

# **Sheffield Dentistry Services Project – Stage One**

## **Report of Sheffield City Council’s Health Scrutiny Sub Committee**

### **1. Introduction**

**1.1.** This report marks the completion of the first stage of the Health Scrutiny Sub Committee’s (HSSC) project on Dentistry Services in Sheffield, which comprises a Have Your Say survey and a follow up workshop.

**1.2.** Health Scrutiny is a statutory function of the City Council and it is carried out by a sub committee of the Adult Health and Social Care Policy Committee.

**1.3.** The sub committee identified the project in its work programme for 2023/2024. It has continued into the work programme for 2024/2025.

#### **1.4. Membership of the Health Scrutiny Sub Committee**

- Councillor Ruth Milsom (Chair)
- Councillor Steve Ayriss (Deputy Chair)
- Councillor Julie Grocutt (Group Spokesperson)
- Councillor Toby Mallinson (Group Spokesperson)
- Councillor Rob Bannister
- Councillor Laura McClean
- Councillor Mick Rooney
- Councillor Sophie Thornton
- Councillor Ann Whitaker

**1.5.** The project was also supported by the following representatives from the NHS:

- Debbie Stovin
- Margaret Naylor
- Sarah Robertson

**1.6.** Thanks go to South Yorkshire ICB for their assistance with the project, to all the members of the public who responded to the survey and in particular to those who attended the workshop:

*Names to be inserted*

### **1.7. Purpose of the Project**

**1.7.1.** This was to respond to concerns raised about the accessibility of Dentistry Services in Sheffield and to the wider work being carried out by the South Yorkshire Integrated Care Board (SY ICB) on the development of Dentistry across the whole of South Yorkshire.

**1.7.2.** The aim was to identify any recommendations about improvements to services and to feed this back to SY ICB.

**1.7.3.** The first stage was the completion of a Have Your Say survey and a follow up workshop. The outcomes are included in this report and they reflect local findings; a snapshot of views and experiences in the first half of 2024; at the end of the previous Government and one year into the existence of the ICB. It tells a story of the local position.

## **2. Key Findings**

**2.1.** 57% of the respondents had accessed a routine dental appointment, within Sheffield, in the last 2 years.

**2.2.** 71% of the respondents who hadn't accessed a routine dental appointment, said the reason was that they couldn't get one.

**2.3.** 60 households or 14% of the total number of respondents to the survey had more than one member not accessing routine dental appointments in Sheffield.

**2.4.** 120 people or 29% of the total number of respondents said that they had attended an emergency dental appointment in the last 2 years.

**2.5.** There is a perceived difference between accessing routine and emergency dental appointments, with the latter being considered easier to access, which potentially causes problems with ongoing care, once emergency procedures have been carried out.

**2.6.** 60% of the total number of respondents reported that they have not required an emergency appointment in the last 2 years. Those who have accessed a routine appointment are just as likely to require an emergency appointment as those who have not accessed a routine appointment.

**2.7.** Feedback from the open-ended questions and workshop suggest a number prohibitive factors exist, when considering access to dentistry services.

- Length of waiting lists
- Cost
- Travel
- Disabled Access
- Difficulty accessing follow up care after emergency treatment

**2.8.** 33% (139 people) have accessed private dental healthcare, indicating that this is a viable alternative dental care option. There is some evidence to suggest that this is due to the difficulty accessing NHS appointments, and that dentists who previously offered NHS services, no longer offer them and NHS patients have stayed with them, moving to private care.. The role of the Westfield Scheme should be considered as part of this picture.

**2.9.** More people experienced difficulties than found it easy, to access dental appointments.

**2.10.** Clustering of respondents around the postcodes doesn't vary significantly between those accessing a routine appointment ("Yes") and those not accessing a routine appointment ("No").

### **3. Assessment of the Evidence**

**3.1.** The evidence was drawn from 2 main sources; an online survey and a workshop held with Elected Members, Officers from the NHS Dentistry Team and members of the public who identified an interest in attending via the survey. Reports from both of these are appended to this document.

**3.2.** The survey, received a total of 426 responses and was structured around key areas of interest, which were:

- Routine Appointments
- Emergency Appointments
- Dental Waiting Lists
- Private Dentistry

**3.3.** It contained a mixture of closed and open questions. The latter provided respondents the opportunity to share their experiences in their own words.

