



# **The Big Check Up**

**Insight into dentistry and oral health  
across Salford**

*January 2022*

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**Healthwatch Salford**  
The Old Town Hall  
5 Irwell Place  
Eccles  
M30 0FN  
T: 0330 355 0300  
W: [www.healthwatchsalford.co.uk](http://www.healthwatchsalford.co.uk)

# About us

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Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

# Summary

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Whilst we acknowledge that access to affordable dentistry is a national problem, we are still concerned that the people of Salford are experiencing extreme difficulties. From our findings, we learned that:

- People do not know where to go to find details of dental practices that may be taking on NHS patients. The 'find a dentist' function on the NHS website lists details of dentists close to a town, city or postcode in England. We found these details to be out of date and in some cases incomplete.
- Individual dental practice websites varied on their content and ease of navigations with many not displaying a list of fees or charges or indicating whether they accepted NHS patients or not.
- A large proportion of the people (68%) who completed our survey identifying as not having access to a dentist, further told us that they felt if they were to see a dentist the next day, they would need treatment.
- Just over a third of the people who completed our survey told us that they would like more help to better understand the ways in which to keep their teeth healthy.
- With regards to self-care most people who completed our survey told us that they do brush their teeth at least twice a day but a third of them were not using fluoride toothpaste.
- Nearly half of the people who completed our survey admitted to regularly eating sweet foods and snacks in between meals.
- Adults responsible for children under the age of 13 told us that many of the children brush their teeth at least twice a day with a high percentage of them using fluoride toothpaste. Similarly, to the adults though, nearly half of the children were eating sweet foods and snack in between meals.
- Some people who have experienced dental care have been unsure of the costs involved throughout their treatment, with others asked to pay for their treatment upfront.
- Negative experiences impact the future, so if a patient has a bad experience at some point in life it can influence how they behave at the dentist or make them avoid the dentist completely. Staff need to be aware of this and treat such patients with more compassion to help them get the treatment they need.
- Statistically, Salford seems to be in a better position regionally with regards to dentists and population ratio, with more adults reported to have had access to NHS dental treatment in the last 2 years than the England average. However as the NHS data is based upon 'units of dental activity', it is not possible to determine how many of those people seen by Salford dentists were actually residents in Salford.

# Recommendations

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Our findings from this localised report echo that of our regional colleagues within Healthwatch in Greater Manchester<sup>1</sup>, as well as those nationally for Healthwatch England<sup>2</sup>, and as such we fully support these national recommendations made by Healthwatch England:

- 1 A more rapid and radical reform of the way dentistry is commissioned and provided**  
- recognising that the current arrangements do not meet the needs of many people who cannot access NHS dental care in a timely way and acknowledge issues faced by the dental profession.
- 2 Using the reform of commissioning to tackle the twin crises of access and affordability**  
- ensuring that people are not excluded from dental services because of lack of provision locally or difficulty in meeting charges. Currently, there are significant inequalities that must be removed. New arrangements should be based on maximising access to NHS dental services, with particular emphasis on reducing inequalities.
- 3 Greater clarity in the information about NHS dentistry**  
- improving information, including online, so that people have a clear picture of where and how they can access services, and the charges they will need to pay. Particularly, the reform must address dentistry 'registration' which causes significant confusion for both services and patients.
- 4 Look at using dental practices to support people's general health**  
- harnessing opportunities, such as the development of Primary Care Networks, to link oral health to other key issues such as weight management and smoking cessation.

In addition, we make further recommendations locally as follows:

- 5 To review the need for a health improvement team dedicated to oral health in Salford**  
- to help the public better understand how best they can look after their own teeth through education.
- 6 Healthwatch Salford to have a more proactive working relationship with the commissioners for NHS dental services**  
- meeting on a regular basis to discuss patient concerns, and help to manage patient expectations.

# Introduction

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Across the country many people have been finding it difficult to access affordable dentistry, with the picture in Salford being no different to that of other areas. Healthwatch England (our national coordinating body) have been looking into dentistry across England as a priority, whilst our colleagues from Healthwatch in Greater Manchester (the collective of all 10 local Healthwatch organisations across Manchester) have also monitored this from a regional level.

NHS figures show us that during the 2-year period 1st July 2019 to 30th June 2021, 96,008 adult patients were seen by a Salford based dentist. This equates to approx. 47.7% of Salford's adult population, and just over the national average of 40.8%.

In addition, for a shorter period of 1st July 2020 to 30th June 2021, 19,783 children were seen by a Salford based dentist. This is approx. 34.4% of Salford's child population and again just over the national average of 33%.

These figures however can be slightly misleading, as they are based on the number of patients seen in an area, not taking into account where the patients lived (e.g. a percentage of those patients seen by Salford Dentists may not actually live in Salford).

The number of dentists providing an NHS service in Salford had steadily increased over the years from 154 in 2014/15 to 221 in 2019/20, however this number fell by 24 (10.9%) during the last reporting year 2019/20 to just 197<sup>3</sup>.

Nevertheless, the figures show that there are 76 dentists per 100,000 population of Salford, meaning that for the number of dentists across Salford, each one would have a population of 1,314 patients. Out of the 27

Clinical Commissioning Group (CCG) areas in the North West region, Salford has the best ratio of dentists per population than any other CCG.

There are currently 35 NHS Dental Practices in Salford (31 who provide General Dental Services and 4 who provide NHS Orthodontic services). Whilst this number has fallen slightly, the funding to provide NHS dental services to the people of Salford has been invested within existing Salford Practices over the years which results in the same access. In addition, we also have one Primary Care Oral Surgery Provider, one NHS Secondary Care Provider who provides oral surgery, a Paediatric Dentistry Provider for those under general anaesthetic, and one Community Dental Provider who provides Specialist services for paediatric patients and Special Care patients.

During recent years there have been interventions in Salford to try and address dental decay in children with city wide schemes, but there has been little done to support adults.

At Healthwatch Salford, we are continually hearing from members of the public about the difficulties they are facing in trying to find a dentist taking on NHS patients.

As a result of all the information previously gathered and alongside our own strategic priorities as set following our annual priorities survey 2021, we decided to look at dentistry and oral health in a bit more detail. The focus for our project was to be around 3 core areas:

**Access** to NHS dentists.

**Experience** of patients who have seen a dentist during the last year.

**Self-care** of how people look after their own oral health.

# Methodology



During the early planning stages of this project, we met with senior managers from Salford Royal Maxillofacial Unit, Salford City Council Public Health and the Chair of Salford Local Dental Committee, to gather insight on what is already known around this topic.

We then put together a working group comprising of volunteers from our area and designed a project brief and draft survey, which was shared with commissioners and providers for feedback. In addition, we utilised the valuable support of the Healthwatch England Research Team, to give us feedback and guidance on our proposed survey.

A survey was designed with the focus around Access and Self-care, which would be complimented by 1-2-1 interviews with patients who had experienced dental services.

In addition to the public survey, we hosted 4 focus groups involving people of different backgrounds, encouraging conversation and gathering supporting feedback.

Built into the project plan, was an exercise to pilot a 'Virtual Visit', at a dental practice to remotely give our working group access to a live walkthrough of a patient journey as well as the opportunities to interview staff and managers. Unfortunately, we were unable to secure a participating venue for this exercise.

The engagement phase of the project started on 6th September 2021 running for a period of 5 weeks until 10th October 2021. During this time, numerous social media posts were created and shared across our platforms, with partner organisations sharing far and wide.

Paper surveys were distributed to libraries across Salford with display stands set up in the main 5 libraries (Broughton, Eccles, Pendleton, Swinton & Walkden) encouraging people to take part.





