

Investigating the Gendered Impacts of the Dental Health Crisis

2025



About the NFWI

The Women's Institute (WI) is a unique organisation shaped by its members. In 1915, we set out to give women a voice and to be a force for good in the community. Since then, our members and our ambitions alike have grown tremendously. Today, we are the largest women's organisation in the UK and we pride ourselves on being a trusted place for all women of all generations, to share experiences and learn from each other. A WI membership offers women the opportunity to meet other women in their local area in person and virtually, to make friends, and make a difference in their community. We campaign nationally on a wide range of issues and provide life-long learning and self-development opportunities for women in England and Wales.

About the Research

This report captures a snapshot of the dental healthcare crisis by sharing the lived experiences of women living across England and Wales. The report's findings are a result of a Women's Institute survey on dental health, which obtained over 960 responses over Autumn 2024 - January 2025. Their stories highlight a lack of NHS dental services which is having devastating, and often gendered, consequences on society.

Author: Ellie Brain



Acknowledgements:

Our deepest thanks go to the women who courageously shared their lived experiences through the Dental Health Matters survey. Their honesty and openness not only shed light on the realities of oral health but also empowered the NFWI to expose the depth of the gendered dental health crisis with clarity and purpose.

Thank you to NFWI Public Affairs Manager, Aanchal Mann, and Director of Public Affairs, Emma Holland-Lindsay, for their support. Thank you to Ella Flewitt for designing the report.

Contact Details:

The National Federation of Women's Institutes (NFWI)
104 New Kings Road London,
SW6 4LY.

Public Affairs:
PublicAffairs@nfwl.org.uk
+44 (0)20 7371 9300
Extension: (2002)



The WI (National Federation of Women's Institutes)



@womensinstitute



The WI (National Federation of Women's Institutes)

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Foreword from Jeryl Stone, Chair of NFWI



It's time to reform the broken dental system, but it is also time to recognise this healthcare crisis as a gendered crisis too. We at the Women's Institute stand united in demanding reform to NHS dental contracts, offering more training spaces for our dentists of the future, and creating a fair and accessible NHS dental healthcare system for every woman and the community within which she dwells. Dental health matters, and so do we.

The Dental Health Matters campaign was adopted by WI members at the WI Annual Meeting on 5th June 2024.

The resolution calls on the government to solve the dental health crisis caused by a dental health service unfit for purpose by reviewing the NHS contracts and providing more places for people to train as dentists. Since members voted for the Dental Health Matters resolution, together they have crafted, petitioned, and raised their voices.

Over 960 of our members across England and Wales shared their stories of dental hardship which have been collated to produce this report, offering a lens into the lived experience of women who are bearing the burden of a crumbling dental health service. Their stories of hardship, pain, and sacrifice highlight a need to revolutionise and reform how dental health is offered and accessed. The unequal impacts of a dental healthcare crisis are identified, with marginalised communities including pregnant women, children, people aged over 65, and those without disposable income, being some of the groups worst affected.

Most critically, this report is the first of its kind to highlight the gendered impacts of a failing NHS dental health service. Women are often the designated primary caregivers for their families and are therefore navigating the dental health service as carers, often sacrificing their own health in order to support their loved ones.

This report therefore calls for the government to:

1) Reform NHS dental contracts

The government must urgently reform the 2006 NHS dental contract to address the dental access crisis, ensuring adequate funding for a universal NHS dentistry service. Reforms should fairly compensate professionals for complex cases and introduce incentives for dentists to work in underserved areas.

2) Increase NHS dental workforce

In order to tackle the shortage of NHS dentists, the government should expand training programs and provide financial incentives to retain existing practitioners and attract new talent to NHS dentistry.

3) Make dental care affordable and accessible

NHS dental care should be both affordable and accessible, preventing patients from enduring long journeys or delaying treatment until emergency care is needed.

4) Address the gendered impact of the dental health crisis

The government must recognise that women are disproportionately affected by the dental health crisis, including the impact of pregnancy and menopause on dental health, and therefore ensure that women's experiences are at the forefront of policy solutions to the crisis.

The Labour Party won the General Election in July 2024 with a manifesto pledging to tackle the dental health crisis. This government has pledged to provide 700,000 more urgent dental appointments, recruit new dentists to areas that need them most, reform the dental contract, and focus on prevention and the retention of NHS dentists. Nine months after the General Election, we remain deeply concerned about the lack of progress in achieving contract reform and delivering long-term improvements in access to dental care. While we welcome the recent announcement of 700,000 additional urgent dentistry appointments, this measure primarily addresses patients in crisis rather than providing a sustainable solution.

We continue to await a comprehensive strategy that restores NHS dentistry as a financially viable and universally accessible service.

Women, their families and our communities simply cannot wait any longer.

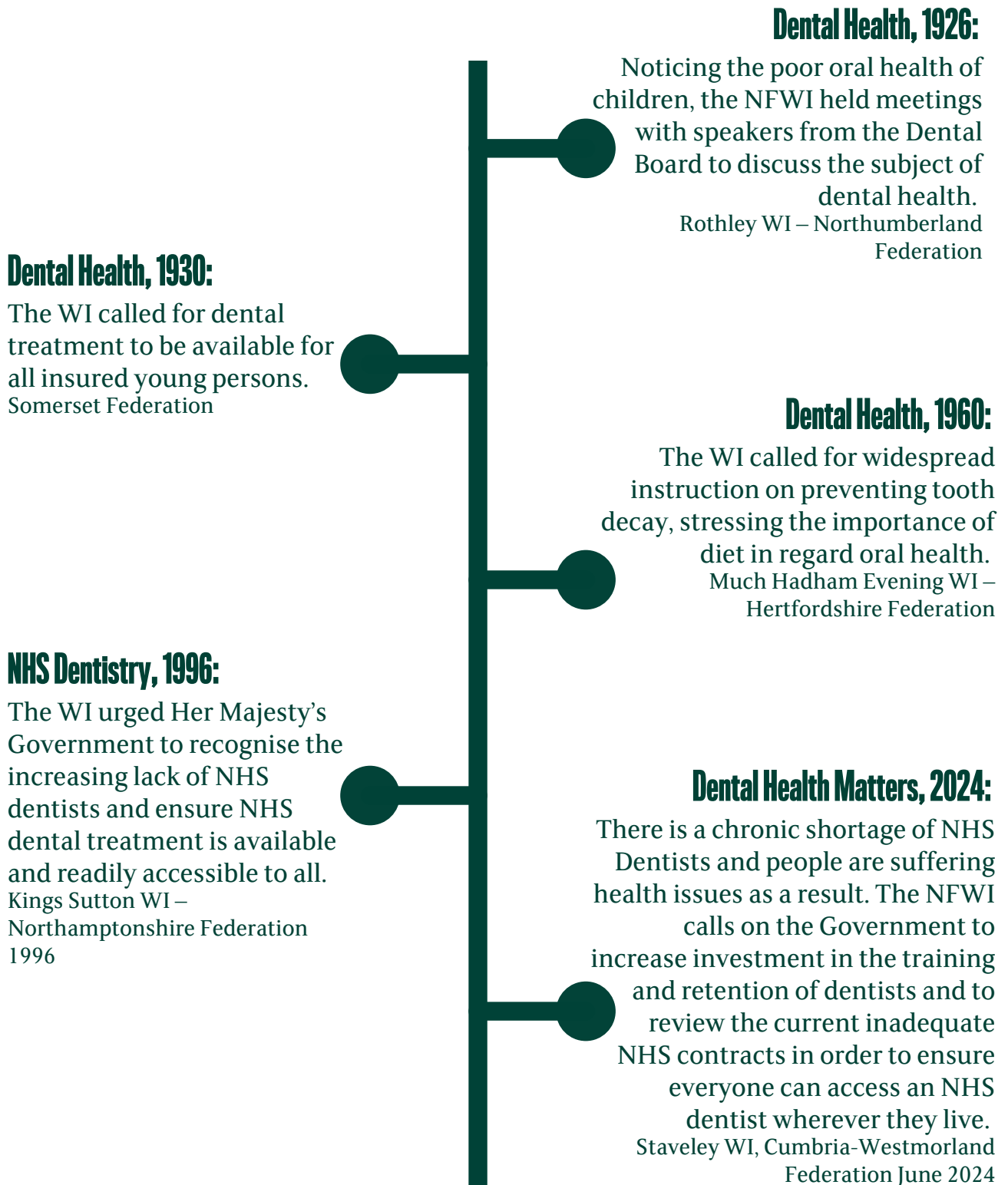


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The WI has been fighting for better dental health for almost 100 years.

