



Healthwatch Isle of Wight Report: NHS Dental Services on the Isle of Wight

April 2021

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Summary

A significant number of people have told Healthwatch Isle of Wight that they live in constant pain as a direct result of being unable to access NHS dentistry services

66 out of 274 people have been advised to register with an NHS dentist that is not located on the Isle of Wight

Only 50.6% of adults on the Isle of Wight accessed a dentist in the 24 months leading up to 31st December 2019

NHS England commissions dental services in England and is required to meet the needs of their local population for both urgent and routine dental care.

The British Dental Association is concerned that mouth cancer referrals have fallen by 60% since the first UK lockdown in March 2020

Untreated dental caries (tooth decay) in permanent teeth is the most common health condition according to the Global Burden of Disease - WHO

The longest interval between oral health reviews for patients aged 18 years and older should be 24 months

Only 54.2% of children on the Isle of Wight accessed a dentist in the 24 months leading up to 31st December 2019 – This is incredibly concerning as NICE guidance recommends children are seen at maximum 12 month intervals

51% of the people that completed the Healthwatch Isle of Wight Dental Survey are not registered with an NHS dentist

Background

Healthwatch Isle of Wight is the ‘consumer champion’ for people using local health and social care services. It was formed in 2013, following legislation to bring in a Healthwatch organisation in every local authority area of England. Feedback is received from local residents on a range of services and discussed regularly with commissioners and providers. Each year a small number of topics are chosen for more detailed examination based upon the feedback received. Dentistry was chosen as one of Healthwatch Isle of Wight’s priority topics in 2020/21, as the number of people reporting issues within this area has increased rapidly.

NHS dental services have been in the spotlight for a number of years throughout England and have recently received a lot of negative feedback. The main area of concern for people is a lack of access. Many national reports have been published recently including one by Healthwatch England. Healthwatch Isle of Wight recognise this is a national issue, however it is important to note that travelling to a dental surgery in a neighbouring county, which is an option throughout most of England, is neither practical nor affordable for the majority of people that live on the Isle of Wight which compounds the issues relating to the lack of dental provision that is available on the Island.

Oral health

The World Health Organisation (WHO) states that²:

- It is estimated that oral diseases affect nearly 3.5 billion people.
- Untreated dental caries (tooth decay) in permanent teeth is the most common health condition according to the Global Burden of Disease.
- More than 530 million children suffer from dental caries of primary teeth (milk teeth)
- Most oral health conditions are largely preventable and can be treated in their early stages.

The National Institute for Health and Care Excellence (NICE) guidance⁵ states that:

The recommended shortest and longest intervals between oral health reviews are as follows:

- The shortest interval between oral health reviews for all patients should be 3 months.

A recall interval of less than 3 months is not normally needed for a routine dental recall. A patient may need to be seen more frequently for specific reasons such as disease management, ongoing courses of treatment, emergency dental interventions, or episodes of specialist care, which are outside the scope of an oral health review.

- The longest interval between oral health reviews for patients younger than 18 years should be 12 months.

There is evidence that the rate of progression of dental caries can be more rapid in children and adolescents than in older people, and it seems to be faster in primary teeth than in permanent teeth (see full guideline). Periodic developmental assessment of the dentition is also required in children.

Recall intervals of no longer than 12 months give the opportunity for delivering and reinforcing preventative advice and for raising awareness of the importance of good oral health. This is particularly important in young children, to lay the foundations for life-long dental health.

- The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.

Recall intervals for patients who have repeatedly demonstrated that they can maintain oral health and who are not considered to be at risk of or from oral disease may be extended over time up to an interval of 24 months. Intervals of longer than 24 months are undesirable because they could diminish the professional relationship between dentist and patient, and people's lifestyles may change.

The local picture.

The Joint Strategic Needs Assessment – Oral Health Briefing (updated November 2017)³ states that:

53.4% of adults on the Isle of Wight accessed a dentist in the previous 24 months.

67.7% of children on the Isle of Wight accessed a dentist in the previous 24 months.

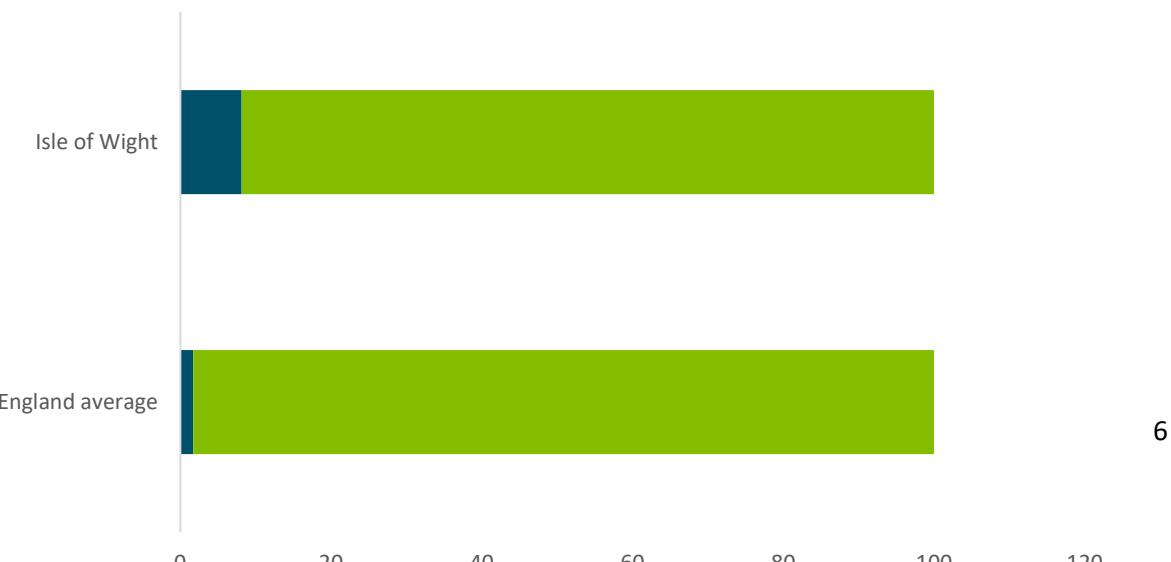
NHS digital shows that in the 24 months leading up to 31st December 2019⁴:

50.6% of adults on the Isle of Wight accessed a dentist in the previous 24 months.

54.2% of children on the Isle of Wight accessed a dentist in the previous 24 months.

This local data demonstrates that the entire local population are not accessing dental services anywhere close to the recommended intervals. What the data can not tell us is whether it is different people that accessed dental services over the reporting periods which amounts to almost four years, or whether it is the same people meaning that up to 56.4% of adults on the Isle of Wight and 33.3% of children may not have accessed a dentist in at least four years. This is of great concern, particularly with regards to children as NICE recommends that the maximum interval for a child under the age of 18 is 12 months yet in 24 months only 54.2% have been seen.

The National Dental Epidemiology Survey: 5 year olds 2014/15 found that 73.6% of children on the Isle of Wight were free from obvious tooth decay which is lower than the England average of 75.2%. Although the JSNA claims this is not statically significant, the percentage of 5 year olds with high levels of plaque on their front teeth is. The England average is 1.7% of children but the Isle of Wight figure stands at 8.1%. The rate of extractions (tooth removal) in 5 year olds on the Isle of Wight was also higher than the England average with 3.1% of 5-year olds surveyed having experience of extraction compared to 2.5% in England.



Accessing NHS dentist

Access to NHS dentistry is different to accessing your GP. NHS Choices states:

There is no need to register with a dentist in the same way as with a GP because you are not bound to a catchment area.

Simply find a dental surgery that's convenient for you, whether it's near your home or work, and phone them to see if there are any appointments available.

