

In partnership with

**healthwatch**  
North East and North Cumbria



**North East and  
North Cumbria**

# **Views and experiences of NHS dentistry in the North East and North Cumbria**



**Summary of Healthwatch research  
conducted in 2023 and 2024**

**July 2025**

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## With thanks to

We would like to thank:

- Residents across the North East and North Cumbria who gave up their time to share their views and experiences
- Community organisations and partners across the area who helped us to reach so many people
- The North East and North Cumbria Integrated Care Board (ICB) for funding this project and recognising the importance of dentistry to residents.



**3,800 people**  
shared their  
views

# Introduction

In 2023, North East and North Cumbria Integrated Care Board (ICB) commissioned the Healthwatch Network in the North East and North Cumbria to conduct research into people's views and experiences of NHS dentistry in the region.

This report outlines the approach, findings and recommendations of the research.

## The context for Healthwatch

The 14 Local Healthwatch in the North East and North Cumbria brought together the key issues residents in each local area were raising with Healthwatch. Access to NHS dentistry was a key concern for local residents – including getting access to urgent care, better access to routine care, knowing what to do if you need dental treatment and some people feeling 'forced' to seek private treatment.

Residents told Healthwatch that dentistry really matters to people because:

- People are in pain
- It's an important part of how people look and feel about themselves – dignity and view of self.
- Functionality and being able to eat
- Prevention – not getting care is creating problems for the future.

The Healthwatch Network works closely with the ICB to improve health and care services for everyone. Healthwatch raised people's concerns about access to dentistry and agreed to take on a funded project to understand resident's views and experiences across the North East and North Cumbria.

As well as sharing these findings with the ICB, the findings were presented to Healthwatch England's National Committee and feature in their national research into dentistry.

## The Context for the ICB

Many people in the region face difficulties accessing NHS dental services due to:

- Backlogs created during Covid-19
- Difficulties recruiting and retaining dentists and the wider dental workforce

- The National dental contract – which is awarded to dentists that deliver NHS dentistry services – hasn't been reviewed since 2006 and is no longer viable for many dentists
- Dental providers handing back their NHS contracts as they can't meet local demand.

While dental practices are open and able to provide the full range of treatments, they are having to balance these challenges with demand for NHS dentistry services. This can mean some dental practices don't have any capacity to take on new patients at this time and some people experience long waiting times for routine appointments.

The ICB took over commissioning for dentistry services from NHS England in 2023 and quickly put in place a Primary Care Dental Access Recovery Plan to protect, retain and stabilise local dental practices and dental care access across the North East and North Cumbria. This includes:

- Additional appointments (known as the incentivised access scheme), out of hours treatment and minor oral surgery capacity.
- Piloting a new model of urgent care via two Urgent Dental Access Centres that treat urgent and emergency dental needs.
- New contracts to provide more routine and general dental services.
- An increase to the rate paid to dentists that deliver NHS dentistry and direct support to practices that are at risk of handing back their NHS contracts, to protect the provision of local dental services.
- Working with the deanery to support initiatives to stabilise and grow the dental workforce.
- Working with local providers and partners to help children and vulnerable adults maintain good oral health through, for example, toothbrushing programmes, oral health packs and use of fluoride varnish.

“I’ve not had the same dentist for more than 6 months since 2019. Every time I find a dentist I like, they leave and I’m assigned a new dentist or I have to find a new practice. Finding a new NHS dentist is almost impossible and if you are lucky enough, the waiting lists are over a year.”

# About this project

## Project aims

The aim of this project was to gather information from people who have accessed dental services and the wider population to help the ICB:

- Understand the need for further investment in dentistry services to improve access and how to deliver this
- Identify innovative ways to improve access to NHS dentistry
- Improve communications to inform residents of their dental care options.