The WI has a long history of campaigning for the government to treat dental health as a priority for the lives of citizens across the UK:



Introduction



I wasn't able to get an appointment at any local dentist practice. I went through the directory, calling every practice and explaining that I had what I suspected was an abscess and that my face was incredibly swollen, I couldn't eat or sleep and my jaw was incredibly painful. On each call, I was told there was nothing available and to try again in three months. In the end, I called 111 who were able to book an emergency appointment at an out-of-town practice (I had to rearrange childcare and get a relative to drive me). At the appointment, the dentist confirmed I had a severe infection from a cracked tooth. She said that it had been going on so long and had become so badly swollen and infected, it was lucky I hadn't developed sepsis. If I had left it another three months and tried calling practices again (with the possibility I'd be told the same thing again then), I could have ended up seriously ill... or worse.

There is limited research on how a poor dental health service impacts the lives of women. This report offers a unique view of the dental healthcare crisis, highlighting the gendered effects that disproportionately affect women, often with devastating consequences. It reflects the experiences of almost a thousand women who shared with us their stories of struggling to access basic dental care, the terrible impacts on their own dental health and that of their loved ones, and the caring burden shouldered by women too often left trying and failing to get care for their family in a dental system in crisis.

This report initially outlines the dental health crisis, then examines why dental health should be considered a feminist issue. It then highlights the women who are suffering from the failure of NHS dentistry to cope with demand. As a result, many are unable to access the service at all, including vulnerable groups such as pregnant women, children, and older people.

Strategies of coping are identified, including turning to the private dentistry sector, paying for their loved ones to receive private care, and a phenomenon we coin 'dental disarray' which describes people traveling across the country to receive NHS dental care.

However, many survey respondents were not in a position to mitigate the failure of NHS dentistry, and are therefore suffering from pain, medical repercussions, sacrificing their own dental health for loved ones, and even resorting to 'DIY Dentistry' (Sellers, 2023).

Finally, this report notes the Women's Institutes' ask to Government, with a call for government to address NHS dental healthcare as a critical, gendered, crisis.

Dental Health Crisis

NHS Dentistry is at 'death's door'

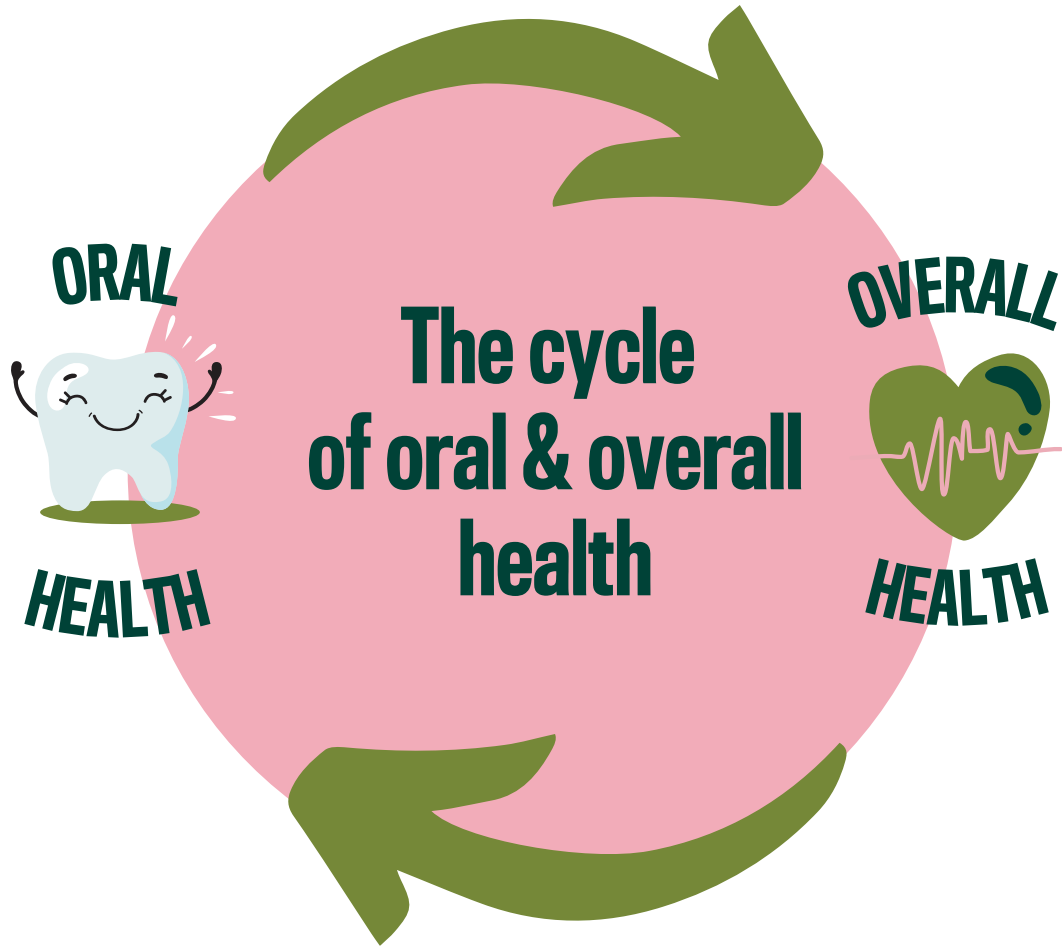
– Secretary of State for Health and Social Care,
Wes Streeting, January 2025.

The UK is currently facing a dental health crisis, marked by a plethora of issues that are affecting the accessibility, affordability, and overall quality of dental care. Long waiting lists, limited availability of appointments, and a shortage of NHS dentists are leaving many unable to find an NHS dentist, an issue particularly affecting rural communities where services are even more limited (Evans et al., 2023).

The lack of NHS dental services has increased the demand for prohibitively expensive private dental services, putting dental healthcare out of reach for low-income communities (Thayer, 2024). These issues have been exacerbated by austerity, the Covid-19 pandemic (BDA, 2025), and the cost of living crisis (Cope and Chesnut, 2023), all of which turning dental healthcare into an inaccessible, unaffordable luxury. As a result, people are finding their own solutions to dental health issues, varying between traveling hundreds of miles to find services, waiting until the pain is excruciating and visiting Accident and Emergency, and even extracting their own teeth.

The Importance of Dental Health

Oral health has been considered a window into a person's overall health. There is growing evidence indicating the links between oral health and various health problems such as diabetes, dementia, heart problems, high blood pressure, strokes, reproductive health, lung disease, and oral cancer (British Heart Foundation; Oral Health Foundation; Mayo Clinic). This relationship is reciprocal. For example, diabetes can lead to an increased risk of losing teeth. In the case of heart problems, when people have gum disease it is thought that bacteria from the mouth can get into their bloodstream causing obstruction of the arteries around the heart, leading to a heart attack.



People with gum disease are almost twice as likely to have coronary artery (heart) disease than people without gum disease.
(Oral Health Foundation, 2025)

New research has found that dental flossing once a week can lower your risk of suffering from a stroke
(Dentistry UK, 2025)

Dental Health is a Feminist Issue

The dental healthcare crisis disproportionately affects women for a number of reasons:

Biology

Women have unique oral health challenges, leading to women having poorer oral health in comparison to men over their lifetime (Lipsky, 2021):

- Women's saliva tends to be more acidic than men's, increasing the rate of dental decay in their mouths (Ortiz, 2019).
- Women face fluctuating hormone levels throughout their lives. Puberty, pregnancy, menstruation, and menopause can all cause hormone fluctuations which lead to more or less blood flowing to the gums, making them more sensitive to plaque and bacteria (Grover et al., 2014). These events can therefore raise the risk of problems in women's mouths, teeth, and gums in comparison to their male peers.
- Conditions such as periodontitis, also known as gum disease, have been connected with increased risks of fertility issues, complications during pregnancy, and preterm births (Tsikouras, 2024).

Care

For centuries care-work has been characterised as female work. Women are habitually expected to perform a disproportionate amount of the care work required to sustain a family.

This work is often associated with being a 'good' mother, daughter, and wife, and therefore the expectations on women to perform unequal, unpaid, labour for their communities are longstanding and pervasive (Federici, 1975). Furthermore, women are increasingly caring for children, grandchildren, and parents simultaneously whilst also negotiating paid employment (Brannen, Moss, Mooney, 2004). This 'sandwich' generation are left juggling of the bulk of housework and care-work whilst in employment, exacerbated by a dental healthcare system which increases their care load.