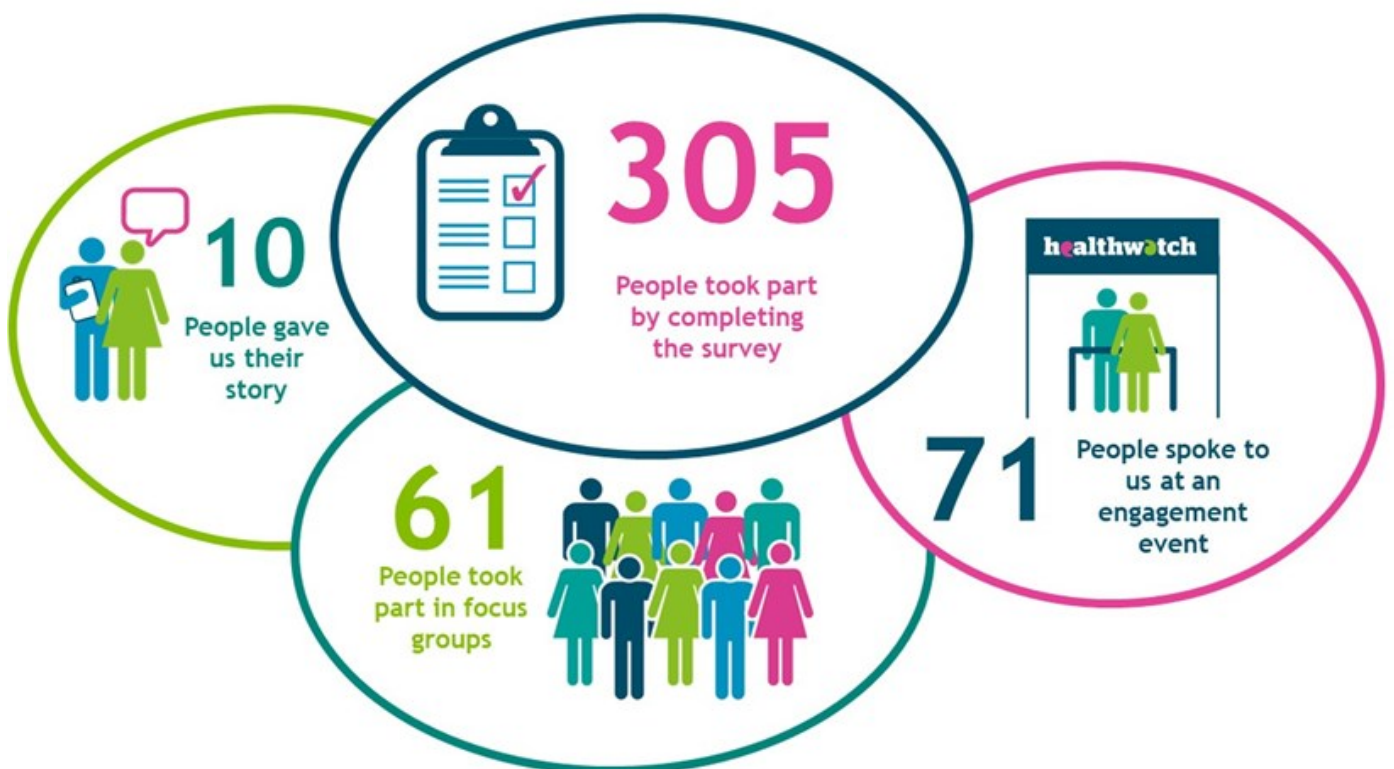
# Methodology



As part of our return to face-to-face engagement in the community, we also held a public engagement stand in Eccles town centre on Thursday 7th October and spoke with 71 people.

Throughout this project we engaged with 447 people directly through our survey, focus groups, patient story interviews and on-street conversations. In addition to this, we picked up on several comments from our social media posts that helped to enrich the real time data we had already received. We acknowledge that this is a relatively small sample size compared to the population of Salford; nevertheless this report is a true reflection of what the people told us at the time.

In this report we have included stories from patient interviews, based upon their experiences with dentistry and oral health. Whilst the detail of their stories is factually accurate, their real names have been changed to a pseudonym for the protection of their anonymity.

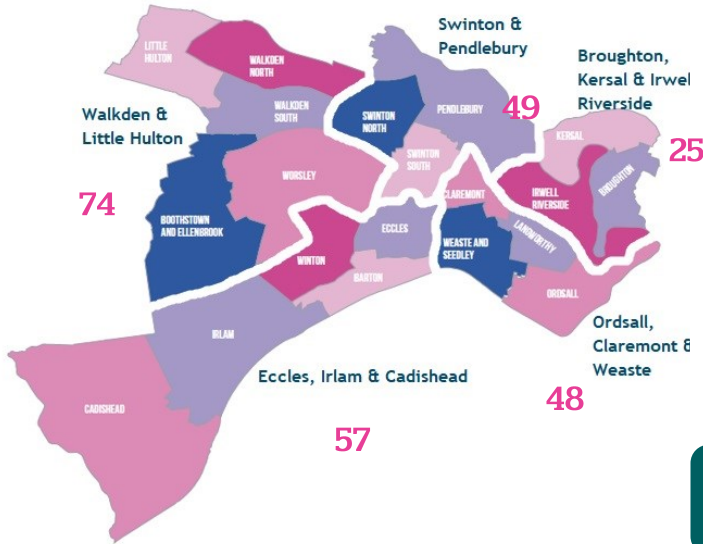


# Demographics of survey participants

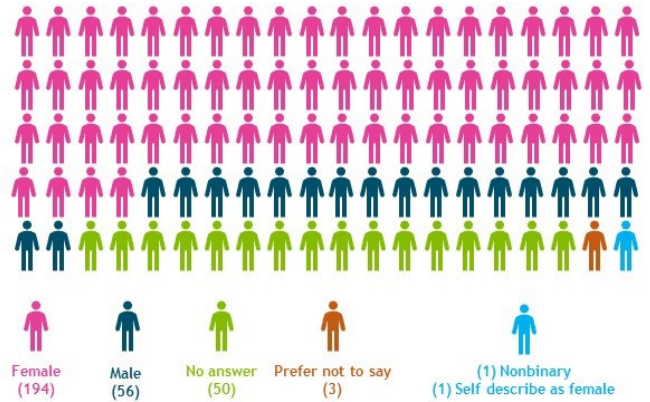


Out of the 305 people who completed our main survey, 255 (84%) of them went on to complete some more questions about themselves. We didn't collect demographical data for those people who attended focus groups, interviews or took part in the street engagement.

## Where they lived



## What gender they identified as



7 people identified as having a different gender to the one they were assigned with at birth



2 people described their sexual orientation as asexual, 12 as bisexual, 11 as gay men, 211 as heterosexual (straight), 3 as lesbian/gay women and 3 as pansexual

## The race they identified with

Asian or Asian British	
Pakistani	1
Other Asian background	6
Black/African/Black British/	
African	3
Other Black background	1
Mixed/multiple ethnicity	
Asian and White	1
Black Caribbean and White	1
Other Mixed/Multiple Ethnic background	1
White	
British, English, Northern Irish, Scottish and Welsh	227
Irish	6
Other White background	2
Other ethnic or national group	
	2

## Their marital/civil partnership status

Single	66
In a civil partnership	7
Separated	6
Cohabiting	36
Married	105
Divorced/dissolved civil partnership	18
Widowed	13

## The age category they fell into

Under 18	18-24	25-49	50-64	65-79	80 +
3	15	109	71	52	3

# What the people told us - Access



## What did the survey results tell us?

305 people took part in our survey (250 online and 55 paper). 4 additional surveys were completed by people from outside of the area which could not be used for this report. Other comments gathered from focus groups and interviews supported our findings.

188 (62%) of the people who took part told us that they did have access to a dentist - 148 (49%) of them as NHS patients and 40 (13%) as private patients.

Of these people who did have access to a dentist, we learned that most of them had seen their dentist within the last year - 93 (49%) of them as NHS patients and 32 (17%) of them as private patients.

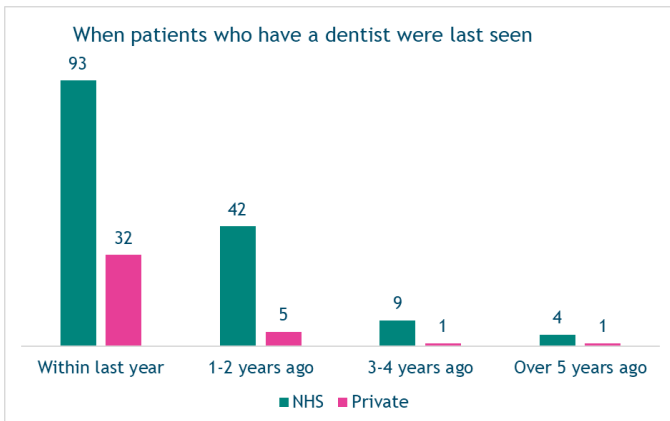


Fig 1. Chart showing number of patients and when they were last seen by their dentist

116 (38%) of all survey respondents told us that they did not have access to a dentist. For the majority of these people, it had been some time since they had last visited a dentist.