## What we did

We undertook four elements of research for this project:

1. **User survey** of patients who accessed treatment funded through **the incentivised access scheme**.
2. **Mystery shopping** of all dental practices in the North East and North Cumbria (including all NHS dental practices offering routine care and all NHS and private practices with urgent care provision).
3. **General population survey** about experiences of dentistry in 2023 and of users who accessed NHS dentistry services via NHS 111.
4. **User engagement** at the new **Darlington Urgent Dental Access Centre** by interviewing patients in the waiting area.

Research was conducted between November 2023 and August 2024 and 3,800 people participated from across the North East and North Cumbria

Whilst we asked questions about dentistry services in general, almost all responses focused on services aimed at, and the experiences of adults. We did not hear much about children's dentistry services.

# Key findings

The key findings of the research were:

## 1. Different groups have very different experiences and expectations of NHS dentistry

Feedback from patients suggested that experiences and expectations of NHS dentistry are informed by their individual circumstances. Broadly, five patient groups were identified:

Resident's situation	Experience/expectation
'Happy to pay for private dentistry or private by choice'	Generally happy
'NHS patients currently accessing NHS dentistry'	Quite happy
'Unwillingly accessing private dentistry'	Unhappy about having to pay but are getting care
'Not connected to an NHS practice but looking'	Very unhappy and very frustrated
'Only want dental care when they need it'	Very unhappy and often still in pain

## 2. Residents said information about dental care and services is poor

People don't know where to get trusted information from. The information they do access is not coordinated across the stakeholders in the region and is often conflicting.

## 3. Urgent care is available but accessing it is difficult and inconsistent

People felt that access to urgent care was based more on luck than through clear and accessible systems or need. Respondents felt NHS 111's clinical definition was too high and the triage service didn't help people in pain. People in pain being told to *'just ring around till you find a dentist who can help you'*.

#### **4. Lack of routine dental care is causing frustration and long-term problems**

Many people are concerned about the lack of routine dental care appointments available and worry that limitations on preventative care, such as regular check-ups, will cause long-term problems in the future.

#### **5. More people are not getting the care they want and/or need**

Lack of access to dental care means people are living in pain and often need more extreme treatments when they do get to see a dentist.

#### **6. People are frustrated with the state of NHS dentistry**

71% of people surveyed felt NHS dentistry services are worse than they were a year ago. This is driven by lack of access to routine appointments and being 'de-listed' by their usual practice. It is having a negative impact on the reputation of the NHS and dental profession.

#### **7. Health inequalities cause real barriers for those in the most need**

Lack of access to dental care is exacerbating health inequalities for those most in need. Key barriers included: the costs of travelling to a dentist with NHS appointments; the cost of private dental fees; the challenges of articulating needs for those with learning disabilities or special needs; the difficulties of navigating the system and understanding what care to access, where and when.

#### **8. Complex language makes accessing services a challenge**

People find it difficult to understand technical language and terminology when it comes to accessing dental care. In particular, people don't understand if they need to be registered with a specific practice and find fee structures too complex. This is not helped by different services using different language or outdated terms.



"I don't know of any practices locally taking NHS patients and I have met people who are unable to get dental care which is frankly appalling and faintly Dickensian"





# Key challenges and recommendations

Throughout the project we provided regular feedback to the CB about what residents and the data was telling us. For each stage of the project we made specific recommendations based on what people told us, there was a lot of similarity in our findings and suggested next steps.

Below is a summary of our recommendations across in the different phases of this research.

## Urgent dental care

Challenge	Recommendations
<b>Simplifying access routes and connecting people needing care to the urgent care services that are available.</b> <ul style="list-style-type: none"><li>• NHS111 criteria to access Urgent Dental Access Centre and urgent care – ‘patient’s perceived need’ vs ‘clinical definitions’.</li><li>• Lack of design – fragmented pathways and system with different services taking different approaches and no coordination.</li><li>• Missed opportunity to improve access and experience.</li></ul>	<ol style="list-style-type: none"><li>1. Review urgent care pathways to ensure smooth transitions between services, including role of NHS 111.</li><li>2. Develop coordinated access to booking urgent care for those not connected with a dentist – single point of access or central point for booking appointments.</li><li>3. Embed coordination of urgent access into commissioning contracts.</li><li>4. Challenge NHS England to invest in the technology to connect practice booking systems to enable easier coordination.</li><li>5. Standardise approaches to defining when urgent care and emergency is needed, using common language.</li></ol>



