Care Quality Commission

Primary and community care

Key findings

- Between March 2020 and March 2024, the number of patients registered with a GP in England increased by 5%, from 60 to 63 million.
- The number of people waiting more than 2 weeks for a GP practice appointment increased by 18% from 4.2 million in February 2020 to 5 million in March 2024.
- The 10 integrated care system areas with the highest proportions of patients waiting over 2 weeks for a GP appointment were in comparatively rural areas – with half of these in the South West.
- There is notable regional variation in the proportion of NHS dental work being completed – ranging from 48% to 97% – with rural areas tending to provide less NHS treatment.
- In our survey of 1,600 adults who had accessed care in the last year, the 2 services that people had the most difficulty accessing were GP services (59%) and dental services (23%).
- People in the most deprived areas of England were nearly 3 times more likely to be admitted to hospital for treatment that could potentially be avoided with timely and effective care in the community.

- Schoolchildren living in the most deprived areas were more than twice as likely to experience tooth decay than those living in the least deprived areas.
- Our targeted assessments of the responsiveness of GP practices found that some practices demonstrated improved availability and accessibility of appointments and provided proactive outreach to patients.

Primary care workforce

Between March 2020 and March 2024, the number of patients registered with a GP in England increased by 5%, from 60 to 63 million.

Looking further back, the number of patients increased by 10% between March 2016 and March 2024, from 57 to 63 million. But GP numbers have not increased to meet this higher demand. NHS England figures show that over the same 8-year period since 2016, the number of fully qualified GPs for every 100,000 patients has reduced by 15%, from 51 to 44 full-time equivalents.

This increased need for GP services is putting unsustainable pressure on the workforce. The latest poll of members of the Royal College of General Practitioners in July 2024 echoed this, with a warning that "over three-quarters of GPs (76%) say that patient safety is being compromised by their excessive workloads".

This excessive workload comes, in part, from pressures in hospitals, which are passed on to primary care. For example, more unsuccessful referrals from a GP to a hospital can mean that people need to be cared for by a GP for longer while they wait for hospital treatment to go ahead.

The need for more GPs is well recognised and there has been a consistent drive to increase capacity over the years. The proportion of GPs in training increased considerably from less than 1 in 6 (15%) full-time equivalent GPs in March 2016 to more than 1 in 4 (26%) by March 2024.

The numbers of other staff providing direct patient care, for example healthcare assistants and paramedics among others, has increased dramatically, from 17 full-time equivalents for every 100,000 patients in March 2016, to 80 in March 2024. This represented a 372% increase. We recognise that new staff joining a practice will require supervision and support to carry out their roles.

There are different types of staff in a GP practice following the introduction of the Additional Roles Reimbursement Scheme (ARRS). This was introduced in England to reimburse salaries for new roles within the multidisciplinary team. But a survey by the British Medical Association found that a third (33%) of locum doctors have made definite plans to change work or career paths, with 71% blaming ARRS for creating unemployment among GPs.

Subsequently, the Department of Health and Social Care has announced that practices will be allowed to use funding from ARRS to recruit newly-qualified GPs in 2024/25, as an emergency measure. The announcement states that "more than 1,000 newly qualified GPs will be recruited" this year as a result.

Access to GP practice appointments

In this report, the section on 'GP responsiveness' discusses what we found from our targeted assessments of GP practices. This was part of our work to understand how practices are trying to meet the need from patients to access appointments and to gain a better understanding of the experiences of both people who use GP services and of providers themselves.

We acknowledge the efforts of staff to increase the number of appointments for their patients. For example, primary care networks have been able to introduce new roles within the multidisciplinary team, selected to meet the needs of the local population. However, the rising need from patients continues to be one of the key challenges practices often say they are struggling to meet.

During our targeted assessments, we could clearly see that access to GP services continues to be an area of concern. We regularly receive feedback from people telling us of difficulties in getting GP appointments, which is also reflected in a continued decline in the proportion of positive experiences in local and national patient survey data.

Difficulties accessing GP services can have a significant impact on both short-term and long-term care. For example, we have also seen in our analysis of people's experiences shared through our Give feedback on care service that difficulties accessing GP services may also have an adverse impact on cancer screening and other health checks.

These issues around access to services are reflected in data from NHS England:

- The monthly number of GP practice appointments attended in England increased by 24% between February 2020 and March 2024, from 22 million a month to 27 million a month.
- In March 2024, 17% of appointments in GP practices took place more than 2 weeks after booking.
- The number of people waiting more than 2 weeks increased from 4.2 million in February 2020, to 5 million in March 2024 – an increase of 18%.
- The number waiting over 28 days also increased, from approximately 1 million in February 2020, to 1.4 million in March 2024.

Analysis of the data from the 42 integrated care systems (ICSs) in England shows that people in different areas of the country are affected differently by waits for GP practice appointments – most notably in terms of rural versus urban area.