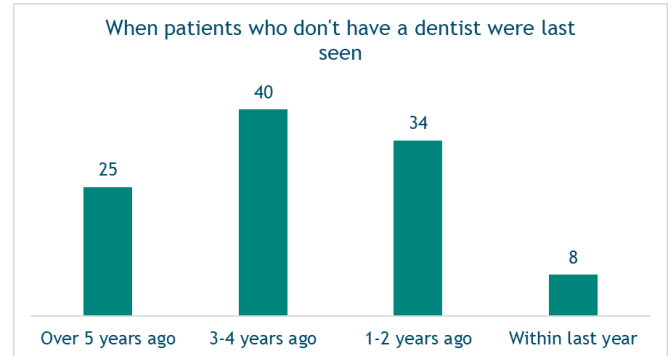


Fig 2. Chart showing number of patients and when they were last seen by a dentist

Of those people who told us that they did not have a dentist, 79 (68%) of them said that if they were to visit a dentist the next day, based on how they felt about their teeth, they thought they would need treatment.

We went on to ask all respondents who had not seen a dentist during the last year, what their reasons were for this. They told us that the restrictions of COVID-19 pandemic were the main cause for 86 (50%) of them, followed by not being able to find an NHS dentist for 75 (44%) as a close second. Other reasons included 29 (17%) of them being afraid of dentists and 27 (16%) feeling that they did not have a reason to go.

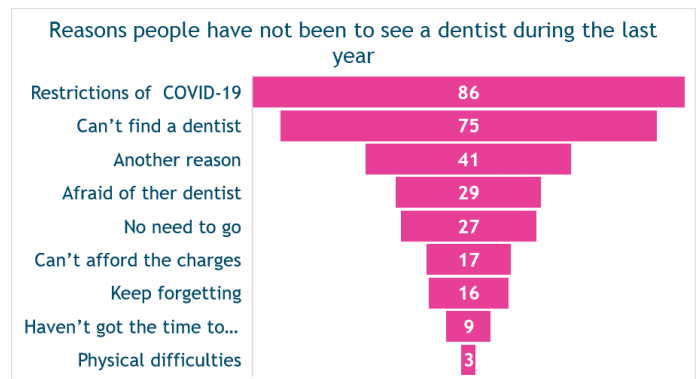


Fig 3. Chart showing reasons why patients hadn't seen a dentist during the last year

## Colin's story

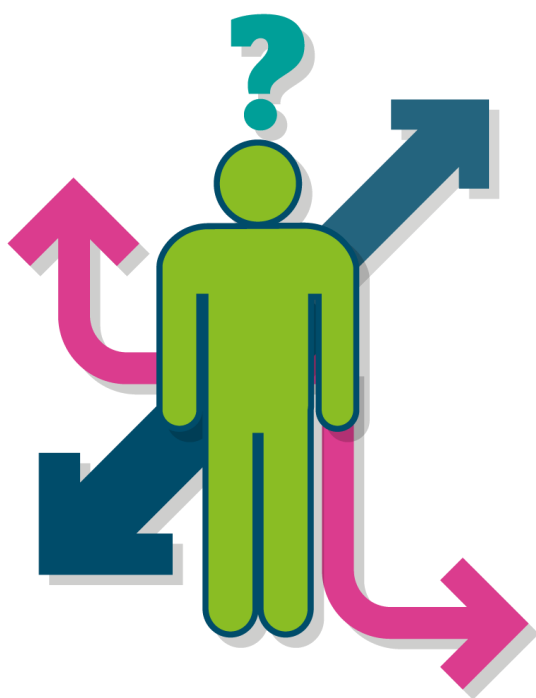
Colin and his wife have lived in Salford for many years and used to regularly see their dentist until he retired and left the practice. With Colin having a sensitive mouth, he felt petrified of the dentist so by admission, went without professional dental care for about 15 years.

5 years ago, Colin was advised by his heart consultant that he needed to see a dentist again to ensure that he kept oral infections at bay, something that could have had serious consequences on his heart condition. As a nervous patient, he managed to pluck up the courage and sought a new practice in Salford that would take him and his wife on as NHS patients.

Since Colin has been at this practice, he has had nothing but praise to say for his treatment. His dentist takes the time to ensure his comfort and she treats him in an individual caring way. He described all the staff at the practice as being nice and empathetic, something he has witnessed in the past with other patients too.

*“As an individual, they care for you as a person, they really do care”*

He recently attended the practice and felt reassured that COVID-19 precautions were still being adhered to with face masks worn and continued social distancing. The only sad thing Colin felt was that the practice was unable to take on any new NHS patients.



As part of our signposting role at Healthwatch Salford, we have over the last year taken a lot of calls from people asking us for details of dentists taking on NHS patients. Many of these callers indicated to us that they were willing to travel out of Salford, just to be able to see an NHS dentist.

From this insight, we asked survey participants how far they were willing to travel to see a dentist. Understandably, the majority, 131 (44%) of them were only willing to travel up to 3 miles from home owing to various difficulties including not having personal transport in the form of a car (28%), limited finances (12%) and physical disabilities (11%) amongst the main difficulties limiting how far they can travel.

Of those 116 people who told us that they didn't have access to a dentist, we found over half of them were willing to travel more than 3 miles away from home to access one. 20 people indicated to us that they were willing to travel between 9 and 20 miles away from home.

