

The state of NHS dentistry in Liverpool



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In winter 2022 we published a report highlighting the state of dentistry in Liverpool. Two years on that report is still our most read report and dentistry is still the most common subject the public call us about. We thought it was time to update the report to show the state of dentistry in 2025.

Before Covid

Before covid it was at times difficult to find an NHS dentist near where people lived in Liverpool. We regularly rang around local practices and could always suggest an NHS practice if people were willing and able to travel.

Impact of Covid

During the first wave of the pandemic (March – June 2020) people couldn't see dentists and when dentists reopened in summer 2020 it was with fewer appointments because of covid safety measures.

In 2022

There was a backlog of untreated dental issues, lower numbers of people receiving check-ups or early treatment. This meant dental problems were getting worse and took more time to treat. The problem was getting worse not better and people calling us were more desperate than ever.

For most of 2022 there were no dentists in Liverpool (or elsewhere in Merseyside and Cheshire) taking on new adult NHS patients and very few accepting new child patients. In November 2022 there was one dentist taking on new adult patients from a small area of the city on a postcode basis.

In 2025

There are fewer dental practices with NHS contracts. Some are taking no new NHS patients. Of these who will take on new NHS patients most are limiting this to children and set their own age cut off for this (at the time of writing one practice will only take on under twos). At times over the past year there have been windows where some practices will accept a limited number of new adult patients, most however if they get any new capacity will take patients from their existing waiting lists some of which include 1000s of people hoping to get a dentist in future.

Some Dental facts and figures

- Even with the rest of the NHS under huge pressure, dentistry is the main problem that people want to talk to us about. Dental problems used to be about 20% of our enquiries but are now over half and the number of people contacting us looking for dental care has quadrupled since before the pandemic. See Chart 1 and 2.
- 36% of Liverpool adults saw an NHS dentist in the past 2 years. It is an improvement from the figure of 33.1% in our last report but still very low and has not increased since 2023-4 data. This is lower than elsewhere in the country and the rest of Merseyside and Cheshire which is especially concerning given low incomes locally and limited ability of people to fund private care.

- 56.2% of Liverpool children saw an NHS dentist last year. This is lower than the Cheshire and Merseyside average but about the same as our immediate neighbours. This is a significant improvement over the 44.3% in our previous report but still leaves 4 in 10 children without NHS dental care and has not improved since the year before. (See Chart 3).
- Patients have a right to register with a GP if they live in their catchment area however busy they may be. This isn't the case for dentists. There is no right to register with a dentist and actually no such thing as NHS dental registration. Dentists don't have to accept new patients and can close their books to new NHS patients when they are busy. Furthermore, once a patient has finished a course of treatment, there is no requirement for dentists to see a patient again
- Patients who are on a dentist's list will be able to get treatment and even check-ups. Those not lucky enough to be on a list will not get a dentist even if they have major pain or decay.
- There is an Emergency Dental Service which sees a huge number of local people in urgent need and great pain for one-off care such as antibiotics or a temporary filling. However, people are then stuck without a dentist to fix their actual dental problem. This does little to reduce need and some patients need to return multiple times for temporary fixes. Some dentists are now funded to deliver Urgent Care Plus. This seems a much better experience for the patient and a much more time and cost-efficient way to respond to urgent need.
- Because of low incomes many local people would be eligible for free NHS dental care if it was available. Even those who do need to pay for NHS dental care face costs many times higher if they go private. (See Chart 5)
- There are major problems with the NHS dental contract, which doesn't work well for patients or dentists. National action is needed to fix the dental contract and make sure there is enough NHS dentistry to meet patient needs.
- Each year some providers withdraw, and it is not currently possible for new providers to be given an NHS dental contract. The focus has become to try to redistribute the funding and capacity the withdrawing firm had to other local contract holders. This relies on existing providers being willing to maintain and increase their NHS caseload.
- Dentists get paid for "UDAs" – units of dental activity. A band 1 treatment e.g. a check up, counts as 1 UDA. A band 2a treatment such as extraction or permanent filling of 1-2 teeth counts as 3 UDAs. A band 2b treatment such as permanent fillings or extraction of 3 or more teeth counts as 5 UDAs. Dentists are funded with a number of UDAs to use over the year in their NHS work. There is not one fixed rate for a UDA – they can vary in value between areas and between practices. Read more about UDAs [here](#). The current delivery of UDA is not meeting the needs of local people.
- Dental extractions are, across the country, the main reason for children being admitted to hospital. This is entirely preventable. Data shows that levels of childhood dental extractions for decay are higher in areas of deprivation. <https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2024/short-statistical-commentary-for-hospital-tooth-extractions-in-0-to-19-year-olds-2024> The same data shows Liverpool's rates to be the second highest in Cheshire and Merseyside (see Chart 4).
- The latest data for decay in the teeth of 5-year-olds in Liverpool shows a drop from 43.5% to 33.3% (<https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-schoolchildren-2024>). This is still much too high and well over the national average. Dental decay still has a major impact on the lives of Liverpool's children.

- In April 2023 the responsibility for commissioning NHS dentistry moved from NHS England to Integrated Care Systems, new NHS bodies. In April 2024 Cheshire and Merseyside NHS agreed a dental recovery plan and set up a Dental Recovery Programme Board. Healthwatch Liverpool represents the local Healthwatch on this board advocating strongly for using all local power and scope to address the ongoing dental crisis and to make equality a focus to get dental care to the people most disadvantaged by the dental crisis. (see page 9 for more information)

Healthwatch England commissioned national polling conducted in March and September 2024 to see if the national recovery plan had begun to make any difference. This indicated that In September 2024 16% of respondents had not seen an NHS dentist in the previous 2 years because they couldn't get seen. (See more results in Chart 7) Of these, 27% had gone privately but 20% (presumably those who couldn't afford private care even using loans) were living in constant pain, and 19% had had their dental problems get more serious. (chart 8)

The most common reason for people not being able to get seen was 'not being on an NHS dentist's list and not being able to find an NHS dentist that was taking on new patients'. (See chart 9). This shows that, across the country, although there is formally no 'registration' with dentists, in reality if you can't get on a dentist's list you won't be seen. Many of the public, until they try and fail to get a dentist, believe that dental registration does exist.

What the public are telling us

For people who were taken off the list of their dentist at the time of the pandemic and haven't found one since have now been 5+ years without being seen. We hear from adults who are concerns about the long-term impact of not having had check-ups/hygienist appointments for so long.



"I was taken off my dentist patient list following the COVID pandemic as I had not been for two years, and I have not been able to join another dentist therefore I haven't been to the dentist in 6 years now." – young adult who grew up in the pandemic years



We also hear from parents whose children have no experience of dental appointments concerned about the impact on their growing teeth. Fortunately, there are now some NHS dentists taking new child patients and there is also a pilot project in Belle Vale taking referrals for young children and perinatal women, so the chance of finding a dentist for children is now improving. Many parents however will not be aware of this, and many children are still going without dental care.