In March 2024, of the 10 ICSs with the lowest proportions of patients waiting over 2 weeks to be seen:

- 5 were in London
- 1 bordered London
- 4 were located around Birmingham or the wider West Midlands region.

Of these 10 ICSs, 7 were in urban areas.

It is also interesting to note that the ICSs with the highest number of registered patients for each GP were mainly in London or bordering areas.

By contrast, the 10 ICSs with the highest proportions of patients waiting over 2 weeks to be seen were in comparatively rural areas – with half of these in the South West.

People's experience of GP services

The 2024 GP patient survey received responses in the first 3 months of 2024 from nearly 700,000 people about their experience of local NHS GP practice services.

It found that nearly three-quarters (74%) of respondents said their overall experience of their GP practice was good, with 13% saying it was poor.

However, the survey's findings about contacting and accessing services tend to show a lower level of satisfaction. For example:

- 67% said their overall experience of their last contact with their GP practice was good and 19% said it was poor
- 66% said the wait for their last GP practice appointment was about right and 34% said it was too long.

Accessing GP appointments

We carried out a survey specifically for this report in July 2024, which received responses from 1,600 people who had accessed health and adult social care services in the past 12 months.

When asked 'which services have you had difficulty accessing, arranging, or attending?', most people said NHS GP services (59%) followed by NHS dental services (23%).

When asked about the causes of these difficulties, of those who had difficulty accessing, arranging or attending services:

- 58% said it was the availability of appointments
- 39% said it was problems when trying to book an appointment, such as being put on hold.

Some of these difficulties are also reflected in people's experiences of GP practices, which we received through our Give feedback on care service in 2023/24.

Accessing GP services was a common topic of feedback. A lot of people spoke about it positively, including booking appointments, as well as actions their practice had taken to improve physical access to the building.

> "I've always got a quick, same-day appointment with warm staff that always want to help."

However, many people also had difficulty in accessing GP services. Contacting the practice by phone was an issue for many people.

> "You have to phone the doctors at 8am if it is urgent. Good luck with that as you have to wait on the line in a queue which could be 20 to 30 minutes if you're lucky, by which time there are no appointments available."

Some people had such difficulty contacting their GP practice that they gave up trying or felt that the practice did not want them to access services.

> "Nowadays I feel like a burden whenever I try to speak to anyone there, which puts me off even trying. Not sure if that's what they're hoping for? As it certainly feels like it sometimes."

Difficulties contacting a GP practice

Bethany told us that her GP practice was not very good at calling her back. She had recently had a urinary tract infection and rang her GP first thing in the morning to arrange for some medicine to come with her afternoon medication delivery. After waiting over 6 hours for a call back from her GP and becoming more unwell, Bethany rang her pharmacist who then rang an ambulance to take her to hospital. This attendance at A&E may have been avoided if the GP had called her back and assessed her earlier. Bethany has arthritis and has a lot of experience of using health services, including waiting 2 years for a knee replacement operation. She said it was the care and services from primary care that she had been most unhappy about.

(Interview with a member of the public)

The ease of booking appointments also depended on the options available to people. Many felt that booking through online systems was a quick and efficient way to contact their practice.

> "I used the online service to seek medical advice for my daughter. I was contacted within 30 minutes offering a same day appointment."

In a few cases, though, people struggled to use online systems, either because it didn't appear to work or because it was difficult to use and navigate the system.

> "Trying to get [an] appointment with this surgery is a nightmare, they say fill in the form on [their] website to request an appointment. My wife and I have tried to find the form but it's just not clear how to find it."

The difficulty in using online systems can be further exacerbated when people do not speak English as their first language.

This was one of the findings from our inequalities local outreach project in 2024. During the project, we contacted local voluntary and community sector organisations to collect feedback from people from ethnic minority backgrounds across England about their experiences of care and treatment for a long-term condition in primary and secondary care Some people from ethnic minority groups, including a group that supports families from overseas who do not speak English as their first language, told us how the people they represent find it difficult to use apps or systems to make appointments, read letters or submit medical information. For example, they said:

- information about appointments delivered by email and text message is hard to understand because of their limited English language
- they don't trust translation software when using digital apps
- language is a barrier because they would need an interpreter to book an appointment when using an app.

Waiting for a GP appointment

The Department of Health and Social Care's 2022 plan for patients sets out an expectation that patients should get an appointment with their GP practice within 2 weeks, and that patients with urgent needs should be seen on the same day.

Many people used our Give feedback on care service to give positive feedback about their GP practice for getting an appointment quickly. For some, a key strength was the ability of receptionist or triage staff to listen to what the problem was and prioritise accordingly. A few people felt that the online systems speeded up the triage process and allowed them to access the care they needed efficiently.

> "The receptionist was committed to finding a suitable appointment time that worked for me and explained the next steps."

However, reflecting the NHS England data referenced in the section on 'Access to GP practice appointments', some people told us they waited between 2 to 4 weeks for an appointment, which exceeds the recommended 2-week wait.