Dental surgeries will not always have the capacity to take on new NHS patients – you may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

Once you find a dental surgery, you may have to fill in a registration form at your first visit, which is just to add you to their patient database. However, that does not mean you have guaranteed access to an NHS dental appointment in the future.

NHS Choices further state that if you are finding it difficult to find a dentist:

NHS England commissions dental services in England and is required to meet the needs of their local population for both urgent and routine dental care.

Access to NHS dentistry services are recorded as the number of individual patients scheduled during a 24 month period. Activity is recorded and procured in this way as a result of the NICE guidance stating that the maximum interval between appointments should be 24 months. As this data is converted into the percentage of people in local populations that have accessed dentistry services it is an excellent measure to see what need there may be for more or perhaps in some cases, less provision to be commissioned.

This raises questions as to why only a little over half of the Isle of Wight population have accessed NHS dentistry over the past 2 years. There are currently no dentists on the Isle of Wight that are accepting new NHS patients and this has been the case for some time. If NHS England is required to meet the needs of the local population and NICE guidance suggests a maximum interval of 2 years between routine appointments that would suggest that dental activity that is currently commissioned on the Island needs to be close to doubled to provide for the entire population.

Healthwatch Isle of Wight have repeatedly raised official concerns regarding access to NHS dentistry with NHS England over a number of years and unfortunately the issue not only remains unresolved but has deteriorated. Initially the concerns were dismissed as NHS England stated the needs assessment showed there is plenty of provision commissioned on the Isle of Wight. Healthwatch Isle of Wight have continued to challenge this response and have now been told that there is a lack of provision and a new needs assessment will need to be completed, however this is not a current priority. This is beyond disappointing as there is a wealth of evidence that suggests preventative dentistry is the best way to ensure that avoidable health issues do not occur. It also does not seem to follow the principles of the NICE guidance that states that assessment of oral health needs should be recurring and that responsible bodies should:

- Define the scope of an oral health needs assessment for the local population.
This should include:
 - Conduct the oral health needs assessment as part of a cyclical planning process geared towards improving oral health and reducing health inequalities. It should not be a one-off exercise that simply describes the target population.

Another key piece of NICE guidance that does not appear to have been implemented on the Isle of Wight is:

Recommendation 1 Ensure oral health is a key health and wellbeing priority
Health and wellbeing boards and directors of public health should:

- Make oral health a core component of the joint strategic needs assessment and the health and wellbeing strategy. Review it as part of the yearly update.
- Set up a group that has responsibility for an oral health needs assessment and strategy. Ensure the following contribute to the work of the group:
 - a consultant in dental public health
 - a local authority public health representative
 - an NHS England commissioner of local dental services
 - a representative from a local professional dental network
 - a representative from the local dental committee
 - representatives from children and adult social care services
 - a local Healthwatch representative
 - a senior local government representative to lead on, and act as an advocate for, oral health
 - representatives from relevant community groups.

The 2018 to 2021 Health and Wellbeing strategy makes no mention of oral health and the JSNA factsheet was last updated in November 2017. Newer data is publicly available that would have allowed for this factsheet to be updated yearly but this has not happened. If a group does exist that has responsibility for an oral health needs assessment and strategy Healthwatch Isle of Wight have not been informed nor invited to participate in this work.

The impact of covid-19 on dentistry services.

This main purpose of this report is not to look at the services that were provided throughout the Covid-19 pandemic but it would be negligent to not highlight the impact this has had on both people and the immense pressures and backlogs that have been placed on dentistry providers.

To limit Covid-19 transmissions, dental practices were instructed to close and stop all routine dental care from the 25th March 2020. Emergency dental hubs were quickly set up to support those patients who required emergency dental care and at the beginning of June 2020, dental practices were encouraged to begin face to face appointments again.

We know that lack of access to appropriate dental services can lead not only to people having to suffer immense pain and discomfort, but can also lead to tooth loss and decay. Dentists work with patients and the general public to prevent and treat dental disease, correct dental irregularities and treat dental and facial injuries, but they can also detect head and neck cancers and we are aware that referrals to cancer services have reduced since the start of the pandemic. The British Dental Association is concerned that mouth cancer referrals have fallen by 60% since the first UK lockdown in March 2020.

It is therefore vital that services return to providing pre-covid treatments as soon as it is safe to do so but also that the backlog of routine care is caught up on in a quick and efficient way. It must not be forgotten that some of the people that were unable to access dentistry during the pandemic may also have been waiting a number of years previously and this must become a priority.

What Healthwatch did

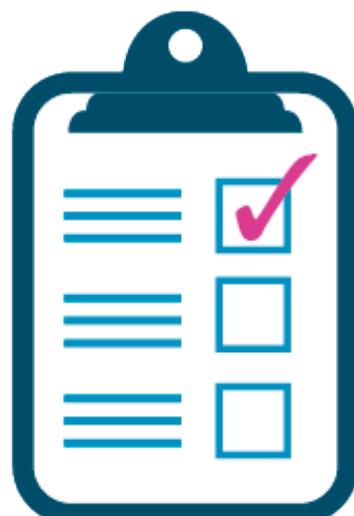
NHS dentistry is an area that people consistently contact Healthwatch about. In 2017 Healthwatch undertook a survey¹ as a supplementary workplan in order to explore this topic further. This survey identified that people were finding it difficult to access an NHS dentist and that it is felt by the public that there are not enough NHS places available. As this piece of work was a supplementary workplan, it did not follow the usual Healthwatch report format of including a conclusion and recommendations. It was however sent to NHS England as they are the responsible body for commissioning NHS dentistry.

Feedback received from members of the public since this survey has identified that NHS dental appointments are increasingly difficult to access for those that are registered with an NHS dentist and for those that are not it has become almost impossible to access a dentist with many people being advised to register off Island. Emergency provision has also become a concern with people reporting it is difficult to access and that it is unknown how this can be accessed. This has resulted in some people living in extreme pain and losing teeth that perhaps could have been saved with dental intervention.

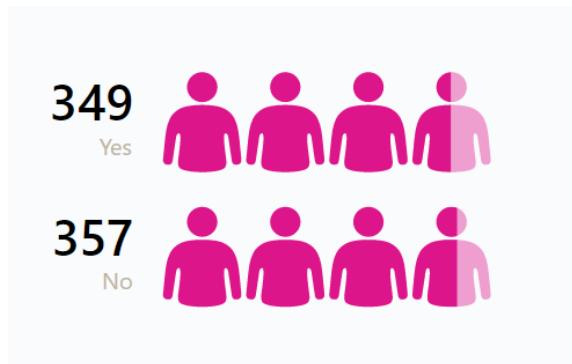
As a result of this more recent feedback an analysis was undertaken in October 2020 by the Healthwatch team. This was used to formulate a survey that was launched in November 2020 with a closing date of 31st December 2020. The focus areas of the survey were:

- Access to routine NHS dental care
- Cost of treatment
- Support during dental emergencies (urgent dental care)

Specific questions were asked to capture the experiences of those that have sought NHS dental services throughout the pandemic.



What Healthwatch found: The survey results



Q1) Are you registered with an NHS Dentist?

Out of the 706 people that answered this question 49% are registered with an NHS dentist and 51% are not.

Q2) What is the name of your dental practice?

307 people answered this question. (The list of responses can be found in the appendix at the end of this report).

Q3) Is it easy to make an appointment with Your NHS dentist?

Out of the 349 people that are registered with an NHS dentist 299 answered this question.

39% of those said it is easy to make an appointment with their NHS dentist and 61% said no it is not easy.

189 comments were received for this question.



