



# Painful misalignment: Investigating access to NHS dental care for refugee families in Cambridgeshire

**Cambridge Refugee Resettlement Campaign**

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We are grateful for the contributions of the families who participated in interviews for this report, and for the support of Cambridge Refugee Resettlement Campaign (CRRC) volunteers who conducted the interviews. We would also like to thank Adrian Matthews and Catharine Walston for their support of this work and for reviewing and commenting on earlier versions of the report.

For more information about the issues discussed in this report, or about the work of CRRC, please contact [admin@cambridgerefugees.org](mailto:admin@cambridgerefugees.org) or visit our website at <https://www.cambridgerefugees.org/>



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Cambridge was rated the UK's most unequal city by the Centre for Cities policy research unit in 2018. For those with means, there is ample provision of high-quality private dentistry. For those, like most refugees, struggling on low wages, with disabilities, young families or, indeed, unemployed, they must simply put up with the misery of tooth pain, gum disease and decay. Cambridge Refugee Resettlement Campaign (CRRC) has here produced a timely and important report into the parlous state of NHS dental care in our area. Whilst the focus of their research has been on their beneficiaries and their particular needs, refugees represent just one of many under-privileged communities disproportionately impacted by the almost complete lack of provision for new NHS dental patients in the Cambridge region.

As the report highlights, displaced people who have spent years in temporary migration camps arrive needing urgent care as they are unlikely to have had access to dental services there. The UK Government resettlement schemes assure them that their medical needs will be met. This is the evidence that this is simply not happening. Over the past three years, CRRC's data show that none of their beneficiary families, a group which now includes many Afghans and Ukrainians, has been able to register for dental care under the NHS. They have had to rely on over-stretched Urgent Dental Care Centres, which are unable to provide ongoing care.

Even before the pandemic, NHS places at local dental practices were in extremely short supply. The system of commissioning NHS dental services is broken. The problem lies in the unattractive and potentially costly contract offered to dentists to take on NHS patients. Myself and my colleagues have raised this issue multiple times in Parliament, but the Government seems to have no plans to improve the situation. It is clear that the contract needs to be overhauled and that more emergency facilities are needed. CRRC's call for a regional dental school, perhaps on the Addenbrookes Biomedical Campus, may well provide a long-term solution, training more dentists, some of whom may decide to make Cambridge their permanent home.

I am grateful to CRRC's volunteers who have taken the time to conduct this research, which adds to earlier work on the same subject by Healthwatch Cambridgeshire. I welcome this report and its recommendations.

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## Summary

The Cambridge Refugee Resettlement Campaign (CRRC) supports the resettlement of refugees in the Cambridge area. In recent years, CRRC has witnessed the growing problem of accessing dental care amongst the families whom we support. The problem has recently become so acute that the charity undertook an investigation to better understand the challenges around accessing dental care for refugees in Cambridgeshire, and the impact that it has on their lives.

The situation in Cambridgeshire is worse than some other areas of the UK with no dental practices accepting new NHS patients and a low number of NHS dentists for the number of people in our region. Restrictions during the COVID-19 pandemic made problems of access more acute, but the problem of limited access to care was growing worse before the pandemic and solving it will require creative solutions.

Resettled refugees currently living in Cambridgeshire come largely from Syria, Iraq, Sudan and Afghanistan, with increasing numbers arriving from Ukraine. Their needs are diverse, and influenced by their experiences in their home country, their transition experience, and their experience upon arrival in the UK. Some arrive having experienced regular dental care throughout their lives, while others will have had little or interrupted care, having spent years in refugee camps prior to arriving in our community.

Evidence from the families who we interviewed shows a clear pattern. Those that arrived prior to the outbreak of the pandemic were all helped to register with an NHS dental practice by their local authority caseworker. It is one of the core functions of the local authority under their funding agreement with central government to facilitate early access to medical services. Those arriving for resettlement since the end of 2019 have been unable to register with an NHS dentist even with the help of a local authority caseworker.

Families that are not registered with a dental practice report more severe dental problems than those who are registered, with (83%) of unregistered families reporting dental problems including broken teeth, persistent dental pain, bleeding gums, and tooth decay.

