



Consultation Response

Access to dentistry inquiry

Senedd Health and Social Care Committee

September 2022

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Senedd Health and Social Care Committee's inquiry into access to dentistry as this is an area where we are increasingly hearing concerns from older people on availability of NHS services and how it is affecting them. In developing this response, we have looked in depth at feedback from older people from our annual surveys, gained feedback from our information, advice and support services, and listened to older people's concerns through our ongoing community-based engagement events across Wales on experiences of access to dentistry in Wales. Themes that have emerged through our analysis include:

- An increase in the number of older people that have told us they have had to seek private dental care as they can no longer wait for their NHS dentist (if they have been able to register with an NHS dentist at all), as they need dental work immediately
- Poor or no communication from dental practices on treatment availability and how moves to private practice replacing NHS services are communicated
- An increase in the number of older people telling us the negative effects a lack of ongoing dental care is having on their oral and wider health.

1. How limitations in NHS dentistry are affecting older people

Limitations in availability of NHS dentistry services existed prior to the pandemic and the situation has been vastly exacerbated for older people as a result of delays in ongoing checks and treatment throughout the pandemic.

A British Dental Journal article on the Gwên am Byth programme¹ highlights how improvements in dentistry in the 20th century now mean that more older people have retained their teeth than their predecessors. In 1968, 37% of adults in Wales had dentures compared with 10% in 2009. Original or restored teeth require more complex dental care than dentures, which has implications for the delivery of prevention and dental care to the older population. As such, access to NHS dental services affect older people more than before. With an ageing population, this trend is set to continue unless steps are taken to address this issue.

Over the last 3 years Age Cymru have conducted an annual survey on older people's experiences of the pandemic. For each year we have run this older people have told us of increasing issues in access to dental care. For our 2022 survey², more people than before told us specifically of their experiences of access to NHS dentistry care.

Responses highlight the worry older people experience with delays in access to necessary dental care:

"I didn't see a dentist for 2 years and I am permanently worried about my deteriorating teeth." (Vale of Glamorgan)

"Everything is now delayed check-up appts for dentist [...] are now at least months longer" (Caerphilly)

"General dentistry like check-ups have been stopped by my dentist" (Caerphilly)

Separately, older people have told us they cannot understand why the services they have paid into all their lives through income tax and national insurance contributions don't seem to be available when they need them. They feel the NHS need to understand that earlier intervention and prevention is much better than dealing with chronic issues: if routine checks were maintained and delays were not happening their oral health would be much improved. As one survey respondent said,

"Dentists need to get back to normal - I had to demand a check-up after having emergency treatment 3 times. If the dentist was accessible, I should have had treatment sooner and would not be left with the extent of problems now." (Bridgend)

Where people are able to access check-ups and treatment, feedback is almost wholly positive. One respondent said,

"My dentist has been amazing as I have an auto immune oral condition and he has always video called me and had the support when needed" (Blaenau Gwent).

We have broken down responses by area as a means of seeing if there are regional differences in access to dental care and quality of care. Table 1 shows our results.

¹ 2020, Gwên am Byth: a programme introduced to improve the oral health of older people living in care homes in Wales - from anecdote, through policy into action
<https://www.nature.com/articles/s41415-020-2400-2>

² <https://www.ageuk.org.uk/cymru/get-involved/covid-19-survey/>

Further information on how we have analysed results is included in the foot notes.³ Overall, 74% told us of negative experiences and 26% told us of positive experiences. This was an improvement over the previous year's survey where 84% told us of negative experiences and 14% told us of positive experiences of the responses that discussed dentistry access at all. This improvement is likely to be linked to the resumption of dental services over the last year.