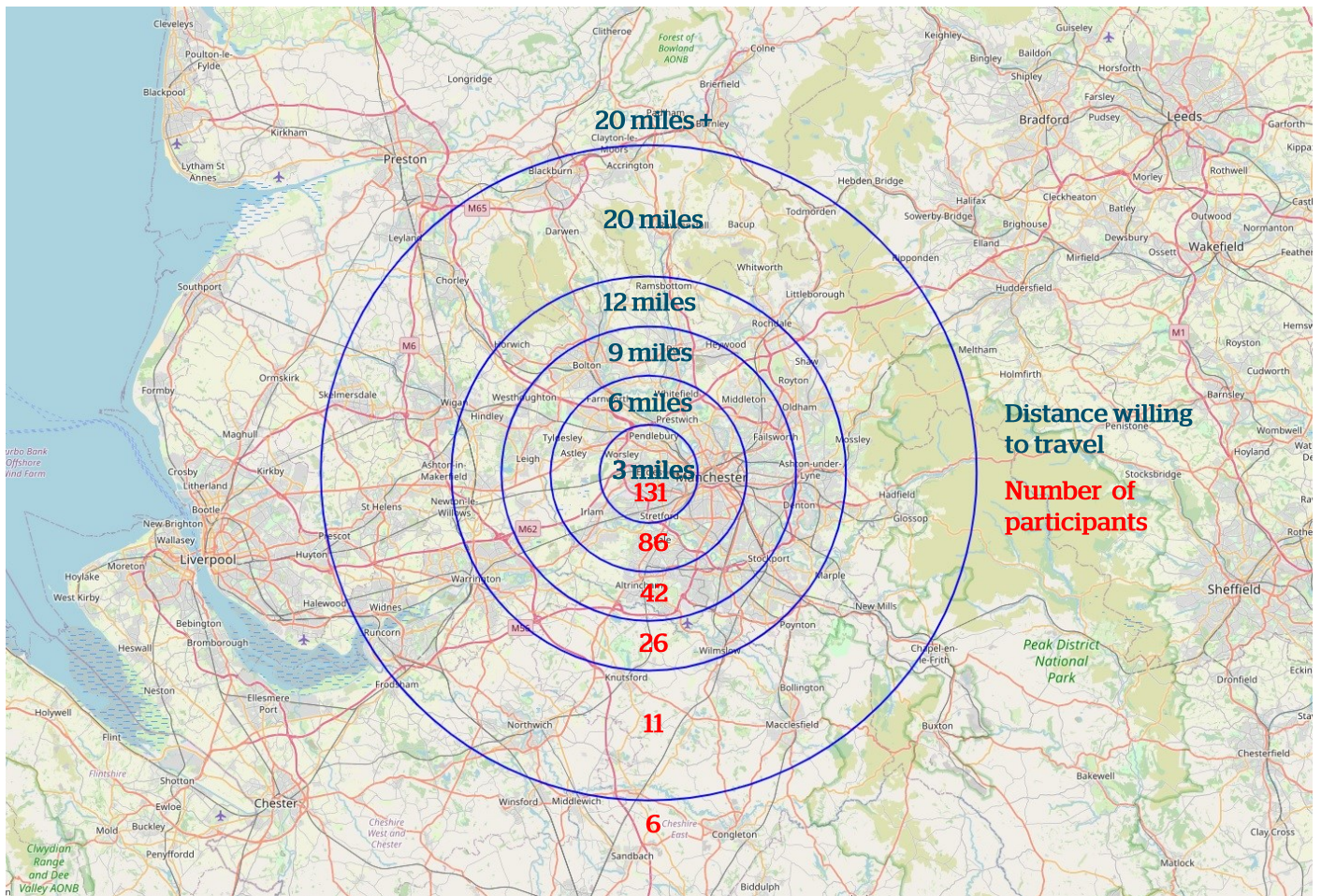


Fig 4. Map showing distance all surveyed participants (302) were willing to travel to access dentistry

## Sarah's story

Sarah and her family moved into Salford a few years ago, having lived in the Trafford area for many years.

As a parent, she had always taken great care in encouraging her children to keep good oral health habits, whilst regularly attending her own dental appointments at a private practice she had been at for many years.

When she moved over to Salford, she decided to look for an NHS dentist a bit closer to home. She managed to join a small practice that was taking on NHS patients but her experience at this practice was not what she was used to.

Sarah felt that the level of service she received was different to that of her previous experience as a privately funded patient. Her requests for hygienist appointments were rejected and she felt the appointments themselves were very basic and over in quick time. The surgery's opening hours did not accommodate people who needed to access appointments in the early evening or out of usual hours.

As a result of this, Sarah chose to leave this NHS practice and travel over a 24-mile round trip, going back to her previous private dental practice, whereby she feels the level of care is higher.

***“I just feel the service at the NHS practice, was basic and wasn't as personal as my previous dental practice”***

There was an overwhelming sentiment from respondents that dental issues are long rooted in Salford and were occurring long before COVID-19 came along, but these have now been made worse by the pandemic with people finding it nearly impossible to access a dentist. In addition to this, waiting lists are long and some practices seemed to be encouraging patients to have a private appointment instead.

Our survey respondents also told us that dental practices need to be more accessible to elderly and disabled people, with provision for disabled parking and help for d/Deaf patients. Some respondents felt that there needs to be alternative ways in which to book an appointment, not just by phone which to some people can prove to be a barrier.

Other people who identified as having a disability also felt dental services need to be aware of some of the difficulties which as individuals they have, as there might be underlying issues for someone's poor oral health.

Respondents also told us that some practices have been 'removing patients from lists' after they have not been into the practice for a number of months. This has often been without warning or explanations, again leaving people in the vulnerable position of needing to find a new dentist.

There also seemed to be a perception that private dentistry is booming as more and more dentists and patients are using it, yet people are concerned about the unaffordable costs.

### **David's story**

David needed an urgent appointment to rectify a cracked tooth. He contacted his local dental surgery and made an appointment, but he had to wait a couple of months as they were busy.

As David was self-employed, he was able to block out a section of his work diary for the appointment, ensuring he had no clients but with a trade-off that he wouldn't be earning any money.

The day of the appointment came around and he was contacted by the surgery who advised him that regrettably the appointment had to be cancelled owing to staff sickness, and a new one needed to be rearranged.

The next available appointments unfortunately clashed with his own client bookings and so he had to make one for some time in the future.

Whilst David understands the precautions that have arisen from the COVID-19 procedures in the surgery, he feels that the surgery should be mindful of people who are self-employed as cancelling these appointments can have a negative impact on their patients' health and finances.



Throughout this project we have learned that people have found it to be really difficult in finding a dentist taking on NHS patients. We were told of the exhaustive measures people were having to endure in phoning around often as a result of misinformation they have picked up from online resources. To look into this in more detail, we carried out an exercise where we searched the NHS website to compile a list of all the dental practices in Salford. We were only able to locate 28 practices from this method and in turn looked at each website for patient information and accessibility in addition to phoning each one up to see if they were taking on NHS patients or what advice they could give us.

## The websites

Out of the 28 practices listed, we found that only 4 didn't have a dedicated website, with their information only being listed on the page from the NHS search tool.

From these 24 websites we found that only 18 appeared to be easy to navigate.



We identified 12 of these websites to be difficult to navigate for people who may have a visual impairment with clashing background colours and text proving problematic to read.

Looking at the staff information the websites provided, we found that: 17 listed the names of their dentists; 7 listed the names of their nurses; 9 listed who their practice managers were and 8 listed other staff ranging from trainees, coordinators, and specialist consultants.

Only 9 out of 28 provided clear information for NHS patients with 5 of these clearly indicating whether they were taking on NHS patients or not.

In terms of how patients could get in contact with the practice, we were surprised to learn that 2 didn't have their phone number listed and only 11 provided an email address.

11 websites had clear information of how patients could make a complaint.

Some of the websites we found had broken page links within them which could add to patient confusion.

## The phone calls

We were able to get through on 25 phone calls with an average waiting time of 1min 23secs before the calls were answered. The longest wait being 6mins 45secs and the quickest time of 2secs, which went straight through to a recorded message.

11 of these calls were answered by a member of staff.

Only 2 practices indicated that they were taking on NHS patients with the remainder having no information or staff were unable to advise us where we could go for further support.

Generally, where we were able to talk to staff, we felt the staff member spoke clearly and we were able to understand them with only 1 practice where we felt rushed and not valued as a potential new patient.

### Christine's story

Christine lives in Salford with her son and 2 dogs. She has always taken great care of her teeth, regularly attending her local NHS dentist for appointments, until they unexpectedly closed down during the COVID-19 pandemic.

About a year ago, a hole appeared in one of Christine's teeth which caused her considerable pain, but as she could not get access to her NHS dentist, she learned to live with the pain as best she could. Time went on and she discovered another filling had fallen out, and again she could not get hold of her usual dentist, so she contacted the emergency dental team who arranged an appointment for her to see them.

Christine had to pay for her appointment in advance and was only given 'advice' as to what she can do to remain as comfortable as possible. She explained that she felt as though there was an abscess and was told to contact them in the event it had worsened, but at that moment in time they could do little for her. She came away from this appointment feeling disappointed and reluctant to use the emergency dental service again.

As she was convinced she had an abscess, she decided to visit her GP and ask for a course of antibiotics. The GP declined her request, insisting that she had to make an appointment with a dentist for this. Given the difficulties with finding an NHS dentist, Christine made the decision to self-medicate antibiotics she already had for another health condition, which alleviated the toothache.

All in all, she feels let down by NHS dentistry and whilst she does not blame the dentists themselves, she feels that more should be done to support NHS dentists, like they do for other primary care (GPs) and secondary care (hospitals) settings.

***"I just think it is terrible that NHS dentists are overwhelmed, and that hard-working people are still contributing via National Insurance contributions, which whilst increasing, should give you access to these services"***





# What the people told us - Self-care



For the next section of the survey, we wanted to understand what people were already doing to look after their own teeth.

We asked people what additional measures other than an ordinary manual toothbrush they use for dental hygiene purposes. 272 people answered this question and told us that 186 (68%) of them use an electric toothbrush, with 170 (63%) of them using mouthwash as a close second. 48 (18%) of the respondents also use sugar free chewing gum as a way of keeping their teeth clean. Dental floss, toothpicks and water flossers were also popular choices.