However, being registered with a practice does not guarantee access to dental care, and refugee families may face additional barriers to receiving timely treatment for their problems. The families we interviewed reported various barriers to accessing dental care. Common barriers include a lack of appointments, a lack of translation services, transportation issues, and the high cost of some services.

Additionally, COVID-19 interrupted routine dental care and caused some families to lose their registered status.

Some refugees reported turning to Dental Access Centres for treatment because they were unable to get care through regular NHS dentists. However, they found Dental Access Centres were not an effective solution because they are overwhelmed by demand, and refugee families may need additional support navigating automated phone systems, with English language translation, or with transportation.

The experiences of the families supported by CRRC highlight some of the most pressing issues facing families in need of dental care in Cambridgeshire. Confronted with an inability to register with a dental practice, a lack of appointments, overwhelmed emergency services, and inadequate provisions for foreign language support, refugee families with unmet dental care needs have few options.

It is our hope that by calling attention to how the dental care crisis affects resettling refugee families in our community that we can assist those responsible in bringing about changes to improve the system for everyone.

## The issue

Across the UK, families report being unable to access NHS dental care with 90% of dentists not accepting new adult patients.<sup>1</sup> The situation in Cambridge is worse than some other areas of the UK with a recent BBC investigation finding no dental practices accepting new NHS patients.<sup>2</sup> With poor oral health linked to a lower quality of life including difficulties with eating, pain, embarrassment related to appearance, and lower educational outcomes for children,<sup>3,4</sup> the current crisis in access to dental care presents a challenge to the promise of equitable health care for all.

The Cambridge Refugee Resettlement Campaign (CRRC) supports the resettlement of refugees in the Cambridge area. CRRC provides a wide range of practical support to resettled refugee families, working closely with the Cambridge City and Cambridgeshire County Councils and other local stakeholders. CRRC advocates on behalf of our beneficiaries for assistance with housing, healthcare and education. It is the responsibility of the local councils to provide the families settled under government schemes with access to health care, including dental care.<sup>5</sup>

In recent years, CRRC has witnessed the growing problem of accessing dental care amongst the families whom we support. The

problem has recently become so acute that the charity undertook an investigation to better understand the challenges around accessing dental care for refugees in Cambridgeshire, and the impact that it has on their lives.

We also sought to understand how we and other stakeholders in the region could act to improve access to dental care, despite a bleak national situation.

The number of refugees living in Cambridgeshire is anticipated to grow as the area is set to welcome over 3000 Ukrainians through the Extended Family and Homes for Ukraine visa schemes.<sup>6</sup> Cambridge has always been ready and willing to welcome refugees in times of crisis, and there have rarely been more people fleeing persecution and war. Offering sanctuary is a proud Cambridge tradition. But we need to ensure that our health and care systems are fit for purpose when these families arrive, so that they can access much needed care.

It is our hope that, by calling attention to how the dental care crisis affects refugee families in our community and prevents local councils fulfilling their obligations, we can assist those responsible in bringing about changes to improve the system for everyone.

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<sup>1</sup> <https://www.bbc.co.uk/news/health-62253893>

<sup>2</sup> Ibid

<sup>3</sup> Healthwatch, Cambridgeshire. 2019. <https://www.healthwatchcambridgeshire.co.uk/report/2019-01-29/thousands-denied-dental-care-cambridgeshire>

<sup>4</sup> Mao W, Wu B, Chi I. Oral health among older Chinese immigrants and implications for social work practice. *Health & Social Work*. 2015 Aug 1;40(3):e75-82.

<sup>5</sup> Funding Instruction for local authorities in the support of the United Kingdom's Resettlement Schemes. Financial Year 2020-2021.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/995786/2020-2021\\_LA\\_Funding\\_Instruction\\_v1.0\\_-\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995786/2020-2021_LA_Funding_Instruction_v1.0_-_Final.pdf)

<sup>6</sup> CRRC, <https://www.cambridgerefugees.org/>

## The dental care needs of refugees

Resettled refugees currently living in Cambridgeshire come largely from Syria and Afghanistan, with increasing numbers arriving from Ukraine.<sup>7</sup> Information on the dental care needs of these and other refugees in the UK is sparse. However, we know that refugee communities are diverse, with a range of experiences prior to their arrival in the UK and that these experiences influence their care needs.

