

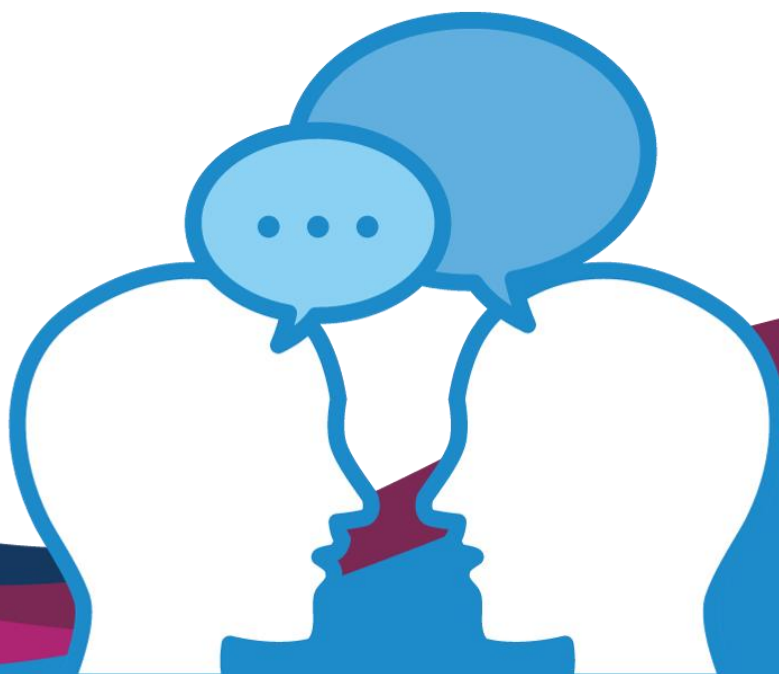


Lancashire and  
South Cumbria  
Integrated Care Board

# Fylde Coast dental access Listening to communities report

March 2026

Dan Clough  
[dan.clough@nhs.net](mailto:dan.clough@nhs.net)



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## Introduction

The Fylde Coast has historically been an area where dental services have faced challenges. The region has some of the most deprived areas in the country and getting support to people in those areas has often proved problematic.

During the COVID-19 pandemic, access to dentistry services plummeted as many procedures became unavailable due to the risk of spreading the virus and practices had to close for many months. Since the pandemic came to an end, access figures have recovered across Lancashire and South Cumbria in all areas except for the Fylde Coast.

This issue has led to the ICB dental team looking to develop a programme of work to support dental access recovery across Blackpool, Fylde and Wyre.

To support this work, the communications and engagement team has led on a targeted engagement exercise to understand people's experiences of access to NHS dental services across the Fylde Coast and to gain an insight into people's perceptions of services as well as whether they feel able to access the support they need, when they need it.

## Executive summary

Public feedback shows a clear and consistent picture: access to NHS dental services is extremely limited and, for many people, effectively unavailable. The dominant concern is not the quality of care, but the absence of NHS dentists accepting new patients, particularly across Blackpool, Fylde and Wyre.

Many respondents described NHS dentistry as 'non-existent' or 'impossible to access', especially for new residents, people whose practices have closed, and those returning to the area after study or illness. Access is widely seen as a matter of luck or long-standing registration, rather than need. Those registered many years ago often continue to receive regular care, while others report trying unsuccessfully for years to find an NHS dentist. There is strong perception of a shift from NHS to private dentistry, driven by poor NHS remuneration.

Respondents believe NHS-trained dentists are moving into private practice, with NHS provision reduced to limited sessions or phased out altogether. This has left many people reluctantly paying for private care or going without dental treatment entirely.

Cost is a major barrier, particularly for pensioners, low-income households, disabled people, carers, and young adults. Many described delaying treatment due to affordability, resulting in worsening dental health, pain, extractions, and dentures. Where NHS dentists are available, they are often far from home, difficult to reach by public transport, and inaccessible for people with health conditions or disabilities.

People also reported poor information and communication, with no clear way to identify practices accepting NHS patients or to know when places become available. The impact on people with disabilities, anxiety, autism, or complex health needs was particularly stark, with inflexible systems, lack of reasonable adjustments, and distressing experiences reported.

Overall, the feedback is clear: availability must be addressed first. Respondents repeatedly state that service improvements are meaningless without sufficient NHS dental capacity, workforce, and access.

## Who have we heard from?



### How many people got involved?

Around **100** people were engaged face-to-face during events in Blackpool and Fleetwood.

**164** completed responses to the survey were received, including online and paper copies.

## How did we speak to people?



### Public engagement sessions

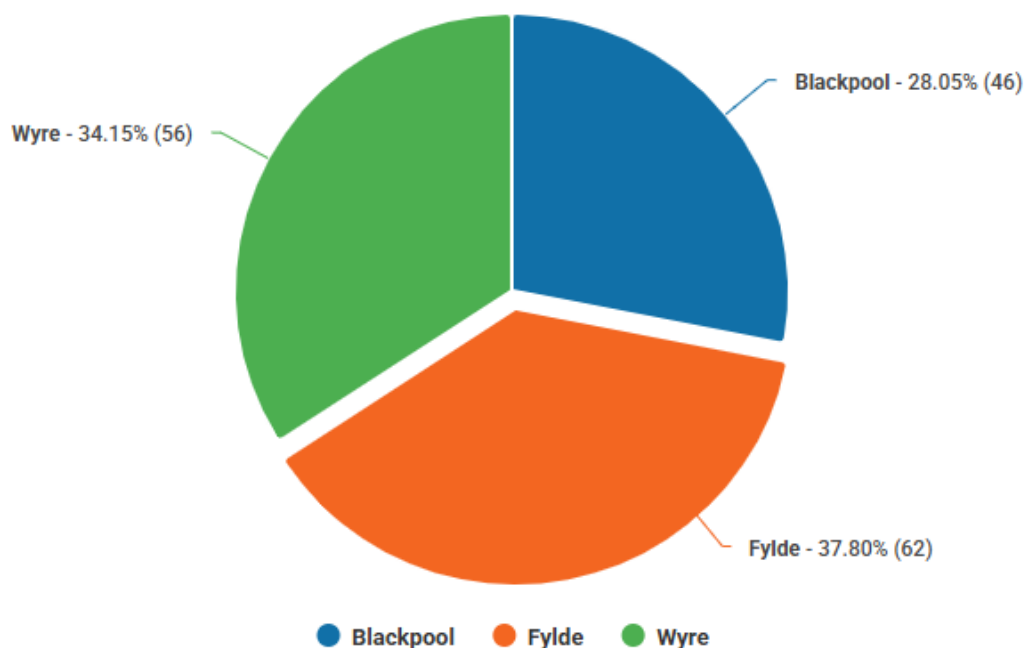
In order to engage with people living in some of the more deprived areas of the Fylde Coast, the ICB team attended groups in Blackpool and Fleetwood to have face-to-face conversations with local residents. The team attended:

- 10 March 2026: Young at Heart friendship group, Fleetwood Library – around 15 attendees
- 10 March 2026: Harmony and Health singers, Marine Hall, Fleetwood, around 45 attendees
- 17 March 2026: SPARKS Network, Tarnside Community Centre, around 35 attendees

## Survey

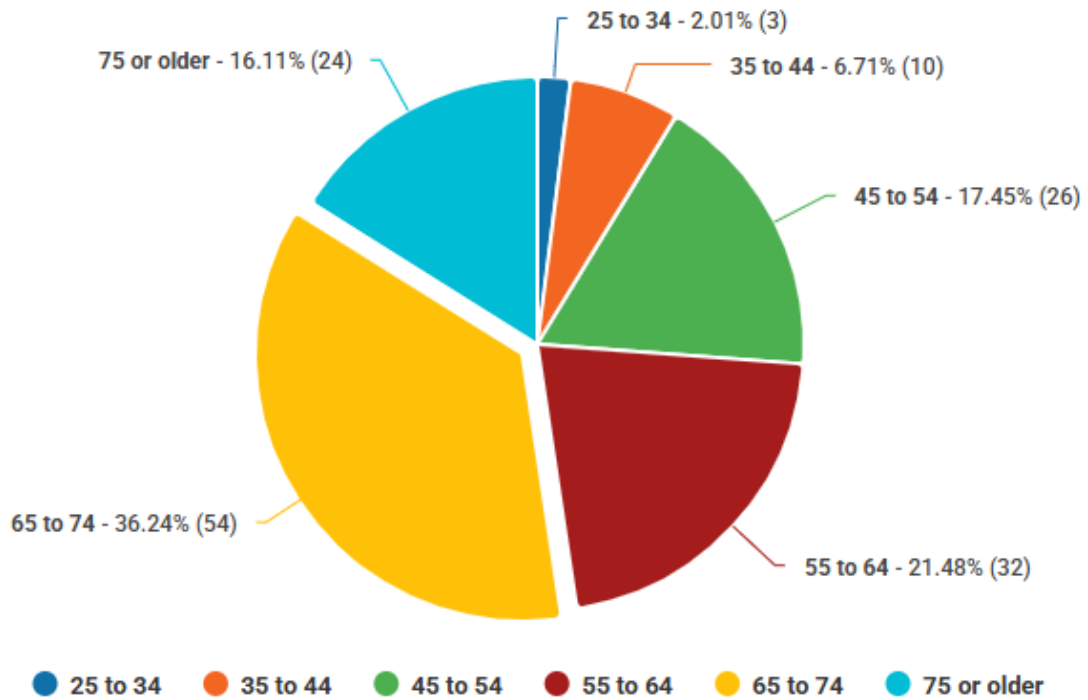
An online survey was developed and promoted via the ICB's Citizens Panel and social media. The survey was live from Wednesday 4 to Tuesday 24 March 2026.

Respondents came from:

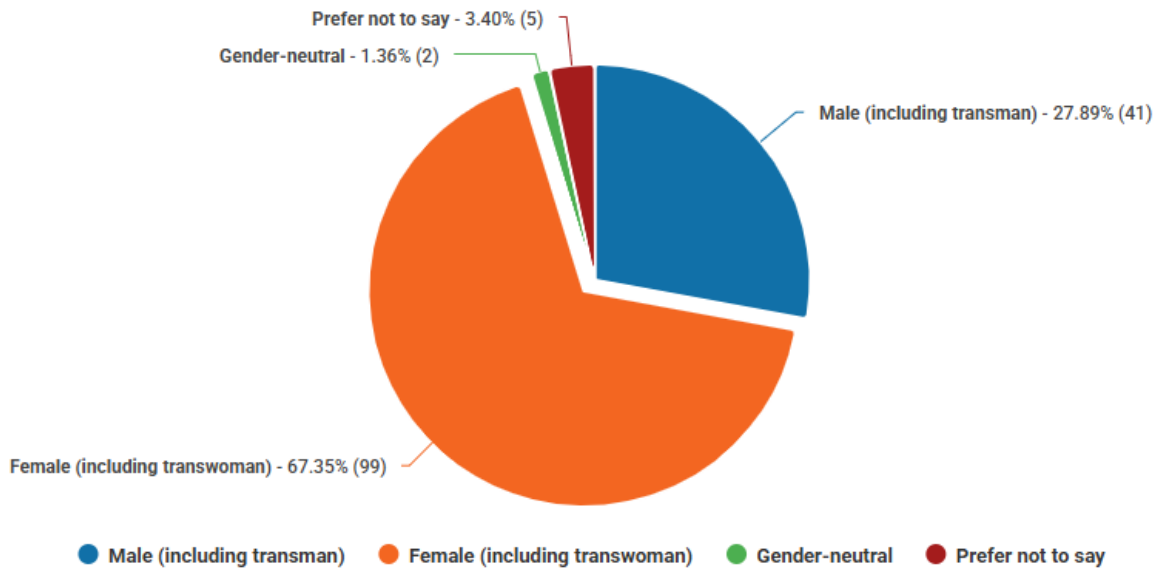


As part of the survey, demographic data was captured. Around 91 per cent (150) of respondents agreed to provide this data. The responses, detailing who responded to the survey, are below:

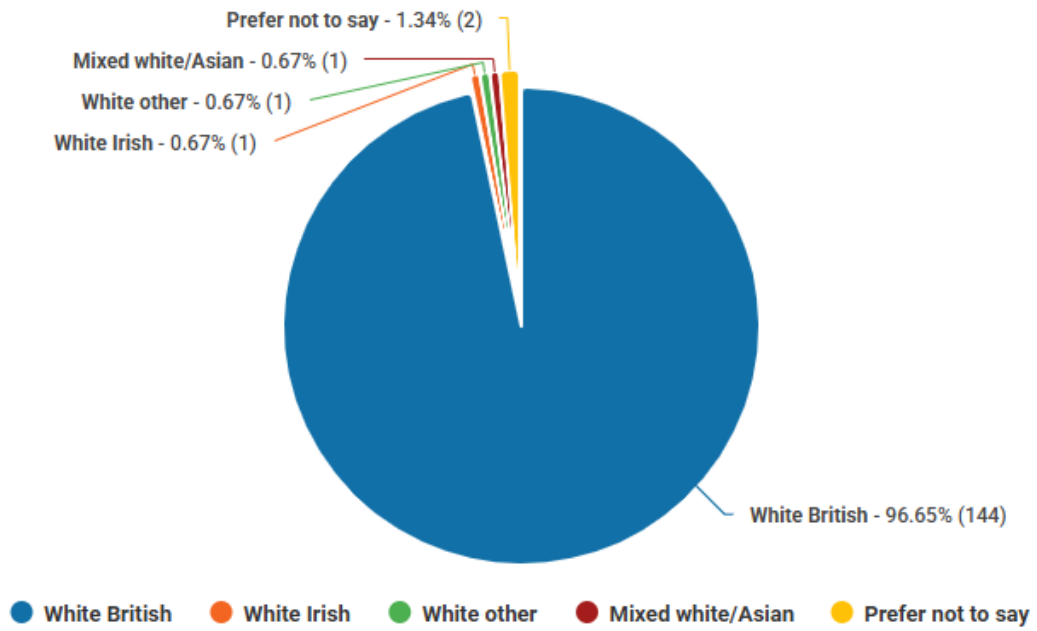
### Age



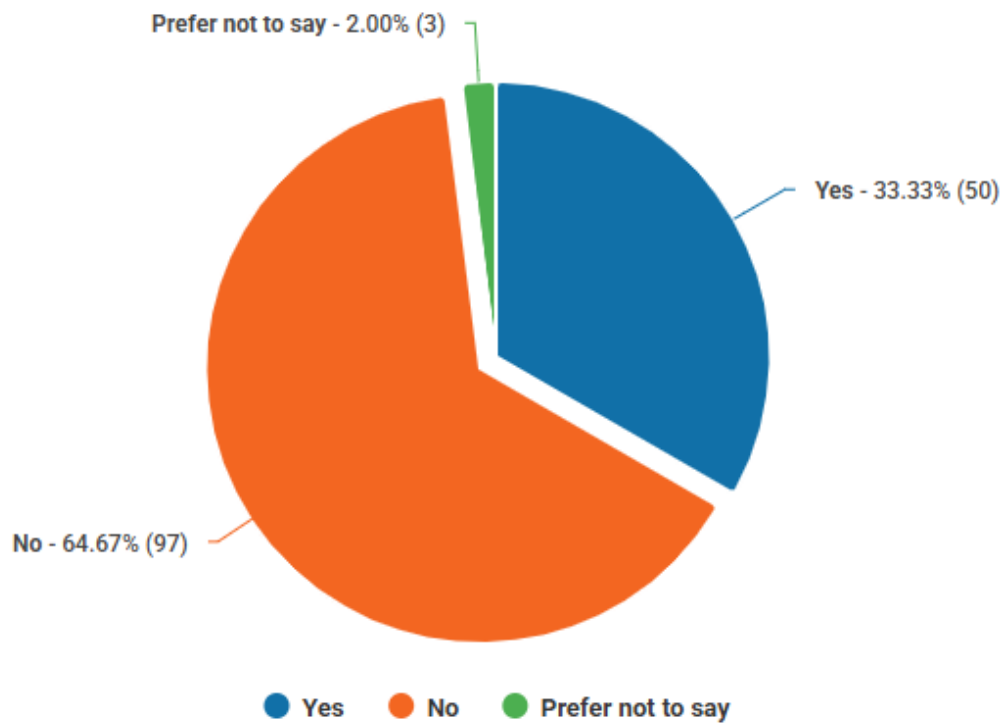
### Gender



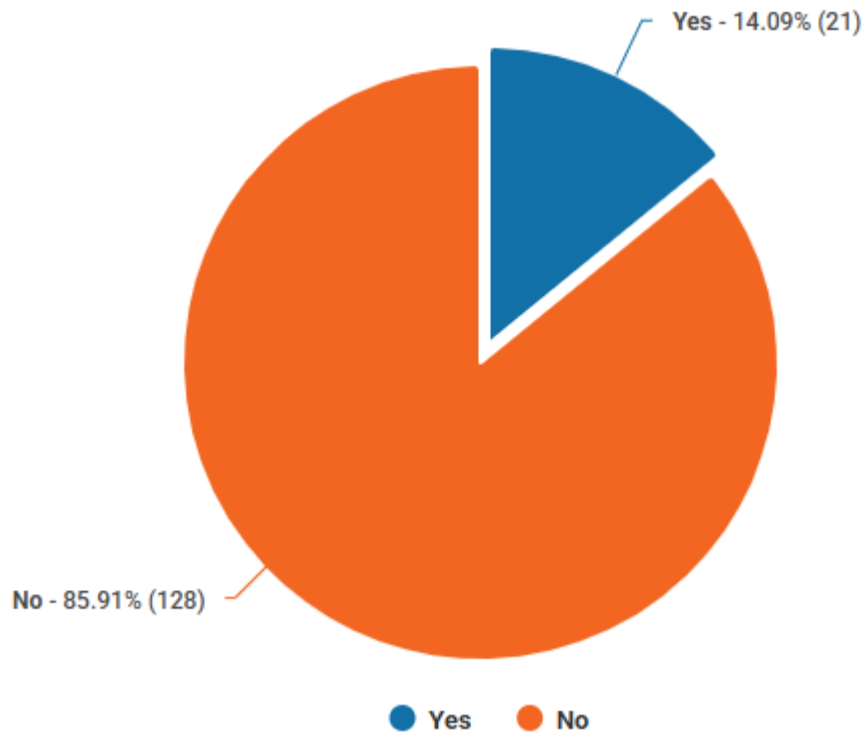
## Ethnicity



## Disability



## Carer





### Public drop-in sessions

Below is a summary of the comments made during face-to-face conversations:

#### Access to NHS dentistry

Many people reported significant difficulty accessing an NHS dentist, with a widespread perception that there is no NHS dentistry available. Some no longer try to register at all. A common experience was being removed from NHS lists during the COVID-19 pandemic and not being reaccepted or only being offered care if they paid privately.

Several people described practices advertising as NHS but then saying they were not accepting NHS patients, offering only private treatment.

Once people are removed from a list, they find it extremely hard to regain access, often leading to long gaps without care or reliance on emergency services only.

There were concerns about rigid appointment policies, with people feeling threatened with removal if they missed appointments, without consideration of barriers such as caring responsibilities, anxiety, transport or cost.

#### Cost as a major barrier

Cost emerged as one of the strongest and most consistent themes.

Many attendees are paying for private dental care, typically £40–£50 per month on dental plans or several hundred pounds per visit when treatment is needed.

Some people reported being unable to afford NHS charges, such as £300 for dentures or tooth extractions.

Pensioners, people on low incomes, and younger people on benefits highlighted as being particularly affected.

Several people described long-term consequences of unaffordable care, including missing teeth, reliance on dentures and impacts on confidence, wellbeing, and employment prospects.

There was limited understanding of financial support, exemptions and help with NHS dental charges.

#### Emergency and urgent dental care

Awareness of urgent dental services was very limited.

Some people knew about the Whitegate Drive service and reported good experiences when they did access it, particularly when they knew in advance where to go.

However, many:

- Did not realise they could access urgent care via NHS 111.
- Were confused by reports of a 'rolling rota' across Lancashire and South Cumbria, meaning care was not always available locally.
- Were turned away if they were not in pain, even where there was significant underlying need.

People felt unsupported when turned away, particularly when GPs stated they were 'not insured to do anything with teeth', leaving patients with no clear route for help.

