

An oral health crisis:
The impact on people's health and well-being

Introduction

Dental access and oral health continue to be the subjects we hear most about in our feedback from the public. Unfortunately, accessing an NHS dentist remains a huge issue, both locally and nationally, and this is having a detrimental impact on people's health and well-being.

Since our work on dentistry last year, we have been involved in three evaluations for new NHS dental services covering Helmsley/Thirsk, Sherburn/Tadcaster and Scarborough by being part of the evaluator panel for NHS dental procurement. We have also joined a newly established NHS England dental network that covers the Humber and North Yorkshire Integrated Care System (ICS) footprint which includes stakeholders from across commissioning, dental providers, local authorities and Healthwatch.

Despite these positive steps forward, many of the core issues relating to NHS dentistry sadly remain unchanged from the issues highlighted in our last dentistry report, published in August 2021¹. A large majority of people across North Yorkshire are still unable to find a practice taking on new NHS patients, with some dental practices having up to 1,000 people on their waiting list. This means people have to travel very long distances to access NHS dental services, are forced to pay for private treatment or cannot access dental services at all.

Access to information regarding where you can register with an NHS dentist continues to be poor, and the online NHS service finder to search for a local dentist often has out of date information. There are also concerns around NHS 111 and that 'urgent' problems are often not considered urgent enough, meaning people are living in pain.

These issues are not unique to North Yorkshire, with Healthwatch England and other local Healthwatch, including Healthwatch York, having recently published reports that further reinforce the above issues^{2,3}.

Since the core issues relating to access and availability of NHS dental services are already well documented, this report instead takes a different angle by exploring what impact this dentistry crisis is having on people's health and well-being. We have gathered 85 case studies over the last two months which uncover the pervasive impact on many different aspects of people's lives and the actions people have resorted to as a result of not being able to access an NHS dentist.

1 [NHS Dentistry in North Yorkshire Aug 2021- FINAL.pdf](#)

2 [Dentistry during COVID-19 insight briefing Q4 v5 \(healthwatch.co.uk\)](#)

3 [Dentistry in York - Gaps in Provision - January 2022.docx \(healthwatchyork.co.uk\)](#)

Impact on mental health and well-being

Being unable to access an NHS dentist is having a detrimental impact on people's mental health, with 26% of this sample reporting that the dentistry issues they have experienced have had a negative impact on their mental health and well-being. Many respondents expressed the anxiety and frustration they have suffered due to not being able to register with an NHS dentist and the worry they feel about whether they will be able to access local NHS dental services in an emergency.

The dentistry crisis has not only resulted in new mental health issues, but has also exacerbated existing mental health conditions, with some respondents saying the difficulties they have faced when trying to access an NHS dentist have worsened existing conditions, such as depression.

"I've paid my national insurance all my life & find it upsetting that I can't even register my family with any of the local or surrounding areas that have an NHS dentist & there is no sight of being able to in the foreseeable future due to the huge waiting lists & the fact no practice is even willing to add you to the never ending list. Some practices don't even reply to your phone messages or emails & the NHS website gives you dentists you can possibly contact, but underneath it will say not taking on new patients or doctors referral only. Even the only local private dentist isn't taking on new patients as their books are full & also have a long waiting list.

"I really worry about the future of the NHS & the impact it's having on families who are already struggling with the current situation of trying to live a healthy life & unfortunately with the cost of everything going up I feel things are only going to get worse & families are going to suffer at no fault of the dentist staff who are also under great stress in trying to provide a service".

(Respondent lives in Hambleton & Richmondshire).



A number of respondents also said their self-esteem and confidence has diminished due to unresolved problems with their teeth, meaning they feel embarrassed about going out in public and smiling in photos. The case study below highlights the integral connection that exists between oral health and mental well-being⁴.

“I am really starting to struggle with my mental health due to being unable to access NHS or Denplan treatment after 4 years of trying to get my teeth treated. My teeth are loose and about to fall out, I can't eat out of worry, I feel so depressed and embarrassed about my other bad teeth and gum disease getting worse. I am only 52 and starting to refuse photographs or smiling, I am losing confidence and getting very depressed. I don't fit the III category so my teeth are going to rot and fall out, I will never go out in public again”.

(Respondent lives in Scarborough).