People who contact us are often desperate about the state of their teeth. Many have already been seen by the Emergency Dental Service which provides one-off care for people with urgent needs or, as in this case below told that their need is just too complex for an urgent care appointment and have then been told to find a dentist for their ongoing care.

A young adult told us they had been unable to access regular dental care since moving to Liverpool many years ago, despite going on waiting lists across the North West. For the past decade they have only been able to access emergency treatment resulting in multiple extractions. An emergency dentist told the client they need a referral for full treatment as their mouth was "so bad", but that they can only get this referral from a regular dentist (which has not been and is not possible) or via a GP referral, which GP then confirmed was incorrect. They now need false teeth at a young age and have had to borrow money for restorative work. Client was told on the phone with emergency dentist, that they

may only be eligible for restorative care if they lost teeth due to an assault.

Client without an NHS dentist attended an Emergency dentist. Client was advised that more extensive work is needed for their emergency dental need, but that they can't do this in the allocated time for Urgent Care appointments. Client is diabetic and struggling to eat well.

We hear from people who are desperately seeking NHS care knowing that they cannot afford to go private



"As a person of low income, I cannot afford private dental care, and I am at a loss on where to turn to. ... This is causing me a great deal of stress and anxiety. I find it particularly sickening that each and every dentist I contacted were quick to offer private health care as an option but refused to accept new NHS patients."



We also hear the frustration of people who had an NHS dentist until the practice switched to private care leaving them unable to afford the treatment needed.

Client's previous dentist has gone private, and client cannot afford to pay for the work they need doing. They had an assessment done during the pandemic where dentist identified issues and treatment that would be required. Client said that the dentist seemed to delay giving a date for the procedure and said it would be better to wait until after Xmas. Client thinks in hindsight that they were delaying as they knew they were going private and wanted to make more money. Client said that when they did finally get back in to see dentist, they made client take another assessment and charged £55 even though client insisted that this was not necessary as they had already been told what was needed. Client was then quoted £2200 at this appointment and was told it would need to be paid up front. The client expressed shock and that they absolutely cannot afford this. Client has been trying to find another NHS dentist and has personally called about 15 dentists in the past few weeks, but all are saying they cannot take NHS patients.

Some dental practices may keep an NHS contract but reduce the work they do when individual dentists within the practice decide to go private only as this patient found out.

A caller was looking for a new NHS dentist because their practice told them that most of their NHS patients were being removed from their books but could stay if they switched to being a private DenPlan patient. The patient had been with this practice for many years but was unable to afford Private treatment as they were only receiving a pension.

Others report that they had been using a private dentist, often taking out private plans in desperation but then later find the cost too much to afford.

A pensioner was unhappy that their private Dental practice had put up their monthly charge from £22 a month to £33 and that they could not afford this amount.

A patient who had registered privately out of desperation told us this has proved costly and they can't really continue to pay these prices. They

were unhappy that they have worked in the NHS all their life and now can't even get to see an NHS Dentist.

We hear from people who are going into debt to pay for desperately needed dental care

Client had severe toothache and after phoning 3 dentists who all said they were not taking on NHS patients, they were desperate and went to a private dentist to get it looked at to get out of their pain. The dentist ended up removing the tooth for £137 and said that other teeth need attention too which would take the cost to £904. Client is a student and paying for their treatment will cause serious debt. 24/10/2023

The problems affect some people particularly severely:

- People who can't afford to pay privately no matter how desperate they are.
- People who didn't have a dentist previously (e.g. people who have moved to Liverpool, asylum seekers or refugees, people who have been homeless, people who avoided dental care previously out of poverty, other life pressures or dental fear).
- Families who needed to move because of domestic violence and couldn't safely access their previous dentist.

Dental pain is not a minor issue. Remember having tooth ache and then imagine living with that for years before you get it treated, while the problem gets worse.



A caller had pulled his own tooth out after struggling 5 years to get registered with a dentist 28/06/2024:

"In 2023 I pulled one of my teeth out, for the second time. Once again, I was suffering toothache and could not get an NHS dentist. Nothing was helping to ease my pain, so I decided to do another DIY job. First, I used a spanner, but it was a little bit big to grab hold of my tooth, so I decided to try with a cord. It hurt really bad but the relief I felt when my tooth was out was amazing!! I had felt so desperate with the pain. Would I do it again?? If I couldn't find a dentist then yes I think I would." - L8 resident.



Update from the same patient in December 2024:



"after extracting a couple of my own teeth in the past due to the lack of dentists taking on adults, I have spent most of 2024 in agony with a wisdom tooth that needs to be extracted but I'm actually scared to pull this one out myself in case I end up paralysing my face. Any information that will help me find a dentist taking on adults would be greatly appreciated."



The Emergency Dental Service is vital and saves many more people from pulling out their own teeth, but it can be difficult to access because of the volume of need.

A GP called us on behalf of their patient who had been unable to get through to the emergency dentist despite repeated attempts and has had a tooth infection for 3 weeks. The patient been on the phone for over 3 hours while trying to also take care of a young child.

Even some of those who have an NHS dentist can struggle due to the level of need.



"I am experiencing extreme difficulty getting through to my dentist calling 83 times this morning each time the line was engaged. This is an ongoing issue as I have been trying to get an emergency appointment for two weeks now and each day, I get through I am told that the appointment has been taken. I am advised they only have one emergency appointment per day perhaps two depending on the number of dentists they have in."



For some people not being able to get dental care makes eating difficult or even puts their physical or mental health at risk too:

An elderly patient with dentures had not needed to visit the dentists in many years and when they did, they found they had been removed from their books. They have lost a lot of weight and their old dentures no longer fit properly making it difficult for him to eat.

Client with complex mental health difficulties was having dental issues to the point that they were not eating properly. Not registered with a dentist.

A local resident with a shattered denture and very few teeth left, is struggling to eat and is having a negative mental health impact. Client feels their gum disease is going untreated. Client also extracted one of their own teeth recently due to the lack of dentist. Client is unable to afford private care

A person whose childhood trauma led to eating disorders which caused major dental issues has been left with pain, problems eating and extensive tooth loss described the impact of this on their mental health and wellbeing. "It feels like I'm showing the world my trauma when I open my mouth". As a result, they limit their social interactions and avoid situations where they may have to open their mouth in public. The Urgent Care+ pathway has enabled this patient to be seen.

Incomes in Liverpool are lower than the national average, and many people have no chance of affording private dentistry which is all they can find:

Client hasn't had an NHS dentist for a long time. They are on a very limited income, developed massive tooth pain and was scared that it was going to become a really bad abscess and couldn't get an NHS dentist at all. Out of desperation they registered as a private patient. The dentist quoted £8k to fix their dental situation – removing the tooth, putting in a false tooth and then a crown over it. "My jaw dropped through the floor". They are still shocked at the cost. They ended up paying £120 instead to have it removed and the gap left. They say they have spent about £1k in total in the last year or so on dental treatment that they really can't afford. They have been cutting down on essentials like heating so can't afford to be spending that kind of money on dentistry.