- Women are often responsible for the health of both younger and older family relatives, including their oral health. With NHS dental appointments becoming harder to obtain, women are bearing financial, temporal, physical, and mental health burdens for not only themselves but also their loved ones.
- As NHS dental healthcare spaces diminish, women are prioritising the dental health of their loved ones at the expense of themselves.



Have a baby...



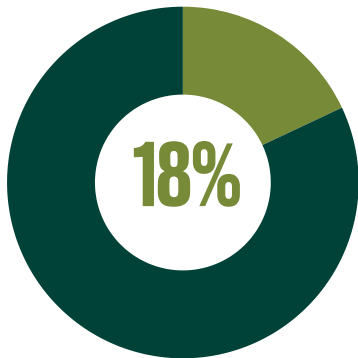
Research has found that there is some truth to the old wives tale 'have a baby, lose a tooth'. Studies tracing historical medical records do indeed indicate that the more children a women had, the worse her dental problems (Whitehouse, 2024). Whilst there are a number of theories behind this association, the most common theory is that women are increasingly susceptible to gingivitis or inflammation of the gums during pregnancy. Gingivitis often leads to swelling in the gums, which can then cause an increase in the mobility of the tooth in its bony socket. It is also thought that increased levels of oestrogen and progesterone in a woman's body during pregnancy could increase blood flow to the gums and hinder the bodies normal response to bacteria, all making pregnant women more susceptible to gingivitis.



...Lose a tooth

Part I: NHS Dental Healthcare is in Crisis

Dental Contracts



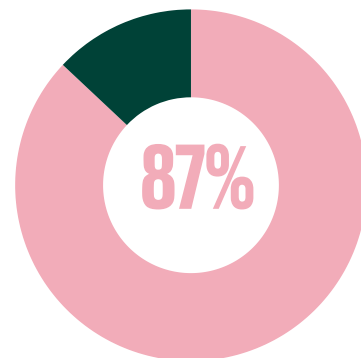
Of survey respondents have felt they have received inadequate treatment from NHS Dental services.

“Our NHS dentist left the group practice and we were unable to get on any other list. The job has been advertised for the past two years and is still unfilled.”

The 2006 NHS dental contract changed the way the National Health Service (NHS) paid dentists for dental services. The contract was intended to improve oral health and address issues with the previous remuneration system. Most dentists were no longer employed by the NHS, but operated as independent contractors, choosing where to locate their premises and how much, if any, NHS treatment to provide.

The 2006 standard general dental services contract has repeatedly been found to be failing patients. A 2008 Health Select Committee report found it was ‘not fit for purpose’, and a scathing report from the same committee in 2023 echoed this conclusion (Khan, 2024). Professionals, unions, and the Government have argued the contract is inflexible and does not fairly reward dentists for seeing more complex and time-consuming patients (House of Commons Library, 2024). The BDA has been campaigning for reform for years, arguing that the contract has fuelled a workforce and access crises and that the government must act quickly as a better contract will not address the issues if there is no NHS dentistry workforce left by the time it is introduced (BDA, 2025).

“If the government fails to provide the agreed service, they should refund a proportion of our NI contributions so that we can use it to pay for private dental care.”



Of dentists have experienced burnout and other mental health issues
(Khan, 2024)

Survey respondents have recognised that the dental contract has translated into a recruitment issue in their local areas, with many dentists full or being forced to leave NHS practice because it is no longer financially viable for them.

"My dentist has just informed me that she is switching to private practice so my surgery has no NHS dentist. I'm left with the choice of trying to find an NHS dentist elsewhere, paying private fees or having no dentist. They've been trying to recruit an NHS dentist for 2 years so the waiting list they've put me on is long."

"My NHS dentist has left and they cannot recruit to the post. I am told I will be contacted when one is recruited... that was nearly two years ago."

"A dentist came to our WI branch meeting and explained the problems of this contract - dentists have a quota to fill for NHS patients. When that quota is filled, they could take more but the government would not give them any more funds for the extra numbers, meaning they would be working for nothing. How can this be?"

"Our NHS dentist left the group practice and we were unable to get on any other list. The job has been advertised for the past two years and is still unfilled."

"The NHS Dentist left the practice I attend; they advertised for over 18 months with no success for a replacement... if we want to stay with the practice we have to join Denplan."

Waiting Lists & Waiting Times

"Have been told that we cannot book our next dental checkup yet as our dentist is leaving the practice and a replacement has not yet been found."

Waiting lists to register for an NHS dentist vary across the country. In 2022, the BDA reported that nine out of ten dental practices UK-wide across the UK are unable to offer NHS appointments to new adult patients. In Bridlington, North Yorkshire, the BBC exposed that waiting lists have reached nine years (Tasker, 2024).

"Moved house and can't get an NHS dentist- the average waiting list is five years."

"When we first moved I tried every dentist within a 20-mile radius. I am currently on a four-year waiting list for an NHS dentist!"

"Three years on an NHS waiting list!"

"I moved to Rotherham in August 2023 and have had no access to regular checkups since then. I am currently on a two-year waiting list."

Several survey respondents expressed upset and distress from being removed from the patients list at their NHS dentist. Despite all giving explanations for delaying or missing appointments, or being unable to attend due to Covid-19 restrictions, the pressure on NHS waiting lists has resulted in regular, consistent attendance being necessary to retain access to your dental practice.

"My partner lost his dentist (due to missing one appointment as he was taking me to hospital for an emergency miscarriage, and one missed appointment due to having symptoms for Covid-19). It's impossible to find a new one -we had to call 111 multiple times for emergencies as he's in so much pain."

"My daughter's extremely nervous of the dentist and hadn't been to the surgery regularly - she lost her right to access treatment. She was re-registered after two years on waiting lists."

"Following COVID I was thrown out of my NHS Dentist for not attending even though I was sent several emails asking not to attend because of COVID."

"Impossible to get an NHS dentist in my area. Kept away from dentist during lockdown then was dropped for not going. Now only go when desperate to a different dentist privately."

"No NHS dentist available in the area. I was taken off the NHS dentist list at my practice during the pandemic when I did not attend, but I could not attend due to restrictions! Private dental is too expensive"



Even survey respondents who have managed to register for NHS dental healthcare are finding that appointment availability is limited, and patients cannot attend as regularly, or as long, as they feel necessary. The length of time waiting for a private dentist appointment has also increased in many areas.

"We have now been told that we can only see the dentist every 2 years for a checkup, which I think is far too long. But I'm too scared to complain in case they take us off their books."

"Tried to get a routine appointment not for 12 months' time."

"I am having to wait 4 months after a consultation to repair a lost filling as appointments are in such demand even as a private patient."

"There is always a long wait for an appointment whether it be for a check-up or dental work."

Part II: Unequal Dental Healthcare

Across England and Wales, external research shows that many groups are particularly vulnerable to receiving limited to no dental healthcare, including people experiencing homelessness, asylum seekers and refugees, people with access to the criminal justice system, and people with physical and mental disabilities (Public Health England, 2021). Our survey in particular reveals that pregnant women, children, and those over the age of 65 are particularly vulnerable, with many unable to find NHS appointments or afford private dentistry as an alternative. As a result, these individuals are at a higher risk for oral health issues, which can lead to more severe health complications over time.

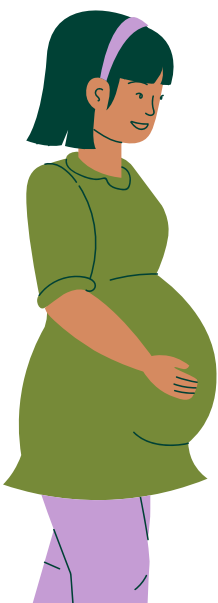
"My husband and I have not been able to get into an NHS dentist for over 10 years."

"The NHS waiting list for all ages in the Isle of Man is more than 3 years. There is an emergency dentist. But most Dentists are private here."

A number of marginalised groups are entitled to free NHS dental healthcare. However, survey respondents highlight that many individuals who are entitled to free dental healthcare are unable to find a dentist to treat them.

