

# Experiences of Dental Care Services

March 2020 - January 2022

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February 2022

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## Executive summary

This report is the collation of identical surveys of the public undertaken by eight local Healthwatch in North East England from late November 2021 until early January 2022 to discover their experiences of accessing and using NHS dental services.

During the same period, the local Healthwatch volunteers contacted dental practices in their catchment, with a series of questions, to understand the availability of services.

The results of both the public survey and the dental practices survey for each local Healthwatch have been combined to give a region-wide summary which is reported here.

The report concludes with next steps.

## Introduction

The COVID-19 crisis has affected many areas of the NHS. One significant issue that local people have raised is about access to dental care.

Data from the Department of Health, highlights that almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year (source: BBC News, January 2022 <https://www.bbc.co.uk/news/uk-59874320>). This is having an adverse impact on members of the public being able to see a local dentist for both regular check-ups and where emergency treatment is needed. Not only has this been frustrating, but many people have been left in pain or discomfort as a result. Some Individuals have been offered the option of having private treatment, but this is not affordable for many.

Without an improved access to NHS dental care, not only do people risk facing greater dental problems in the future, but it also puts pressure on overstretched hospitals and GPs. Untreated dental problems can lead to pain, infection and the exacerbation of other health conditions such as heart and lung disease and stroke. This national picture is echoed in the North East of England, and Healthwatch teams have seen a significant increase in people's concerns around seeing a dentist. Throughout 2020 and 2021 the eight local Healthwatch (LHW) organisations in the North East involved in this report were receiving feedback from the public that accessing NHS dental services was very difficult, whether registering with an NHS dentist, getting treatment or even getting treatment at a dental hospital. It also appeared that, even prior to Covid, NHS dentists were only funded to cover 50% of the population. With the need to now have lull time in the consulting room between patients due to Covid safe guidelines there is no longer the capacity within the system to meet this target, let alone deal with the backlog of appointments that didn't go ahead due to the lockdown. Following an initial meeting between Healthwatch Northumberland, Healthwatch North Tyneside, Healthwatch Newcastle, Healthwatch Gateshead and Healthwatch South Tees the opportunity to work collaboratively with Local

Healthwatch partners across the North East was offered to all LHW as collectively we agreed that there is a need for better access, but it needed surveying and reporting both locally and on a regional basis. Three other LHW joined the group: Healthwatch Hartlepool, Healthwatch Stockton-on-Tees and Healthwatch Darlington.

These eight teams from the North East and North Cumbria Healthwatch Network agreed to undertake a joint project to understand the concerns of their respective local communities.

### Participating North East and North Cumbria Network Healthwatch Teams

Gateshead	Stockton	Darlington	South Tees
Hartlepool	Newcastle	Northumberland	North Tyneside

## Aim of study

To determine whether accessing NHS dental services is being raised by a small number of people having a problem or whether it is a more widespread issue.

If it is a widespread issue, then to use our findings to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).
- Support improved information for patients regarding NHS dentistry.

## Methodology

Our approach was based on the collective agreement of the eight local Healthwatch detailed in the 'Introduction' section, above. Each local Healthwatch created their own report highlighting feedback from their respective local communities. These can be found on their respective websites.

Healthwatch Northumberland coordinated the project and have produced this combined report, which will be shared with the NE&NC ICS and Healthwatch England. Each local Healthwatch will be responsible for discussions with their own local providers where appropriate.

### Survey for members of the public

An online and paper survey which focused on trying to get treatment, experiences of treatment and asks about NHS and private treatment was launched on 29<sup>th</sup> November 2021. It was distributed through local Healthwatch networks online, at planned engagement events, and with partners. The closing date for the survey was 7<sup>th</sup> January 2022.

Survey participants were invited to take part in one or more of five sections of the survey which were:

1. finding a dentist,
2. routine check-ups,
3. appointments for minor issues,
4. urgent appointments, and
5. treatment at a dental hospital.

We asked about experiences happening throughout the COVID-19 pandemic period commencing March 2020, to early January 2022. The questions were drafted by Healthwatch North Tyneside, agreed with the collective eight local Healthwatch teams, and tested with volunteers.

A total of 795 people took part in the Local Healthwatch surveys.

### Survey for local dental practices

During the same period, November 2021 to January 2022, our volunteers contacted local dental practices, with a series of questions, to understand the availability of services.

The questions were drafted by Healthwatch Northumberland, agreed with the collective eight local Healthwatch teams, and tested with our volunteers.

36 dental practices responded to our volunteers.

### Public information campaign

The collective Healthwatch involved worked with Local Dentist Committees and the commissioners (NHS England) to develop an information campaign to inform people about getting dental care. Work on this campaign began in December 2021 and North East Healthwatch teams produced a 'myth busting' leaflet, dispelling the most common rumours relating to NHS dentistry. It gives the facts about being registered with a practice, why you may be offered a private appointment, capacity for routine appointments, and what constitutes emergency care. The leaflet can be accessed here: [Dental Myth Busting](#)

## Survey findings

### Survey findings: Members of the public

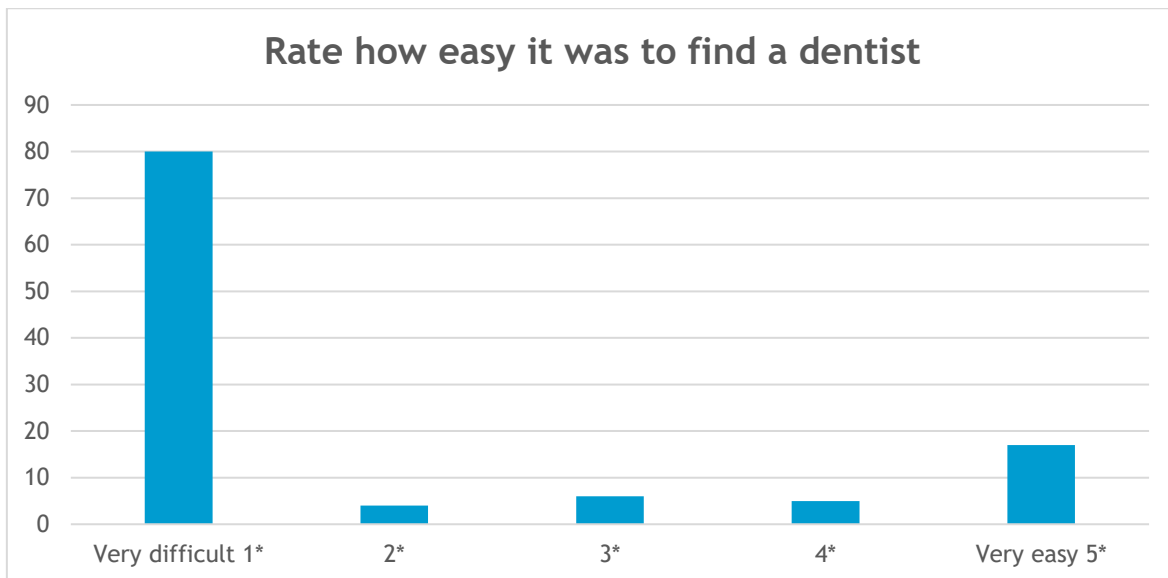
A total of 795 people took part in the local Healthwatch surveys.

All responses related from experiences happening currently, to experiences which have been ongoing since 2020.

Participants were invited to take part in one or more of five sections of the survey.

1. 52% (413) told us about finding a dentist.

The majority of respondents found it very difficult to find an NHS dentist across the region (Figure 1) despite some people being willing to travel some distance.



**Figure 1.**

In the main, urban based respondents had to travel 4-5 miles to find a dentist, with some being prepared to travel significantly further.

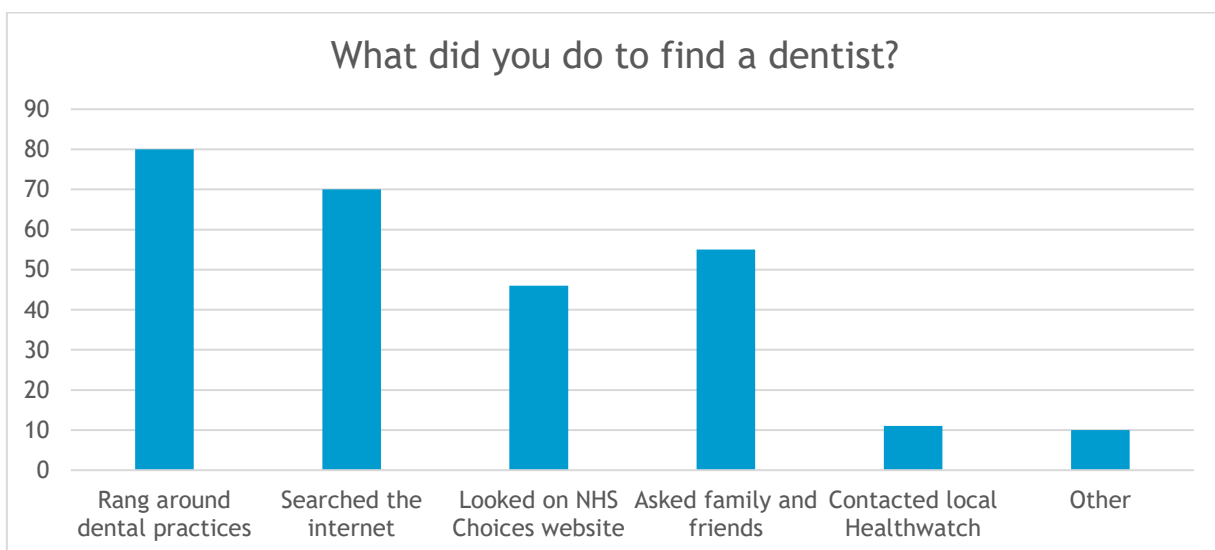
One respondent from **Healthwatch (HW) Hartlepool** reported travelling a 70-mile round trip to Newcastle to be seen.

*“I live in Middlesbrough but willing to drive around to get seen - phoned Stockton, Billingham, Hartlepool, Redcar, Yarm areas”* **HW Stockton-on-Tees** respondent.

Respondents living in **Northumberland** had substantially longer journeys to make due to the rurality of the county.

*“No available dentist, was advised I would have to drive for about 1 hour to get to a dentist”* **HW Northumberland** respondent.

Respondents tried multiple avenues of enquiry to try to find a dentist (Figure 2) with the NHS Choices website receiving lots of criticism that it wasn’t up-to-date and when respondents phoned practices that were shown as taking NHS patients they were told that there was a long waiting list - sometimes up to year.



**Figure 2.**

63% of all respondents were looking for a dentist due to having a particular issue and just over two thirds of all respondents (68%) failed to find a dentist to meet their needs.