Table 1: Breakdown of responses by local authority area

Local Authority area	Positive experience	Negative experience
Blaenau Gwent	1 (100%)	0 (0%)
Bridgend	1 (10%)	9 (90%)
Caerphilly	0 (0%)	5 (100%)
Cardiff	7 (39%)	11 (61%)
Carmarthenshire	6 (33%)	12 (66%)
Ceredigion	1 (20%)	4 (80%)
Conwy	2 (29%)	5 (71%)
Denbighshire	2 (33%)	4 (66%)
Flintshire	2 (22%)	7 (78%)
Gwynedd	3 (30%)	7 (70%)
Isle of Anglesey	1 (11%)	8 (89%)
Merthyr	0 (0%)	3 (100%)
Monmouthshire	0 (0%)	9 (100%)
Neath Port Talbot	0 (0%)	4 (100%)
Newport	2 (50%)	2 (50%)
Pembrokeshire	5 (36%)	9 (64%)
Powys	3 (20%)	12 (80%)
Rhondda Cynon Taff	5 (38%)	8 (62%)
Swansea	2 (18%)	9 (82%)
Torfaen	1 (50%)	1 (50%)
Vale of Glamorgan	2 (40%)	3 (60%)
Wrexham	1 (25%)	3 (75%)
Total	47 (25.8%)	135 (74.2%)

It is important to note that the volume of responses by region are not sufficient to be statistically reliable. We do hope, however, that the above allows some indication of which local authority areas may require an additional focus. For example, more rural counties and areas with known high levels of deprivation appear to be suffering more than some other areas. A wider scale study may capture sufficient information with which to target areas that require an additional focus.

³ Information has been included where it is possible to identify which area respondents reside in and where it was clear from their response that they felt that their experience was positive or negative. The number of responses may not necessarily reflect overall experiences of the wider population due to where it was unclear those responses have not been included in the table. Experiences have been categorised as positive in cases where the respondent included that they had been able to access NHS dentistry at all - as opposed to responses that included specific details of how good their service had been. As such a positive experience may be overstated.

The 2019 A Fresh Start: Inquiry into dentistry in Wales⁴ report highlights issues with contacting arrangements that dissuade the registration of patients that may require a considerable amount of dental work. It is highly possible that these contracting arrangements are contributing to increasing inequalities of provision and given the increase in the volume of people that require remedial work following the main pandemic period, are likely to widen inequalities further. One of our survey respondents said,

“Dentist won’t make an appointment for me, yet a few weeks ago they advertised that they were taking on private patients.” (Bridgend)

Case study 2 further down in this response demonstrates how these arrangements affect older people’s access to NHS dentistry.

The case study below demonstrates how a lack of access to dental care affects older people.

Case Study 1: Effects of lack of dentistry throughout the pandemic, July 2022

An older man sought help from Age Cymru’s dementia advocacy service to help him access dentistry and podiatry care, as well as access to some other support he needs. One of the issues he faced amongst a range of health concerns was having been struck off from his NHS dentist practice shortly before lockdown when they say that he failed to attend an appointment, which he distinctly remembers cancelling. As a result of this, he has been without dentures for the entire pandemic period. He has been surviving on liquid food as he cannot chew. He says he sometimes tries to eat solid food, but he knows he is at risk of choking if he does. He told us that he doesn’t like to smile or laugh ‘because people can see the state of my mouth.’ He says he looks older than his years without teeth his confidence is affected. His speech sounds slurred so people may get the wrong impression of him.

Since getting support through our project, he has been able to get his appointments restarted, although there have been delays whilst his dentist was off work sick. At the time of this discussion he was still without teeth and so was still only able to eat liquid food. He required numerous dental appointments to get to the stage where he will be able to have dentures fitted.

He told us he feels let down by the same system that was happy for him to provide unpaid care to his late wife for 25 years and is upset that the care he needs hasn’t been available at the time he needed it.

The delays in access to dentistry are having a profound impact on older people. Whilst we understand that the pandemic’s infection control measures impacted delivery of dentistry more than some other areas of health services, when this is coupled with a reduction in the availability of NHS dentists, issues are vastly

⁴ 2019, A Fresh Start: Inquiry into dentistry in Wales report for the Senedd Health and Social Care Committee <https://senedd.wales/laid%20documents/cr-ld12528/cr-ld12528-e.pdf>

compounded. We also understand that other age groups have also been impacted greatly by a lack of access, but for older people on fixed incomes it is vital that NHS services are maintained as there simply is not another option for the majority of older people that they can afford.