> "I asked for an appointment to see a doctor on 15 January and was told that I would be contacted. I heard nothing more until 8 February when I had a phone call to offer me an appointment on 16 February. While I accept, and indeed said, that my request was not urgent, to wait for a month to see a doctor is disappointing to say the least."

A few people said that, even though appointments were available, it did not necessarily mean they were available at times that worked for them.

> "Poor opening hours. I can only call on day of appointment at 8:30am. Unable to book appointments in advance or, if any available, it's a long wait of at least 3 weeks. No walk-in service, or early mornings/evenings for those who work."

Emergency appointments

In the 2024 GP patient survey, 31% of respondents said they had contacted or used an NHS service when their GP practice was closed. Of those:

- 47% phoned NHS 111

- 24% went to an emergency department (A&E)
- 16% went to a pharmacy
- 13% went to an urgent treatment centre.

Similarly, people's experiences through Give feedback on care also mention turning to other NHS services to seek emergency care when they couldn't access GP services.

For many people, accessing emergency GP appointments at their practice was relatively straightforward. Those who were able to contact their practice and request an emergency GP appointment often received one the same day following a triage process.

> "Called the surgery at 8am for an emergency appointment for my child. I was surprised that I was offered an appointment and seen within the hour – quick and efficient service!"

However, some people found it difficult to get an emergency GP appointment, which meant they had to access urgent and emergency care services, such as NHS 111 and emergency departments.

> "The main problem with this practice is getting an urgent appointment to see a doctor. My last 3 requests have had to be via NHS 111. The last urgent request via 111 ended with an ambulance being called, followed by 24 hrs observation in hospital. The doctors are all very efficient when you can get an appointment, the problem is just getting the appointment to see them."

GP responsiveness

We recognise the work of GP practices to continue to provide safe, good quality care, despite the pressures of increasing patient numbers. To understand what practices are doing to improve patients' access to primary care, we carried out a programme of over 250 targeted assessments of GP practices between October 2023 and March 2024.

We found that the services identified by inspectors as showing innovative or outstanding practice were either:

- improving the availability and accessibility of appointments
- providing proactive outreach to patients.

Steps to increase the number and availability of appointments included offering new and wider services.

Efficiencies were often supported by improving or introducing technology to tackle issues the practice had identified. These included improved online accessibility options and new systems for booking appointments and online consultations. We acknowledge that these solutions may not benefit all people, and can restrict those who do not have access to digital technology or, as we mention earlier, people who do not speak English as their first language.

Examples of providing proactive outreach to patients, specific groups of people and wider communities included setting up a women's health hub, supporting migrant patients, and engaging with local homelessness charities.

Practices sought to address specific health concerns, such as referral delays for suspected cancer and issues around mental health and isolation, by working together with partners in the local system. This included cancer alliance partnerships and mental health charities.

Examples from a GP practice assessed and rated as outstanding for providing responsive services

As well as operating a telephone system that monitored call performance, the practice used an online service to enable patients to book and cancel appointments, order repeat prescriptions, access care records, request fit notes, and get answers to general enquiries. Nearly 70% of its patients had signed up to this. The practice continuously reviewed its appointments system in response to feedback and demand, and planned ahead to ensure appointments were available.

The rural location meant that some patients found it difficult to travel to the local hospital. To address this, the practice tried to provide services in-house as much as possible, such as phlebotomy, minor surgery and a diabetic screening service.

The practice also reviewed the results of the national GP patient survey every year, listened to patient feedback and adjusted its services as necessary, for example by offering more early morning and lunch-hour appointments for working-age patients. There were also more reception staff at busy periods.

The practice held a register of patients living in vulnerable circumstances, including homeless people and Travellers. It also focused on supporting patients with mental health needs, including offering priority appointments to those experiencing poor mental health, with the practice nurse checking that these patients attended their appointment and following up if they failed to attend.

Access to dental care

NHS dental activity

NHS primary dental care is facing a crisis. The Dentists' Working Patterns, Motivation and Morale survey for 2022/23 paints a worrying picture since the last survey:

- motivation and morale levels have fallen for most groups of dental staff
- recruitment and retention issues have become increasingly prevalent
- around two-thirds of dentists across the UK often think of leaving dentistry.

Demand and capacity pressures on NHS primary dental services contribute to problems in accessing care that are leading to the deterioration in people's oral health.

The proportion of adults who have seen an NHS dentist in the last 24 months and children who have seen an NHS dentist in the last 12 months is lower than in 2019/20. At the end of March 2024, 40% of adults had seen a dentist in the last 24 months and 56% of children had seen an NHS dentist in the last 12 months, compared with 49% of adults and 59% of children at the end of March 2020.

This data shows a variation at integrated care system level, of over 20 percentage points between the highest and lowest proportions of both adults and children seen by a dentist.

Similar to the figures for longer waits to see a GP, of the 10 areas with the lowest proportion of adults who have seen an NHS dentist, half are in the South West of England.