Some people, out of desperation try to pay for private care by dipping into savings, juggling finances or borrowing money. Private finance for dentistry is now widely advertised but risks putting people into debt they cannot afford to pay. People should have the option of NHS care. We are often in the uncomfortable position of telling people that it might be years before they will get an NHS dentist, but that private care is immediately available to those who can pay.

What we hear from health and care staff

We hear from a range of professionals desperate to get dental help for their residents, service users or patients seeing how much pain and distress they are in.

We have heard of cases where people's dental issues have complicated their overall health through malnutrition, infection or social withdrawal.

We have also heard where dental issues have been caused by or complicated by domestic violence, addictions or mental health issues and how a lack of dental care can make recovery from these harder by providing an ongoing reminder of what they have experienced.

Care homes

On our Enter and View visit to care home as well as speaking to residents and family members we also interview care home managers. When we ask about the challenges they face dentistry often comes up.

Very few dentists provide visits to care homes. There are limits on what can be done on site without the full dental environment but where homes can find a dentist to visit to do mouth checks on a regular basis it builds a relationship which makes it easier to know when someone needs a full appointment in the practice. Several care homes have highly praised one dental practice, Shiel Road Dental, who had a dentist willing to come out to visit their homes and providing follow up care in the practice when needed. This was however dependent on the good will of that one dentist and during their extended sick leave this year care homes were again unable to arrange dental visits.

We have also heard strong praise of the Mersey Care special care dental team which provides care to people with additional needs whose needs can't be met in a mainstream dental practice. For those residents who are eligible and who can get there it provides much needed and person-centred care.



“We have had residents where we thought there was no way to get them to have a scan, but they do” a care home manager about Everton Road special care dental team



Some homes have been able to describe their Mouth Care Matters approach to oral health with charts listing dental care for each resident that is filled in morning and night and residents are given a new toothbrush every 4 weeks. This is very good to hear, and we would like it to be implemented in all care homes, supported by access to dentists when needed.

Action so far

- We continue to be in regular contact with the NHSE regional team who have been liaising with dentists to get help for the most urgent of our dental enquirers, those whose dental issues are impacting on their physical or mental health to a dangerous extent.

Dental Recovery Plans

- The National Dental Recovery Plan announced in February 2024 was very limited in scope and did not bring additional funding. Cheshire and Mersey ICB launched its own local Dental Improvement Plan 2024–2026 that went beyond the national plan. This plan included 5 pathways, one of which was not implemented because of worsening NHS finances during the year. The ICB established a Dental Recovery Board which we sit on.
- Pathway 1 – maintaining Urgent Care Centres including a telephone helpline to triage and book urgent appointments. This is in addition to the commissioned urgent care service. This is not included in national plans but is vital in getting people a route out of the most desperate immediate pain. Without it we would have seen many more people result to self-extractions. The practices involved in this pathway also see vulnerable individuals using specific referral pathways
- Pathway 2 – Urgent Care Plus. This provides substantive care following an urgent care appointment. Patients are offered a full examination and any clinical care identified, not just for the presenting condition but this does not provide ongoing, routine care. This Pathway is also what is used to meet the needs of those we escalate as being in particularly high clinical need dental situations.
- Pathway 3 Routine Care for All – This focuses on mainstream provision and maintaining this. Dental practices undertaking this scheme commit to taking on a specified number of new patients (defined as not having seen a dentist in the previous 24 months), they also link with a vulnerable group within their locality for example family hubs.
- Pathway 4 – Access for Children with additional preventative treatment needs. Locally this has included a pilot in Belle Vale which has provided additional capacity focused on children and perinatal women.
- Pathway 5 – Access for “cared for” frail and vulnerable adults. This included plans to pilot work with care home residents. This work did not happen in 2024–5 due to financial pressures within Cheshire and Mersey ICB. See page 12 for why action around dentistry for frail and vulnerable adults, especially those in care homes, is such an area of need.
- Pathway 6: A pilot scheme delivering care through specific pathways to vulnerable patients with a focus on outcomes rather than targets. This practice offers Vulnerable patients substantive care and ongoing routine care, delivered using skill mix, patients include:

- i. Children
- ii. Nursing & Expectant mothers
- iii. Those Referred from Social Care/hospital
- iv. Provider works primarily with Liverpool Beyond Team Midwifery Team. Recently linked with 3 care homes,
- v. Refugee referrals and Knowsley Drug and Alcohol Team for new mothers
- The local recovery plan can only take place within the national contract and within the dental budget. Much more needs to be done. Patients need to know that this problem is going to be fixed. An end to the dental crisis would require more fundamental change including:
 - i. Major changes to the dental contract
 - ii. A long-term commitment to NHS dentistry

Public health action on dental care for children

Since 2024 Public Health have been working with Tiny Teeth to support the delivery of supervised toothbrushing training to early years settings and workforce oral health training and developing Oral Health Peer Supporters. Over 70,000 toothbrush / toothpaste packs for children aged two to seven years old have been distributed to a range of settings through funding from All Together Smiling. This includes schools, children's centres and family hubs, food banks / community food spaces, community champions, early help, children in care, foster carers and kinship carers.



"It has been positive to have a stock of children's toothbrushes and toothpaste at our community food markets, so that children in each household can receive a brand new toothbrush, something that has become unaffordable and a 'luxury' item for many who are struggling on a small budget." – A quote from a local Food bank



In addition, as part of Sugar Awareness Week in November 2024, schools received "Save Kids From Sugar" water bottles, to encourage children to drink water and the School Health Team delivered a number of oral health awareness sessions.

What needs to happen?

We need a national conversation between patients, dental leaders, the NHS and politicians about how the NHS is going to meet the country's dental health needs. This will need a united effort.

Healthwatch England is calling for the following:

- **Fundamental reform of NHS dentistry, to give the public a right to register with a local NHS dentist, in the same way as they can with a GP, to access ongoing check-ups and appointments.**
- **Greater protection of ring-fenced NHS dental budgets that are held by Integrated Care Boards (ICB).**
- **Involvement by ICBs of local Healthwatch and communities in shaping local NHS dental services and informing roll-out of new initiatives.**

- **Publicity campaigns targeted at people most in need on how they can access the 700,000 extra NHS appointments being offered under the Dentistry Rescue Plan.**
- **Regular national updates published on the impact of the Dental Rescue Plan.**
- **Greater promotion of NHS dental charge exemptions and the NHS Low Income Scheme to ensure people aren't put off seeking help because of cost.**
- **Full compliance by practices with their contractual duty to update their NHS availability on the NHS website.**
- **More joined-up schemes between dental practices, GP surgeries, schools, and other services to deliver prevention and link oral health to other issues, such as smoking cessation.**

Healthwatch Liverpool's ask:

Whilst we believe local people need and want the right to register with an NHS dentist and to receive ongoing check-ups and appointments, this needs to be part of a transformed dental system with enough dentists willing and able to see all those who need to be seen. Giving a 'right to register' without ensuring sufficient capacity will not solve the problem.