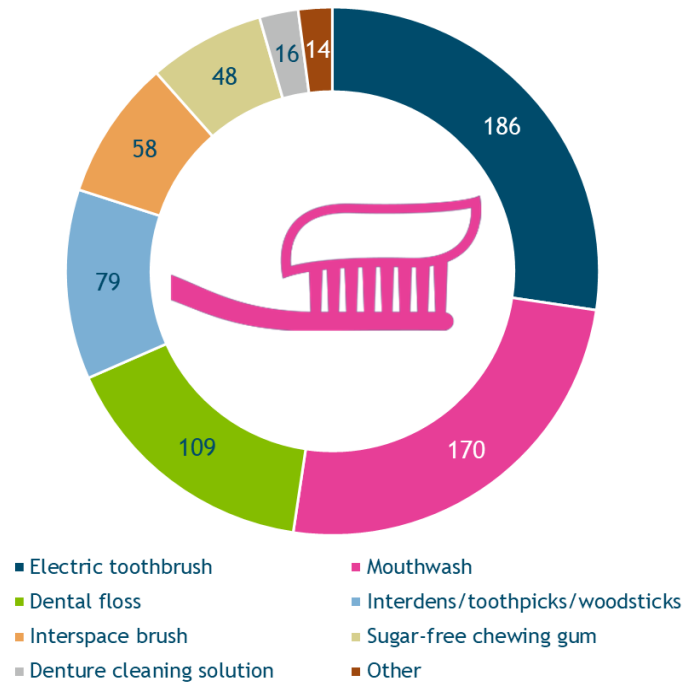


Fig 5. Chart showing what additional measures other than a manual toothbrush people used for dental hygiene purposes

We then asked people what they would do if they encountered a dental emergency (broken teeth, bleeding gums etc). The most obvious choice for those people with access to a dentist was for them to make an appointment. Other popular choices from people were for making an appointment to see the emergency dentist, followed by visiting their pharmacy or GP.

## What people do when they encounter a dental emergency

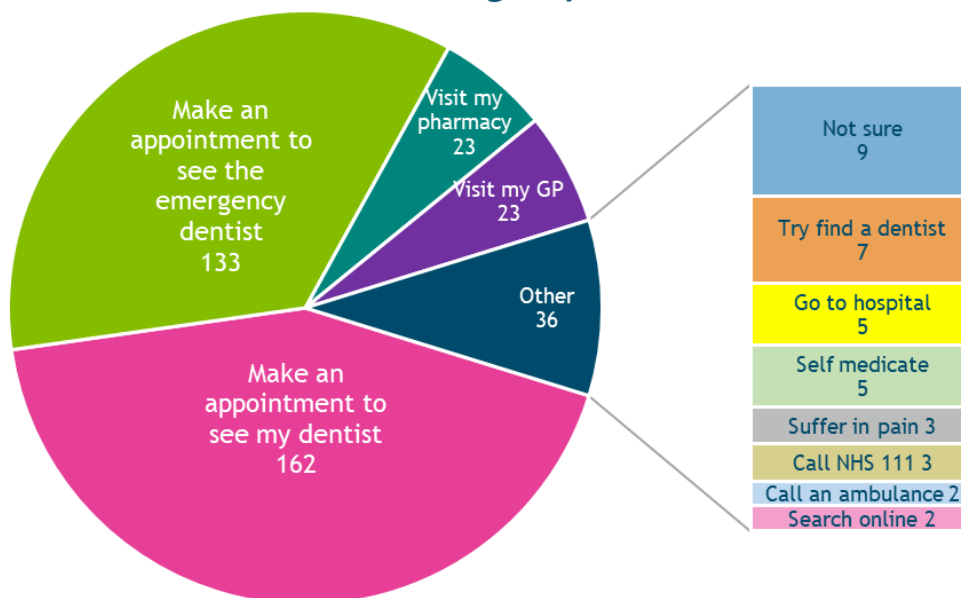


Fig 6. Chart showing number of people that would do these things as a response to a dental emergency

Interestingly, only 3 people commented that they would contact NHS 111. North West Ambulance Service (who are contracted to deliver the NHS 111 service across the region), told us that from the period of October 2020 to September 2021, 4,847 people from the Salford area had contacted NHS 111 on a variety of dental issues, with 1,823 (55%) of these people being further referred on for emergency treatment. This included 923 to the in-hours dental emergency service and 846 to the out-of-hours emergency dental service (Greater Manchester Alliance).

From this data we can see that 2,643 of these enquiries were categorised as 'Health or medication information requests', 'Information about location of health services required' and/or 'Dentist location request'.

We presented to survey respondents a selection of statements and asked them to what extent they agreed or disagreed with them (fig.6). From the 297 people who answered these questions, we learnt that in the main, most people were brushing their teeth at least twice a day spending at least 2 minutes for each brushing session, but just over half of them were using fluoride toothpaste. Nearly half of our survey respondents admitted to regularly eating sweet foods and snacks in between meals.



Fig 7. Chart showing how people scored each statement of self-care (out of 297 respondents)

A third of our respondents told us that they would like more help in understanding how they can best look after their own teeth with their examples including:

- ⇒ Knowing the best techniques for using manual and electric toothbrushes and how to clean interdental spaces.
- ⇒ How they can keep their teeth white
- ⇒ Getting access to an NHS dentist
- ⇒ What people can do about bleeding and receding gums
- ⇒ How to be careful of what they eat and drink (dietary advice)

Dentists should provide patients with advice on how they can look after their own teeth, but we found that out of the 106 people that wanted more help in understanding the best way to look after their teeth, less than half of them (50) had a dentist to ask for advice.

We also learned that out of the 10 boroughs of Greater Manchester, Salford is the only borough not to have a health improvement team dedicated to oral health, something that we feel would be of benefit to our population.



### **Adults with the responsibility of children under the age of 13**

We wanted to understand from those who had a responsibility for children under the age of 13, how those children looked after their teeth. 52 (18%) of the survey respondents told us that they had responsibility for children under the age of 13.

Like our previous questions, we presented them with a selection of statements and asked them to what extent they agreed or disagreed with them (fig 8). From the 52 respondents, we learned that the majority of the children brushed their teeth at least twice a day with a large percentage using fluoride toothpaste. Similar to that of the adults, we found that nearly half of the children were eating sweet foods or snacks in between meals.



The children brush their teeth at least twice a day



The children change their toothbrush/electric toothbrush heads at least every 3 months



The children spend at least 2 minutes brushing their teeth each session



I supervise the children when they are brushing their teeth



The children use toothpaste that contains fluoride



The children regularly eat sweet foods and snacks in between meals



The children regularly drink fizzy drinks, fruit juice and soft drinks in between meals



I consider the impact of sugars and acids on the children's teeth when choosing what they eat and drink



I feel confident in my knowledge for looking after the children's teeth in the best way possible



I would like more help in understanding how I can best look after the children's teeth



Fig 8. Chart showing how people scored each statement of self-care for the children (out of 52 respondents)

Just over a third of these people told us that they would like more help in understanding how best they can look after the children's teeth, with suggestions including:

- ⇒ More information in schools to reinforce the messages given at home
- ⇒ How to brush the teeth of a wiggly toddler
- ⇒ What snacks are good to give to a child for packed lunch at school
- ⇒ Access to a dentist for children
- ⇒ Basic guidelines for looking after children's teeth

Some of these respondents also felt that they were not getting any self-care advice from dentists and that information about dental health both for the children and adults was poor.

Historically, Salford has had one of the highest instances of tooth decay in children with the results of the 'National Dental Epidemiology Programme for England, oral health survey of five-year-old children 2015' showing that 51% of 5-year-olds in Salford were showing signs of decay with an average number of 'decayed, missing (due to dental decay) and filled teeth' (DMFT) at 1.8<sup>4</sup>. This has been slightly improved with the latest 2019 survey results revealing that 39% of children in Salford were showing signs of dental decay with an average number of DMFT at 1.6<sup>5</sup>.

The 2020 survey of three-year-olds indicates that tooth decay begins at an earlier age in Salford compared with other areas of England, showing that 27.5% of 3-year-olds in Salford were showing signs of tooth decay<sup>6</sup>.

