several years, and only attempt to access dental care when a critical issue has developed. As there are significant periods of time where it is impossible to visit a dentist based in West Yorkshire for NHS care, these people often contact the urgent and emergency dental care provision for resolution to their immediate issue. If this isn't available to them, they sometimes take ill-advised action to manage their pain; we have heard examples of people removing their own teeth with pliers.

Healthwatch across West Yorkshire have worked with patients who needed to access NHS dental care for an extraction, but as they are not patients of a dental practice, people must make repeat contacts with emergency care services to address their dental health problem. Healthwatch in Kirklees were able to utilise recordings peoples calls to NHS 111 to create a short clip telling the story of Alice, her experience which can be seen here [Alice's story](#).

Full link <https://www.youtube.com/watch?v=3sfBoOFjHi4>

Had Alice been able to access routine NHS dental care, the cost of the extraction for the NHS would have been £53.90, band two at the production of this video. As

Alice had to make repeat contact to emergency services due to the pain and distress she was experiencing, the cost of her care was over £500.

Our local health and care system is working toward a preventative, self-care focused, person led model of health and care service delivery, but this strategy seems to omit a focus on dental care. As the service is commissioned on a regional level, local leaders see themselves as powerless to influence dental care provision in their area. This is in spite of the fact that every local strategy articulates that people should be supported to access care that prevents ill health and keeps people away from unnecessary urgent and emergency care. The biggest cause of five to nine year olds being admitted to hospital is tooth decay, and this is almost always preventable.

## **Those with complex dental needs experience the greatest challenge in accessing NHS dentistry.**

We have seen a significant number of examples of people with the poorest dental health experiencing the greatest challenges in accessing dental care. Across West Yorkshire we have spoken with people who are homeless, asylum seekers and refugees, those with substance misuse issues, people with disabilities, many of whom report being turned away from NHS dental clinics.

“My niece is 32 and lives with me. She had a tough upbringing and for years used substances. Owing to this and from a history of violent relationships she only currently has five teeth. Since living with me she has been seven months clean from substances and is working on her mental health but is struggling because of her teeth, not least because eating is hard and the teeth that she does have are becoming wobbly. She would really like to start thinking about college, but she is so embarrassed about her teeth that it is affecting all areas of her life. We have tried ringing so many dentists in Leeds, but none are accepting NHS patients and we don't know what to do anymore.”

The current NHS dental contract works in such a way that it is financially advantageous for dental practitioners to see people with healthy teeth and gums, rather than those with more significant oral health issues. As dental activity is placed in to ‘bands’, and the maximum cost of a course of dental treatment is currently £282.80, if you have complex treatment that goes above



this cost threshold, then the dental practitioner does not necessarily receive commensurate funding. This means that dentists opt to limit the access of complex patients. We have spoken with dentists about this who see this as an acceptable, although not ideal, way of maintaining their business, explaining that people with complex and chaotic lives are more likely to miss appointments, need urgent dental care, and not maintain their dental hygiene as they should.

"I have applied repeatedly for dentists and just always seem to get the same problem and response - 'we are not taking on NHS patients'."

"I've called, emailed, and begged for someone to take me. I've even had to have antibiotics prescribed by my GP for abscesses. I suffer with anxiety and depression, was in a violent and abusive relationship from 2013-2017 and suffer a neurological condition called Chiari Malformation. I have asked my GP to refer me to the dental hospital however it's been rejected because I am not an asylum seeker, gypsy, homeless, etc. It was noted by my GP in 2018-2019 that I had oral problems, and that if I wasn't to be seen by a dentist, I will lose my teeth. That is already starting to happen, and the front are starting to go as well.

I'm truly embarrassed and don't want to go out, speak to people, laugh or smile because of the issue and just want help. But no amount of begging is helping, I'm terrified it keeps me up at night thinking my teeth are going to go and it disgusts me. There's nothing I can do about it. I can't afford private treatment especially the amount that needs to be done.

It makes me feel sick to even look in the mirror I won't even smile at my partner no more, and my children are picking up on it asking why my teeth are broken. It's becoming difficult to eat certain food because of breakages and missing teeth at the back. I'm not a dirty person, I don't drink alcohol and I don't take drugs, reason I say that is because I know a lot of dental problems can be brought on by that. I just don't know what to do, who to turn to, how to get help. I just want to be able to smile again."

Below, we explain our involvement in a project, 'Recall Matters', that aimed to encourage people with healthy teeth and gums to #AskYourDentist if you need to attend an appointment every six months for a regular check-up. NICE

guidance suggests that people with healthy mouths can be seen on a 12 to 24 month basis. This would free up availability of routine appointments for other people without incurring any additional costs for the health system. Whilst we were successful in influencing the behaviour in some practices across West Yorkshire, some dentists were critical of the approach.