#### Patient experience and anxiety

Anxiety and dental phobia were raised repeatedly as major barriers to accessing care, often compounded by cost.

Some people felt:

- Rushed during appointments.
- Judged or shamed by dentists for the condition of their teeth.

- That dentists sometimes blamed patients for issues beyond their control (eg tooth grinding).

There was strong feedback that:

- Dentists need more time to be careful and gentle, particularly for anxious patients.
- A more compassionate approach to missed appointments is needed, with practices exploring why someone didn't attend rather than removing them automatically.

### **Prevention, oral cancer and education**

Many people value regular check-ups as preventative care, not just treatment.

Concerns were raised about oral cancer, with questions about:

- How people would recognise symptoms.
- Whether the general public understands oral cancer risks at all.

There was strong support for:

- Education and prevention being built into any future model.
- Clearer public messaging about how and when to access dental services, and what a check-up actually includes (e.g. unexpected charges for cleaning).

### **Different experiences across groups**

Experiences varied significantly. Some people reported excellent NHS dental care, with easy access, good communication, same-day denture repairs, and supportive staff.

People working with adults with learning disabilities and autism reported very good access to dental care for that group, including fast access in emergencies.

However, there was concern about widening inequalities, particularly for older people, young people in deprived areas and people who cannot afford private care but are not exempt from NHS charges.

### **Views on future service models**

During the face-to-face engagement sessions, the team sought feedback on proposals to pilot alternative models of providing routine NHS dental care. This could include patients being responsible for initiating their own appointments, rather than waiting for their regular dentist to recall them once a year.

Feedback showed no single preferred model, There was strong support for traditional NHS dentistry with recall, particularly among older people.

Positive views were found for an 'as and when' patient-initiated model, especially among those who dislike frequent check-ups and repeated charges.

There was very limited support for urgent-care-only models.

Many people were receptive to a hybrid model, combining access to routine care when needed, preventative check-ups and clear urgent care pathways.

The idea of a waiting list system, where people could register in advance and be contacted when appointments become available, was well received.