## **Recent interventions**

Public Health at Salford City Council are developing primary and secondary interventions to improve oral health with children. These aim to tackle how decay increases and develops over time. Evidence has suggested that having a range of interventions at different levels has the most impact, therefore, Salford is working towards this through the following themes:

### **Reducing sugar**

The Start Well partnership between Salford City Council, Salford Clinical Commissioning group and Salford Community Leisure created a programme of work for #SugarSmartSalford with schemes such as: GULP (Give Up Loving Pop) where school pupils gave up sugary drinks for a month replacing them with water; Sugar Smart Brownies, the partnership developed a badge for local Boothstown Brownies group for being sugar smart; Salford Community Leisure and Salford City Council removed all the sugary drinks from their facilities and only offer sugar free alternatives (Salford was the first area to take this approach and received praise nationally). The partnership is continuing to develop methods targeting sugar reduction, childhood obesity and oral health by using the national campaign resources and looking at opportunities to engage schools, parents and communities. They are continuing to look at ways to encourage and support a multiple intervention approach in Salford to tackle the problem.

### **Oral health promotion**

Health Visitors are now trained in giving new parents advice on oral health and tooth brushing and advise taking the child to the Dentist before they are one year old which is a national campaign called Dental Check by 1 (DCby1). They have oral health promotion written into their contract, and are providing fluoride toothpaste, brushes and information leaflets to parents at 9-month and 2-year checks.

The Health Improvement Team deliver a fluoride tooth brushing scheme to nurseries in schools, private nurseries and children in reception class. Children are brushing their teeth at lunchtime to increase fluoride application. The Oral health transformation programme aims to increase uptake of the scheme, so all Salford nurseries and reception classes are taking part.

### **Prevention through general dental practices**

As well as the 'Baby Teeth Do Matter' scheme, the Healthy Living Dental Practice aims to improve the health and wellbeing of the local population as well as helping to reduce health inequalities. It does this through the provision of inclusive, holistic high-quality care in general practice across Greater Manchester. One of the key objectives of the programme is for dental practices to work from a set of standards for better oral health, improving the delivery of oral health promotion.

Prevention of dental disease is implicit within the dental contract. Dentists are advised to follow the national guidance of 'Delivering Better Oral Health'.

Greater Manchester have invested in additional resources in four localities within GM (Salford being one) that carry out supervised toothbrushing in Early Years settings, signposting to Dental Practices, and giving every child toothbrush and paste packs with a leaflet about healthy eating and tooth brushing. Additionally all Health Visitors are now trained in giving new parents advice on oral health and toothbrushing, advising them to take their child to the Dentist before they are one year old, which is a National campaign called Dental Check by 1 (DCby1).

It is important to note that everyone should take responsibility for oral health improvement. This includes patient responsibility, parent responsibility and carer responsibility. The mouth should not be seen as separate from the rest of the body and at every relevant appointment the health professional should 'lift the lip' to ensure that good oral health is being maintained and give any advice required to improve. It should not be seen as the sole responsibility of the Dentist and team to do this.

### **Cassie's story**

Cassie is a 39-year-old mum of 2 children who contacted us to tell us about the delays in treatment for her son who had been experiencing severe tooth pain resulting in a lot of time off school. She tried many times to make a dental appointment for him, to no avail, until she managed to get one some months later.

Initially she was prescribed a course of antibiotics for him and advised that they would need a further appointment with a dentist to have the tooth taken out. The appointment came and as her son was very scared of the dentist, he only let them administer one injection of anaesthetic and so the procedure could not be done. It was suggested that a referral would be made to the children's hospital to further undertake this work. The course of antibiotics had ended, and her son was in severe pain again, waking up 4 times a night, crying out in pain. Cassie went back to the dentist and managed to get another course of antibiotics for him. When she chased the referral for the children's hospital, she was told that it was awaiting triage, and that this could take up to two weeks. She was also told that there would be a further wait after this for an available treatment appointment.

Time passed and Cassie again chased the whereabouts of the appointment, this time discussing with staff her son's fears and alternative ways of treatment including the use of gas and air. It was mentioned to her that waiting lists for tooth extraction could be up to 12 months long. They eventually got another appointment but this time the tooth couldn't be extracted because of the infection, so they were sent home with more antibiotics. All the while her son was still in severe pain.

Cassie feels that more specialists for children's dentistry are urgently needed to make waiting times drastically reduce. Clear help and guidance should also be available to parents.

***“The whole system is failing children and parents and I would not wish my experience on anyone”***

# Focus groups



We facilitated (with the support of our CCG colleagues) 4 focus groups which explored dentistry and oral health in a bit more detail around 3 main questions:



- What is good about dentistry/oral health in Salford?
- What needs to be improved about dentistry/oral health in Salford?
- What can be done to make dentistry/oral health in Salford better?


These focus groups involved 61 people from different backgrounds, including those who are of an older age, some people who are d/Deaf and people who had learning disabilities/difficulties.

A common theme from feedback was that it can be difficult to get a dentist when you don't have one, but when you do have access to one, the service is usually good.

Conversation very much mirrored what we had learned through the survey, with further discussions around ideas for improving the patient experience.

We collated the feedback from these groups and separated them into the following themes :


Access		
 <p>What's working well</p>	Getting an appointment	<ul style="list-style-type: none"> <li>• Some attendees told us they had no issues with getting an NHS appointment with their dentist.</li> <li>• One dental practice that had recently been taken over by a larger company continued to be easy to access appointments.</li> </ul>
	Services	<ul style="list-style-type: none"> <li>• Having a dental hospital in Salford is a real asset.</li> </ul>
 <p>What's not working so well</p>	Getting an appointment	<ul style="list-style-type: none"> <li>• Finding an NHS dentist is difficult, people seem to have to ring around a lot just to be told the practice is not taking on new patients.</li> <li>• The waiting time between some appointments is too long.</li> <li>• Practices don't let you know when a check-up appointment is due, it's down to the patient to remember.</li> <li>• Some appointments are cancelled for no apparent reason.</li> </ul>
	Cost	<ul style="list-style-type: none"> <li>• Dental treatment is far too expensive for most people.</li> </ul>
	Workforce	<ul style="list-style-type: none"> <li>• There doesn't seem to be enough dental staff to cope with the population of Salford and with more housing being built, this can only get worse.</li> </ul>

 <b>Ideas for improvement</b>	Getting an appointment	<ul style="list-style-type: none"> <li>It would be good if d/Deaf patients were able to request appointments by text message.</li> </ul>
	Workforce	<ul style="list-style-type: none"> <li>Funding for students - bursaries could be available to dental students.</li> <li>Funding for better pay for technicians so more people stay in the job.</li> <li>Provide incentives to recruit staff including free training (maybe to pay back e.g. bursaries and student loans with 0% interest).</li> </ul>
	Catchment areas	<ul style="list-style-type: none"> <li>Dentists should have NHS boundaries like GPs to ensure Salford residents can access a local dentist.</li> </ul>
	Services	<ul style="list-style-type: none"> <li>Mobile dentists' buses to support areas of deprivation, care homes, homeless shelters, housebound people and emergency care and also to promote oral care - a bit like the Health Improvement bus.</li> <li>Community Connectors could support people to access a dentist through GP referrals and help monitor and report various issues to Healthwatch.</li> <li>Introduce a set of Salford Standards through the CCG and provide support to develop a group for dentists to work together for best practice so they are not so fragmented in the services they deliver and the access they provide.</li> <li>Provide a service in the Gateways and any new medical centres being built, staffed by dental students.</li> </ul>

## Self-care


 <b>What's working well</b>	Brushing	<ul style="list-style-type: none"> <li>Most people with learning disabilities/difficulties told us that they regularly brush their teeth with support, and they did this to get rid of sugars and germs and stop their teeth going bad.</li> </ul>
 <b>What's not working so well</b>	Brushing	<ul style="list-style-type: none"> <li>Some people acknowledged that they do not brush their teeth quite as often as they should.</li> </ul>