Contradiction! It is easy enough to 'MAKE' an appointment but 'IMPOSSIBLE' to actually have an appointment! Every single appointment has been cancelled an hour before due. I desperately need multiple tooth extraction and dentures, unable to eat properly. My teenage son has not seen a dentist for almost five years since we moved to the island.

Usually before covid there was long wait times and many times appointments were cancelled. Haven't had appointment now for 2 years they keep cancelling my appointment.

We have to use our old mainland dentist as unable to find any NHS dentists on the Island taking new customers

Appointments are often cancelled at short notice with no alternative date offered.

Very easy, always helpful and give you the best advice and makes it accessible for your own personal life

I had to wait 18 months when one dentist left and a new dentist came in. And each appointment thereafter is supposed to be 9 months!

Prior to COVID I never had any issues making an appt.

247

Yes



50

No



Four times. Having waited a year for an appointment, it was cancelled four times - once understandably due to Covid. it was cancelled four times - once understandably

At least twice and I'd waited almost a year to for it. It's now over 2.5 years since my daughter myself and husband have been seen.

Q4) Have you had a dental appointment cancelled by your NHS dentist in the last 18 months?

Out of the 297 people that answered this question 85% had an appointment cancelled in the previous 18 months and 15% had not. 143 comments were received for this question.

I have had 4 appointments cancelled! Not been seen since registered!

Because of lack of staff

Due to covid

Every appointment made has been cancelled at last minute, Only been in the door on two occasions as emergency

Q5) Was the appointment rescheduled?

Of the 247 people that answered this question:

65% have not had their appointment rescheduled

4% had their appointment rescheduled within 1 month of the original appointment

11% had their appointment rescheduled 1-3 months after the original appointment

10% had their appointment rescheduled 3-6 months after the original appointment

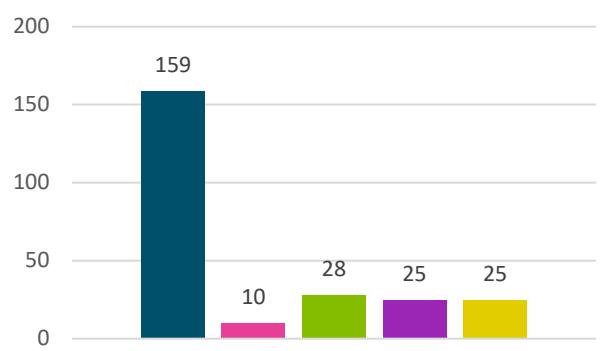
10% had their appointment rescheduled 6+ months after their original appointment.

84 comments were received for this question.

This happens repeatedly. I asked receptionist if I was doing something wrong, but was told 'it happens to everyone, we don't have enough dentists & they keep leaving'

Normally told that my dentist is ill or not in today even tho the appointment was arranged months ago

Said they would send me appointment not heard since



I was due to see my dentist in March 2020. This was postponed until October when I was offered an appointment. I have had good treatment since then with appointments not being a problem.

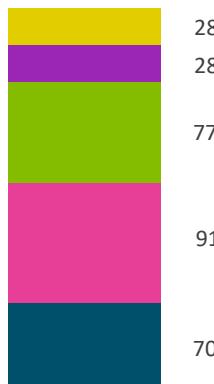
■ Very unhelpful

■ Unhelpful

■ Neither unhelpful nor helpful

■ Helpful

■ Very helpful



How long is a piece of string approach

Rescheduled 4 times

Q6) How would you describe the staff at your dental practice?

Of the 294 people that answered this question:

9.5% describe the staff as very unhelpful

9.5% describe the staff as unhelpful

26% describe the staff as neither unhelpful nor helpful

31% describe the staff as helpful

24 describe the staff as very helpful

90 comments were received for this question.

I am a very nervous patient and everyone at the practice are sensitive and caring to your needs

They were very helpful and understanding

Polite and courteous.

If lucky there is the odd nice receptionist but they never last long, the dentist is very rude and not a people person which means I only go when I have to and can't wait to leave

cannot fault them - brilliant

Q7) Have your dental charges increased this year?

Of the 293 people that answered this question:

35% of people said their dental charges had increased this year

65% of people said their dental charges had not increased this year

153 comments were received for this question.

But at my appointment I was told I would have to go private for a root canal filling as the practice didn't have the appropriate equipment to do it. The private dentist they suggested I attend will charge upwards of £800 for root canal treatment. The same tooth has already been root canal filled by NHS previously?

Can't see a dentist- no doubt when I finally do it'll be a fortune for major work that could have been resolved earlier at far less cost and pain

102

Yes



191

No

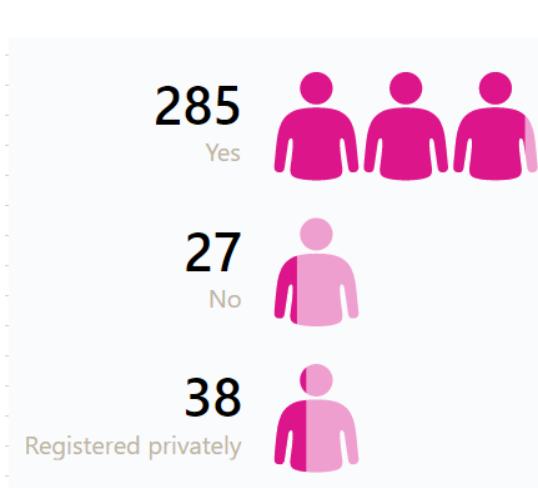


No ppe charges and they honoured the treatment plan costs which were given before the lockdown

Having to pay £7. For ppe

Who knows! Can't get near the place to find ..

Honestly I don't know as I haven't been able to be seen but every time I have an app it feels like the prices have gone up



Q8) Have you tried registering with an NHS dentist?

Of the 350 people that answered this question:

81% of people have tried to register with an NHS dentist

8% of people have not tried to register with an NHS dentist

11% of people registered with a private dentist by choice

160 comments were received for this question.

For two years I have rung every dentist on the island weekly to see if they're taking on new NHS patients.

I have been trying to register both myself and my son with an NHS dentist on the island for over 6 years, but not even been added to a waitlist.

I have phoned numerous dentists since moving to the island in March, told the same story every time.
No new NHS patients being taken on, but we can take you on as a private patient.

No one taken us on five kids never been to a dentist because we cant get any I have Hardly any left always in pain cant eat lose so much weight and dont wanna go out as its very embarrassing if I speak or smile

Q9) How long have you been trying to register With an NHS dentist?

Out of the 279 people that answered this question:

5% of people have been trying to register with an NHS dentist for 0-3 months

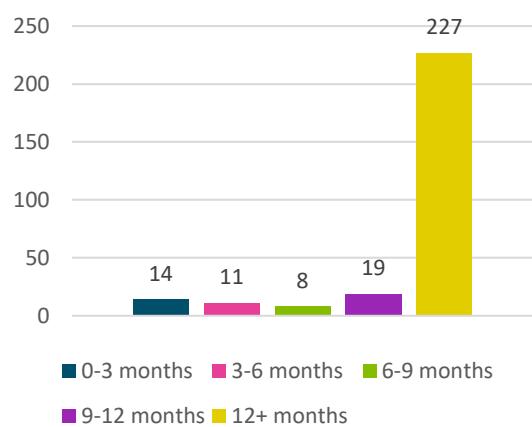
4% of people have been trying to register with an NHS dentist for 3+6 months

3% of people have been trying to register with an NHS dentist for 6-9 months

7% of people have been trying to register with an NHS dentist for 9-12 months

81% of people have been trying to register with an NHS dentist for 12+ months

73 comments were received for this question.



12 years i tryed for me and kids

Zero availability for years.

Haven't had a dentist for 12 years

Over six years!

