



'I don't buy apples anymore'

How the lack of NHS dental care impacts on confidence, nutrition and mental health.

May 2025

healthwatch
Bristol

healthwatch
North Somerset

healthwatch
South Gloucestershire

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Introduction

Lack of NHS dental care provision is a national issue. Local Healthwatch across England have been hearing about problems with access, costs and communication.

Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) represents people across the local area. Our staff have heard from all three areas about the difficulties that the dental crisis is causing.

This report explores the human stories behind the statistical headlines. It marks the culmination of several years of feedback we have received, and the concerns of local and national dental providers regarding the ongoing effects of dental neglect.

About Healthwatch

Healthwatch BNSSG's statutory duty and remit is to provide a voice for people who use health and social care services. We give people an opportunity to have a say about their local health and social care services and we report these experiences to influence service providers and improve outcomes. We have a representative on the Health and Wellbeing Boards, Health Overview and Scrutiny Committees, and at the Integrated Care Partnership and Board. We feed issues back to local care providers and nationally via Healthwatch England and the Care Quality Commission.

Headline survey statistics

- 67% of respondents answered that they do not currently have an NHS dentist.
- 89% of respondents without an NHS dentist said that they had previously had one.
- 42% had not seen an NHS dentist for at least 4 years.
- 25% of respondents said that they had been deregistered from their NHS dental practice.

- 44% of respondents with a child/children said they had not been able to see a dentist in the last two years.
- 17.5% of respondents stated that the lack of dental care meant they could no longer eat properly.
- 17% of respondents felt lack of dental care had caused them mental health issues.

Equalities statement

Healthwatch BNSSG is committed to promoting equality and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.

We include people's lived experiences in our work and identify and mitigate against barriers to enable people to become involved in our research. We address the participation needs of those who share one or more protected characteristic, or those that experience hidden discrimination, or are part of an 'invisible minority.' We provide access to communication support to adjust for people's needs and proactively assist people in attending events and meetings we hold.

Healthwatch BNSSG will connect with existing patient, service users and voluntary sector organisations to reach into, and develop relationships with, diverse communities, and especially with people whose voices can be harder to hear.

Background

Feedback received by Healthwatch BNSSG over the past two years reveals that a lack of access to dental care can significantly impact people's physical and mental health.

People told us the reasons they could not access NHS dental care:

- A lack of availability of appointments
- Closure of NHS dental services
- Deregistration of patients, particularly since 2020 and the Covid-19 pandemic
- A lack of access to transport to get to dental appointments

These factors are often magnified for populations that face health inequalities, live in economically disadvantaged areas and have complex health needs.

'Deregistration' explained

It should be emphasised that patients are not registered with a dental practice in the same way as they are with a GP practice, although some dental practices might see patients on a regular basis. Instead, dental practices are contracted to deliver activity and are obliged to only deliver a course of treatment to an individual, irrelevant of where they live, and not to deliver ongoing regular care.

There is no geographical restriction on which practice a patient may attend. Dental practices are independent businesses, often providing a combination of NHS and private dentistry.

National context

A Healthwatch England poll (www.healthwatch.co.uk/news/2024-07-08/our-position-nhs-dentistry) of 2000 adults across England between October and December 2023 on the effect of the cost of living on people's health and wellbeing, revealed that Disabled people and those with long-term health conditions were more likely to avoid going to the dentist because of the cost.

Local context

The latest national [NHS Dental Statistics](#) report from August 2023 shows:

- 40.7% of the adult population have been seen by an NHS dentist within the previous two years.
- This is an increase from 38.6% in 2021/22 but less than 2020/21 (44.9%).

Work across the South West region has also included:

- Additional urgent dental care appointments for those without a regular dentist that they can access by calling NHS 111. There are over 356 additional appointments every week across the South West.
- Introduction of stabilisation scheme via NHS 111 for patients who do not have a regular dentist to get seen. Ten providers were commissioned to provide this across BNSSG.

The BNSSG ICB's draft dental strategy that has been developed with stakeholders aims include:

1. Reducing health inequalities by increasing access to NHS dental provision
2. Developing the workforce, retaining staff and attracting more applicants

3. Reducing the burden of dental disease through oral health promotion and integration with other services

The [Supervised Toothbrushing Scheme](#), also called 'Big Brush Club' is an NHS South West, regional-wide scheme aimed at populations in disadvantaged areas. The scheme be running free evening webinars over the coming months to support families and Early Years Practitioners to look after oral health.

The oral health promotion scheme, 'First Dental Steps, involves health visitors in every Integrated Care Board area giving oral health packs to parents of babies and siblings in target areas.

In 2024, national media highlighted reports that hundreds of people had queued outside a new dental practice in Bristol in hope of registering as NHS patients.

St Pauls Dental Practice in Ashley Road, Bristol, re-opened for in-person registrations following a successful public campaign (Save St Pauls Dentist), after the [previous Bupa Dental Care site closed](#). Pictures of the queue stretching around the streets and stories of the elderly and disabled amongst those standing in line from dawn confirmed the difficulties that people were experiencing sourcing NHS dental care in the city (2).

The situation in Bristol is replicated across North Somerset and South Gloucestershire, the wider South West, and the UK.

Purpose

This project asked people in Bristol, North Somerset and South Gloucestershire to share their experiences via a survey. We invited them to tell us their stories of dental care access in their own words, to add human stories to the headline media statistics that we had been seeing in the press, with a focus on those who experiences the highest rate of health inequalities – particularly minoritised ethnic groups.

The purpose of this project is to bring people's experiences and the consequences of a lack of dental care to those involved in developing services, with a view to accelerating change around the provision of dental care, and improving dental outcomes for individuals.

Engagement methodology

We created a survey and took steps to ensure it was accessible to as many people as possible. We partnered with organisations who work with marginalised and underrepresented communities and took printed hard copies of the survey to local community events. Additionally, we raised awareness about the survey through our social media channels, community engagement opportunities, and through key contacts in local authorities, community, and local healthcare providers. We aimed to have a cross section of responses for the survey and gave equal publicity weighting across all three areas.

The survey was open for six weeks between December 2024 and January 2025. We received over 350 complete responses and over 140 partial responses with some missing answers, meaning a total of nearly 500 residents in 42 days took time to complete the survey. This represents the strength and depth of public feeling regarding this issue.

Stakeholders we contacted during this project identified the following Bristol, North Somerset and South Gloucestershire areas that have been negatively affected by the dental crisis in particular:

- Bristol: East and Central area, Barton Hill, St Pauls, Hartcliffe, Knowle West, Whitchurch, Lawrence Weston, Southmead and Shirehampton.
- South Gloucestershire: Patchway and Staple Hill, parts of Yate
- North Somerset: Weston-Super-Mare

In response, we concentrated survey distribution here to ensure our survey was promoted and distributed locally. The survey was available in hard copy, Easy Read and translated language formats upon request.

As part of the survey, we asked people if they would like to talk in more detail about their experiences. Healthwatch BNSSG volunteers undertook semi-structured interviews with 11 people, who represented a cross section of our community – selected by location, age, gender and ethnicity and represented a variety of survey responses regarding mental health outcomes, confidence and cost.