**3.4.** The initial findings from the survey were shared with participants at the workshop. This enabled experiences to be explored in more detail and the information from the workshop has been used in conjunction with the data from the survey.

**3.5.** The evidence is organised around the three key areas outlined in 1.2, with an additional section outlining the responses to the main open questions on Experience and Post Code.

#### **3.6. Routine Appointments**

**3.6.1.** From the survey, 262 people or 62% of the total number of respondents, said that they had attended a routine dental appointment in the last 2 years. Of these 150 people or 57% had accessed this appointment locally to where they live. Added to the 94 who accessed it in a different part of Sheffield, this make a total of 244 people who accessed a routine

appointment within Sheffield (57% of the total number of respondents to the survey). This is compared to 19 people who had to travel out of Sheffield

**3.6.2.** 162 people (38.2%) said that they had not attended a routine dental appointment in the last 2 years. Of these people, by far the most common reason given was that they had “tried to get an appointment but couldn’t get one”. 71% cited this reason, whilst 23% said they hadn’t tried to get an appointment and 6% said they couldn’t afford the NHS charges.

***“Needed antibiotics for infected wisdom tooth. Should have been entitled to free treatment as pregnant. Couldn’t get an appointment had to pay £50 for emergency one”***

***“Very difficult to get appt, had to go privately”***

***“Couldn’t get an appointment. Ended up pulling parts of the broken teeth myself”***

**3.6.3.** When asked about other members of their household, a very similar pattern of responses was reported. However, of those who had accessed an appointment themselves, 33 people (13%) said that other members of their household couldn’t get an appointment, whereas of those who hadn’t accessed an appointment themselves, this figure was 60 (37%). This means that 60 households or 14% of the total number of respondents to the survey had more than one member not accessing routine dental appointments in Sheffield.

***“Very stressful, had to go via the doctors who had to write a letter so I could get an appointment with them eventually and have an X-ray, partner had severe mouth infection and needed antibiotics”***

### **3.7. Emergency Appointments**

**3.7.1.** 120 people or 29% of the total number of respondents said that they had attended an emergency dental appointment in the last 2 years. Of these, 82 had also accessed a routine appointment.

**3.7.2.** The text responses to the open ended question on experience of dental services, shows that for the remainder of these respondents, access to emergency appointments was felt to be much easier than for routine appointments. This had caused some of them problems with ongoing care, following emergency dental work.

***“I had an emergency root canal but had to get it revised two days later and it’s still not fully completed but I don’t have a dentist as no one is taking new patients.”***

***“It was easy to get an emergency dentist, however they have patched me up twice in 2 years, and told me I should’ve had my root canal completed within 2 weeks of the first emergency call-in 2 years ago. However, with being on an NHS dentist waiting list for another 3 years, I simply can’t afford nearly 2,000 pounds to go private.”***

***“Appointments for emergency are good if you drive miles away from where you live , but they are limited to what they can do and if you don’t have a dentist what next ??”***

**3.7.3.** Of those who had not attended an emergency dental appointment in the last 2 years, only 24 (8.5%) cited being unable to get an appointment as the reason. By far the most common response (90% - 257 people) was that they hadn’t required one. This represents 60% of the total number of respondents and there is no difference in the need for emergency

appointments between those who have accessed routine appointments and those who haven't.

**3.7.4.** 4 people said they couldn't afford an appointment. Interestingly, in the text responses to the open-ended question on experience of dental services, however, 7 people mentioned cost as a prohibitive factor. Although these numbers are relatively small, they are still worth noting. This was reflected in the workshop discussions, where participants were extremely concerned about this as a prohibitive factor when considering access to dentistry services.

***“Expensive even at NHS prices”***

***“Waiting lists were long and costs high”.***

### **3.8. Waiting Lists**

**3.8.1.** 121 people said they are currently on a waiting list. This is 29% of the total number of respondents. However, of those who are on a waiting list, 106 people had been on a list for more than 6 months, with 54 (43%) being on a waiting list for over 2 years.

**3.8.2.** Of the people who said they weren't on a waiting list, over half (52% or 140 people) said that they hadn't tried to get on one. By far the majority of these people were those who had accessed a routine appointment in the last 2 years (114 people).

**3.8.3.** In the text responses to the open ended question on experience of dental services, 12 respondents mentioned waiting lists as a prohibitive factor. This was also supported by discussions in the workshop.