The lack of capacity within the sector to cope with the ever increasing number of mental health problems is a rising issue, as illustrated in our recent Pulse Report⁵. It is therefore concerning that even more strain will now be placed on already overstretched services due to the dentistry crisis.

Impact on physical health

Almost half (42%) of the sample said the dentistry issues they are facing are having an impact on their physical health. People who cannot get their dental problems resolved due to being unable to access an NHS dentist have been left in pain and unable to eat properly. The detrimental physical impact the dentistry crisis is having on those with protected characteristics is particularly important to note. One respondent from Scarborough said they need several fillings but due to being disabled they cannot travel far from where they live so cannot access an NHS dentist for treatment. People have also raised concerns about mouth and throat cancer not being detected due to not being able to have regular checkups at the dentist⁶.

“I have had a lot of problems with my teeth over the last 20 years. I have lost all my top teeth, I have lost all but one lower molars and have two lower premolars and four lower front teeth. I suffer from difficulty eating and constant indigestion from poor chewing ability. I am constantly worried that my remaining lower molar will also have to go as the gums are badly receded and it aches on and off. I have been told by dentists to keep having six monthly check-ups but my current dental practice keeps lengthening time between check-ups, cancelling dates, twice so far from my last check-up”.

(Respondent lives in Craven).

4 [How bad teeth can affect your confidence | Patient](#)

5 [Healthwatch North Yorkshire Mental Health Pulse Report Final.pdf](#)

6 [How to spot mouth cancer | Oral Health Foundation \(dentalhealth.org\)](#)

In some cases, unresolved teeth problems have led to severe and traumatic health consequences. The case study below recalls the account of a person we spoke to who had an infected tooth that needed to be removed. Due to being unable to get an appointment with an NHS dentist to remove the tooth the respondent was instead treated with strong antibiotics from their doctor. However, the tooth kept getting re-infected which led to an abscess forming, meaning that the person eventually had to have emergency surgery.

“I started ringing around [dentists to try to get an appointment] and I got answers like, two year, three year, four year, five year waiting times. And it’s just like... no, I’ve got a tooth that needs pulling out now! I then started to try to live with it. Since then, there have been repeating infections for which the doctor has had to give me antibiotics. It just got worse and worse, no matter what antibiotics they were pushing into me, it wasn’t helping. Then this final infection happened, which ended up with me in hospital [and having surgery to remove the abscess that had formed].

“I fainted the first time I saw the hole in my neck [after the surgery]. I fainted and fitted, simply because my partner showed me a photograph of the hole in my neck. On top of the trauma I have been through I just couldn’t take it anymore. I was out like a light and I was fitting and kicking stuff all over the place apparently.

“This is one of the worst experiences I’ve had with my health. I’ve had two heart attacks, and they were easier to deal with than this was”.

(Respondent lives in York).

It is also important to note the potential link between dental health and other conditions such as heart disease. Some research suggests that heart disease, clogged arteries and strokes might be linked to the inflammation and infections that oral bacteria can cause⁷. This further emphasises the importance of being able to access an NHS dentist for regular checkups.

Additionally, if people are going into hospital for an operation, such as a cardiology procedure, they have to have their teeth checked beforehand⁸. However, if people do not have an NHS dentist this delays the procedure, meaning the dentistry crisis is further exacerbating the ongoing issue of long waiting times for treatment.

7 [Oral health: A window to your overall health - Mayo Clinic](#)

8 [Dental Clearance: Before Heart Surgery and Radiotherapy - HealthXchange](#)

Financial impact

Many people informed us that when they have tried to register with an NHS dentist, they are told there is no availability for NHS patients but they could be seen as a private patient. However, some treatments can cost hundreds of pounds, and many people cannot afford this option. Of this sample, 33% said dentistry has had a financial impact or has impacted on employment. This financial impact has also had a detrimental effect on people's mental health due to the frustration and worry about having to pay for treatment.

"The NHS dentist referred me to a private dentist for a 3D dental scan as I have a dental abscess and they wanted to see the position of the roots in relation to adjacent teeth. This cost me just over £500. I also require several fillings attending to. This was back in September 2019. All subsequent appointments have been cancelled. It was suggested I contacted the surgery at 8am for an emergency appointment. I've not been able to get through. The next appointment I've been given is for the end of August (2022). I have contacted another dental practice who have given me an appointment for this month. This is as a private patient. The cost: £70 new patient examination, two amalgam fillings total, £130, extraction £83 or root canal filling £355, scale and polish £70. So my treatment will have cost me £600-£700".