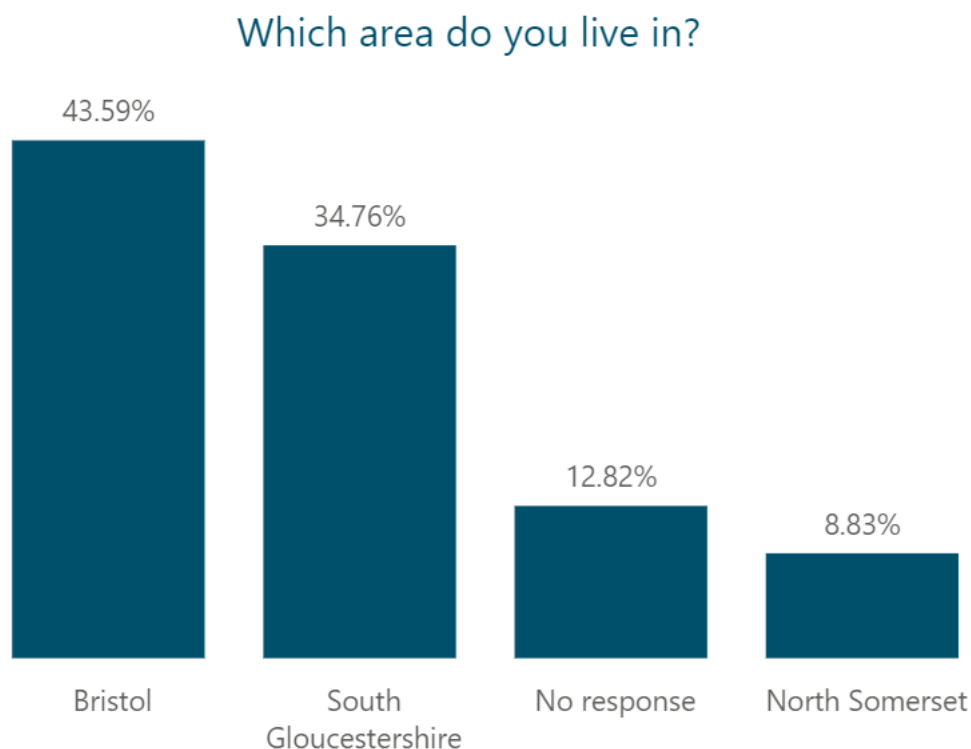
We formulated our recommendations from the total inputs into the project.

Our findings

A huge issue

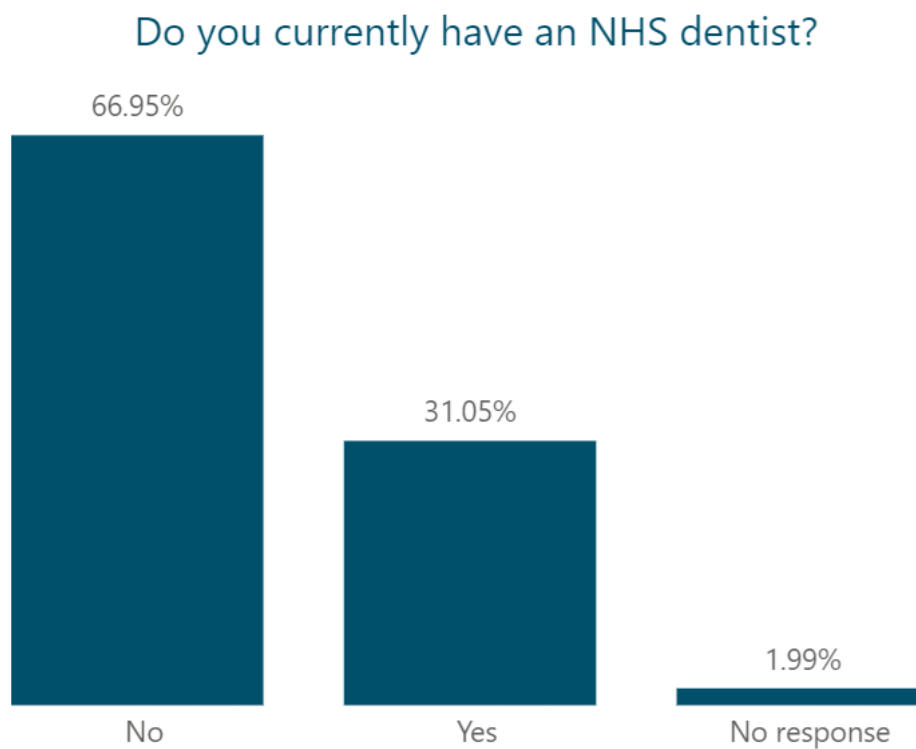
351 individuals from across BNSSG completed our survey about dental care, with the split by area shown in Figure 1.

Figure 1.



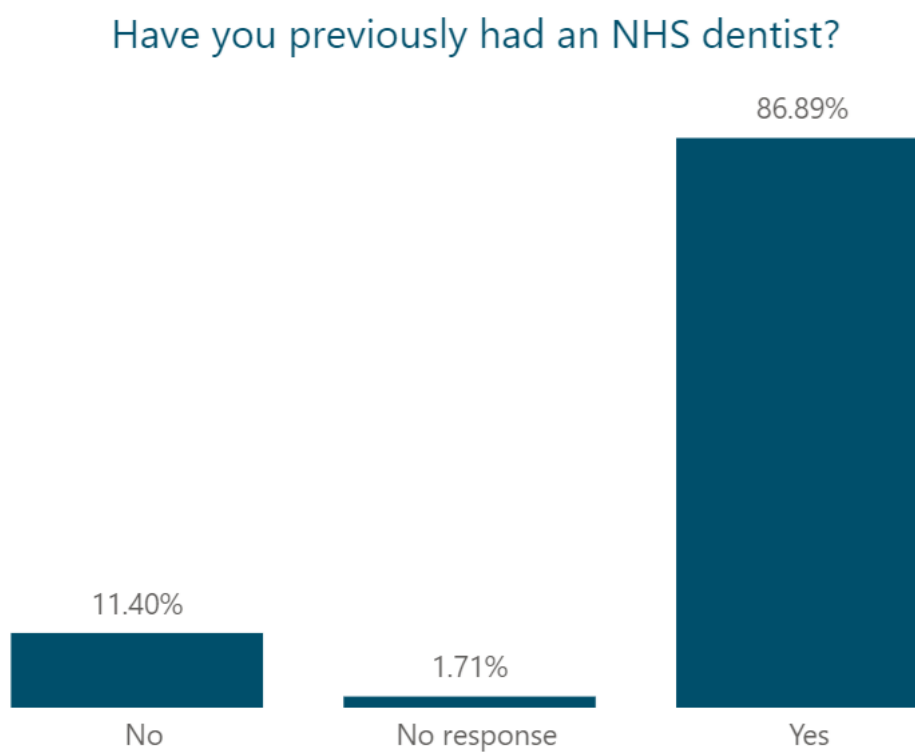
67% of respondents answered that they do not currently have an NHS dentist (Figure 2), although 89% said that they had previously had one (Figure 3).