Emergency care is in place to address the pressing immediate issue, but is only accessed when the problem becomes critical, and often isn't a long-term solution. Healthwatch Calderdale have spoken with a homeless man who sought emergency dental care and had all of his teeth removed, but then was completely unable to find aftercare. This means that he has been left with no possibility of getting dentures, which is having a huge impact on his diet, his self-esteem, his ability to gain meaningful employment, and to address some of the social issues he is experiencing.

Across West Yorkshire have also worked with residential and nursing care homes to understand the picture of provision of dentistry for those living in that type of facility. We were told about significant waits for dentists to visit care homes to offer dental checks, and that when dentists did visit, they could only check a person's teeth; they could not do any dental work. In some instances, individuals had ill-fitting or missing dentures, and waited over 12 months to have this rectified. This impacts what the person can eat, whether they are getting the right nutrients, leads to weight loss, creates an increased falls risk, and fundamentally changes the person's quality of life.

On the 24 April 2023, dental patient charges in England will increase by 8.5% widening the gap for people living in areas of deprivation and experiencing the greatest health inequalities.

## **Publicly accessible information about NHS dental care availability is limited and not up to date.**

When Healthwatch in West Yorkshire first began researching the issue around access to NHS dentistry services, we received many calls to our information and signposting services asking us which NHS dentists in the region were taking on new NHS patients. We couldn't answer as we did not maintain a list of dentists in

this way, but in 2013–14, there was a dental advice line for West Yorkshire which could provide information about available dentists.

Funding for this service was withdrawn in 2014, and we were told to direct people to the NHS Choices website where each practice and its availability would be listed. It quickly became apparent to us that this information was not kept up to date, so was normally inaccurate.

It was later brought to our attention that some dental clinics were listing that they had availability for NHS patients on NHS Choices, but when people were calling up, this was no longer available, and they were asked if they would like to register as a private patient of the clinic. We felt that this was false advertising and reported this to the Advertising Standards Agency. They agreed with us, but the result of this was not that accurate information was logged onto NHS Choices; it was that dental practices did not submit any information about their availability to NHS Choices.

Now, if patients call NHS 111 but are not in need of emergency care, they are told to look at NHS Choices to check for available dental services, but the practices do not state whether they are taking on patients. The option available to them is to call all the dental practices to see which are taking on patients. For those people on low incomes, with language and communication challenges and who are unwell, this can be too time-consuming, too difficult, or too expensive to do.

“In late 2019, I tried to book an appointment with my dentist to discover he had gone entirely private, so I had no dentist for myself, or my three kids, two of whom now adults. I tried phoning a few, couldn't get a response. After the first wave of COVID-19, I tried some more dentist numbers, none would answer. At least before COVID-19 they answered, but despite what the website said, wouldn't take new NHS patients. In November last year, 2020, I developed an abscess in a tooth. It was seriously painful. I tried phoning a couple of dentists, no one answered. Eventually the abscess went away. In January 2021 the tooth broke in half. I got some dentist recommendations from friends, checked the websites, they said they were taking NHS patients. But no one answered the call. I left a message, several. No one called back. It now feels as if an abscess could be in my jaw, underneath the jawline where I have a half tooth, and I still can't get a dentist.”

## **There are clear examples of the Accessible Information Standard not being applied by NHS dentists.**

We have heard feedback from people who do not speak English as a first language, who have struggled to get their dental practice to make arrangements for an interpreter to be present at their dental appointment. In some circumstances, patients have been told that it is not the responsibility of the practice to arrange an interpreter; others have been asked to arrange for family members to be present. We have taken up this issue with the local dental committees in the relevant areas, who are examining the situation and trying to resolve it.

Healthwatch Kirklees and Calderdale have also completed some extensive work around fines being administered to people who had misrepresented their eligibility for free dental care. Often, the people we were speaking to had made an error in the process, and faced challenges in understanding the claim form, for example people with learning disabilities, and those who don't have English as a first language. Some dental practices do not display clear information about this and often staff are not able to help people to understand the information about eligibility. In this case, reasonable adjustments are not being made.

The Public Accounts Committee recently reviewed this issue and pressed for change in the way that the fining policy was being implemented, which is fantastic progress, but there is still work to do to enhance the information provided by dentists around eligibility for free dental care.

## **There is a lack of incentive for change to the contracts held by NHS dentists.**

Healthwatch in West Yorkshire feel that the people who face the biggest challenges because of the existing contract for NHS dentistry services provision are patients. The contract is set up in such a way that dentists can be selective about the patients that they take on, they can remove people from their patient list when they see fit, and despite many reporting that they want to increase the

amount of preventative dental work that they are doing, they do not have to focus on this in any way.