4 1/2 years waiting now and not a chance of getting into one.

I contacted the NHS England customer service online chat and the nearest dentists they could suggest were in Portsmouth or Southampton, both a ferry ride away.

103 Yes



174 No

No



End up waiting for emergency call back for three days!

Didn't know that 111 could assist with this

We were told no one was taking nhs

NHS 111 doesn't really want to know they come across as very rude and don't really want to take the call

Q10) Have you contacted 111 within the last 12 months to assist you in registering with an NHS dentist?

Of the 277 people that answered this question:

37% of people have contacted 111 within the last 12 months to assist them registering with an NHS dentist

63% of people have not contacted 111

within the last 12 months to assist them in registering with an NHS dentist

60 comments were received for this question.

Was sent to hospital for emergency antibiotics as dentist was closed

66 Yes



208 No

No



To me this is a ridiculous suggestion, if you consider the logistics of getting to a mainland dentist, trying to attend an appointment on time. If you needed a course of treatments the NHS charges plus probable meal and travel expenses could easily add up to more than going private on the Island. The idea of an elderly person doing all that's involved in a one day round trip to the mainland is unacceptable.

No one has given me any advice and when I have attempted to get some advice it was unhelpful

Q11) Have you ever been advised to register with an NHS dentist that is not located on the Isle of Wight?

Out of the 274 people that answered this question:

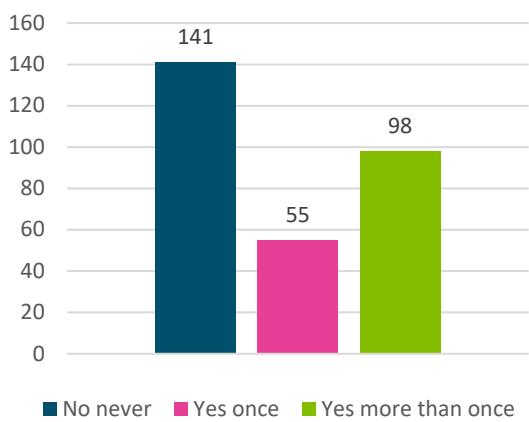
24% of people have been advised to register with an NHS dentist that is not located on the Isle of Wight

76% of people have not been advised to register with an NHS dentist that is not located on the Isle of Wight

35 comments were received for this question.

i have been told by NHS 111 that there is several dentists in Portsmouth that are taking NHS patients. When I asked who would pay the ferry crossings cost i got no reply

I got told to go south sea but that impossible with money and five kids



Q12) Have you ever had to seek private dental treatment for routine care as a result of being unable to access an NHS dentist?

Out of the 294 people that answered this question:

48% of people have never sought private routine care as a result of being unable to access an NHS dentist

19% of people have sought private routine care once as a result of being unable to access an NHS dentist

33% of people have sought private routine care more than once as a result of being unable to access an NHS dentist.

79 comments were received for this question.

Have to pay top prices for basic treatment

It was too much money to get my teeth done they said it cost about 1300

Twice

i used a dremel and a pair of pliers to remove a tooth myself

Q13) When was the last time you saw a dentist?

Of the 623 people answered this question:

22% of people saw a dentist 0+3 months ago

6% of people saw a dentist 3-6 months ago

5% of people saw a dentist 6-9 months ago

16% of people saw a dentist 9-12 months ago

20% of people saw a dentist 12-18 months ago

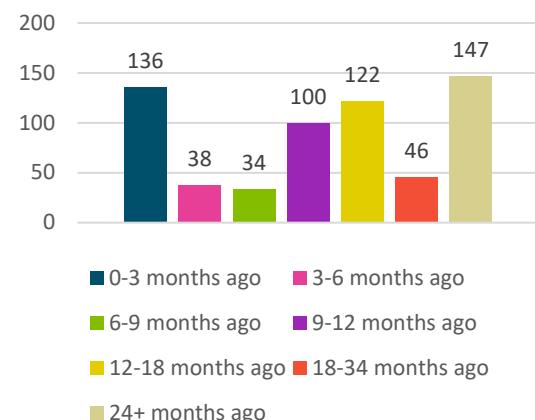
7% of people saw a dentist 18-24 months ago

24% of people saw a dentist 24+ months ago

146 comments were received for this question.

5 years ago.

If I'd known it was going to be this bad I wish I'd have stayed with dentist on mainland and all of us to have travelled for checkups



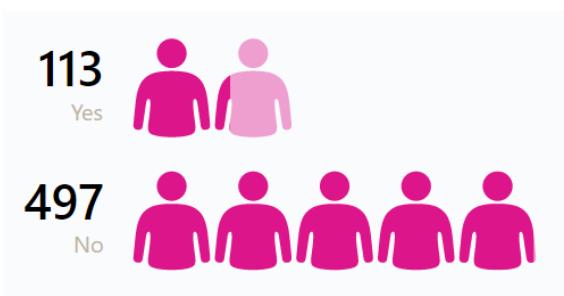
I haven't seen a dentist since 2002 and then was an emergency

Had treatment and was told to phone if in any pain. Excruciating pain over a weekend; phoned for emergency appointment - to be told it would be in two weeks time. Two days before the appointment was due to take place it was cancelled via a text message. I then paid to go privately and was given antibiotics.

Q14. If you have not been able to register with an NHS dentist, how do you feel this has affected you and /or your family?

380 responses were received for this question.





Q15) Have you called 111 for emergency dental care within the last 12 months?

Out of the 610 people that answered this question:

19% of people have contacted 111 for emergency dental care within the last 12 months

81% of people have not contacted 111 for emergency dental care within the last 12 months

75 comments were received for this question.

{ Didn't know I could will try tomorrow }

{ they told me they do not deal with dental appointments and I had to plead with a dental practice after phoning a few to please let me speak to a dentist }

{ But then let down by the dentists we were told to go too }

{ This did not help me to secure an appointment. }

{ Twice for tooth which broke once and a filling came out of it. Needs removing but can't be done at dentist because of my meds for osteoporosis. }

{ I have a cracked tooth and my back ones are hurting, but would not want to take an appointment from someone who may be in more need }

{ Needed emergency extraction and then 3 months later needed another. appt made during lockdown but surgery rang me up to say dentist couldn't get over from mainland. In the end forced tooth out myself as chemo patient could not risk infection. }



Q16) Were they able to find you an appointment?

Of the 113 people that answered this question:

40% of people said 111 were able to find them an appointment

60% of people said 111 were not able to find them an appointment

Q17) Did you receive the treatment you needed?



Of the 113 people that answered this question:

44% of people received the treatment they needed

56% of people did not receive the treatment they needed.

53 comments were received for this question.

Not classed as an emergency. No front teeth is an emergency to

Still more needed but would not do it

After trying to get help with a abscess for a few weeks I have since given up as I see no hope, despite being in constant pain

Somewhat. They got me a brief phone consultation and antibiotics. but no actual treatment

I had to have a tooth taken out, which probably could have been saved if I had been seen by a dentist before my tooth got into that state

Q18. If you were not able to get the treatment you needed, how did this affect you?

60 responses were received for this question.

repeated pain because of the infections, depression and several times off sick from work

I'm still in pain and the problem is getting worse.

I felt disheartened that I have to sort my dental problems on my own and not even be seen.

I currently have a tooth that requires a crown but unfortunately due to covid and not being registered, it's likely I'm Going to lose it!

Had to go to southampton

Awful pain

Problems still on going

The emergency dentist will only patch up until you see your dentist but if you haven't got a dentist this means there is no way to get the work done. I ended up crying in the dentist room. I was very embarrassed

I've just put up with the pain

I had to deal with the pain.