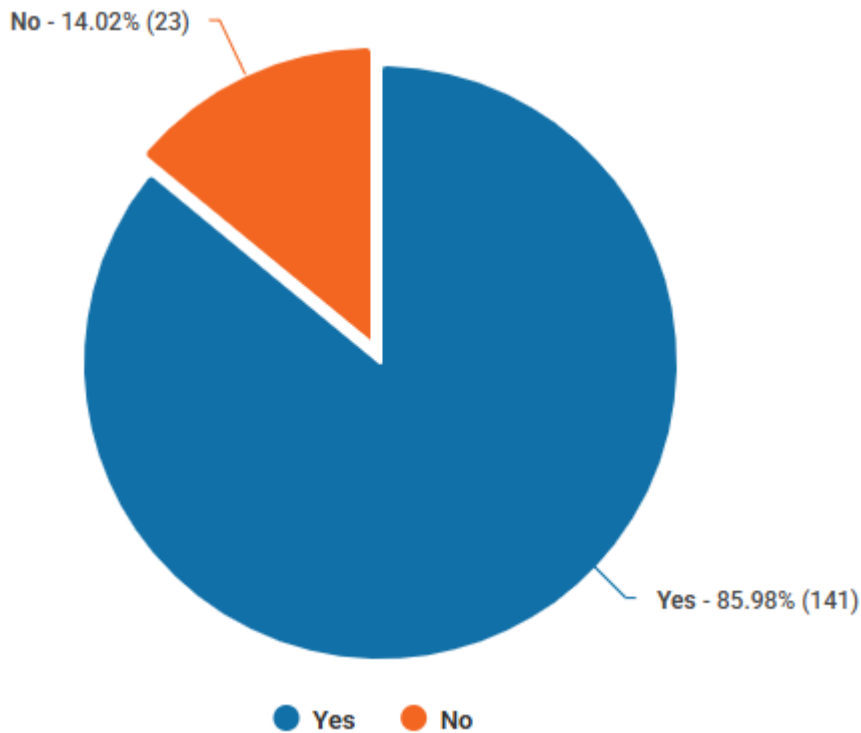
### **Overall sentiment**

There was a strong sense of resignation among many attendees, with a belief that NHS dentistry is largely unavailable.

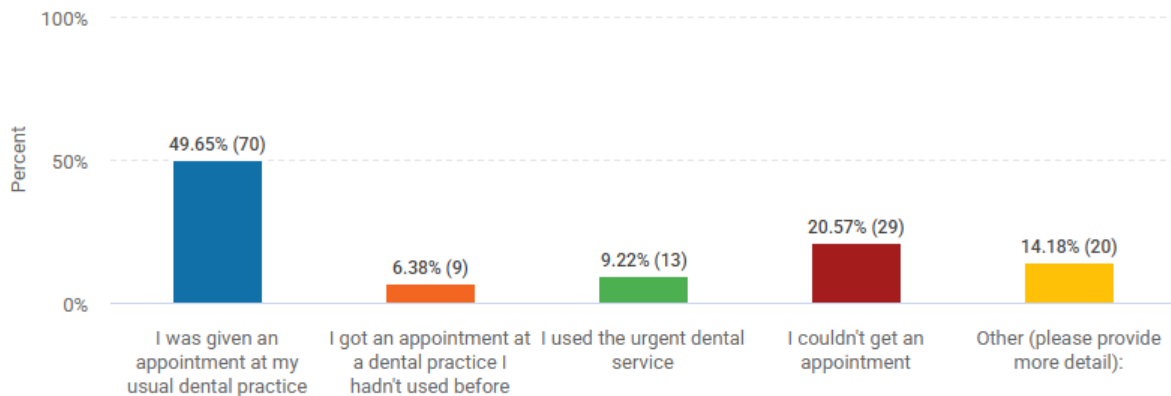
People emphasised that small, practical interventions (eg denture repairs, extractions, preventative advice) could make a significant difference to quality of life.

There was clear appetite for better communication, greater transparency and more compassionate, preventative, and accessible dental services.

**Survey: Have you tried to access NHS dental services in the past two years?**



**Survey responses: (If answered 'yes') Which of the following best describes what happened?**



The majority of people who selected 'other' stated they had been unable to access an NHS dentist and been required to use a private service. One has been put on a waiting list, another said they had been supported to get NHS treatment through a family member.

Respondents were given an opportunity to add comments in response to this question. A summary of the comments made is below.

**Inability to register with an NHS dentist**

The most common experience was being unable to find any dental practice accepting new NHS patients, even after repeated attempts across wide geographic areas. Many

respondents were told no NHS places were available locally, with some being advised to travel 30 to 60-plus miles, which was often unrealistic due to cost, mobility, or work commitments. Several people reported trying for years without success, leading to deterioration in oral health, tooth loss, or avoidance of care altogether.

### **Practices switching from NHS to private**

A large number of respondents said their existing NHS dentist switched to private care, leaving them with little or no choice but to pay for treatment or to leave the practice and attempt (often unsuccessfully) to find another NHS dentist. Some people described having NHS appointments cancelled and replaced with private offers, sometimes with little notice. Pensioners and retired respondents frequently highlighted the financial strain of these changes.

### **Forced use of private dentistry**

Many respondents reported being forced into private care, despite not being able to afford it. Several respondents said they had cut back on essentials or taken on financial stress to maintain access to dental care. Others said they had stopped seeking care altogether due to cost.

### **Long-distance travel to retain NHS access**

Some respondents have remained registered with dentists near former homes because they could not access NHS dentistry after moving. Travel distances of 15 to 45 miles (or more) were commonly mentioned. This was described as inconvenient, costly, and unsustainable, but preferable to losing NHS access entirely.

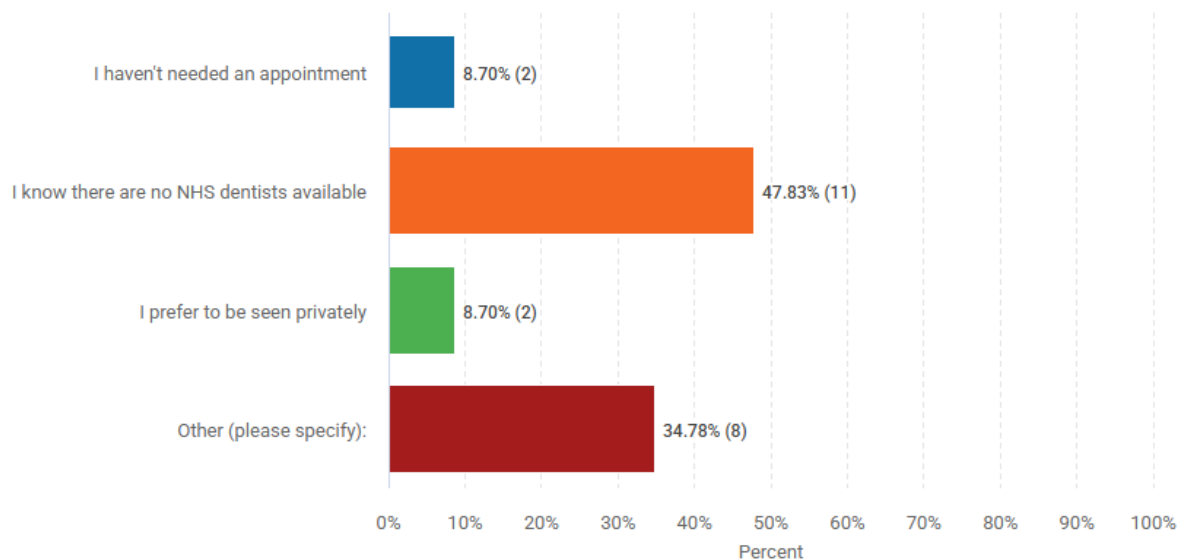
### **Reliance on urgent or emergency care**