We want to see a restated commitment to NHS dentistry, plans to ensure coverage especially in areas of most need, groups with the greatest barriers and those who have suffered the most from the NHS dental crisis because of not being able to afford private care when that was all that was on offer.

This includes:

- Valuing the role of NHS dentistry – essential preventative, part of allowing people to live healthy lives – via a dental contract that encourages and enables dentists to focus on NHS work.
- Practices being able to recruit and retain NHS dental staff and to deliver on their UDA allocation (the amount of NHS work they are expected to deliver).
- When a practice can't fully deliver, the underspend being ringfenced for prompt reallocation to avoid worsening the current provision further. This is especially important in areas of high deprivation like Merseyside where patients whose dentists stop or reduces NHS work are not likely to be able to afford private care. Dental funding is needed to meet dental need and not to offset other areas of ICB overspend.

Healthwatch England have made the following suggestions:

- 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.
- 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.
- 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.

- 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, Healthwatch Liverpool would also suggest:

- Honest communication between the NHS and the public about the scale of the dental challenge, recognition of the impact this is having on people and the action that is being taken.
- Continued implementation and expansion of the Cheshire and Mersey Dental Recovery Plan to stabilise and then restore NHS provision locally including fair access to the existing provision during the recovery period to minimise harm and inequality.
- Ensuring people have a fair and equal chance to get an NHS dental appointment rather than just those lucky enough to have had a dentist when the pandemic hit.
 - Consideration of whether the length of time between check-ups might need to be temporarily extended to help get more people the chance of an NHS check-up during this recovery period.
 - Targeted action to improve access to dental care in Liverpool to at least the Cheshire and Merseyside average to reduce the unequal access within the region (there isn't enough NHS dental provision anywhere in Cheshire and Merseyside but at present Liverpool is particularly poorly covered).
 - Action to encourage recruitment and retention of NHS dentists locally.

People with additional or high priority needs

While the dental crisis is still being felt so acutely it is tempting to focus solely on access. However, even if a considered national plan was put in place reprioritising and revitalising NHS dentistry there would still be a need for specific consideration to be given to those with additional oral health needs. These groups are likely to have suffered most from the crisis and need additional focus in the recovery. The following groups are some examples.

People with dental phobias – pre-covid a significant portion of our dental enquirers were people with phobias around dental care who had put off dental care and were now looking for dentists with an empathy for nervous patients. The dental crisis will have given many such people a 'reason' to not seek dental care for longer and they are likely to have built up greater problems and have even more fears about accessing care if it became more available.

Childhood or sexual trauma – For many people who have experienced previous trauma, any healthcare, especially treatment where they have to stay still while being examined can be difficult. Most of the respondents quoted in our report on the impact of sexual trauma spoke about gynaecological examinations but we have also heard from that dental appointments can also be difficult for some people. Awareness amongst dental staff could make this easier. We are delighted that the Special Care Dentistry at the Dental Hospital have joined the Sexual Trauma project (alongside Liverpool Womens Hospital and Brownlow Primary Care Network) to raise awareness of staff and enable the provision of trauma informed care.

People in mental distress – As the Oral Health Foundation have noted there is evidence to suggest those who experience mental illness also suffer with poor oral health.

- Some of the most common mental illnesses that can have a negative impact on a person's oral health include: anxiety and panic attacks, depression, eating disorders, obsessive-compulsive disorder, self-harm, schizophrenia and psychosis.
- Some of the main issues for those suffering with mental illness include:
 - **Neglect:** Research has shown that those suffering from mental illnesses tend to avoid dental care so much that their oral hygiene is neglected. This can result in gum disease and tooth decay.
 - **Anxiety:** Many people suffer from some form of dental phobia and as a result, stop seeing their dentist regularly. Infrequent dental visits have a severe impact on oral health.
 - **Eating disorders:** Those who suffer from conditions such as Bulimia often experience dental erosion from the acidity in vomit. Low levels of calcium are also common, which could affect the health of the teeth.
 - **Brushing actions:** Over-vigorous brushing actions by those with bipolar as similar disorders could result in them brushing away the enamel on the surface of the tooth.
 - **Medication:** they are taking may produce adverse oral effects, especially dry mouth, which is as a result of reduced saliva flow."

We have heard from people with severe depression that during their worst times they forget personal care and then once they're feeling a little better are hit with guilt, shame and judgement about the state of their dental damage. This is something that can trigger another decline in their mental health. People can therefore have reasons to avoid attending the dentist even in a better period for fear of being judged. In the current situation where getting a dentist takes a lot of persistence and luck, it is harder than ever for people in mental distress to get the dental treatment they need.

The impact of unaddressed dental issues can make being around people difficult – we have heard of people unable to face job hunting, socialising, being seen in the street or being in family photographs in case their missing or decayed teeth are noticed.

Eating disorders – Disordered eating has serious consequences on dental health and increase someone's need for dentistry. The lack of vitamins to the system and / or the presence of stomach acid wearing away tooth enamel and damaging gums over many years have disastrous consequences on oral health. Also, due to lack of care of their teeth and general health, people with eating disorders can have a sense of shame and/or fear of judgement.

There is also the factor of letting a stranger so close to them during an examination as many people have had childhood trauma which has been a significant factor in their disordered eating developing.

For some people, 'objects' (hands/implements/foreign objects) being put into their mouth during a dental examination may cause gagging/vomiting due to years of self-abuse. Therefore, many people with eating disorders have both more need for dental care as well as finding accessing care traumatic.

For more information see <https://ldc.org.uk/policy/eating-disorders/> and <https://www.dentalhealth.org/blog/how-eating-disorders-can-affect-your-mouth>

There is a short online awareness training for health staff on noticing signs of an eating disorder and how to communicate sensitively with a patient about this and help people get the support they need. <https://www.beateatingdisorders.org.uk/training-events/find-training/training-dieticians-community-pharmacy-oral-health/>

Homeless people – Groundswell’s research with homeless people in London found much higher levels of dental issues than among the general population

- 90% of participants had an issue with their mouth health since becoming homeless
- 30% of respondents were experiencing dental pain at the time
- 7 in 10 reported lost teeth since becoming homeless. 15% of respondents had pulled out their own teeth.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants had used alcohol to help them deal with dental pain and 28% had used drugs.
- 27% had been to A&E for dental problems