Cannot chew and has resulted in a low quality diet - very frustrated

When the temporary filling falls out (which the dentist said could last just a few days) I am worried about decay setting in and ultimately causing pain and losing a tooth.



Q19) If you needed follow up treatment following an emergency dental appointment, did the dentist inform you of this?

Of the 109 people that answered this question:

39% of people were informed they needed follow up treatment following emergency treatment

61% of people were not informed they needed follow up treatment following emergency treatment

27 comments were received for this question.

I need a filling but it would only be booked in for me as a private patient and not NHS.

Offered private appointments only

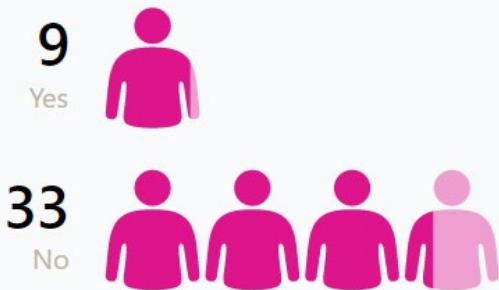
Hospital treatment needed

But nowhere to go

Yes but was always told to go private when couldn't afford it

They made me an appointment to take the tooth out

The dentist I saw was rude and stated that she didn't have time to explain what a root canal entails.



Q20) Have you been able to access this follow up treatment from an NHS dentist?

Of the 42 people that answered this question:

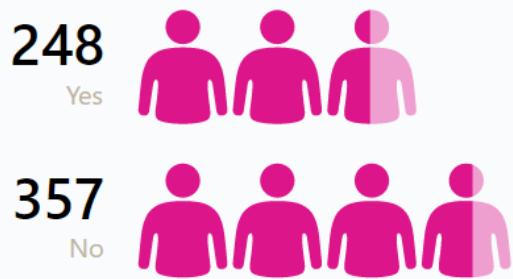
21% of people were able to access follow up treatment from an NHS dentist

79% of people were not able to access follow up treatment from an NHS dentist

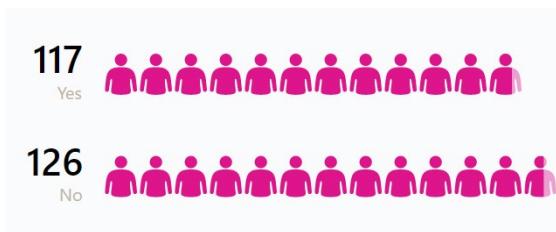
Q21) Have you contacted an NHS dentist during the covid-19 pandemic?

Of the 605 people that answered this question:

41% of people have contacted an NHS dentist during the covid-19 pandemic



59% of people have not contacted an NHS dentist during the covid-19 pandemic



Q22) Were you offered telephone triage?

Out of the 248 people that answered this question:

48% of people were offered telephone triage

52% of people were not offered telephone triage

Q23) Were you asked to pay for this?

Of the 115 people that answered this question:

10% were asked to pay

90% were not asked to pay

12 comments were received for this question

15
Yes

131
No

I was told that they couldn't do a filling but could take an X-ray. As this wouldn't have helped I have taken paracetamol instead

Not Yet but will have to pay for treatment resulting

At private patient costs

Not yet as I have to go back for treatment

Not the triage but I did have to pay for the tooth removal which I had to borrow

389
No

51
Declined NHS

153
Declined Private

Q24) Have you ever declined dental treatment due to not being able to afford it?

Of the 595 people that answered this question:

65% of people have never declined dental treatment due to not being able to afford it

9% of people have declined NHS dental treatment due to not being able to afford it

26% of people have declined private dental treatment due to not being able to afford it.

Respondents were then asked - If you would like to share more detail of your experiences of dental services please do so here:

117 responses were received.



Appalling services on this island only available nhs dentist is 3 separate buses from me. At 84 years in middle of pandemic plus I have significant health issues

No NHS dentist available, private dentist charged over £800 for infection of tooth. They then wanted me to be a registered patient which I could not afford

I am a pensioner and feel I should be able to access nhs dentistry.

I am lucky that I can afford to pay for private treatment if necessary but I know this is not the case for many.

I was told to pay for private dental care for myself and 3 kids, which even paying monthly is

I was advised to have root canal treatment on one back tooth but told by my dentist that he didn't do them but could arrange it privately over in Fareham £1500!! Having said that I was very satisfied with my dentist and the treatment I received.

I was quoted over £700 for a few fillings which i definitely cannot afford.

I can pay for the check up but several work is not something I can afford right now. If I desperately needed work I would use credit cards.

After an accident we were quoted over £1000 for the treatment. After an emergency referral from our doctor we ended up paying around £400.

I cannot afford private treatment for my teenagers, which would include xrays, possible teeth removal and braces

My dentist called me during the summer to check to see how I was. Very thoughtful

Dentist said my 2 front teeth needed crowning but the price increase between band 2 & 3 is ridiculous from £56 to over £200

If I could I would just pay so my daughter and I could get seen, the reality is i just dont have the money. The last time I saw a dentist at this practice he failed to repair a chipped tooth, just filed the edge down- it failed less than 2 weeks after I saw him and I had to pay a whole new nhs charge for a massive filling as the side had sheared off that tooth- I doubt very much this would have been the case privately- they would have repaired it properly the first time. This dentist left abruptly not long afterwards.

the lack of available dental care on the Island is appalling and can be likened to a third world country

Conclusions

The results of the survey along with the statistics from the JSNA³ clearly show that access to NHS dental services on the Isle of Wight are of serious concern. Almost half of Island adults are unable to access NHS dental services and the comments that have been received from this survey and by Healthwatch in general over the years show this is a longstanding issue that has not been addressed effectively and has been deteriorating rapidly. This is now compounded by covid-19 and without a large increase in commissioned NHS dental activity is likely to only worsen as dental surgeries are limited on the treatments they can currently offer.

The sentiment of the comments received from the survey have been overwhelmingly negative. People have been understanding of the changes that occurred within NHS dental services as part of the covid-19 response but have voiced their concerns over fairness when private dental services are continuing to offer treatments that are not being allowed on the NHS. This has understandably caused a lot of frustration and upset for people.

A significant number of people have been refused NHS dental care with lack of availability cited as the reason. Commissioners also state that there are a lack of dental staff which means NHS commissioned activity is limited yet these same people are being offered the treatments they require if they are willing to pay privately. This appears to contradict there not being enough dental staff and would seem to indicate a commissioning issue.

Private dental treatment and the associated costs are an obstacle to dentistry services for many people. There were many comments received both in the survey and as separate feedback to Healthwatch that people are having to decline or in some cases not even seek treatment to begin with due to it being unaffordable to them. The survey highlighted that for many people with gum issued the hygienist charge whether private or NHS has become an essential part of routine preventative care that people are accessing less as a result of the costs.

It is worth noting that peoples frustrations with dentistry services are not aimed at the staff. For the people that are registered with an NHS dentist and have completed the survey in general they find the staff at their dental practices helpful or very helpful. Although some negative comments were received regarding the attitude of some staff members being abrupt and at times rude, most of the negative comments centred around the lack of communication around rescheduling of appointments that have been cancelled during the pandemic.

The impact of this gap in services for people has and continues to be profound. As a direct result of being unable to access preventative dentistry people have been living in pain, reliant on pain killers and repeated antibiotics, unable to eat and in some cases of utter

desperation, resorting to removing their own teeth. People are suffering with their confidence and overall wellbeing as a result of their oral health and this is quite simply unacceptable.

We cannot underestimate the affect that poor dental health can have on the quality of life of people. It can have serious and devastating consequences on people's diet, their confidence, their ability to work and maintain relationships. People have reported to us that they have got into debt, purely to pay for essential dental care.