Figure 2.



Untreated problems

Figure 3.

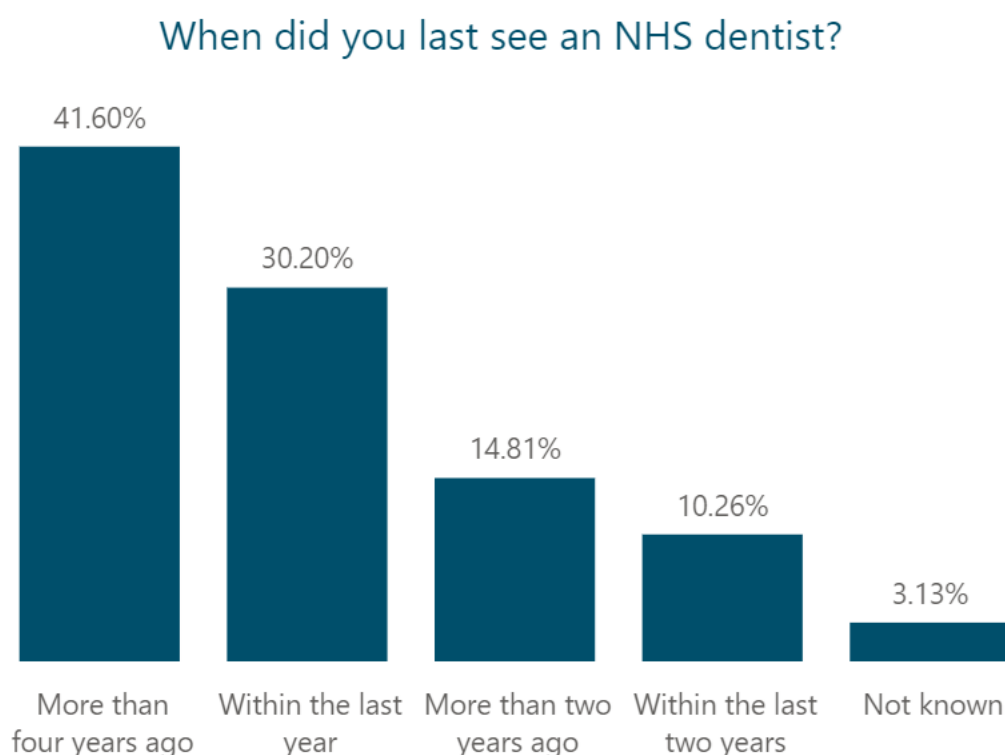


40% of respondents have seen an NHS dentist in the last 2 years with 55% not having seen an NHS dentist for at least 2 years, and 42% hadn't seen an NHS dentist for at least 4 years (Figure 4).

NHS England state that recommended times between check-ups can vary between patients from 3 months to 2 years, however they suggest problems are more easily avoided with regular visits "A check-up allows your dentist to see if you have any dental problems and helps you keep your mouth healthy. Leaving problems untreated could make them more difficult to treat in the future, so it's best to deal with problems early, or, if possible, prevent them altogether." (3.)

More than 40% of our respondents had not had a check-up for over 4 years

Figure 4.



The costs

The most common reason people cited for not having an NHS dentist was that their practice now only accepts private patients and/or only offered them a private appointment – this was the reason given by 57% of the individuals who don't currently have an NHS dentist (Figure 5).

The privatisation of dental practices and the sole acceptance of private patients shows no signs of abating. The [British Dental Association](#) (4.) has described the situation as a "national crisis, hitting millions of patients" and said in the South West region, 75 per cent of dentists have committed to reduce, or further reduce, the amount of NHS work they take on. (4.)

Eighty-eight of our respondents were aged 65 or over.

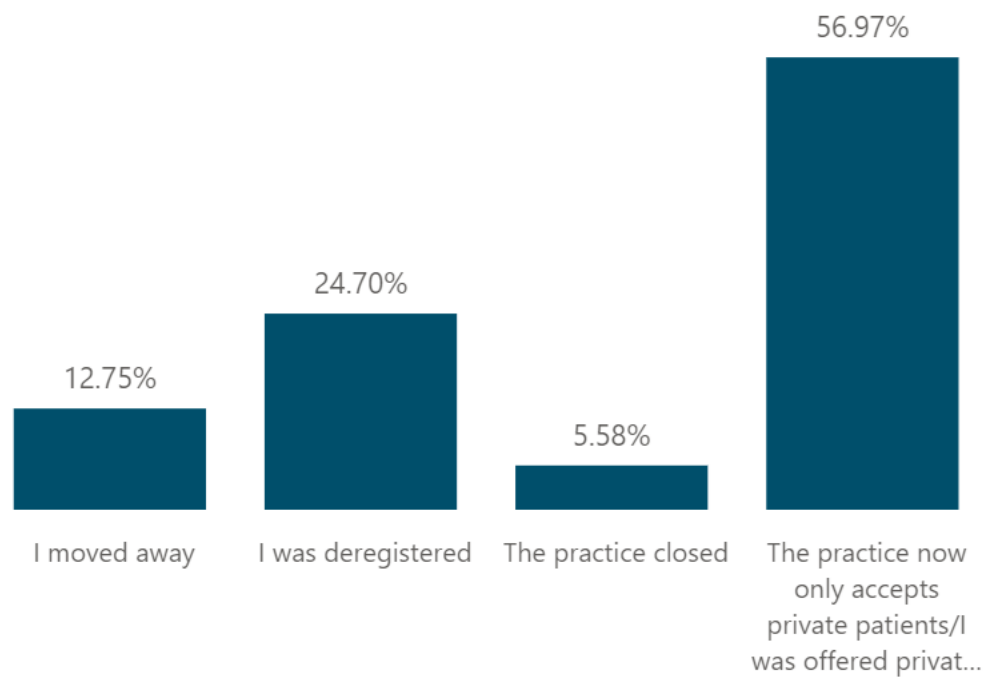
Case study: David, aged 65, North Somerset

“They are shutting old people out of dentistry”

David and his wife have been without a dentist since returning to the UK eight years ago. David is thankful that he is not in pain but added that he has a broken tooth that has not been treated and means he can only eat on one side of his mouth. He feels the cost of private care is prohibitive for older people and that in Greece charges were very much less.

Figure 5.

What is the reason that you do not have an NHS dentist?



The costs of private care can vary quite widely and for many makes visiting a dentist even when in pain a difficult choice to make with an increasing cost of living issue

Case study: Gerry, aged 65, South Gloucestershire

“Wholly unacceptable”

Gerry was without an NHS dentist due to the dentist's maternity leave and needed an appointment during this time. She told us that although she paid a considerable amount for private treatment, the only thing marked difference was speed of the appointment and felt it was wholly unacceptable that everything else was the same as when she attended for an NHS appointment. There were no different techniques, equipment or facilities. She feels it is not acceptable that dentists can simply “decide to go private”

Treatment	NHS England price*	Private price range**
New patient consultation or check-up***	£26.80	£40 to £75
Simple X-rays/radiograph	£26.80	£10 to £20
Hygiene clean/scale and polish	£26.80/£73.50	£90 to £130
Amalgam/metal filling	£73.50	£90 to £140
Composite/white filling	£73.50	£100 to £180
Root canal treatment	£73.50	£250 to £320
Tooth extraction	£73.50	£120 to £280

Which, Private vs NHS dental charges, April 2024

We have spoken to some individuals who said even these prices didn't reflect the cost asked by some clinics and that root canal prices can be as much as £750. Realistically many people are tolerating low level pain or discomfort rather than call for help. HW BNSSG receive multiple calls and emails each week from people who reveal this.