- Young people under the age of 18
- Young people under the age of 19 and in full-time education
- Young people under the age of 20 and a dependant of someone receiving low income benefits
- Pregnant women or those who have given birth in the last 12 months
- People treated in an NHS hospital by a hospital dentist
- People in receipt of low-income benefits
- People who have applied to the NHS Low Income Scheme and received an HC2 certificate

Pregnant Women



Pregnant women are more vulnerable to dental issues due to hormonal changes that increase gum sensitivity, leading to pregnancy gingivitis. Elevated estrogen and progesterone can cause gums to swell, bleed, and become inflamed, especially during brushing (NHS Choices, 2025). Additionally, nausea and vomiting can expose teeth to stomach acid, contributing to enamel erosion. Cravings for sugary or acidic foods further heighten the risk of cavities. Some women may neglect oral care due to fatigue or morning sickness (Yenen et al., 2019). If untreated, these issues can lead to periodontal disease, which is associated with preterm birth and low birth weight. These issues can be prevented and alleviated through regular dental check-ups; hence pregnant women's entitlement to free dental healthcare.

Despite pregnant women and new mums being offered free dental care because their heightened risks are clear, data reveals close to a million new mums have missed out on free dental care since the COVID-19 pandemic (BDA, 2022).

Survey respondents shared their lived experience trying and failing to access this entitlement:

"My pregnant granddaughter now lives with me. She has moved around such a lot in her life that dental care has been erratic because of accessibility. Her oral hygiene has not always been the best and I am desperately trying to find an NHS dentist for her. I looked at private. This would be difficult financially anyway but after the initial inspection (which costs £60) their monthly charge was just too much given the state of her teeth! Desperate times."

"My daughter has a 4-month-old baby and was unable to access an NHS dentist during her pregnancy or since giving birth."

"I cannot find an NHS dentist within a 20-mile radius of my home for me or my two young children. During both pregnancies, I've not had access to a dentist. I'm on so many waiting lists for an NHS space that I've lost track. Neither child has seen a dentist and my oldest is 4."

"My daughter lives in Devon and has not been able to find an NHS dentist for herself, her partner, or their four children. Even while pregnant with her youngest child she was unable to see a dentist and when she was in agony she had to pay to go privately even though they are a low-income family and having to pay the enormous fees."

"During my daughter's pregnancy and postnatally at the same practice, she could not receive NHS dentist care, so had to pay private, an expense she could not afford."

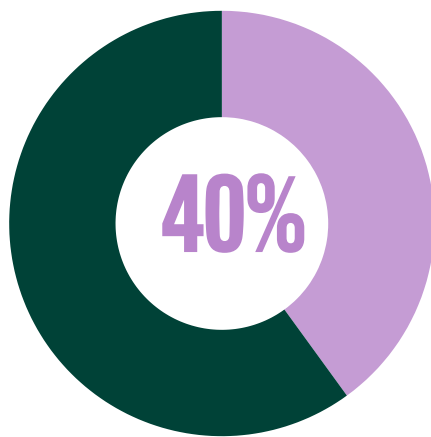
"I can't find an NHS space and am currently pregnant so not able to utilise the free dental care on offer."

"There are no NHS dentists available in my area. During both my pregnancies I was unable to access NHS dentist's care and as a result, had no financial means to access this during a time when I am financially disadvantaged. Local dentists are mostly private and will not even allow children to register as NHS patients. This not only impacts my access to dentistry but also my children."

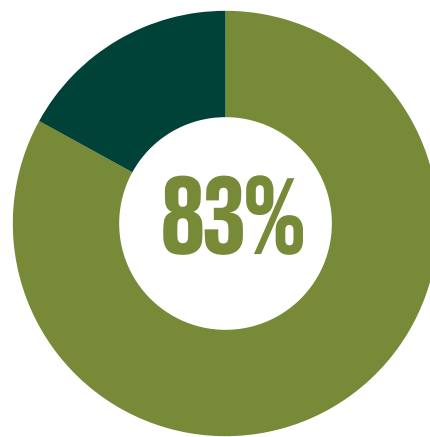
Children

Despite children being one of the marginalised groups entitled to free NHS dentistry, NHS appointment availability is preventing many from attending their entitled dental check-ups. Children who miss regular dental check-ups are at higher risk of developing tooth decay, gum disease, and other oral health issues, which can affect their overall health and well-being. If left untreated, these problems can lead to more severe dental complications, pain, and even tooth loss, impacting their ability to eat, speak, and concentrate in school.

Tooth decay is the biggest primary cause of NHS hospital admissions for children in England aged between five and 17 (NHS Digital, 2023).



Of children no longer have access to regular dental appointments
(NHS Digital, 2023)



Of secondary teachers say that their school has given students toothbrushes and toothpaste
(British Dental Association)

Survey respondents highlighted that despite children being entitled to free NHS dental healthcare, many cannot find a dentist taking NHS patients to treat them.

"Towards the end of Covid-19 my youngest child developed severe toothache. No Dentist would see him during Covid-19 and the Dentist we were registered with would just pass him antibiotics out the window and tell him to take painkillers subsequently the Dentist is now closed."

"My daughter is 4 and is disabled, we cannot find an NHS dentist for her."



"My child was born without enamel and accessing children's services is near impossible and 9 month wait. They rather pull all a 9-month-old teeth out than cap, coat, or fill."

"The NHS provision for children at our surgery is only available to those with a privately paying parent patient. The NHS provision is very limited and appointments are in short supply."

"I had to wait for over a year to get my kids seen by an NHS dentist"

"My granddaughter recently had an accident in a local playground, when a metal gate closed on her smashing all of her front teeth. It was a bank holiday and my daughter could not get her to see an emergency dentist. After a call to 111, they advised that she needed to be seen by A&E (technically it should have been dealt with as a head trauma). However the hospital (including Head & Neck) said that it was a dental problem and that she would have to wait to see her own dentist. When her dentist did see her, he was mortified that a child (8) had been left in so much pain for several days and had not been given antibiotics as a matter of course. Not had she been x-rayed to see the extent of damage. So although this case is now being investigated by the hospital, had an emergency dentist been available the chances of her teeth not being permanently lost would have been greatly reduced"



Designed To Smile

In Wales, pioneering programme Designed to Smile is a national programme aiming to improve the oral health of children in Wales through delivering a preventative programme for children from birth, up into nursery and schools (Public Health Wales, 2024). There is no comparative programme in England, with children, and often their female carers, suffering the consequences.

Supervised Brushing Scheme

As part of the government's Plan for Change to give children the best start in life and prevent ill health, in March 2025 the government announced supervised toothbrushing programme for children to prevent tooth decay (Department of Health and Social Care, 2025). The programme which will be rolled out for 3 to 5 year olds in in most deprived areas of England, and is expected to reach over 600,000 children. The government has projected that every £1 spent on supervised toothbrushing is expected to save £3 in avoided treatment costs (Ibid.). The WI welcomes this measure as a first step to improved dental healthcare for young people through preventative measures, but acknowledges this alone will not solve the dental health crisis.

Over 65s



Access to dental care for people over the age of 65 is a significant challenge, particularly for those in care homes or unable to visit dental surgeries. Many are left in pain, as dentists often do not visit care homes or take weeks to reach housebound patients. Some individuals over the age of 65, especially those on fixed incomes, cannot afford private care or find NHS dentists, leaving them without treatment. In other cases, older people with dementia struggle to get appointments due to not being registered with a dentist, often requiring multiple steps, like contacting 111 or their GP, to secure care.

“My late 94-year-old mother was in excruciating pain and had to wait weeks for a dentist to visit as she was housebound.”

“My mother, 86, now has a savings account to pay for private dental appointments as she could not get an NHS appointment. She has to prioritise putting money into this account over heating etc from her Pension as she has needed lots of emergency dental work including three extractions. She has not had crowns as these are too expensive so is gradually losing more and more teeth.”

“When my mother was bedridden within a care home for the last 8 months of her life, she had no access to a dentist (NHS or otherwise!).”

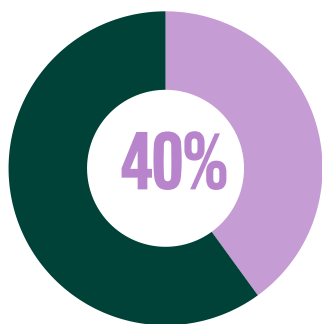
“My 87-year-old mum can no longer afford dental plan. There are no NHS dentists taking on patients in her area so for the first time in 70 years she no longer has any dental care.”

“I work with older people and there is a real problem getting dentists to visit care homes when the resident is not able to visit a dental surgery. The resident is often left in a great deal of pain and discomfort.”

