

The Dental Crisis in Cornwall: Your Questions Answered

About us

Healthwatch Cornwall is the **independent** champion for the residents of Cornwall, dedicated to ensuring that their **voices are heard** in the realm of **health and social care**. We prioritise the needs and experiences of our community by actively engaging with residents, **gathering their feedback**, and understanding their perspectives on the services they receive.

By listening to these experiences, we aim to **identify areas for improvement** and highlight the necessary changes needed. We play a crucial role in bridging the gap between the public and decision-makers, sharing insights with those in decision-making roles who can effect meaningful reform.

Our work not only **empowers individuals** to share their stories but also fosters a culture of accountability within health and social care services. Through **collaboration** with local organisations, health authorities, and policymakers, **Healthwatch Cornwall strives to enhance the quality and accessibility of care for all residents**, ensuring that their health and well-being remain at the heart of service delivery.

Contents

About us	1
Contents.....	1
Executive Summary	2
Introduction.....	3
Background Research	6
Secondary Research	10
Primary Research.....	18
Methodology	18
Findings from the Patient Experience Survey and the Interviews	18
Findings from the Dental Practice Survey and Enter and View Visits	38
Conclusion	55
Recommendations	56
Acknowledgments.....	59
References	60

Executive Summary

This report outlines the critical state of **dental care in Cornwall**, based on extensive surveys, interviews, and on-site visits. The findings reveal a severe shortage of NHS dental services, systemic challenges within the NHS dental system, and significant barriers to accessing dental care, especially for vulnerable populations. Key findings include:

- **Access to Dental Care:** There is a significant lack of NHS dental services across Cornwall, with **100%** of NHS practices in Cornwall not accepting new adult NHS patients at the time of research. This has led to a surge in dental emergencies, increased hospital admissions for extractions, and dangerous attempts at self-treatment.
- **NHS Dental System:** Underfunding and systemic problems within the NHS dental care system are at the root of the crisis. These include:
 - Financial pressures on NHS practices due to the Unit of Dental Activity (UDA) system
 - Difficulties in meeting contractual targets, leading to clawbacks and further financial strain
 - Ineffective centralised NHS waiting list management
- **Workforce Challenges:** Recruitment and retention of dental professionals is a significant issue, with many dentists reducing NHS commitments or transitioning to private practice. **100%** of the dental practices included in this report said they have faced challenges in recruitment of staff in the last 24 months. High living costs and Cornwall's remote location contribute to these challenges.
- **Geographic and Transport Barriers:** Certain areas, particularly North Cornwall, face severe shortages in dental services. Limited public transport options further restrict access for many residents.
- **Impact on Other Healthcare Services:** The dental crisis is placing undue pressure on GPs, A&E departments, and other healthcare services ill-equipped to handle dental issues.
- **Public Awareness:** There is a significant lack of understanding among the public about dental services. **61%** of people in our survey told us that they don't know how to access NHS dental care.
- **Vulnerable Groups:** The crisis disproportionately affects vulnerable populations, including low-income individuals, those with disabilities, and residents in rural areas. Many are forced to incur debt for private care or forego necessary treatment altogether.

To address these issues, the report recommends:

- Introducing flexible NHS contracts to target vulnerable and high-need patients on a local level
- Improve the management of the NHS dental waiting list
- Fostering open, transparent, and bilateral collaboration among stakeholders
- Launching a public communication campaign to educate residents on dental care and services
- Enhance recruitment and retention of NHS dentists
- Implement a mobile dentist service to provide accessible dental care directly in communities, addressing barriers to traditional services and promoting better oral health outcomes.

The report emphasises that addressing the dental crisis in Cornwall requires **targeted support** for all aspects of NHS dentistry in the region. Solutions must be tailored to the unique **challenges faced by Cornwall**, such as its rural geography, transport barriers, and high living costs, which **affect both patients and dental professionals**. Implementing these changes is crucial not only for resolving the immediate crisis at the **local level** but also for building a **sustainable dental care framework** that meets the specific needs of Cornwall's communities.

Introduction

Healthwatch Cornwall has conducted research on dentistry in Cornwall due to several pressing issues that affect access and quality of dental care in the region. Here are the key reasons behind the research project:

1

Access to dental services

Many residents in Cornwall face significant **challenges in accessing dental care**. This includes a lack of available dental practices, particularly in rural areas, leading to long wait times and difficulties in securing appointments.

2

Rising costs

The costs associated with dental care have been increasing, making it more difficult for individuals and families to afford necessary treatments. This financial barrier can deter people from seeking care, resulting in worsening dental health issues.

3 Disparities in care

There are notable **disparities in the availability and quality of dental services** across different parts of Cornwall. Certain communities may have limited options for dental care, which can exacerbate health inequalities.


4 Public feedback and concerns

Healthwatch Cornwall has consistently **received feedback** from the public indicating that **dental care is a major concern**. The post-Covid-19 environment highlighted this issue, with 50% of feedback related to dental topics in 2021. This feedback underscores the urgency for comprehensive research and action to address the identified problems.

5 Impact of Covid-19

The **pandemic significantly disrupted dental services**, leading to increased backlogs and further exacerbating existing issues.

In response to the announcement of our research focus on dental care in Cornwall, **local MPs** have voiced their urgent concerns about the impact of the dental crisis in Cornwall in their constituencies. As Cornwall grapples with what has been described as a **"dentistry desert,"** these MPs call for immediate action to prevent further deterioration of oral health within their communities:



"It is absolutely plain from visiting thousands of people on the doorstep over the last two years that Camborne, Redruth and Hayle has a chronic issue with lack of dentistry services. The importance of dealing with this issue cannot be underestimated given the volume of children now presenting at A&E for oral health issues. Cornwall cannot be allowed to continue to be a postcode lottery, with people travelling 50 miles just for a checkup in this dentistry desert."

Perran Moon, MP for Camborne and Redruth



“There has been a marked reduction in the ability for my constituents to access NHS dental care in Truro and Falmouth since Covid. Practices have closed to new NHS patients and thousands of residents have been taken off the books of their NHS dentist. They are then unable to find another one and dental health suffers to the point where people are pulling their own teeth out or turning up at A and E with abscesses.”

Jayne Kirkham, MP for Truro and Falmouth



“People shouldn’t have to resort to seeking out private dental care, especially at a time where the cost of living is impacting so many people in the Duchy. Such vital treatment should be available to all and the government must act to tackle this crisis instead of sidestepping the issue.”

Ben Maguire, MP for North Cornwall

This report aims to shed light on the **current landscape of dental care in Cornwall**, examine the underlying challenges, and propose practical solutions to ensure that all residents have access to necessary dental services. The objectives of the report are:

- Evaluate patient’s access to dental care
- Investigate challenges faced by dental practices
- Identify disparities and inequalities of service availability
- Assess the impact of these issues
- Develop actionable recommendations based on our findings

Background Research

The National Picture

The **dental care landscape in the UK has reached a critical juncture**, necessitating urgent attention and action. Healthwatch England are calling for **long-term fundamental reforms** into NHS Dentistry and this year, the new Labour Government has proposed a **Dentistry Rescue Plan**, which has the potential to improve access to NHS dental appointments in the short-term.¹

A 2023 report by the Office for Health Improvement and Disparities revealed that **36% of children in the UK do not see an NHS dentist annually**.² Alarmingly, there has been a **significant increase in hospital admissions** for dental extractions due to decay, with 102 children having teeth removed daily, most of which are preventable. This marks an **83% increase in the number of caries-related tooth extractions** in hospital for 0-to-19 year olds in 2021/22 compared to the previous year.³

Recent research highlights many factors contributing to an ongoing **crisis in access and affordability of dental services**. In April 2023, NHS dental charges **increased by 8.5%**, outpacing the rise in NHS prescription costs.⁴ According to the most recent **GP Survey** published in July 2024, while **76.3%** of patients could secure NHS dental appointments in the past two years, a troubling **23.7%** were unable to do so.⁵ Among those, **11.1%** reported that their dentist was "not taking new patients" and **9.5%** indicated there were "no appointments available." Additionally, **24.7%** of patients who hadn't tried to obtain an NHS dental appointment didn't believe they could get one.⁶

Polling data from Healthwatch England reveals **the significant impact of the cost of living on access to dental care**. People struggling financially or reliant on benefits were found to be more likely to avoid visiting the dentist, with only **22%** of those facing financial difficulties felt confident they could access timely NHS dental services, compared to **38%** of those who were financially comfortable.⁷ This trend reflects broader systemic issues, as highlighted by Healthwatch England, who reported on a

¹ Healthwatch England, 2024, "Our Position on NHS Dentistry," available online: [<https://www.healthwatch.co.uk/news/2024-07-08/our-position-nhs-dentistry>]

Labour, 2024 "Manifesto: Build an NHS Fit for the Future," available online: [<https://labour.org.uk/change/build-an-nhs-fit-for-the-future/#dentistry>]

"Hospital Tooth Extractions in 0- to 19-year-olds: 2022", *Office for Health Improvement and Disparities*, February 2023, available online: [<https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2022>]

³ Ibid.

⁴ NHS Business Services Authority, "Department of Health and Social Care announced rise to NHS Dental Patient Charges", April 2023, available online: [<https://www.nhsbsa.nhs.uk/department-health-and-social-care-announced-rise-nhs-dental-patient-charges-england-24-april-2023#:~:text=24%20April%202023->]

⁵ *GP Patient Survey 2024*, available online: [<https://gp-patient.co.uk/surveysandreports>]

⁶ Ibid.

⁷ "How confident are people about accessing NHS healthcare?", *Healthwatch England*, 2023, available online:

[<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20230807%20NHS75%20polling%20findings%20%281%29.pdf>]

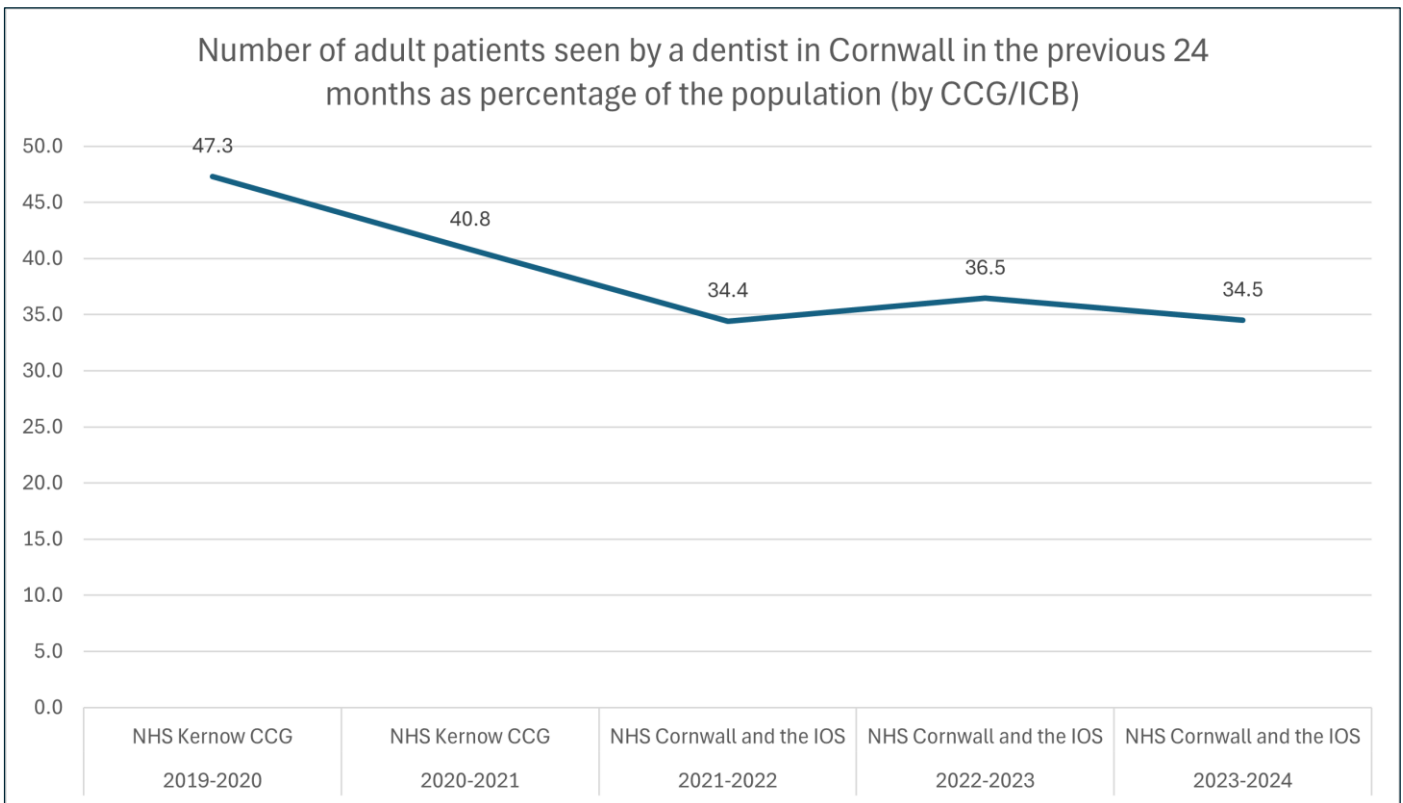
“two-tier dental system” where **those who cannot afford treatment are left to resort to self-treatment or live in pain.**⁸

Additionally, Healthwatch England's research highlights that **individuals with disabilities or long-term health conditions are disproportionately affected by the rising costs of dental check-ups and treatment**, making them more likely to forgo necessary dental care altogether.⁹ This further underscores the **widening gap** in dental access, especially for vulnerable populations.

There is also research on the problem of the **recruitment and retention of dental professionals**, with data from the General Dental Council (GDC) indicating that **50%** of dentists have reduced their NHS commitments since the pandemic, and **74%** plan to cut back further.¹⁰ Additionally, **43%** are considering transitioning entirely to private practice, highlighting potential **future challenges for workforce retention** within NHS dentistry.¹¹

Cornwall’s Dental Care Landscape

In 2021, the Oral Health Needs Assessment for South West England highlighted that access to NHS dentistry is a significant issue in Cornwall.¹² According to NHS Dental



⁸ “The Public’s Perspective: The state of health and social care”, *Healthwatch England*, November 2023, p. 9. Available online: [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/HWE%20The%20public%27s%20perspective_0.pdf]

⁹ “Cost of living: People are increasingly avoiding NHS appointments and prescriptions”, *Healthwatch England*, January 2023, available online: [<https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions>]

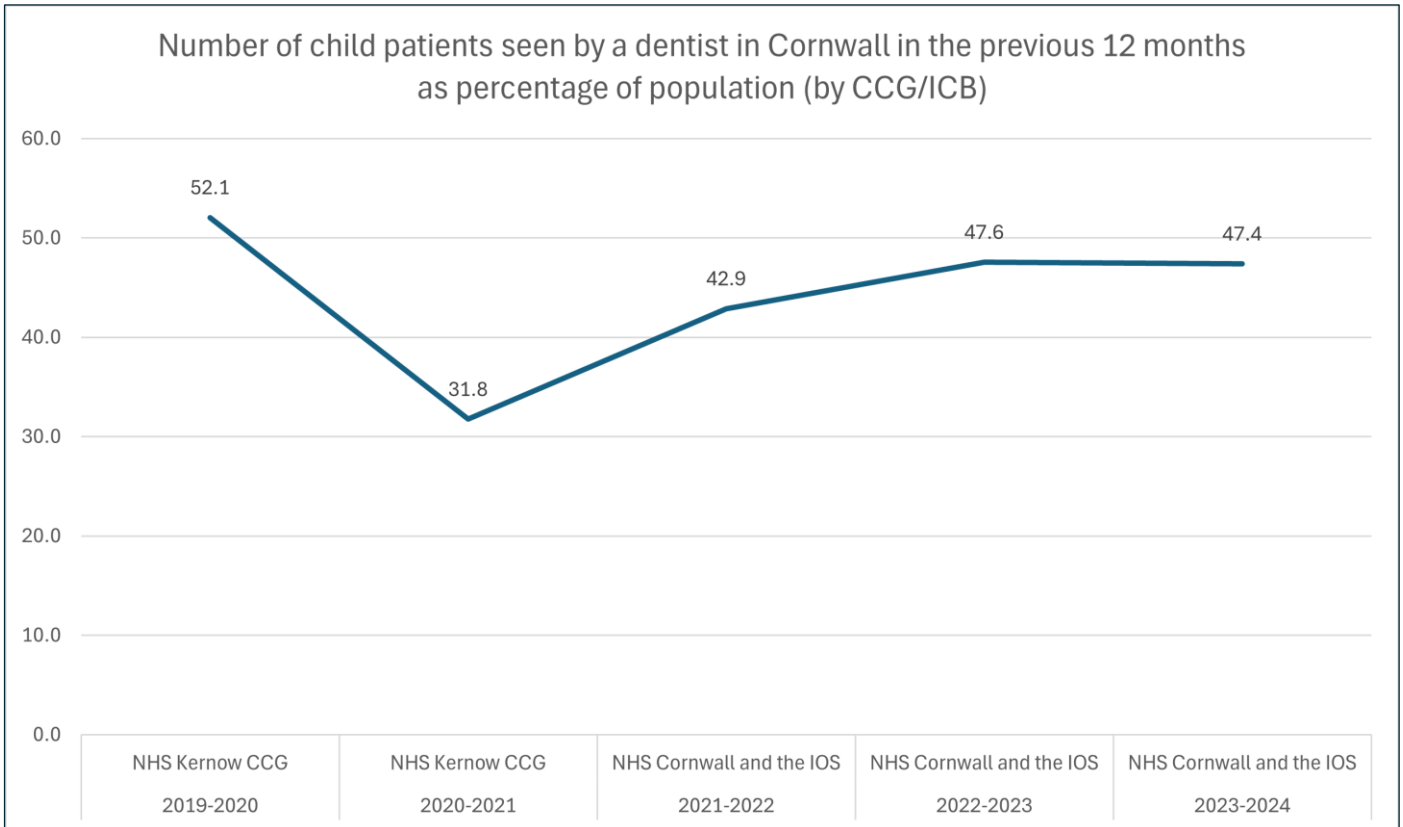
¹⁰ Dentist’s Working Patterns Data, General Dental Council, December 2023, available online: [<https://www.gdc-uk.org/about-us/our-organisation/reports/working-patterns-data>]

¹¹ Ibid.