Half of our respondents tried other avenues of approach to get advice on dental care as shown in Figure 3 but overall finding a dentist to treat you on the NHS remained very difficult.

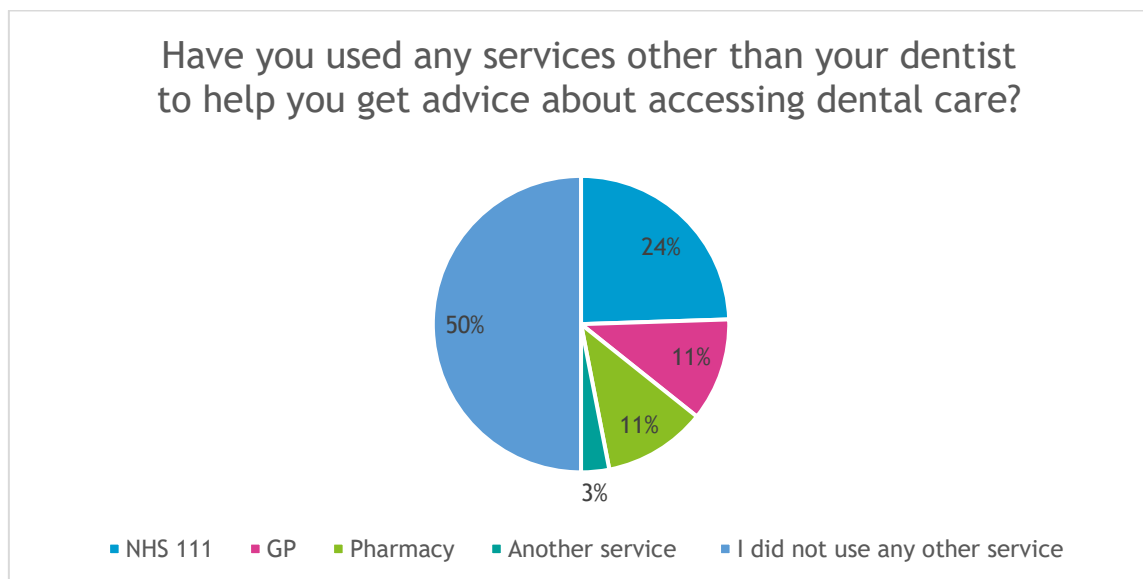


Figure 3.

2. 39% (312) told us about routine check-ups.

There was a roughly even split between respondents finding it difficult or very difficult and finding it easy or very easy to get a routine check-up (Figure 4).

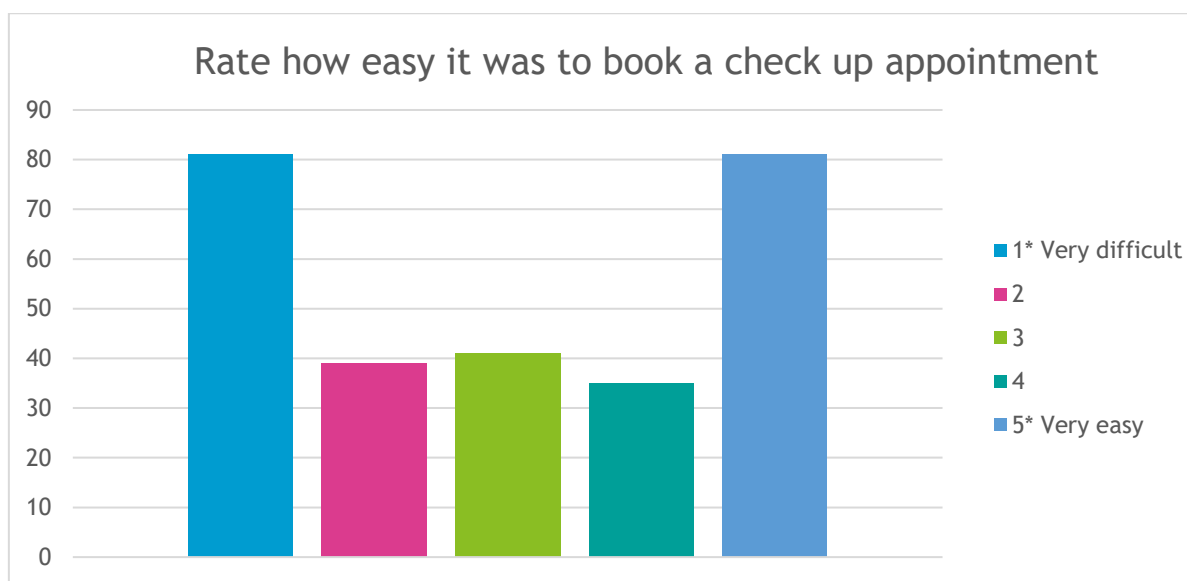


Figure 4.

Just under half of all respondents were happy with the length of time they had to wait for an appointment (Figure 5) despite over three-quarters of the respondents having to wait for more than a month to be seen (Figure 6). Rather shockingly, almost a quarter of respondents were still waiting to be seen for a routine check-up.

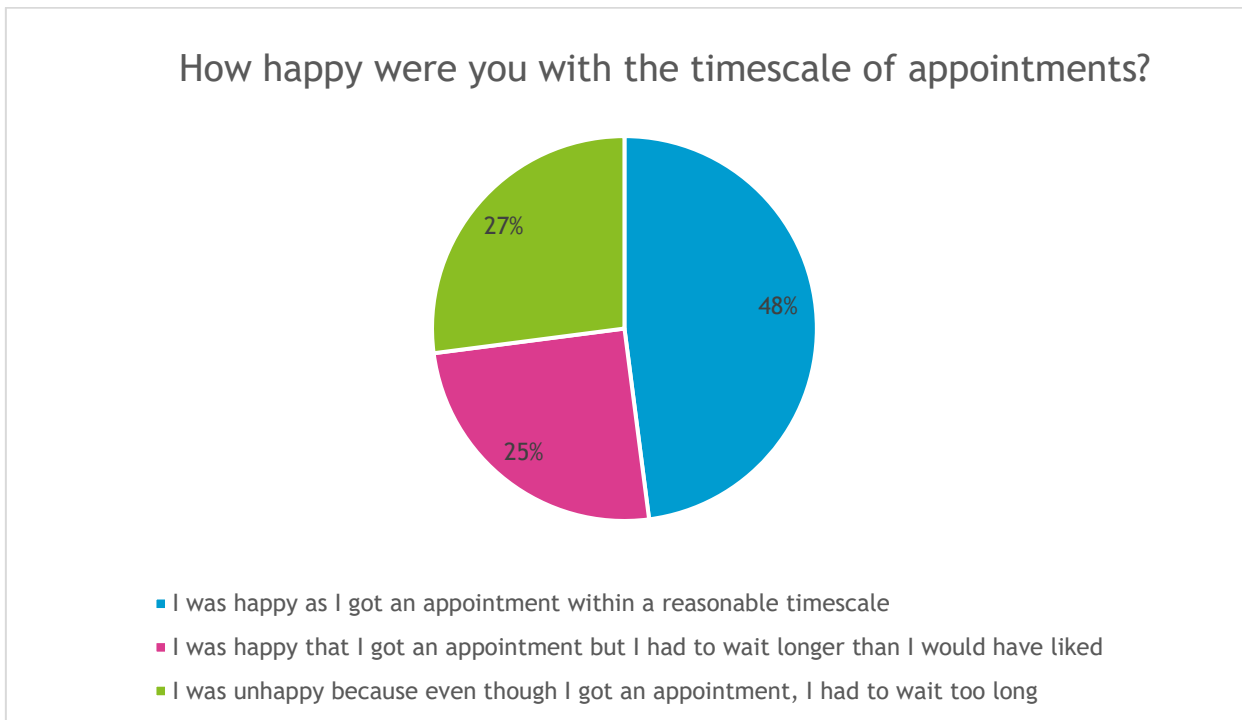


Figure 5.

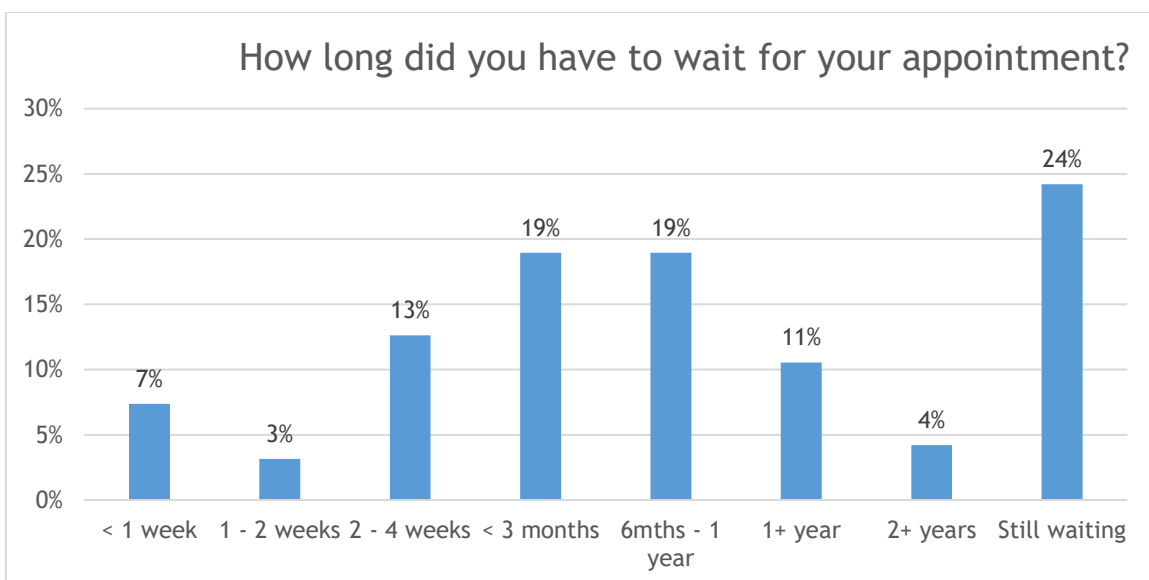


Figure 6.

*“I would just like to have my routine check-up; it has been over 3 years since my last appointment”* HW South Tees

The vast majority of these experiences were with the same dentists the respondents had used prior to the start of the pandemic (87%).



We also asked whether since March 2020, they had to seek private dental care for a check-up because they couldn't get an NHS appointment. Again, the vast majority said 'No' (94%) but there were 6% of respondents who had had to use private dental care.

Lastly, for this section of the survey, we asked whether there was anything that could have improved their experience of getting a check-up appointment. The most common comments were along the lines of "Actually getting an appointment" and calls for more dentists, but there was a strong perception that private patients were getting prioritised. There were plenty of suggestions to improve the booking system, too.

*"Being able to book dentists on-line instead of having to call loads of numbers to receive the same message, 'no NHS patients only private'. Which I don't understand as there must be space if this is what is being offered."* HW Hartlepool respondent.