Case study: Joyce, Sara and Adrian, immigrants from Hong Kong living in South Gloucestershire

“The focus is on profit”

All three of our contributors were unable to access NHS dental care and spoke about their experiences with private treatment options.

Due to long waiting list of NHS dentist service, one individual has accessed private treatment due to the long waiting list of NHS dental services and has joined a dental plan. The plan has monthly costs of £10 per month which entitles them to one examination and one hygienist treatment. They shared that even when paying the appointments had been cancelled or rescheduled although communication with the dentist was generally good

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This person agreed to private care after being told that the practice already had their quota of NHS patients. She searched for NHS care but was unable to find any local dentists accepting new NHS patients. She reported being very happy with the level of care, referrals being made and ongoing support. She felt she had never had such good care but added that the costs were very high and the waiting times were lengthy. She did however praise the practice for their understanding in supporting language issues.

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Another individual told us that they had decided to pay for private care after being told the NHS patient list was full and being unable to find anything else locally. He was disappointed to find the care was unexceptional. He felt that the service was focussed on profit-making, and the frequency of dental health check-ups and dental hygiene visits is not standardised, some being requested on 3-month, others on 6-month or on 1-yearly basis. The dental service charge is costly, and he felt profit-making is the priority, and is financially burdensome for local people and felt that when people have paid once through their tax contributions they should not be asked to pay again when they needed care.

Deregistration

Of the 25% of respondents who said that they had been deregistered from their NHS dental practice, there were a variety of reasons for this that had been given by the dental practice. The most common reason given by 24 individuals was that they had not been for a check-up for a certain amount of time and had been deregistered because of this:

‘I didn’t make a check up appointment so was deregistered’

'When I called my NHS dentist I was informed I was deregistered as I did not book an appointment in the last 2 years. I have not received a single phone call / text message / email warning me about deregistration. However in the last 11 years I would be bombarded by all these commutation means about upcoming appointments. I have never missed a single appointment and yet I was treated like I do not exist.'

'It had been over 2 years since I'd seen them. I had a consultation with them in 2021. I planned a follow up but lost a baby late into a pregnancy (and had planned on seeing them when pregnant to get free dental care so when I lost my baby it was a bit triggering to call). I called in 2023 for a check up during another pregnancy and had been deregistered. I wasn't aware this was their policy and hadn't been warned. Since then I haven't been able to find a place that is registering NHS patients.'

'If you have not attended a dentist appointment within 6/12 months you are taken of as an NHS patient. My dentist is at max capacity for NHS patient and will not accept anymore. I now have to pay for private appointments.'

'I didn't make a check up appointment so was deregistered.'

'The practice had a change of policy about how often its NHS patients should be seen. I was not aware of a policy change nor was it advertised on their website. No one informed me I would be de-registered. I phoned for an appointment and was abruptly told I was taken off the register and not even offered to be seen privately. Very poor service'

Three individuals gave the same reason for being deregistered i.e. not attending a check-up for a certain amount of time, but said that this was because the practice cancelled their appointments:

'Saying I never went when I did but they kept cancelling.'

'Although the practice had cancelled my previous 3 appointments, the last being this year, when I rang because I had an abscess under a tooth I was told no longer registered because I'd not been seen in 2 years.'

'They cancelled my appointment twice and then because of that it pushed me to not have an appointment within the 2-year period.'

18 individual's comments included references to lockdown and Covid as being wholly or partly the reason why they had been deregistered:

'Had not been for a while - was frontline worker through Covid so did not have the time to go to the dentist.'

'Covid happened and my appointment was cancelled, then the dentist didn't open for a while. I then had ovarian cancer and had major surgery. So didn't go to dentist'

'I had missed an appointment during Covid. However, it was the surgery that cancelled said appointment because of Covid.'

'They always rebook my appointments it was cancelled due to Covid they never rebooked by the time we thought oh haven't had one in a while it was just over two years and we were kicked off'

'It was too long between visits due to Covid'

'I had missed an appointment during Covid. However, it was the surgery that cancelled said appointment because of Covid.'

5 individuals said that they had not been given any reason why they had been deregistered:

'No reason given they just took me of their books.'

Mental health impacts

Case study: Theresa, aged 58, Bristol

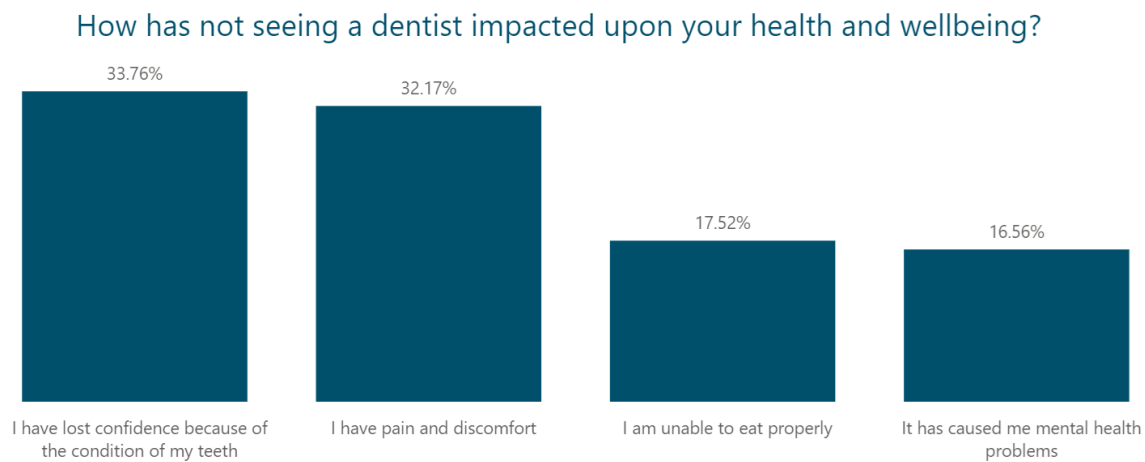
"The end of the NHS"

Theresa is a wheelchair user and currently has a dentist but had spent nearly 2 years without one having been deregistered from her practice. Theresa is passionate about what she calls the two-tier healthcare system for dental patients that is divisive and inequitable for the rich and poor. Theresa shared that she had worked all her life and paid into a system that is supposed to provide health care including dental treatment, she feels that on principle she will not pay again when her taxes have been taken to provide this. After 18 months without a dentist, she felt that she developed chronic issues with her teeth. She stated that she has gaps where she used to have teeth and this makes her anxious about smiling. She feels that practice staff make assumptions about disability and that there is a lack of understanding or communication with people. Theresa is angry not just for herself but for people who are suffering from the privatisation of the service and the monopoly that the Dental Chain Organisations now seem to hold.