 <b>Ideas for improvement</b>	Education	<ul style="list-style-type: none"> <li>• Better education is needed in schools so children have better oral health and can then support/educate their parents.</li> <li>• They could do a video raising the profile of dentistry in general, making oral health look fun to families.</li> <li>• Return to Healthy Schools Standards that were a national requirement prior to 2010.</li> </ul>
	Services	<ul style="list-style-type: none"> <li>• Raise the profile of those dental practices that are doing well as an example to others.</li> </ul>
	Fluoride and vitamins	<ul style="list-style-type: none"> <li>• Provide free vitamins for children in schools alongside education.</li> <li>• Tap water should have fluoride in it.</li> </ul>
	Deaf awareness card	<ul style="list-style-type: none"> <li>• Some patients can have a card that they show staff to indicate that they are d/Deaf.</li> </ul>
	Workforce	<ul style="list-style-type: none"> <li>• A dedicated oral health team to gather data/evidence and promote good oral health, especially within the community e.g. foodbanks, targeted community groups, care home staff. This could provide an Oral Health Strategy for Salford with a group of service users to support the monitoring and delivery of such a strategy.</li> </ul>

## Experience

 <b>What's working well</b>	The dental surgery	<ul style="list-style-type: none"> <li>• Some people were happy with the safety measures taken in dental surgeries during COVID-19</li> </ul>
 <b>What's not working so well</b>	The dental surgery	<ul style="list-style-type: none"> <li>• Waiting rooms don't seem to be provide the relaxing atmosphere that they once did, with TVs removed, no books or magazines, often leading to more anxiety for nervous patients.</li> </ul>

 <b>Ideas for improvement</b>	<b>People with difficulties</b>	<ul style="list-style-type: none"> <li>• Services need to realise the link between oral health with mental health and self-esteem. Someone who is in poor mental health may struggle to care for their teeth, and this has a knock-on effect with them feeling less confident, and so the cycle continues.</li> <li>• Dentists need to recognise the difficulties people with special needs may face when visiting the dentist, and they should have easy to read information .</li> <li>• Some people may have physical disabilities that need consideration, for example, some people with Down's Syndrome have problems with their necks and cannot lay down in the chair comfortably.</li> <li>• If people don't like the sound of the drill, they can wear headphones and listen to music or wear earplugs.</li> </ul>
	<b>Communication</b>	<ul style="list-style-type: none"> <li>• When dentists write to patients, this should be in plain English with no jargon.</li> <li>• Reception staff need to be more d/Deaf aware having a basic understanding of sign language, certified by a professional course.</li> <li>• Dentists should remind patients when their annual check-up is due as not everyone has a good memory.</li> <li>• Services should be aware that when d/Deaf people are not included it can lead them to feel low, angry and destroys their confidence.</li> <li>• Dentists don't always explain things well, they should have easy to read information to help you know what will happen.</li> </ul>

Some of the comments people made in the focus groups:

*“I don't like the sound of the drill”*

*“It's not scary going to the dentist”*

*“My dentist plays music, it helps me relax”*

*“I get out of my wheelchair into the dentist chair, it's not a problem ”*

*“It smells of toothpaste and mouthwash”*

*“The dentist people are nice”*

# Dental Commissioning



Throughout our research, people told us that a huge issue to them is cost, with so many practices turning private and pricing out their patients who cannot afford private dental care. Some respondents even felt that NHS prices were being put up without any justification or noticeable changes in the services, so in effect the prices were changing but the services not improving. In some cases, this had led to people choosing to neglect going to the dentist because they simply cannot afford the NHS prices for even just a check-up anymore, let alone a private appointment. This problem would be further compounded if there was a dental emergency - will they be hit with a huge bill because they couldn't afford to regularly go to the dentist?

Most people, especially those of an older demographic told us they were finding the NHS dental treatment prices too expensive.

Some patients also feel like they have been treated for non-existent issues or more expensive treatments in the first instance.

A few comments from patients indicated their concern that dentists may not be honest with how they allocate their NHS appointments, often telling the patients that there is a long wait for an NHS appointment, but if they want to be seen quicker, they can often fit them in as a private patient.

## Commissioning

The way that dentistry is commissioned is different to that of GP services. In England, dentists are paid under NHS contracts by the work they do, not how many different patients they see. This is measured as 'Units

of Dental Activity' (UDA) or 'Units of Orthodontic Activity' (UOA). The UDA/UOA is negotiated with the practice at a value of between £20 and £35 per unit at the start of the contract. NHS contracts are then drafted to determine how many UDA's and ODA's are commissioned to a practice during the contract period (usually 12 months).

Greater Manchester Health and Social Care Partnership (GMHSCP) are responsible for the commissioning of dental services across our area.

From the period 1st April 2020 - 31st March 2021, we understand that there were 197 registered dentists providing NHS activity across Salford. We also learnt that during the same period, 12 dentists left the NHS with only 5 new ones joining<sup>7</sup>.

For routine dentistry, these contracts are paid in 3 bands of treatment that some NHS patients have to pay towards:

**Band one** - 1 UDA is paid to the dentist by the NHS

**Band two** - 3 UDAs are paid to the dentist by the NHS

**Band three** - 12 UDAs are paid to the dentist by the NHS



When patients are required to pay towards their NHS treatment on these bands, the NHS will deduct these costs from what will be paid to the dentist. For example:

A patient visits the dentist and is told they need a filling. This comes under band 2 treatment and the patient is required to pay towards this.

Dental practice has negotiated a contract price of £30 per UDA with the NHS

NHS agree to pay band 2 payment (3 x UDAs) for NHS work undertaken £ 90.00

Less Band 2 contribution from patient - £ 65.20

NHS pay dentist the difference of £ 24.80 .

Many patients have contacted us to tell us that their usual surgery has a waiting time of 2-3 months for NHS work, however the same practice can see that patient if they were to pay privately sooner, very often the same day. In many cases this could be because some dental practices may have allocated their UDAs for a particular period and cannot therefore see any more NHS patients during that period. They may, however have capacity to see the patient as a 'privately funded patient' sooner.



The delay to timely NHS appointments may also be down to the restrictions placed on dental surgeries for their air filtration and quality during the COVID-19 pandemic. At the start of the pandemic, surgeries were advised to close and cease all routine dental care as concern was growing around how much aerosol spray could carry the virus and be spread amongst people. The provision of dental services has had to adapt to take on board the risks associated with the virus. Dental teams are still facing challenges. The proximity between a dentist and a patient's airway have affected the way care is provided. Dentists must abide by UKHSA infection control guidelines to combat COVID-19.

When practices returned to seeing patients, safety measures were put in place to safeguard staff and patients, one of which being a 'fallow time' in between appointments, where nobody was allowed to be in the treatment room for a certain period of time depending upon the air filtration and flow. The fallow time could be anywhere between 2 minutes and 180 minutes (2.5hrs). We learned of a few practices that had invested in modern high tech air ventilation systems which meant that they could reduce this fallow time, against others where the building didn't lend itself practicably or financially for these investments to be made. Other measures included increased infection prevention and control (IPC) and personal protective equipment (PPE) to ensure that the safety and wellbeing of patients and dental staff remained paramount.

This has impacted on how many patients a dentist can see in a working day. Before the pandemic a dentist was able to see in the region of 14 or 15 patients per day, however, as a result of the pandemic this has reduced to about 6 or 7 patients due to the requirement to adhere to the IPC guidance.

Pre-pandemic access to NHS Dental services was stable and was noted to be above the NHS England average. However, the contract to deliver dental services across all of England is a nationally negotiated contract with Regional Teams implementing the contract on behalf of NHS England. Greater Manchester (GM) only receives funding to deliver NHS Dental services for 60% of the patient population which is in line with the rest of the country.

Despite the above, Greater Manchester Dental Commissioning Team have worked with all Dental Providers (including those in Salford) to develop Dental Services over and above the national contract and have managed to develop local services despite the recent challenges. Services developed are always based on Oral Health Needs and are prioritised accordingly, such as:

- Healthy Living Dentistry
- Dementia Friendly Dentistry
- Mouth Cancer Awareness
- Sugar free diet and medicines advice
- Flu awareness campaigns
- Healthy Gums DO Matter
- Dentistry for homeless people
- Supervised toothbrushing
- Mouth Care Matters for the elderly
- Mini Mouth Care Matters for children
- Looked After Children Care pathway
- Urgent Dental Service for Afghan Evacuees and Asylum Seekers Service (for Afghan Evacuees in bridging hotels and Asylum Seekers in contingency hotels across GM)
- Child Friendly Dental Practices
- Access Plus Scheme - to be launched Jan 2022

As a result of recent engagement with local Councillors and MPs across GM, GMHSCP are developing a bulletin with useful information, hints and tips and what they are doing within NHS Dentistry to continue to develop services to meet the needs of the public. Circulation of this bulletin will include all local Healthwatch in GM, providing us with information that can help us to assist public queries.