This is one of the biggest health inequalities that IOW residents face at the present time. Put quite simply, if you can afford private dental treatment, then you will be able to get the treatment you need. If you cannot afford to pay, then you will not be able to get the treatment you need.

Recommendations

NHS England/Improvement SE

1. An oral health needs assessment be undertaken immediately in order to ascertain the current needs of the local Isle of Wight population. This should be undertaken as per NICE guidelines.
2. Additional dental activity be commissioned before the outcome of the oral health needs assessment to alleviate the pressures that have arisen as a result of a historical lack of provision and the more recent effects of the covid-19 pandemic.

Isle of Wight Health and Wellbeing Board

3. Oral health be adopted as a priority area in the health and wellbeing strategy as soon as possible and included in all future versions as per NICE guidance.
4. Focus on oral health of children in order to reduce the prevalence of front teeth plaque in younger children.

Isle of Wight Council

5. JSNA oral health factsheet to be updated as soon as possible and the data be renewed yearly as per NICE guidance.

Isle of Wight Council, IOW NHS Trust, Hampshire, Southampton and Isle of Wight CCG.

6. Mouth Care Matters initiative to be adopted and promoted by the IOW NHS Trust, the IOW Council and Hampshire, Southampton and Isle of Wight Clinical Commissioning group

References

- 1 - <https://www.healthwatchisleofwight.co.uk/report/2018-06-01/dentistry-services-isle-wight-2018>
- 2 - <https://www.who.int/news-room/fact-sheets/detail/oral-health>
- 3 - <https://www.iow.gov.uk/azservices/documents/2552-Oral-Health-factsheet-Nov-2017-FINAL-v2.pdf>
- 4 -
<https://app.powerbi.com/view?r=eyJrIjoiYTRIMzJiYTEtMTgwMi00ZTdiLTgzMWUtZGM5Y2NmMTI5MGE4IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjIIMiIsmMiOjh9>
- 5 - <https://www.nice.org.uk/guidance/cg19/chapter/1-Guidance>
[http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx)
<file:///C:/Users/Nikki%20Stewart/Downloads/2721-3950PH-HWS-2018-April-2018.pdf>
<https://bda.org/oralcancer>



Chief Executive
John Metcalfe

Joanna Smith
Healthwatch Manager
Healthwatch Isle of Wight

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From
Public Health
Floor 4, County Hall
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Isle of Wight
PO30 1UD

9 June 2021

Dear Joanna

The Isle of Wight Council would like to express their sincere thanks to Healthwatch Isle of Wight for undertaking the report about dentistry on the Isle of Wight following a survey of residents.

Statements, standards and recommendations from national guidance are presented. However, the report suggests that the main areas of concern for people on the Isle of Wight relate to a lack of access to NHS dental services, be it registration with NHS dentists not located on the Isle of Wight or lower proportions of adults and children accessing a dentist against recommended interval standards.

NHS England and Improvement (NHSE/I) is responsible for directly commissioning primary and secondary care dental services to meet local need. Public Health England (PHE) works with local authorities to promote better oral health through public health promotion and action. In view of this, and as the main area of concern is lack of access to NHS dental services, the response to the recommendations and report would be more appropriately addressed through the Isle of Wight Council's Policy and Scrutiny Committee for Health and Social Care and directly with NHSE/I.

In terms of the recommendations:

1. An oral health needs assessment needs to inform the commissioning of dental services to meet local need will be part of the JSNA.
2. The Office of the Chief Dental Officer (OCDO) England and NHSE/I continue to publish guidance for dental practices towards the resumption of the full range of dental provision, including addressing the COVID-19 back log.
3. The Isle of Wight Health Public Health Strategy does include oral health, with a focus on oral health of children.
4. As the Isle of Wight Health and Wellbeing Strategy is contingent on the Isle of Wight Joint Strategic Needs Assessment (JSNA), it will include oral health. (See point 5)
5. During the pandemic, the JSNA work programme was suspended as the Public Health Intelligence Team prioritised COVID-19 response work. It is anticipated that the JSNA work programme will recommence summer 2021. However this is dependent on COVID-19 response work reducing significantly. The JSNA report will include oral health.

Cont ...

6. The Mouth Care Matters initiative can be reviewed and if needed adopted and promoted across the Isle of Wight.

I note that the Healthwatch Isle of Wight Dental Survey was undertaken in October 2020 by the Healthwatch team. As the survey was conducted during the COVID-19 pandemic, it is therefore likely to have highlighted exacerbated dental health need and inequalities.

In conclusion, it would be remiss of me as Director of Public Health if some of the national initiatives launched/good practice and reports published during the pandemic were not highlighted. They need to complement findings from the Healthwatch Isle of Wight dental report:

- Public Health England (PHE) have conducted a Health Equity Assessment on [Cancelled general anaesthetic extraction lists due to COVID-19](#) to identify some of the health inequalities in this context. This was shared with dental service commissioners, and they are now using it in their discussions with stakeholders.
- NHS England South East circulated national messaging via social media, including posters and communications about access to dental care. NHS England and NHS Improvement 'Updates on NHS dental services' were also shared with a large number of stakeholders including pharmacies, GP practices, MPs, CCGs, STPs, Healthwatch, CQC, 111 and local authorities. Information on dental practice and COVID-19 continues to be available [here](#).
- [COVID-19 supervised toothbrushing guidance](#) was published and circulated to early years and schools via the Department for Education (DfE). It has been widely consulted and reviewed including with consultant medical microbiology, IPC, DFE and schools.
- The decreased access to dental care nationally due to the current pandemic has underlined how important it is to help all children achieve and maintain a good standard of oral health. Following the October 2019 DfE consultation on [Early Years Foundation Stage \(EYFS\) reforms](#), oral health has now been included within EYFS. It is included within the safeguarding and welfare requirements of the EYFS framework. Note that a central view from the consultation was that, if included, this requirement should be delivered in collaboration with other professionals and with parents.
- The [PHE Oral Cancer report](#) published in May 2020 shows that national incidence and mortality rates for oral cancer have risen in recent years, and most cases present with advanced disease, which reduces prognosis. Risk factors for oral cancer include smoking, other ways of using tobacco such as chewing, drinking alcohol and infection with the human papilloma virus (HPV). Data is for 2012 to 2016. For the Isle of Wight, at 8.17 per 100,000 the standardised incidence rate for oral cancer was not statistically different to the national rate (8.36). The standardised mortality rate at 2.23 per 100,000 was also not statistically different to the national rate (2.19). The data in this report will contribute to the Isle of Wight JSNA and be used by commissioners in planning health improvement initiatives and clinical services.
- The Office of the Chief Dental Officer has updated *Starting Well Core* guidance for commissioners '[Starting Well Core: 0-2s dental access and prevention framework](#)' in September 2019. Starting Well Core is a commissioning approach designed to promote dental access and preventive care for children aged 0-2 years.

Kind regards.



Simon Bryant
Director of Public Health

NHS England and NHS Improvement Response 14 June 2021 to the Healthwatch Isle of Wight Report April 2021

Thank you for sight of your report and the opportunity to comment prior to publication.

Patient registration was abolished in 2006 with the introduction of the current dental contracts and therefore a dental practice does not register patients in the same way that a GP practice registers a patient. Across the South East region approximately 50% of the population attend an NHS dentist on a regular basis, around 30% choose to have private dental treatment and 20% only attend a dentist if they have an urgent need. Whilst patients are not registered with an NHS dental practice, those who attend regularly would regard the practice they attend as their practice. A dental practice is only responsible for a patient whilst they are in a course of treatment (COT), however a patient can attend any dental practice that has capacity to treat them. Many practices hold their own list of regular patients to plan their contract delivery, but this is not the same as registration and the term registration should not be used as it is confusing to a patient. Most patients expect to be seen/treated at a practice which they may have attended infrequently for treatment, whereas the dentist does not have a responsibility to see/treat them if they do not have the NHS contract availability or workforce capacity at the time of contact. It is important for Healthwatch and patients to understand this and how this use of language impacts on perception of availability of a dentist.