“My mother (who is also on Pension Credits) suffers from Dementia. She stopped eating because she wore dentures and wasn't cleaning them properly, as a result, she had to see a dentist, but because she had worn dentures for years, she wasn't registered with a dentist. It took several calls to 111, a visit to her GP, and a letter to her MP before a dental appointment was found.”

Part III: Finding Ways to Cope

Private Dentistry



Of survey respondents are attending private dentist providers.

Due to a lack of NHS dental care, many people are turning to private services at significant financial cost. One respondent's 82-year-old husband had to go private after being unable to find an NHS dentist, while another paid £2,000 for treatment after their NHS dentist became private. Pensioners, already on fixed incomes, are even forced to make difficult financial decisions, like downsizing their homes to afford dental care. For some, the costs can be overwhelming, with one person paying over £6,000 for dental implants.

"My husband's dentist retired some time ago & he has been unable to get a NHS dentist since then. He is 82, has heart problems & has been left with no choice than to go private which he can ill afford."

"My [adult] daughter broke a tooth recently and luckily a work colleague's husband is a dentist. He removed the tooth because that was the only option she could afford."

"My old dentist left the NHS and became private. 2 years ago I moved and cannot find an NHS where I live now. My husband and I have no alternative but to pay over £20 a month each entitling us to 2 checkups and 2 hygienist treatments a year.

Expensive especially as we are both pensioners in our 70s. My husband has lost all his top teeth and couldn't get false teeth to fit well enough for him to eat so has had to pay over £6000 for implants. My old NHS crowns are deteriorating as I age so I have had to face a similar bill to enable me to eat let alone smile. We have downsized to release capital in order to access essential dental care, leaving a house we loved. At least we could do this unlike some."

"My dentist surgery became private in April 2024. I've been an NHS patient there for 12 years. There are no other surgeries in the area taking on NHS patients. I have just paid £2000 having broken a tooth which required a crown (plus another tooth that also needed a partial crown). I have had to access pension savings to pay."

"The situation in North Devon is very poor with even private dentists having waiting lists that last for years."

"I was 74 when my NHS dentist closed. For weeks I rang NHS dentists all over the North East within 30 miles trying to secure a new one. Most had huge waiting lists of 1000 - 2000 and no chance of a space for years. Shortly after I tripped on a raised pavement and broke my tooth. I had to go private. £155. 6 months later I needed a filling and had a check-up. Cost £255. I don't have a huge pension so that kind of money has an impact. I've been lucky all those years as my dentist was very local. Now there is no possibility of getting an NHS dentist in my lifetime. I'm 75 now. It's a terrible state of affairs."

Intersecting with Other Illnesses

Pre-existing health conditions can worsen dental health, yet many people with such conditions still struggle to access necessary dental healthcare under the NHS. These challenges demonstrate the financial and emotional strain placed on individuals with health conditions who cannot access necessary dental services.



"I have epilepsy which means I have had seizures and damaged my teeth when falling. I have had to pay privately for all dental treatment needed."

"We pay privately for our child as he needs extra support due to being born with cleft lip and palate"

"Trying to get dental care for my older immobile sister (88yrs) who has Bipolar and poor teeth from prescribed Lithium for 40 years has proved impossible."

"I am being treated for both high blood pressure and osteopenia, and medication for each of these can adversely affect dental health. Both connected with aging, and the osteopenia with being female."

"There are no NHS dentists accepting adults in my area. I have had to use a private dentist and might need an orthodontist referral for periodontitis, but this is not available on the NHS and will be unaffordable. Not sure where that will leave me!"

"My daughter has autism they are not very understanding or sympathetic to her anxiety and we feel pressured to attend to keep our places which causes more anxiety. She couldn't attend last time and I still had to pay even though I gave 24-hour notice but it was on a Sunday. They suggested they could be more flexible if we went private than the NHS."

"Head and neck cancer patient and need regular treatment and checkups due to Radiotherapy damage. Unable to register anywhere with NHS Dentist and I am having to pay privately. I am retired and my last bill was £800."

"I have been diagnosed with osteoporosis following radiotherapy and have been prescribed Alendronic Acid. This drug can affect the jaw bone so I have been told to have more regular dental check-ups but I cannot as there are now no dentists in Cornwall taking on NHS patients."

Debt

Many survey respondents who chose to attend private dentistry due to their inability to find availability through the NHS have financially suffered as a result. People are resorting to taking on debt, credit cards, and even moving house to afford inflated private dental healthcare charges.



"My Daughter aged 53 needed an upper denture because of decayed teeth due to Sjogren's Syndrome amongst other problems. My husband and I have taken out a loan to pay for the dentures as my Daughter is completely dependent on state benefits."

"I moved to Wales 3.5 years ago. I have been unable to find an NHS dentist. I recently broke a tooth and therefore chose to go private against my belief. It will cost me £1,300 for a crown. I will have to use my credit card. As a pensioner, I do not need to be getting into debt."

"Am registered at a private dental group but due to cost I wanted to find an NHS dentist but none is available, have had to borrow money for dental work needed at the private practice I'm registered at. There was no dental plan available to pay in instalments."

"My husband has lost all his top teeth and couldn't get false teeth to fit well enough for him to eat, so has had to pay over £6000 for implants. My old NHS crowns are deteriorating as I age so I have had to face a similar bill to enable me to eat, let alone smile. We have downsized to release capital in order to access essential dental care, leaving a house we loved. At least we could do this unlike some."

Paying for Loved Ones

Many women are finding that they are not only required to pay extortionate private dental healthcare bills for themselves, but for their loved ones. Women are at a higher risk of falling into poverty than men (Women's Budget Group, 2018), and the additional financial burden of supporting their families' dental healthcare expenses further deepens both economic and gender inequalities.

"My daughter turned 18 in May and will now be a private patient. They keep the NHS slots for children. She is on a gap year before university, I think I'll have to pay to get her to go for a check-up."

"No NHS dentists in North Somerset taking on patients I paid for my 9yr granddaughter to see a dentist. I'm heartbroken - at least make it ok for children"



"We have had an NHS dentist in Keswick since 2014 for me, my husband, and our four children. As of April this year, the dentist has gone fully private. This means that our dentistry bill has gone from £46 a year for two adult check-ups to over £500 a year for the whole family."

"He never had any fillings until in his 30's but since lockdown he's needed over £1000 worth of dental treatment. For someone living on universal credit this is becoming unsustainable. He needs further treatment in January which I shall have to pay for. I spent one morning phoning dentist after dentist trying to find him an NHS dental to no avail. I keep being told he's eligible for NHS dental treatment but here in Somerset/ Dorset, it seems impossible."

"Yes my father lost a tooth and was told he no longer was registered for NHS (he never attended during COVID). He is a pensioner and cannot afford to pay privately. The choice was no front teeth or I had to pay for him, so I paid. Disgusting as he has worked all his life including 27 years in the Army."

"Previous dentist left the practice. The replacement was not offering NHS. Daughter on Universal Credit was forced to move practice and then pay privately, (bank of Mum)."

Labour of Loved Ones

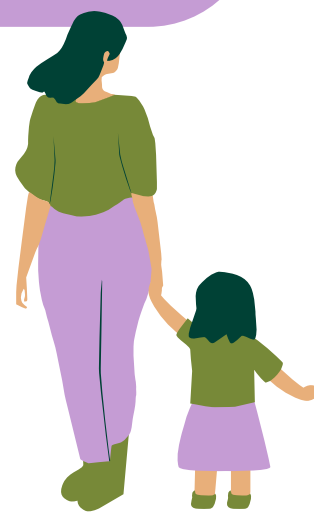
Survey respondents described paying for their loved ones, but also discussed the emotional and organisational labour in trying to find dental healthcare for those around them. In a society where women are expected to provide and care for those around them compared to their male counterparts, the burden of navigating the dental health system on behalf of others has found survey respondents exhausted by the mental load they must carry.

"We took in a Ukrainian family mother and 3 children in June, 2022. Due to having to pay for an operation for the younger child in the last year they were in Ukraine none of them had dental care for 2 years. The eldest child arrived with tooth ache and I tried to get help. After trying about a dozen dentists none taking NHS patients I had to call out of hours dental who asked for us to take her to the emergency dentist in Oxford. She needed 5 teeth seen to and we were lucky to have such a caring dental surgeon who agreed to see to these whilst I continued to try to find a dentist 3 months passed before I was kindly told by one dentist that Long Hanborough dentist was taking NHS patients. I managed to get all three children appointments and they became patients all except the mother. It took me another two years to get the mother treatment by which time she was really suffering. They straight away sent her to hospital to have her teeth x-rayed. It took 5 appointments to get her troubles seen to."

