

NAVIGATE THE DENTAL SYSTEMS

It's not impossible to see an NHS dentist. We all have the right, so don't just assume you have to go private before trying your local NHS practice

What is NHS care?

All UK residents are entitled to see a dentist on the NHS, where treatment costs are subsidised. Patients such as children and some students, disabled and older people and people on benefits are exempt from charges.

To find out whether you're exempt you ask NHS Direct for England and Wales. For Scotland try the NHS Scotland website, and for Northern Ireland try the website of the Central Services Agency.

Find an NHS dentist

■ **ENGLAND** Try your primary care trust (PCT), NHS Direct or the website of NHS England.

■ **WALES** Contact your local health board, NHS Direct Wales or the website of NHS Wales.

■ **SCOTLAND** Try your health board or NHS 24.

■ **NORTHERN IRELAND** Ask your health and social services board or try the Central Services Agency website.

General appointments

■ ENGLAND AND WALES

You should find a poster in your surgery detailing the three bands of charges for NHS treatment, which rose last month. In England, band 1, at £15.90, covers check-ups, diagnosis and treatment planning. Band 2, at £43.60, covers treatments like fillings and extractions. Band 3 is for complex procedures, at £194. There is also a charge for orthodontic devices, at £56.70. In Wales, bands 1 to 3 are £12, £39 and £177. Before starting band 2 or 3 treatment, your dentist must provide a dental

treatment plan, outlining the care recommended, likely charges and details on how to use NHS dental services.

■ **SCOTLAND** You can register for 36 months and get free check-ups. For other treatments, you pay 80 per cent of the cost. There are set rates for these up to a maximum of £384. For rates go to the Scottish Dental or Scottish Executive websites.

■ NORTHERN IRELAND

Patients here also pay 80 per cent of treatment costs up to £384, but basic checks start at £6. For other costs go to the Central Services Agency website.

Urgent or out of hours

■ **ENGLAND** This treatment costs £15.90 but increases to band 2 or 3 for follow-up care. There are PCT access centres that can offer appointments at shorter notice than practices, but you still need to book. Treatments offered depend on the centre and the usual exemptions apply. Some practices also offer open-access sessions. Ask NHS Direct for details.

■ **WALES** Bands are still used for charges. For out-of-hours care you should contact your local health board, which will tell you where to go.

■ **SCOTLAND** Registered patients should seek treatment through their practice. Charges will be up to the usual 80 per cent of the total cost.

■ **NORTHERN IRELAND** If you're registered you can get a free home emergency visit; otherwise you must visit a practice or hospital and pay through the usual system.

Open wide?



The government says it is expanding NHS dentistry, but how easy is it to get such a dentist?

In the latest work for our dentistry campaign, we try to book in for check-ups and emergency appointments

No one likes going to the dentist, but the reasons for many of you not visiting an NHS practice in the past year go a little deeper.

Finding a dentist can be difficult, but waiting until you're in pain or paying to go private can hurt even more.

However, while we're all entitled to NHS treatment we can have difficulties getting it, as our six-year campaign has shown.

Evolving dental contracts

Systems for registering and charging patients for NHS dental care have changed, or are changing, across the UK. England and each of the devolved administrations are doing things differently (see 'Navigate the dental systems', left) and it's clear from your feedback that you're confused and still frustrated at missing out on state-subsidised treatment.

In April 2006, a new dental contract was introduced in England and Wales, along with a new system of patient charges based on payment bands for groups of treatments. In addition, the system of registering patients was abolished.

In Scotland, you still have to register with a dentist and there are different charges set for each treatment, with a maximum possible bill. Basic examinations are free.

If you live in Northern Ireland, there are also set charges and a maximum fee, and you need to register. However, following a government consultation on dental care, major changes could occur from next year.

Also different is each nation's system for paying dentists, and there appear to be problems in the early stages under the new contract in England and Wales. Dentists there are now paid for units of dental activity (UDAs), which are allocated by their local primary care organisations. Reports show

MORE RESOURCES ARE NEEDED TO RUN NHS SERVICES

Charlie MacEwan *Western Provident Association, Somerset*

'I don't believe NHS dentistry is open to everyone,' says Charlie, who works for a not-for-profit medical and dental insurer.

'We've seen a surge in demand for dental insurance in the last few years. With our policies, patients pay a percentage of treatment costs and we pay the

rest. This gives them peace of mind financially and because it's easier to find a dentist to treat them privately.'



says dentists tell him there are not enough resources invested in NHS dentistry, resulting in a shortage of dentists offering NHS care. 'Dentists are frustrated that under the new NHS contracts, they simply aren't given enough time and money to treat patients as well as they'd like.'