¹² NHS England and NHS Improvement Summary Oral Health Needs Assessment South West of England, January 2021, available online: [<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/02/South-West-OHNA-Summary-Report.pdf>]

Statistics for England, **the percentage of adults seen by an NHS dentist in Cornwall has steadily declined from 2019–2024.**¹³ The percentage dropped from **47.3%** in 2019–2020 to just **34.5%** in 2023–2024, with the lowest point being **34.4%** in 2021–2022.

For children, the percentage receiving dental care in Cornwall saw a significant drop from 52.1% in 2019–2020 to 31.8% in 2020–2021, likely due to the severe impact of the pandemic. However, there has been a gradual recovery, with the percentage rising to **47.4%** by 2023–2024. Despite this improvement, the percentage of children seen by an NHS dentist has not yet returned to pre-pandemic levels, indicating ongoing challenges in ensuring consistent and accessible dental care for children in Cornwall.



Cornwall Vs. National Comparison

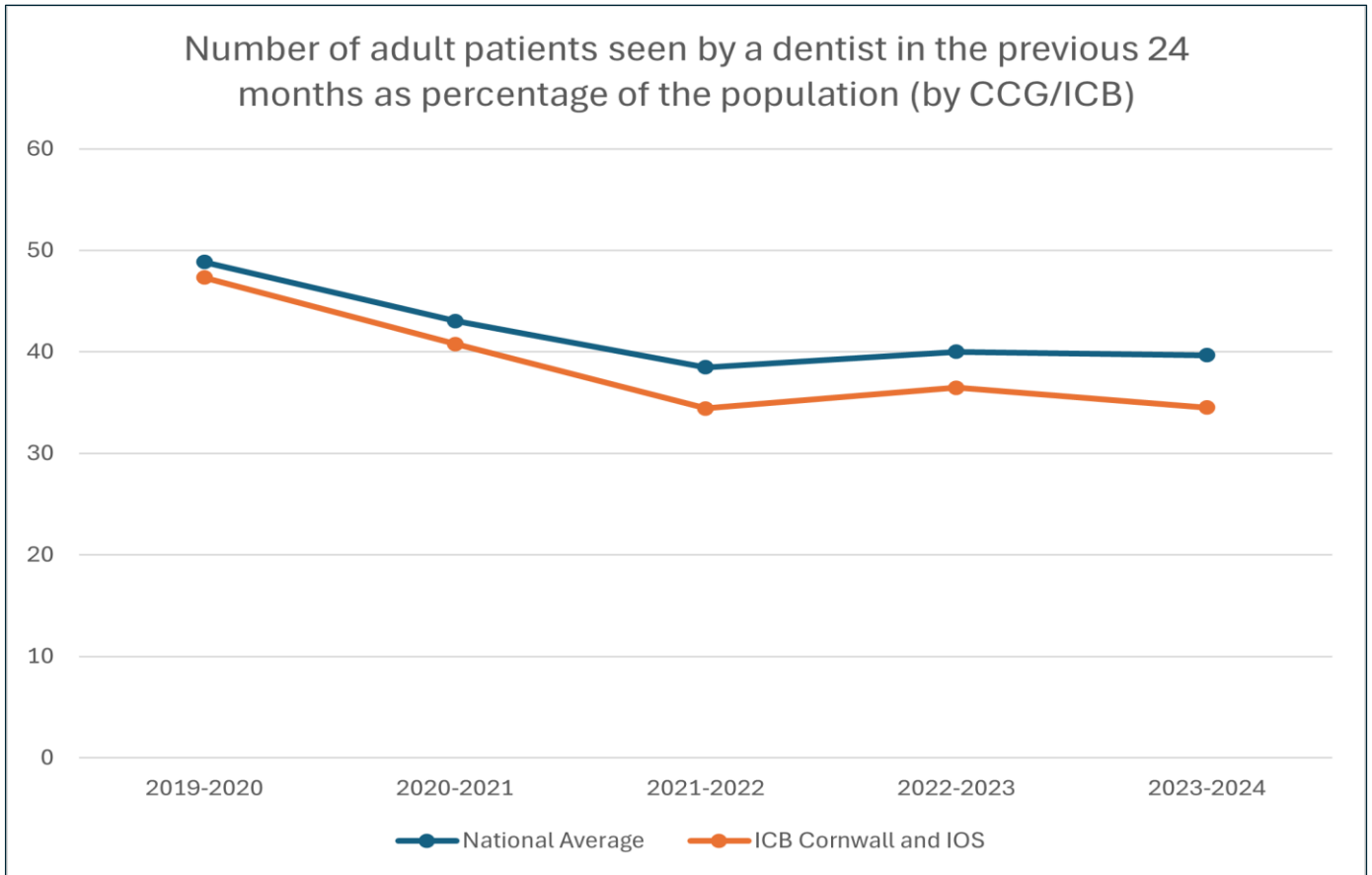
In the NHS Dental Statistics for England for the 2023/24 period, the **Cornwall and Isles of Scilly Integrated Care Board (ICB)** is ranked **36th out of 42 ICBs** for the percentage of the adult population that has been seen by a dentist over the 24 months leading up to March 2024.¹⁴ **For children,** it is ranked **41st out of 42 ICBs** (based on the percentage

¹³ The data presented in the following graphs are from the NHS Dental Statistics for England. Prior to 2022, the statistics were categorised by Clinical Commissioning Groups (CCGs), which were responsible for commissioning local healthcare services. From 2022 onwards, the data is categorised according to Integrated Care Boards (ICBs), which replaced CCGs as part of NHS reforms. Available online: [<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics>]

¹⁴ NHS Dental Statistics England 2023/24, August 2024, available online: [https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/dental/dental_narrative_2023_24_v001.html]

of the child population seen by a dentist within the 12 months leading up to March 2024).¹⁵

These statistics highlight an opportunity for the ICB to enhance dental service accessibility and improve outcomes for our communities.



When comparing Cornwall to the national average for NHS dental care access from 2019– 2024, both adult and child populations reveal a concerning trend.¹⁶

- **Adults:** In 2019–2020, **47.3% of adults in Cornwall** had seen an NHS dentist within the previous 24 months, slightly below the national average of **48.9%**. By 2023–2024, Cornwall's figures had dropped to **34.5%**, while the national average declined to **39.7%**. Cornwall's slower recovery suggests more significant challenges in accessing dental care compared to the national trend.
- **Children:** In 2019–2020, **52.1% of children in Cornwall** had seen by an NHS dentist within the previous 12 months, which is close to the national average of **53.1%**. However, by 2020–2021, this had **declined to 31.8% in Cornwall**, compared to a national drop to **33.2%**. Although there has been some

¹⁵ Ibid.

¹⁶ The data presented in the graph and comparison is from the NHS Dental Statistics for England. Prior to 2022, the statistics were categorised by Clinical Commissioning Groups (CCGs), which were responsible for commissioning local healthcare services. From 2022 onwards, the data is categorised according to Integrated Care Boards (ICBs), which replaced CCGs as part of NHS reforms. Available online: [<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics>]

recovery, with **47.4%** of children seen by a dentist in Cornwall by 2023–2024, it remains below the national average of **54.9%**.

Secondary Research

In our effort to understand the dental care landscape in Cornwall, we conducted **secondary research focusing on key stakeholders** involved in the provision and management of dental services. We collaborated with organisations such as **Access Dental, Smile Together, Kernow Health CIC, and Public Health** at Cornwall Council to gather data and insights from their work. Notably, we also included the **Lostwithiel Pilot Program at Carriage Works Dental Practice** in our research. By engaging with these stakeholders, we aimed to gain a comprehensive understanding of the current challenges and opportunities within the region’s dental health system.

Access Dental

Access Dental is commissioned by NHS England to manage the NHS dental waiting list for patients in Devon and Cornwall. The organisation handles phone and email inquiries from patients seeking dental care and **maintains a centralised waitlist**, which is divided into six areas of Cornwall: **Penwith, Carrick, North Cornwall, Caradon, Kerrier, and Restormel**. Patients have the option to select one of these areas to be placed on the list, or, if contacting by phone, can choose up to three specific towns.

Priority on the waitlist is granted to individuals with certain medical conditions, including Neutropenia, those who are immunocompromised, or individuals without an immune system due to chemotherapy, as well as patients awaiting heart surgery. To establish this priority status, a letter from a GP or consultant is required.

Patients who need to update their contact details, address, or medical conditions (such as those that may grant priority status) are advised to contact Access Dental as soon as possible.

When a dental practice is ready to accept new NHS patients, Access Dental provides them with a list of patients from the waitlist. The dental practice is responsible for reaching out to the patients. If they cannot contact a patient, the patient’s details are returned to Access Dental, which then sends a letter. **The patient has four weeks to respond to the letter**, or they will be moved to the back of the waiting list.



As of 2nd September 2024,
there are

34,250

people on the waiting list for
NHS dental care in Cornwall.

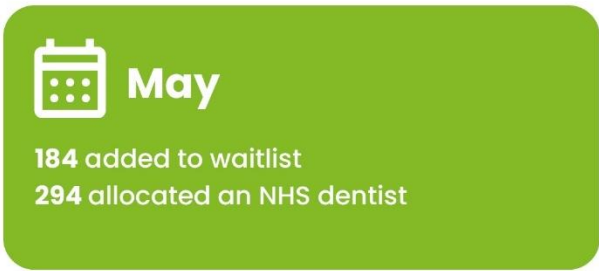
The following data provided by Access Dental shows the **number of patients added to the waitlist and allocated to a dental practice** over the past six months **in Cornwall**:





 **March**
133 added to waitlist
297 allocated an NHS dentist



 **April**
71 added to waitlist
0 allocated an NHS dentist



 **May**
184 added to waitlist
294 allocated an NHS dentist



 **June**
125 added to waitlist
311 allocated an NHS dentist



 **July**
140 added to waitlist
309 allocated an NHS dentist



 **August**
196 added to waitlist
2 allocated an NHS dentist

This represents a small **snapshot of the overall waiting list dynamics**, and although helpful in understanding monthly activity, it covers only part of the broader picture of dental care access in Cornwall. Addressing these allocation bottlenecks and increasing dental practice capacity is essential for reducing wait times and improving access to dental care for residents in Cornwall.

Emergency Dental Care at Smile Together

Smile Together are commissioned by NHS Cornwall and Isles of Scilly ICB to provide Emergency NHS Dental Care appointments to patients in Cornwall **who do not have their own dentist**.

The table below shows the **number of calls Smile Together have received from March 2024- August 2024 for requests for emergency treatment**.

Calls	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24
Day service	2,955	4,863	4,364	4,874	5,013	4,444
Evenings	160	239	314	247	268	277
Weekends	440	574	619	620	409	660
TOTAL	3,555	5,676	5,297	5,741	5,690	5,381

This data provides only a **snapshot of the access to emergency dental care in Cornwall**. It reflects the demand for emergency dental services over a six-month period but does not capture the full scope of the need for dental care across the region. Additionally, while these numbers highlight how many people are reaching out for help, **they do not reflect those who may need emergency care but do not seek help** due to lack of awareness, cost concerns or other barriers.



Smile Together told us that "over the last 18 months to two years, call volumes have decreased to pre-COVID levels, but the needs of those calling have become more complex."

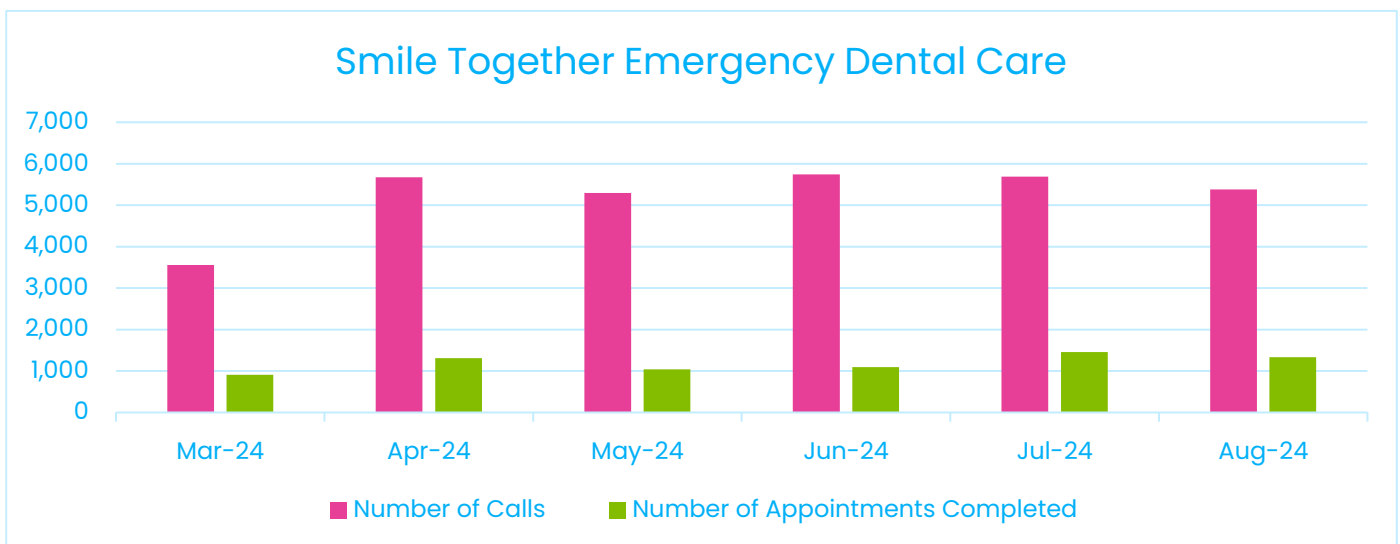
This suggests that many individuals may have **delayed routine dental visits** due to COVID-19 restrictions, which has resulted in untreated dental issues progressing to **more severe conditions**, such as advanced cavities, infections, or gum disease, necessitating more complex and urgent interventions.

The table below shows **the number of emergency NHS appointments organised by Smile Together from March- August 2024:**

Appointments	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24
Completed	909	1,314	1,039	1,039	1,455	1,331
Failed to attend	80	69	70	50	91	73
TOTAL	989	1,383	1,109	1,143	1,546	1,404

This data also represents only a **snapshot of the overall emergency dental care provision**. These figures show how many patients were scheduled for emergency dental treatment during this period, but they **do not provide information on the broader capacity of the system**, the total unmet demand, or the clinical outcomes for those treated. However, it does show that there are **high percentages of failed-to-attend rates** relative to the number of appointments organised. For example, in July 2024, out of **1,546** total appointments, 91 patients failed to attend, which represents **nearly 6%** of the total appointments for that month. This is the highest failed-to-attend rate during the period. Even though the numbers fluctuate, consistently having **5-6%** of appointments missed over several months means that a substantial portion of available clinical time is lost, which could have been used to treat other patients in need.

When **comparing** the operational data from Smile Together, we can see a **large gap between the number of calls for urgent dental care and the number of completed appointments**.



For example, in April, while there were **5,676** calls, only **1,314** appointments were completed, resulting in **84% of calls not converting into appointments**. This trend continues throughout the following months, with similar gaps observed in May and June.

Lostwithiel Pilot

The Lostwithiel pilot program was designed to address dental care access issues for under-served populations and those with specific health conditions in the region. The following data from the pilot was provided by Lostwithiel to show the outcome of the pilot from **1st October 2023 to 31st May 2024**.

This pilot aimed to address unmet dental health needs by targeting priority groups and reducing waiting list backlogs. During the pilot, **50% of NHS resources were allocated to clearing the waiting list and providing access to dental care** (20% was allocated to dental access via services like Smile Together and NHS 111 and 30% was focused on patients previously seen at the practice).

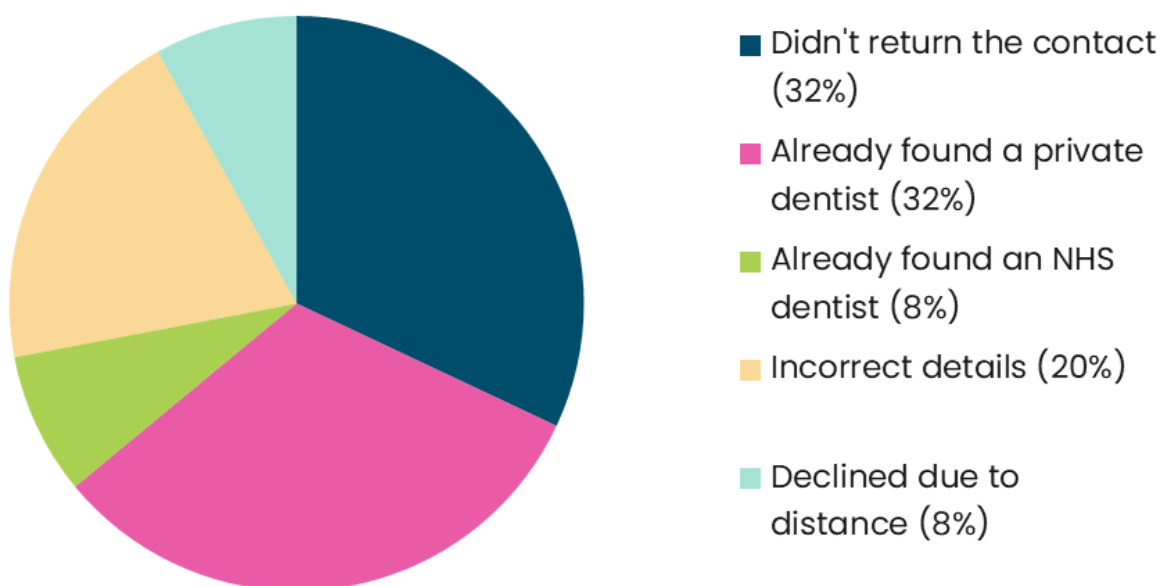
Target Priority Groups for the Pilot:

- Children under 18
- Adults over 80
- Adults with health conditions that affect dental health, such as Multiple Sclerosis (MS), Parkinson's Disease, Motor Neurone Disease (MND), arthritis affecting dexterity, oral cancer, learning difficulties, and those on IV bisphosphonates.