"I see a private dentist, and have found an NHS dentist now for my partner"

"We have encouraged our student kids to keep our family NHS dentist commitment knowing how hard it is to find a new NHS dentist in many parts of the country"

"I was able to get my sons onto the list as they were students. I kept phoning and leaving messages asking for appointments but nothing happened until I physically went to the new dentist surgery."



Dental Disarray

The phrase 'dental desert' refers to an area or region where access to dental healthcare is extremely limited or unavailable. As a result, individuals may have to travel long distances to receive healthcare from other regions. Dental deserts can result in poor oral health outcomes for residents, with increased instances of untreated dental conditions, such as cavities and gum disease. The BBC coined East Anglia the 'Sahara' of dental deserts (Sinclair, 2024). The worst affected areas are designated by calculating the population size per dentist across the Integrated Care Board (NHS Digital, 2023):

NHS Norfolk and Waveney
NHS Lincolnshire
NHS Cornwall and the Isles of Scilly
NHS Gloucestershire
NHS Northamptonshire
NHS Dorset
NHS Cambridgeshire and Peterborough
NHS Black Country



Many respondents discussed struggling to obtain a local dentist after moving to a different region. To mitigate this, respondents disclosed that many were regularly travelling back to their previous residence in order to be seen by an NHS dentist. As a result, individuals are forced into finding NHS places away from home, reducing the number of places in the practice's locality, causing local residents to also travel in order to obtain NHS dental healthcare. This chain reaction which we have coined 'dental disarray' highlights the absurdity of a dental healthcare system which forces the public to travel miles, in order to keep access to a dental practice and to obtain treatment. Our findings reveal that some of our members are traveling up to 250 miles in search of an NHS dentist willing to accept them.

"We moved areas and because we can't get a NHS dentist in our area we drive 3 hours to and three hours back to our dental appointments."

"I had to go to Scotland to get an NHS dentist."

"I moved to Wales 3 years ago. My NHS dentist is in England I haven't been able to register with an NHS dentist in Wales"

"There are no NHS dentists in my area (Scarborough) so I travel 152 miles (round trip) to each appointment in Sheffield."

"I am registered with an NHS dentist and make a 200 mile round trip for a check-up annually in Cardiff. I would have to do same for treatment as there are no NHS dentists in the Aberystwyth area of Wales."

"Moved to Cornwall, cannot get a NHS or private dentist, have to travel to Essex from where we moved to use a dentist"

"No NHS dental places available on the Isle of Wight. Only alternative is to try to get NHS dentist in Southampton or Portsmouth, an expensive journey by ferry. Even children are unable to get NHS appointments here."



"I am travelling to Berkshire [from Dorset] for my dental appointments which costs a fortune in petrol and taking time off work, it's nearly a 6 hour round trip which I feel is totally unacceptable. Recently my tooth broke and required 3 separate visits to get a crown fitted."

"I kept my NHS dentist when I moved away from the area that they were in. But in doing so I have to travel nearly 2 hours to get to them."

"After moving from the midlands to Portsmouth nearly 5 years ago, I still travel 120 miles each way to see a dentist- no vacancies available in the city or nearby."

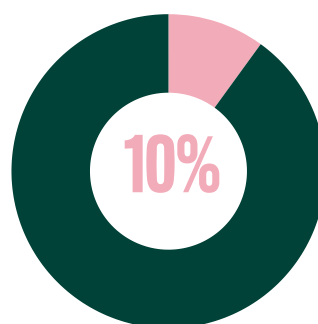
"Every 6 months we have a round trip of 160 miles to attend our old dentist. This has a significant cost to us and is potentially preventing 2 new patients joining our old practice in our place."

"We moved house almost 4 years ago and cannot access an NHS dentist locally - we still have to travel back to our old dentist which is a 150 mile round trip!"

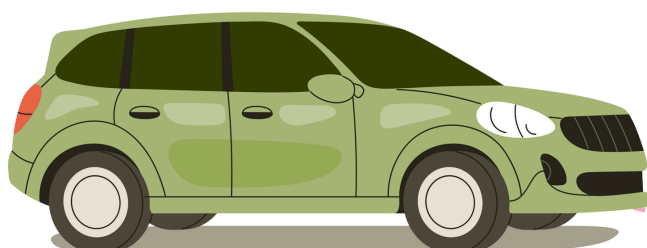
"I had an accident and broke my front teeth, I was taken to hospital and told to see a dentist asap. I live in Suffolk and it was impossible to find a dentist. I had to travel 100 miles to my daughter's dentist in London where I accessed NHS care."

"I can't find an NHS dentist in the local area I have moved to, so I am commuting over 2.5 hours to attend my old NHS dentist."

"I recently moved but did NOT leave my NHS dentist and now travel 250 miles to where my children live and attend dental appointments there!"

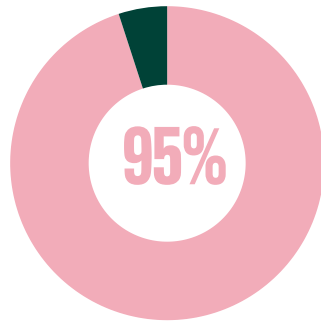
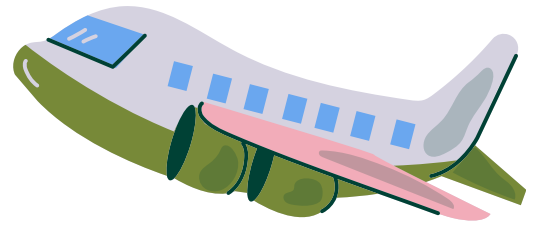


Of survey respondents are travelling over 15 miles to see a dentist.

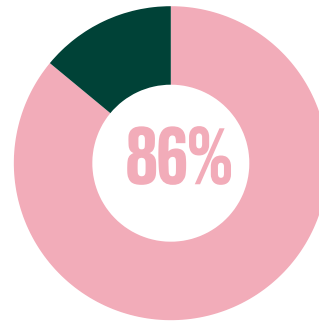


Abroad

Not only are people travelling across the UK in order to receive NHS dental healthcare, but are choosing to receive cheaper, faster care overseas. 'Dental tourism' is on the rise, and many patients are facing problems on their return, with NHS dentists being expected to fix the issues (BDA, 2025). The British Dental Association found that:



Of dentists have examined patients who have travelled abroad for dental treatment



Say they have treated cases that developed complications

"We are sponsors for Ukrainian Refugees (including a 10 year old girl). She had problems with her teeth and although her Grandma (legal guardian) is on Pension Credits, we could not get a dentist to see her, even though she was in pain. It was quicker for her to go back to a war torn country to see the dentist!"

"My son and daughter-in-law have been unable to find an NHS dentist for my granddaughter aged 8. My daughter-in-law is Lithuanian so they see a dentist when they are in Lithuania which is usually annually."

"My husband has been unable to register with a dentist in our local area and has resorted to travelling to Turkey to get work done. Anecdotally we have heard that dentists are reluctant to take on patients who have had work done abroad, but there was no other option that was affordable."

"My dentist has become fully private so I now go to a dentist in Spain where I have a holiday home. Her charges are less than what I was paying NHS."

"Whilst looking for a NHS dentist I visited a private dentist in Spain, they charged very little compared to the UK"

"Whenever I go to Greece, I go to a private dentist."

"I didn't lose my NHS clinic but my husband did. After not being able to find another dentist he went to Slovakia where our son lives and got treatment there."

Part IV: Those Unable to Cope

Cannot Afford Private Healthcare

The dental health crisis affects civil society unequally, harming the most deprived groups due to their increased likelihood to be acutely dependent on public services (Stuckler et al., 2017). Many survey respondent could afford to alleviate the effects of a crumbling dental health service, others cannot afford to replace these missing services (Kroger and Yeandle, 2013).



“Nobody can afford to care for their teeth now and we are rapidly going back to what it was like in the 50’s”



“I developed severe toothache in two of my teeth last year. I was told that I was not with Dentist because the one I had been with closed, I had to ring around 15 Dentist to find one that would see me in the end I had to pay privately and go to Cardiff which cost me in excess of £2000, I still haven’t had the complete process in as I am unable to afford £500 per cap to go over my root canal fillings. I am now just dealing with the pain until this point I have always been with the NHS.”