We were also concerned that some patients were not aware of how much their treatment would be costing them. We believe this goes against the General Dental Council (GDC) focus on standards<sup>8</sup> which state:

3.1 Obtain valid consent before starting treatment, explaining all the relevant options and the possible costs’.

2.3.6 You must give patients a written treatment plan, or plans, before their treatment starts and you should retain a copy in their notes. You should also ask patients to sign the treatment plan.

2.3.7 Whenever you provide a treatment plan you must include:

- the proposed treatment;
- a realistic indication of the cost;
- whether the treatment is being provided under the NHS (or equivalent health service) or privately (if mixed, the treatment plan should clearly indicate which elements are being provided under which arrangement).

2.3.8 You should keep the treatment plan and estimated costs under review during treatment. You must inform your patients immediately if the treatment plan changes and provide them with an updated version in writing.

## Shelley's story

Shelley retired from work in 2019 and decided she would treat herself to having some dental implants done. Unfortunately, due to her bone structure, the option of implants was not available and so was quoted as a private patient a cost in the region of £27k to have treatment.

She attended her local dental practice as an NHS patient and started to undergo treatment in 2020, which was subsequently delayed due to the COVID-19 pandemic. When speaking with Shelley, we asked her if she was aware of what the treatment was going to cost her and if she had been provided with a quotation in advance of any treatment starting.

Shelley confirmed with us that not only was she not provided with a quotation or costs in advance, she also is not sure whether she is undergoing the treatment as an NHS patient or paying privately.



# Conclusion and next steps

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Throughout this project we have heard from people who have negative experiences when trying to find a dentist. This difficulty has been further compounded by the COVID-19 pandemic, with more and more people seeking access to dentistry.

Whilst overall, oral health hygiene habits appear to be good amongst Salford residents, there is nevertheless an appetite for people to learn more about how they can best look after their own teeth.

## Recommendations

Our findings from this localised report echo that of our regional colleagues within Healthwatch in Greater Manchester, as well as those nationally for Healthwatch England, and as such we fully support these national recommendations by Healthwatch England:

- 1** **A more rapid and radical reform of the way dentistry is commissioned and provided**  
- recognising that the current arrangements do not meet the needs of many people who cannot access NHS dental care in a timely way and acknowledge issues faced by the dental profession.
  - 2** **Using the reform of commissioning to tackle the twin crises of access and affordability**  
- ensuring that people are not excluded from dental services because of lack of provision locally or difficulty in meeting charges. Currently, there are significant inequalities that must be removed. New arrangements should be based on maximising access to NHS dental services, with particular emphasis on reducing inequalities.
  - 3** **Greater clarity in the information about NHS dentistry**  
- improving information, including online, so that people have a clear picture of where and how they can access services, and the charges they will need to pay. Particularly, the reform must address dentistry 'registration' which causes significant confusion for both services and patients.
  - 4** **Look at using dental practices to support people's general health**  
- harnessing opportunities, such as the development of Primary Care Networks, to link oral health to other key issues such as weight management and smoking cessation.
- In addition, we make further recommendations locally as follows:
- 5** **To review the need for a health improvement team dedicated to oral health in Salford**  
- to help the public better understand how best they can look after their own teeth through education.
  - 6** **Healthwatch Salford to have a more proactive working relationship with the commissioners for NHS dental services**  
- meeting on a regular basis to discuss patient concerns, and help to manage patient expectations.

This report has been shared with the Greater Manchester Health and Social Care Partnership, Salford City Council, Salford Local Dental Committee, Salford Clinical Commissioning Group and our colleagues at Healthwatch England. Following publication of this report, we look to revisit our recommendations in 6 months time to document what progress is being made, of which these subsequent updates will be published after the summer of 2022.

## **Response from commissioners and service providers**

### **Salford Local Dental Committee**

Scott Turner-Preece (Vice Chair) of the Salford Local Dental Committee, responded to our report with the following points:

- The dental profession has been calling for reform of the contract as it has numerous perverse incentives such as failing adequately to fund patients with high needs.
- Regardless of the reform there is a pressing need for more dentistry to be commissioned. There was a shortage before Covid which has been exacerbated by the pandemic; anything else is at best changing the sector of the population denied access.
- Dental practices are working under extreme pressure and are at or near capacity, this means that the ability to take on new patients changes very rapidly, and it is not currently possible to update websites etc in real time.
- The level of contributions is determined nationally; the profession has long complained that the level demanded is a deterrent to some patients and does not meet the NHS principal of care being 'free at the point of delivery'.
- The profession supports the broad concept of prevention, this has to extend beyond healthcare to the wider community. An example would be ensuring vending machines in schools etc do not sell food and drink types which cause dental decay.

### **Greater Manchester Health and Social Care Partnership**

Whilst at the time of publishing this report, GMHSCP were unable to provide comment on our report and recommendations as a whole. They did however give us advice and guidance throughout the content of this report, and further told us that they advocate development of local relationships, including looking at how Healthwatch can engage with local dental teams to provide support and have conversations about local matters and delivery. They have also encouraged all Local Dental Committee Chairs to engage with Healthwatch Teams across Greater Manchester.





The NHS website provides information and advice on how you and your children can have healthy teeth and keep trips to the dentist to a minimum:

- **Brush your teeth twice a day**  
Brush your teeth twice a day with fluoride toothpaste.
- **Floss between your teeth**  
Floss or use an interdental brush every day to remove food, debris and plaque lodged between your teeth.
- **Cut down on sugar, and other lifestyle tips**  
Have a healthy lifestyle, including eating well, not smoking and limiting your alcohol and sugar intake. It's good for your whole body, including your teeth, gums and mouth.
- **Brush baby teeth as soon as they come through**  
Start brushing a baby's teeth as soon as they come through.
- **Get children into a teeth-cleaning routine**  
Help your child have healthy teeth for life by having a good dental health routine.
- **Straighten crooked teeth with braces**  
More and more teenagers (and some adults) are having braces and orthodontics to straighten their teeth.
- **Have regular dental check-ups**  
Have regular check-ups with your dentist. Don't put off going for a check-up. Detecting problems early can mean they're easier to treat. If problems aren't treated, they may lead to damage that's harder, or even impossible, to repair.
- **Don't delay dental treatments**  
There are a wide range of dental treatments available. Some, such as fillings and root canal treatment, are readily available on the NHS.

Others, such as cosmetic dentistry, are only available on the NHS in certain circumstances.

For information on who can get free dentistry, how to find an NHS dentist and what to expect from your dentist, see NHS dental services on the website: [www.nhs.co.uk](http://www.nhs.co.uk)

*Information taken from the NHS website Dec 2021 and was correct at the time of publishing*

# URGENT Dental Service in Greater Manchester: How it works

**Greater  
Manchester  
Health and  
Social Care  
Partnership**

*Urgent Dental Care for patients in Greater Manchester is accessed via our Urgent Dental Care Service on 0333 332 3800 from 8am to 10pm every day, including weekends and bank holidays.*

The service is provided according to strict clinical criteria, and when you call you'll be assessed by a member of our clinical team. Urgent dental problems include the following conditions, which should receive self-help advice and treatment (where appropriate) within 24 hours:

- Dental and soft-tissue infections
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth

The service operates from 14 different locations across Greater Manchester and patients can choose to be seen at the location most convenient for them.

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**GMCA** GREATER  
MANCHESTER  
COMBINED  
AUTHORITY

  
in Greater Manchester

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Special thanks also go to those people who took the time to complete our survey and engage with us during interviews and focus groups, helping to enrich the data we gathered.

## Glossary of abbreviations

UDA	Units of dental activity
UOA	Units of orthodontic activity
HWS	Healthwatch Salford
SCCG	Salford Clinical Commissioning Group
GMHSCP	Greater Manchester Health and Social Care Partnership
DMFT	Decayed, missing (through decay) and filled teeth

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**If you require this report in an alternative format, please contact our office on:**

**Telephone: 0330 355 0300**

**Email: [info@healthwatchsalford.co.uk](mailto:info@healthwatchsalford.co.uk)**