Better communication and not having last-minute cancellations were other areas of improvement suggested

*"My routine check-up was planned for March 2020 but was cancelled due to the pandemic. My dentist advised it would be rearranged once restrictions allow. I am still waiting to be contacted. Every time you call the automated voice message tells you that you will be booked back in when able. I appreciate there will be a backlog but there is no communication."* HW Stockton respondent.

*"Some up to date information and reassurance that I'm still registered with them"* HW South Tees respondent.

*"Apart from actually getting an appointment, it would have been helpful to know what time scale we are looking at for gradually catching up with cancelled appointments!"* HW Northumberland respondent.

*"Should have restarted appointments once they had the capacity. Used their text service to inform people that this had happened and would be contacted in due course and that you would not be taken off the books."* HW Hartlepool respondent.

### 3. 11% (87) told us about appointments for minor issues.

Similar to booking a routine check-up there was a roughly even split between respondents finding it difficult or very difficult and finding it easy or very easy to get an appointment for minor issues, although there was more of a veering towards it being more difficult (Figure 7).

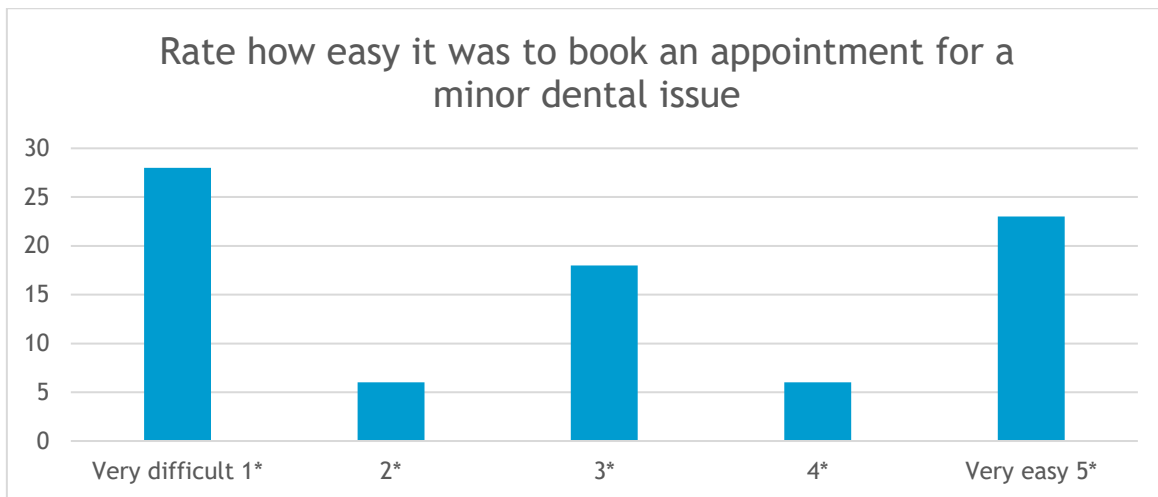


Figure 7.

Respondents were generally needing fillings, or replacement fillings, and help with broken or chipped teeth in this section of the survey. Some respondents were pregnant women with bleeding gums.

Again, the length of time to wait for the appointment was an issue (Figure 8) with 57% feeling they had to wait too long for an appointment. Again, despite them needing actual treatment, there is a shockingly large proportion who are still awaiting an appointment - almost 1 in 5 respondents. One person has reported waiting over two and a half years. (Figure 9).

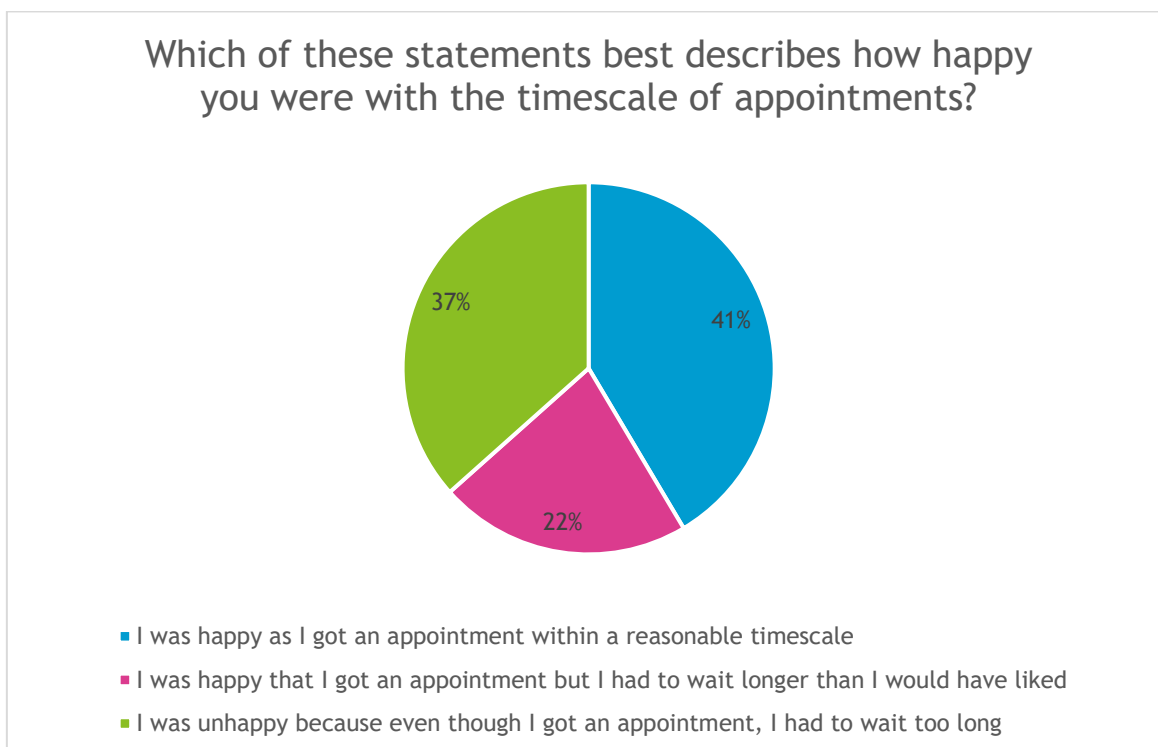


Figure 8.

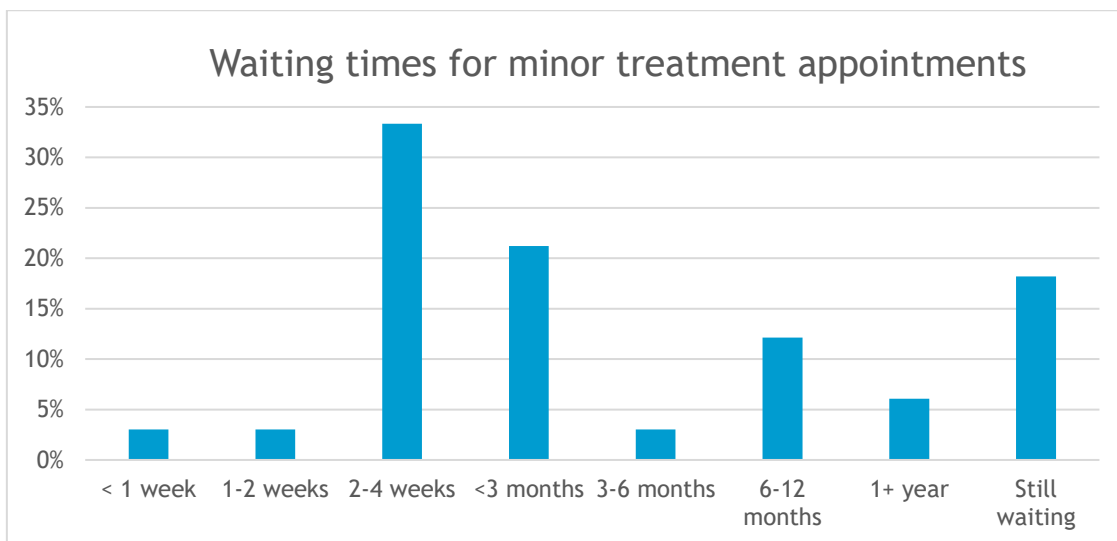


Figure 9.

Nevertheless, when asked to rate their overall experience of getting an appointment for minor treatment the sentiments leaned more to being pleased with the services they received (Figure 10).

*“My dentist has been great once I could actually start having the appointments. I needed 4 fillings and 3 crowns, but this work should hopefully be finished by Christmas.”* HW Northumberland respondent.

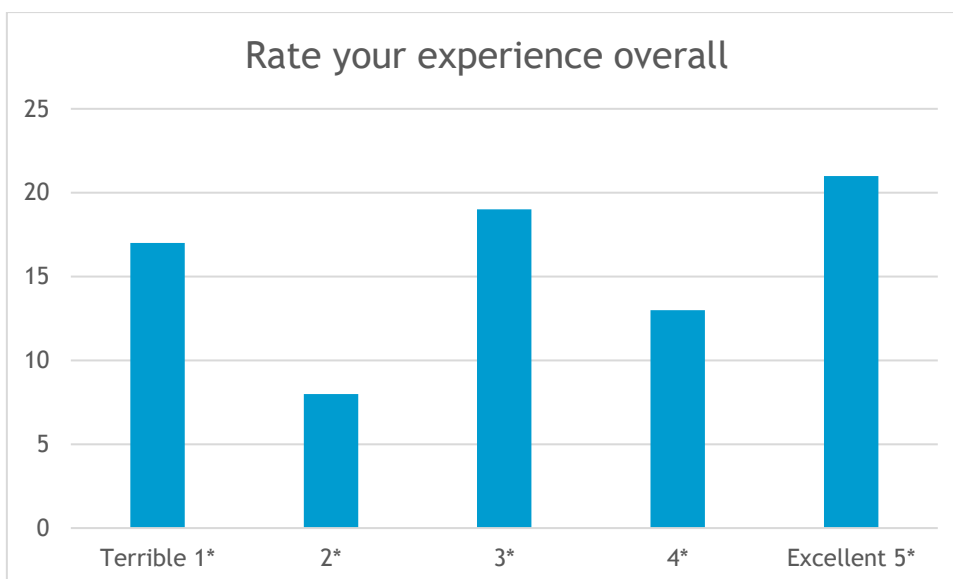


Figure 10.

Like before, the vast majority of these experiences were with the same dentists the respondents had used prior to the start of the pandemic (91%).

We also asked whether since March 2020, they had to seek private dental care for minor treatment because they couldn't get an NHS appointment. Again, the vast majority said 'No' (96%) but there were 4% of respondents who had had to use private dental care.

Lastly, for this section of the survey, we asked whether there was anything that could have improved their experience of getting an appointment for minor treatment.

