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Dear councillor Chris Best,

I am writing to you as a resident of Lewisham who has become increasingly concerned about the shortages and ongoing pressures facing community disability services within our borough. These services are essential for many individuals and families, yet the current level of provision is not meeting the needs of the people who depend on them everyday.

Over the last few years, I have noticed more residents are struggling to access basic support that should fall under community disability services. This includes help with daily living, early intervention services, assistance with independent living, carer respite and mobility support. When these services are unavailable or when times turn into months it causes a massive strain on people with disabilities and on the families who care for them. For a lot of people the lack of timely support reduces independence, affects mental wellbeing and increases the risk of avoidance crises.

Part one of the Care Act 2014, the local authority has a duty to promote individual wellbeing and to make sure that adults with care and support needs are able to live as independently as possible within their community. The Act sets out a clear responsibility for councils to prevent any needs from escalating, to provide available information about the support and to make sure services are accessible to meet eligible needs. However, in Lewisham there is growing evidence that demand is now far greater than the resources available and the local system is struggling to keep up.

One of the largest issues raised by families is the lack of consistent care packages. Many people are assessed as needing certain hours of support but the delivery of this support is frequently disrupted because of the staff shortages in disability and domiciliary care teams. When carers cancel or when agencies cannot provide enough trained staff or the responsibility falls back onto families who are already overstretched. This is not sustainable.

and it goes against the Care Act's importance on preventing carer burnout and supporting family wellbeing.

There are also concerns about young disabled adults transitioning into adult services. Several families have shared how difficult the transition process is with the long delays, failure to communicate and very little guidance. This leaves young people feeling lost at the exact moment when they should be supported to build independence and confidence. Strengthening transition support would make a significant difference for many households.

Another area that needs improvement is access to community-based activities and supported employment opportunities. Many disabled residents want to engage socially, develop skills and participate in the community but there are not enough accessible programmes running in Lewisham. Some are oversubscribed while others have closed due to funding issues. This leaves too many people isolated at home which contradicts the care Act requirement to promote inclusion and community participation.

I understand the pressure that the council is under, especially with increasing demand and limited funding but disability services are a life line for some of the most vulnerable members of our community. Improving staffing levels, enlarging community supporting programmes and strengthening early intervention services would help prevent any issues and minimise long term costs for the borough.

I respectfully recommend the council to review the current situation and consider allocating further resources to community disability services. Families and individuals in Lewisham deserve timely, reliable and meaningful support that allows them to live with dignity, independence and stability.

Thank you for taking the time to read my concerns. I hope to see positive developments in these services and I appreciate your continued work on behalf of the residents.

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Dentistry services in the UK

Dentistry services are an important part of public health, preventing disease, supporting oral hygiene and treating conditions that can have serious consequences for overall wellbeing. In the United Kingdom, dentistry services are delivered through both the NHS and private sector. Although dentistry is always viewed separately from general healthcare. Oral health is closely linked to wider physical and mental health outcomes. Over the last ten years, dentistry services have faced increasing pressure due to rising demand, workforce shortages and financial challenges. This essay be a brief history of dentistry services in the UK and will discuss two major challenges the sector has faced in the past decade: limited NHS access and workforce shortages. These challenges have shaped the experience of patients and professionals and continue to influence the quality of dentistry provision today.

History of dentistry services

NHS dental services were introduced in 1948 with the creation of the national health services. The aim was to make dental treatment available to everyone regardless of any incomes. In the early years, the demand was really high because millions of people had previously been unable to afford dental care. Over time, dental services evolved to focus more on prevention including routine check-ups, oral health education and fluoride treatments.

However, the NHS dental contract has changed several times, mainly in 2006 when a new contract was introduced based on Units of Dental Activity. This system pays dentists per individual treatment and has been widely criticised for limiting the amount of NHS work dentists take on. In the last ten years the rising costs, increased demand and difficulties recruiting dentist into NHS roles have placed significant pressure on the system. As a result many people now struggle to access affordable and timely dental care.

Challenge 1: Limited Access to NHS dentistry

One of the most significant challenges the past decade has been the difficulty many people face accessing NHS dental care. Reports across the United Kingdom reveals that thousands of residents are unable to register with an NHS dentist and many practices have closed their waiting lists all because of the overwhelming demand. The British Dental Association has

repeatedly highlighted that the current NHS dental contract does not provide enough funding to meet population needs.

The shortages of available appointments had caused long waiting times which sometimes these appointments could stretch to months or even years. In some areas people have decided to travel long distances for care, attempting DIY dental treatments and visiting emergency departments for dental pain. This doesn't just put individuals at risks but it places additional strain on other parts of the healthcare system.

Children have been mostly affected with dental decay remaining one of the leading reasons for hospital admissions among with young people. Limited access to routine check-ups means that preventable problems are not identified early which also leads to more serious complications. For adults, poor access to dentistry affects both physical and mental health as dental issues can cause serious pains, embarrassment and difficulties eating and speaking.

Challenge 2: Workforce Shortages in Dentistry

A second major challenge affecting the dentistry services in the last ten years is growing workforce shortages. Many NHS dental practices struggle with recruit and retain dentists, dental nurses and hygienists. There are several reasons for this including low pay for NHS work, high stress levels and dissatisfaction with the UDA-based contract.

Dentists often report that NHS workloads are heavy for them and time pressure make it very difficult to provide high-quality and patient-centred care. As a result many dentists either reduce their NHS commitment or leave the NHS entirely in favour of private work where they can manage their workload more effectively and receive higher pay. This has created a cycle where more dentists leaving the NHS leads to fewer available appointments which increases waiting times and puts even more pressure on the remaining workforce.

Brexit has also contributed to staffing problems. A significant number of dentists previously came from the EU and changes to registration requirements and working rights have reduced the number of overseas professionals entering the UK dental workforce. This has worsened shortages in areas that were already struggling.

Workforce shortages also impact patient continuity. Being unable to see the same dentist regularly can affect the quality of dental care and make it harder for patients to build trust especially those who experience dental anxiety. Inconsistent staffing also limits the ability of practices to offer preventative care which is important for reducing long-term oral health problems.

Conclusion: What should be done to address these challenges

To address these ongoing challenges that are happening in the dentistry services, significant changes must be made at both national and local levels. First, the NHS dental contract needs reform to make sure it supports the real level of need within the communities. A funding model that rewards prevention, allows dentist to take on more NHS patients and

prioritises patient outcomes would improve access and reduce waiting times. Increased government investment is important to make sure practices can deliver care without financial strain.

Workforce shortages must also be tackled urgently. This could be achieved by expanding dental training places, improving pay, working conditions for NHS dentists and offering incentives for working in underserved areas. Streamlining the registration process for overseas dentists could also help fill vacancies more quickly.

Public health initiatives should focus on oral health education especially for children and vulnerable groups. Schools, community centres and health visitors could play an important role in promoting good oral hygiene and preventing services would reduce long-term costs and improve population wellbeing.

Overall dentistry services will only improve if funding, staffing and preventative approaches are prioritised. A modernised system would benefit not only individual patients but the wider healthcare system as a whole.

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