<p><b>How do residents know what to do, what is available, what service to expect?</b></p> <ul style="list-style-type: none"> <li>• Messages are inconsistent, with different services saying different things.</li> <li>• The NHS website (which practices update themselves via the service directory) is often out of date.</li> <li>• Residents are left feeling confused and abandoned.</li> </ul>	<ol style="list-style-type: none"> <li>1. The ICB should work with partners and providers to develop a series of consistent messages for use across the system.</li> <li>2. All providers should be contractually obliged to maintain information about their service and share agreed messages.</li> <li>3. Region-wide communications campaign about access to dentistry.</li> <li>4. Target specific communications campaign at harder to reach populations working with community partners.</li> </ol>
<p><b>Increasing provision of urgent care to increase access</b></p> <ul style="list-style-type: none"> <li>• Urgent Dental Access Centre feedback is positive but the gaps in urgent care provision are apparent.</li> <li>• People miss the ‘walk-in’ service at Newcastle Dental Hospital, particularly people living more chaotic lives.</li> <li>• Travel and distance are a concern for those needing urgent care.</li> </ul>	<ol style="list-style-type: none"> <li>1. Continue to roll out UDAC services in the North East and North Cumbria</li> <li>2. Reintroduce a limited number of walk-in services (including Newcastle Dental Hospital)</li> <li>3. Work with community partners to identify opportunities for pop-up clinics or similar for harder to reach groups</li> <li>4. When designing services, understand the travel expectations for users and consider localised provision and/or support with travel costs.</li> </ol>
<p><b>How we look at long term solutions to the urgent care service provision in the region</b></p>	<p>The ICB should co-design future options with residents.</p>

## Routine care

Challenge	Recommendations
<p><b>Helping residents understand what care is needed and what to expect from NHS dentistry</b></p> <ul style="list-style-type: none"> <li>• People are unclear about what routine care is recommended and needed.</li> <li>• Different practices appear to be taking different approaches, with 'de-listing', a major concern for people.</li> </ul>	<ol style="list-style-type: none"> <li>1. Agree communications messages to help people understand what to expect and what is needed.</li> <li>2. Work with providers to ensure consistent approaches are being taken within commissioned services.</li> <li>3. Work with partners to monitor 'de-listing' and produce advice to practices about expectations and approach.</li> <li>4. Agree common language to be used across the system – 'lists', 'registered' etc.</li> </ol>
<p><b>Helping people know what they can do and what care is available</b></p> <p>People find it difficult to access up-to-date information about the services that are available.</p>	<ol style="list-style-type: none"> <li>1. Providers maintain and update information about their services for residents, particularly through the NHS website and on their own website.</li> <li>2. Advice for residents about what they can do if they have concerns but not urgent care needs.</li> <li>3. Advice about the availability of NHS routine dentistry services to manage expectations and frustration.</li> </ol>
<p><b>Increasing access to routine dentistry</b></p> <ul style="list-style-type: none"> <li>• Lack of access to routine dentistry is a major concern for many residents across the region.</li> <li>• People feel provision is unequal and based more on luck than need.</li> </ul>	<ol style="list-style-type: none"> <li>1. Work with national government to influence thinking and improve availability of services.</li> <li>2. Involve residents in co-designing future plans for the entire population.</li> <li>3. Work with partners, including local authority public health teams, to understand needs and access for hard-to-reach groups.</li> <li>4. The ICB should communicate what it is doing to address this issue with residents.</li> </ol>