Waiting List Outcomes:

Based on the data provided by Lostwithiel, the waiting list proved to be the most **time-consuming and challenging aspect of the pilot program**. Inefficiencies were largely due to **outdated or incorrect contact information**, patients who had already found alternative dental care, or those who declined care altogether. This delayed treatment for patients still in genuine need of NHS dental services.

Out of the 1,500 patients contacted from the waiting list, **333 patients (23%) completed their treatments and were made dentally fit**. A significant portion of the contacted patients were no longer eligible for treatment, as shown by the pie chart below:



Lostwithiel highlighted the administrative burden involved in managing the NHS waiting list. The team reported to Healthwatch Cornwall:

"We are given a list of patients from the NHS waiting list and we have to contact each one, put the patient details on our system, etc. It takes on average 10 minutes to do this for each patient."

They have **requested that the NHS pre-sort the lists**, providing only the details of patients who still require NHS care, in order to reduce wasted time and improve efficiency.

In addition to these challenges, **59 hours (7% of allocated time) were lost to failed-to-attend appointments**. These issues highlight the administrative burden and inefficiencies associated with managing the NHS Dental Waitlist and underscores the need for better patient filtering, updated contact information, and strategies to reduce missed appointments.

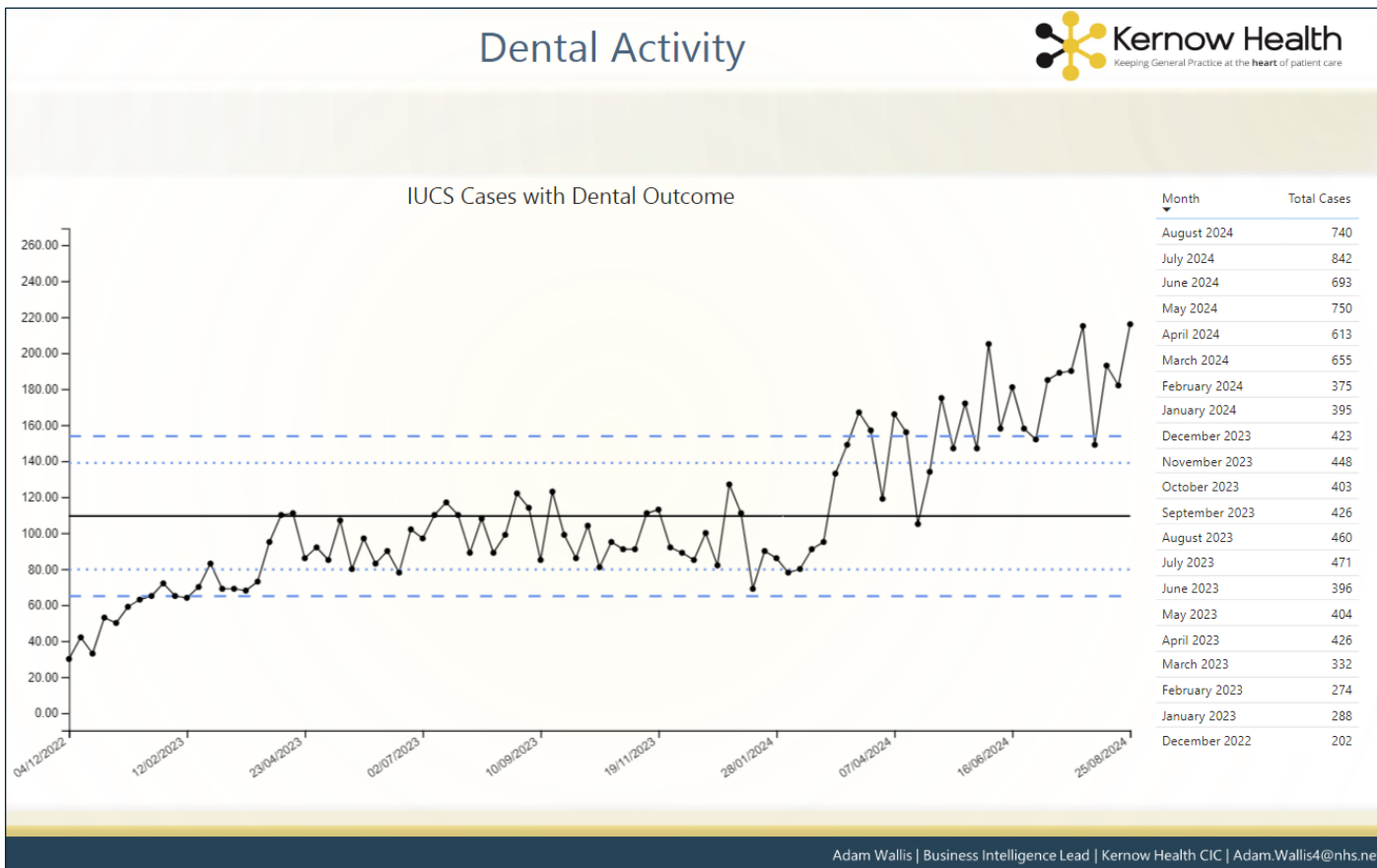
Stabilisation:

During the pilot program, **269 courses of treatment were completed**, focusing on stabilising patients' dental health. However, **93 patients (35%) did not return for follow-up treatment after receiving their initial course of care**, presenting a clear challenge in retaining patients for ongoing treatment.

In addition to the dropout rate, **26 hours (8% of allocated time) were lost due to Failure to Attend**. Combined with the 59 hours (7% of time) lost to FTAs from the waiting list, these issues reflect an ongoing challenge of patient engagement and attendance.

Kernow Health CIC

Kernow Health CIC's **111 Integrated Urgent Care Service** has experienced a significant **increase in dental-related cases** over the past 20 months. The graph below shows the amount of Integrated Urgent Care Service cases with a dental outcome from 2022-2024.



As shown, there has been a **general increase in dental related cases from 2022-2024**, from an average of 7 per day in December 2022, to 27 per day in July 2024. This trend highlights a **growing issue** of inadequate access to dental services in Cornwall, leading to inappropriate use of non-dental healthcare resources. **Kernow Health CIC told us:**



“Many patients call through to our 111 Integrated Urgent Care Service with dental problems, often after unsuccessfully attempting to access the emergency dental line or find a local dentist. [...] This issue has persisted for years, and it’s evident that the lack of access to dental services is leading to the inappropriate use of GP services, 111, ED and Minor Injury Units for dental emergencies.”

Public Health at Cornwall Council

Public Health at Cornwall Council plays a vital role in advancing oral health **throughout the community**, particularly given the limited access to NHS dental services. To address these challenges, they are implementing several targeted **preventative initiatives** focused on improving oral health for young children:

First Dental Steps Program:

- **Focus:** Early oral health support for families with children aged 9–12 months.
- **Implementation:** Health Visitors offer guidance on tooth-brushing and provide free oral health packs for babies and two-year-olds. The packs contain toothbrushes, fluoride toothpaste, and a twist-and-seal cup.
- **Referral Criteria:** Health Visitors can refer children to community dental services if the child or their sibling has safeguarding concerns or has had a dental extraction under general anaesthesia.

Big Brush Club:

- **Supervised Toothbrushing:** Aimed at children aged 3–5 attending Early Years sites in deprived areas of Cornwall.
- **Activities:** Daily supervised toothbrushing, dental health education covering the function of teeth, brushing techniques, healthy eating, and dentist visits.

Smarter Smiles Program:

- **School-Based Oral Health Accreditation:** 15 schools per Integrated Care Area (west, central, north & east) are selected based on deprivation levels. Schools can achieve Bronze, Silver, or Gold Awards by promoting good oral health, healthy eating, and delivering interventions such as fluoride varnishing and educational programs.
- **Target Audience:** Children, older adults, and adults with additional needs (e.g., care home residents, fishermen, Gypsy, Roma, and Traveller communities).

Public Health at Cornwall Council told us that **future plans** include expanding oral health promotion resources to be **accessible to more schools** as the program develops.

Primary Research

Methodology

This research employed a mixed-methods approach, incorporating both quantitative and qualitative data collection.

Engagement with the Public:

- A survey targeting the general population was conducted, with 1,097 responses collected. Research for the survey began in June and it was live throughout August 2024. All responses were collected anonymously to protect participant privacy.
- Six in-depth interviews were conducted, focusing on individuals' experiences with dental care in Cornwall. These interviews took place during August 2024.

Engagement with Dental Practices:

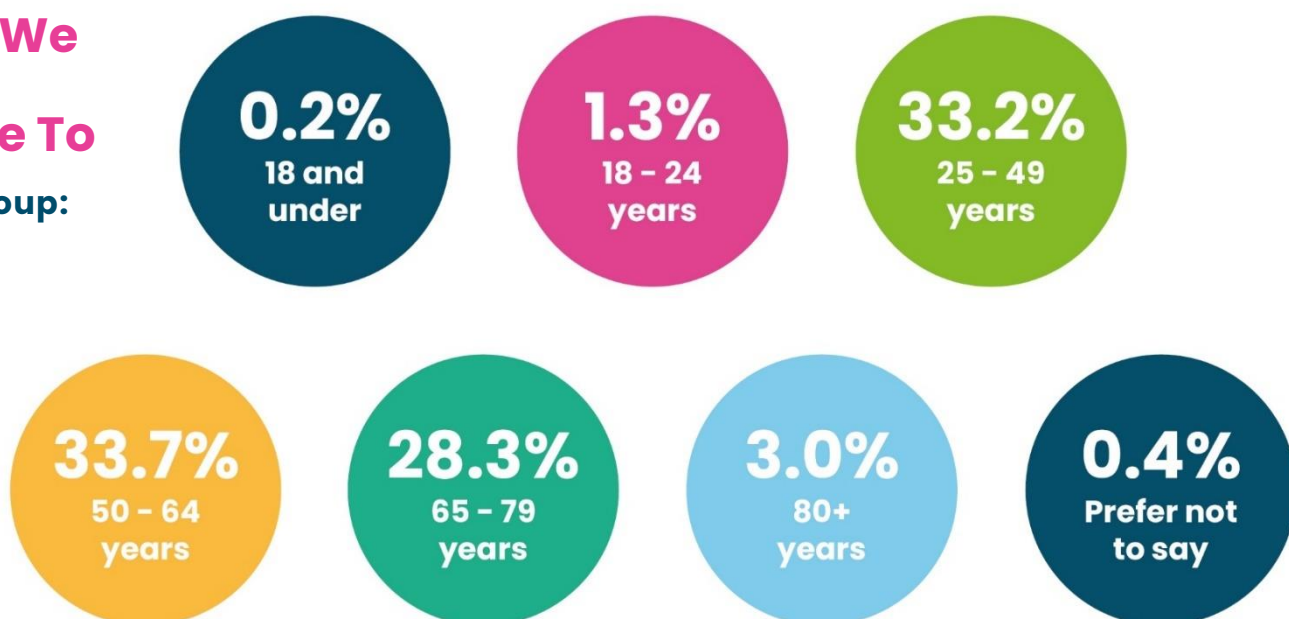
- A survey was distributed via email to 96 dental practices in Cornwall. Research began in June 2024 and the survey was distributed in August 2024. A total of 22 responses were received. To increase the response rate, follow-up phone calls were made to all 96 practices during the first two weeks of September 2024, resulting in 80 additional short conversations.
- Six "Enter and View" visits to observe and gather information were conducted at dental practices across Cornwall, occurring in from July-September 2024.

Findings from the Patient Experience Survey and the Interviews:

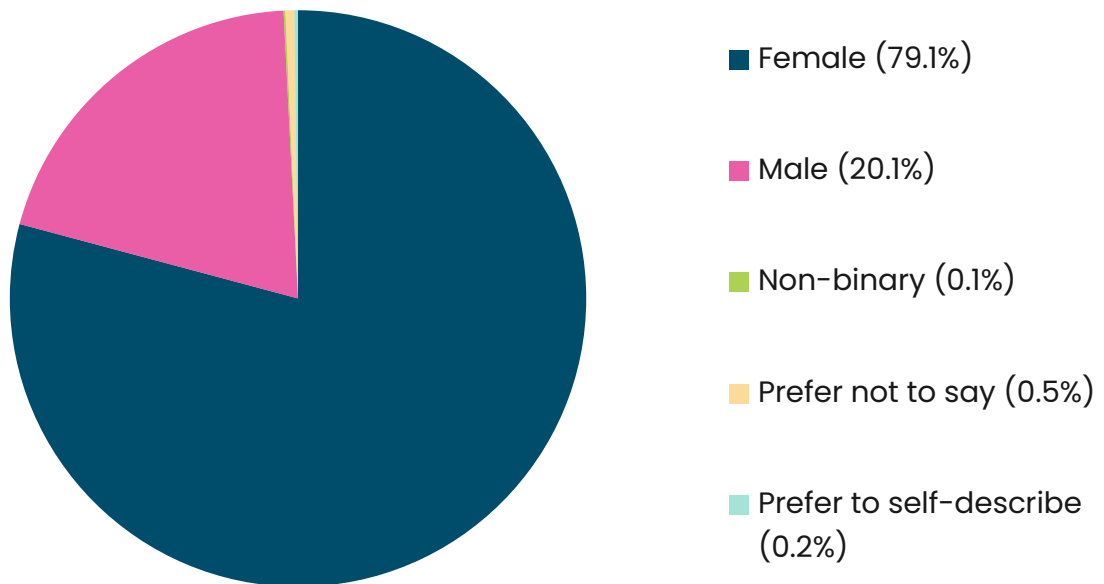
Who We

Spoke To

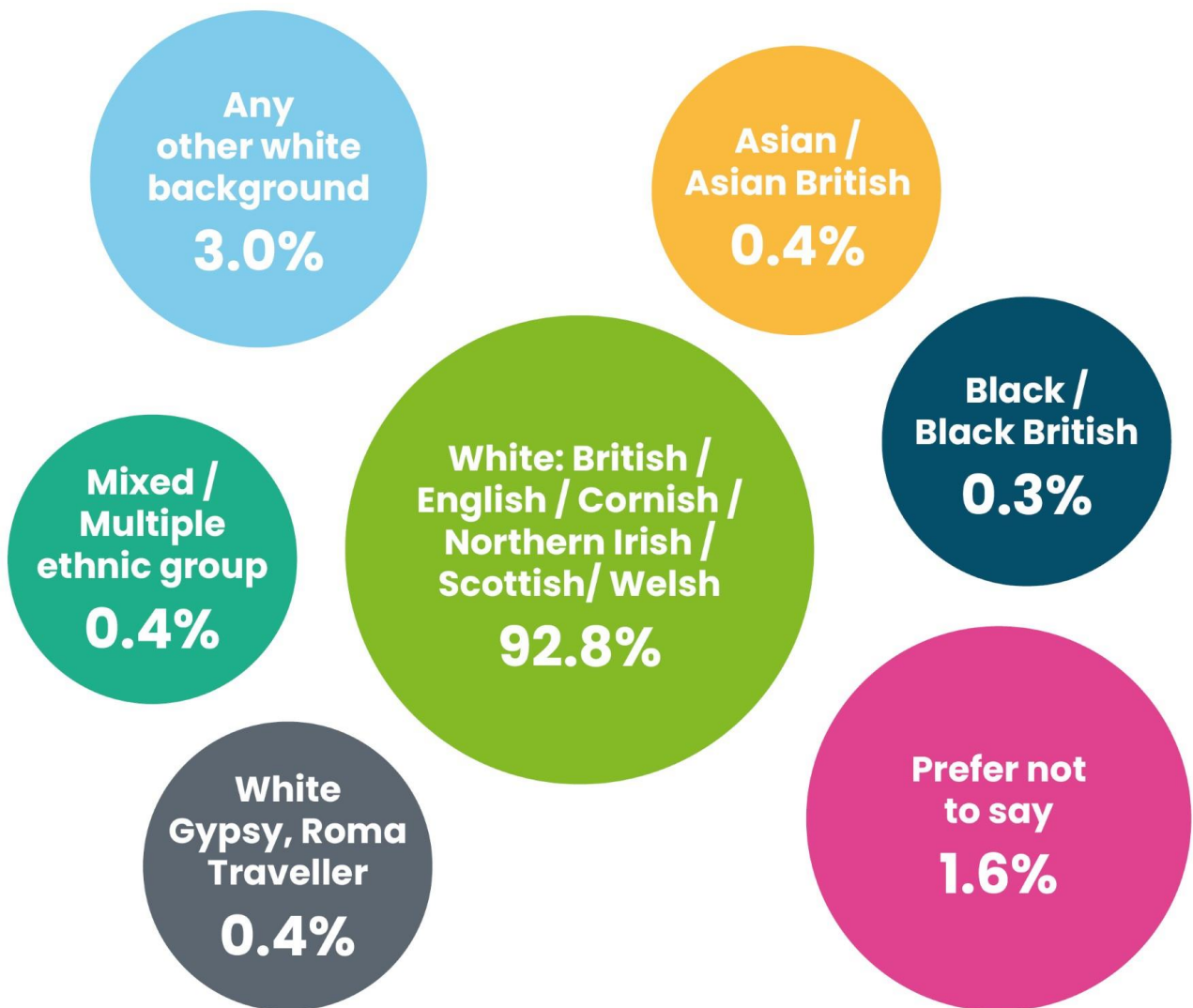
Age Group:



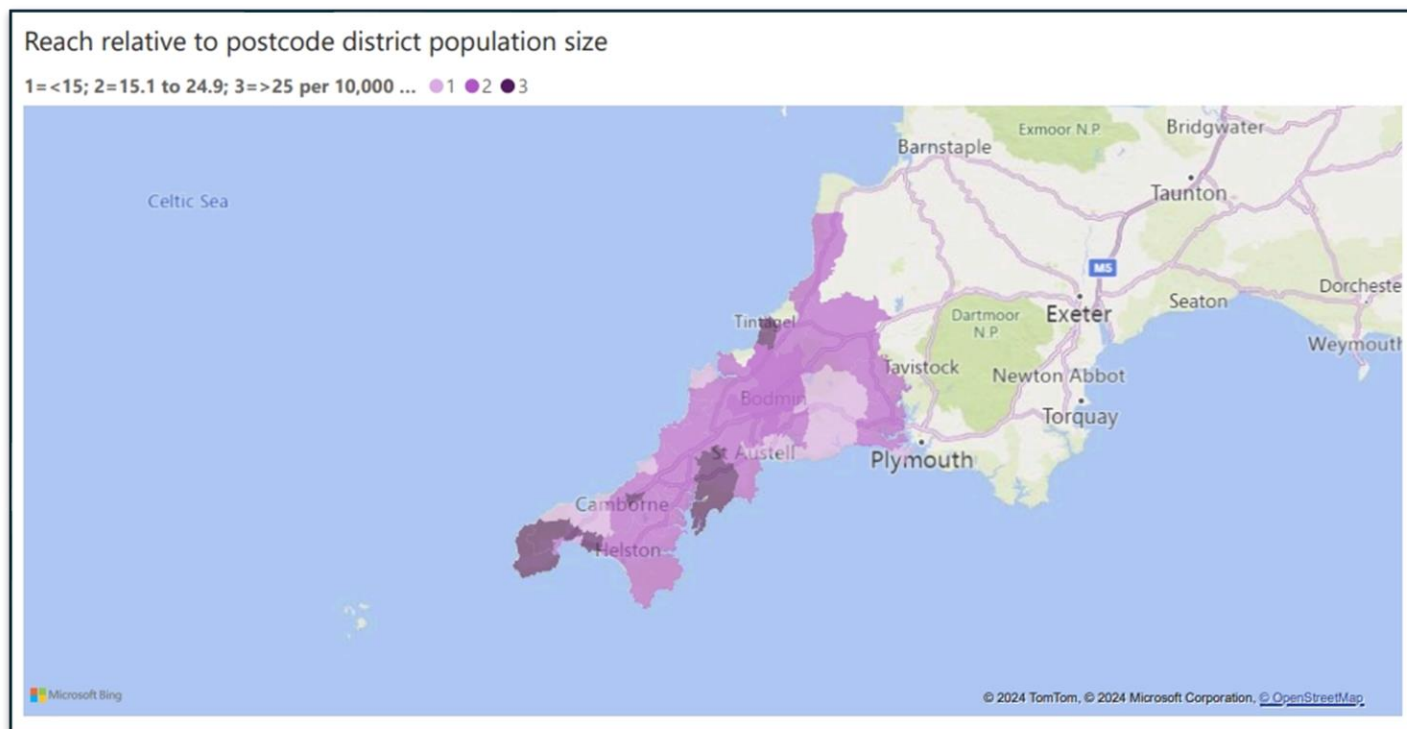
Gender:



Ethnicity:



Map of reach for the patient experience survey in Cornwall:



The **highest density of survey responses** is concentrated in the **western parts of Cornwall**, as well as around **Truro, The Roseland and Tintagel** in North Cornwall. These areas had 25 or more responses per 10,000 people. Regions such as **Newquay, Helston, Bodmin, Bude and Saltash** show moderate engagement, with between 15.1 and 24.9 responses per 10,000 people. While still showing survey participation, areas around **Fowey and St Ives** have lower response rates, with fewer than 15 responses per 10,000 people.

Interviews:

The six participants were selected to reflect a range of demographics, geographic locations, and health conditions, providing a snapshot of the issues faced across the region. The group included:

- We interviewed three men and three women, ensuring **gender balance**.
- Two participants each were selected from West, East, and Central Cornwall, capturing **regional variations** in experiences and issues.
- The participants included three individuals aged 25–30, one aged 45–55, one aged 55–65, and one aged 65–75, reflecting a **diverse range of perspectives related to different life stages**.
- The group comprised individuals with **disabilities**, as well as others who had **long term health conditions**.

Through these varied experiences, the participants highlighted the complexities of accessing dental care, including barriers related to emergency and routine care, the costs associated with treatment, and specific challenges faced by families in securing dental care for young children. **Each interview lasted between 30–60 minutes and was semi-structured**, allowing for both guided questions and the flexibility for participants to share their personal experiences in detail. The interviews were conducted either via **phone or video call** and then **transcribed for analysis**.

The main themes in the patient experience survey and interviews were:

- There is a **lack of access to NHS dental care across Cornwall**, routine and emergency.
- The **cost-of-living crisis** has exacerbated cost concerns for dental care.
- **People are paying for private dental care out of desperation** even though they can't afford it, with many people getting into **debt**.
- There are **significant concerns and confusion** from the public about the **centralised NHS dental waitlist**.
- People with **disabilities or long term health conditions** are **worse off** when trying to access affordable dental services.
- The **long-term lack of access** to dental care has led to a **growing number** of individuals reaching a **critical stage** in their dental health.



“After two years of going between minor injuries, A&E, GP, pharmacist and the emergency dentist, I ended up having all but 7 of my teeth extracted under emergency dental care. Prior to this I was having abscesses monthly causing huge facial infections and doctors were concerned about the swelling to my face and eyes because of this but I was only ever given antibiotics and told to go home. Following the extraction of my teeth I asked when the appointment for dentures through the NHS would happen as the emergency NHS dentist extracted my teeth and was told never. I had to source a private denture clinic to do this and pay in the thousands to have dentures. My mental health severely deteriorated in this time and led to a relapse in self-harming and debt in trying to pay for dentures.”



"I'm a deafened 71yr old male. I've been waiting 6 years for an NHS dentist. Had a painful tooth. My wife spent 2hrs 22minutes waiting for the emergency NHS line to answer. All appointments for the day had gone. after three days of trying, I got an emergency appointment at Smile in Truro. Dentist confirmed what I already knew, it was going to cost between £1600 and £2000 to fix my tooth privately. Dentist told me Root Canal Work was no longer available on the NHS. To be succinct, he drilled and filled the tooth as I don't have that kind of money. Six weeks later the filling fell out! Same again, mammoth waits on the phone line. By being very insistent my wife managed to get me an emergency appointment the next day. This dentist convinced me to have the tooth removed. It snapped and the dentist was reluctant to go further. Now I have half a tooth and no idea who to contact!"

Access to Dental Services

From all residents of Cornwall, the lack of available NHS dental services is significantly impacting the oral health and overall well-being of many. **25%** of people who answered our patient experience survey said that difficulty accessing dental care **"significantly" affects their overall health and wellbeing** and **54%** said that difficulty accessing dental care **"moderately" or "significantly"** affects their overall health and wellbeing.



"Frequent tooth pain can add to my depression and can be tiring, lack of teeth to chew restricts what I can eat so affects my diet."



"I am 60 years old and I have been on the waitlist for 9 years. No access to dental care greatly affects my wellbeing and overall health, I try not to smile too openly"



"The fact that despite working I am unable to afford the treatment I need in a private practice and that I am unable to access routine dental is having a significant impact on my mental health and overall wellbeing. I have self-medicated with over the counter analgesics because of ongoing non urgent dental pain which has led to other medical problems."



Interview 1

Interview 1 provided insight into the severe impact of lack of dental access on daily life. The individual has been on the NHS waiting list for 10–11 years without any updates. Despite repeated attempts to access care, the only response received was that she remained on the list, but the pain became unbearable: “I was in so much agony.” The prolonged lack of access to dental services led to self-treatment, as she resorted to pulling her own tooth due to severe pain after being unable to reach any NHS dentist or emergency services. She now fears the extent of the damage and worries that when she is finally seen, “I would probably end up having all my teeth out because they’re that bad. However, the interviewee did express that for her children, it is much easier to get them dental care: “Children, absolutely fine, one has an appointment tomorrow. For adults, it’s just ridiculous.”

Yet in the survey, **several parents expressed frustration at their inability to secure dental care for their children**. One parent stated: “Never had dental care for my children! They are 11 & 7 and can’t get them in anywhere!!” Another parent shared a similar experience: “My children aged 5 and 3 have never been to a dentist.”



“My son’s teeth are terrible and he needs to see and dentist asap but we can’t get in anywhere, and I can’t afford private”



“My adopted daughter was a child in care who is required by law to be seen by a dentist every 6 months. She also is disabled which severely affects her teeth. She’s been with me for over a year and I cannot get her into any dentist in Cornwall.”

In the past year, **722 of the 1,097 people** who completed our survey attempted to access dental care for themselves or someone they care for. Of these, **480** people were seeking a **routine check-up or ongoing treatment**, such as cleanings, fillings, or other non-emergency services. However, the data reveals that only a small percentage (**18%**) of these individuals were able to get an NHS appointment and receive care through the NHS. This indicates limited availability of NHS dental services.



“As a disabled person who has a wheelchair, finding accessible treatment is difficult. Steps, stairs and narrow doorways are just a few issues we face. I have been waiting for my remaining teeth to be taken out for over 2 years at Smile Together in Truro which is accessible.”

The impact on residents with chronic health issues is particularly worrying. Regular dental care is often vital for those with pre-existing conditions, yet one individual with a heart condition had to resort to seeking dental care in another county: “I have a heart condition [and] due to not being able to access private care as well as NHS care, I have to travel to Somerset for dental care. It costs me over £150 every time even for a routine appointment due to travel etc.” Another individual shared their **personal impact**: “Due to having no dentist, I had undiagnosed gum disease, I now currently have no top teeth and I am slowly losing my bottom set.”



“I am retired and living on state pension. I rely on public transport. I have hereditary gum disease and I know I will lose some teeth if I don't get to a dentist. There is just nowhere to go.”



“My husband was treated for throat cancer and was advised to see a dentist 3 monthly because of the treatment which affected his teeth but can't register with a dentist. He has already lost 3 teeth (which were loose and he pulled out himself) There is no preventative care, or basic care available in Cornwall everything has to be an emergency before you can get any care at all”

The survey resulted also showed **individuals who have a disability or long term illness are also more likely to be under financial strain for private treatment after failing to access NHS dental care.** According to our survey, nearly half (**49%**) of the people who attempted to get routine or ongoing dental treatment in the last year used a private dentist. Notably, of the individuals who visited a private dentist, **53.2%** reported that they “can't afford private dental care but still pay for it.” Out of the 125 people who can't afford private dental care but still pay for it, 54 people have a long term health condition and 26 people have a disability.



“I have cancer and I am forced to pay fees I can ill afford. As I have medical conditions which could affect my teeth, I have to have regular check-ups.”



"I had to get a credit card. I have no molars left in my bottom jaw due to cancer treatment."



"Husband has had throat cancer and has to have 6 monthly check ups. We cannot get an NHS Dentist. The only private dentist that would take him on would only do so if he agreed to an expensive monthly plan."

Additionally, **26 expectant and new mothers have reported difficulty accessing NHS dental care** despite the entitlement to free NHS dental care during pregnancy and postpartum. One woman shared her frustration: "I was on maternity leave and entitled to free dental care, but I could not get an appointment with my NHS dentist for the duration of my pregnancy."

Lack of access to NHS care has left many expectant and new mothers considering private dental care, but the cost of private treatment remains the primary concern: "I'm on maternity leave supposed to receive free care, but there is no way to seek help. Now I need to be able to pay just over £500 for 3 fillings from £700 earning. I just can't."



"At the beginning of my pregnancies I was vomiting 30-40 times daily. I lost consciousness by the time I was admitted to hospital the first time. After countless of visits to the hospital for fluids I was prescribed 5 different anti-sickness medications and steroids which I had to take 3/4 times daily for the whole of both pregnancies. I was still vomiting up to ten times a day but it was more manageable. My youngest is 2 years old in October. The condition of my teeth and gums is awful. They are painful, they are breaking and my enamel is almost non-existent due to the effects of the vomiting. I was given a pregnancy exemption card both times and was told this would cover dental treatment. Not one NHS dentist would/could see me, treat me or advise me on how to care for my teeth whilst I was pregnant with this horrific condition. I am having my first private dental appointment this week. I am hoping once they assess what needs to be done, I can arrange a payment plan. If I can't then I really don't know what I am going to do."



"My daughter was enduring a difficult pregnancy. She had an abscess. Her tears were dripping off my elbow with pain. Her father in law got her private care because there was no other option."

Waitlist for NHS Dental Care

Many expressed **frustration and confusion** over the waitlist process. **357** people told us they were currently on the waitlist for an NHS dentist in Cornwall, with **99** of those waiting more than 10 years and 149 waiting 3–5 years.



"We've been on the 'official' waiting list for 5 years for an NHS dentist. No one will see us."



"I put my name on the waiting list in 2018 [and] was told 5 years wait. When I was called to ask if I still wanted to be on the list in 2020, was told the wait was 6–8 years."

Only **13** people have received an update or communication since going on the waitlist. A common theme among the comments from people who mentioned the waitlist was a **frustration with a lack of communication and information** about the NHS dental waitlist and their position on it: "I thought I was on the waiting list but when I checked, discovered they had no record, so went on the list then."



"I went on the waitlist and never heard anything back!"

Others voiced **confusion**, such as one who shared, "six years ago, I was told I was 'on the list' and would be notified when an NHS dentist became available. [...] I now know of people who have only waited three years and been allocated an NHS dentist in Southwest Cornwall." Another person showed **frustration** with the lack of clarity about how the waitlist is managed: "I hear stories of people going into dental practices and getting signed up as they are taking on patients but I don't understand how they are not taking people off the waiting list."

Even those registered with an NHS dentist reported ongoing wait times: "I am registered and even then, wait lists are huge, I've had appointments cancelled repeatedly meaning I've waited more than 2 years for an appointment time and time again."



"I was on the wait list for over 10 years. When I eventually got an NHS dentist at first it was good but then after being with them for only a couple of years, they started cancelling appointments and couldn't tell me when I might get one. I was put on another waitlist for an appointment with my registered NHS dentist"

The impact of long wait times for NHS dental care has been profound, as reflected in the experiences shared by survey respondents. Many reported physical, emotional, and financial strain due to delays in receiving care. One person was forced to seek private treatment after years on the waitlist, saying, "After waiting for 8 years, I ended up having to pay for private treatment as the pain was so overwhelming, I couldn't work effectively or drive safely."

For those with **urgent needs**, the lack of access to dental care has had serious consequences. Delays in treatment have worsened conditions, leading to more complex and costly interventions down the line: "I have been on the wait list many years. My tooth rotted so bad I had to have more than just that one to be pulled in emergency care. Hence today I have no molars in my bottom right jaw."



"While I was on the waitlist 2 fillings fell out and I was in severe pain, I went to a private dentist to get a quote, I was quoted nearly £1000 for the 2 fillings, not affordable to the normal working person, asked if I could do a payment plan, this was refused! I am still in constant pain and suffer from severe headaches from the dental issues I have."



"My fiancé has lost a handful of teeth during this wait due to mental health issues which can impact his personal hygiene along with long standing dental issues."



"I'm a disabled 80 year old male. I've been waiting 6 years for an NHS dentist. After being in pain for 6 years I eventually got an emergency appointment and had to have the teeth removed. I could not have paid for private dental care."

Private Dental Care

The survey has shown that many people are aware that an alternative to NHS dental care would be private dental care. However, many comments indicated that this was **not an option due to the cost of private care.**



"I am on universal credit. I do not have the money to pay for a private dentist. My teeth are high maintenance, there is no way I could afford a filling let alone a replacement crown. I have looked if I could afford a dental plan, but I have to get my teeth to a certain state of fitness before I would be considered for a dental plan with a private dentist."



"I have autoimmune diseases and my teeth are in an awful state, I am disabled and too poor for private treatment."



"I'm disabled and my dentist removed most of its customers from the NHS and went private, I can't afford private treatment due to being on benefits."

In our survey, **53%** of respondents indicated that they have paid for private dental care. Among these individuals, **63%** reported that they felt it was their **only option**. This data suggests that a substantial portion of the population is **turning to private services out of necessity rather than preference**, highlighting the critical challenges they face in accessing NHS dental care.



"I am to be given bone strengthening drugs for my cancer, but I need dental treatment first as it can cause bone necrosis. I had to find a way to pay."



"I had to use my savings for private dental treatment costing over £2000. Still in pain but can't afford to go back"

Many of these people mention that **they had to go into debt to pay for private treatment:** "I am on universal credit. I had to use a credit card for private treatment. I am in debt."



"I suffered last year with a swollen mouth with an infected tooth abscess, I went to the emergency dentist and they refused to see me. I was in sheer agony but was told I didn't meet the criteria to be seen. I then ended up in debt on a credit card because I had to pay a private dentist for several appointments and treatment."



"I'm having to go £3k into debt for repairs to my teeth so I don't lose more of them. I'm in constant pain because I couldn't afford to do this, and I have no idea how to repay my debts. This is just a nightmare."

The shift towards private dental care in Cornwall highlights a significant issue within the region's dental health landscape. According to our findings, **21% of respondents reported transitioning to private dental services because their NHS dentist switched to private practice.** This trend reflects a broader concern about access to NHS dental care, as patients are increasingly finding themselves with fewer options for affordable treatment.