Many patients believe themselves to be 'registered' with a dentist, in the same way that they are registered with a GP. What they do not understand is that an NHS dentist's obligation to you as a patient is only for as long as the period of treatment that you need. The 'registration' is simply the person's name and NHS details being held on their system, which is why the practices can set thresholds for missed appointments and say that you can no longer be a patient of the service. A clear example of this came from a customer of Healthwatch Wakefield who said:

"They refused emergency dental work which is required after the crown which they mounted on pins failed. They are claiming I missed two appointments for dental hygiene, so now they can refuse dental treatment. I am appalled at the response."

We have concerns that the limited availability of NHS dental care in our area means that more and more people who can afford are registering as private patients of dental clinics. This means an increased revenue for individual practices and means that the limited budget available for dentistry in West Yorkshire can continue to diminish. However, this creates an even bigger gap for those people who cannot afford private dental care.

It is difficult not to feel like there is a move towards the privatization of dental care, when dental practitioners are encouraging people to register as private patients, NHS England cannot find more money for dentistry, and we are seeing an increasing picture of dentists handing back NHS contracts to focus on delivering private practice, which is more lucrative.

# What have we tried to do to address the issues?

**Below is a timeline which indicates the time frames for delivery of our work around NHS dentistry services across the last six years.**

January 2014

## **HIV and dentistry**

Concerns were raised about stigma and discrimination, against people with HIV, whilst accessing dental services. Healthwatch Leeds completed surveys with 254 people living with HIV in Leeds about access to dental care. It aimed to understand the experience and barriers faced by people living with HIV when accessing a dentist.

Findings highlighted that that whilst most people living with HIV in Leeds were registered with a dentist, a significant number were still not accessing dental care services. Feedback suggested that people living with HIV were experiencing different forms of stigma and discrimination including gossip, being ostracised, being given restricted treatment options and appointment times, and in some cases refusal of treatment.

Following this work a factsheet was produced by Public Health England that is now used nationally and training modules have been introduced for dental students in the region.

February 2014

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

Healthwatch Kirklees took a range of approaches to gathering people's views on access to dentistry across Kirklees, including a survey, focus groups with seldom heard groups and research with professionals. Through this, we gained a clear understanding of how the current NHS dental contract works and how that can

disadvantage certain people within our communities. The issues were raised with NHS England.

## **Oral health care in residential care homes**

Healthwatch Kirklees and Healthwatch Bolton worked with residential care homes across their respective areas to understand what dental provision looked like for residents. Staff reported huge challenges in getting access to domiciliary dental visits, and significant gaps in the provision of dentures.

Subsequently to this, we are assured that there has been an increase in the availability of dental care in care homes through community dental provision, but we are aware that there are still significant gaps.

## **January 2015**

### **Unplanned dental care survey**

Healthwatch organisations across West Yorkshire undertook a survey to find out how many people in West Yorkshire have access to a regular dentist and to understand their experiences of looking for an NHS dentist. They were particularly interested in out of hours emergency dentists and why people use them.

Interestingly, whilst spending time in out of hours and emergency clinics, we found 50% of the patients surveyed who consider themselves to have an NHS dentist have not seen a dentist for over two years.

## **December 2015**

### **Accessing NHS dental services in Kirklees**

Healthwatch Kirklees distributed a survey that was completed by 778 people asking about their access to dental services in Kirklees. Emerging themes were like those in the 2014 work, with people struggling to know how to find an NHS dentist, and those who had access being regularly recalled for routine check-ups.

## August 2016

### **Community dentistry in West Yorkshire**

Healthwatch across West Yorkshire attended community dental clinics, which are used by people facing barriers to receiving routine dentistry, such as physical disabilities, phobias and learning disabilities, to gather feedback about people's experience of those services.

Feedback received in Kirklees and Calderdale about this care was very positive. People really appreciated the adjusted environment, having longer appointments and the compassion shown by the professionals.

## November 2016

### **NHS Choices and the Advertising Standards Agency**

When Healthwatch Kirklees established that NHS Choices was being used as a directory for dental availability, but it was updated by each individual dental practice, and that there was misinformation listed, we raised this with the Advertising Standards Agency. We had concerns that NHS Choices signposted people to dentists who claimed to have availability when they didn't, who would then be encouraged to register as private patients.

The ASA agreed and contacted some of the practices, but this simply resulted in the dental practices no longer putting their availability on NHS Choices, which does not assist the public in finding available NHS dentists.