Both pain and discomfort, and loss of confidence were selected by 1/3 of people as the impacts of not being able to see an NHS dentist, and 1/6 of individuals

selected that it was causing difficulties with eating and negative effects on their mental health (Figure 6).

Figure 6.



Case study: Lydia, aged 65+, Bristol

“Anxiety and depression”

Lydia lives in Hartcliffe, Bristol. Her son has chronic mental health conditions. She talked to us about her son’s experiences of accessing any dental care over past 10 years, her son cannot or will not give consent at certain times. He is homeless and currently living in a hostel in central Bristol. His issues include anxiety and depression, and he has a deep distrust of health services. He needs a lot of reassurance and support to get there. In his late teens he was put on waiting list for surgery at Bristol Dental Hospital, but they could not keep up with his change of addresses and he was subsequently put at the bottom of the waiting list and still has not had the treatment. He developed a decay in one tooth which resulted in infection of his gum which no medication or pain relief would help. Lydia added that some NHS/111 call-handlers can be sympathetic whilst a lot are unable or do not have the knowledge of how to handle the call and are dismissive or unable to engage with her son. With his permission Lydia was able to explain on his behalf, and he was subsequently treated last year via emergency dental care. Lydia feels frustration over the lack of availability of acute dentistry for those in temporary/emergency housing and the homeless who are being moved around a lot by Services.

55% of the people who said that they had children said that their child/ren had been able to see an NHS dentist within the last 2 years, with 44% saying that this wasn’t the case (Figure 7).

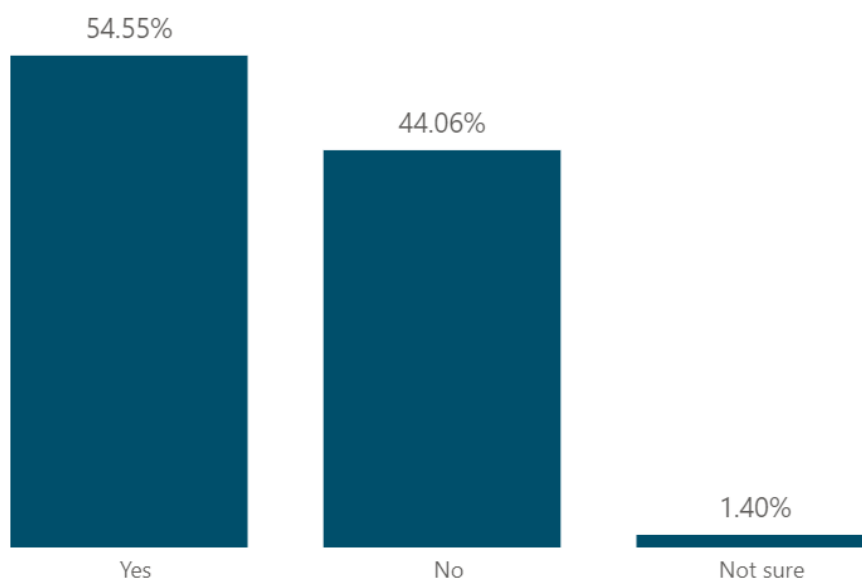
‘Appointments have been made and on at least four occasions have been cancelled on the day or even when at the dental practice.’

‘Not sure, their appointments keep being cancelled.’

‘Yes, but we have to travel to Oxfordshire to see our dentist.’

Figure 7.

If you have children, have they been able to see an NHS dentist in the last 2 years?



Nutrition

17.5% of our respondents stated that the lack of dental care meant they could no longer eat properly.

Case study: Clive, aged 50, Bristol

“I don’t buy apples anymore”

Clive was last able to see a dentist over four years ago. Following an accident some years previously, he wears a denture, which is broken and ill-fitting, and limits his food choices. He has attempted to register with an NHS dentist to solve this issue but has had no success. Clive works as a minister and part of his role involves sharing meals with his community and interacting with people. He feels that the broken denture has impacted upon his service and his confidence, he has trouble pronouncing some words clearly and cannot eat certain food items that people have bought to share with the community – this has impacted his mental health, and he feels that there is very little use in searching for a dentist providing NHS care locally.

Children

‘My children’s NHS dentist left the practice and no replacement found. They have been with the practice since birth,’

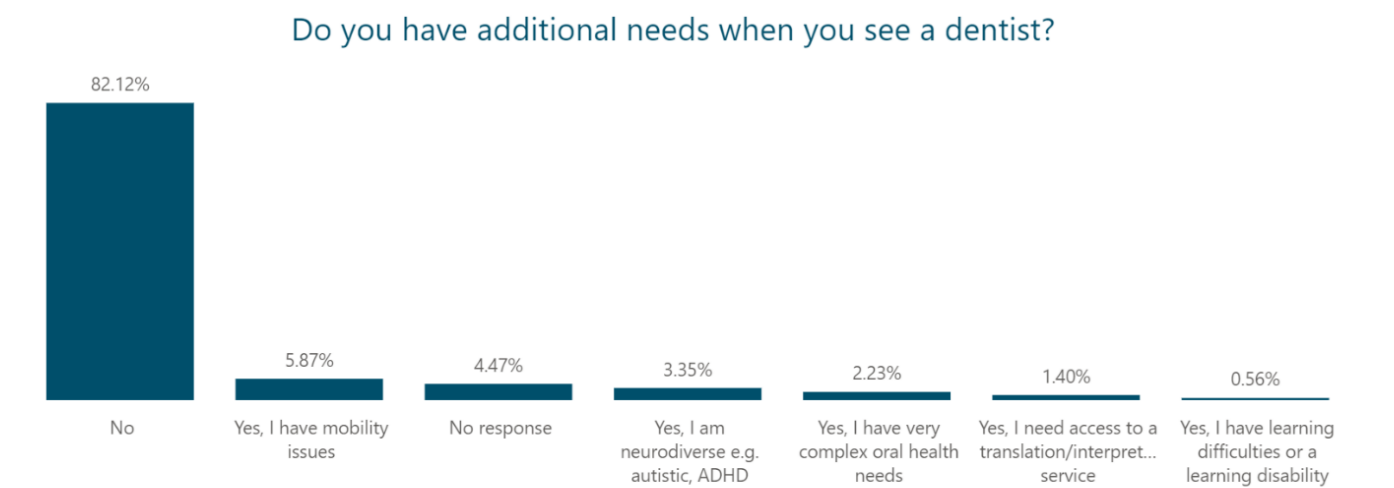
‘I rang about 20 NHS dentists last year and not a single one would register my children aged 1 year and 4 years.’

Case study: Jessica, aged 28, South Gloucestershire

“We had to work out what we could afford for the children”

Jessica moved with her family and was able to find a dentist but two years ago the surgery announced they would no longer be seeing NHS patients. They offered no alternatives but suggested private care and a payment plan. Jessica and her husband have visited less frequently now they need to pay as Jessica wants to ensure that the money is there for the children’s care. Due to this she left a worrying tooth when she should have visited and subsequently the work she then needed was more complicated and costly. She mentioned that appointments are much easier to make with private care, but she is still searching for an NHS dentist and feels very strongly that affordable care should be available to everyone.