### Life in their home country affects current dental care needs

The availability of dental services varies across countries, as does people's access to care. A person's income, wealth and education are strongly linked with their ability to access care and with health outcomes, including for some conditions that are linked with dental problems such as diabetes.<sup>8</sup> The varying conditions within refugees' home countries therefore profoundly shapes their dental care needs upon arrival in the UK. Those who were leading prosperous middle-class lives in countries with a functioning health care system are likely to need less care than those whose lives were characterised by depredation prior to becoming a refugee.

### Transition experiences affect care needs

The transition experience from a refugee's home country to the UK will also vary and has the potential to affect dental care needs. Many Syrian refugees arrived in the UK after

spending years in encampments, having made long and dangerous journeys.<sup>9</sup> Families living in refugee encampments report high levels of ill health, with one study finding 69.5% of camp households reporting illness amongst their members.<sup>10</sup> The poor conditions in encampments present challenges to maintaining proper oral health, and although there is no research on dentistry services in encampments, it is unlikely that they are meeting refugees' dental care needs.

Refugees often face journeys that include harsh and overcrowded conditions. Pre-existing chronic conditions may go untreated or become exacerbated during extended travel,<sup>11</sup> and this can include dental issues or health conditions with implications for dental health.

Some refugees arriving in the UK may also have experienced war, torture or other traumas that can result in physical injuries.<sup>12</sup> This can include injuries requiring dental care.

### Life in the UK affects experience of dental care

Poverty, lack of social support and racial inequalities in health care can further impact refugees' experience of dental care once they arrive in the UK.<sup>13</sup> All of these factors can limit refugees' ability to access appropriate care.

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<sup>7</sup> CRRC, <https://www.cambridgerefugees.org/>

<sup>8</sup> Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. *Public health rep.* 2014 Jan; 129(1\_suppl2):19-31. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

<sup>9</sup> Arnold F, Katona C, Cohen J, Jones L, McCoy D. Responding to the needs of refugees. *BMJ.* 2015 Dec 16;351.

<sup>10</sup> Jefferies LR. Population health needs analysis-UK asylum seekers and refugees. *Links to Health and Social Care.* 2018 Nov 27;3(2):84-108.

<sup>11</sup> Murphy A, Fuhr D, Roberts B, Jarvis CI, Tarasenko A, McKee M. The health needs of refugees from Ukraine. *BMJ.* 2022 Apr 5;377.

<sup>12</sup> Arnold F, Katona C, Cohen J, Jones L, McCoy D. Responding to the needs of refugees. *BMJ.* 2015 Dec 16;351.

<sup>13</sup> Burnett A, Peel M. Asylum seekers and refugees in Britain: Health needs of asylum seekers and refugees. *BMJ.* 2001 Mar 3;322(7285):544.



## Access to NHS dentistry in Cambridgeshire

### Summary

- Cambridgeshire has relatively poor access to NHS dentists compared to other areas of the UK.
- Poor access to NHS dentistry in Cambridgeshire could be in part due to fewer NHS dentists per person.
- The COVID-19 pandemic made access to NHS dentistry worse, but problems with access existed before the pandemic