2. Creation of a two-tier system

Though many responses to our survey spoke of delays, it was clear that even with delays in access, people feel that not having to worry about how much treatment will cost is a major benefit of living in the UK that does have public health care, despite capacity issues. As one respondent told us,

“I’m worried about not getting a dentist appointment, although at least I haven’t got to worry about the cost of the treatment I know I need.”

This year we have heard from more older people who have sought private treatment in the absence of NHS dental prevention and treatment services than in previous surveys. Responses included:

“It’s totally impossible to access our NHS dentist for a routine dental appointment unless urgent. I’ve phoned numerous times but dentist doesn’t call back. I had to make appt with private dentist for 1st check up in nearly 3yrs since before Covid began. Had to pay over £400 total for check up, hygienist & filling which as a pensioner is not sustainable each year. Neither my husband nor I know if we’re still registered with our NHS dentist as he’s not seen us for over 12 months & might therefore have unregistered us - we don’t know. We feel abandoned by our NHS Dentist.” (Cardiff)

“I have never in 15 years been able to access an NHS dentist.” (Pembrokeshire)

“Dentistry collapsed, I have had to sign up for Denplan” (Gwynedd)

“There are no NHS dentists available in my area and I am forced to pay private. I had to find £500 to have 4 teeth extracted.” (Powys)

“Used private services of dentistry as impossible to access NHS” (Ynys Mon)

Many respondents to our survey spoke of how even though they pay for private treatment, this is no guarantee that they can get the preventative care and treatment they need at the time they need it. In addition, costs of both NHS private treatment appear to be increasing. As one respondent told us,

“Dentist very difficult to access and much more expensive.”

This year more calls have come into our information, advice and support projects for help with finding an NHS dentist. This coincides with a marked increase in the number of older people approaching us to check that they are in receipt of all their financial entitlements. Our advice team has received many calls from older people in distress at the increased cost of living and uncertainties how they will manage over the winter months. Those of pensionable age usually rely on the fixed income from

pensions and related benefits and are unable to find additional income to cover the increased costs people across the UK now face. Funding private dental care is beyond the means of the majority of older people.

Older people with co morbidities are also likely to face additional challenges from services they have historically received for free through the NHS now moving to paid for services. For example, we have seen an increase in requests for help with access from older people with high risk medical conditions who used to receive free podiatry care through the NHS but now have to pay for this service themselves. The case study below demonstrates how the lack of access to dentistry can affect older people with comorbidities disproportionately to other groups of the population.

Case study 2: Privatisation of dental care, Summer 2022

A caller to Age Cymru Advice contacted us after receiving a letter from the dental practice she had been with for 60 years that said that her latest dentist was moving to private practice only. Until recently she had no problems with dentists retiring and being passed on to their successors at the same dental practice. However, this most recent letter has come only 6 months after she had received a similar letter, saying that her dentist at that time was also moving to private practice. At the time of the call, she was waiting to have a series of appointments arranged for vital treatment as her teeth that had deteriorated over the last two years.

The letter included an offer of private dental insurance and some information about the insurance. There was a deadline to apply for this at a discounted rate. The letter said that further information on the dental plan could be found on the internet, which our caller did not have access to. She called on help from her daughter to help with internet searches of where she could register with an NHS dentist and what the dental plan covered. The cover she was offered simply covered the cost of 2 checks a year, with any dental work needed having to be paid or privately.

Any NHS dentistry close enough to her had very long waiting lists. She does not drive so in the event that loved ones cannot give her lifts she would have to rely on public transport, so it is vital that she has dental care close to home. She told us that she feels she has no choice about having to pay for private health care.

This experience has left her with no faith in NHS services. She told us that the arrival of this letter felt like 'the straw that broke the camel's back' after two years of the pandemic where she has had to deal with a whole range of health conditions and had worked as hard as she could to keep herself fit and healthy. She feels that she and her family have done everything they were told to do through the pandemic and does not understand why she can no longer get NHS care. Her husband also said that he had worked all his life and cannot understand why their working contributions are no longer enough to support them through the system they have paid into all their lives. Having saved over many years for their retirement, increased living costs have destroyed their savings and they no longer have a safety net. Our caller said, "I feel like I'm between a rock and a hard place [...] They have us over a barrel and we are losing our independence," she said.