Where routine NHS care was unavailable, respondents often used urgent dental services. Several people reported being turned away if their issue was not classed as an emergency, even when there was clear clinical need. This contributed to cycles of deterioration, pain, and repeated emergency access rather than preventative care.

### **Delays, cancellations and reduced routine care**

Some respondents who were still registered reported long gaps between check-ups, routine appointments reduced from six-monthly to annual or longer and appointments cancelled or rescheduled repeatedly, sometimes after long waits. A few described confusion or poor communication around appointment dates and reminders.

## Survey responses: (if answered 'no' to first question) Please tell us the reason you have not attempted to access NHS dental services



Of those who selected 'other, the majority said they are registered with a private dentist. One said they were 'housebound and petrified' while another said they had retained their private dentist in Clitheroe having moved to the area, as they were concerned there are no dentists available in this area.

Respondents were given an opportunity to add comments in response to this question and there were 12 comments made. Most said they had not attempted to access NHS dental services because they believe there are no NHS dentists available locally, particularly those accepting new patients. As a result, many feel they have no real choice but to use private dental care, often reluctantly.

Several people described being forced into private dentistry after their former NHS dentist stopped providing NHS treatment. While some have stayed with the same practice for continuity or trust, they highlighted that private fees have risen while service quality has declined, adding to frustration.

Cost was a significant concern, especially for older people and those on fixed incomes, including state pensioners, who felt unfairly burdened by having to pay privately for what they believe should be an NHS-provided service.

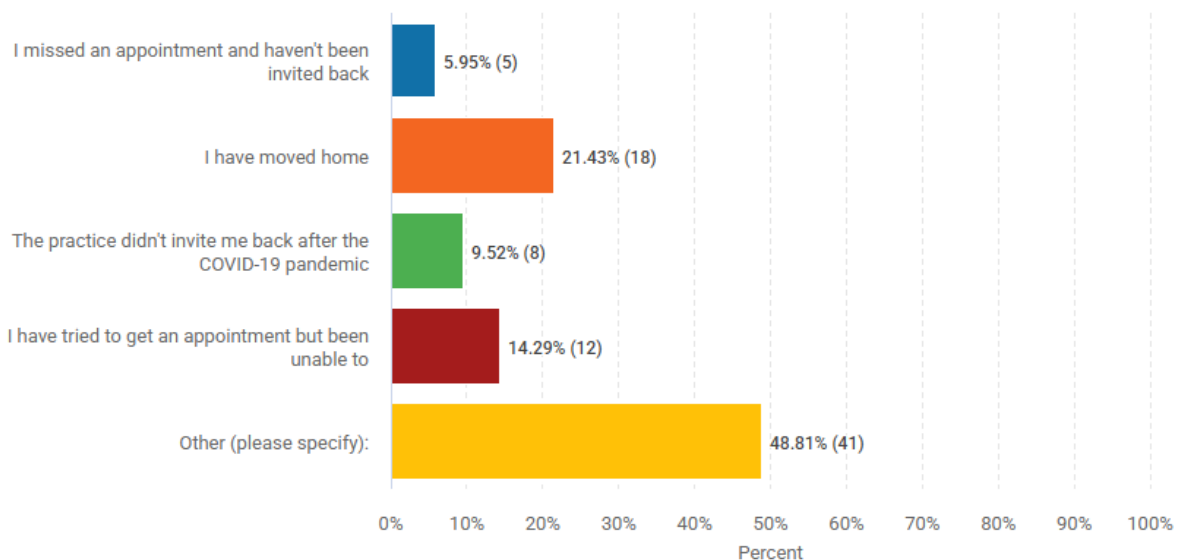
Some respondents reported long-term access issues, saying they had lived in areas such as Wyre for many years without ever being able to register with an NHS dentist. This led to people either giving up trying altogether or travelling long distances to previous areas and paying high private fees.

There were also serious access and inequality issues raised. One respondent described complex health needs, severe anxiety, mobility issues, and being housebound, making dental access extremely difficult. Others expressed a preference to be properly registered as NHS patients, even where limited or semi-private arrangements exist.

**Survey responses: Have you previously attended an NHS dentist, but no longer do now?**



**Survey responses: (If answered 'yes' to previous question) Which of the following best describes why you no longer attend?**



Of those who selected 'other', the most common reason their dental practice withdrew from NHS dentistry. Many respondents said their dentist went fully private, resigned from the NHS, or switched all NHS patients on to private schemes such as, often with little notice. In several cases, existing NHS patients were removed from practice lists, appointments were cancelled, or families were told they could no longer attend because they were NHS patients.