### Access to NHS dentists is relatively poor in Cambridgeshire compared to the rest of the UK

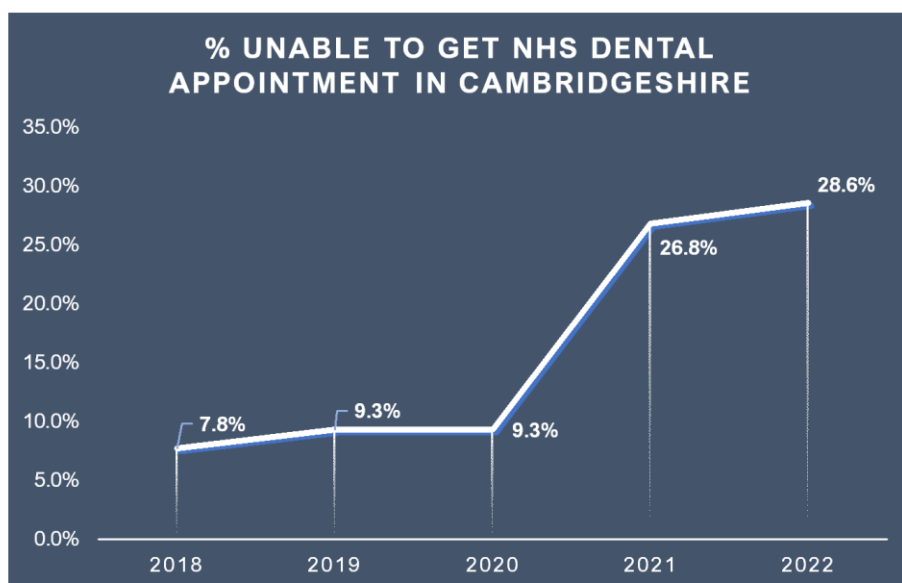
In 2022, 24% of patients nationally, who tried to get an NHS dental appointment within the last two years, reported that they were unable to do so.<sup>14</sup> However, this national figure hides variation in access to dentistry across the UK. Cambridgeshire had the 5<sup>th</sup> largest percentage of people who were unable to get an NHS

dental appointment during the same period, out of all commissioning areas, and this reflects a long-term trend of poor access to dentistry in our region.<sup>15</sup>

### Cambridgeshire has fewer NHS dentists than other areas

According to a recent National Audit Office report,<sup>16</sup> Cambridgeshire is ranked near the bottom nationally in the number of NHS dentists per person, with fewer than 5 dentists per 100,000 people. This compares to the top areas where there are over 12 NHS dentists per 100,000 people.

Reasons for the lack of NHS dentists are complex, and could include: dentists' dissatisfaction with NHS contracting practices; moving away from NHS care into private practice; and challenges with recruitment. The lack of dental schools in Cambridgeshire could impact on recruitment, because evidence suggests that dental professionals prefer to practice close to their training school.<sup>17</sup>



Source: Analysis of GP Practice Survey Data, 2018-2022

<sup>14</sup> GP Patient Survey: <https://www.gp-patient.co.uk/practices-search>

<sup>15</sup> Ibid

<sup>16</sup> National Audit Office. Dentistry in England. 2020. <https://www.nao.org.uk/report/dentistry-in-england/>

<sup>17</sup> Healthwatch. 2019.

<https://www.healthwatchcambridgeshire.co.uk/report/2019-01-29/thousands-denied-dental-care-cambridgeshire>

## The COVID-19 pandemic dramatically limited access to NHS dentistry in Cambridgeshire

As evident in the chart on the previous page, access to NHS dentistry became very challenging after COVID-19 restrictions were imposed in early 2020. However, the problem of limited access to care was growing worse before the pandemic and solving it will require creative solutions.

## Emergency Dental Access Centres are overwhelmed

Dental Access Centres provide emergency dental care when people are unable to get an appointment with an NHS dentist. There are four Dental Access Centres in Cambridgeshire (Cambridge, Huntingdon, Peterborough, and Wisbech).<sup>18</sup>

In 2019, Healthwatch Cambridgeshire visited two of the Dental Access Centres and found that they were routinely turning away patients in need of urgent care due to being unable to meet the demand.<sup>19</sup> Patients reported turning to the Dental Access Centres because they were unable to get care through NHS dentists. Given that challenges in NHS dentistry have only grown more dire since 2019, Dental Access Centres are likely still facing great pressures to meet high levels of demand for urgently needed dental care.

## The CRRC survey

To understand the dental care experiences of refugees in Cambridgeshire, we conducted interviews with members of 19 refugee families who receive support from CRRC. During the interviews we asked:

- if they were registered with an NHS dentist;
- about their current dental care needs;
- the impact (if any) this had on their life;
- if anything made it difficult for them to access dental care.

## Who we interviewed

The 19 families we interviewed arrived in Cambridgeshire from various countries including Syria, Sudan and Afghanistan. The majority of the people we interviewed spent time in a transit country (3-9 years and often in a refugee camp) before arriving in the UK. Time spent in transit countries or refugee camps limited these families' ability to receive dental care, meaning that they arrived in the UK having not received regular dental care, or with existing dental problems.