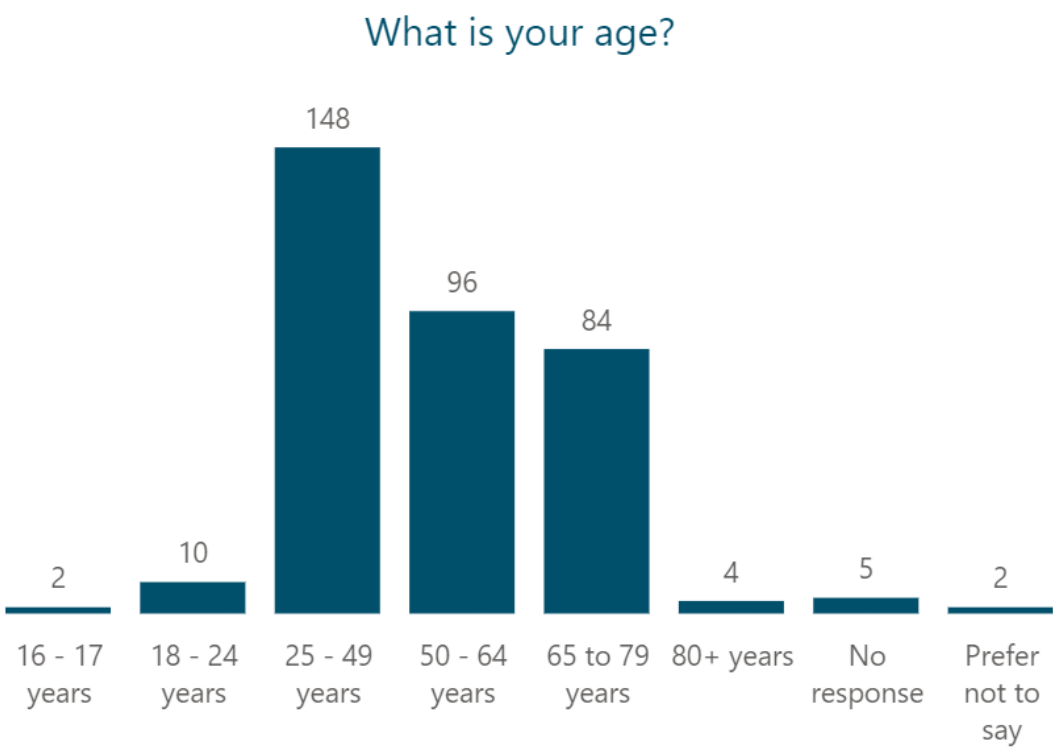
Additional needs



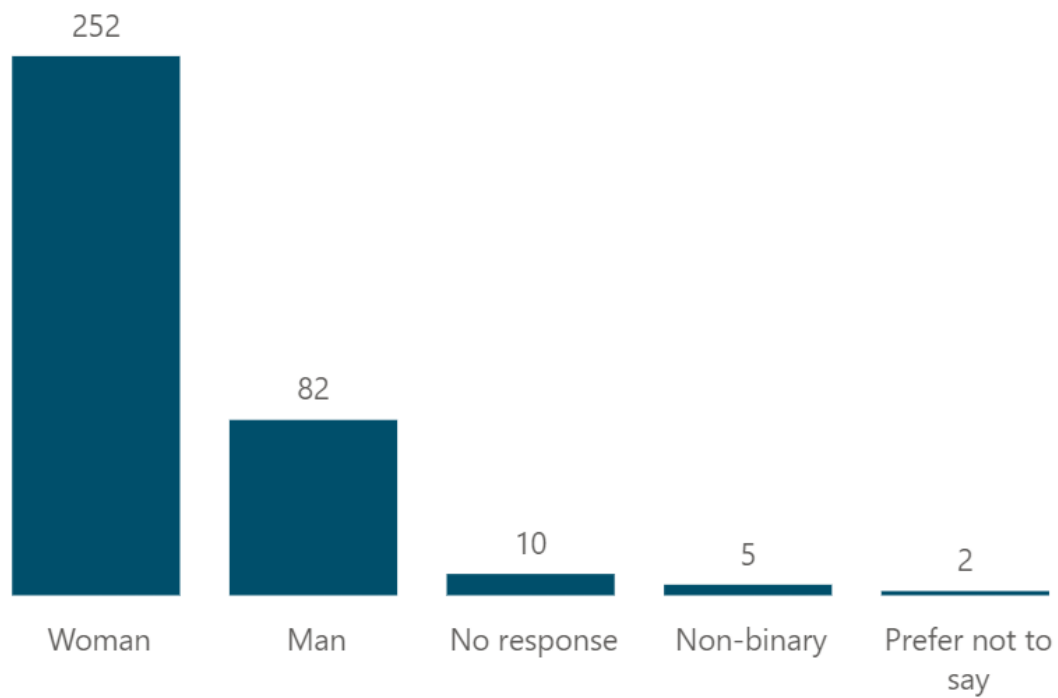
“Struggled to find an NHS dentist anywhere”

Judy has a dentist outside the county in Bath after a long search and she was able to share her father’s experience in Cornwall too, talking locally she shared that her current work within dentistry has her working closely with the client-base known as ‘Failed to Attends’ which includes people with addictions, people with mental health or learning difficulties and sometimes older people who do not have access to internet or the ability to use it. She feels this group is being marginalised and left behind by the NHS and especially within the field of dentistry. There is more than one reason usually behind these failures to attend appointments which should not preclude them from being seen and treated. She feels that the NHS must work harder to keep these people included.