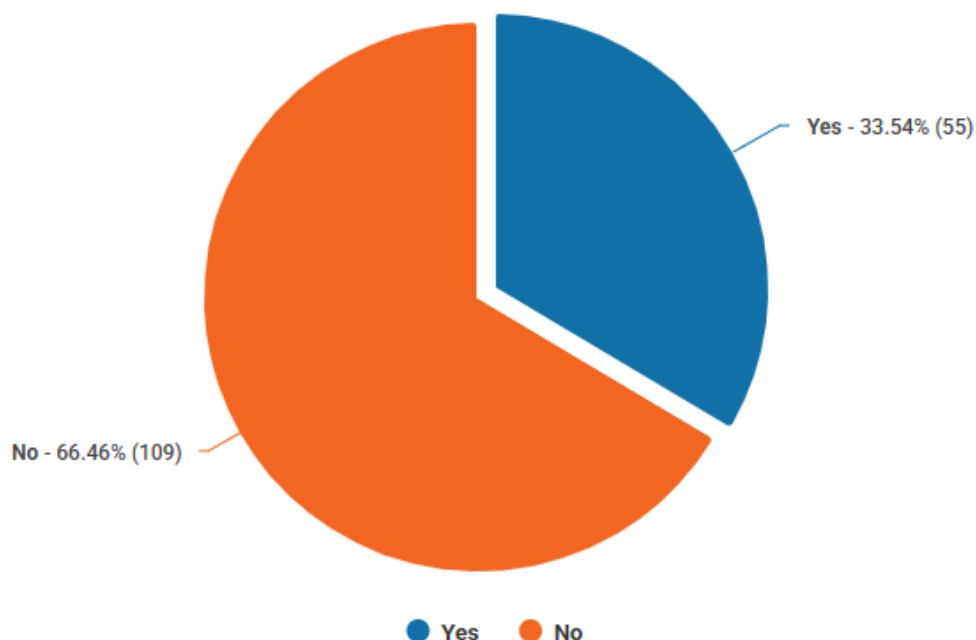
Practice closures and workforce changes were another major factor. Respondents reported dentists retiring, passing away, or surgeries closing altogether, leaving them without an NHS provider. Some were moved between multiple practice locations before losing access entirely.

A significant number of people said they could not find another NHS dentist after moving house or relocating to areas such as Blackpool, with no practices taking on new NHS patients. As a result, many felt they had no option but to register as private patients, even when this was not their preference.

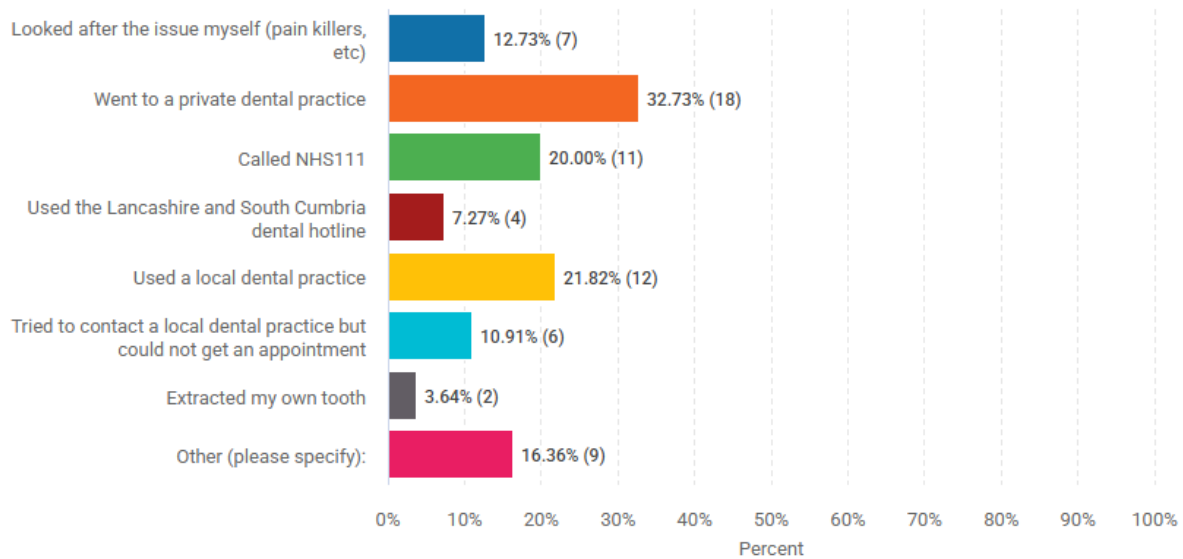
Some respondents cited changes in the scope or quality of care, including practices limiting services to referrals or emergency-only care, or not offering necessary support such as sedation following surgery. A small number referred to poor or unsafe treatment experiences, which contributed to disengagement from NHS dentistry.

There were also personal and health-related barriers, including being housebound or having complex medical conditions, which made accessing alternative NHS dental services particularly difficult once their original practice stopped providing NHS care.