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<sup>18</sup> <https://www.dentalhealthcareeoe.nhs.uk/services/urgent-dental-care/>

<sup>19</sup> Healthwatch. 2019. <https://www.healthwatchcambridgeshire.co.uk/report/2019-01-29/thousands-denied-dental-care-cambridgeshire>

## What we found

### Key findings

- It's getting harder to register with a dental practice.
- Families that are not registered with a dental practice report more severe dental problems than those who are registered.
- Common barriers to accessing dental care include a lack of appointments, a lack of translation services, transportation issues, and high cost of some services.
- COVID-19 interrupted routine dental care and caused some families to lose their registered status.
- Dental Access Centres are not an effective solution because they are overwhelmed by demand.

### It's getting harder to register with a dental practice

Many of the families supported by CRRC arrived during the Syrian refugee crisis, which unfolded in 2015. In our interviews we found that families that arrived before the end of 2019 encountered few or no issues registering with dental practices and that most were helped to do so by their council case workers. In contrast, refugees arriving later, such as those leaving Afghanistan after the withdrawal of the US in August 2021, have been unable to register with an NHS dental practice, even with the support of case workers.

During our interviews it was noted that some of the families trying to register since 2021 have contacted all the dentists in their local area and have been told that no new NHS patients are being accepted. We also found that for some families, only some family members were able to register, typically the head(s) of household, with children or older relatives unable to register for various reasons (e.g., they arrived later through the family reunification route). Consequently, 32% of the families we support have some or all of their family members not registered with a dental practice.

### Families not registered with a dental practice report the most severe dental problems

Most families or family members who are not registered with a dental practice reported that they had current unmet dental needs (83%), and these needs could be severe. Reported issues included broken teeth, persistent dental pain, bleeding gums, and tooth decay. These problems affected people's ability to eat, to carry out daily tasks of living due to pain, and caused mental distress related to their dental appearance.

Most families (64%) who were registered with a dentist reported no current dental problems and several volunteered that they were happy with and grateful for the care that they receive from the NHS. However, 36% of registered families had unmet dental care needs. These included broken teeth, recurring tooth infections, tooth pain, tooth decay, the need for corrective braces, and ineffective dentures. These problems were reported to variously interfere with eating or cause mental distress due to dental appearance.

### Barriers to accessing dental care

Being registered with a practice does not guarantee access to dental care, and refugee families may face additional barriers to receiving timely treatment for their problems. The families we interviewed reported various barriers to accessing dental care.

The **lack of available appointments** was overwhelmingly cited as the biggest barrier to care. Families described how since COVID-19 pandemic it had become extremely difficult, or impossible in some areas of Cambridgeshire, to get a dental appointment.

The **availability of translation services** was described as a potential barrier by 32% of families; although, two of these families noted that their dentists would make every effort to communicate with them when translators were not available. A further two families said they relied on family members to provide translation during their dental appointments.

rather than expecting their dentist to supply a translator.

It should be noted that most translation is phone-based, which means that it does not help with interpreting and filling out medical forms. Some not-for-profit groups, such as Health for Asylum Seekers and Refugees Portal (HARPWEB),<sup>20</sup> make translations of common medical forms and leaflets available online. However, the information is not comprehensive and does not cover dental care.

**Automated phone systems** can also present barriers to refugee families seeking to arrange appointments. The systems were described as overly confusing, and one family said that they gave up trying to phone their dental practice for an appointment because they could not understand the automated phone system. For families for whom English is not their first language, these types of systems may present a special challenge.

**Lack of transportation** was also mentioned as a barrier to accessing care, with one family noting that they rely on public transport and so they are limited in when and where they can go for care.

The history of refugee placement in Cambridgeshire compounds this issue. Historically, families were settled within the city of Cambridge and registered with an NHS dental practice in the city, easily accessible via public transport. More recently however, families are being settled in the surrounding villages while still being registered with NHS dental practices within Cambridge (if they are able to be registered at all). This presents challenges for families that must rely on public transport in accessing dental care.

The **high cost of some treatments** was also mentioned as a barrier to care by a few families. Although some of these treatments fall outside the scope of NHS dental provision, the issues they aim to address include dental pain, corrective braces for older teenagers, and missing teeth which cause issues with eating and embarrassment.