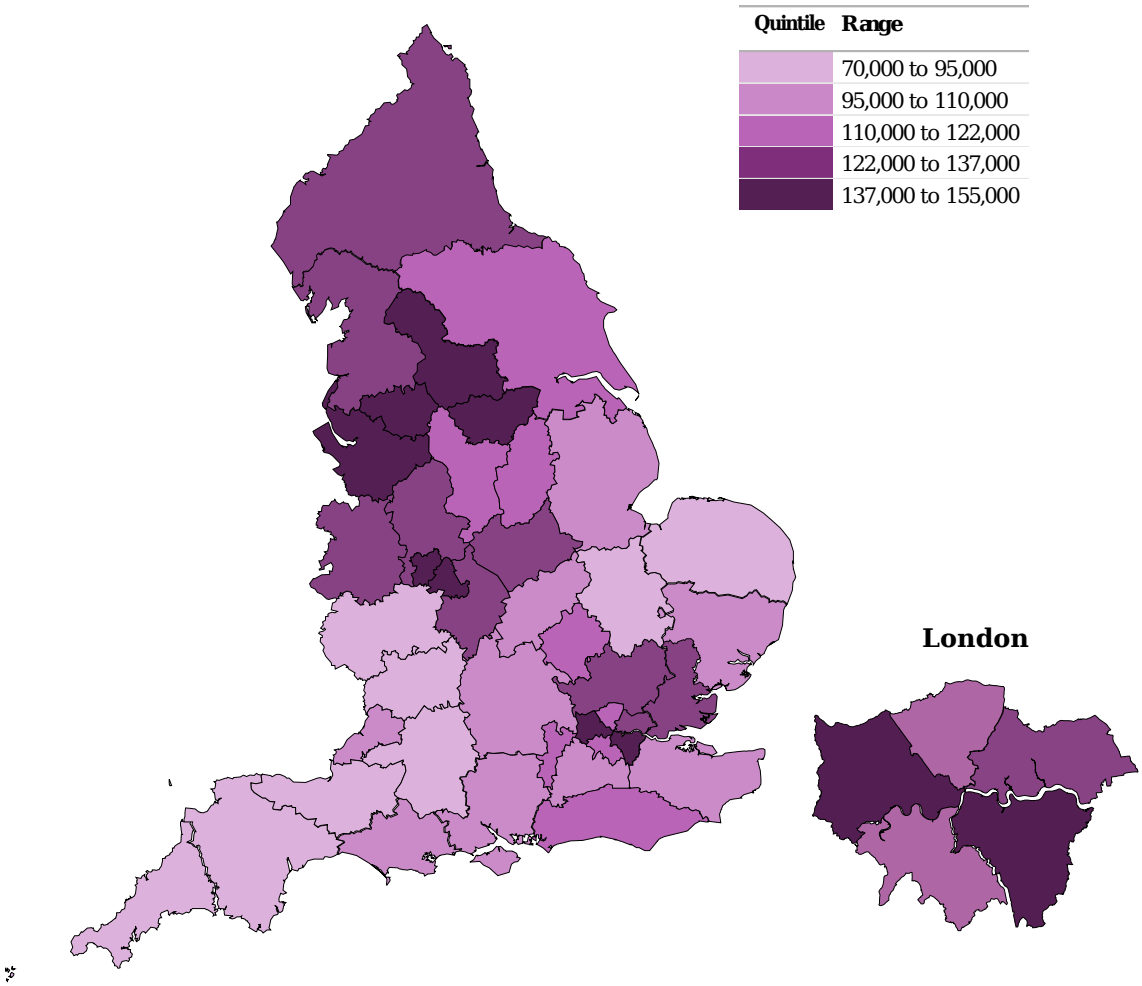
This is reflected in data on the amount of NHS dental treatment being delivered in England (measured in units of dental activity). Although there has been some improvement, figures have not recovered to those seen before the pandemic.

There is notable regional variation in the proportion of NHS dental work being completed in each integrated care system area relative to the budgeted units of dental activity allocated to it. In 2023/24, this varied from as low as 48% to as high as 97%.

Another way of looking at the rate of activity during the same period is by the number of units of dental activity completed for every 100,000 population. This measure also showed high variability from around 70,000 to more than double at 155,000.

Our analysis indicated a link between the level of dental activity per head of population and whether an area can be classified as urban or rural. It showed that ICS areas with higher levels of NHS dental activity tended to be more urban than areas with lower levels of activity (figure 1).

Figure 1: Units of dental activity per 100,000 population by ICS area, 2023/24 (darker areas have a higher amount of activity completed per head of population)



Source: Dental activity delivery data from Department of Health and Social Care (Dental Service Profiles) and ICS population data from the Office of National Statistics

Areas with a low proportion of dental activity completed against budgeted allocation could affect patients' access to an NHS dentist and result in some areas becoming 'dental deserts'.