“Getting appointments quicker”, “more dentists”, “a better booking system” and “better communication” were the most common themes again. There were some comments about the customer service approach of some of the staff as well.

*“A more courteous approach from the dentist.”, “Better trained and more empathetic receptionists instead of cold and rude”* HW North Tyneside respondents.

*“Better understanding of needs of disabled children attending practice”* HW Gateshead respondent.

The perception that private appointments were being prioritised didn’t feature that much in this section.

4. 12% (98) told us about urgent appointments.

In this section of the survey, it was, again, a roughly even split between very difficult and very easy to book an appointment with a slight preference towards being easier (Figure 12).

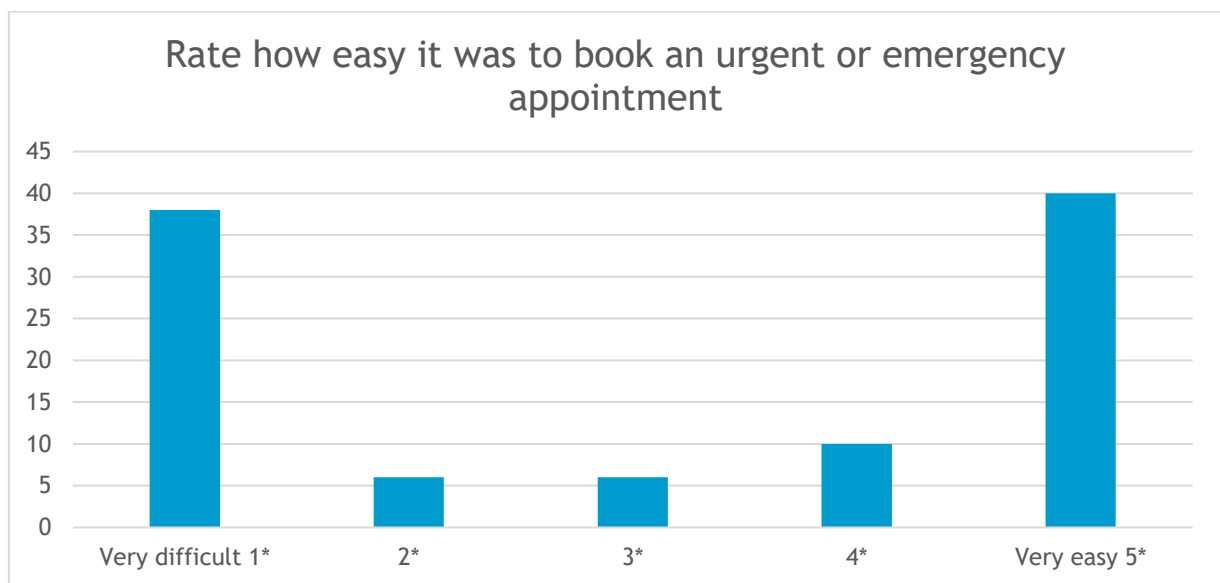


Figure 12.

In this section of the survey almost all patients were in pain, with half the patients in severe pain, and only a tiny percentage were urgent or emergency appointments for another reason (Figure 13).

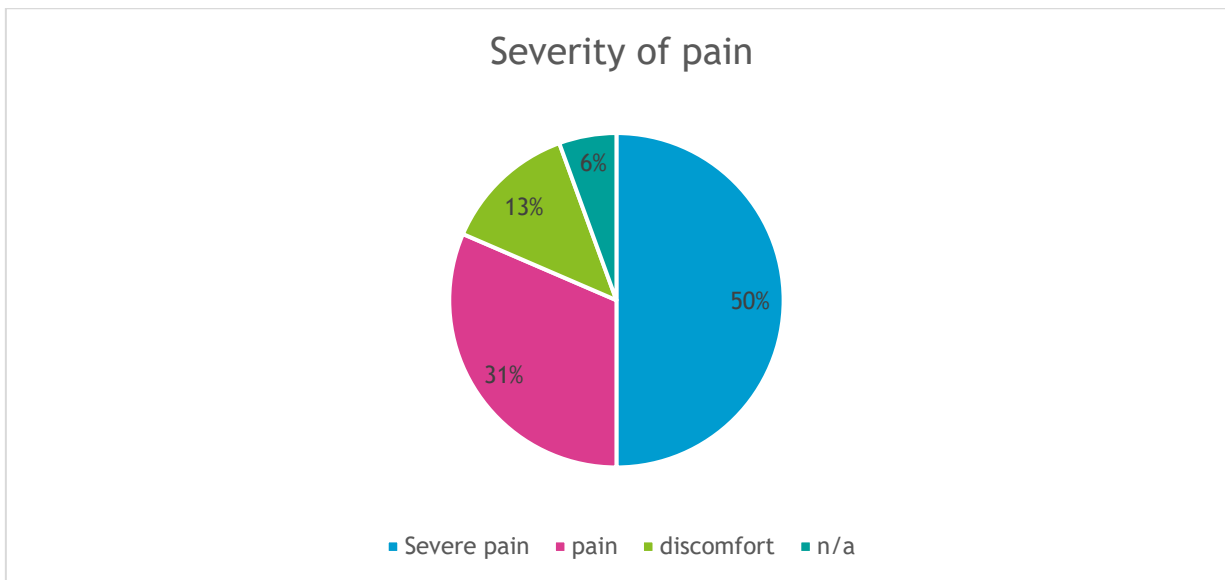


Figure 13.

Due to the level of pain involved appointment waiting times were much more satisfactory with just over half of respondents feeling happy with the length of time to get an appointment (Figure 14). However, just under half weren't happy and looking at the waiting times reported (Figure 15) it shows that some people had to wait for more than two days. **HW Northumberland** reported someone having to wait for 6 weeks for their urgent appointment and **HW Darlington** reported that some "still haven't got an appointment or way forward for treatment for what they consider to be an urgent issue."

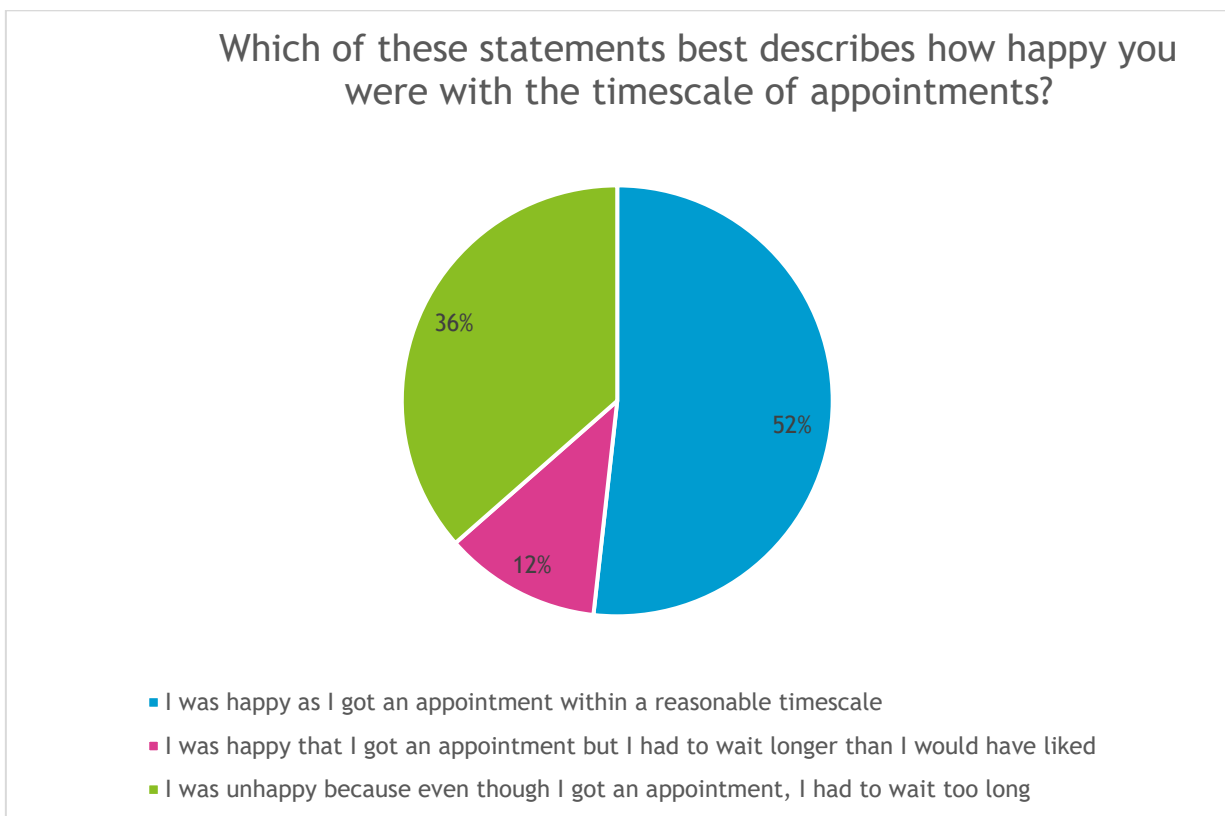
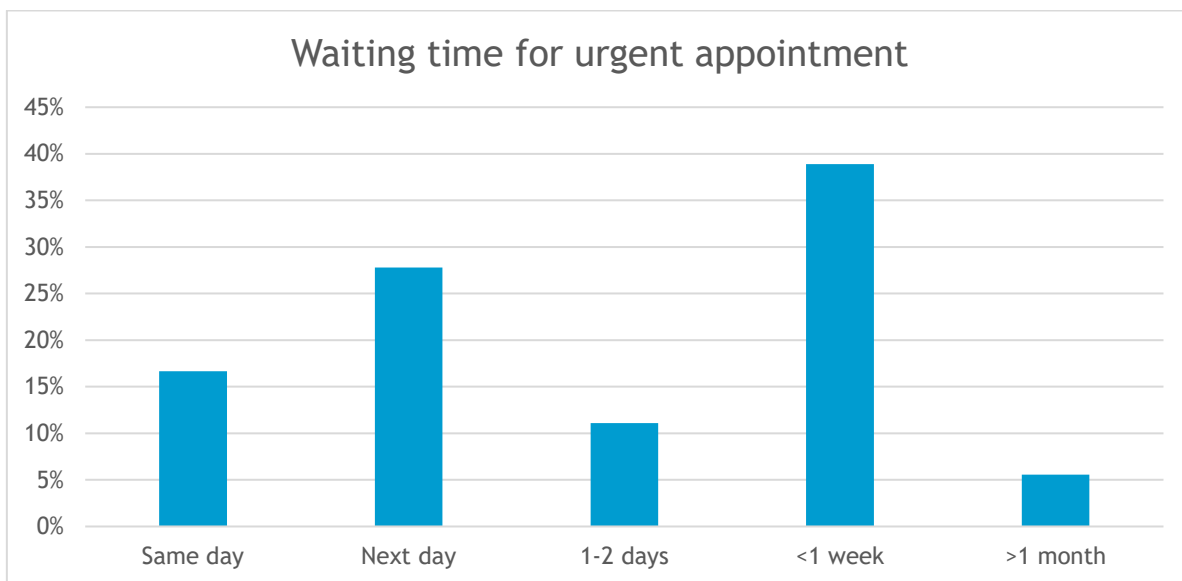


Figure 14.