## System-wide

Challenge	Recommendations and considerations
<b>Providers delivering services consistently</b>	<p>The behaviour of individual providers is a challenge due to:</p> <ul style="list-style-type: none"> <li>• Consistent service provision</li> <li>• Delivery against contract (incentivised access scheme)</li> <li>• Sharing information with residents</li> </ul>
<b>Communicating with residents</b>	<p>Clarification needed regarding:</p> <ul style="list-style-type: none"> <li>• Consistent messaging system wide – so that</li> <li>• Publicity and information campaigns</li> <li>• National messages vs NENC messages</li> <li>• Role of NHS 111</li> </ul>
<b>Involving residents</b>	<p>Involve residents in designing ideas and developing new services</p>
<b>Health inequalities</b>	<p>Need to keep health inequalities, including people with additional needs, those reliant on public transport and those with chaotic lives, in mind when designing and communicating services</p>
<b>Who we haven't really heard from</b>	<p>Consider the needs of those not reflected in this research, particularly:</p> <ul style="list-style-type: none"> <li>• Children</li> <li>• People with additional needs</li> <li>• People who don't prioritise or consider dentistry</li> </ul>



“My NHS dentist aware of all my medical issues and gave appropriate level of care... I cannot fault service”



# Detailed findings

## Incentivised access scheme survey

Working with the NHS, Healthwatch invited 3,500 people who had treatment under the incentivised access scheme during September 2023 to complete a survey about their experiences. 277 people responded.

### Key findings:

- Patients said they were highly satisfied with their appointment.
- Appointments were mainly used to support people already connected to the practice where they received treatment: 60% received treatment from their usual practice; 8% were 'registered' with another practice; 33% of respondents did not have a regular dentist.
- Services were mainly used by people in pain: 78% of respondents needed urgent or emergency treatment; 22% had a routine check-up.
- Patients who received treatment from their regular practice found it easy to access an appointment. Those not connected to the practice where they received treatment found it more difficult to secure an appointment.
- One-off appointments didn't always resolve the issue: 40% of respondents said they felt their problem was not fixed or only partly resolved after their treatment under this scheme ended.

We made a series of recommendations about how to improve the incentivised access scheme, a number of these were implemented by the ICB in 2024. The key issues remaining include:

- **Simplifying access routes** and connecting people needing care to the urgent care services that are available – making it easy for people needing treatment to find the appointments that are available across the NHS dentistry system.
- **Improving public information** about what services are available.

## Mystery shopping

Healthwatch audited the information dental practices gave to patients. Using agreed scripts, Healthwatch volunteers contacted all NHS and private dentists with urgent care provision in February 2024 and all NHS dental practices with routine care provision in March 2024.

This activity provided further evidence to support the need to:

- **Simplifying access routes** and connecting people needing care to the urgent care services that are available – making it easy for people needing treatment to find the appointments that are available across the NHS dentistry system.
- **Improving public information** about what services are available.
- **Improving communication across the system** so different services provide consistent information.

### Urgent care mystery shopping results

We found:

- 25% of NHS contract holders had some sort of urgent care offer but there was not an even geographic spread of care. This included practices involved in the incentivised access scheme. There were more appointments available than Healthwatch expected.
- Signposting to other support was very poor and relied on people ringing round practices to get the help they needed – both from NHS contract holders and private-only providers.
- There are opportunities for practices to share better information and coordinate the urgent care offer across the region more effectively.
- Private urgent care appointments were widely offered and costed between £50 and £182 for an initial consultation. For practices that had an NHS contract too, the costs ranged between £49 and £120. Many wanted payment in advance.
- The process of securing an appointment by ringing numerous practices is massively frustrating for residents. Some Healthwatch volunteers made 15 calls without finding the support needed.

### Routine care mystery shopping results

We found:

- 2.5% (7 out of 286) practices offered new routine care appointments. Five of the practices offered an appointment within three weeks and two of the practices offered an appointment within four months.
- 12% of practices offered to add the caller to their NHS waiting list. The shortest waiting list was 2–3 months and the longest was 5–6 years. Many practices said they did not have waiting lists.

- 48% of practices offered a private appointment instead of an NHS one.
- 12% did not respond despite more than five calls each, at different times of the day.
- There were significant geographic gaps in access to routine care.
- The process of securing an appointment by ringing numerous practices is massively frustrating for residents.

