

Introduction

Dentistry plays a vital role in protecting and promoting the oral health of the public, however access to dentistry is a major concern in the UK¹. A better understanding of the level and distribution of dental need is crucial in developing evidence-based policy to meet needs most effectively.



Unmet Needs

A common way to measure access to healthcare is by assessing subjective (or self-reported) unmet needs (SUNs), which refers to the instance when a need for healthcare is present but is not received²:

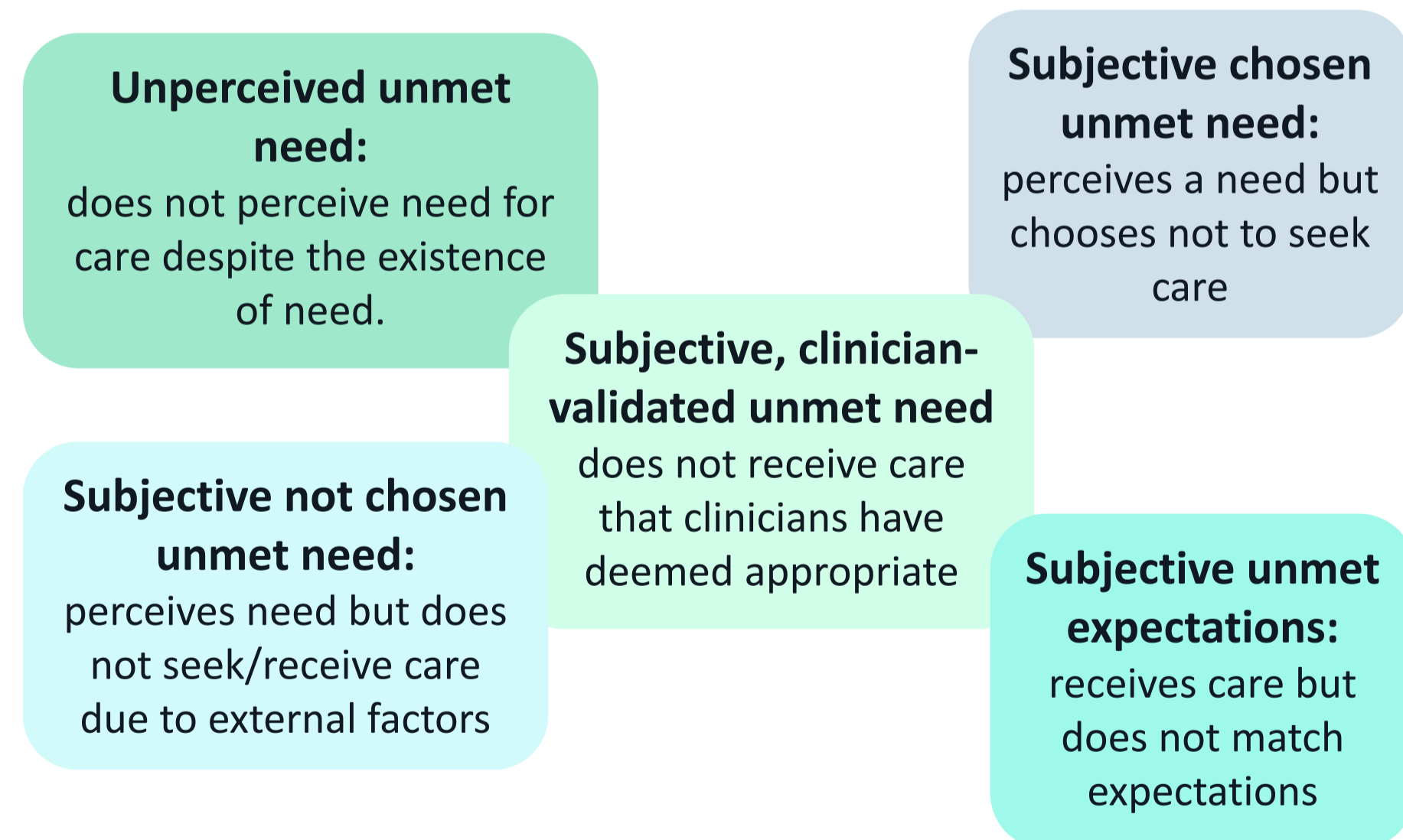


Figure 1: Categories of unmet need, adapted from Allin, et al.²

Current research

The aim of this study was to review available evidence on subjective unmet needs in dentistry in England to examine the type, extent, and consequences of unmet need.

Method

We examined three different sources of information and mapped the content onto the different categories of SUNs:

- Qualitative data from **92 Healthwatch reports** published between 2014-2023,
- **25 research articles** (including grey literature) published between 2006-2023,
- **80 evidence submissions** to the 2023 House of Commons Health and Social Care Select Committee on NHS Dentistry³ to explore up-to-date issues in access to dentistry.

Results

Overall, we found that most common SUNs occurred when people attempted to access care but did not receive it due to factors outside of their control (i.e., **subjective not-chosen unmet need**).

	Unmet need	Examples
1	Unperceived unmet need	Did not perceive a need to attend dental services if edentulous, or asymptomatic
2	Subjective, chosen unmet need	Defer dental care due to fear of dentists, or dental treatment
3	Subjective not-chosen unmet need	Difficulty in finding a local dentist that provides NHS care; unaffordable treatment costs; long waiting times
4	Subjective clinician-validated unmet need	Referral to specialist care not completed or difficult to obtain; dental professionals not comfortable in providing treatment
5	Subjective unmet expectations	Having to travel longer distances or pay more than expected for treatment; incomplete treatment; negative experiences

Concerningly, some groups of people experienced **multiple barriers** that prevented access to NHS dentistry. This seemed to disproportionately impact those who are **clinically vulnerable, or experience inequalities and social disadvantages**.

Poor access for these groups is likely to exacerbate health inequalities and have significant and **prolonged negative impacts** on those experiencing the unmet need.

Limitations

While evidence does highlight issues in access, some of the published literature is now dated and focused on barriers experienced by those who perceive a need for dentistry and have attempted to pursue access to care/treatment, with **much less research on those who do not, or cannot, seek care**.

More **empirical research** is required to understand the impact of unmet needs on populations who are likely to experience health inequalities, the link between unmet needs and dental health outcomes, and unmet needs of those who are unable to translate a need into demand for dental services.



Implications

This research has defined SUNs in dentistry and offered potential metrics to measure unmet need. The findings from this review provide an insight into the factors underpinning unmet need:

- a general limited understanding of the importance of dental health and prevention, with people only seeking care when in pain
- cost, or lack of information about cost, indicate that people are not clear about NHS charges
- long waiting lists of NHS treatments
- geographical inequalities in service provision
- lack of provision and a lack of information about the availability of dentistry within an area.

References

- 1 Healthwatch England. What people have told us about NHS dentistry [internet].2021 [cited 2024 July 02]. Available from: <https://nds.healthwatch.co.uk/reports-library/what-people-have-told-us-about-nhs-dentistry>
- 2 Allin S, Grignon M, Le Grand J. Subjective unmet need and utilization of health care services in Canada: what are the equity implications? Soc Sci Med 1982. 2010 Feb;70(3):465–72.
- 3 NHS dentistry - Committees - UK Parliament [Internet]. 2023 [cited 2024 Jan 3]. Available from: <https://committees.parliament.uk/work/7140/nhs-dentistry/publications/>