"My dental practice now all private. Before I got free dental care, I now have to pay for private but can't afford it."



"After my NHS dentist gave up, I had to register at great cost with a private dentist to have the essential treatment my NHS dentist had previously recommended for me. I had to borrow a lot of money to get this treatment done."

As the demand for dental care continues to grow in Cornwall, many individuals are turning to private dentistry as an alternative to the limited NHS options. However, **patients are encountering various challenges in the private sector** as well. It has also been commented that patients who manage to find a dentist often encounter lengthy delays before they can be seen.



"I'm struggling to find even a private dentist to sign up with."



"I was told there was no availability in my area for NHS and the waiting time for private treatment was 3 months."

Emergency Dental Care

There have been **no negative comments** about the quality of emergency dental care and some people mentioned positive comments about the service they received: "Smile Together NHS emergency care was amazing in my experience when I got an appointment"



"Emergency dental treatment is great the staff are usually very kind and caring."

However, a principal theme centred around the **concerns about the long term solution to dental access**: "I received emergency care when I needed it but is not a long term solution to lack of dental care."



Interview 2

Interview 2 revealed a patient's experience with emergency dental services, which were described as "effective for pain relief", but "resulted in tooth extractions rather than long-term care". The lack of consistent dental care has significantly affected the patient's health, particularly their diet, as they struggle with Type 2 diabetes. The loss of 60-70% of their teeth, combined with ill-fitting dentures, has further limited their ability to eat properly, exacerbating their health issues.

According to our survey, in the last 2 years, out of the **862** people who tried to access dental care, **348** of them needed dental care to “address pain or discomfort” or “an emergency”. When asked “what happened next?” **17%** of people answered that they got an emergency appointment through ringing 111 or Smile Together and **21%** of people “did nothing and endured the pain”. Patients can only receive emergency NHS dental care if they are not registered at a dentist and they have “uncontrollable pain or swelling.” **If they are registered at a dentist**, then they are told by the call handling team to get **directly in touch with their dental practice** to organise emergency dental care with them.

Patient experiences reveal the **impact of failing to access emergency care**: “I couldn’t get an emergency appointment so put up with the pain whilst I saved up for a private appointment which took 2 months and ended up being referred to have two teeth out.” Another patient described their experience: “I bought extra strength painkillers in Boots and took these for a week until the pain went away.”

Additionally, many people commented on the **busy phone lines** to secure an emergency NHS appointment: “The phone lines are ridiculous. I tried every morning for two weeks before giving up. I now just live in pain.”



Interview 3

Interview 3 provided insight into the patient’s difficulties with accessing emergency dental care, particularly due to busy phone lines. The individual attempted to call for 5–6 days but was unable to get through. In desperation, they contacted their local MP because of severe pain. The patient expressed concern about the long-term repercussions for those who, like him, are forced to live with toothache but cannot afford or find a dentist, highlighting the broader impact on quality of life.

Another key issue highlighted in the comments on emergency dental care is patient not being able to **quality for an emergency treatment, despite being in pain**. As mentioned on the Smile Together website, “**demand for [NHS emergency dental care] service is very high and the criteria set by our commissioners is very strict.**” For instance, one patient reported: “NHS said I wasn’t urgent enough, ended up going private as in so much pain and having wisdom tooth extracted.”



“My issue was not deemed serious enough despite being in agony as no visual swelling”



"I rang every day for 4 days and told not urgent as wasn't bleeding or swollen."

The survey has also showed an **impact on alternative healthcare services** for dental emergencies. Out of the 1,097 people who completed the survey, **18% resorted to seeking treatment in alternative healthcare settings** such as A&E, Minor Injury Units, Pharmacies, or GPs. This not only placed additional pressure on emergency and general healthcare services ill-equipped to handle dental problems but also left patients without long-term solutions: "Pulled out own teeth due to severe pain and getting pushed from minor injuries to emergency dentist, to A&E"



"After two years of going between minor injuries, A&E, GP, pharmacist and the emergency dentist, I ended up having all but 7 of my teeth extracted under emergency dental care."



Interview 4

Interview 4 highlighted the impact of not receiving regular dental care, which has forced the patient to rely on other medical services, severely affecting her health and wellbeing. After multiple tooth extractions, she now faces a financial barrier in affording dentures, which limits her diet as she avoids certain foods. She described a recent experience: "About a month ago, I went to Minor Injury at Camborne/Redruth hospital because my face was swollen. I saw a doctor within 20 minutes, who advised me to see the emergency dentist the next day." The following morning, she called the emergency line and explained the situation, securing an appointment. "I saw the emergency dentist in Truro, and when he asked which tooth was the problem, I said all of them. He laughed and said it's not all of them, but when he looked, I had to have all 7 teeth removed immediately due to abscesses underneath my nose. I felt very ill." Since then, she has struggled with her diet, stating, "I just eat food that I can manage without any teeth. It's ridiculously overpriced, way over what I could even put down as a deposit."

Additionally, out of the 348 people who needed dental treatment for an “emergency” or to “address pain and discomfort”, when asked “what happened next?”, **12%** of them “self-treated”. Notably, **96% of the people who self-treated their dental issue stated that they have a low financial status** (they have “just enough” or “don’t have enough” money for necessities): “In so much pain I had to pull my own tooth out [...] I had no choice as I can’t afford private treatment.” This indicates that **financial constraints are a significant factor influencing the decision to self-treat** rather than seek professional care.

Furthermore, **57%** of the people who “self-treated” have **a disability** and **61%** of them have a **long-term illness**. One patient with a **physical disability and hearing loss**, who also indicated that they **“don’t have enough” money for basic necessities** stated: “I am unable to get an emergency appointment and being a pensioner and also on Universal Credit I cannot afford a private dentist, I had been suffering a great deal of pain I had to resort to pulling out my tooth with a pair of pliers.”

Another patient who indicated that they have a **disability and long-term health condition** stated: “I struggled to get an emergency NHS dental appointment, had to file down a broken tooth. I broke my tooth, and it was cutting into my tongue, causing it to bleed and form a swollen lump, I couldn’t physically eat anything at all & I’d had enough of the pain, so I filed all the sharp edges down with a metal nail file.”

Transport to dental appointments

For those who do have access to dental services in Cornwall, **accessibility or transport** to their dental appointment is often mentioned as a significant barrier. When asked “how would you typically travel to your dental appointment?” **28%** of people responded that they use public transport, rely on help from friends or family in their vehicle, a volunteer driver or a taxi service.



“I need to find a dentist closer to me. I struggle to get to my appointments on public transport”

The survey shows that **people with disabilities or long-term illness are more likely to not have their own vehicle** to travel to a dental appointment.

- **48%** of people with a disability do not have access to their own vehicle, compared to **28%** of non-disabled individuals.
- **41%** of people with a long-term health condition lack access to personal transportation, compared to **27%** of those without a long-term condition.



"I can get an [emergency NHS] appointment but cannot get there due to being in a wheelchair. A taxi would cost over £100 and take 2 hours each way. There are no other wheelchair-accessible transportation options available."



"Waited 5 years on the NHS list and finally got placed at a dentist that would cost me £20 each way to travel (disabled but no car)"

This emphasises the **additional strain of having to travel long distances** for emergency care, especially for people with mobility issues, further complicating the already challenging process of accessing emergency dental treatment in Cornwall.

For others, they have travelled out of county for an NHS appointment: "I travel 270 miles away to NHS dentist because I can't get one where I live- I have been doing this for over 5 years."



"I have to visit my NHS dentist in Leicester for treatment, it's over 500 miles for the round trip- 4.5 hrs each way."

Some areas of Cornwall are disproportionately affected by the lack of dental services. Particularly in areas of Cornwall that have no NHS dentists at all or very few within the area such as North Cornwall.



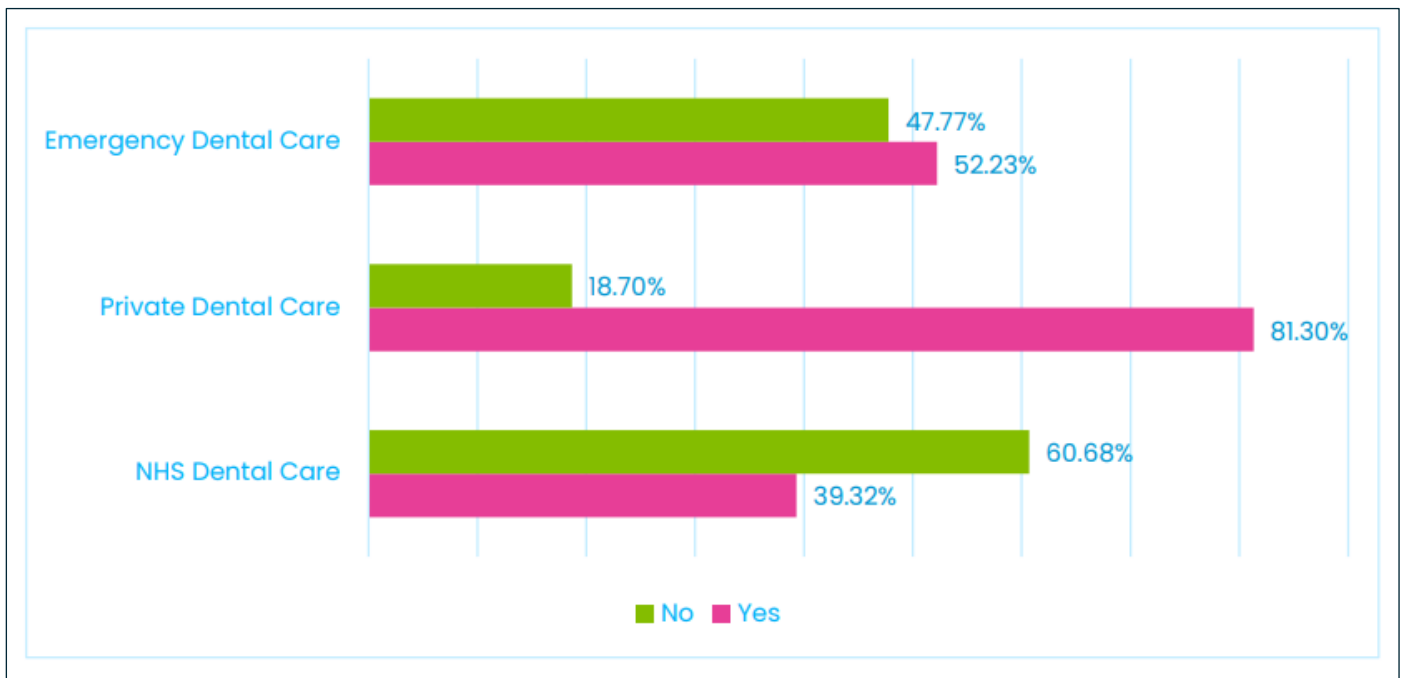
"I have lived in Bude for 5 years and can't get on the waiting list. I am also retired and can't afford to go private."



"I have not been able to access NHS dental care for numerous years. I have constant pain and a broken tooth and cannot find an NHS dentist that will take new patients in North Cornwall."

Lack of Information and Miscommunication

The chart below highlights a **significant disparity in public awareness** of how to access different types of dental care in Cornwall. Notably, **81.3%** of respondents indicated that they know how to access private dental care. In contrast, fewer people (**39.32%**) knew how to access NHS dental care, with a majority (**60.68%**) unsure of how to do so. This suggests a lack of clarity surrounding NHS dental services, likely contributing to the broader challenges of accessing care. Awareness of emergency dental care was more balanced, with **52.23%** knowing how to access it, while **47.77%** did not. This data underscores a clear need for better communication and information regarding NHS and emergency dental care options in Cornwall, as most people seem more informed about private dental services, which are often less affordable and accessible for many.



The comments from patient experiences in our survey further exemplify the **lack of knowledge and confusion** regarding access to NHS dental care in Cornwall. One person shared, “There is nowhere for me to get on the waitlist,” while another expressed, “I do not know how to get emergency treatment, it is a constant worry. Private dentists are extremely expensive.”

This sense of **uncertainty** is widespread, as **665** people reported not knowing how to access NHS dental care, with **652** of these individuals not on the NHS dental waitlist.



Interview 5

Interview 5 revealed confusion and misinformation around how to access dental care for a young child. Although the individual has an NHS dentist, there was frustration as to why the practice does not have the capacity to see the child. She searched the NHS website and contacted all local NHS practices, but none were accepting new patients, even those listed as available. In an attempt to secure care, she also reached out to practices outside of her local area but was similarly unsuccessful: “I am grateful I have an NHS dentist, I just want my son to be able to access a NHS dentist as well.”

Another voiced frustration over **misleading information**: “It is so frustrating that 'My Dentist' advertise taking on NHS patients on the NHS website but when you ring them, they are not.” Similarly, another respondent shared, “Whilst trying to access an NHS dentist (checking the lists daily online) I’ve found that the information is inaccurate; many dentists are listed as taking on new NHS patients however when I make contact this is not the case.”

Furthermore, **communication between patients and dental services** emerged as an area of concern in the survey. Many respondents reported a lack of transparency and poor communication from dental practices: “Had many appointments cancelled due to COVID and dentist leaving and was then taken off their list. **Without being informed.**” Another person who was removed from the patient list after missing an appointment: “I was in the middle of having a crown put on my tooth when my NHS dentist removed me for missing 1 appointment due to work commitments... I now have half of a tooth which is almost completely black.”

Moreover, some highlighted the **difficulty of trying to ring the NHS dental waitlist phoneline**, saying, “Not on waiting list as when I called the number it is always engaged.” This lack of response was echoed by others, with one stating, “I have no clue if I am registered or not. I tried to call them but can't get through.”

The NHS waitlist requires patients to update their contact details, but some comments suggest a lack of awareness about this requirement. For example, one respondent noted, “I was on a national NHS waiting list but since then I have changed my address and to my maiden name.” A second stated: “I have changed phone number since being put on the waitlist and I wonder if this is why I have not heard from them about my status.” This indicates that part of the issue with the waitlist may stem from **patients not being informed about the need to maintain current information**, potentially leading to further delays or being overlooked for dental care.



Interview 6

Interview 6 revealed that some individuals are attempting to access NHS dental care through individual practice waitlists instead of the centralised list for Cornwall, indicating a lack of understanding about the proper process. The interviewee had tried to join a waiting list but was informed that it was more of an informal list, further adding to the confusion and uncertainty about how to effectively access NHS dental services.

Many participants in the survey indicated that they are on **individual waitlists for NHS dental registration** at specific practices, rather than being registered on the centralised NHS waiting list. This suggests a widespread misunderstanding of the correct process for accessing NHS dental care, with individuals relying on practice-specific lists that may not be linked to the centralised system, potentially prolonging their wait and limiting access to available services.



"I am on a waitlist for my local NHS dentist and I have also been on the waiting list for Cornwall for years"



"I have been on the wait list in 5 different dentists in Cornwall so I can get registered as quickly as possible."

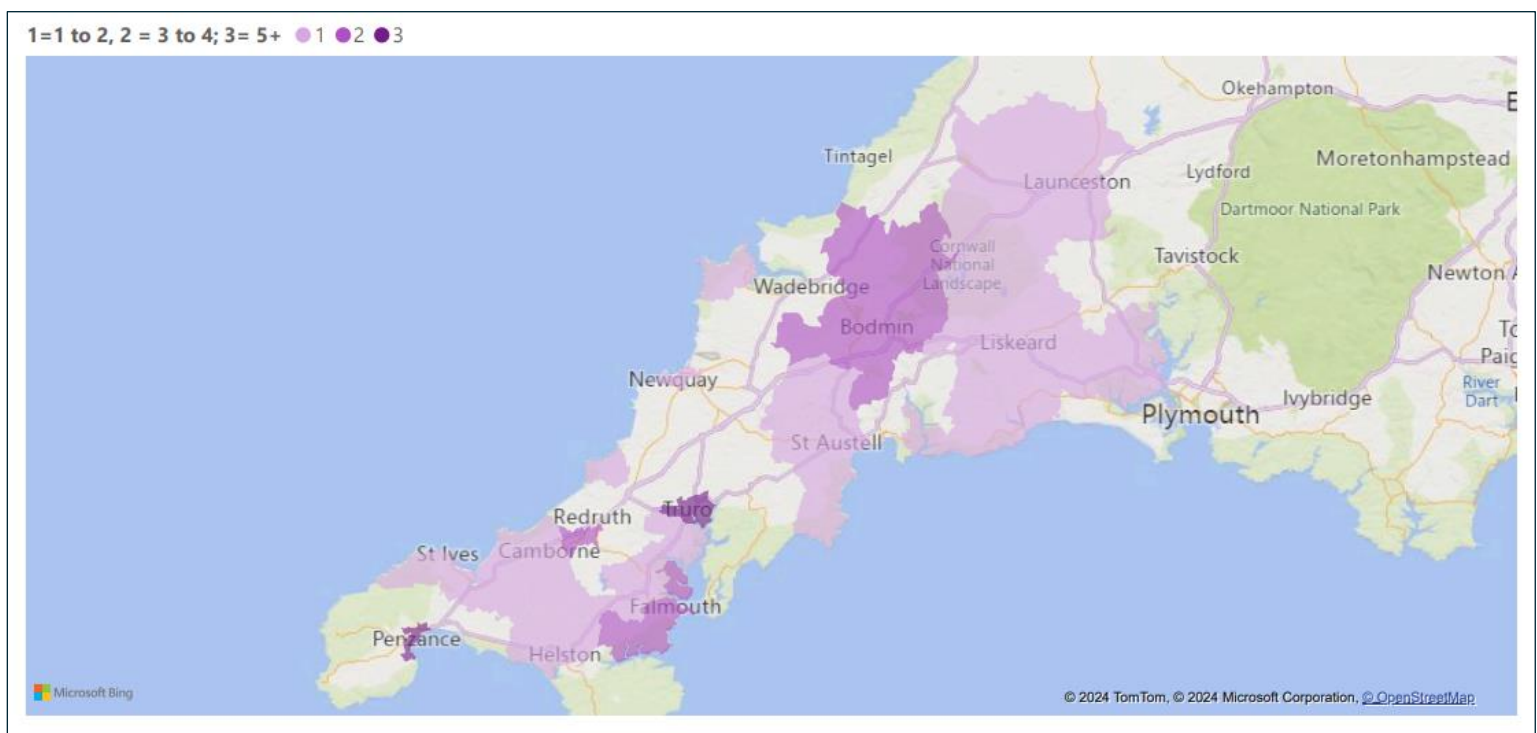
Findings from the Dental Practice Survey and Enter and View visits:

Who We Spoke To

Dental Practice Survey:

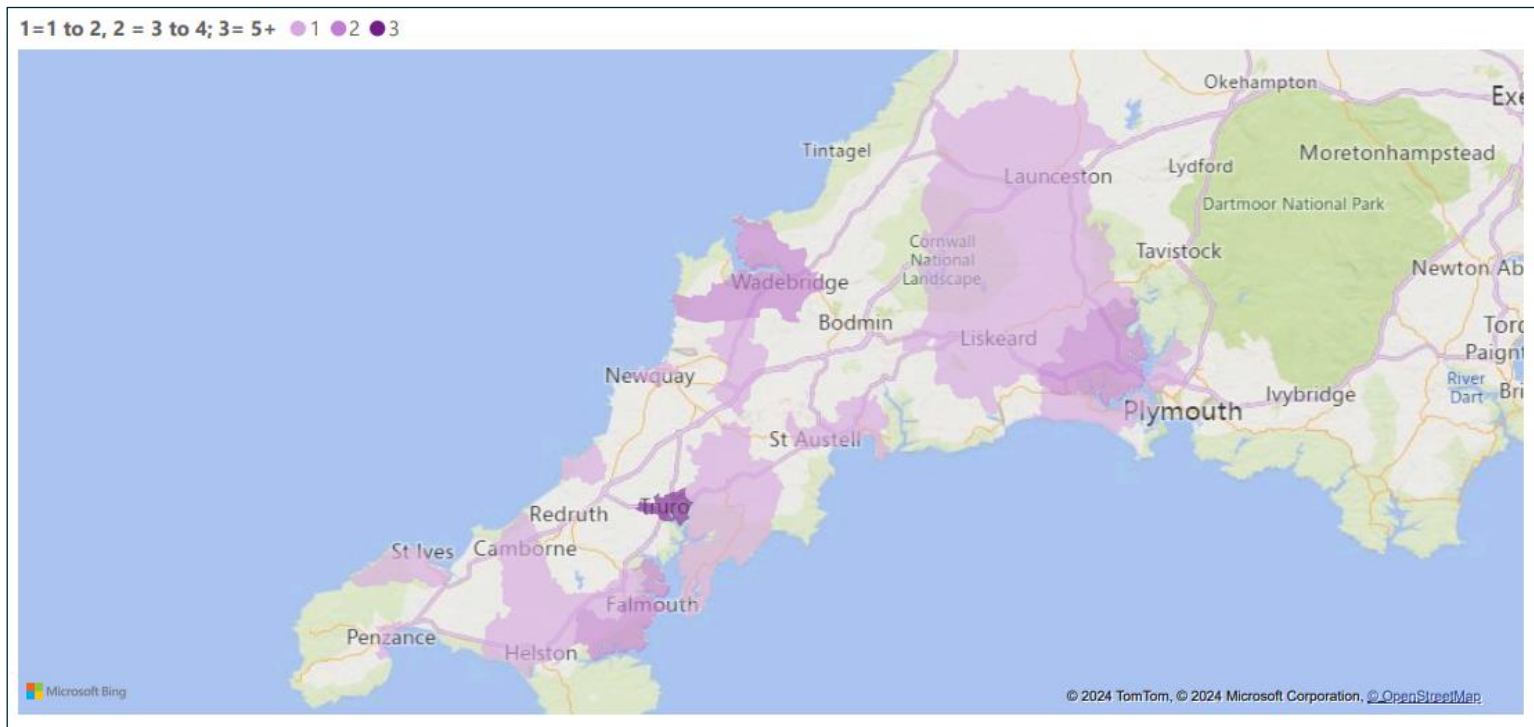
The contact list for our outreach was sourced from the Care Quality Commission website, which provides a comprehensive list of NHS and private dental practices in Cornwall. This approach was aimed at reaching as many practices as possible, though **we acknowledge that there may be some gaps in the list**. We targeted both NHS and private practices, as many offer a combination of services that can frequently change. **All responses were collected anonymously** to protect participant privacy.

Map Of Dental Practices That Provide NHS Dental Care in Cornwall (NHS or NHS and Private)



This map provides a visual representation of NHS dental care accessibility across Cornwall, highlighting areas that may be well-served and others that might have more limited access to NHS dental services. The areas on the map that are blank (white) represent regions with **no NHS dental practices or extremely limited access to NHS dental care**. Large portions of central and eastern Cornwall appear to have no NHS dental practices at all, creating "dental deserts" where residents have to travel significant distances to access NHS dental care. The coastal areas, particularly in North Cornwall and parts of the south, also show extensive blank regions.

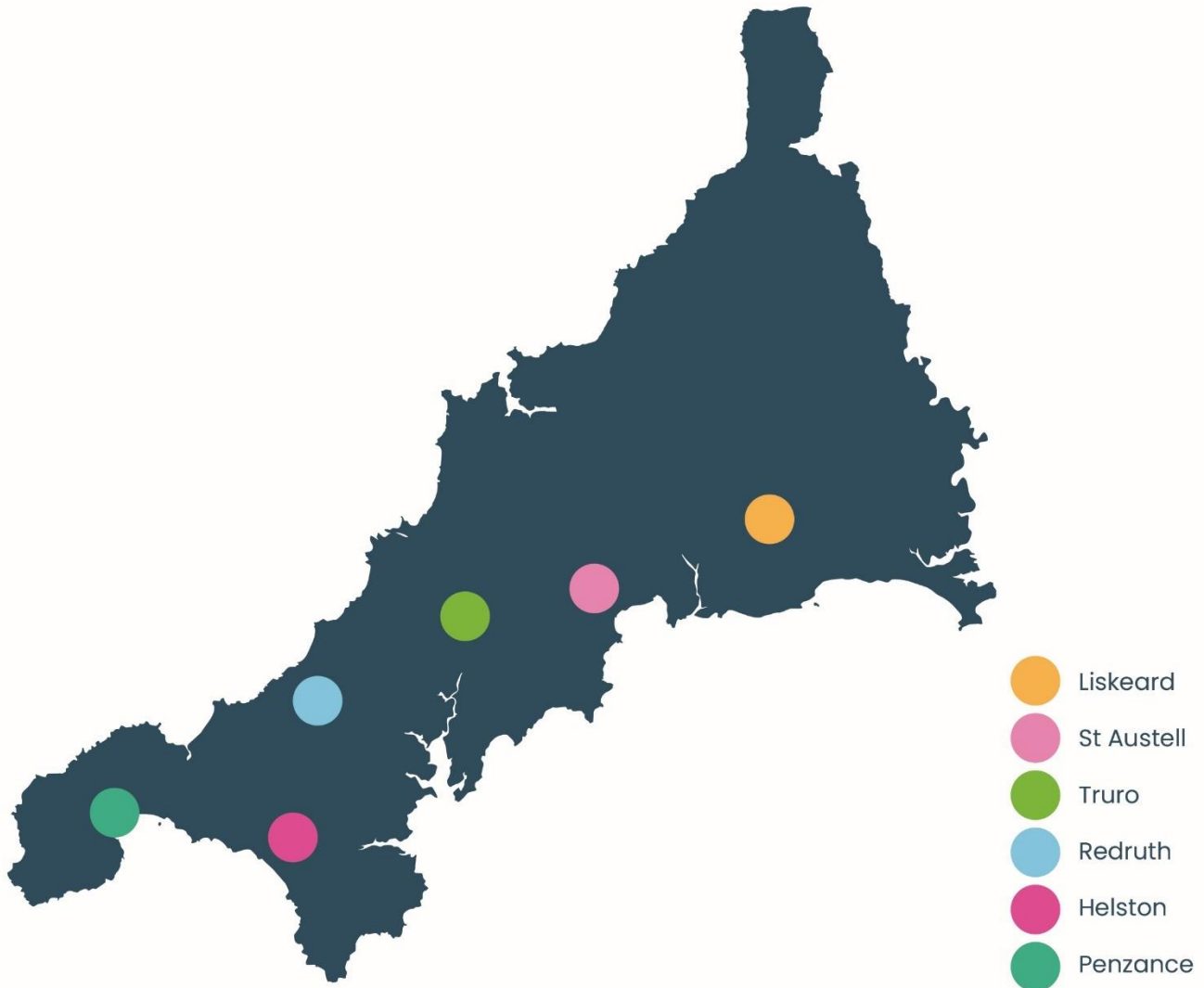
Map of Dental Practices That Provided Exclusively Private Care in Cornwall:



Within this map of private dental practices, it's important to note that many NHS practices also offer private dental care, which may explain the similarities between the two maps. Nevertheless, certain areas, like **Wadebridge and the Roseland, have a higher percentage of private dental care**. Additionally, "dental deserts" for private care are found in coastal regions of North Cornwall and West Cornwall, as well as in central Cornwall.

Enter and Views:

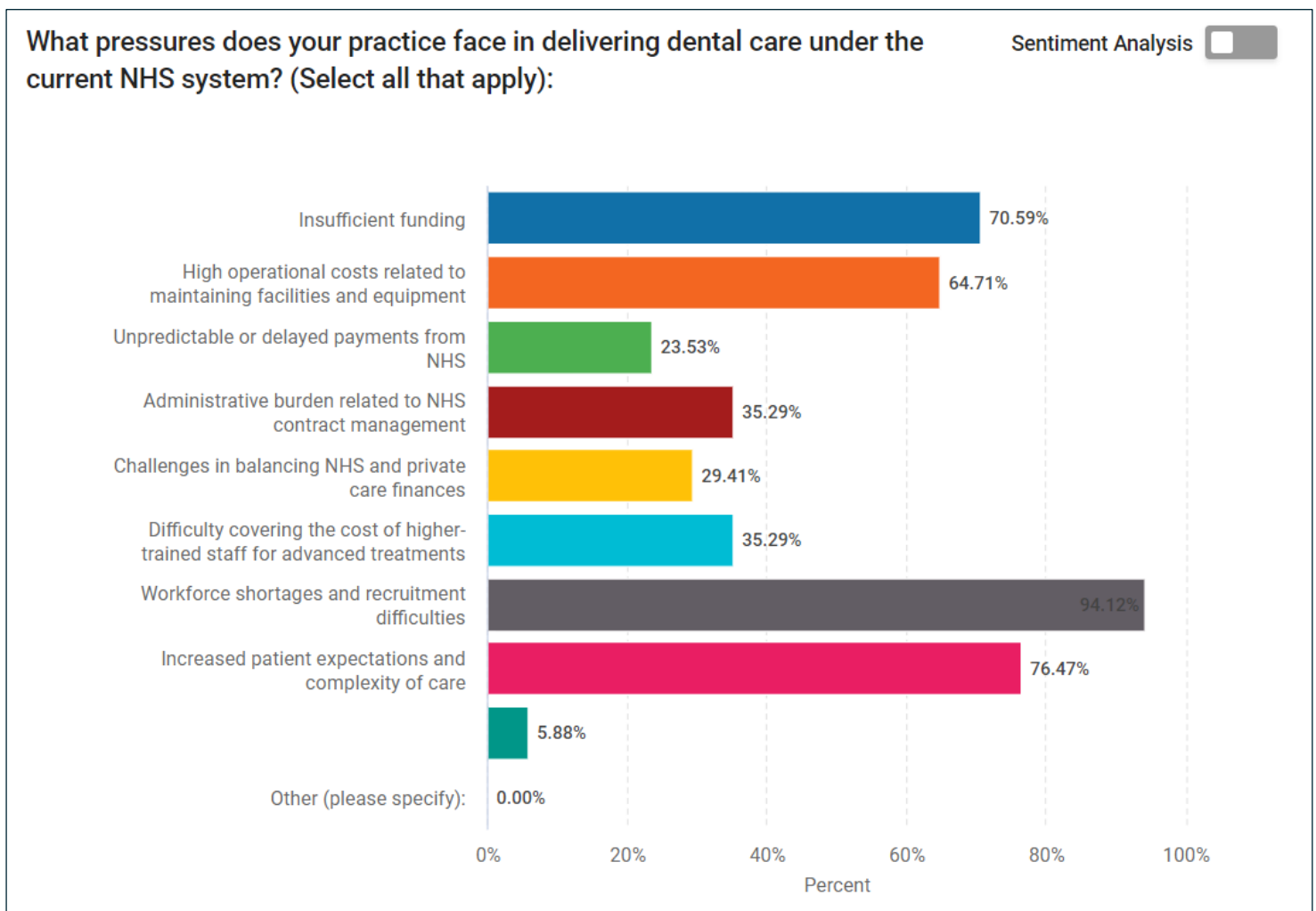
For the Enter and View visits to dental practices across Cornwall, **we selected locations based on their provision of NHS care and geographic diversity**. Our aim was to ensure a broad representation of the region. The practices visited included those in the following areas:



This selection process allowed us to gather a comprehensive understanding of the services offered and the experiences of patients in **various parts of Cornwall**. We spoke with dentists, hygienists, and administrative staff to **gather insights into the services** offered, operational practices, and any challenges they faced in delivering care. We also interacted with patients visiting the dental practice to understand their experiences, satisfaction levels, and any concerns regarding access to care.

The Main Themes from The Dental Practice Survey and Enter and View Visits:

- There are significant issues with the **recruitment and retention** of dental staff, having a direct impact on access to dental services for the public.
- The **centralised NHS waitlist appears to be failing in its purpose**, as patients are bypassing it and contacting practices directly.
- In many NHS dental practices, registered NHS patients are on a waitlist for an appointment as **practices prioritise emergency treatment** and some private dental practices across Cornwall also have registration waitlists for private patients.
- The **complexity of care** required from patients has increased and the target driven approach to NHS care does not allow dentists to provide quality care.
- NHS Dental Practices in Cornwall face **financial pressures** and **difficulties in meeting their contractual targets**.



Access and Waitlists

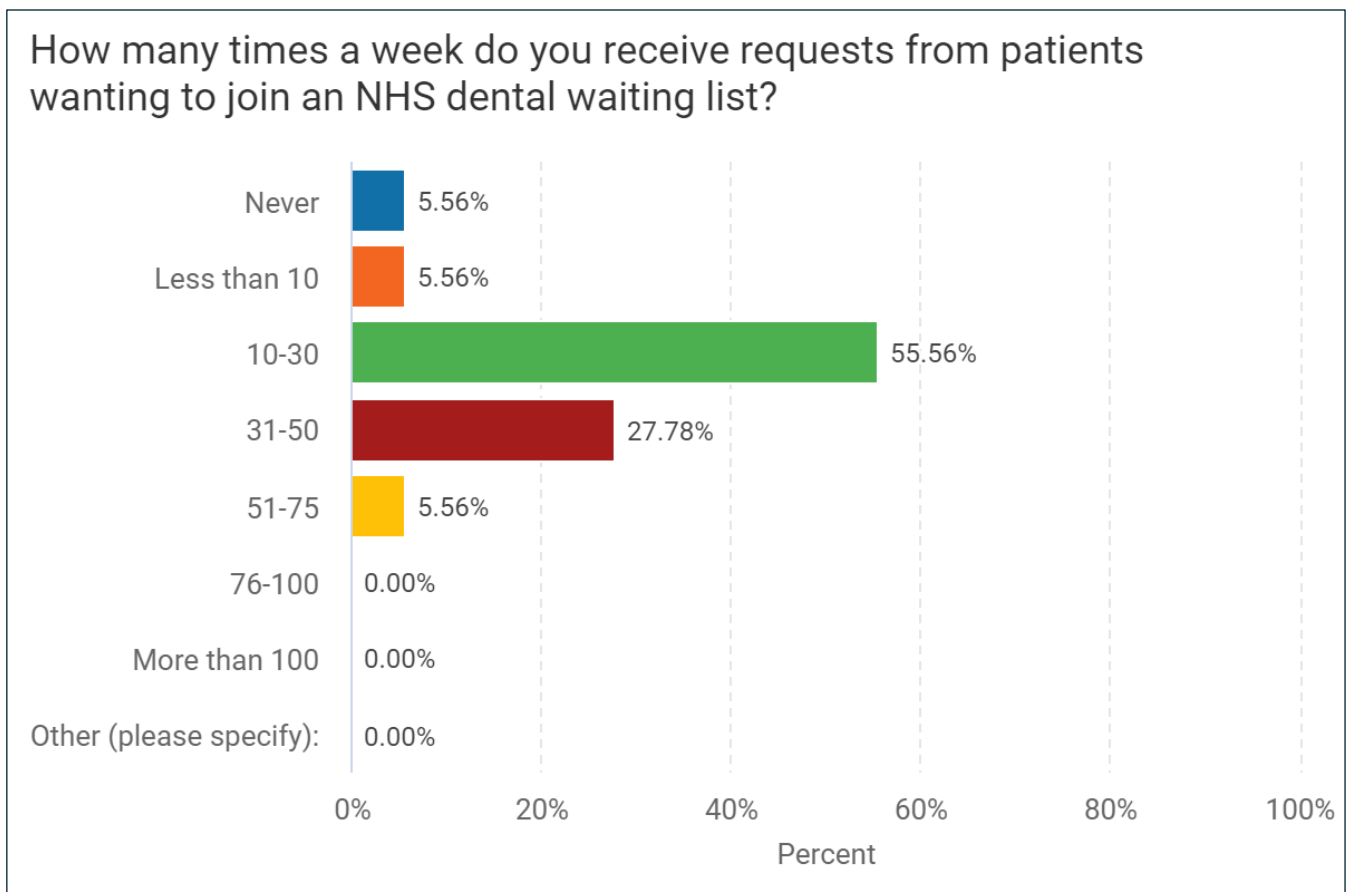
0 out of the 80 dental practices who we spoke to are accepting new NHS adult patients and a small number indicated that they are accepting NHS children **if their parents are registered as NHS patients**. In comparison, **35 out of 80** dental practices who we spoke to are accepting new private patients.



