

Complaints about NHS dental practices on the rise

Complaints about NHS dental practices have risen by two-thirds with access, treatment, and fees common causes for concern, according to England's Health Ombudsman.

The number of complaints to the Parliamentary and Health Service Ombudsman (PHSO) about dentists increased by 66% from 1,193 in 2017/18 to 1,982 in 2022/23.

The proportion of complaints being upheld or partly upheld after investigation by the Ombudsman has also gone up from 42% to 78% in the same time span. This is significantly more than the average uphold rate of 60% for all other NHS services.

The Ombudsman receives around 100 calls a week about issues relating to dental practices, such as people being removed from practices' lists of NHS patients, lack of NHS dentists, and poor treatment.

Ombudsman Rob Behrens said, 'Many of us will have read recent headlines of people removing their own teeth and seen images of people queuing outside practices for an NHS dentist. This shows in access problems, such as appointment availability and lack of treatment being a common issue in complaints brought to us.'

Cases upheld by the Ombudsman in 2023 include:

- A pregnant woman from Southampton who was forced to pay £1,045 for a private

root canal treatment after her dentist failed to tell her that she was exempt from NHS fees so her treatment should have been free.

After treatment, the dentist then failed to fit a crown within the 30 days as recommended by the private specialist, leaving the woman in pain and distress

- A woman was burned inside her lower lip during a root canal treatment at a practice in Birmingham. She was left in 'excruciating' pain for 13 days, couldn't sleep and could only eat soft or liquid foods such as eggs and soup
- A practice in Stockport said the price for a five-tooth bridge was £330 total, rather than £330 per tooth. If the patient had understood the real cost, he would not have agreed to his front tooth being removed in preparation for the bridge and would have considered other treatment options. He was left with no front tooth and had to have further work carried out by another practice to fix the gap.

Earlier this year, the Ombudsman gave evidence to the Health and Social Care Select Committee inquiry into dentistry. It was recommended that integrated care boards (ICBs) should take the lead in removing barriers to accessing dental services. These barriers include poor information available via the NHS website and 111 about local

NHS dental services and the imposing of unnecessary private costs for procedures that could have been completed on the NHS.

The PHSO also said that to address inequalities in oral health, Government's reform of the NHS dental contract should go further in improving information for patients. There should be a requirement for clear and current information on accessing a dentist in an emergency or out of normal service hours on the Directory of Services on the NHS website.

There also needs to be complete transparency over the costs of care. This includes more public information about NHS treatment bands, what does and does not meet the criteria for NHS treatment, and the options for private referral.

Mr Behrens added, 'Like many other areas of the NHS, dentistry is suffering from low morale, underfunding, and a recruitment and retention problem.'

'More needs to be done to tackle the serious issues in dentistry. Patients must be able to access quality care and be clear about what is and is not available to them on the NHS.'

'Dental professionals need to feel supported and that leaders in the NHS and Government understand the problems they are facing and are working towards a meaningful solution.'

Ground-breaking dental neglect policy updated and published



Courtesy of BSPD

The British Society of Paediatric Dentistry's (BSPD's) policy document on dental neglect in children, which was originally developed and published in 2009, has been updated and published as an open access paper in the *International Journal of Paediatric Dentistry (IJPD)*.¹ The original dental neglect policy followed 'Child protection and the dental

team', which was a significant document that first raised awareness in the UK of dental neglect, and was the point at which the urgent need for guidance for dental professionals was recognised.

Importantly the recommendations are broadly unchanged: at its heart remains the use of a three-tier model for responding to concerns. However, the new policy now reflects progress since 2009 in our understanding of dental neglect. An expanded section focuses on the broader impacts of dental disease. The update also includes references to examples of good practice that have developed over the intervening 14 years. The revised version is now written with the needs of both dental professionals and non-dental healthcare

professionals in mind. The changes were made in response to feedback gathered via a focus group – and then modified further after consultation with stakeholders.

Dental neglect may occur in isolation or may be an indicator of a wider picture of neglect or abuse. Dental neglect may even be the first sign of child maltreatment. Dental professionals must know what to do if they are concerned about a child. Dental neglect is very common, so we are likely to encounter it frequently; a survey in 2016 showed that 62% of paediatric dentists come across children with neglected dentitions daily or more often. This was unchanged since the previous survey in 2005.²

The team responsible for the dental neglect policy document update was led by Miss ▶▶