People's ability to pay to attend dental appointments regularly also impacts attendance.

Private/NHS provision

All NHS practices have been advised to continue to offer NHS care in line with their previous NHS commitment and they should not advise that NHS services are unavailable with a view to gaining the patients agreement to undergo treatment privately.

Units of Dental Activity - UDA for short, is how dentistry is contracted. This is not the same as band 1, band 2 and band 3 charges that a patient pays, but are aligned for claiming activity completed by the dentist; for instance a band 1 treatment = 1 UDA, band 2 treatment = 3 UDA's and a band 3 treatment = 12 UDA's.

On average a full-time dentist who does the majority of their care under the NHS is likely to have the capacity to provide 7,000 UDA's per year (some dentists may provide more, some may provide less dependent on the contract size). All practices have a finite number of UDA's which equates to their contracted level of activity to provide within a financial year which runs April to March. Contracted activity varies, so each practice can have different levels even though they could be of a similar size or in a similar location, therefore not all NHS dentists will have full-time work on the NHS and will provide both NHS and private activity.

Dental practices will plan their UDA's into monthly activity to manage their contract through the year. Therefore, sometimes a dental practice is unable to accept new patients as they have reached their NHS capacity for that month.

NHS commissioners are required to follow procurement and competition regulations to commission new activity and can only do so where there is an increase in the budget allocation.

Contractual activity on the Isle of Wight

Currently there are 15 general dental contracts operating out of 14 locations on the Isle of Wight; in addition there are 2 orthodontic contracts and 1 oral surgery contract (which operates across 2 locations). The Island also has community dental services (for patients who have additional/special needs) and hospital provision.

In the financial year 2019/20 to 2021/22 an expression of interest was sought from all practices in Hampshire to undertake additional activity on a temporary basis. On the Isle of Wight practices only had the ability to accept 5,770 extra UDA's. Had practices had the ability to deliver more it would have been offered. This temporary commissioned activity increased the UDA's available on the Isle of Wight to 263,686 UDA's. A commissioning Needs Assessment will be undertaken for Hampshire and the Isle of Wight to determine where these should be recurrently commissioned from 2022/23 onwards.

The achieved UDA's at year end is far less than the commissioned activity as demonstrated below in table 1. This was largely due to vacancies which practices had been unable to recruit to.

Table 1.

Isle of Wight - Dental activity comparison - commissioned vs achievement						
Year	Permanently Commissioned (Recurrent) UDAs	Urgent Access (111 bookable) UDAs	Temporary Commissioned (Non-Recurrent) UDAs	Total Commissioned UDAs	Achieved UDAs	Achievement %
2018/19	254,702	8,428	-	263,130	209,906	80%
2019/20	247,829	10,087	5,770	263,686	213,287	81%
2020/21	247,829	10,087	5,770	263,686	63,658	24%
2021/22	247,829	10,087	5,770	263,686	TBC	TBC

NB: 2020/21 achievement affected by service cessation/resumption due to Covid-19

Benchmarking according to deprivation

The Local Authority Index of Multiple Deprivation (LA IMD) data for 2019 highlights the Isle of Wight was rated 98 in the country out of 317 Local Authorities.

Table 2 shows:

- the number of UDA's that are commissioned on the Isle of Wight per head of population is the greatest for the whole of Hampshire and the Isle of Wight
- the practices are unable to fully deliver the commissioned UDA's. Practices do not wish to recurrently reduce their contracted activity as they are attempting to recruit.

Table 2 Index of Multiple Deprivation Data.

Local Authority	Total Contracted UDAs (inc sed etc)	LA IMD Rank of average score 2019	LA Population all ages mid 2019	Recurrent Commissioned UDAs per head of LA population
Isle of Wight	257,916	98	141,771	1.82
Southampton	453,136	61	252,520	1.79
Havant	200,163	119	126,220	1.59
Eastleigh	210,729	287	133,584	1.58
New Forest	274,091	240	180,086	1.52
Portsmouth	320,794	59	214,905	1.49
Gosport	122,533	133	84,838	1.44
Fareham	153,485	298	116,233	1.32
Basingstoke and Deane	226,819	243	176,582	1.28
Winchester	153,467	292	124,859	1.23
East Hampshire	146,458	285	122,308	1.20
Test Valley	130,729	261	126,160	1.04

Patient attendance figures to December 2019

The graphics below show the number of adults and children accessing dentistry over the period up to December 2019. Comparing this to the England average this shows:

- adult attendance is 1% higher
- children attendance is 4.2% lower
- approximately 50% of the population attends an NHS dentist on a regular basis, around 30% choose to have private dental treatment and 20% only attend a dentist if they have an urgent need. Deprivation may play a part in attendance
- nationally attendance in 2020 has reduced considerably.

Patients Seen in Clinical Commissioning Groups

Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.



Patient type

- Adult
- Child

Quarter end date

31 December 2019

Region name

All

CCG name

NHS Isle of Wight CCG

Adults refers to the number who received NHS dental care in the preceding 24 months of the quarters end date.

Child relates to the preceding 12 months.

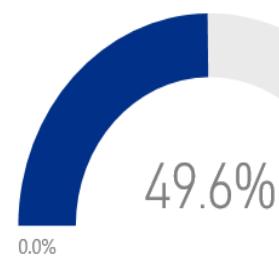
Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.

Patient type ● Adult

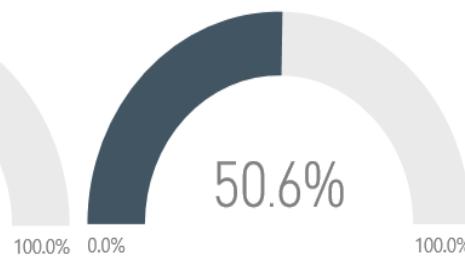


Percentage of population seen in CCGs for selected patient type and date

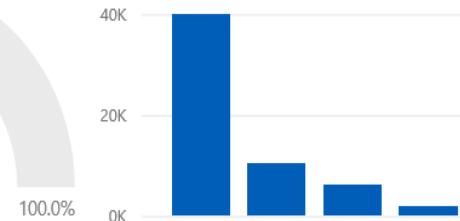
England population seen



Population seen for selected geography



Number of patients seen by age-band



Adult breakdown available from 30 September 2019



To access the publication, including the underlying data in csv format, click [here](#)

Patients Seen in Clinical Commissioning Groups

Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.

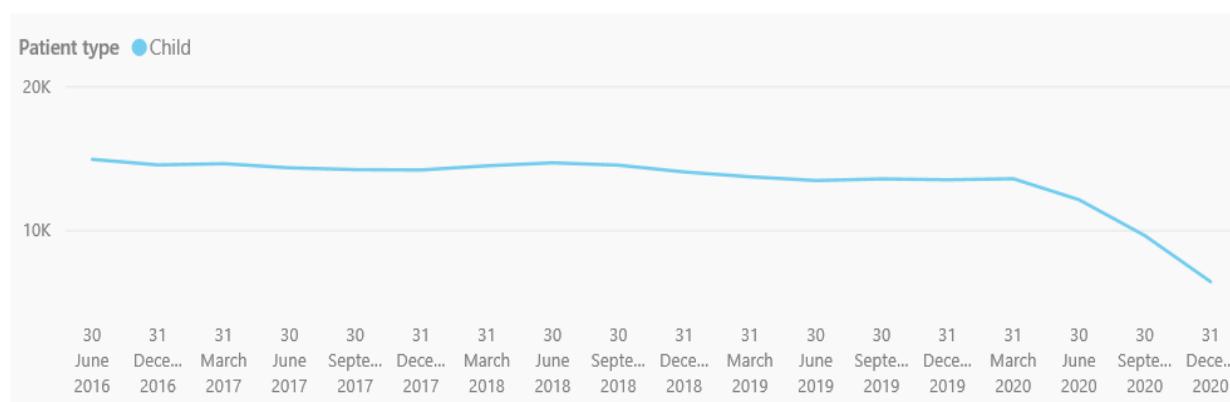


Patient type	Quarter end date	Region name	CCG name
<input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child	31 December 2019	All	NHS Isle of Wight CCG

Adults refers to the number who received NHS dental care in the preceding 24 months of the quarters end date.