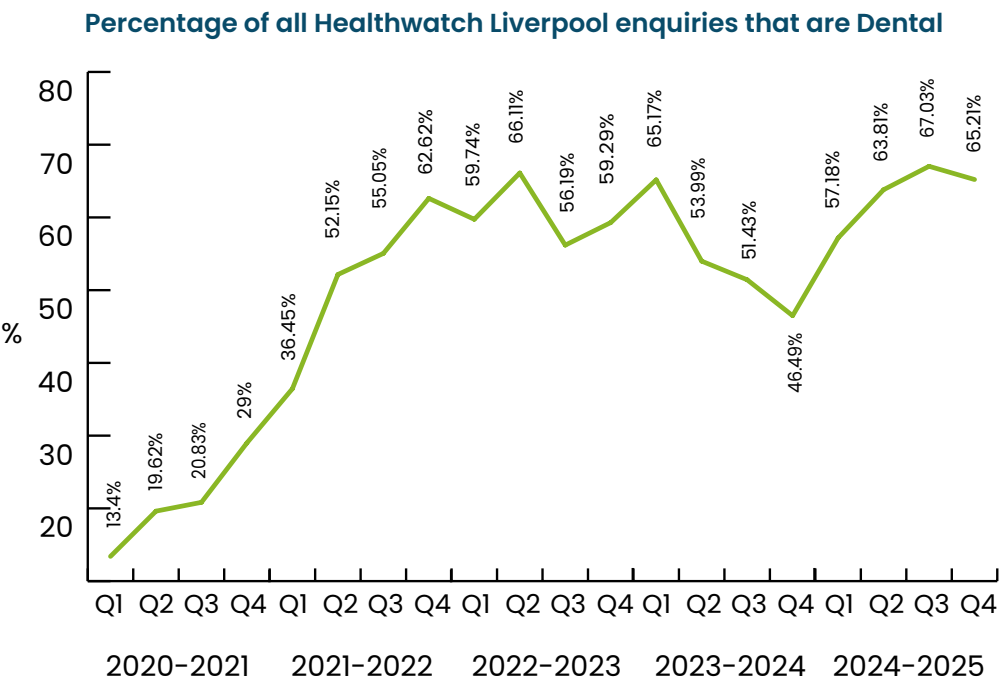
<https://homeless.org.uk/knowledge-hub/inclusive-dentistry/>

Carers – Many carers struggle to make time for their own health care, often waiting until the need is desperate before seeking help. Not attending for check ups and preventative care not only worsens their dental health but means they don’t have a dentist to turn to when they do reach dental crisis.

An elderly carer was supported by the Carers Centre, as they cared for their partner who has mobility problems. The carer needed to find someone to stay with their partner if they went out so had delayed seeking dental care. The Carers Centre had concerns for the carer as they presented frail and reported that they had lost at least 2 stone in weight as they were struggling to eat due to their dental problems. The carer required extensive dental treatment, was not registered with an NHS dentist, and no practices had any places. They eventually visited an emergency dentist who advised that they could be treated privately, but the cost would be over £1000, and the carer could not afford this. This was raised by the Carers Centre with the carers GP as a medical issue. The carer provided feedback several months later that they had been supported to find an NHS place. The NHS cost of £300 was still a lot for them to find but the private cost was impossible.

People who don’t read English – We have heard from community partners that some people, unable to understand messages sent out in English about being taken off a dentist’s list if they do not attend for checkup go to their dentist when they next have pain and are surprised to find that they no longer have a dentist . We have heard of multiple examples of this from Chinese elders alone.

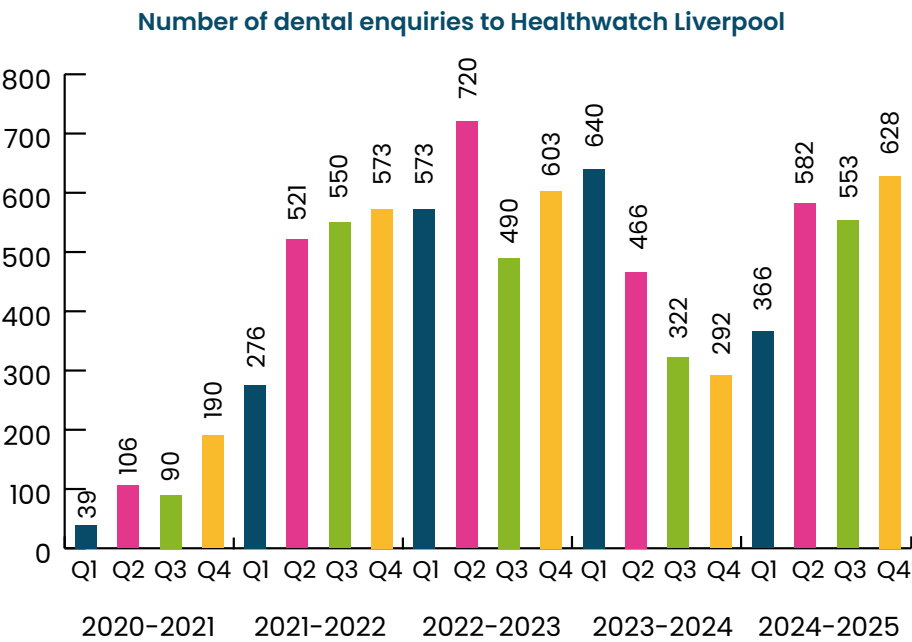
Chart 1



Pre-pandemic, around one in five of our overall calls related to dentistry. and this would typically be for those having recently moved to the city or wishing to register with a dentist for the first time. Occasionally, we would direct those seeking urgent dental care to the emergency dental service.

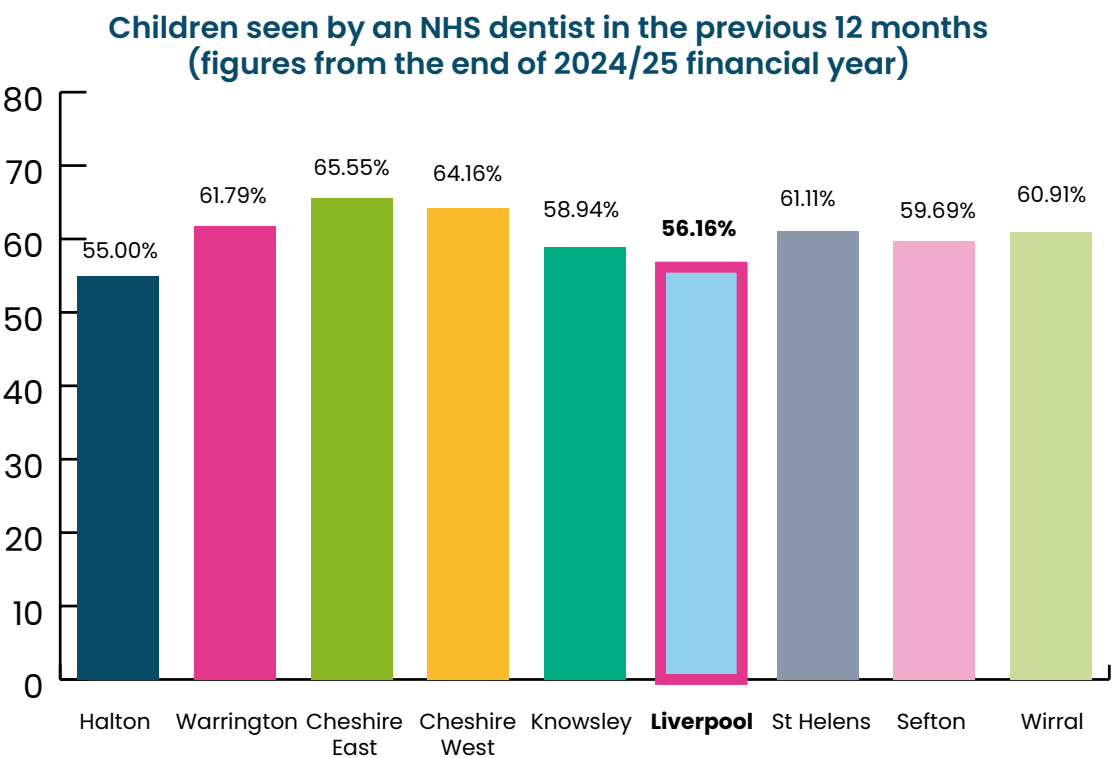
Since the pandemic restrictions lifted the majority of our enquiries have been people looking for dental help.