“Currently my husband has a missing filling. We’ve not been able to sort that out for 5 years and with the cost of living crisis forcing us to think twice before putting the heating on in winter - it doesn’t look like it’s going to get fixed any time soon”

“I have just received a letter from my NHS dentist to say from 2025 he’s going private. I can’t afford private, so will not have a dentist as all the ones in my area are full .”

“No NHS dentists at all in my area. Private only. Cost is prohibitive.”

“There are no Dentists in my area who are accepting NHS patients. My dentist has been private only for very many years now and as a 75 year old widowed pensioner, I am finding the cost of treatment is becoming unaffordable and I no longer have regular check-ups.”

“Unable to access NHS dental care in North Norfolk since the pandemic. Practices decided to accept private patients only. Private dental care cost beyond my means. Same for all the family.”

"It's impossible to find an NHS dentist. I'd happily travel but there are no options but private. Cost is prohibitive for pensioners. I've spent my whole life looking after my teeth and having regular checks. I can't now afford regular checks."

"I received a letter telling me my next appointment wouldn't be NHS and that my dentist was now private. I had to cancel due to the extortionate cost."

"There are no NHS dentists in the area and I have not been able to see a dentist since that time. I was partway through treatment when lockdown occurred and have now lost several teeth which has impacted on my ability to eat certain foods. I am a pensioner on a limited income so the cost of private dental treatment is daunting."

The Impact of Lack of Access to Regular Dental Healthcare

Many respondents are suffering significant medical consequences due to the unavailability and inaccessibility of NHS dentistry. Some survey respondents have endured long periods of pain, with limited treatment options, until their health becomes an emergency. Others are having to reduce the regularity of attending the dentist due to affordability. Their stories each highlight the multifaceted, and severe consequences of the current dental care crisis.

"Neither my husband, who is in his late 70s, or myself, at 68, have been able to find a permanent place at an NHS dentist in our area in the last 10+ years, so are forced to turn to the private sector.

This is increasingly expensive &, as pensioners whose needs become more complex as time goes on, increasingly difficult to afford. This places us in the position of having to forego some routine treatments which in turn creates a knock-on effect."

"I'm taking medication for osteoporosis and was told that I should see a dentist beforehand but couldn't get an NHS appointment and couldn't afford the prices."

"I am unable to find a new NHS dentist and cannot afford to pay for a private dentist. I do have cavities that are starting to give me pain."

"My dentist was NHS but chose to be one all private. I have been unable to find an NHS dentist to move to. It is very expensive therefore making me delay my appointments as I can't always afford it"

"My dentist stopped offering NHS services after being a patient with them for over 10 years. My husband and I are both on Pension Credit so our income is quite low and means we cannot afford private treatment. I have a gum disease which should be monitored and treated regularly so I shall probably end up losing all my teeth. A prospect I truly dread."

Medical Ramifications

There is a growing concern that a lack of emphasis on preventative dental care is contributing to worsening oral health. A significant portion of dental issues, such as cavities, could be avoided with better access to regular check-ups and public education on oral hygiene. Survey respondents highlight the harrowing, and often unexpected ripple effects attributed to a lack of access to NHS primary dental healthcare. If many of the women mentioned below had easy access to NHS dentistry, their health conditions may have been treated before requiring support from other parts of the NHS, or may have been prevented altogether.

76 Survey respondents have suffered medical consequences as a result of not being able to access primary dental healthcare.

"Two years ago my daughter was unable to get a NHS dentist in a twenty-mile radius of Bath. She had to have an emergency temporary filling which led to an infection. Her abscess was so painful she mistakenly took a paracetamol overdose and spent two days in the hospital on a drip, taking up a A&E bed. She couldn't find an emergency dentist prepared to pull her tooth out so the hospital did it. She still has no NHS dentist, and can't afford private! My own NHS dentist finished and I've not been able to find another one in my area. Lack of dental care has impacted on the mental health and physical health of my family."

"I was registered with a dentist but because I missed having a checkup last year I wasn't able to have an emergency appointment with them when a tooth broke and another tooth got an infection. Had to have NHS emergency appointment which didn't really solve the problem. Could not afford private. Finally got to see dentist 5 months later!!"

"Due to not being able to register with an NHS dentist my mum has severe bad breath due to gum disease and has lost several teeth which has seriously impacted her self-confidence and mental health."

"I work in A&E... patients sometimes accidentally take too much paracetamol due to [dental] pain and have to be treated with an antidote for a paracetamol overdose."

"When I moved house 160 miles to north Derbyshire I was unable to find nearby NHS dentist space for 3 years during which time I had an abscess and a broken tooth, and an old filling became loose. I was unable to pop in as problems occurred due to the distance and as a result have lost 2 teeth which otherwise would have been saved."

"We moved to a different county 4 years ago and cannot find an NHS dentist. I'm on long-term sick and my gums are becoming very inflamed and I have periodontitis."

"When I moved to Norfolk from Devon, three years ago, I was unable to find a NHS dentist. I literally contacted every dental practice in Norfolk and part of Suffolk and not one of them was taking on NHS patients. About a year after moving I suddenly had a dental emergency when one of my molars cracked in half. I suffered three weeks of excruciating pain before I could get an appointment at an emergency access centre in Norwich Community Hospital. I called 111 every day and was given the telephone numbers of 'emergency' dentists but even though I called them first thing in the morning I was never able to get an appointment. It was only when I was sobbing on the phone that a receptionist told me about the emergency access centre. When I attended I was only given one choice - to have the tooth removed. I really didn't want to lose the tooth but this was the only treatment on offer. Sadly the emergency access centre has now been taken over by a dental practice and doesn't offer the same emergency treatment as before."

"I have one tooth has broken completely and is infected, the other has had the first bit of root canal treatment but not the rest as that's not covered on an emergency appointment! I have been told I could see a community dentist but needed to be referred by a medical professional, but my GP or my MacMillan nurse say they can't do it! So I am a cancer patient with chronic issues with my teeth and can't see an NHS dentist! Goodness only knows what will happen as the health issues of not seeing one is huge."

Pressure on Emergency Services



"Accident and emergency departments are overflowing with people in severe dental distress."

Matthew Taylor, Chief Executive of the NHS Confederation, 2023

In the face of an inaccessible NHS dental healthcare service, survey participants needed to attend Accident and Emergency services in order to receive treatment, at the point where their pain was unbearable. These instances could have all been prevented had they been offered primary dental healthcare.

"My daughter hadn't been able to see a dentist for over 7 years and was admitted to hospital as emergency with query sepsis from tooth abscess that she couldn't get any treatment for."

"I am type 1 diabetic & very concerned. as each time I get an infection or abscess it affects my health making my diabetes unstable. With ketones in my body, I have been admitted into A&E twice."

"ended up phoning 111 to obtain emergency dental treatment for my mother."

"I work in A&E and we see a large number of patients with dental pain or abscesses who have to come to A&E because they don't have a dentist."

Waiting for Healthcare

Many survey respondents acknowledged their awareness of the importance of oral health, and that they needed to see a dentist or would suffer medical consequences. However, due to the lack of affordable and available dentistry, participants confessed that they were waiting for their pain or condition to worsen until they were able to access immediate, free dental healthcare through hospitalisation. This illustrates clearly how lack of access to dentistry is leading to increased pressure and costs on other parts of the NHS, with patients often presenting in a crisis situation that could have been prevented.

"I have not been to a dentist for 2.5 years because mine closed. I cannot afford private fees as just on a pension so I hope I don't need treatment. We have no NHS dentists any where near where I live in Norfolk."

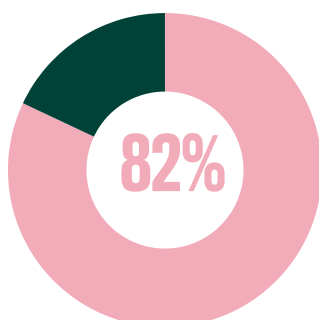
"I am an 80-year-old pensioner and haven't got £500 to save a tooth I will have to wait until it is very painful and then ring the emergency dentist service."

"Currently I'm dealing with a few dental issues that could be resolved but I'm having to wait until they're classed as an emergency as I've had to wait without treatment for months until I can get an appointment to repair or remove the teeth on the 111 service."

"I have broken tooth that is not causing pain at the moment but no it is only a matter of time before it does. I'm just hoping something changes and I am able to register with an NHS dentist but it does not look very hopeful."