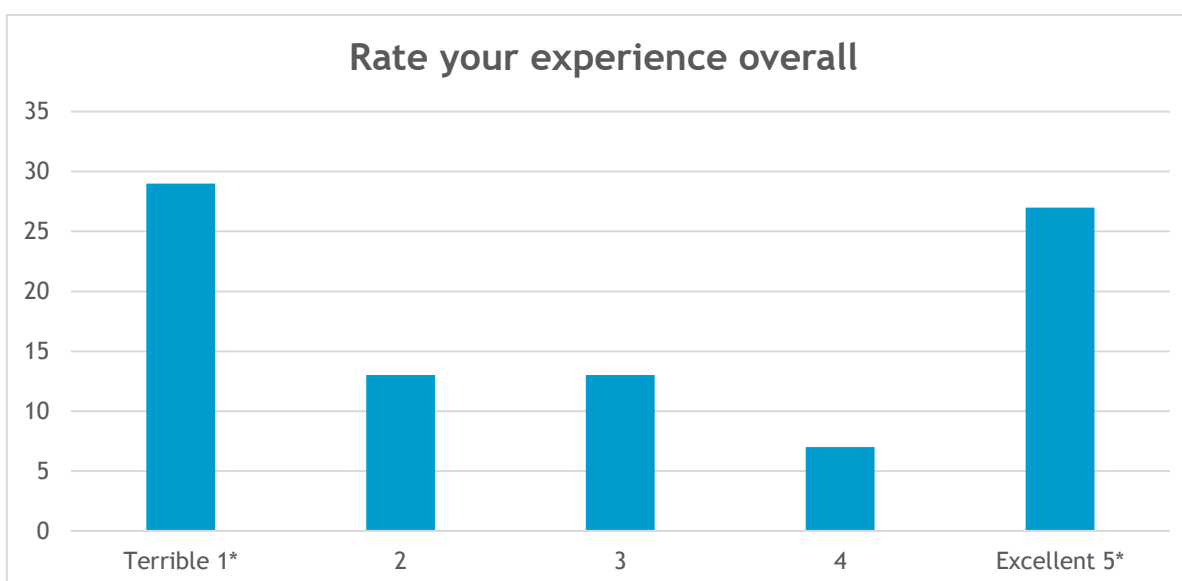
**Figure 15.**

The majority of respondents in this section reported that they received no self-help advice for their urgent issue whilst waiting (57%) and just over half were given clear information about who to contact and what to do if the situation got worse (51%).

Also, the impact of delays for minor treatments was captured in this comment,

*“I saw emergency dentist next day after using online 111 service, resulting in an extraction, it may not have had to come to this if I had seen my dentist and been treated for an abscess and infection sooner, but I could not get an appointment despite describing symptoms and pain.”* HW Stockton respondent.

This showed in the overall satisfaction ratings with more responses being towards the unsatisfied end of the scale (Figure 16).



**Figure 16.**

We then asked whether they had accessed any follow up treatment and the majority said ‘No’. However, almost a third of those who said no were unable to get follow up treatment despite needing it (Figure 17).

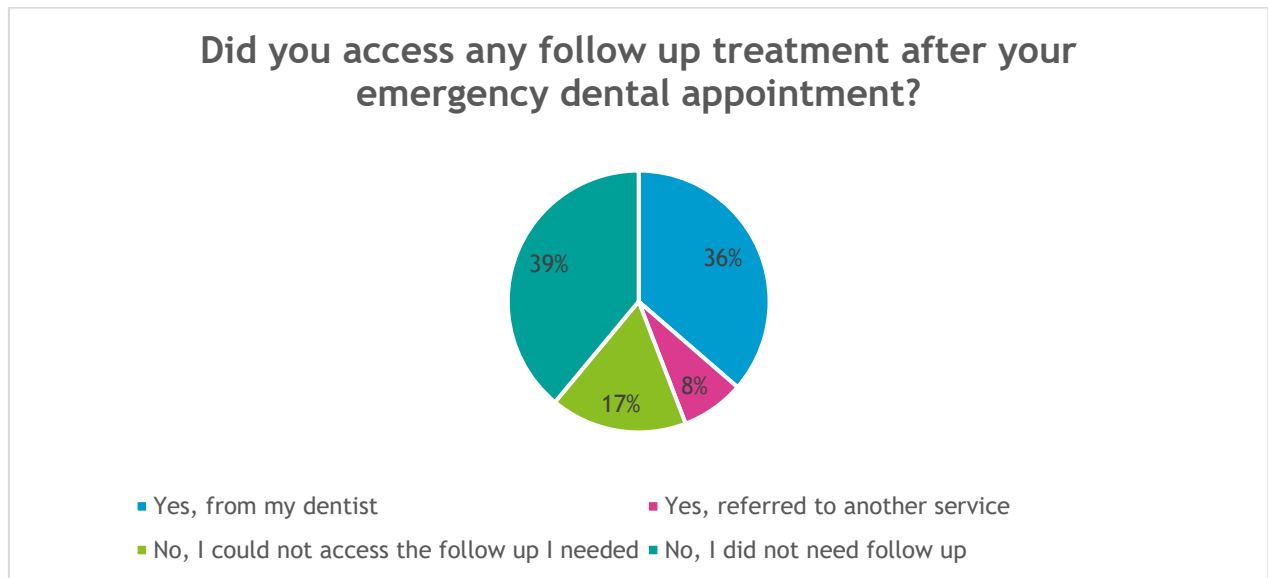


Figure 17.

Again, the substantial majority of patients remained with the same dentist they had used before for their emergency treatment (81%) although the proportion who answered ‘No’ to this question (11%) was greater than in previous sections.

We also asked whether since March 2020, they had to seek private dental care for urgent treatment because they couldn't get an NHS appointment. Again, the majority of respondents said ‘No’ but 15% said ‘Yes’, which is much more than in previous sections of the survey. Also, 23% of respondents in this section had called NHS111 for emergency dental care since March 2020.

In terms of what improvements could be made to their experiences of urgent medical care availability of appointments and speedier treatment came up strongly.

*“Not having to wait so long that the problem escalated. Alternate access to emergency appointments.”* HW Darlington respondent.

The manner of the staff came up again as a concern,

*“Dentists (and Doctors) being a bit more humane and realising they are a service provider.”* HW South Tees respondent.

*“It was just the attitude that was difficult to deal with when you are in severe pain. If you can't be helpful, just say so nicely there is no need to have such attitude to people who are asking for help.”* HW Darlington respondent.

*“Rude receptionist”* HW North Tyneside respondent.

Cost was also a concern.

*“Improve appointment system. I ended up going into debt to pay for private care.”* HW Gateshead respondent.

There were several positive views though which shows some dental practices were getting it right.

*“I was very impressed by the level of covid security at the time, plus their willingness to get me in for the help I needed”* HW South Tees respondent.

*“No, my dentist is very good.”* HW Stockton respondent.

*“Prompt dental treatment as I wanted this issue resolving before the Festive Period”* HW Hartlepool respondent.

5. 2% (16) told us about treatment at a dental hospital.

(Note: the sample size for this section of the survey is very small and results should be treated with caution, particularly as several LHW had no responses for this section.)

On the whole respondents found it easy to access treatment at a dental hospital (Figure 18).

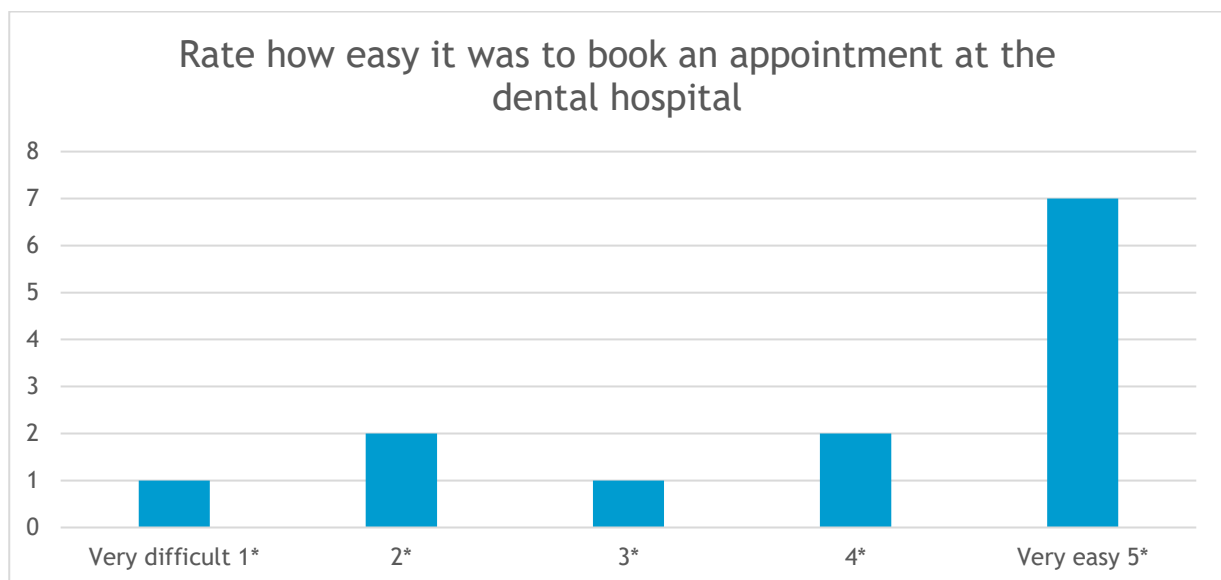
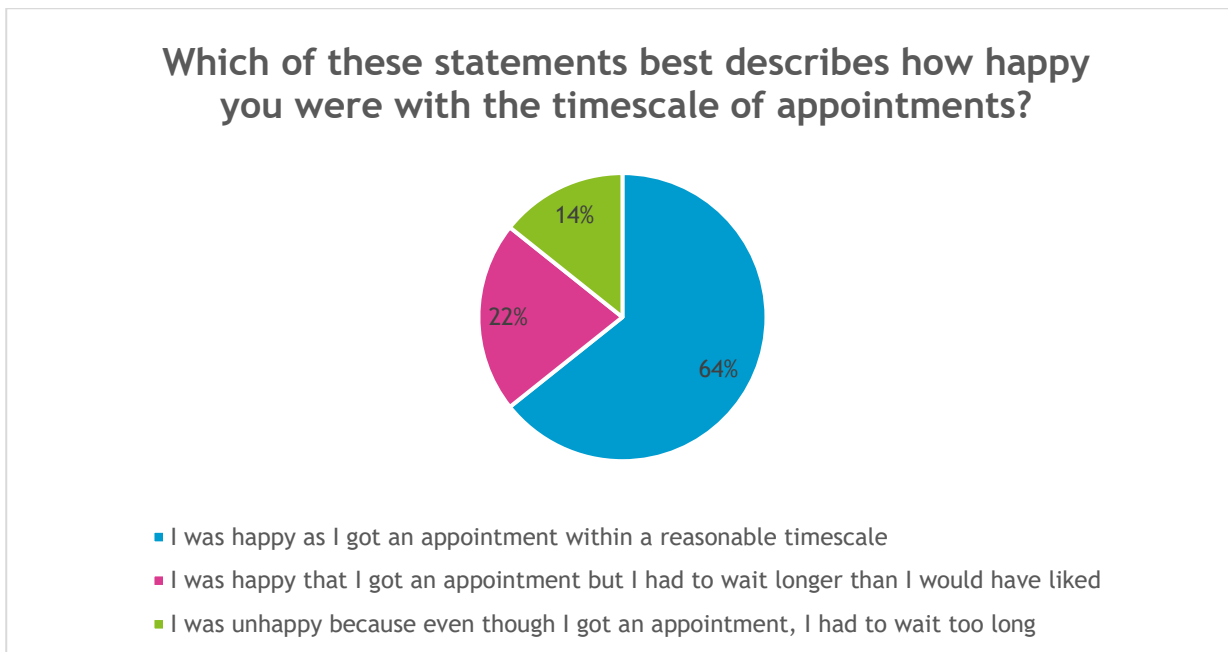