Later communication with our caller showed that the letter was not entirely accurate. The dentist that had sent the letter was moving to private work, but another at the practice was not. As such she was told she would be able to move to another NHS dentist for now. However, when asked whether it was likely that this would happen again and whether it was likely that other dentists would be going to private patients only, she was told this is very likely because they struggle to get financial recompense from the government for NHS patients. So, whilst she can get the dental care she needs for now, she expects to be in a similar position in the very near future.

From this case study it appears that the default position of some dental practices where a practitioner moved to private practice is to offer private treatment first and NHS care as a last resort. Given the fixed income and other financial pressures facing older people, it is vital that efforts to increase access to NHS dentistry happens at pace. It is vital that urgent consideration is given to changes in contracting arrangements that inadvertently limit NHS availability of care.

Discussions through our engagement events have illustrated some views on what could improve access to dentistry in the future. During a discussion at one of our recent engagement events several older people suggested that those who train through the NHS should be required to stay working full time within the NHS for a fixed period of time after completing their training.

Given the stress that is caused by miscommunication over changes as seen in the above case study, we call for a review of how changes in practice are communicated. An equalities impact assessment should be completed on changes in practice in order to help mitigate against changes. Given the reliance that older people on fixed incomes have on NHS dentistry, with no opportunity to have planned for the current situation, it is vital that older people on fixed incomes are protected from moves to private practice.

3. Access to dentistry in care homes

Dental care for care home residents relies on a combination of continuing with existing dental care arrangements made prior to the resident moving to the care home, and domiciliary dental treatment provision and preventative dental care provided through the Gwên am Byth programme. This Welsh initiative is a vital service welcomed by Age Cymru to care home residents who have not had access to the dental care they need. The crisis in recruitment of carers will affect the ability of care homes to provide the oral care that care home residents need – just as much as other aspects of personal and daily care. Good oral health is a foundation for a person's ability to eat healthily and so any decline in this has a large effect on a person's overall health.

As older people's access to community dentistry diminishes, this may put additional pressure on the Gwên am Byth resources fill that gap. We are concerned that a lack of access to community dentistry and gaps in domiciliary dentistry may mean that the

preventative focus of Gwên am Byth may be reduced in order to address critical dental care needs. Further, with high levels of care staff turnover in care homes there is an increased level of training on oral care that needs to be resourced.

Annual reports on Gwên am Byth demonstrate that not all care homes are participating in the programme. Whilst a lack of engagement from some care homes may be related to pandemic pressures, it is vital that all care home residents across all of Wales have access to the vital dental care they need.

Where a care home resident was already registered with a dentist prior to the move to the care home, the expectation is that in most cases family members will take the care home resident to their community dentist appointments. With the cost of living crisis it is highly likely that family members' ability to continue to do this will reduce when they are unable to cover the costs. This also comes at a time where care homes ability to escort residents to external appointments is limited through the staffing crisis.

The range of treatments available through domiciliary dentistry are limited due to the practicalities of transporting all dentistry equipment, e.g. Xray equipment and the volume of resources needed to provide domiciliary services is greater per patient than community dentistry services with increased travel, time and capital requirements.

Currently the use of fluoride varnish as a preventative dental care initiative is limited to younger children. Studies have shown how this initiative has reduced the number of cavities needing treatment in children. Given the preventative focus of the Gwên am Byth programme it seems that this initiative could be extended to care homes as a means of reducing the level of need for dental treatment in the short term.

As we have demonstrated in this response, older people are vastly impacted by the lack of access to NHS dentistry services and the majority do not have the financial means to pay for private care. As age is a protected characteristic, further consideration is needed of the disproportionate impact the paucity of dental services has on older people.

We urge Welsh NHS services to ensure that older people's enhanced need for dental care is fully considered in pandemic recovery plans in terms of both volume of NHS dental services available and projected future demand of an ageing population. Consideration is also needed of the support that increasing numbers of older people need to navigate changing systems and how changes in service are meaningfully and clearly communicated to the older Welsh population.

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