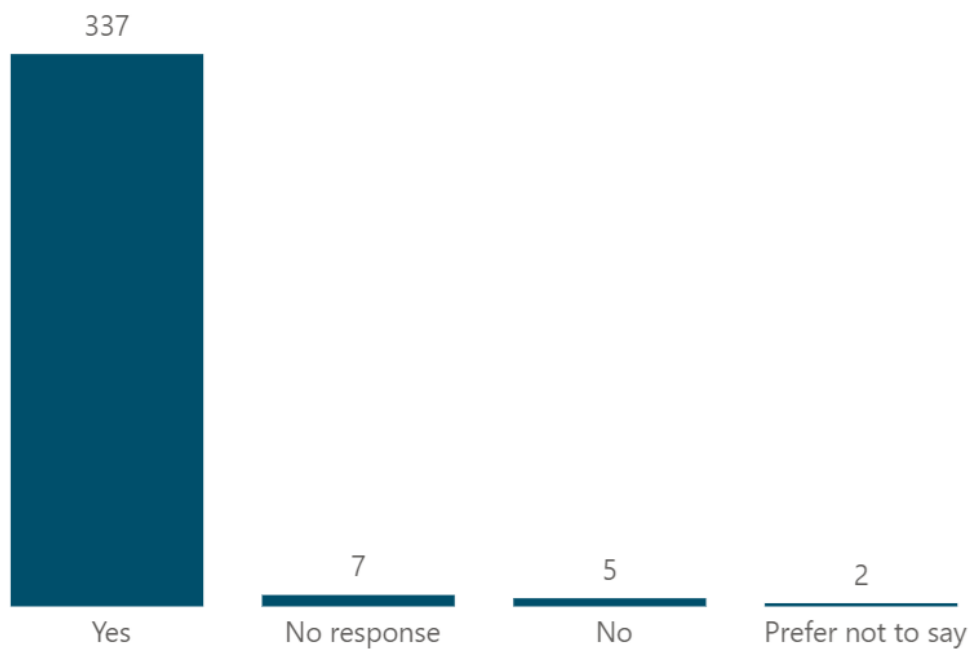
Demographics



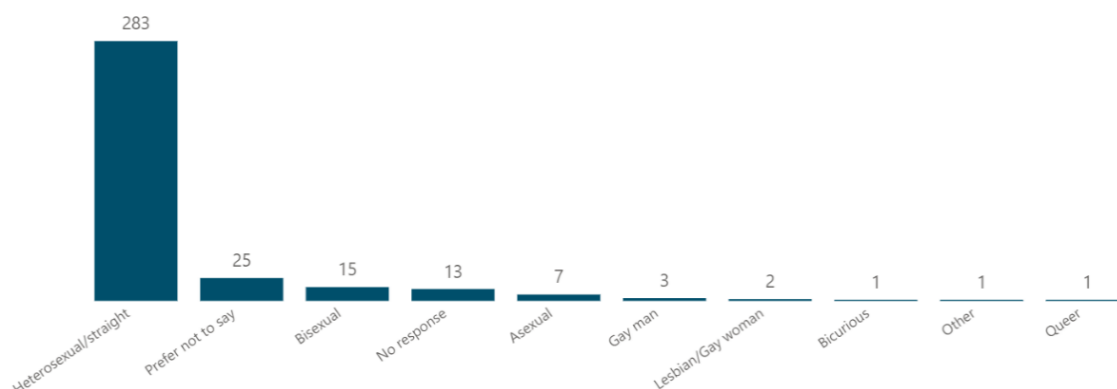
What is your gender?



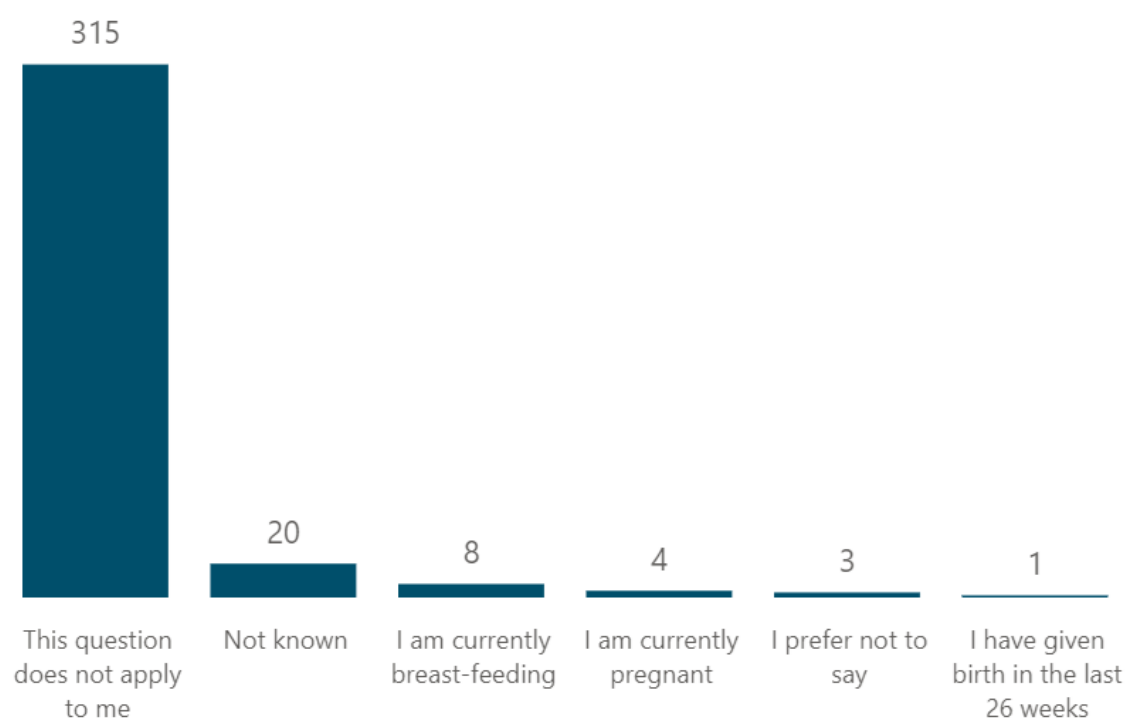
Is your gender identity the same as your sex recorded at birth?



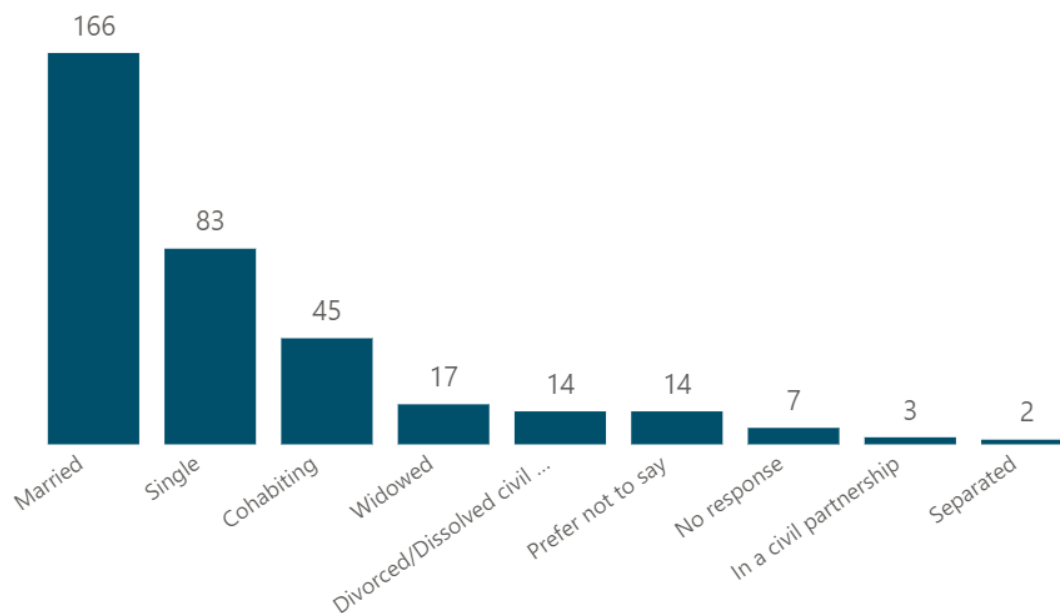
Please tell us which sexual orientation you identify with