DIY Dentistry

DIY dentistry is the practice of performing dental procedures at home without professional supervision. Survey respondents described how they are attempting to alleviate pain and treat oral health issues through treating the issue themselves. This is despite the significant risks of DIY dentistry, including infection, tooth loss, jawbone fractures, and damage to surrounding teeth (Bradfield, 2023).



Of a poll of 500 UK Dentists have treated patients who have taken matters into their own hands since lockdown

(BDA, 2024)



"My daughter suffered terribly for months with an abscess and was using temporary fillings from the chemist. She was eventually seen by an emergency NHS dentist 30 miles away."

"My husband has not been to the dentist for almost 10 years. He fixes his teeth himself with dental filler he buys on the internet. It is not ideal and he has lost at least two teeth that could have been saved by a dentist. He is 50 years old."

"Very difficult to see a dentist if in pain gave up took painkillers."

"I don't have and can't get an NHS dentist. I have a lot of issues with my teeth following cancer treatment. I have to use over counter remedies which have limited comfort."

"My son moved back to the area and is also on the same waiting list. He has gum disease and is trying to treat it himself."

Female Sacrifice

Survey respondents confessed to the sacrifices they were making in order for their loved ones to obtain dental healthcare. At the expense of their own oral health, women are engaging in sacrifice in order to provide for their loved ones.

"I can't afford our private dentist for the whole family, so I don't go to the dentist at all unfortunately."

"We lost our NHS dentist many years ago due to retirement. Managed to find another who couldn't take the whole family so we chose that the children got the places."

"I now do have an NHS dentist for my children, but no space for myself. I've had to do it privately."

These sacrifices highlight how many women, often the primary caregivers in families, are putting their own health on the backburner to ensure their loved ones receive dental care. The lack of available NHS dental healthcare and the financial burden of private dental care, forces women to choose between their own health and the well-being of their families, further exacerbating inequalities in access to dental healthcare.

Guilt

For the women who could not support their loved ones in finding dental healthcare, they had placed the burden on themselves and expressed embarrassment and guilt for failing to provide the care they felt they were responsible for.

"I have an elderly relative moved close to me to support their care needs. I have been unable to secure them an NHS dentist. I'm mortified I brought them closer to help them and now they have to pay private dentist which they can't afford to do"

"Two days taking up hospital bed, losing a tooth, impacting on mental health, going through unbearable pain, not been able to work, not able to look after children, not able fund further treatment!"

"Son home from Uni - a student not entitled to NHS, can only book private appointments and we can't afford the hundreds of pounds to fix his tooth."

"My Ukrainian guest has not been able to register at any dentists in our town, where there are two practices. So when she had root canal work needed, which was painful, she had to fly to Bucharest and then take a long bus journey through Romania, to get to Odessa to be seen. I can't tell you how embarrassed I felt that she could not access dental care in this town."

Accessibility

Many people face significant challenges in physically accessing dental care due to accessibility issues and a lack of mobile services. One respondent shared how their elderly mother, unable to climb stairs, struggled to find an accessible NHS dentist, as most local practices had steps, and the only accessible one had closed. For others, arranging dental care for family members with disabilities or mobility issues can be difficult, again highlighting the burden on women responsible for their loved one's dental health. One person explained how they had to arrange wheelchair-accessible taxis to take their father to his dentist, a complicated and costly process. These challenges highlight the need for more accessible dental services which are not dependent on the unpaid care of family and friends.

"No NHS dentists available when mum moved into the area this year. Unfortunately most of the dentists have steps to get into the buildings as well, making it very difficult for older people. The accessible dentist shut down about 2 years ago."

"When my elderly mother was no longer able to climb the stairs at her NHS practice, we could only find a private dentist for her who pressurised her into taking out expensive Denplan insurance. When I took over looking after her finances, I had great difficulty cancelling it."

"My mum also moved house, recently and she managed to find a new dentist, but it is upstairs, and her mobility isn't very good. But she struggles up the stairs to get there."

"I have had difficulty getting a dentist to visit my Father at his care home . Therefore, I pay for a wheelchair accessible taxi to take him with my support to his dentist. It is not always easy and sometimes it's difficult to organise a taxi as well as make a dental appointment for him. He cannot transfer easily anymore into my car . So a wheelchair friendly taxi is our only option."

"I work with older people and there is a real problem getting dentists to visit care homes, when the resident is not able to visit a dental surgery. The resident is often left in a great deal of pain and discomfort."

Part V: Fear for the Future

Many survey responses highlighted the deep concerns people have about the future of their dental health. The lack of available NHS treatment, rising costs of private dental services, and worsening oral health are leaving women feeling anxious and vulnerable. Many women also expressed feature of the future oral health of younger generations, noting that their grandchildren are not receiving regular dental check-ups, which they know could lead to long-term health issues. This anxiety on behalf of their loved ones highlights the mental load women are carrying for their family systems, embodying the responsibility for maintaining the oral health of those around them.

"My husband has false teeth and we hope and pray that nothing goes wrong because I do not know where we could get help."

"I am well past retirement age and cannot afford private treatment so I use Bongella and hope the occasional pain is not due to tooth decay. If I needed treatment for appearance sake then I would have to use my Credit Card and cut back on other areas to pay off the debt."

"I am an 80 year old pensioner and haven't got £500 to save a tooth I will have to wait until it is very painful and then ring the emergency dentist service."

"I do worry about dental health issues for my grandchildren in years to come as they are not seeing a dentist regularly"

Given Up

Many survey respondents have given up trying to find an NHS dentist, as there are no available spaces in their local areas, with one respondent noting they've been unable to access any NHS dentist for over 20 years. This sense of giving up reflects the overwhelming barriers women face in accessing necessary dental care, leading to feelings of helplessness and disillusionment.

"Have given up trying to find an NHS dentist."

"There are no NHS dentists in our town with spaces for new patients. It's pointless even trying to find one."

"I have not been able to access an NHS dentist for more than 20 years. There were none available in the Aylesbury area and there are none available in the Lincoln area. The NHS 'find an NHS dentist' website is a joke - none of the dentists listed ever have a vacancy."

"I haven't been since before COVID when the practice moved to only emergency appointments and kept the money I'd prepaid for a hygienist appointment. I haven't bothered trying again since."

Part VI: The Women's Institute's Ask to Government



1. Reform NHS dental contracts

Our report has shown in shocking relief the impact of the dental crisis on women across the country. Too many women and their families are unable to access NHS dentistry – for both routine and even emergency care. The government must urgently review and reform the 2006 NHS dental contract to end the dental access crisis. This must include increasing funding for NHS dentistry to provide a truly universal service so that everyone can access an NHS dentist. The contract must also be reformed to ensure that it properly reflects the costs of providing care for complex and time-consuming cases, ensuring professionals are fairly compensated for providing NHS services. The government should consider introducing incentives to encourage dentists to work in areas particularly impacted by the dental health crisis, such as in dental deserts.

2. Increase NHS dental workforce

Our report highlights the sheer number of people unable to access dental care because their local dentist has left NHS practice in favour of private practice. To address the critical shortage of NHS dentists, the government should expand training programs and provide financial incentives in order to both retain current dental practitioners, as well as attract the next generation of NHS dentists.

3. Make dental care affordable and accessible

The testimonies in this report highlight the extreme distances people are traveling and the hardships they are enduring to access dental care. Steps should be taken to make NHS dental care more affordable and accessible. Emergency dental treatment prices should not be so expensive that people are waiting until their dental health is so poor they have to go to Accident and Emergency. Patients attending their dentists should not be travelling further than what is feasibly commutable by public transport within an hour. Patients removed from NHS dental registers during the COVID-19 pandemic or due to reasonable grounds should be able to easily re-register. The NHS website listing dental practices taking on new NHS patients should be regularly updated and proven to support those looking for a new dentist. The government should regularly monitor and report the impact of these efforts to improve the accessibility of dental healthcare, to ensure all commitments are upheld.

4. Address the gendered impact of the dental health crisis

The government must recognise that the dental health crisis disproportionately affects women as highlighted in our report. This includes ensuring free dental care is easily available for all pregnant and postnatal women given the importance of this time for wider dental health, and considering how other life stages, such as menopause can impact women's oral health. Additionally, all policies looking to solve the dental health crisis should consider the women who act as primary caregivers in their families and communities, and therefore face significant emotional and financial burdens while managing their family's dental care.

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