We asked the families we interviewed if they experienced differential treatment based on their race or appearance. The families overwhelming said that they received respectful treatment from their dentists, and several went out of their way to praise the treatment and service that they received.

### Impact of COVID-19 on dental care

We have described how the COVID-19 pandemic resulted in CRRC families having trouble accessing appointments. They told us in interviews that there seemed to be fewer appointments available and few or no dentists accepting NHS patients after the lockdowns in 2020.

The Hassan family\* arrived in Cambridgeshire in 2019 after spending time in a refugee camp. The mother and father both have broken teeth that cause them pain and which are liable to infection. This impacts their quality of life, such as interfering with eating.

Their case worker tried to get them care for their dental problems when they first arrived, but due to the COVID-19 lockdowns, they were unable to receive care at the time. Since the lifting of the lockdown measures, no appointments have been available. The parents are left to manage the health and quality-of-life impacts of their broken teeth without dental care.

\*Not their real name

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<sup>20</sup> <https://www.harpweb.org.uk/>

One family also found that they were removed from their dental practice's registration list because they had not been to the dentist during the lockdowns.

The lockdown and reduced appointment availability also caused disruptions in routine dental care for some CRRC families. Most notably, one family described how one family member who needs regular dental check-ups related to their diabetes has been unable to receive them since the lockdowns in 2020.

### Emergency Dental Access Centres are not an effective solution

Several families described their efforts to secure appointments with Dental Access Centres, noting challenges with centres only giving same day appointments and the need to call each morning seeking care.

These challenges can be especially problematic for refugee families who may need support navigating automated phone systems, with English language translation, or with transportation.

Dental Access Centres report that all of their appointments for the day are generally filled within one hour of opening.<sup>21</sup> The families we interviewed described calling the centres across multiple days, staying on the phone for up to an hour, often with the help of a volunteer from CRRC, only to be told that no appointments were available.

When appointments are available, other challenges arise. There are four centres in Cambridgeshire: Cambridge, Huntingdon, Peterborough, and Wisbech. Although these centres are dispersed geographically, they are all located in urban centres which presents challenges for those living in villages and reliant on public transit. For example, when families live further away from the centres, they may not be able to make it to their emergency appointment by the allotted time, especially if they are reliant on public transportation and no suitable routes are available.

Samira\* arrived from Afghanistan in 2021. She received regular dental care in Afghanistan, but since arriving in Cambridgeshire began experiencing bleeding gums and pain. Because she has been unable to register with an NHS dentist, Samira turned to a Dental Access Centre for help.

With support from a CRRC volunteer who made repeated calls to the centre, Samira was able to get an appointment at the centre. Unfortunately, Dental Access Centres only offer same day appointments and the appointment time offered was in only an hour's time. Samira relies on public transportation, and it would take her more than an hour to get to the centre.

Samira was unable to make the appointment that day and has been unable to get another appointment with the centre. Her dental problems are ongoing.

\*Not her real name

<sup>21</sup> Healthwatch. 2019.

<https://www.healthwatchcambridgeshire.co.uk/report/2019-01-29/thousands-denied-dental-care-cambridgeshire>



## What needs to happen next

The experiences of the families supported by CRRRC highlight some of the most pressing issues facing families in need of dental care in Cambridgeshire. Confronted with an inability to register with a dental practice, a lack of appointments, overwhelmed emergency services, and inadequate provisions for foreign language support, refugee families with unmet dental care needs have few options.

As an organisation, CRRRC provides support where needed, arranging dental appointments, with translation at appointments where the practice is unable to do so, and general social support. This type of functional and social support has been shown to increase uptake of dental services by immigrants and ethnic minorities and to improve oral health outcomes.<sup>22</sup> But these types of interventions can only be effective if dental services are available.

CRRRC is therefore calling for the following actions to improve short- and longer-term access to dental care for refugees in Cambridgeshire; actions that we believe will benefit all residents.

- Improve access to emergency dental provision to address the immediate need for dental care.
- Set up a new dental school in East Anglia to attract more dentists to our area.
- Freeze NHS dental charges to keep the cost of care down.
- Improve translation services and support for non-English speakers.
- Increase funding for NHS dental care.