Chart 2

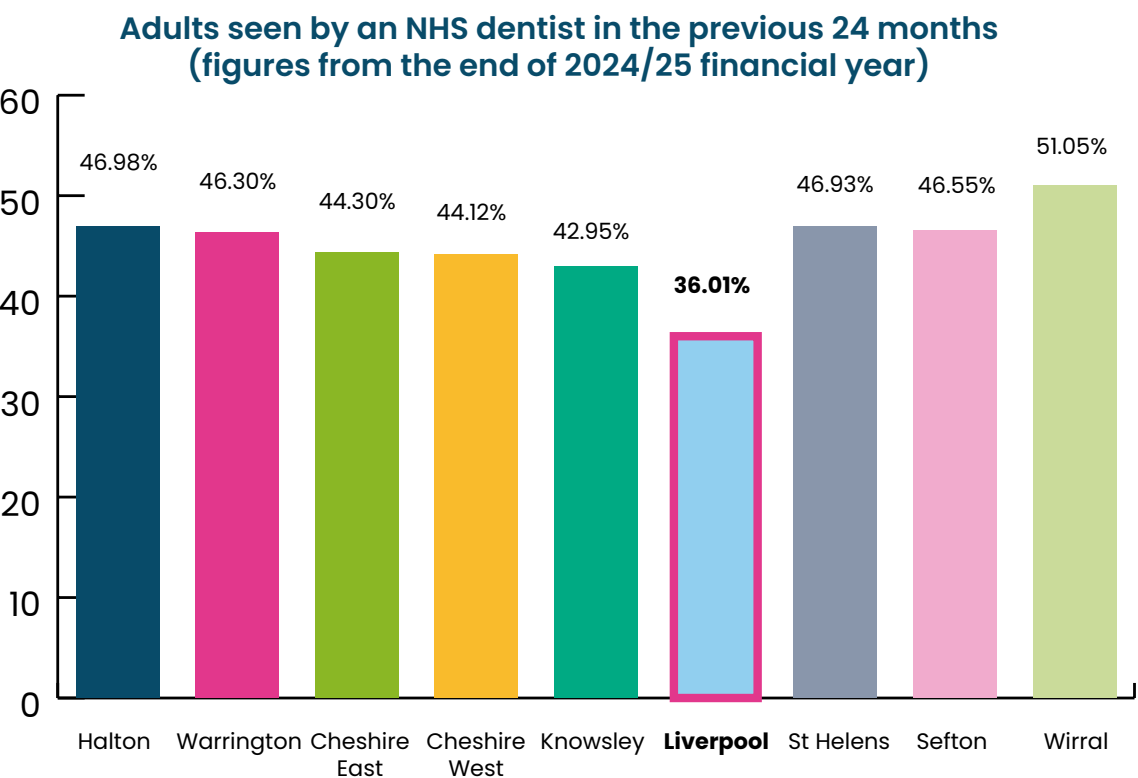


This shows that the large increase in numbers of calls related to dentistry since the pandemic restrictions were lifted has been sustained. Pre pandemic we received an average of 39 dental enquiries per month. By March 2025, this number has risen to an average of 209 per month, more than 5 times greater than it used to be.

Chart 3

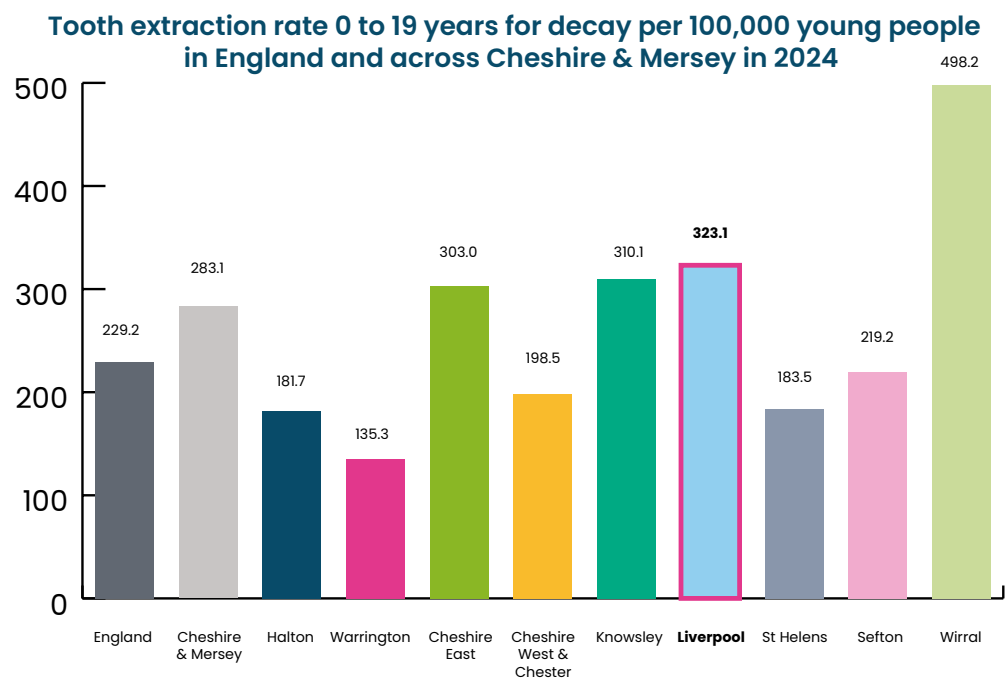


The proportion of children in Liverpool who have seen an NHS dentist in the previous year have improved but is still among the lowest in Cheshire and Merseyside. (Source: NHS Digital)



The proportion of Liverpool adults who have seen an NHS dentist in the previous 2 years has not significantly improved and is considerably lower than any other part of Cheshire and Merseyside. (Source: NHS Digital)

Chart 4 – Hospital tooth extraction rates in 2024



Tooth extraction rates caused by tooth decay for 0-19 year olds in Liverpool is higher than the national average and is among the highest in the Cheshire and Merseyside region. (Source: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2024>)

Chart 5 – Comparison on private and NHS costs

Chart 5 Includes data drawn from Which analysis <https://www.which.co.uk/reviews/dentists/article/private-and-nhs-dental-charges-al0jA6JISwyl> (last accessed 15 November 2025).