(Respondent lives in Scarborough).

One person we spoke to from Selby highlighted the vicious cycle they were trapped in whereby they felt unable to afford to pay for necessary dental treatment (due to being unemployed) and yet felt that no one would employ them looking the way they did. Research supports the link between oral health and employment opportunities; in one study, 33% of survey respondents said they felt less confident about job interviews because of poor oral health or felt their oral health condition held them back from getting a job or promotion⁹.



Impact on children's health

Respondents also raised concerns about the potential long-term health impact for their child/children. The impact of not being able to access NHS dental services on children's mental health was also mentioned.

"My three-year-old daughter's teeth have not formed properly and the enamel is very soft. She has seen emergency dentists but I cannot get her registered anywhere local. She needs a regular 12 weekly appointment but I'm having to drive 60 miles for an NHS dentist. The appointments are meant to be 12 weekly but the last one for her was 7 months ago. The rest of the family aren't registered at all. There is an acute shortage of dentists".

(Respondent lives in Craven).

"Our son who is 15 needs to see the orthodontist as he requires braces & we've been told it could be three years + before he might be seen & [have] been told to go private. The cost to do this is very expensive & we just can't afford to do this. Our son is very conscious about how his teeth are & doesn't want to smile & gets frustrated that he is teased by others in & out of school. I'm sure this has an effect on his mental well-being & all I can do is try & reassure him that at some point in the future he will get seen by an NHS dentist".

(Respondent lives in Hambleton & Richmondshire).

As well as concerns for children's oral health, we have also received feedback from pregnant mothers who have been unable to access treatment even though they are entitled to free NHS dental services. Due to hormonal changes during pregnancy, gums can become more vulnerable to plaque, leading to inflammation and bleeding, hence why pregnant women should be able to access free dental care¹⁰.

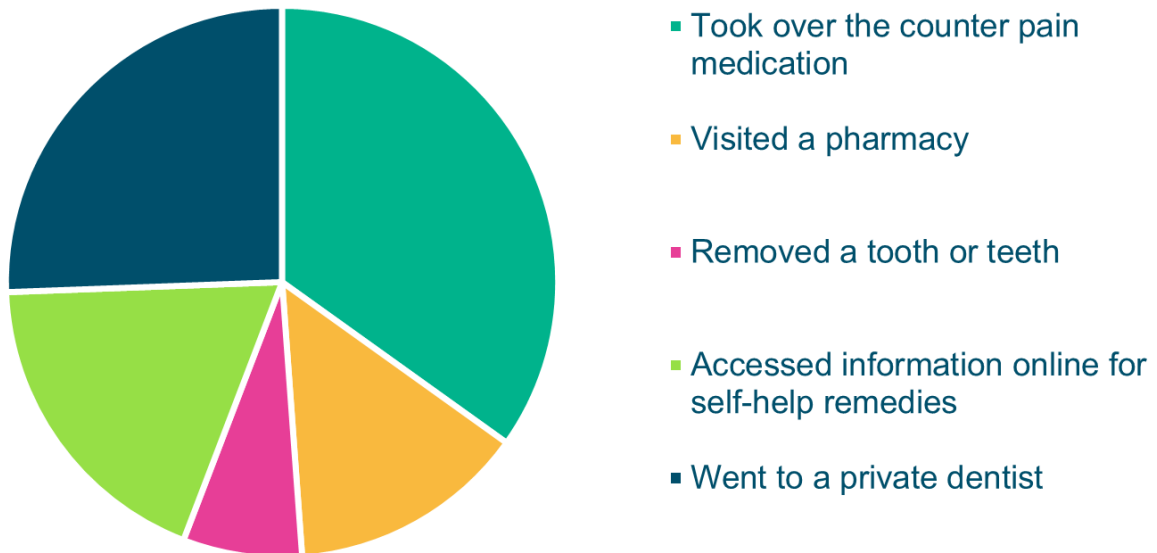


10 [Teeth and gum problems - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Actions people have taken

Due to not being able to access an NHS dentist, a large majority of respondents said they had taken over the counter pain medication or had to see a private dentist where they could afford it, as shown below.