“We terminated our (NHS) contract last year. Before doing so we did request to keep a contract allowing us to see children on the NHS, this was declined.”

The survey results indicate that while there is a centralised NHS dental waiting list system in place, its implementation and adherence are not uniform across practices. The majority of dental practices (**18 out of 22 surveyed**) **correctly follow the centralised system**, not maintaining separate waiting lists. However, **4 practices reported having their own NHS waiting lists**, which goes against the intended centralised approach.

The chart below presents data on the **frequency of requests from patients wanting to join an NHS dental waiting list**, based on the survey we sent out to dental practices. The most common frequency is 10–30 requests per week, reported by **55.56%** of respondents. This represents over half of all responses. The second most common frequency is 31–50 requests per week, reported by **27.78%** of respondents.



Despite the existence of a centralised system, the chart shows that nearly all practices **(94.44%) receive direct requests from patients trying to join NHS waiting lists**, with most handling between 10-50 such requests weekly. This high volume of misplaced inquiries suggests widespread public confusion about the correct process for accessing NHS dental care. It also indicates potential issues with the visibility, effectiveness, or capacity of the centralised waiting list system. The discrepancy between the official process and actual patient behaviour, combined with some practices maintaining separate lists, points to a **fragmented system** that may be struggling to meet patient demand efficiently.



Enter and View visit:

The practice explained that when they opened registrations for NHS patients, they had hundreds of calls a day.



Enter and View visit:

It was noted that many people call the practice daily to register as an NHS patient, and when the practice cannot fulfil this request, they signpost to other practices in Cornwall.

This suggests that **NHS Dental Practices are not taking on patients from the centralised NHS wait list** and instead, registered patients who contact their practices directly. Our research also revealed that **practices have waitlists for appointments for NHS patients that are already registered at their practice.**



Enter and View visit:

There is now a waiting list of registered patients for NHS appointments. The practice conduct welfare checks for those on a waiting list by a nurse or registered professional.



“As a practice we are trying to accommodate as many NHS patients as possible, we have 2 NHS dentists whose diaries are always full. It is not that we don't want to give you an appointment it's purely a lack of appointments available. If we had them, we would gladly take on more patients.”



“As a consequence of a lack of dentists willing to work in the NHS and also withdrawal of NHS services in other practices, together with the worst recruitment crisis we have known, we are having to take the unprecedented step of cancelling all 'routine' examination appointments for the foreseeable future to concentrate on providing dental care for those with outstanding treatment requirements, in order to meet the backlog. There will still be a possibility to access urgent care where a patient is experiencing severe pain, swelling, or bleeding but this will be strictly limited on a first come basis daily.”

As for **private dental care**, the survey results also revealed a concerning situation regarding access. Despite private practices often being seen as a more readily available alternative to NHS services, the data shows significant **limitations in access** to private care. Based on our survey results, just over half (**52.94%**) of private dental practices report currently accepting new patients, while **41.18%** are not. Additionally, out of the 80 practices we spoke to, **16** of them told us they have a **waiting list for private patients**.



“We have a 900 patient waitlist for private. When NHS we use the NHS centralised wait list.”

Did Not Attend Rates (DNA):

Dental practices face substantial repercussions from **high DNA rates**. Each missed appointment translates to lost time and resources, which could have been allocated to other patients in need of care. When asked about the percentage of appointments that resulted in DNAs due to missed appointments or short-notice cancellations from 1st August 2023 to August 2024, **21 out of 22 dental practices that responded to our survey indicated that they have a problem with DNAs**.



"Failed appointments: 649 patients, 176 hours and 5 mins. Cancelled appointments was 2925 patients cancelling appointments, but only 80 Hours and 25 Minutes was not filled."



"[We have] a lot. I know that between April 2023 and April 2024 we lost over 2000 appointments. This could equate to around 2000 UDAs and my contract is around 17000 UDAs so about 12%."



"DNA rates: NHS 7.43% and private 6.25%."



"We have had 230 DNAs from August 2023-August 2024."

These insights underscore the **significant impact** that high DNA rates have on dental practices, emphasising the need for targeted strategies to reduce missed appointments and improve overall patient care.

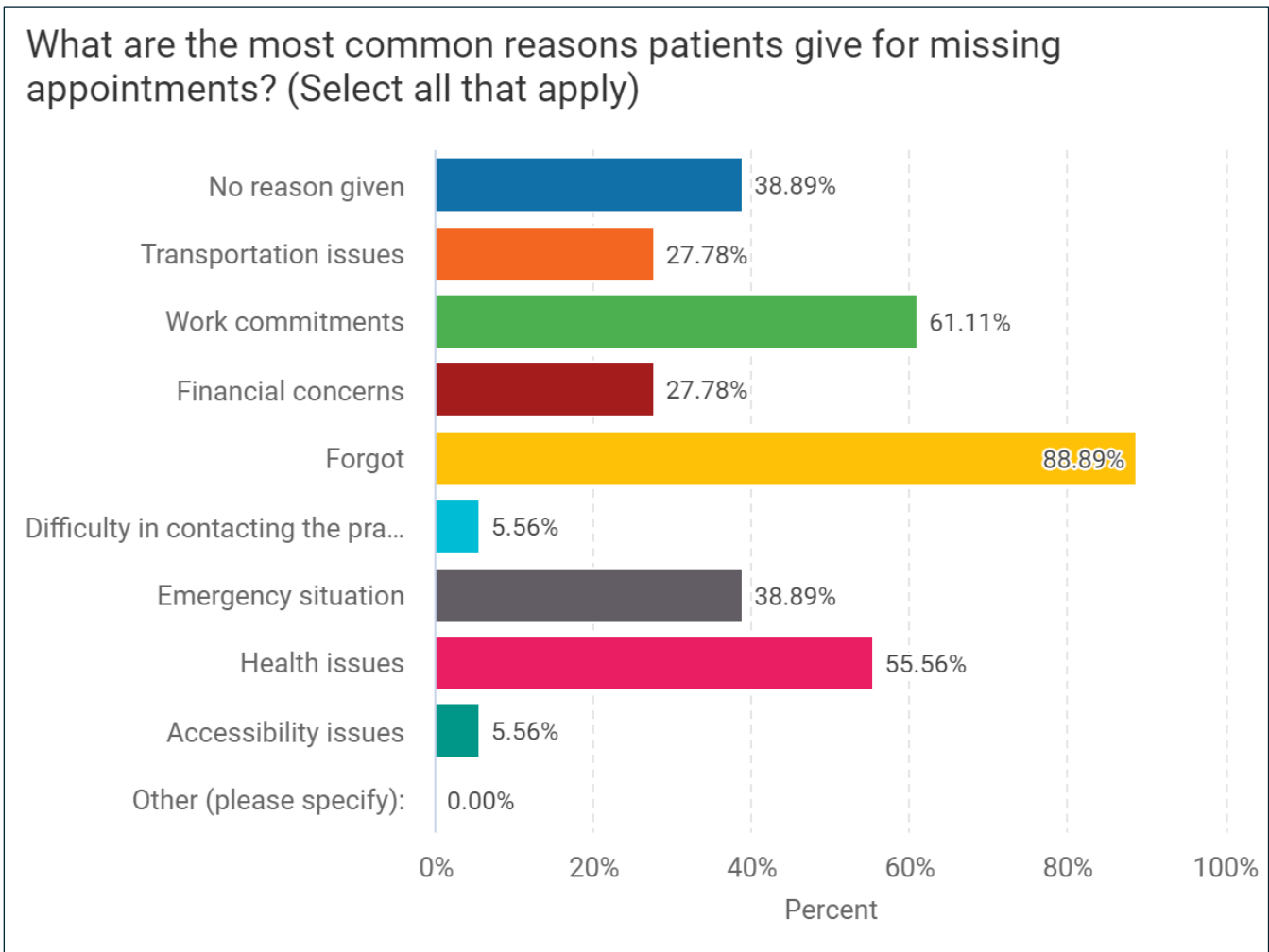


Enter and View visit:

The practice reported significant issues with missed appointments, stating that they lead to underutilisation of surgery time and an increase in patient complaints. The practice also shared that as dentists are self-employed, they do not receive payment for missed appointments.

However, one dental practice told shared: "We have very few DNA's, on average one a week. We have a robust system to remind patients through text, email, and phone calls the day before they attend." This practice's success highlights the effectiveness of **proactive communication** and reminder systems in minimising missed appointments.

When asked, “What are the most common reasons patients give for missing appointments?”, the predominant response was that patients often state they simply **“forgot.”** This also highlights that practices can improve by implementing more effective reminder systems and communication strategies.



Yet the results from our survey indicate a strong commitment among dental practices to implement reminder systems for patient appointments. With **100%** of respondents confirming that they have reminders in place, it is clear that practices recognise the importance of proactive communication in minimising missed appointments (DNAs).



Enter and View visit:

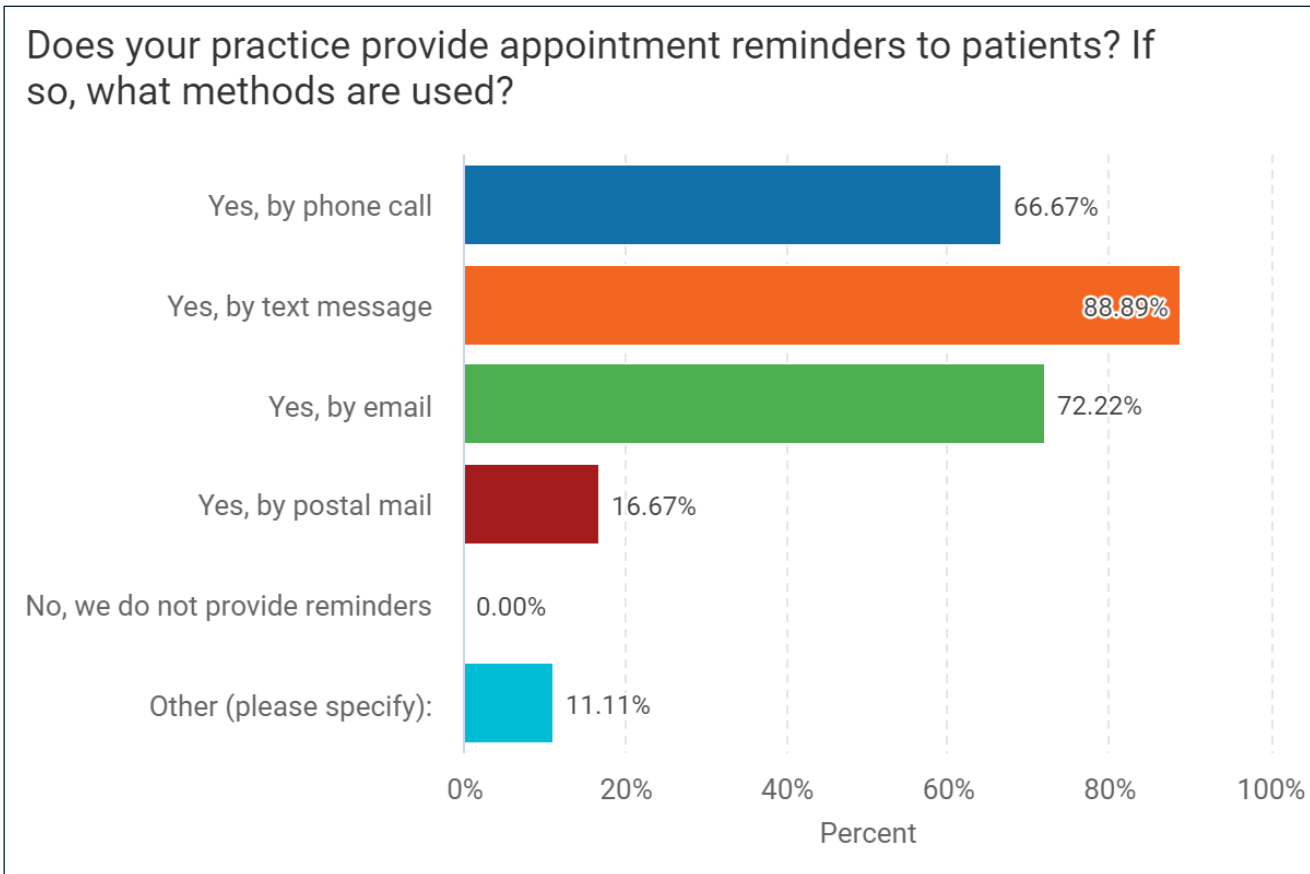
Patients are sent a form a week before and a text a few days before. This has helped reduce the number of missed appointments to one or two per day.



Enter and View visit:

Patient feedback: "They're very good here and they send reminders a few days before."

We also asked dental practices how patients can cancel or reschedule their appointment. As per the graph below, the most common ways were via phone call (**100%**) and in person (**94.44%**). However, only **11.11%** allow patients to reschedule through an online portal and **33.33%** by text message.



The relatively low usage of online portals (**11.11%**) indicates a missed opportunity for practices to embrace technology that can streamline the appointment management process. With the increasing reliance on digital solutions in healthcare, expanding online scheduling options could enhance patient satisfaction and convenience.

NHS Contracts

83% of our survey respondents stated that they currently have an NHS contract. One practice that said they do not currently have an NHS contract, but they have had one in the last 24 months. Three practices shared that they have increased their NHS contracts in the last 24 months through the addition of the stabilisation contract, and two practices commented that they have reduced the value of their contract in the last 24 months due to staff shortages.

100% of the NHS dental practices that responded to our survey included a comment on at least one of the questions to show that they **face financial pressures and difficulties in reaching targets set in their NHS contract**. NHS dental practices have a Unit of Dental Activity (UDA) target that serves as a key performance indicator for the volume of NHS dental services provided. The UDA system is designed to quantify and measure the activity of dental practices based on the types and complexity of treatments delivered to patients.



“Our contract is one of the largest in the southwest but as we are only working on two part time dentists, it is impossible for us to reach target.”



“UDA contract for providing NHS dental care not fit for purpose.”



“Running a dental practice incurs extremely high costs – General Dental Contract fees, indemnity fees Care Quality Commission; high staff costs; high equipment and material costs; high laboratory fees – we are paid less than medical doctors yet have much higher overheads – public seem blissfully unaware”

Additionally, the majority of the Enter and View visits conducted as a part of our research also shared information on this topic. The qualitative data from this research reveals **significant challenges faced by dental practices in meeting the targets** outlined in their NHS contracts, reflecting a complex interplay of operational, regulatory, and financial factors.



Enter and View visit:

The practice hasn't hit target for 2-3 years and has showed frustration that the NHS has never spoken to them about the reasons for this. They filled in a form to request for help with recruitment, having to justify why they need the help, but they haven't heard back. The practice highlighted that they didn't have any issues with recruitment before Brexit.



Enter and View visit:

There is a financial pressure on dentists because the funding system for NHS treatment does not appropriately cover the cost of the treatment, and the dentists are left to cover the difference. The financial strain on dentists as well as the pressures of meeting targets is contributing to dentists leaving at this practice.

The challenges faced by dental practices in Cornwall in meeting NHS contract targets significantly **impacts patients**. In our research, dentists have voiced that the **target-driven nature of the system does not prioritise patients' care**, with one practitioner stating, "being target driven does not put patients' interests or care first. It penalises dentists for caring." Another practice commented: "The financial penalties associated with not meeting targets force us to prioritise meeting targets over providing comprehensive care, which can lead to a reduction in the quality of dental care that we can give."



Enter and View visit:

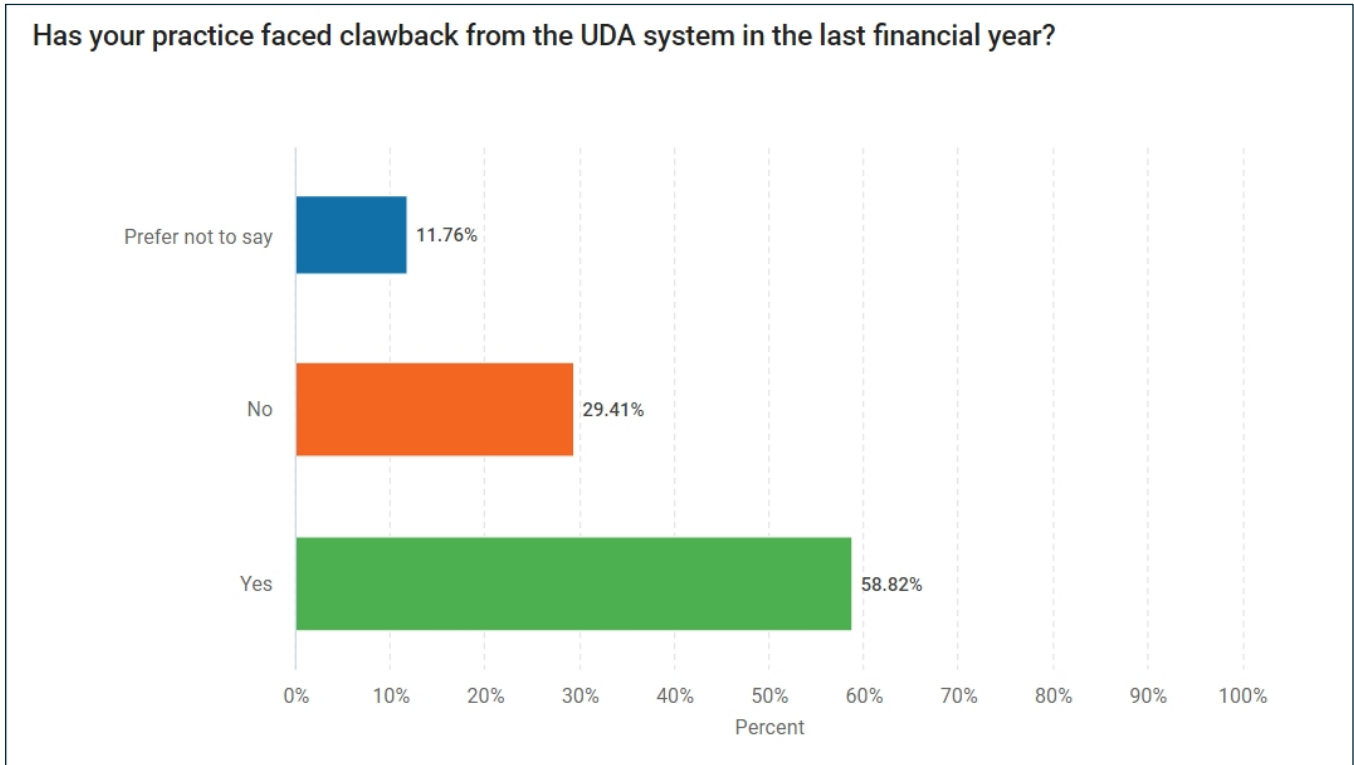
Dental practitioners highlighted a significant trend regarding the types of treatments being provided in Cornwall. They shared that the types of treatments are taking longer and cost more but they're better for the patients.