When we compared regional rates of units of dental activity with scores from the 2024 NHS GP Patient Survey about dental services, we found a correlation between the proportion of completed NHS dental activity and patient satisfaction. Answering the question, "Overall, how would you describe your experience with NHS dental services?", of the 5 integrated care system areas with the lowest rates of positive answers, 4 were in the South West.

Alternatives to NHS primary dental care

Some of the findings above align with the results of a survey of 1,000 people on dental access, which we carried out in March 2024. This found that people relied more on private care in areas where NHS activity is lowest. The survey found that London had the lowest proportion of respondents who said, "I am a private only patient" (16%), whereas the South West had the highest proportion (49%). This survey also showed that the highest proportion of respondents (72%) who said "I am only an NHS patient" were in the North West, where there is a high level of NHS dental activity.

As private dentistry is often perceived to be cheaper outside of the UK, many people now travel abroad to access a course of dental treatment. However, continuity and maintenance of care may not always be considered for these courses of treatment, and patients may have to seek support from UK services when they return.

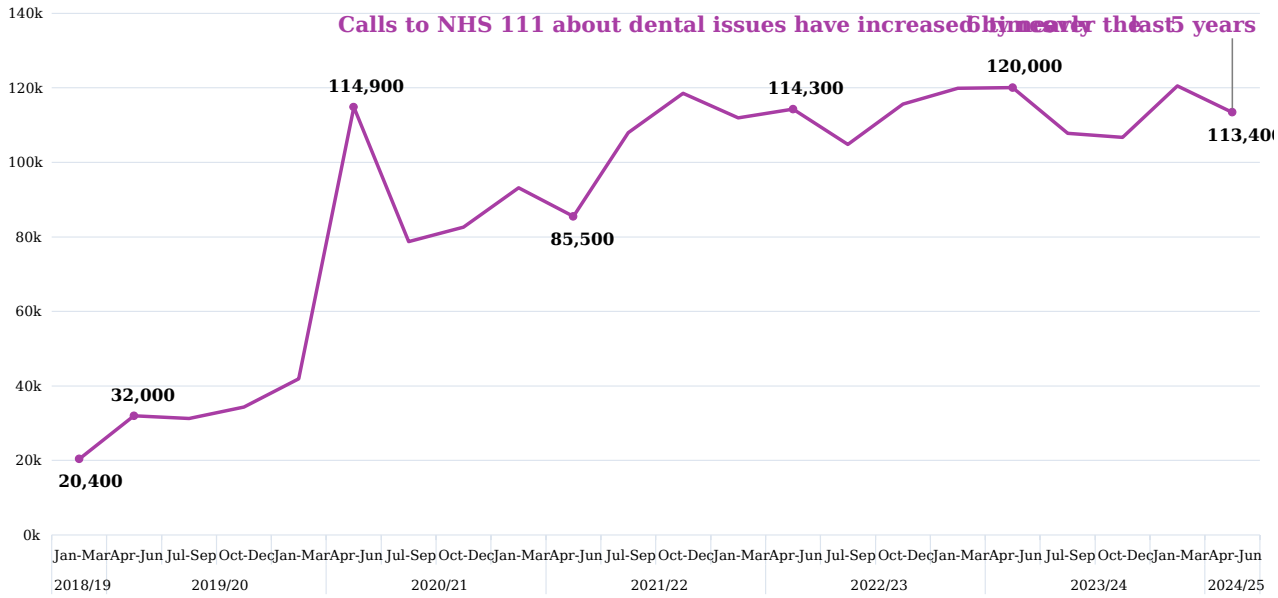
As we reported last year, for patients who are on long waiting lists due to a lack of access to NHS dental services and who can't afford private dental care, 'DIY dentistry' is becoming increasingly common. According to a recent survey, 9.4 million UK adults have performed a dental procedure on themselves. This appeared to be particularly exacerbated by the pandemic, with 82% of UK dentists reporting cases of DIY dentistry since lockdown.

Our survey of 1,000 people also reflects this, as it found that 10% of all respondents had resorted to 'DIY treatment', with those aged 25 to 34 the age group with the highest rate at 18%. These treatments include temporary crowns, fillings or adhesives, as an alternative to seeing a dentist.

One potential indicator of whether people can access the routine dental care they need is the number of calls to NHS 111 that are about dental issues. According to NHS England data, this number has grown by nearly 6 times over the last 5 years and was at over 120,000 calls in the 3 months to March 2024 (figure 2).

This could indicate that more people are contacting NHS 111 because of issues with accessing NHS dental services, as they have left routine care for so long that they need more urgent attention, or that NHS 111 is now the most accessible option to them.

Figure 2: Number of calls to NHS 111 about dental issues in England 2019 to 2024



Source: NHS England data

Looking at the rate of calls across ICS areas, we compared the number of NHS 111 contacts with the population of each area to give a rate of dental calls for every 100,000 people.

We found that the 5 areas with the highest rates of dental calls are in the North of England. These are followed by areas that have low rates of completed dental activity, including those in the South West and East of England.

Another indicator that people are not able to access the oral health support they need is the number of people attending emergency departments because of dental issues.