Figure 18.

This came out in the satisfaction levels of waiting times with almost two thirds of respondents being happy with their waiting times (Figure 19). (We received insufficient data on how long waiting times actually were to be able to report waiting times meaningfully.)

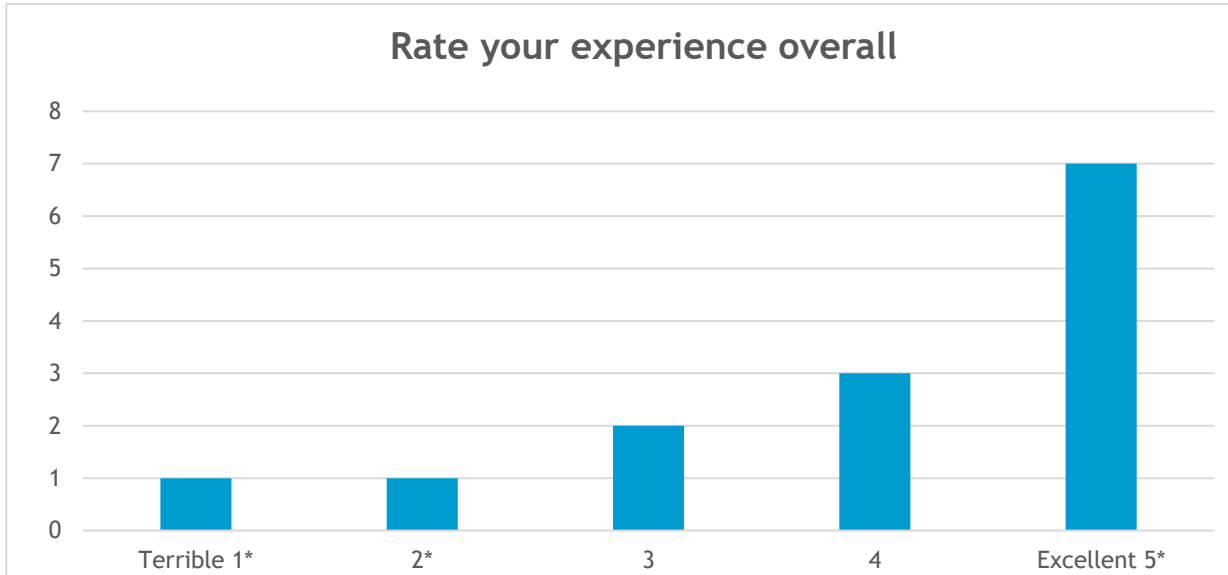




**Figure 19**

The majority of respondents were offered no self-help advice for their issue whilst waiting (56%) but almost threequarters of respondents were given clear information about who to contact and what to do if the situation got worse (73%).

Consequently, the overall satisfaction level was good (Figure 20).



**Figure 20.**

Half of the respondents in this section accessed follow up treatment after their appointment at the dental hospital and the other half did not need follow up treatment. No one was unable to access needed treatment.

The vast majority were NHS patients with one respondent reporting they had been a combination of NHS and private.

There were only two responses to the question of what improvements could be made to their experiences of dental hospital.

*“I have 3 children and my husband works away. It would have been more convenient for me if I could have attended my local trust South Tees for treatment. I had to involve other people to help with school runs during a pandemic which was a challenge at the time.”* HW South Tees respondent

*“Empathy would be nice, but truth be told, there’s not a genuine ounce of compassion left in this sector. Money is all that matters to Dentists.”* HW South Tees respondent.

### Additional feedback

We asked at the end of the survey for any other comments, and we had 128 comments which broke down into the following sentiments (Figure 21):

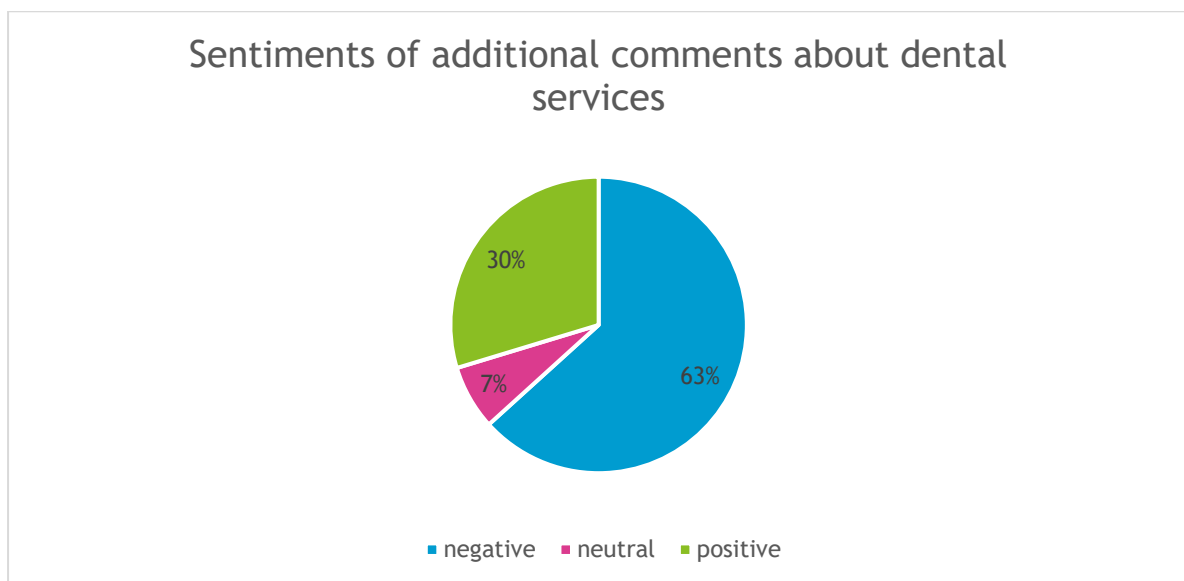


Figure 21.

Unsurprisingly there were very strong themes about finding a dentist, the apparent reduction in NHS dentists since the start of the pandemic and being seen in an acceptable length of time.

*“There appears to be a shortage of local dental surgeries accepting NHS patients. Also, where patients are registered there is also a shortage of appointments. Even when an appointment is urgently required there is a necessity to wait. It appears that there only solution is to pay privately even with a surgery where you may be registered.”* HW Hartlepool respondent.

Cost is another big issue with many people feeling they are being pressured into going private if they want to continue having dental treatment.

*“They need to be more accessible and affordable. I hadn’t been for a while as I simply couldn’t afford to pay. Now I’m left with no dentist”* HW North Tyneside respondent.

*“The cost of “NHS” charges now equates to dental plan charges so if you can afford dental treatment, you’re likely to receive it.”* HW Northumberland respondent.

*“If a practise will take on private patients (there is room for that) then why can’t they take on NHS patients? Paying extra for the same level of care. Not acceptable.”* HW Hartlepool respondent.

*“I am hugely concerned that my teeth have not been checked for 2 years. I have been going to that dentist for a few years now and have had no issues at all. But finding ANY emergency dental services in the past two years has been near on impossible. It feels like I am being pushed towards private care, which I cannot afford.”* HW South Tees respondent.

There were positive sentiments too. These comments were around the Covid-19 safety measures,

*“Fast efficient and safe covid treatment.”*

*“The Practice had put very safe covid measures in place and I felt safe and comfortable - I have been back for 2 check-ups and hygiene treatment since.”* Both HW Hartlepool respondents.

*“[Dentist] has always been excellent for me and my family, even fitting my daughter in who’d been out the country for 7 years.”* HW Stockton respondent.

*“Park Road are always very helpful, they do their best to make appointments to suit everyone to fit around work or family commitments.”* HW South Tees respondent

*“No. I can only state again that I am very pleased”* HW South Tees respondent.

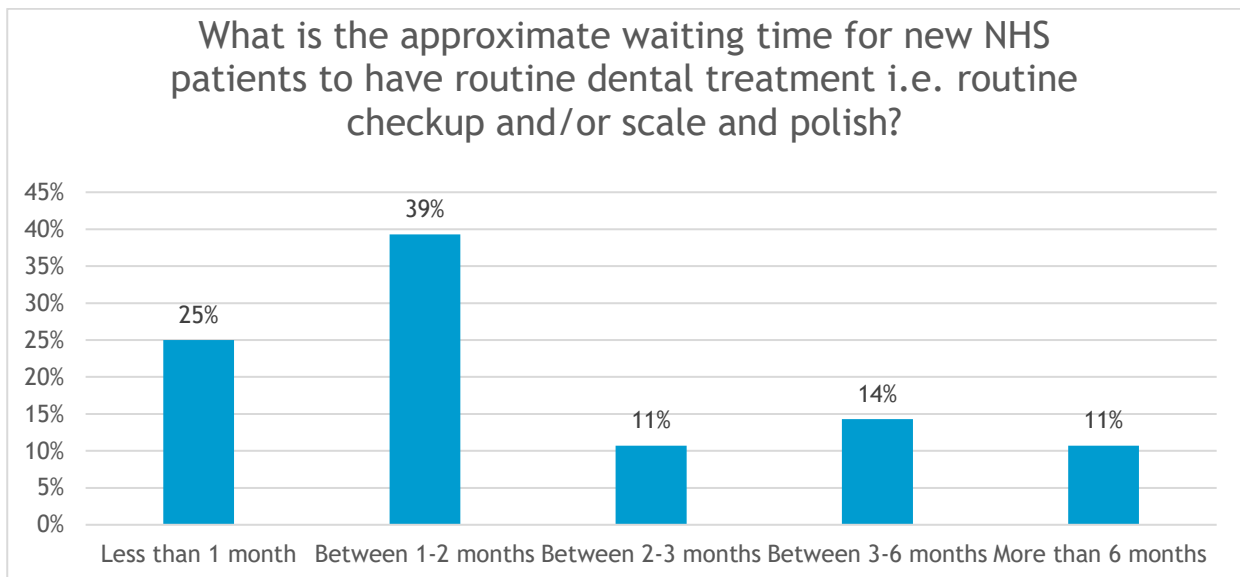
*“I am very happy with the service I’ve received from my practice since January 2021”* HW Northumberland respondent.