"We are working hard to give our patients the best treatment that we can. The NHS contract is not fit for purpose and this is the main reason why they can't see an NHS dentist."

One practice pointed out that they operate in "one of the **most deprived areas with high demand for complex/extensive treatments**." This highlights the urgent need for comprehensive dental care in deprived areas of Cornwall where access is already constrained.

At the end of the fiscal year, if dental practices have not met their NHS contract targets, the NHS implements a **clawback mechanism** to reclaim a portion of the funding provided to these practices. In our survey we asked dental practices if they have faced clawback in the last financial year:



The fact that over **58.82%** of practices have experienced clawback underscores the significant financial strain on dental services in the region.



“NHS contract revoked in 2009 and we have no desire to revoke following the £80k “clawback” following the first 3 years of the contract. Impossible to run a business in this manner.”



“The way the clawback works is that it comes out of your funds for the following year so you have less money to do the same amount of work.”

The impact of these financial implications and difficulties in dental practices not hitting UDA targets has resulted in many **NHS dentists turning private** or subsidising NHS care by also offering private alongside it in the same practice.



“Staying NHS was completely unsustainable for us due to recruitment (no dentists wanting to work NHS, nurses leaving the industry due to very low pay etc), high costs of running the practice, unrealistic UDA targets during and post covid, among other reasons.”











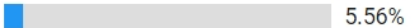


Enter and View visit:

Informed us that they are transitioning from 99% NHS services to a fully private model. Due to limited capacity, they will operate on a first-come, first-served basis and will be accepting fewer patients to ensure they can provide adequate appointments for private clients. Currently, they face double the number of patients compared to the available appointment slots. The practice shared that they have been struggling for the past decade without any increase in funding for providing NHS treatments.

Recruitment and Retention of Staff

23% of the dental practices that answered our survey said they have **reduced their provision of NHS dental care** in the last 22 months **due to recruitment issues**. **100%** of the dental practices we surveyed said they have **experienced difficulties in recruiting dental professionals** over the past 24 months. Additionally, **100%** of the Enter and View visits highlighted that the biggest problem is the recruitment of dental staff.

What are the main challenges in recruiting dental staff? (Select all that apply)	
Answer Choices	Responses
Lack of qualified dentists in the local area	 77.78%
Shortage of qualified support staff (dental nurses, hygienists, etc.)	 88.89%
Difficulty attracting candidates due to the remote location of Cornwall	 83.33%
High competition with other practices for available candidates	 77.78%
Preference of candidates to work in private dentistry over NHS	 72.22%
Uncompetitive salaries working in Cornwall compared to other areas of the country	 61.11%
Lack of interest in full-time positions (preference for part-time or locum work)	 50.00%
Limited opportunities for professional development or career progression	 33.33%
High cost of living, particularly housing, deterring potential candidates	 88.89%
Reduced availability of EU dental professionals post-Brexit	 33.33%
Other (please specify): Show	 5.56%

In our survey, we asked dental practices “what are the main challenges in recruiting dental staff?” The most common response was “shortage of qualified support staff” and “high cost of living, particularly housing, deterring potential candidates” both at **88.89%**. The second most common answer was “difficulty of attracting candidates due to the remote location of Cornwall” at **83.3%** and the third reason selected as both “lack of qualified dentists in the local area” and “high competition with other practices for available candidates” both at **77.78%**.



“We have lost a few very good nurses as they could no longer afford to live in Cornwall and moved closer to relatives that could help with childcare etc.”



Enter and View visit:




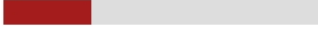

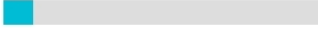
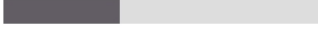
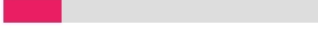

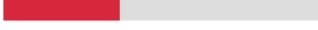
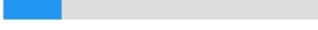
They have vacancies currently for a full time position. They currently have no permanent dentist for routine dental care.



Enter and View visit:

Recruitment for dental nurses is a huge problem. The practice indicated that it would help if dental nurses also got the benefits of working in the NHS, such as pensions.

56% said they have faced challenges in **retaining dental staff** over the last 24 months. The following chart illustrates the responses from dental practices experiencing challenges with retaining dental staff, highlighting their perspectives on the reasons behind staff turnover:

If yes, what do you believe are the primary reasons for staff leaving? (Select all that apply)	
Answer Choices	Responses
Desire to transition from NHS to private practice	 54.55%
Burnout or mental health challenges	 54.55%
Workload stress	 63.64%
Limited support staff leading to increased workload	 27.27%
Lack of career progression or professional development opportunities	 45.45%
Difficulties with team dynamics or workplace culture	 9.09%
Inadequate compensation or benefits	 36.36%
Long commuting distances or transport issues	 18.18%
Relocation	 63.64%
Retirement	 36.36%
Other (please specify): Show	 18.18%

The highest response as to why dental staff leave their job is both “workload stress” and “relocation” at **63.64%**. The second most common answer was “desire to transition from NHS to private practice” and “burnout or mental health challenges” at **54.55%**. The third most common response was “lack of career progression or professional development opportunities” at 45.45%.



“Recruitment has been a huge struggle. Retaining staff with competitive salaries also seems to be a common denominator when staff have resigned.”

The **impact of recruitment and retention issues** in dental practices is that they can no longer see their registered patients. One practice commented on the survey to explain: “If we could recruit just one or (ideally) two dentists, we would have no issue in being able to provide all our patients with routine care and not just emergency care.”



Enter and View visit:

Patient feedback: “I’ve had many cancelled appointments due to dentists leaving.”



Enter and View visit:

This dental practice has lost three dentists in two years. The shortage of dentists has led to the cancellation of appointments which can cause frustration in patients and it's difficult to rebook with already full calendars.



Enter and View visit:

Reported that their patient count has dropped from 9,000 to 7,000 due to the loss of two dentists, which they could not manage. Over the past four years, they have lost three dentists—one retired, one changed career, and another was lost due to COVID-19. Currently, the practice is run by three dentists who are the principal owners. The staff team includes four trainee dental nurses, an infection prevention and control (IPC) lead, a practice manager, two receptionists, one hygienist, and one therapist, who will be responsible for seeing NHS children. There is a significant demand for pay rises among staff, reflecting the pressing need for better compensation. The “biggest challenge” they face is “recruitment and retention”, as they struggle to compete with private practices for talent.

Impact on Services

- **Staff Morale:** Qualitative data from the survey indicated a **low staff morale** at many dental practices.



“There is low staff morale mainly amongst nurses. The low wage for them in both NHS and private dental practices has been upsetting for all for a very long time. Along with not getting an NHS pension. Compliance has become hard to manage as nurses are now having to take on a lot of extra responsibilities with little time or reward for them.”



“We are currently operating in an environment of unremitting pressure, the like of which we have not seen before. We are truly in a crisis where business as usual is simply not possible.”

- **Discrimination and Harassment:** Enter and View 1 reported incidents of **racism directed towards dentists** within the practice. Such discrimination not only affects individual staff members but also undermines the overall working environment and the quality of care provided to patients. Addressing these issues is crucial for fostering a supportive and inclusive atmosphere within dental services.
- **Lack of understanding from the public:** A significant issue highlighted by dental practices is the **public's lack of understanding** regarding the pressures faced by dentists and the broader context of the current dental care crisis. For instance, one practice noted that “patients often do not recognise the backlog of work resulting from the loss of dentists, leading to situations where dentists are compelled to work through their lunch breaks to keep up with demand.”



“[We want the public] to stop aiming their frustrations at low-paid staff that have no control over anything and are just trying to make a living.”

Conclusion

The dental crisis in Cornwall presents a multifaceted and severe public health challenge. The study reveals a **critical shortage of NHS dental services** leading to **extended waiting times** of up to a decade for NHS care. This lack of access has resulted in a surge of **dental emergencies**, increased hospital admissions for extractions, and attempts at self-treatment. The situation **disproportionately affects vulnerable groups**, exacerbating **health inequalities** and forcing many residents to incur **debt for private care** or forego necessary treatment. **Systemic issues** within the NHS dental care system, including problems with the **centralised waiting list** and financial pressures on NHS practices, compound the crisis. Workforce challenges, with many dentists reducing NHS commitments or considering private practice, further strain service availability. **Geographic and transport barriers**, particularly in areas like North Cornwall, add another layer of complexity. The crisis places undue **pressure on other healthcare services** ill-equipped to handle dental issues. Collectively, these findings paint a picture of a **dental care system under extreme stress, with far-reaching implications for public health, quality of life, and healthcare system efficiency in Cornwall.**

Recommendations

Considering the findings in this report, **Healthwatch Cornwall proposes the following strategic and focused recommendations**. While we acknowledge that for **long-term fundamental reforms** into NHS Dentistry are necessary, these actions are designed to be achievable and directly address the unique challenges faced by Cornwall.

1. Introduce Flexible NHS Contracts to Prioritise Care for Vulnerable and High-Need Patients on a Local Level

To address the shortcomings of the current Unit of Dental Activity (UDA) system, which has led to workforce attrition and limited-service availability in Cornwall, **we propose the introduction of flexible NHS contracts specifically tailored to local needs**. This localised approach aims to prioritise patient care over rigid targets, ensuring that dental practices can effectively serve vulnerable and high-need populations.

Revising the UDA system at the local level is essential, as **100%** of surveyed practices have reported challenges in meeting UDA targets, and over **58.82%** have faced financial clawbacks, straining their ability to provide necessary services. By implementing **flexible, sessional-based contracts**, we can reduce the pressures of meeting UDA targets and allow dental practices to focus on treating individuals who are most at risk—such as **low-income patients** and those who have a **disability or long-term illness**.

This targeted strategy will **enhance access to timely dental care for vulnerable groups, reduce health inequalities, and optimise the use of available NHS resources**. Furthermore, it will foster a more realistic understanding of the capacity of local NHS dental services, ensuring that the community is aware of and can access the care they need.

2. Improve the Management of the NHS Dental Waiting List

To address inconsistencies in how practices manage NHS waiting lists, we recommend implementing a comprehensive strategy to improve the management of the NHS wait list. This includes ensuring that dental practices understand the importance of using the centralised waiting list when accepting NHS patients, rather than maintaining their own separate lists.

Key components of this strategy should include:

- **Hiring Personnel:** Employ staff to periodically contact patients to confirm their details and any changes in medical status that may affect their priority on the list.

- **Regular Communication:** Establish a system for regular updates to patients regarding their waitlist status, emergency care options, and reminders to update their information.
- **Reassessing Priority Criteria:** Reconsider the criteria for prioritisation on the waitlist to ensure that vulnerable groups and those with urgent dental needs are adequately prioritised. This will help guarantee that those who require immediate attention receive timely care.
- **Public Awareness:** Raise awareness among the public about the prioritisation system and its criteria. This transparency will help the community understand how prioritisation works and ensure they can access the care they need promptly.

3. Foster Open, Transparent, and Bi-lateral Collaboration

The dental crisis requires a cohesive, multi-disciplinary approach in which all stakeholders collaborate toward the common goal of delivering high-quality, patient-centred care. To drive the necessary reforms, it is essential to foster open **communication between service providers and commissioners.**

We propose establishing regular, proactive collaborative meetings **hosted by the Local Dental Committee (LDC).** These meetings should involve key stakeholders, including the Integrated Care Board (ICB), local politicians, dental professionals, and commissioners. The aim is to transparently address challenges and implement reforms focused on improving patient care.

4. Launch a Communication and Education Campaign

We recommend launching a comprehensive public communication campaign across Cornwall focused on educating patients about **how to care for their oral health and navigate the dental care system.** This campaign should utilise all available channels, including Cornwall Council, Healthwatch Cornwall, and Integrated Care Board platforms.

Key components of the campaign should include:

- Develop **clear, accessible information** resources explaining the differences between NHS and private dental services, and how to join the centralised NHS waiting list. These resources should not be limited to digital formats, as not everyone has access to or is comfortable using online platforms. Instead, ensure that information is available through various channels, such as printed materials in community centres, health clinics, libraries, and dental practices.
- **Accurate Information on Registration:** It is important to clarify that patients do not register with dentists in the same way they do with GP surgeries. There is considerable confusion and misinformation about the registration process for dental care. The **NHS Find a Dentist website** advises individuals to contact

dental practices directly to request registration. As a result, some patients may end up being registered with a specific practice instead of being placed on the centralised NHS waitlist for Cornwall. This can lead to inequalities and instances where individuals "skip the queue" for care. Therefore, it is crucial to communicate clearly that patients must be on the centralised waitlist to ensure they are registered correctly and receive equitable access to dental services.

- **Cost Transparency:** Ensure that patients receive clear, upfront explanations of treatment costs, especially for NHS patients whose treatments are not funded. It is essential to raise awareness about exemptions available for low-income individuals, so they understand their eligibility for free or reduced-cost care. Additionally, provide information about private dental care options, including where children can receive free private dental services and where adults can access payment plans to manage their costs. By offering comprehensive information on both NHS and private options, patients will be better equipped to make informed decisions regarding their dental care.
- **Provide detailed steps for obtaining emergency NHS dental treatment:** It is important to inform patients that they can only access emergency dental treatment through the NHS 111 service if they are not registered with a dentist. Patients who are registered with a dentist should seek emergency care from their registered provider. Additionally, emphasise that GPs and emergency departments are not suitable for handling dental issues, and patients should avoid turning to these services for dental emergencies.
- **Education on Oral Health:** There needs to be an aspect of the campaign to prevent future dental problems and educate adults on how to care for their teeth. We specify adults because Public Health are already promoting oral health among Children in schools, but we recommend that this continues and is expanded to all schools across Cornwall.

5. Enhance Recruitment and Retention of NHS Dentists

To address the recruitment and retention crisis in NHS dentistry, we recommend the creation of a dedicated steering group. This group should include representatives from key stakeholders, such as dental practices, educational institutions, the Integrated Care Board, and Cornwall Council.

The steering group should investigate several initiatives, including:

- **Collaborating with Dental Schools:** Work closely with dental schools and training programs to create clear pathways for students to enter NHS dentistry in Cornwall.
- **Implementing a Two-Year Commitment:** Develop a program that encourages graduates to commit to working in NHS dentistry in Cornwall for a minimum of two years. This initiative aims to retain newly qualified dentists in the region and strengthen the local workforce.
- **Address Cost of Living and Housing Issues:** Conduct a comprehensive analysis of how the high cost of living and housing shortages in Cornwall

impact the recruitment of NHS dentists, and implement targeted solutions such as affordable housing initiatives, financial support for new recruits, and advocacy for local policies that improve living conditions for healthcare professionals.

- **Promoting Incentive Programs:** Explore and implement incentive programs to attract dentists to NHS practices in Cornwall, addressing the findings related to recruitment challenges.
- **Enhancing Support and Resources:** Focus on providing resources to improve working conditions and support for staff well-being, helping to reduce turnover rates.

6. Implementation of a mobile dentist service

To effectively address the ongoing dental crisis in our communities, we recommend the implementation of a mobile dentist service. This initiative would provide accessible dental care directly within communities, ensuring that individuals, especially those facing barriers to traditional dental services, can receive the care they need.

Key benefits of a mobile dentist service include:

- **Increased Accessibility:** Bringing dental care to underserved areas where individuals may have difficulty accessing transportation or may not have a nearby dental clinic.
- **Community Engagement:** Offering services in familiar and convenient locations encourages community members to seek care, particularly for preventive and urgent dental needs.
- **Tailored Services:** The mobile unit can provide tailored services based on the specific needs of the community, such as education on oral health, preventive care, and treatment for common dental issues.

Responses

This report, conducted by Healthwatch Cornwall, will be shared with all relevant stakeholders. **We welcome all responses and feedback**, which will be instrumental in enhancing our understanding and informing future research.

Acknowledgments

We would like to express our **gratitude** to all those who made this research possible. In particular, we extend our thanks to the **residents of Cornwall** for their participation in our surveys and interviews. We are especially grateful to the **dental professionals** who dedicated their time and expertise to share their in-depth knowledge of dental services in Cornwall. Additionally, we appreciate

the contributions of **every organisation that engaged with us**, offering valuable information, data, and insights about their services.

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