A target for many integrated care boards (ICBs) is to reduce the number of admissions to hospital from an emergency department. A lack of access to timely preventative dental care can result in a greater number of dental emergencies requiring admission, increasing the burden on emergency departments, oral and maxillofacial units and wider hospital services.

But NHS figures from the Emergency Care Data Set show that the number of patients attending emergency departments where a dental condition is the primary diagnosis has increased in England by nearly 45%, from 81,773 in 2019/20 to 117,977 in 2023/24, with increases across all 7 NHS regions.

This increase in emergency attendances can lead to poorer patient experience. For example, while patients can receive pain relief or antibiotics in this setting, medical professionals in emergency departments are not trained or equipped to carry out the interventions needed to prevent the issue from recurring.

Looking at the number of people attending emergency departments with a diagnosis of a dental condition per 100,000 population in each region, we can see links to the data on dental activity. Generally, attendance rates were higher in ICS areas with a lower percentage of dental activity completed.

This indicates that people in ‘dental deserts’ may be more likely to resort to emergency departments because they haven’t been able to maintain their oral health due to access issues.

People’s experience of dental care

We have heard a lot from people in 2023/24 through our Give feedback on care service about the availability of NHS dental appointments and the ability to book them.

In our analysis, which focused on people who are entitled to free NHS dental care, we saw that some people had good experiences where they found it easy to book appointments using several booking options, including telephone and email, or there was flexibility around availability.

But more people have mentioned lengthy wait times for appointments, sometimes waiting months and years before an appointment is available with an NHS dentist, which could lead to poor oral health.

A few people said they had to travel long distances to see an NHS dentist, as they were unable to get appointments at a more local practice.

Despite patients being eligible for free NHS dental care, some practices appear to offer a private appointment sooner than if they waited for an NHS appointment.

In most of these cases, people told us they were offered 2 options – either wait for the next available NHS appointment, in which case oral health may deteriorate further, or pay for a private appointment. Some patients told us about a third option, which is to leave the practice and try to get an NHS appointment at a different practice.

We were also told of appointments often being cancelled without a reason. However, some people linked cancellations to staffing issues, with examples of practices telling patients they no longer have an NHS dentist at the practice to carry out NHS dental work.

As part of our analysis of feedback about people's experiences of dental care, we heard about the impact of access issues on pregnant women and children and young people (both are protected characteristics).

Pregnancy

A few pregnant women who submitted feedback said they were in need of dental attention due to the impact of pregnancy on their teeth, but were unable to get an appointment and were therefore not treated, as the following experience showed:

> "Throughout my pregnancy, I suffered with bleeding gums, a crumbling tooth, a build-up of plaque, but they refused to see me because I wasn't in 'agony'. They still won't see me and tell me that they are only seeing people for absolute emergencies and cannot give a timescale as to when they will be able to see their patients routinely again."

This was also reflected in our survey of 2,000 adults about their experiences of accessing health and adult social care services, with one person saying that difficulty in getting free dental entitlement was particularly hard when combined with reduced income:

> "I had a baby this year so have been entitled to free NHS dentistry but have not been able to get an appointment. The NHS dentist I was registered with closed and my only option available within 50 miles is private dental care. This is particularly difficult at a time when I am on a reduced income due to maternity leave."

Cancelled appointments was one of the most common issues mentioned by people through Give feedback on care, who told us about trying to access NHS dental services, often citing frustration, anger, and feeling at a loss:

> "I'm sick and tired of being cancelled on. I am pregnant and need to be checked over as I'm having issues with my teeth this time around. They don't give a reason for

> cancelling. They cancelled my appointment on 8 December and now can't see me until February, which I have no doubt that they'll cancel again. I'm worried they will cancel my appointments so many times that they remove me from the system. Others have warned me of this."

Patients have also reported being removed from practices' NHS dental lists:

> "I missed one appointment due to going into labour, was 3 minutes late to another appointment because I was 2 weeks postpartum, then missed an appointment back in June as I forgot the date and had so much on my mind, then to top it off [staff member] from [the] dental practice refuses to see me and says he is taking me off his books."

Cancelled appointments led some patients to feel pressured to book privately for their dental needs. One person told us about their appointment being cancelled and having to go private because of the pain, therefore forgoing their maternity exemption certificate, which had a financial impact on them.

Access to emergency dental appointments for people who need them and who were entitled to free NHS dental care, including pregnant women, has often led to a deterioration in oral health, as the following experience shows:

> "I phoned [the dental practice] to let them know I had an abscess and needed an emergency appointment. I informed the receptionist that I was pregnant and was concerned about the infection becoming dangerous and affecting the health of myself and my baby. The receptionist informed me that they had no available appointments until September. I then queried this as this was an emergency appointment. She then told me there were no available appointments until August."

We highlight other issues around maternity care later in this report.