Treatment	NHS band	NHS price for lowest income patients	NHS price for patients who need to pay	Private price
New patient consultation or check-up	Band 1	£0	£26.80	£40 to £75
Simple X-rays/ radiograph*	Band 1	£0	£26.80	£10 to £20
Hygiene clean/scale and polish	Band 1/Band 2 (deep scaling)	£0	£26.80/£73.50	£90 to £130
Amalgam/metal filling	Band 2	£0	£73.50	£90 to £140
Composite/white filling	Band 2	£0	£73.50	£100 to £180
Root canal treatment	Band 2	£0	£73.50	£250 to £320
Tooth extraction	Band 2	£0	£73.50	£120 to £280
Crowns	Band 3	£0	£319.10	£450 to £950
Dentures/bridges	Band 3	£0	£319.10	£400 to £1,050

Chart 5

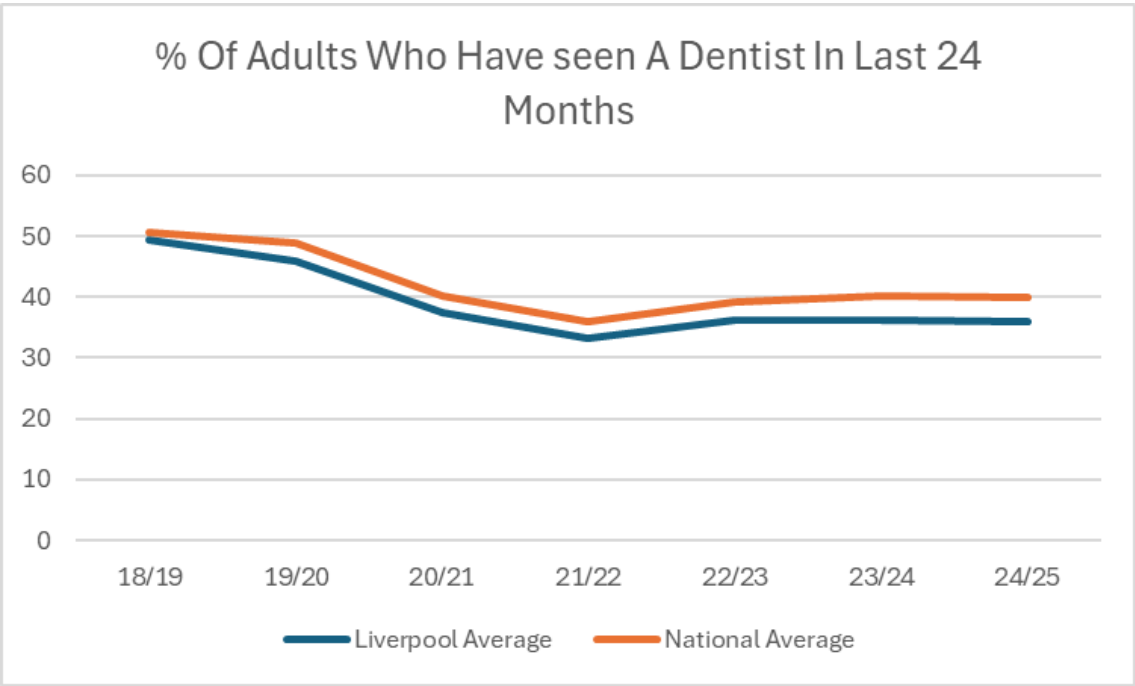
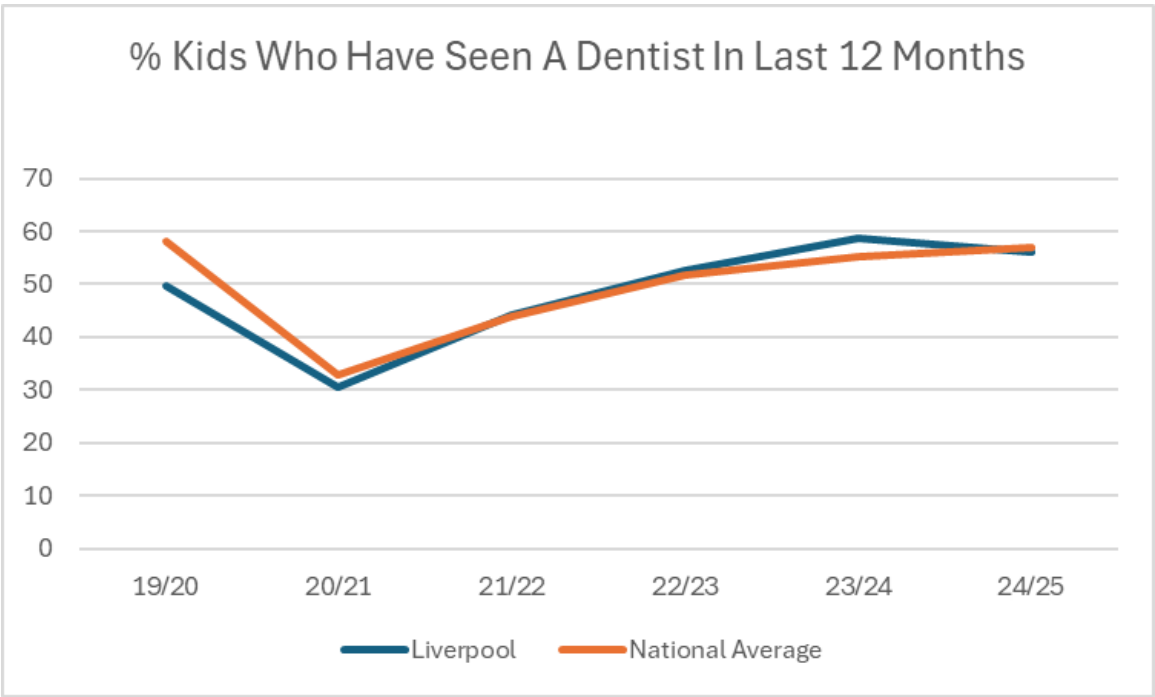


Chart 5. shows Liverpool quarterly figures for adult patients seen in the previous 24 months alongside national averages. Access in Liverpool have been consistently below the national average and have recovered less than the national figure.(Source: NHS Digital)

Chart 6



This shows Liverpool quarterly figures for child patients seen in the previous 12 months since 2019 alongside national averages. Despite the challenges, this does show that efforts in Liverpool to focus on child access have led to faster access improvements for children here than in the country as a whole (Source: NHS Digital)