## Dental practices' survey

36 dental practices responded to our volunteers.

Just under half were accepting new NHS patients (42%).

Figure 22 shows the approximate waiting times for new NHS patients to get a routine appointment. The majority of patients should have to wait less than 2 months (64%) and 89% less than 6 months.



**Figure 22.**

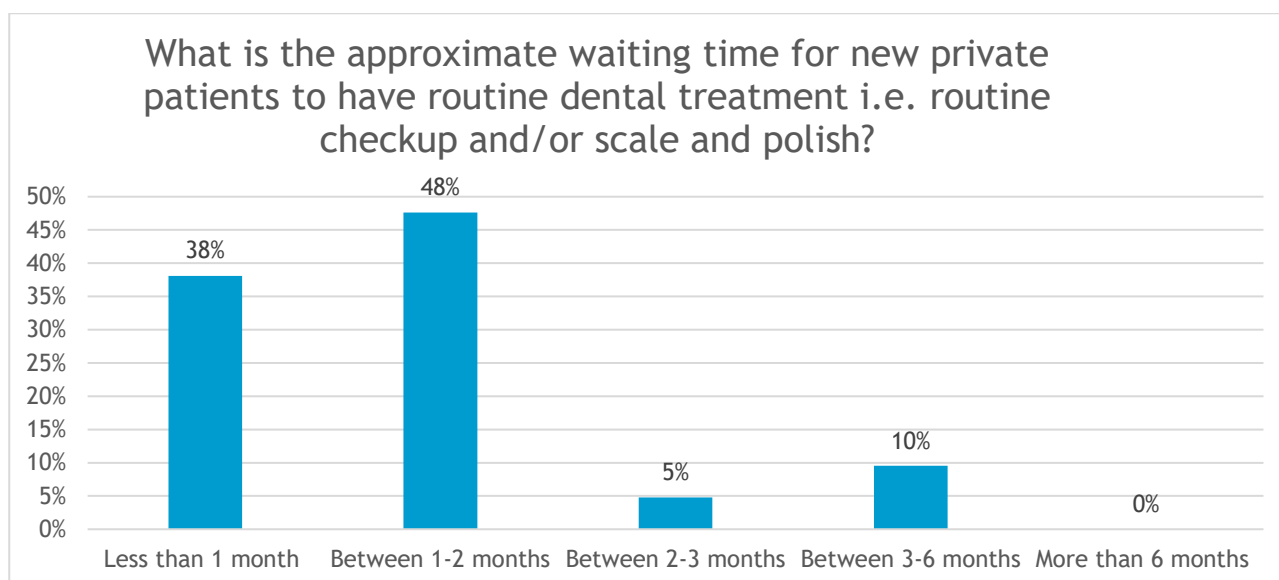
The vast majority of dental practices ask about a patients' symptoms and/or pain levels before allocating an appointment (92%). Only 8% of dentists were allocating on a 'first come, first served' basis.

74% of practices were seeing private patients whereas only 24% were exclusively NHS patients.

**HW South Tees** reported that, "One dentist has stopped seeing private patients to enable to get through the backlog of NHS patients."

71% of practices offer private appointments if they have no remaining NHS ones left.

Figure 23 shows the approximate waiting times for new private patients to get a routine appointment. The large majority of patients should have to wait less than 2 months (86%) and all patients are seen within 6 months.



**Figure 23.**

Just over half of practices do not signpost patients to other dentists if they have no more NHS appointments left (52%).

In response to the question, “Has covid affected your practice at all?” **HW Darlington’s** dental practices replied,

*“Not at all.”*

*“Initially closed but caught up now.”*

*“Closed for three months, gave telephone advice, Opened at 40% capacity, now at 60% capacity.”*

*“Longer wait, used to be one month, now four to five month wait. Patients get frustrated and take it out on staff.”*

*“Hugely. Backlog of check-ups. Struck people off who hadn’t been seen since 2017.”*

*“Extended opening times.”*

**HW Hartlepool’s** dental practices replied,

*“Diaries are inundated with emergency/urgent appointments, some of whom have not attended in many years and have high dental needs. We are having to prioritise these over other patient appointments and recalls and as such there is a large backlog of patients to see putting pressure on the service.”*

*“We have been an Urgent Dental Centre during the pandemic, meaning we have been able to see non-registered patients in emergencies under the NHS. There has been dedicated time in our diaries for this. The private appointments we offer are outside of our NHS contracted hours or completed by dentists without an NHS contract at the practice.”*

HW Northumberland's dental practices replied,

*"Limited extent of treatments. Since Covid have to triage patients. If cannot offer appointment advise patient to contact 111 service"*

*"Cannot take on more NHS Patients."*

*"Grateful for receipt of free PPE."*

*"Before COVID could offer appointments within 2 to 3 days Now can only offer for emergency treatment. Less time for treatment of patients - more time spent on cleaning etc."*

*"New PPE and guidance; fixed period when unable to have patients in. This has changed as time moved on with reduced fallowed periods. Aerosol treatments lead to greater time to clean to safeguard patients and staff. Big gaps between treatments on occasions reducing numbers of patients seen."*

*"Considering employing an additional dentist."*

*"Difficult to give a service to everyone requesting treatment due to constraints imposed. Less time for patients more time on cleaning safeguarding etc. e.g. before covid the waiting time for an appointment was "a few days"- now can only offer emergency appointments. Have extended opening hours to cope with demand hence consideration of employing extra staff."*

*"Difficult. NHS practices finding difficulty to take on new patients due to the backlog currently."*

*"Always take on a child if no NHS practice - high risk children and adults. New variants - 85% NHS targets in next 3 months - unachievable. NHS dental contract needs reviewing as unattainable."*

*"NHS put targets on us, dental activities. Though reduced, difficult to achieve due to restrictions of Covid - concerns about safety of your staff and patients. In Northumberland difficult to recruit new dentists due to rural area - shortage of practitioners - therefore difficult to cover the demand."*

HW South Tees' dental practices replied,

*"See approx. 5-6 emergency appointments per day due to cleaning etc. Prior to Covid was 40 appointments per day."*

*"Logistics of cleaning, fallow time, not having people in and out same time. We are back up to seeing 30-40 patients per day again as we did prior to Covid."*

*"Covid has massively affected how many people we can see. Our waiting room used to be packed, we used to see 25/30 patients and now its 7-10 due to cleaning and time needed for each appointment."*

*"Very busy trying to get through our backlog resulting from Covid, if people ring up and haven't been sent a reminder, we are booking them in to be seen."*

Only one of HW Stockton's dental practices replied, but they summarise the whole situation for NHS dentists,

*“Covid has been a nightmare. There are strict guidelines to follow so we are so far behind with appointments. All patients feel like they are a priority and everyone one of them is important to us. Patients who usually require very little treatment or cleaning now need intense cleaning due to the pandemic and delay to check-ups. Or patients who had a problem with a tooth are now suffering extra problems after having to wait so long. Also, when our staff are off sick or have to isolate it has a knock-on effect.”*

## Demographics

Please see Appendix 1 for demographic breakdown.

## Conclusions

The findings within this report highlight that whilst there are good experiences of dental care in the North East of England, general feedback indicates that staffing shortages, and historic concerns within the dental system are adversely impacting public dental health. In addition, additional Health and Safety measures, whilst welcome and necessary, are leading to delays in treatment. It seems from our dental practice survey that dental teams are doing their best to see and treat as many patients as possible in the time allowed and with limited resources.

Residents are becoming increasingly frustrated about being able to find an NHS dentist willing or able to take them on as new patients. Many people who have been successful in being taken on, or who were already established with their local dental practice, feel they are waiting too long for an appointment for minor dental treatment. This is having a knock-on effect with dental problems getting worse so that it becomes necessary for urgent treatment rather than being nipped in the bud.

There are some clear indicators of areas where improvements could be made including ensuring NHS Choices website contains up to date information, providing supportive advice to patients who are on waiting lists and often in discomfort, and improving NHS 111 advice and information.

Improved communication from dental practices to keep patients up to date with what is happening, and to provide immediate advice and support for those on waiting lists where they are experiencing pain would be welcomed by the public.

Perhaps the most important indicator is that it is clear that there are too few NHS dentists available to service the needs of the North East population. We urge NHS England to make dentistry reform a top priority otherwise there will be repercussions for the life-long health of current and future generations, particularly among the most disadvantaged communities in our region.



## Next steps

Use our findings to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).

Compare with Healthwatch England's latest report, 'What people have told us about dentistry: A review of our evidence - April to September 2021' can be found here:

[20211014\\_HWE Dentistry Update Dec 2021.pdf \(healthwatch.co.uk\)](#)

- Maintain our support to service users encouraging them to interact and share their views directly with providers.