***“I moved to Sheffield in the last year. Every dentist I called up had a waiting list of at least 24 months. I travel hundreds of miles back to my old dentist and hope I don't have any serious issues in the near future.”***

### **3.9. Private Dentistry**

**3.9.1.** 33% (139 people) have accessed private dental healthcare. In the text responses to the open-ended question on experience of dental services, 12 people mentioned opting for private dental care due to the lack of available appointments and long waiting lists, consistent with the findings in 3.8.

***“I had been with a NHS dentist for many years on South Road Walkley. It was taken over by My Dentist. I rang for an appointment because my filling had come out. I was told no dentist was available and to go to Boots to get a temporary filling. I rang round many dentists in the area and was told no NHS patients were being taken on. In the end had to go into private dentistry.”***

**3.9.2.** Participants at the workshop considered this and the fact that this would also have a knock on effect on cost as a prohibitive factor. Further analysis of the Westfield Scheme and its impact on this picture was recommended by participants.

***“I'm fortunate enough to have an NHS dentist - they've been amazing including when I've had emergency dental issues. Pitsmoor Dental Surgery have been brilliant. BUT I know I'm privileged - i've sat in waiting room and listened to receptionists on the phone telling people they can't offer them NHS care, and the alternative is private. I've heard them list prices which are jaw dropping - I earn a decent wage I would struggle to pay them.”***

**3.9.3.** Also mentioned in the “Experience” section of the survey, was the reason they had opted for private dentistry was that their own dentist had stopped doing NHS work. Some further exploration of this is necessary.



***“My dental practice was NHS for well over 50 years plus but has gone private. To be fair to the practitioner we went private because we loved the dentist and owner. “***

***“I had an excellent service from .... Team at School Road in Crookes but they no longer provide dental service to NHS adult patients. She said the contract is not viable, so I have had to choose to go Private”***

### **3.10. Experience of Dentistry Services**

**3.10.1.** Generally speaking, analysis of the text responses, shows that experience of accessing emergency appointment is better than that for routine appointments, both in terms of availability and quality of service.

***“It took me 10 months to get an appointment for a filling repair. I got an urgent appointment after ringing every morning for weeks as there were always people with higher needs - eventually I got an injection to stop the infection and a temporary repair (which fell out within two weeks) and they said I needed root canal. I then waited months to get an appointment for treatment and they decided against root canal and instead a filling replacement. I was eligible for maternity exemption and only just got an appointment while this was still valid. They said there are no routine appointments available now at all for future check ups”.***

***“waiting on phone for a long time, emergency appointment recommended further help from a dental hygienist with no help where to find one so didn't happen.”***

**3.10.2.** The detailed analysis of text responses has been carried out via 2 groups, those who answered yes to question 1 and those who answered no. In other words, it has been split into those who have accessed a routine appointment in the last 2 years and those who haven't. The total number of

“Yes” answers was 262 and the total number of “No” answers was 162. This analysis is reflected in 3.11.

**3.10.3.**Of the people who responded to the open-ended question on experience, more people experienced difficulties than found it easy. The difference between the two figures, however, is only 12 people.

***“My husband had an infection in a tooth. 111 organised an appointment for a prescription. Then he got an appointment at Charles Clifford dental hospital who extracted the tooth. Really good service.”***

***“It wasn't easy to find a dentist that would accept me as a patient. I made quite a lot of calls after I found out I was no longer registered at my previous surgery. I eventually found a practice several miles away in Darnall. My initial pain and inflammation was improved. A tooth extraction was required but it couldn't be done by the dentist there. I was told I was to be referred urgently to Charles Clifford. Calls to the dental hospital revealed no referral had been received. I called Darnall surgery to make enquiries on three occasions. Each time I was assured my referral would be sent. I even tried to speak directly to the dentist but this wasn't possible. The last appointment with Darnall, at which I was told of the need for treatment at Charles Clifford was in May 2023. I have still heard nothing”***

**3.10.4.**It should be noted that one person’s response can appear in more than one issue, and not all respondents completed the open-ended question on experience of dental services. Therefore, the total number of responses will not add up to the total numbers of people who responded in each group.