Chart 7

Poll results: Summary

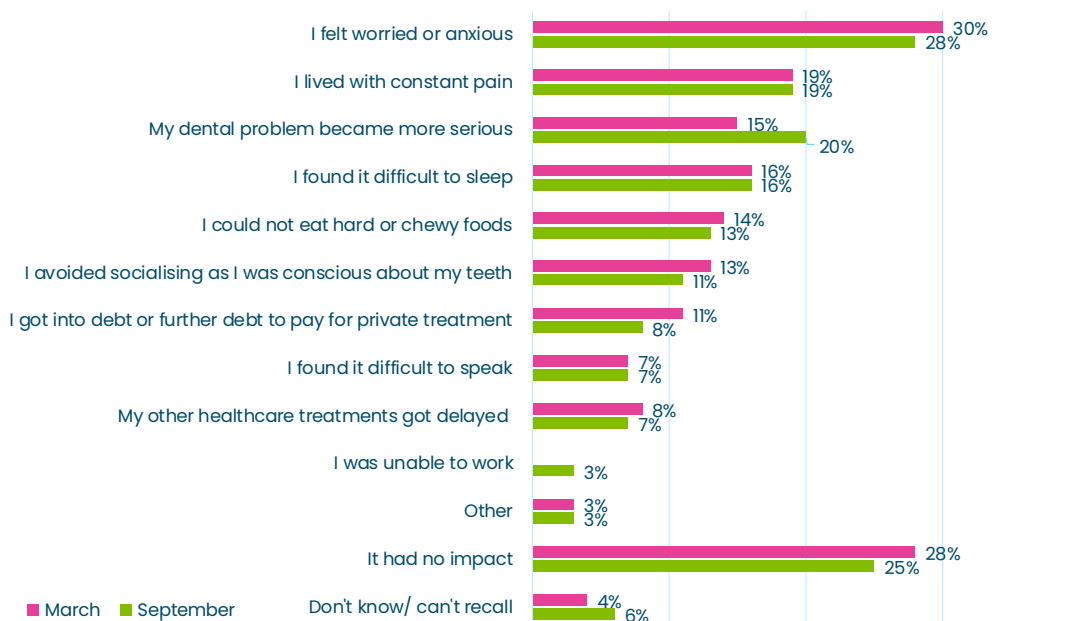
	March	September
Attended an NHS dentist appointment in last two years	60%	60%
Not seen on NHS in last 2 years because unable to get appointment	16%	16%
Seen on NHS, who'd waited longer than wanted for appointment	31%	33%
Seen on NHS, said difficult to find information about NHS dental costs	16%	20%
Seen on NHS, who felt NHS dentists charged more than advertised	13%	19%
Unable to get NHS appointment, dental problem got more serious	15%	20%
Unable to get NHS appointment, who lived in constant pain	19%	19%
Unable to get NHS appointment, who had to go private	26%	27%
Parents who could only get NHS treatment for child by signing themselves up as a private patient	4%	6%
Seen on NHS, felt dentist put them at ease	83%	82%
Seen on NHS, said dentist treated them with respect	86%	85%

Access to NHS dentistry, Healthwatch
England polling findings, 2024

Chart 8

The impact of not getting NHS dental care

Base: Those unable to get a dental appointment
in last two years, March 319; Sept 286

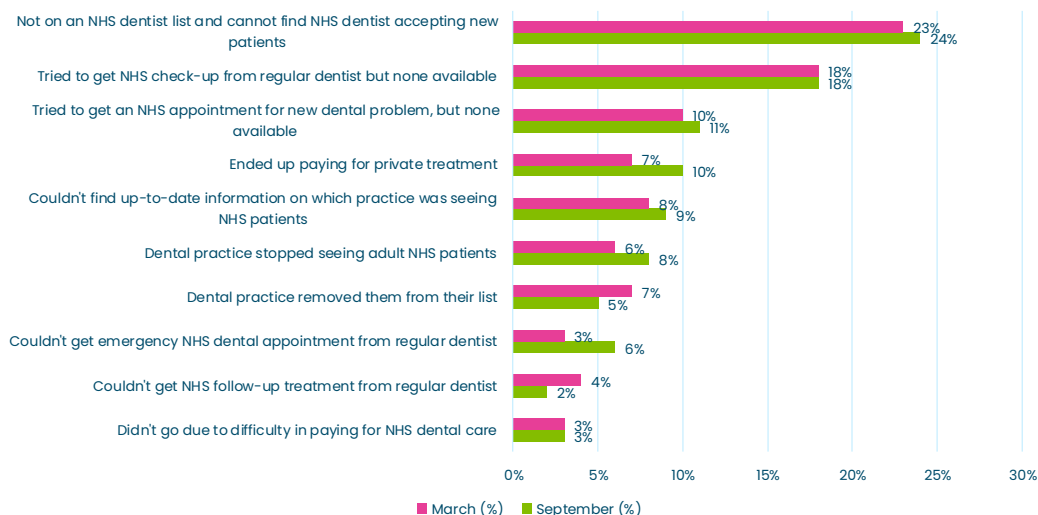


Access to NHS dentistry, Healthwatch
England polling findings, 2024

Chart 9

We asked: what was the main reason people could not get an NHS dentist appointment in the last two years:

Base: Those unable to get a dental appointment in last two years, March 319; Sept 286



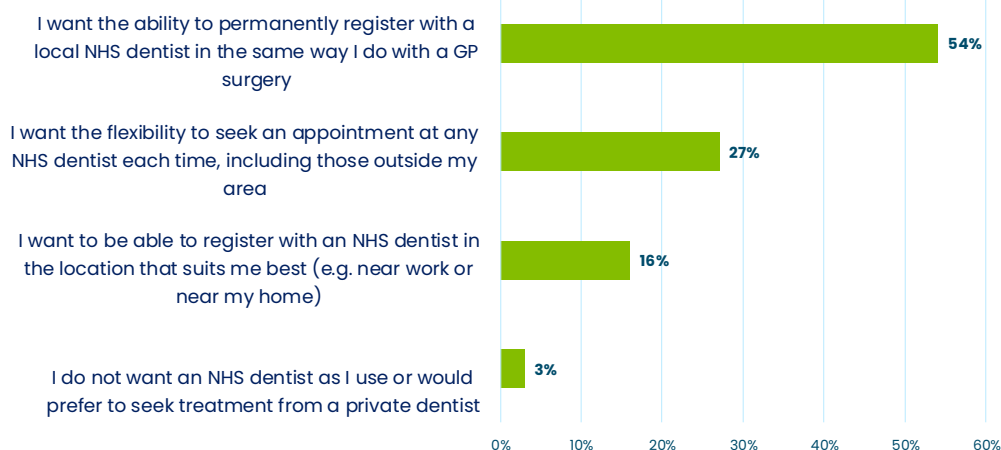
Access to NHS dentistry, Healthwatch England polling findings, 2024

Chart 10

What do people want from the NHS?

When asked which way of getting NHS dental care people would prefer in the future, the majority supported some type of registration for dentistry

(base: All respondents, 1,791, asked in September only)



Access to NHS dentistry, Healthwatch England polling findings, 2024

Source: charts 7-10 taken from Healthwatch England Access to NHS dentistry 2024 – findings <https://www.healthwatch.co.uk/report/2024-11-20/access-nhs-dentistry-2024-findings>



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