Children and young people

As well as our general survey of 2,000 adults asking about their experiences of accessing health and social care services, we also asked the same questions of a separate group of 1,000 parents and carers of children under 18. Patterns of access were similar to the larger adult group, but notably the proportion of parents and carers saying they had difficulty accessing NHS dental services for their child was higher (31% for parents compared with 23% of the general population).

Widescale issues around the availability of appointments can be aggravated when there is a lack of flexibility for children and their carers. Some people told us through Give feedback on care that they are limited to appointment times that are typically inconvenient for children and working parents or guardians, such as during the school day:

> "It's not possible to have an NHS appointment other than in the middle of the day, making it extremely difficult for people that have children in school and also for those who work. They can only offer a convenient appointment if you pay privately."

The issue of some practices appearing to steer patients towards more expensive private care is also seen in dental care for young people:

> "My husband has tried to book an appointment for my 15-year-old daughter. When he called today, he was told that they had no appointments until September, but if he went private and paid £30 she could have an appointment this week. Is this ethical?"

Parents and carers are also telling us about issues with emergency dental care, where reception staff tell them there are no emergency appointments and provide little support moving forward. We hear of instances where dental practices have told parents to give their children painkillers or where children have been left in pain while waiting for an emergency appointment:

> "I rang as my 9-year-old child cracked her adult tooth. Only to be told that the appointment would have to be in 2 weeks and to give her [children's paracetamol] for the pain. Even though I was told she would need an emergency appointment, they wouldn't see her any quicker. It's disgusting."

Access to emergency dental services, and availability of appointments more generally, has contributed to some people needing to access urgent and emergency care:

> "Tried to call for my daughter and ended up having to take her to A&E because she was in so much pain."

We discuss the care and treatment of young people more in our section on 'Children and young people's health'.

Improving access to dental care

Healthwatch's report on NHS dentistry highlights the many problems people are having with access to NHS primary dental care, and how much this varies across England.

Access to NHS dental care continues to be one of the main issues Healthwatch hears about through its network of 153 local groups, often affecting people in the most vulnerable circumstances in society. Healthwatch reports a number of key findings from its work:

- The cost-of-living poll in January 2024 found that 21% of people surveyed were put off going to the dentist because of cost. This was up from 15% in a similar poll in March 2023.
- In November 2023, 69% of people who accessed private dental care in the past 12 months had no dental insurance.

- Disabled people and those with long-term health conditions were more likely to avoid going to the dentist because of the cost, according to January 2023 findings.

To gain an understanding of the issues, we approached representatives from all 7 NHS regions, including commissioners and local dental committees. They told us that additional commissioning is needed to address an unmet need in urgent dental care and to help resolve the issues of access and health inequality. We heard about initiatives introduced through flexible commissioning, using dental budget under-spend to address unmet needs in urgent dental care, and to resolve the issues of access and health inequality.

Examples of initiatives in an integrated care board

At Greater Manchester ICB, 3 members of the dental provider board attend twice-weekly meetings held by the primary care board. This means that primary care dentistry is well represented, not only in discussing dental service provision, but also when considering wider healthcare issues, such as primary care pressures and clinical effectiveness.

The primary care board has set out a 5-year plan for improving access to primary care across the area. One of its aims is to improve access to NHS dental care and to improve the oral health of the population through various schemes.

One scheme, introduced in June 2023, offers financial incentives for providers to increase access and treat new patients. Participating practices are expected to indicate on the NHS website that they are accepting new patients, and to deliver dental care to an agreed number of new patients. They are also expected to become part of the wider urgent dental care network, to accept patients on an emergency basis through their helpline. This means that gaps in clinical diaries can be used for emergency patients. Practices are paid over their contract value, with the extra being funded by under-spend of the dental budget.

230 practices signed up to deliver this scheme, and 38 additional urgent dental care hubs, initially set up in response to COVID-19 pressures, were commissioned to continue to offer urgent dental services. This has resulted in a large number of new patients benefitting from NHS dental appointments.

The local medical committee believes that dental-related attendances at GP practices have reduced, and that triage nurses in emergency departments are seeing a large reduction in the number of dental-related attendances.

The local dental networks have also taken initiatives to improve the quality of care, and to address health inequalities for groups of people in more vulnerable circumstances. These include introducing 'dementia-friendly' practices by improving staff understanding of dementia and making simple adjustments within the dental practice to improve the general experience for people with dementia and their carers.

Access to community health services

Community health services cover a wide range of services and provide care for people of all ages in their homes, as well as in community hospitals, clinics and schools. Services also include health promotion services such as school health services and health visiting services.

Many services involve partnership working across health and social care teams, made up of a wide variety of professionals including district nurses, mental health nurses, therapists and social care workers.

But access to community health services is also an issue for people, shown by the size of waiting lists:

- for adults needing community health services, the waiting list has increased from January 2023 to April 2024 by 22%, from 648,400 to 795,270
- for children and young people (under 18 years) needing community health services, the waiting list has increased more in the same period by 32%, from 214,220 to 282,240, although this is partly because services were added to this list in February 2024.