## January 2017

### **NHS charges and fines – Are patients exempt?**

Healthwatch Kirklees and Healthwatch Calderdale received reports from members of the public who had mistakenly stated that they were eligible for free dental care and had subsequently received fines. Whilst they were happy to pay for the treatment, they could not afford the fine. We worked with local dental practices to ensure that they were displaying information about eligibility and spoke to the NHS Business Services Authority about a change to their approach but struggled to influence. In May 2019, we made a submission to the Public



Accounts Committee Inquiry into Dental and Prescription Charges and Fines and were pleased with the outcome of that process.

## Autumn 2017 to Spring 2019

### Recall Matters

Healthwatch across West Yorkshire worked partnership with the office of the chief dental officer at NHS England to review and adjust the dental recall rate for NHS patients with healthy teeth and gums. The project was supported by the British Dental Association, NHS Business Services Authority, Public Health England and the Care Quality Commission.

The average recall interval following Band 1 dental care in West Yorkshire is around 8 months. We aimed to increase this interval by one month to release capacity for dentists to see other patients. We sent recall interval data to each dental practice on a monthly, then quarterly basis; ran a public awareness campaign around dental care; surveyed dentists for their views on recall and led a multi-agency board including the above partners.

We were not able to change the average recall rate, but we now see greater variance in the length of time for recall, suggesting that more patients and dentists are thinking about how often they need to attend for a check-up.

## August 2019

### Access to dentistry – 5 year review in the summer of 2019

Healthwatch Leeds learned that people living with HIV were still experiencing problems with access to dental care. We decided to re-visit the subject and seek views and experiences to help assess progress since 2014.

Read the full report [here](#).

Full link [healthwatchleeds.co.uk/reports-recommendations/2020/hiv-dentistry-report/](https://healthwatchleeds.co.uk/reports-recommendations/2020/hiv-dentistry-report/)

August 2021

## **NHS dentistry in North Yorkshire – a review of feedback and experience of people living in North Yorkshire during the COVID-19 pandemic.**

Read the full report [here](#).

Full link [www.healthwatchnorthyorkshire.co.uk/report/2021-08-12/nhs-dentistry-north-yorkshire-review-public-feedback-2020-2021](http://www.healthwatchnorthyorkshire.co.uk/report/2021-08-12/nhs-dentistry-north-yorkshire-review-public-feedback-2020-2021)

May 2022

## **An oral health crisis in North Yorkshire – the impact on people’s health and wellbeing**

Read the full report [here](#).

Full link [www.healthwatchnorthyorkshire.co.uk/report/2021-08-12/nhs-dentistry-north-yorkshire-review-public-feedback-2020-2021](http://www.healthwatchnorthyorkshire.co.uk/report/2021-08-12/nhs-dentistry-north-yorkshire-review-public-feedback-2020-2021)

## What ongoing work is being done?

### **Oral Health Action Group**

Healthwatch across West Yorkshire sit on the Oral Health Action Groups across the region, through which we hope to raise people's awareness of the importance of good dental care.

### **NHS contractual changes**

We are aware that NHS England are trialling new approaches to routine dental contracting in West Yorkshire, which we welcome.

### **Dental system reform**

NHS England are currently undertaking a major national review looking at the way forward to improve oral health and dental care services. This includes, but is not limited to, consideration of changes to the NHS dental contract, as above. Some amendments were made to certain aspects of the dental contract in 2022 which allow some further flexibility to Integrated Care Boards which are now responsible for commissioning primary dental care. It is too early to determine what effect will result from these changes about access to dental care. A patient and public voice group has been established by NHS England as part of this review and the chairperson of Healthwatch Leeds has been appointed to this group.

### **Dentaid**

Dentaid still deliver urgent sessions of dental access in the most deprived parts of the region and are busy with patients constantly through those sessions.

### **Adults, Health and Active Lifestyles Scrutiny Board**

Leeds Healthwatch Leeds have presented about dentistry on several occasions at this scrutiny board. Bringing patient voice and people with lived experience to share their experiences with members of the Board as well as senior NHS dental staff in attendance.

# What would we like to see change?

There are three key adjustments that we would like to see in the delivery of NHS dentistry services in West Yorkshire, including Craven in North Yorkshire.

1. Patient centred, prevention focused, dental care provision.
2. We continue to be concerned that the current NHS dentistry contract proliferates an unacceptable attitude toward patients and their needs. We would like to see an uplift in funding and commissioning numbers, a contract that focuses on assisting NHS patients to prevent dental crises, through improved access to dental care and information about dental hygiene.
3. A move away from the UDA model of dental contracting, improving access for people with protected characteristics and complex dental needs.
4. The current contractual model for provision of NHS dentistry incentivises providing care for people who are healthy, rather than offering assistance to those with more dental problems.
5. Clear information about the availability of dental care.
6. It can be incredibly difficult to find an NHS dentist taking on NHS patients because transparent and easily accessed information about availability is not available.

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