## General population surveys

In February – April 2024, Healthwatch shared an online and paper survey across the North East and North Cumbria to gather the experiences of dentistry in 2023.

Healthwatch received 3,587 responses. A separate survey was sent to people who told Healthwatch they had used NHS 111 to access dentistry – 20 responses were received.

### NHS 111 survey findings

- 85% of people made contact by phone
- 50% felt the service was easy or fairly easy to use; 25% said fairly or very difficult – mainly due to long waits or driving while calling and not giving an exact current postcode
- 40% said NHS 111 was very or fairly helpful, mainly as they had an appointment booked as a result of the call
- 45% felt support was very unhelpful
  - "They were friendly but ringing felt like a waste of time. The advice they offered was useless."
  - "Why have a designated option for dental if no help can be given to secure an appointment?"
  - "This turned out to be useless because none of the dentists they directed me to were taking NHS patients even though NHS 111 believed them to be."

### General population survey findings

- 42% said they were registered with an NHS dentist, 40% had no dentist and 18% were private.
- 24% needed urgent care in 2023, 61% routine care and 15% other (dentures, crowns, broken teeth not causing pain).

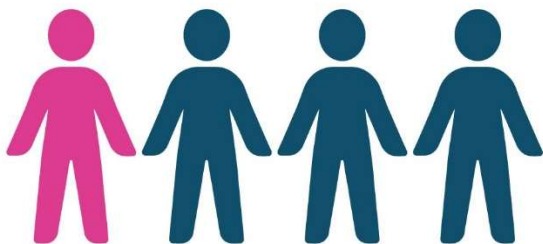
#### Relationship with a practice

- Generally, if you are connected to a practice (both NHS and private) you were likely to be reasonably happy with the service you receive – staff are helpful, caring and efficient.

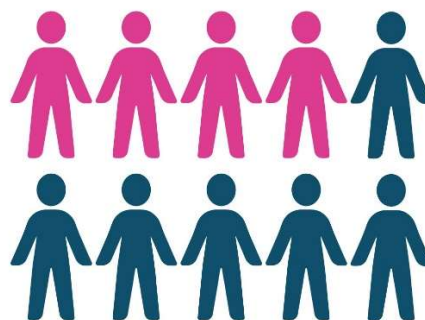
- There are frustrations about how emergency appointments are allocated (the 8am rush). It appears there are fewer frustrations from private patients.
- No patient choice: some NHS patients feel they 'have to stick with their NHS dentist' because 'we won't get another one' even if they are unhappy.
- 15% of respondents said they were 'unwillingly paying private' because they could not get NHS routine or urgent care – this group tend to be very unhappy about the system. Most private patients say they would opt for an NHS dentist if it were possible.
- NHS patients are concerned that their service will be taken away.
- 'De-listing' is a major cause of frustration and people feel very aggrieved.
- NHS fees are a struggle for some people.

### Feedback from patients that are not connected to a dental practice

- People who want routine dentistry are getting increasingly concerned about their oral health, mounting problems with their teeth and missed opportunities to take prevention/early action.
- Healthwatch heard about a reluctance from NHS dentists to take on people who have not been seen for over two years. The perception is that they may need a lot of interventions.
- 3 in 4 people not connected to a dentist found they could not get the care they needed.
- People struggle to access the urgent care they need. They are forced to ring around multiple dental practices and there is no source of trusted information to tell them what to do and what is available. Ringing NHS 111 is only helpful if you are in significant pain and have swelling.
- People have shared 'creative ways' of dealing with their pain, including going to A&E, the GP, home dentistry and alcohol/over-the-counter pain relief.
- Concern that there is private capacity available, but not NHS – most residents don't understand why.
- There is a lot of anger about being 'de-listed'.



1 in 4 people were able to get the care they needed if they are not connected with a dental practice



4 in 10 were completely satisfied with their treatment



## The future of dentistry

We asked about how dental services could be delivered in the future.