## Acknowledgements

Thank you to everyone that has helped us with our consultation for this report including:

Members of the public who shared their views and experiences with us

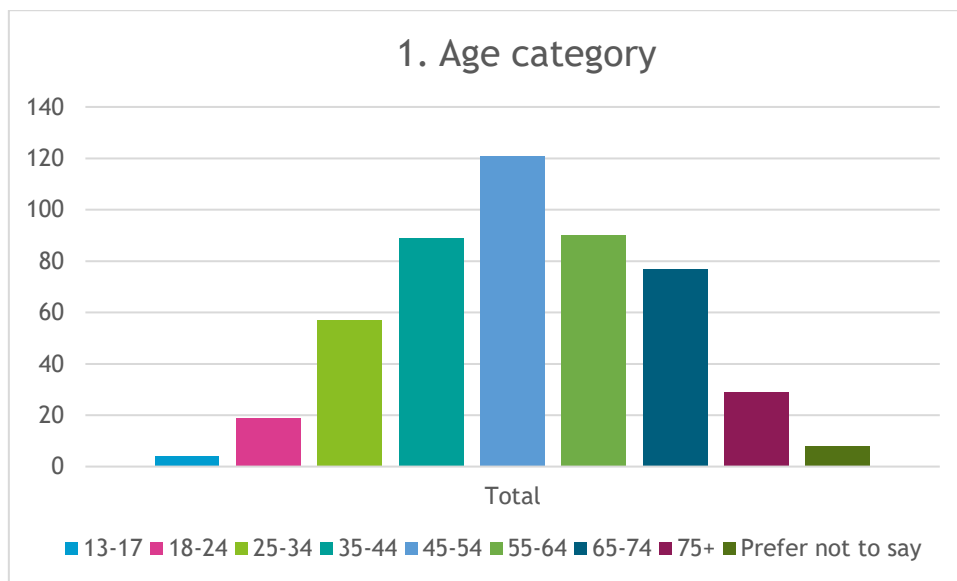
All our amazing staff and dedicated volunteers

The dental practices that significantly contributed to our work

# Appendix 1

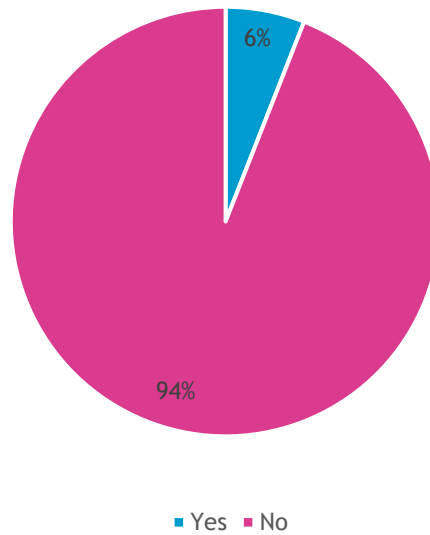
## Demographics

1. Age category	Participants
13 - 17 years	4
18 - 24 years	19
25 - 34 years	57
35 - 44 years	89
45 - 54 years	121
55 - 64 years	90
65 - 74 years	77
75+ years	29
I'd prefer not to say	8

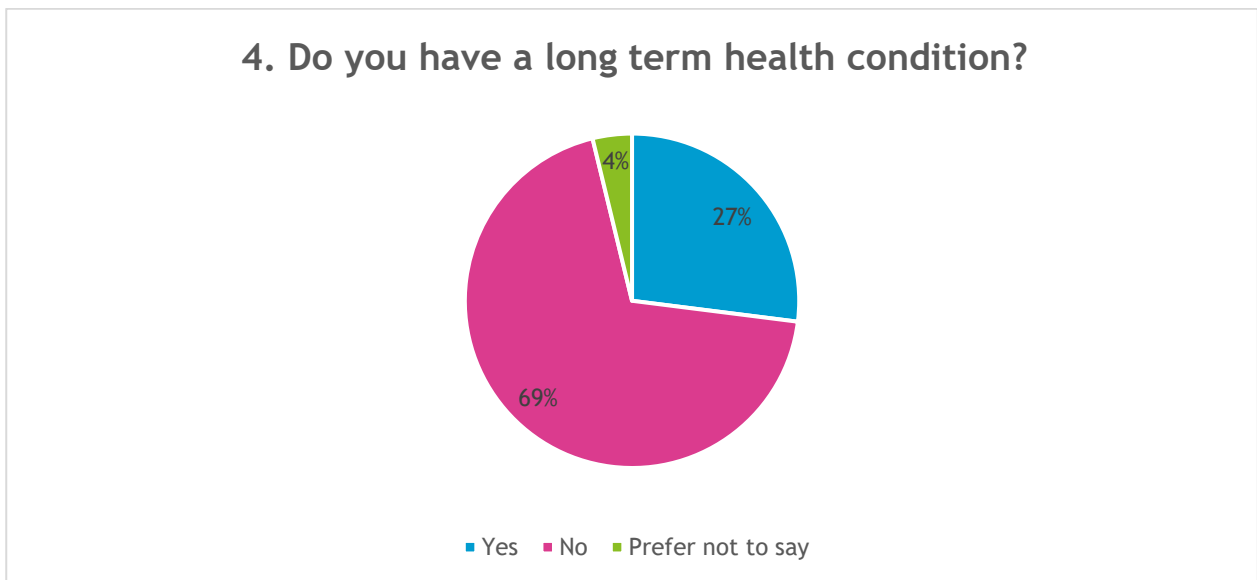
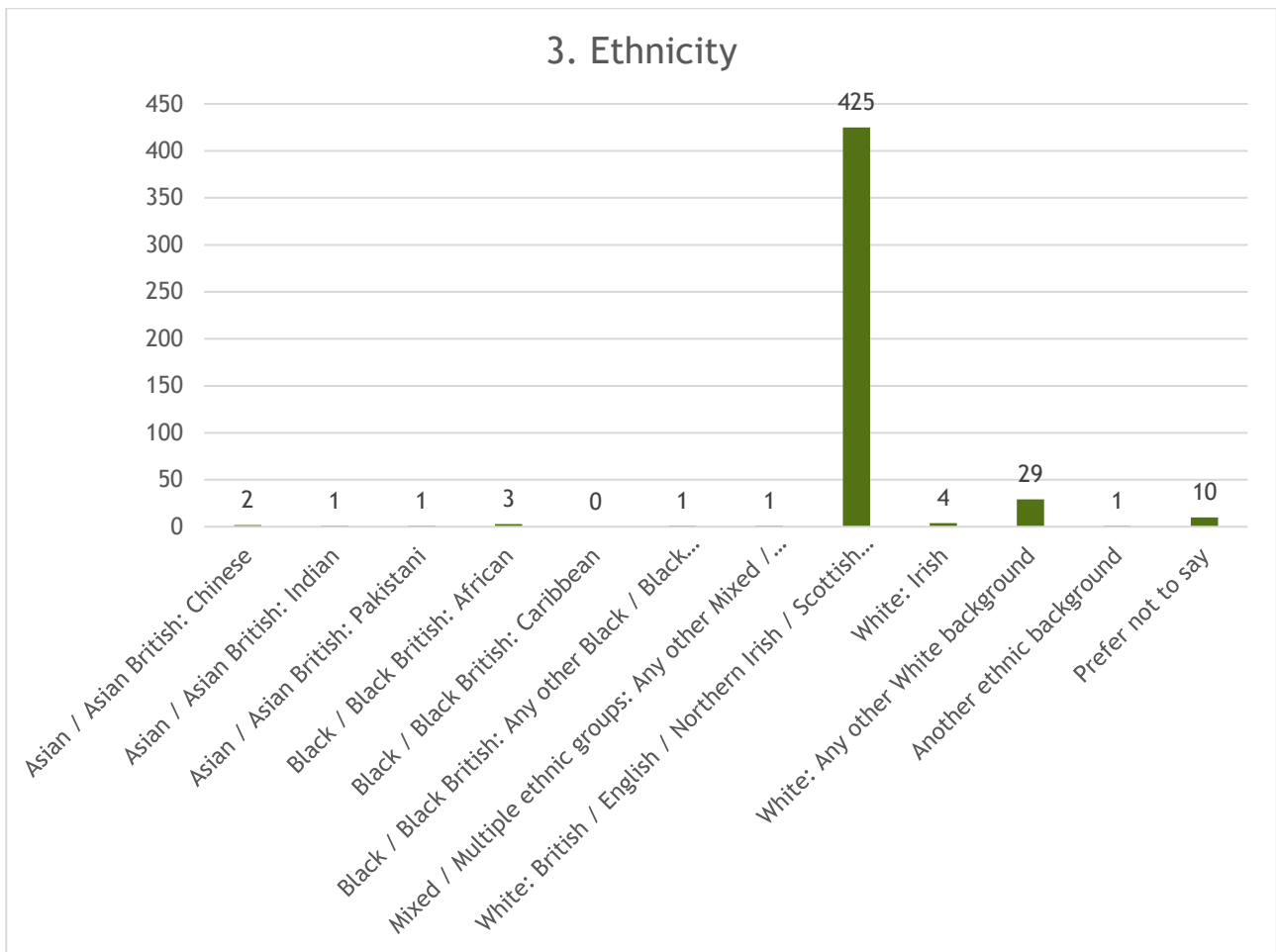


<i>2. Gender</i>	<i>Participants</i>
Man	109
Woman	381
Intersex	0
Non-binary	10
Other	0
I'd prefer not to say	6

2b. Is your gender different from the sex you were assigned at birth?

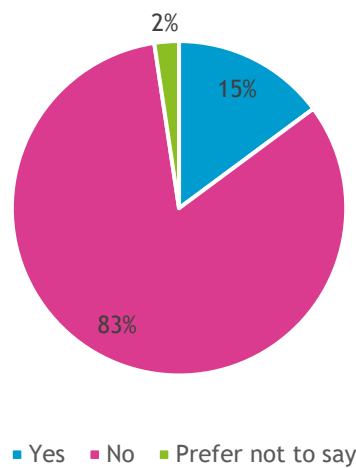


<b>3. Ethnic background:</b>	<b>Participants</b>
Arab	0
Asian / Asian British: Bangladeshi	0
Asian / Asian British: Chinese	2
Asian / Asian British: Indian	1
Asian / Asian British: Pakistani	1
Asian / Asian British: Any other Asian / Asian British background	0
Black / Black British: African	3
Black / Black British: Caribbean	0
Black / Black British: Any other Black / Black British background	1
Gypsy, Roma or Traveller	0
Mixed / Multiple ethnic groups: Asian and White	0
Mixed / Multiple ethnic groups: Black African and White	0
Mixed / Multiple ethnic groups: Black Caribbean and White	0
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	1
White: British / English / Northern Irish / Scottish / Welsh	425
White: Irish	4
White: Any other White background	29
Another ethnic background	1
I'd prefer not to say	10



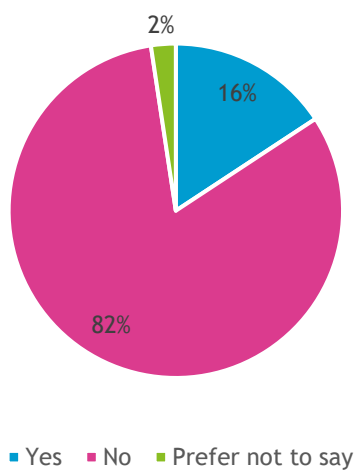
135 people declared they had a long-term health condition, 346 said not and 19 preferred not to say.

### 5. Do you consider yourself to have a disability?



75 people declared they had a disability, 418 said not and 12 preferred not to say.

### 6. Are you a carer?



79 people said they were carers, 411 said not and 12 preferred not to say.