FORCED TO GO PRIVATE BY OWN DENTIST

Frances Bell 62, retired

'There appears to be little provision of NHS dentists in Cumbria,' Frances says. She had been registered but in 2005 her local practice changed its rules. 'We got a letter saying the practice was going private and would be halving its list. To register at all, you had to opt to be a private patient, on a first-come, first-served basis. On the day the list opened, the queue started forming at dawn.'

Frances missed out as she isn't able to stand for long periods and she has since had to travel further to find a different private practice. 'Regular dental treatment has proved very expensive,' she says. 'I could get an NHS appointment, but that would mean travelling more than 60 miles. I'm lucky, though – simply finding even a private dentist who will register you here is very hard.'



How often should I visit the dentist?

If you brush regularly, eat healthily and have had regular check-ups, you'll probably need to see a dentist once every 12 to 24 months only, though some people do need treatment more frequently. Your dentist will advise you. It's a good idea to take children for their first check-up as soon as their teeth come through.

that in the first year of paying by UDAs, allocations were running out in some areas before the financial year ended last month, leaving patients without NHS treatments.

A historical problem

As you'll probably know, queues outside NHS dentists across the UK are not new.

Since Which? first reported on the problems of getting an NHS dentist in 2001, we have been campaigning to push dentistry up the government's agenda, calling for more money and measures to increase the number of dentists providing NHS care. We want the government to create a system of NHS dentistry built around meeting patients' needs rather than letting dentists decide what's provided and where.

In 2001 Which? also made its first

supercomplaint to the OFT, on dentistry, to try to improve provision for people who have private treatment, asking for clearer information on prices and an improved complaints system.

While we've had our successes, government progress has been too slow. Our 2005 investigation in England, Wales and Scotland found that 58 per cent of dental practices were not taking on new NHS patients.

We think the new contract is a step in right direction, but we decided to put all systems to the test in a 2006 investigation and a more recent survey.

Your experiences

In March this year we talked to more than 2,000 people across the UK about their dentistry experiences. Almost two thirds had tried to book an appointment in the past year. Of those, 38 per cent didn't even try to get an NHS slot. Of those who had tried to get an NHS appointment, 68 per cent found it easy, but 26 per cent found it difficult. Of those who needed emergency treatment, 38 per cent found it difficult.

The main reasons given for such difficulties were dentists being fully booked or not taking on new patients. Practices going private or a lack of NHS dentists in the area were also mentioned.

Our investigation

Our survey followed our undercover investigation into general and emergency NHS access in England, where queues outside practices have been particularly long.

Results show that access has improved

Our research

In November 2006 we made 466 undercover calls to dental practices across all ten strategic health authorities in England to see whether they would take on new NHS patients. We called a further 444 practices to see whether we could get emergency NHS treatment. To avoid wasting time and resources no appointments were made. In March 2007 we surveyed 2,110 adults aged 16+ across the UK, asking them to recall their experiences of accessing dental services in the past year. To find out more about our dentistry campaign go to www.which.co.uk/dentistry

slightly since 2005 when we last looked at this. Access to a new practice is better, but 51 per cent of dentists in England were still not taking on any new NHS patients compared with 57 per cent in 2005.

But a continuing theme has been the major differences in access depending on where you live (see graphs, p16).

By strategic health authority, in London and West Midlands around 60 per cent of practices called were open to new NHS patients, but only around 15 per cent were in North West, South Central and Yorkshire and Humberside.

Moreover, people living in more rural places are much less likely to be taken on for NHS treatment – 16 per cent in rural/mixed areas compared with 39 per cent in urban areas.

Encouragingly, though, across the country 98 per cent of surgeries gave the right cost for an NHS check-up, then £15.50, but quotes did vary between £10 and £50.

When calling practices for emergency appointments, getting them soon enough was the major but unsurprising problem, with only 14 per cent offering one within 24 hours compared with 8 per cent in England in 2005.

With 23 per cent of practices offering any sort of NHS emergency treatment and another 23 per cent offering only private

'Patients are in danger of not getting the right treatments'

appointments, this left more than half of dental practices offering no emergency appointments at all to new patients.

However, there have been some steps in the right direction. Dental access centres have been set up across the UK, which provide NHS treatment for those unable to get regular treatment. Further outreach centres are set to open in Scotland soon. And some primary care trusts (PCTs) have used the new contract arrangements to secure open-access sessions within dental practices to help deal with emergency situations and any follow-up treatment.

Further changes required

Under the new systems there are similar problems across the UK as well as different ones in each country.

Following the introduction of UDAs in England and Wales, Paul Golland, a dental lab technician who runs the Dental Technician's Forum, says patients are in danger of not getting the right treatments.

He explains: 'It saves individual dentists money if, for example, they fit a single-tooth denture (costing around £12) instead of a full bridge (costing around £100).'

Since the introduction of the new system, he adds, the use of bridges has dropped by half in England, while use of single-tooth dentures, which can cause gum problems, has gone up by 72 per cent.