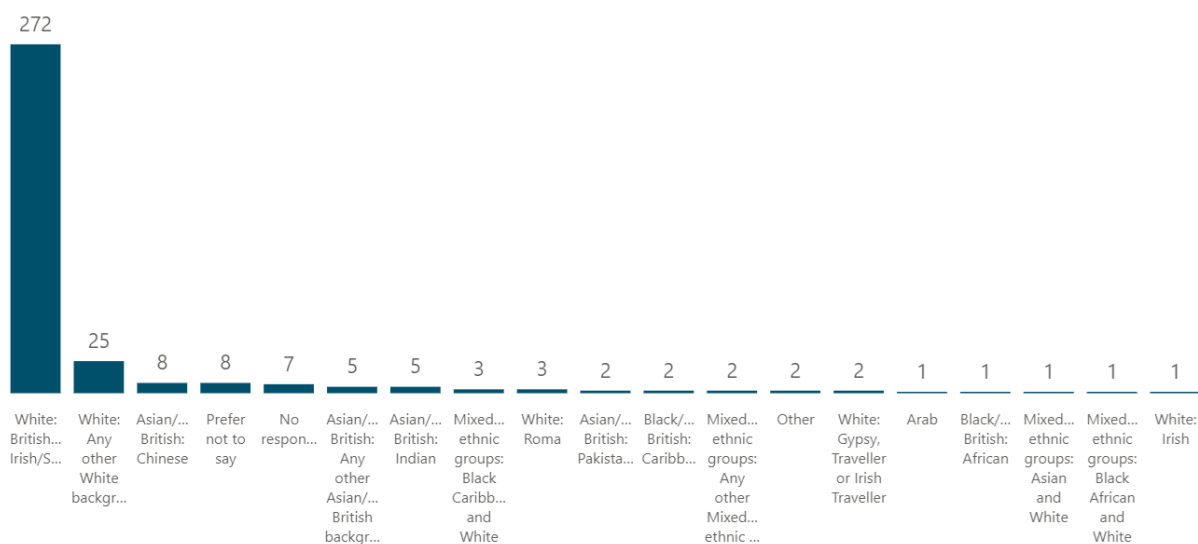
Pregnancy and maternity



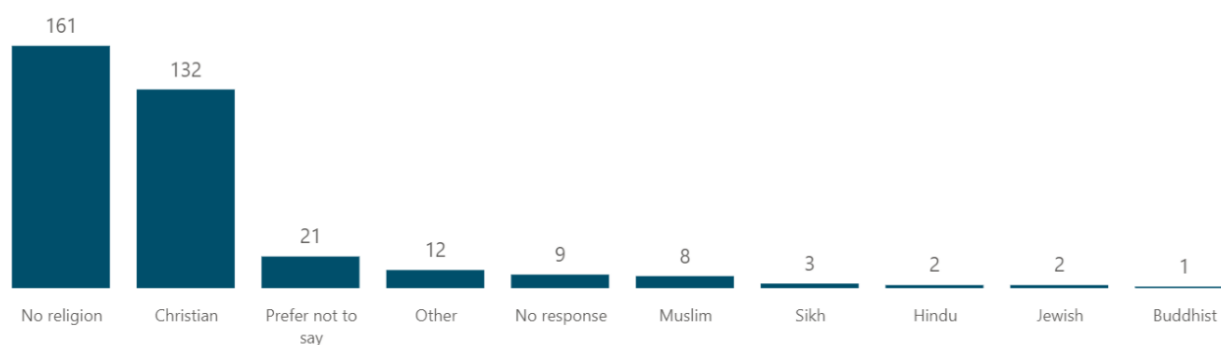
How would you describe your marital or partnership status?



Please select your ethnicity



What is your religion or belief?



Recommendations

Healthwatch Bristol, Healthwatch North Somerset and Healthwatch South Gloucestershire recommend the following based on local research, analysis of our survey and semi-structured interview data.

We believe the following recommendations to be achievable, affordable and evidence based.

- The local dental network to provide surgeries with clear and consistent patient information about what treatment access involves and clearly state on websites and posters that agreement to treatment does not equate patient registration to better manage patient expectations.
- The dental network to consider a “clearing house” collective for patients awaiting check-ups in each region, where daily appointment slots can be accessed following local cancellations.
- Dental practice websites to provide pain and care management information.
- The ICB to provide preventative information for adult and children’s oral health to be widely shared across dental practice websites and notice boards.
- ICB to consider additional pathways to be established within NHS care for children’s dental health to prevent problems worsening, even when parents cannot be registered.
- The Government and NHSE to recognise and action the need for change in the NHS dental contract and an increase in the number of units of treatment per practice.
- The legislative need for changes in dental training that encourage minimum amount of NHS employment prior to transferring to private dentistry to be implemented.
- NHSE working with practices to establish training for auxiliary dental staff in patient communication to include dental care, supportive conversations and advice for those without access to dental treatment.
- Recognition, information and specific adjustments/appointments added within contract for patients seeking NHS support who are suffering most from a lack of dental care (Care home patients, pregnant women, those judged difficult to manage in light of interpretation needs, mental health support etc.

Provider responses

The stakeholders who received this report ahead of publication did not provide a response to our findings.

Acknowledgements

Healthwatch BNSSG is grateful to all those who completed the survey, supported its distribution and to the participants who freely gave their time for telephone interviews with our team.

We would like to thank our volunteers who help to disseminate information and collect and collate participant comments.

References

- (1.) www.cqc.org.uk/publications/major-report/state-care/2023-2024/summary
- (2.) [NHS dental care shortage: thousands to miss out across the west – BBC News](#)
- (3.) [Dental check-ups – NHS](#)
- (4.) [Moving to a private dental practice](#)
- (5.) [Dentists removing 'entire NHS list' from books as more go private – Bristol Live](#)

Appendix 1

How is dentistry commissioned?

NHS dental activity in England is usually commissioned through Integrated Care Boards (ICBs), who make contracts with providers of dental services. The contract specifies the activity a provider needs to complete over the coming financial year. This activity comprises a pre-agreed number of units of dental activity (UDA), units of orthodontic activity (UOA), or other services such as domiciliary visits or sedations.

The government has indicated that:

- Plans are still not finalised on how the new government will implement their election pledge of providing 700,000 extra dental appointments this year, and recruit and retain new dentists with a reformed dental contract.
- It will implement a Child Health Action Plan introducing a targeted national supervised tooth brushing programme for 3–5-year-olds to reduce hospital admissions for children for dental extraction (children aged under 6 years-old) (Westminster Health Forum, November 2024).
- The roll-out of mobile dental vans – proposed by the last government – has been paused and may end up being abandoned altogether.
- Official data on new patient premiums (bonus payments introduced by the previous government for dentists to see new patients not seen in the past two years) is still not ready to be published to give us an idea of whether the policy has led to a net gain in new patients seen (HWE August 2024).
- The CQC's State of Health Care and Adult Social Care in England 2023/24 report, claims there is a crisis in NHS dental care and key workforce issues. This states that: "In our survey of 1,600 adults who had accessed care in the last year, the 2 services that people had the most difficulty accessing were GP services (59%) and dental services (23%)".
- The CQC report also states that, "Schoolchildren living in the most deprived areas were more than twice as likely to experience tooth decay than those living in the least deprived areas. And people in the most deprived areas of England were nearly 3 times more likely to be admitted to hospital for dental treatment that could potentially be avoided with timely and effective care in the community" (1).



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