**Survey responses: In the past two years, have you needed to access urgent dental care?**

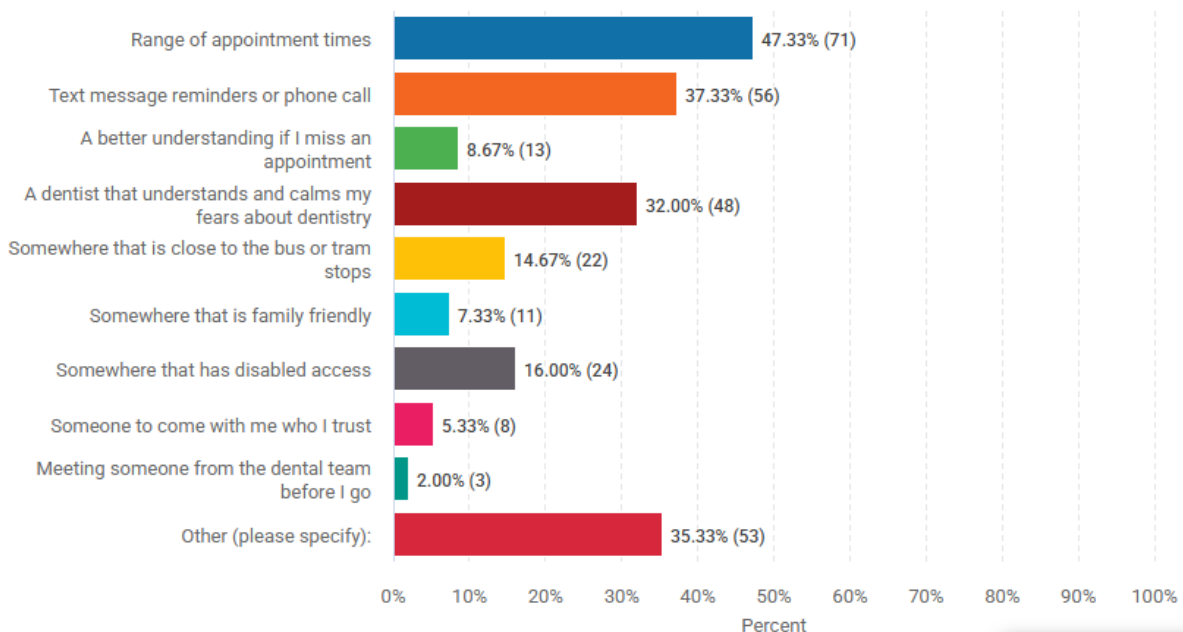


## Survey responses: (If answered 'yes') On that occasion, what did you do?



Of those who selected 'other', most stated that they attended an NHS urgent service or their regular dentist. One said they did nothing, another said 'I have half a tooth and a hole still'.

## Survey responses: Thinking about accessing NHS dental services, what would make it easier for you to attend? (Tick all that apply)



A summary of the responses from those who selected 'other' is below:

### Availability of NHS dentists (dominant issue)

The overwhelming message is that people cannot find an NHS dentist at all, particularly one accepting new patients. Many respondents simply asked for *any* NHS dentist, describing repeated failed attempts to register and long-term lack of access. Several comments express frustration, desperation, and resignation about the current situation.

### Local access and proximity

Many people said access would be easier if services were closer to home, highlighting long travel distances (often 20 to 45 miles) to reach an NHS dentist. Respondents frequently referenced wanting a dentist in their local community or neighbourhood.

### **Dentists accepting new NHS patients**

Closely linked to availability, respondents repeatedly stressed the need for practices actively taking on NHS patients, rather than operating largely or entirely as private practices.

### **Appointment access and waiting times**

Several comments focused on the difficulty of getting appointments, including long waits, limited NHS sessions (eg one day a week), and appointments being changed without notice.

### **Clearer information and guidance**

Respondents said it would help to have clearer, more reliable information about which practices are accepting NHS patients, how to register and what options are available locally.

### **Continuity, trust, and respectful care**

Some respondents highlighted the importance of seeing the same dentist consistently to build trust and being treated with understanding and respect, particularly for people with anxiety, autism, disabilities, or long-term illness. Concerns were raised about stigma, assumptions, and lack of flexibility for people whose health can fluctuate.

### **Reasonable adjustments and flexibility**

People with disabilities described difficulties with last-minute cancellations due to illness and financial penalties that do not take health conditions into account. There was a strong call for greater understanding and reasonable adjustments.

### **Other practical improvements**

Less frequently mentioned, but still important to some respondents were reminders for check-ups, access to sedation and community-based or outreach services.

## **Survey responses: Please provide any comments you would like to make about access to NHS dental services on the Fylde Coast**

A summary of responses to this question is below:

### **Severe lack of NHS dental availability (overwhelming theme)**

The dominant message is that NHS dental services are effectively non-existent for many people, particularly for anyone not already registered. Large numbers of respondents said it is impossible to find a practice accepting new NHS patients, often for years at a time. This was repeatedly described as 'abysmal', 'appalling', and a 'national disgrace'. Many people feel access is determined by luck or long-standing registration, rather than need.

### **Two-tier system: existing patients vs new residents**

A clear divide emerges between people who registered many years ago and generally still receive regular check-ups, and new residents, returning students, or those whose practices closed, who are completely locked out of NHS dentistry. Several long-term patients expressed anxiety that they may soon be pushed into private care as practices stop accepting NHS patients or reduce NHS provision.

### **Shift from NHS to private dentistry**

Respondents widely believe that NHS-trained dentists are moving into private practice due to poor NHS remuneration and that practices now prioritise private patients, with NHS sessions limited to one day a week or one dentist. Some people reluctantly use private

dentistry because it is the only realistic option, despite high costs, particularly during the cost-of-living crisis.

### **Cost and affordability**

Cost was a major concern, especially for pensioners, people on low incomes or minimum wage, disabled people and carers and families unable to afford private fees. Several respondents described going without dental care entirely, or delaying treatment until problems became severe, resulting in extractions, dentures, or complex treatment.

### **Geographical and transport barriers**

Where NHS dentists are available, they are often far from home (15–45 miles away), inaccessible by public transport and difficult to reach for people with disabilities. People described travelling out of area (including to Preston or South Ribble) or relying on taxis, adding financial and physical strain.

### **Reduced scope of NHS care**

Some long-standing NHS patients noted a change in service quality, including no longer seeing a dentist for routine check-ups, only a hygienist, feeling NHS appointments are more rushed or limited and uncertainty about what is actually covered under NHS pricing. This created confusion and concern about long-term oral health.

### **Poor communication and lack of clear information**

Many respondents said they do not know which practices (if any) are accepting NHS patients, how to register and whether waiting lists exist or how they are managed. There were strong calls for a clear, up-to-date, publicly available list of NHS dentists with spaces, and a better system for informing people when places become available.

### **Impact on people with disabilities, anxiety, and complex needs**

Some of the most distressing comments came from people who are disabled, housebound, or have serious health conditions and those who experience dental anxiety, autism, learning disabilities, or trauma. Concerns included lack of reasonable adjustments, inflexible appointment systems, penalties for cancellations due to illness and feeling dismissed, stigmatised, or treated badly. Special care dentistry was highlighted as not meeting its intended purpose, particularly due to lack of reminder systems and inflexible re-booking processes.

### **Strong emotional impact**

The comments reflect high levels of frustration, fear, anger, and distress. Some people described worsening dental health, severe pain, fear of emergency treatment and a sense of being abandoned by the system. Despite this, a small number of respondents reported excellent care and expressed relief at having secured an NHS dentist, fully aware that their experience is now unusual.