- NHS-funded services were important to almost all people who responded to this question.
- There is real interest in having a separate urgent/emergency care service running alongside a routine care service (urgent treatment centre approach).
- People really want better quality information about services, and a hub approach to booking urgent care appointments, in particular.



"There are no NHS appointments, but for private I could get one instantly at any of the practices I tried. Seems typical you have to pay to get seen."



## Darlington Urgent Care Access Centre survey

Patients were surveyed in the waiting room of Darlington Urgent Care Access Centre.

- 
- 12.5% have a regular dentist – these people could not get an appointment with their practice. 87.5% said they did not have a regular dentist – including 40% of whom had been removed from their dentist's list for not attending (mainly after Covid) or the practice stopped providing NHS dental care.
- People see this as a vital service to get the care they need.
- Some had not seen a dentist for over 10 years.
- 70% consider they had an emergency dental need; 30% had an urgent need (pain, abscesses, broken teeth etc); 7% were attending for follow up activity.
- Some people are traveling significant distances to attend appointments.
- People do not understand the difference between NHS 111 and booking directly with the Urgent Dental Access Centre. Many are frustrated with NHS 111 as it is still difficult with multiple calls, not being signposted to the centre or booked directly.
- Pathways need to be reviewed to avoid did not attends (DNAs).

Firstly, the ICB would like to thank the Healthwatch network in the North East and North Cumbria and the thousands of people across the North East and North Cumbria who took part in this research. The feedback and patient experiences have been invaluable in shaping our strategic commissioning approach and plan to protect, retain and stabilise NHS dentistry in our region.

We recognise the challenges outlined by Healthwatch above and we have noted each of the associated recommendations. We've already started to address these by:

- Introducing a **structured network of Urgent Dental Access Centres** across the region to provide urgent and emergency care for patients with the highest clinical needs. Patients will be able to book their own appointments online, via a telephone helpline or be referred via NHS 111.
- **Stabilising local NHS dentistry care** by increasing the minimum rate paid to NHS dental practices, offering NHS dental practices the chance to be paid to deliver more than their contracted level of activity, and making funding available to support practices in our most deprived communities and to replace capacity in areas where NHS services have been lost.
- Appointing a Communications Manager to **develop and deliver a communication strategy that helps people access clear and consistent information** about how to get NHS dental care. This will include improving the content on the ICB's website, developing campaigns to explain how to access NHS dental care, and working with regional partners on oral health campaigns to help people to build good oral health habits and avoid dental disease.
- Encouraging providers to comply with their contractual agreement to update their nhs.uk profile every 90 days to ensure **patients can find accurate and up-to-date information** about practices that have space for new NHS patients.
- Proactively **influencing the Government's thinking** on national dental system reform at every opportunity.
- Continuing to work collaboratively with local dental committees, networks and providers to **increase consistency across the system** (within the constraints of the nationally mandated contractual arrangements).
- Continuing to work closely with Healthwatch to **involve residents in the design and development of new initiatives**.

- **Implementing National Urgent Dental Care Reforms and Standards** as they emerge during 2025-26.
- Delivering **initiatives to tackle the health inequalities** that impact on residents' oral and dental health.
- Working with our local dental networks and committees and NHS England Regional Workforce Training and Education Directorate to **stabilise, upskill and grow the dental workforce.**

The ICB's Oral Health and Dental Strategy 2025-27 outlines its full vision and plan to improve oral health in the North East and North Cumbria by reducing oral health inequalities, preventing dental disease and improving access to high-quality NHS dental care.



**North East and North Cumbria Healthwatch Network**  
**Floor 2**  
**Wallsend Library and Community Hub**  
**16 The Forum**  
**Wallsend**  
**Tyne & Wear**  
**NE28 8JR**

**[www.hwnt.co.uk](http://www.hwnt.co.uk)**  
**0191 2635321**  
**[info@hwnt.co.uk](mailto:info@hwnt.co.uk)**