We discuss community health services more in the section on 'Children and young people's health', with a focus on health visitors, who give individual support for young children and their parents.

Access to community pharmacy

Community pharmacies are a crucial part of the health and care system. Their location on many high streets or in large supermarkets enables people to have an accessible source of support with their medicines, advice on minor illnesses, or for ongoing long-term conditions.

This also has the potential to relieve pressures on the rest of primary care and the wider health service – especially with the introduction in January 2024 of Pharmacy First, which aims to enable people to get certain medicines directly from a pharmacy, without a GP appointment.

However, the Health and Social Care Committee report on Pharmacy in May 2024 concluded that "the sector needs better support if that potential is to be delivered".

Analysis by the CCA (Company Chemists Association) reported a net loss of 432 pharmacies in England in 2023/24. Since 2015, core funding for community pharmacy has been cut in real terms by 30%, seeing a net loss of nearly 1,200 pharmacies. Between April 2015 and February 2024, closures have had a disproportionate impact on the most deprived neighbourhoods, with 35% of permanent closures taking place in the top 20% of deprived communities.

We ran a public survey in 2024 to further understand the impact for people when there are changes to and closures of community pharmacies. We do not regulate community pharmacies, but we wanted to explore how it might affect access in other services. In the previous 12 months, from 524 respondents:

- 17% saw a reduction in their local community pharmacy's opening hours
- 12% said their usual pharmacy had closed.

Changes happening to community pharmacy may be adding to the challenges in the wider healthcare system. Of the 176 survey respondents who reported a change to or closure of their usual pharmacy:

- 35% could not access a pharmacy when they needed to
- 42% reported a worse experience than before.

When asked "what healthcare services have you visited or used since the changes to your usual pharmacy?", of the 176 respondents:

- 44% visited a GP
- 24% visited an urgent treatment centre
- 24% visited an emergency department (A&E).

Of the 134 people who had visited either a GP, emergency department (A&E), private service, urgent treatment centre, or called NHS 111, 35% said they did this as they had no other option.

Primary and community care in areas of deprivation

Effects on hospital admissions

A recent report from the Joseph Rowntree Foundation paints a stark picture of the impact of deprivation and hardship on people and its effect on primary and community healthcare, stating "people going without essentials piles pressure on GP surgeries, diverting resources and adding to workloads".

The report also says that the "barriers to accessing healthcare due to hardship may mean that some patients do not present to their local GP or other services for help at all, even if they need it, or potentially end up facing health crises, and having to present to emergency services such as A&E."

We have talked about the barriers to accessing services above. Data published by NHS England shows a concerning link between people living in areas of deprivation and the rate of unplanned hospital admissions for chronic ambulatory care sensitive conditions.

These are hospital admissions related to long-term conditions, such as chronic obstructive pulmonary disease (COPD), asthma and diabetes, that could potentially be avoided with timely and effective community care.

The rate of unplanned hospital admissions for these chronic conditions was 302 per 100,000 for the most deprived areas, compared with 104 for the least deprived. In other words, according to the most recent data, people living in the most deprived 10% of areas in England were nearly 3 times more likely to be admitted for potentially avoidable hospital care than those in the least deprived areas.

This pattern was reflected when looking at local authority areas. The 10 local authorities with the highest rates of unplanned hospital admissions for chronic ambulatory care sensitive conditions were all areas of comparatively high deprivation:

- 7 were in the North
- 3 were in the West Midlands.

The 10 local authorities with the lowest rates of unplanned hospital admissions were nearly all in comparatively affluent areas, and were all in London or the South East.

Effects on oral health

The effects of health disparities are also seen in people's oral health. According to theOral health survey of children in year 6, schoolchildren living in the most deprived areas of the country were more than twice as likely to have experience of tooth decay (23%) as those living in the least deprived areas (10%) between September 2022 to July 2023.

Consequently, according to official statistics published by the Office for Health Improvement and Disparities, the tooth extraction rate related to decay was nearly 3 and a half times higher for children and young people in the most deprived communities, compared with the most affluent.

There were also differences in the prevalence of tooth decay by ethnic group, with the 'other' ethnic group (22%) and Asian and British Asian group (18%) significantly higher in than in the white (16%) or Black or Black British ethnic groups (13%).

The combined effects of deprivation and poor access to dental care have been reflected in some of the feedback we have received from the public through our Give feedback on care service. Some patients who are entitled to free NHS dental care have told us that they had been removed from NHS patient lists but were then told that they could remain at the practice as a private patient. A few patients said they could not afford this, instead being left to find a new dental practice and without the required dental treatment.

> "I was a patient here for years. Then out of the blue they rang and told me they were no longer treating NHS patients and I could take out a dental plan with them. I cannot afford this as I am on disability benefits and entitled to full free NHS dental treatment. They said they could do nothing to help and couldn't help with recommending another dentist. I need urgent dental care right now and have tried unsuccessfully to get a new dentist."