Paul says: 'There's evidence that patients are opting for extractions, which cost £43.60, over reparation work, which costs £194. That's not good dental care.'

In Scotland, however, we hope that access to NHS treatment can improve because dentists are now given financial incentives to take on patients. We await details of changes in Northern Ireland.

We have seen access problems in Wales, but it is in England that we have most concern about the system of allocating money for dentistry to PCTs. This is largely based on what was spent under the old system in their areas, and means that if there were few dentists providing NHS care before, the PCT gets less money now and the shortage of NHS treatment remains.

Some PCTs may have put more money into dentistry than they have been required to, but the inequalities must be addressed.

Frances Blunden, Health Policy Adviser for Which?, says: 'The Department of

'We need a service that is based on meeting patients' needs'

Health needs to ensure that patients aren't suffering because of the new contract. This is a new system and new responsibility for PCTs, but patients should not be penalised for its teething problems.

'Across the UK a lot of effort has been made in recent years to put more money into NHS dentistry and increase dentist numbers, but more needs to be done.

'Dentistry is still the poor relation of the NHS and people in all four countries have found it difficult, if not impossible, to get NHS dental treatment.

'While more money is needed, we also need a service based on meeting patients' needs rather than dentists' whims, and one that ensures that everyone, wherever they live, can get NHS care when they need it.'

Contacts

ENGLAND and WALES

NHS Direct 0845 4647

www.nhsdirect.nhs.uk

NHS England www.nhs.uk

NHS Wales www.wales.nhs.uk

SCOTLAND

NHS 24 0845 424 2424

www.nhs24.com

NHS Scotland

www.show.scot.nhs.uk

Scottish Dental

www.scottishdental.org

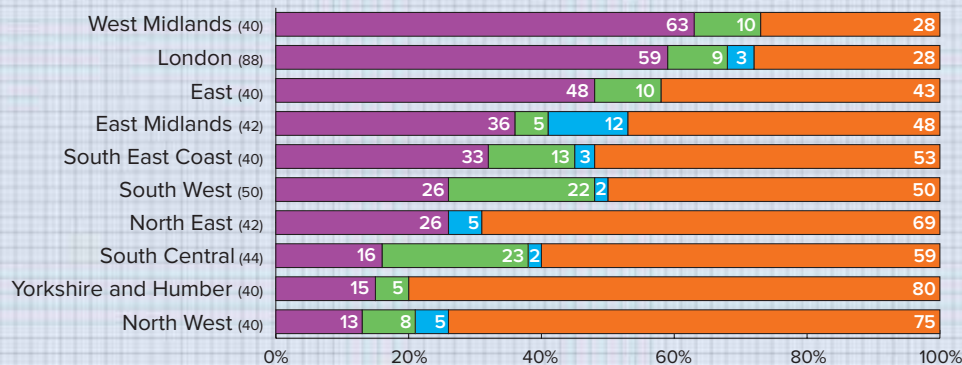
NORTHERN IRELAND

Central Services Agency

028 9032 4431

www.centralservicesagency.com

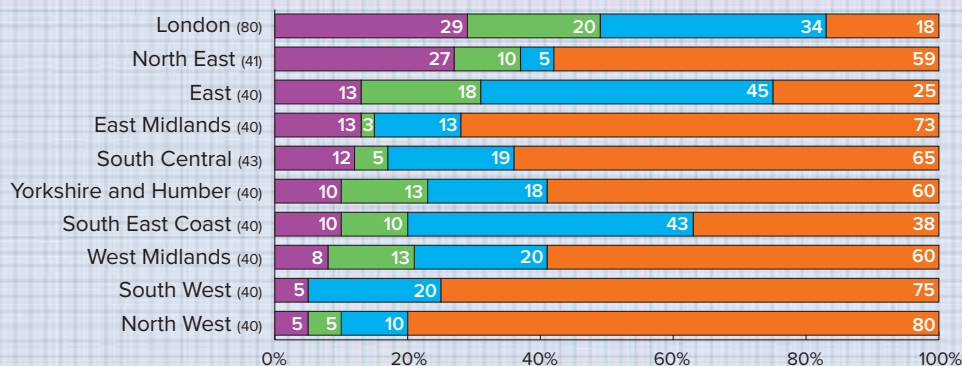
REGIONAL VARIATION IN ENGLISH DENTAL PRACTICES OFFERING NHS APPOINTMENTS



This graph shows the proportion of practices we called taking on new NHS patients by strategic health authority area

KEY

- Yes all
- Yes only certain patients
- Decision made after appointment
- No



This graph shows the proportion of practices we called offering NHS emergency appointments by strategic health authority area

KEY

- NHS appointment within 24 hours
- NHS appointment not within 24 hours
- Private appointment only
- No appointment

Figures in brackets represent the number of successful calls made to dental practices