Child relates to the preceding 12 months.

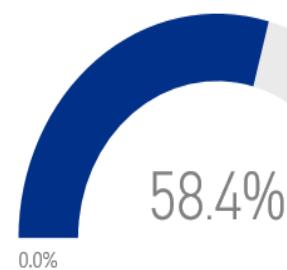
Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as 'Unallocated'.



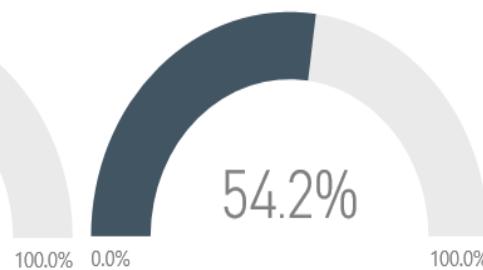
Percentage of population seen in CCGs for selected patient type and date



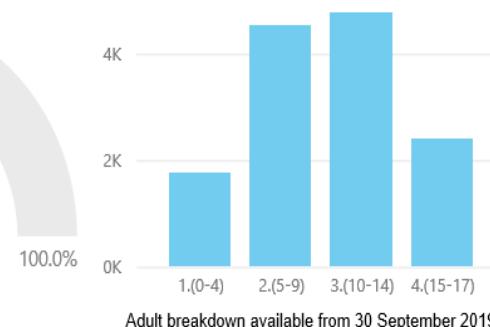
England population seen



Population seen for selected geography



Number of patients seen by age-band



To access the publication, including the underlying data in csv format, click [here](#)

Responsibility of Needs Assessment

Local Authorities and CCG's form Health and Wellbeing Boards (HWB) who have responsibility for producing a Joint Strategic Needs Assessment (JSNA); NHS England and NHS Improvement (NHSE/I) work alongside the HWB to assist with completion of the JSNA but do not have overall responsibility to undertake the JSNA.

Local Authorities have a statutory responsibility to undertake epidemiological surveys and commission health improvement programmes, including oral health.

Prior to commissioning new services, the relevant commissioner would undertake a commissioning Needs Assessment to determine where to commission new services. This will be undertaken to permanently re-commission UDA's that have been returned to the commissioner. A crude assessment of the data above does not suggest that the Isle of Wight is an outlier in supply of activity.

Clearly this does not align with patient experience and will require further investigation to understand practice operating models and styles of communication with patients.

Pandemic

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of activity in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHSE/I worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour down time between patients and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices are now required to deliver 60% of their contracted activity (80% for orthodontics).

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving Aerosol Generating Procedures (AGPs) where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. Practices can refer patients to UDC Hubs should they experience operational issues.

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21. The resulting backlog is going to take time to address.

Improving access

As previously advised since the financial year 2019/20 temporary activity has been offered to practices who identified they had capacity to deliver additional UDA's on

top of their contracted activity. This has been funded from the existing budget from practices handing back UDA's they were unable to deliver. The additional activity continues until March 2022 when it will be recurrently commissioned.

Due to the impact of COVID-19 NHSE/I has developed a flexible commissioning scheme to offer all practices an additional sessional fee if they are able to offer appointments to patients outside of their contracted hours; this would be evenings or weekends. These sessions are funded from the wider Primary Care budget due to the significant impact the pandemic has had on dental restoration. Two practices on the Isle of Wight agreed to these sessions. However, after only a few weeks of providing these sessions both practices advised they were experiencing abusive and aggressive behaviour from patients and wanted to cease these sessions.

This scheme remains open and any practice can engage or re-engage if they have capacity to treat additional patients outside of their contracted hours.

Recall intervals

The impact of the pandemic on dental provision means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6-monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time. While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a higher risk category, including children.

Hygienist appointment costs

Hygienists are an important part of the dental team and many dental practices offer private hygienist appointments to patients irrespective of whether they are an NHS or private patient. Where a patient requires a scale and polish or more invasive treatment to assist with gum issues which are clinically necessary to obtain oral health, this is likely to fall within the band 2 charge and can be undertaken by a dentist.

Mouth Care Matters

Mouth Care Matters scheme was developed to support hospital Trusts and Care Homes to deliver their responsibility to ensure a patient's oral health is given appropriate priority whilst an inpatient/resident. For hospital Trusts they are also responsible for the provision of urgent care where clinically necessary. This has already been rolled out to three Integrated Care Systems (ICS) in the South East region and we will ensure that hospital Trusts and Care Home in the remaining three

ICS's in the region are aware of this scheme and encourage their participation, this includes Hampshire and the Isle of Wight.

Conclusion

- Isle of Wight is not an outlier for the amount of NHS activity commissioned for its population, it has the highest number of UDA's commissioned per head of population across Hampshire and the Isle of Wight
- Isle of Wight contracts have not historically delivered their commissioned UDA's, this is largely due to recruitment and retention difficulties
- NHSE/I offered all practices temporary activity to dental practices who have capacity to provide additional activity
- NHSE/I has offered all practices additional sessions to provide appointments outside of their contracted hours
- NHSE/I will work with Public Health England to produce a commissioning Needs Assessment for Hampshire and the Isle of Wight to determine where the recurrent UDA's should be tendered
- NHSE/I will support the Local Authority to develop their JSNA
- NHSE/I will work with local networks and professional groups to ensure practice communication is clearer regarding the patient offer
- NHSE/I will encourage the Isle of Wight NHS Trust and care homes to introduce Mouth Care Matters
- national discussion on dental system reform are ongoing and this will help with retention of the dental workforce.

Appendix 1

Dental charges are assigned by government legislation; where patients are entitled to assistance with dental charges, the contribution to the treatment cost if waived or reduced. The website below will assist a patient in identifying if they are able to claim. <https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/#:~:text=Certificates%20to%20help%20with%20health,a%20valid%20maturity%20exemption%20certificate>. *There may be a correlation between the rise in people receiving unemployment benefits on the Isle of Wight during the pandemic and those accessing dental treatment.

The website <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/> outlines the dental charges for fee paying adults and what is available under each band. There are 3 NHS charge bands:

Band 1: £23.80 - Covers an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment.

Band 2: £65.20 - Covers all treatment included in Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions).

Band 3: £282.80 - Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

If, within 2 calendar months of completing a course of treatment, you need more treatment from the same or lower charge band, such as another filling, you do not have to pay anything extra.

If the additional treatment needed is in a higher band, you'll have to pay for the new NHS course of treatment.

But once 2 months have passed after completing a course of treatment, you'll have to pay the NHS charge band for any NHS dental treatment received.

Certain treatments (including lost items) are guaranteed for 12 months from the date they were completed.

These are:

- *fillings*
- *root fillings*
- *inlays*
- *porcelain veneers*
- *crowns*

Treatments provided under this guarantee must be similar or related to the original treatment, but they do not have to be like for like.