

RESEARCH SUMMARY

Access to NHS dental care?

Access to NHS dentistry in South Cheshire: a follow up of people using telephone helplines to obtain NHS dental care **R. Harris Br Dent J 2003; 195: 457-461**

Objective

To follow up calls made to NHS Direct and South Cheshire Dental Helpline concerning getting access to an NHS dentist in South Cheshire.

Design

Contact details of callers who had consented to a follow up call were passed by helpline staff to a researcher at regular intervals. In a structured interview, callers were asked why they had telephoned the helpline and whether they had subsequently obtained NHS dental care. Follow up calls continued until a total of 200 replies had been gathered, either by telephone or post (for those where telephone contact could not be made). Follow up calls were made between September 2001 and March 2002.

Results

During the study period only three callers from South Cheshire contacted NHS Direct with a dental access query and consented to a follow up call, compared with 219 callers to South Cheshire Dental Helpline. Only 10% were not contacted either by telephone or post. A comparison with figures for calls made to South Cheshire Dental Helpline between April 2000 and March 2001 suggests that during the study period a year later the access problem has improved. However, there were still a few areas in South Cheshire where significant numbers of dental access queries were being received. Twenty five per cent of unregistered and 22% of registered callers still felt that they had problems getting access to NHS dental care after using information from the helplines.

Conclusion

A small but significant number of people in South Cheshire have problems accessing NHS dental care.

IN BRIEF

- Relatively few people used NHS Direct when seeking to obtain NHS dental care.
- A local telephone helpline was used to direct people wanting NHS dental care to available services.
- Although some dental services are listed as taking NHS patients, long waiting lists can exist which mean those wanting care may not have the access to care they desire.

COMMENT

Current Government strategies have resulted in innovative approaches to improve access to dental services. These have focused on producing a fast, convenient service. This paper describes some outcomes in South Cheshire, of the political promise that anyone would be able to find an NHS dentist by calling a telephone helpline. It offers an opportunity to understand some of the current problems faced by people seeking to access NHS dentistry.

The paper reports the results of an interview survey of 200 callers to NHS Direct and a dental helpline. The respondents had contacted the two lines over a period of eight months. The interviews established the respondents' reasons for contacting the helplines and their success in accessing NHS dentistry following the enquiry. Four important findings are reported. Firstly, respondents were much more likely to use the dental helpline than NHS Direct. Secondly, over three quarters of respondents were seeking only to register with an NHS dentist rather than because of immediate treatment need. Before calling the helplines, an average of 3.6 practices had been contacted for help. Finally, one quarter of respondents were not able to obtain the outcome they sought despite the information they were offered. The major reason reported for this was that the waiting list for treatment was too long or because they were not offered NHS treatment. These respondents were disproportionately more likely to report that they were seeking care because they had toothache. Finally, the author reports a reduction in calls to the helplines when the study period was compared with an earlier period. It is noted that this may indicate improved access due to the opening of a dental access centre. However, the study design prevents firm conclusions being made about this.

There is limited available evidence on the effectiveness of measures to improve access to NHS dental care. Access has been recognised as a multi-dimensional concept.^{1,2} It involves more than offering consumers an adequate supply of services. In gaining access, the potential consumer might encounter financial, organisational and socio-cultural barriers that limit use. A balance between efficiency, such as that provided through the dental access centre, and geographic equity has been noted. Distance from a service is inversely associated with use. Factors such as travel time, cost and availability of reliable transport also have to be considered.

Questions for further research are indicated: whilst waiting for treatment does patient health deteriorate? If so, what impact does this have on the individual and others? Once dental care is accessed does it result in improved health? What is the patient perspective of a reasonable distance to travel compared with the administrative norm? Answering these questions will require the adoption of a range of clinical and social research methodologies.

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