Actions Taken



Over half (54%) of respondents said they have taken over the counter pain medication or used self-help remedies they found online, such as DIY kits to fill broken teeth. In the case study below, the respondent recalls the time they reached the point of almost overdosing on pain killers before they were seen by a dentist.

"I was suffering from pain in my gum/teeth at the back of my mouth and the gum was swollen. I took paracetamol initially however the pain worsened the next day. I called around 10 dentists, both private and NHS, said I would pay privately but none were taking either NHS or private patients, some told me to call 111. I called 111 and was told to go and see my dentist, I explained I didn't have a dentist and was told it was difficult at the moment! The pain was worsening so I ended up taking paracetamol, codeine and ibuprofen, spaced out at regular intervals. I again called 111 and only when I said I was now taking three types of painkiller did they take notice. They said a dentist would call me at around 7.30am next morning so be up and ready to go. No phone call until 1.30pm telling me to go to a practice in Harrogate the next morning at 9.30am, which is around 40 minutes' drive away. I went and was seen for a couple of minutes confirming that I had a gum infection and the dentist prescribed antibiotics which did clear up the infection.

"My complaint is that dentists are not bound to give a person in pain help.

I have heard this complaint from quite a few friends now, surely they should be duty bound to see emergency cases. I've noticed when trying to register that they don't see emergencies either, particularly on a weekend!"

(Respondent lives in Harrogate).

Shockingly, a few respondents said they have even resorted to pulling out their own tooth/teeth; one person from Harrogate (who has been trying to register with an NHS dentist for over three years) recalled the time they were forced to 'remove a splintered tooth rot' themselves. Others said they are close to pulling out one of their own teeth due to not being able to access an NHS or private dentist.

"I've not yet had to take out a tooth - but the time is coming when I'm going to have to. I am a teacher & cannot afford a private dentist - and cannot even get into a private practice! I've tried. The situation is dreadful. My son hasn't been able to get an appointment for the last seven years. We both attended all our NHS appointments and then they removed us during the pandemic as the NHS dentist kept cancelling our appointments".

(Respondent lives in Craven).



Conclusions and recommendations

The current oral health crisis is having a detrimental impact on both the mental and physical health of adults and children across North Yorkshire and is further exacerbating health inequalities amongst the population. Many people have been forced to pay for private treatment where they can afford it or take drastic actions, from using DIY tooth kits to pulling out their own teeth.

These case studies further reinforce the need for urgent and radical reform of the way dentistry is commissioned and provided. Healthwatch North Yorkshire is committed to supporting these changes and would welcome an opportunity to work in partnership with the relevant organisations to help make this happen.

We would recommend that:

- An oral health task force is established for North Yorkshire that aims to tackle the underlying issues we have identified, both in this report and our previous report last year.
- There is a collaborative approach to addressing oral health across the Humber & North Yorkshire Integrated Care System to ensure the commissioning of services meet the needs of the wider population.

Glossary

Oral health - means the health of your entire mouth, including the teeth, gums, tongue and mouth tissues. With good oral health, you can prevent tooth decay and gum disease and poor oral health can affect your ability to sleep, eat and speak.

Integrated Care System (ICS) - is where all partners work together across a geographical area, including hospitals, GP practices, community services, pharmacies, mental health services, local authorities to meet the health and care needs of the population by coordinating and planning services in a way that improves the health of people. There are 42 ICSs covering England.

Commissioning - means the ongoing process for delivering health and social care services by firstly, assessing what the needs of the population is, then planning and designing the service, next procuring (funding) the service and finally monitoring the service for quality. Public and patients should also be involved in this process to ensure that the service meets their needs.

Protected characteristics - the Equality Act 2010 identifies nine protected characteristics and aims to ensure that people are not treated in a discriminatory or oppressive way because of these. These characteristics are age, race, disability, religion, gender reassignment, gender, marriage or civil partnership, sexual orientation, and pregnancy and maternity.

Health inequalities - means the differences in care and access to services that people receive which are both avoidable and unfair. This is often due to a person's health status, which can be based on four factors, their income, geographical location (for example, rural or urban), a protected characteristic (for example, gender or disability), and social exclusion, such as being homeless.

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Thank you to everyone who gave their feedback - we will continue to call for improvements on access to dentistry across North Yorkshire, and the more feedback we receive the greater chance we have in doing so - so thank you for continuing to share your experiences with us.



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