### **Improve access to emergency dental provision to address the immediate need for dental care**

Cambridgeshire is a growing region, and the refugees coming to our community are only a small portion of the new residents who are finding themselves unable to register with an NHS dentist. Until access to NHS dentists improves, the emergency services provided by the Dental Access Centres are a vital stop-gap. But to make them accessible, they need to have greater capacity and more patient-centred policies, such as scheduling appointments in advance so that people who live further afield can arrange appropriate transportation.

Additionally, the provision of regular emergency dental clinics in areas with high unmet dental need should be considered as a stop-gap measure until the current high demand for care is addressed.

### **Set up a new dental school in Cambridge to attract more dentists to our area**

Recruiting more dentists will be necessary to ensure access to care. This will be critical for increasing capacity at the Dental Access Centres and for providing greater access to routine NHS dental care. Improving access at regular clinics for those who lack private transportation has the potential to reduce inequalities between the cities and residents in villages who may lack the means to travel to emergency dental clinics located in city centres.

Given the evidence that dentists often remain to practice professionally in the area where they are trained, we support the recommendation by Healthwatch Cambridgeshire to set up a new dental school in East Anglia to help attract more dental professionals to our area.<sup>23</sup> With some dentistry training already happening at

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<sup>22</sup> Dahlan R, Ghazal E, Saltaji H, Salami B, Amin M. Impact of social support on oral health among immigrants and ethnic minorities: a systematic review. *PloS one*. 2019 Jun 20;14(6):e0218678

<sup>23</sup> Healthwatch. 2019. <https://www.healthwatchcambridgeshire.co.uk/report/2019-01-29/thousands-denied-dental-care-cambridgeshire>

Addenbrooks,<sup>24</sup> Cambridge seems like a natural fit for a dental school.

### **Freeze NHS dental charges to keep the cost of care down**

Research from 2020 found that the high cost of dental care presented a barrier to access for immigrant communities in the UK,<sup>25</sup> a finding echoed by the refugee families we interviewed. As dental charges continue to increase,<sup>26</sup> and pressure on patients to pay for private treatment grows,<sup>27</sup> the barrier represented by high costs for treatment is only going to worsen. Calls on the government to freeze NHS dental charges amidst the cost-of-living crisis, such as that made by the British Dental Association,<sup>28</sup> should be heeded.

### **Improve translation services and support for non-English speakers**

Cambridge has a diverse population; efforts to improve access to dental care for non-English language speakers would benefit many of the city's residents.

### **Increase funding for NHS dental care**

Finally, it is clear that NHS dental provision is under resourced, with too few appointments available for those needing care.<sup>29</sup> NHS England urgently need to restore funding for NHS dentistry so that all residents of Cambridgeshire can receive much needed care.

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<sup>24</sup> Local Dental Committee for Cambridgeshire and Peterborough

[https://www.cambsldc.com/blogs/meetings/meeting-22nd-may-2019?\\_pos=2&\\_sid=7d4bb87e2&\\_ss=r](https://www.cambsldc.com/blogs/meetings/meeting-22nd-may-2019?_pos=2&_sid=7d4bb87e2&_ss=r)

Suffolk Live. 27 January 2022.

<https://www.suffolklive.com/news/new-dental-school-could-launch-6558807>

<sup>25</sup> Saunders CL, Steventon A, Janta B, Stafford M, Sinnott C, Allen L, Deeny SR. Healthcare utilization among migrants to the UK: cross-sectional analysis

of two national surveys. *Journal of health services research & policy*. 2021 Jan;26(1):54-61.

<sup>26</sup> <https://www.nhsbsa.nhs.uk/nhs-dental-charges-14-december-2020>

<sup>27</sup> Healthwatch. 2022.

<https://www.healthwatchbexley.co.uk/news/2022-05-20/lack-nhs-dental-appointments-widens-health-inequalities-warns-healthwatch>

<sup>28</sup> <https://dentistry.co.uk/2022/05/23/cost-of-living-pressures-nhs-dental-charge-freeze-is-crucial/>

<sup>29</sup> Ibid.