**3.10.5.**The distribution between post codes shows some clusters of respondents in S6, S10, S11, S35, S36.

**3.10.6.**This question was asked to see if there were any post-codes that stood out in particular. Unfortunately, due to the small numbers concerned

it is difficult to form any conclusions from this information. The clustering around the postcodes doesn't vary significantly between those accessing a routine appointment ("Yes") and those not accessing a routine appointment ("No").

**3.10.7.** It should be noted that in the post code analysis in 3.12, not every respondent provided their post code details.

**3.10.8.** It is also worth noting that the clustering around certain postcodes could be skewed due to the possibility that some ward councillors may have promoted the survey more intensively, with the use of social media.

**3.11. Analysis of both groups' text answers**

<b>Issue</b>	<b>No of people from "Yes" group (262 total)</b>	<b>No of people from "No" group (162 total)</b>
Making the appointment was easy	32	4
Making the appointment was difficult	28	20
Experienced good quality service with their issues on the whole, resolved	25	4
Experienced poor service	5	9
Cost was prohibitive	4	3
Travel barriers	2	3
Issues between dentist and the Charles Clifford centre	4	0
Positive comments about Charles Clifford	2	2
Accessed private care	3	9
Poor disabled access	1	0
Difficulty accessing follow up care after emergency treatment.	2	5

### 3.12. Analysis of both groups by postcode:

Post code area	“Yes” group (262)		“No” group (162)	
	Number	%	Number	%
S1	1	0.3	2	1
S2	17	6	14	9
S3	2	0.7	2	1
S4	8	3	5	3
S5	2	0.7	7	4
S6	23	9	20	12
S7	12	5	2	1
S8	19	7	5	3
S9	3	1	2	1
S10	57	22	31	19
S11	44	17	32	20
S12	5	2	4	2
S13	2	0.7	1	0.7
S17	6	2	1	0.7
S18	1	0.3	0	0
S20	6	2	0	0
S25	1	0.3	1	0.7
S35	15	6	11	7
S36	23	9	20	12

## 4. Conclusions and recommendations

4.1. The key findings are outlined in Section 2 of this report. This outlines the snapshot of the first stage of the project. The following conclusions have been drawn from these findings. Where further work could usefully be carried out, this has been reflected in the conclusions.

4.1.1. Although the local picture is quite mixed, there is still clear evidence that there are issues associated with access to appointments, both routine and emergency. In some cases, there are potentially whole households who are struggling to access NHS care. In addition, there is strong evidence that long waiting lists, cost of services and travel

distances are causing barriers to access. The HSSC should explore all options available to influence this picture positively.

4.1.2. There is a perceived difference between routine and emergency appointments, in terms of availability, with emergency appointments seemingly easier to access. Further information is required to complete this picture – number of emergency units of dental activity in 2023/24 compared to pre covid figures and follow up appointments following emergency procedures.

4.1.3. The survey potentially missed some marginalised groups, due to it being exclusively online. Further work should therefore be done to identify the specific needs of these groups. It is noted that the ICB have 2 local practices that will be starting to work with these groups, such as Asylum Seekers, but this wasn't in place at the time the workshop was held.

4.1.4. There is strong evidence that many people are moving to private dental care as a result of the difficulties accessing NHS services. Further information is required on this as follows:

- A study of the role of the Westfield Scheme
- Information on the number of NHS dentists moving to private care (in terms of UDAs contracted)

4.1.5. Although it was difficult to analyse postcode information, the picture is one of a number of clusters and an even spread across most of the other postcodes. Further information on the distribution of resources across postcodes is required.

4.2. In light of section 4.1 above, the following recommendations are made:

4.2.1. The Dental Team at NHS South Yorkshire to consider the following:

- Provide further information on the number of emergency units of dental activity in 2023/24 compared to pre covid figures; follow up appointments following emergency procedures; the number of NHS dentists moving to private care (in terms of UDAs contracted); and the distribution of resources across postcodes. All of this information should be provided in a follow up report to the HSSC as part of Stage 2.
- Conduct a review of their contractual arrangements, in light of the findings of this report
- Lobby national government on any necessary changes to funding arrangements.

4.2.2. The Health Scrutiny Sub Committee include Stage 2 of the project in their work programme for 2024/25, incorporating the following:

- Establish a working group to oversee further reviews of “access to dental services by marginalised groups – People with Learning Disabilities, Asylum Seekers, SEND children, Domestic Abuse Survivors”
- A report on the Westfield scheme.
- Lobbying of national government on the findings of this review