Faculty of Dental Surgery
ROYAL COLLEGE OF SURGEONS OF ENGLAND

COVID-19

A Resumption of Dental Services?

Dental surgeons' experiences of delivering care since 8 June 2020.

Contents

Information correct at time of writing: 25 September 2020

Introduction

In late March, dentistry was reorganised, along with other NHS primary care services, to minimise face-to-face care to contain the spread of COVID-19 during the peak of the pandemic. Dentists were asked to suspend all routine treatment and instead offer urgent advice and remotely prescribe antibiotics as required. Urgent treatment was made available through regional NHS urgent dental centres – around 550 were open in late May. Triaging patients into these centres through NHS 111 or through the patients' own dentist became the default approach to delivering care, and indeed was the only route for patients to seek face-to-face treatment before the resumption of routine services began.

NHS England's COVID-19 guidance and standard operating procedure recommended remote dental consultations wherever possible, a move supported by the Faculty of Dental Surgery at the Royal College of Surgeons of England (FDS), and the extensive use of telemedicine is set to continue well beyond the end of lockdown.

When NHS England and Improvement announced on 28 May[1] that NHS dentistry outside urgent care centres would begin to restart from 8 June, the expectation was not that all would return to normal on day one, there would therefore be a 'phased transition' to delivering all care. The FDS issued a joint statement with FGDP (UK)[2] to that effect, and welcomed the subsequent publication of the 'Dental standard operating procedure: Transition to recovery' document[3] (SOP). This set out practical steps for dental practices to take in a 'phased transition' to the resumption of the full range of dental provision. Specifically, a safety first approach that limits the provision of dental care to treatments in settings that are able to put adequate measures in place.

Included in these measures are procedures relating to safety standards, including personal protective equipment (PPE) and infection prevention and control (IPC) protocols that are required to safely deliver dental care, as recommended by Public Health England (PHE). The guidance also covers the use of fallow time (leaving the treatment room empty) when aerosol generating procedures (AGPs) are conducted. AGPs are procedures where, due to the instruments used (i.e. powered by air compressor), there is a high risk of creating aerosols.

The SOP suggests that dental AGPs include use of: high-speed hand pieces for routine restorative procedures and high speed surgical hand pieces; use of ultrasonic or other mechanised scalers; and a high pressure 3:1 air syringe.

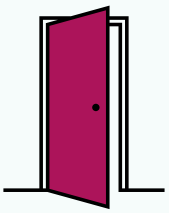
The FDS also published guidance[4] designed be used in conjunction with this national guidance, with recommendations for specialties in both the emergency and urgent care and the resumption phases.

Two months on, we wanted to establish how far that resumption had gone including whether our members and fellows are back to delivering the full range of dental provision, how many patients are they seeing, and whether they feel safe at work.

Four hundred and fifty-five dental surgeons and trainees participated in this survey, which ran from 18 August 2020 to 9 September 2020. Their responses highlight the range of challenges faced by dental surgeons as they attempt to return to offering a full range of oral and dental care. Striking was the lack of certainty when estimating when they would be able to offer all the services they had provided before the pandemic. Fallow time, not enough staff resource and a lack of adequate facilities suitable for social distancing were just some of the barriers cited. Accordingly, we are making three key recommendations for action, to restore dental care safely across the country, as we head deeper into the 'resumption' stage.

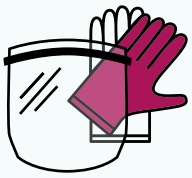
1. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf
2. https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/press-release-cdo/
3. https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/
4. https://www.rcseng.ac.uk/dental-faculties/fds/coronavirus/#guidance

Policy recommendations:



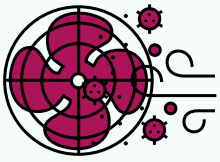
Keep dental care services open throughout the remaining 'stages' of the COVID-19 pandemic, using PPE and IPC to mitigate risk and keep patients safe, to prevent an insurmountable backlog building up.

Assuming that outbreaks of COVID-19 and associated outbreak control (including lockdown) measures will continue to occur, dentistry should not be shut down again: it is an essential part of the health care system. Practices should remain open for the delivery of face to face care, whilst triaging patients remotely in advance, and using remote consultations where appropriate. Routine care along with urgent and emergency care is vital for oral health care including early detection of cancers.



Ensure adequate PPE across regions and settings.

Dental surgeons across specialties remain reliant on PPE to be able to resume all types of care. General practice needs parity with NHS hospital practice in terms of PPE supply to ensure patients have access to safe treatment. Ensuring the dental service has adequate PPE is vital to delivering urgent and routine dental care in a COVID-secure way that will safely provide care for patients and support the long term survival of the service.



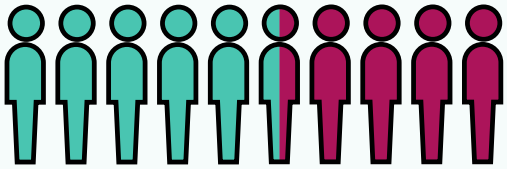
Focus on barriers to resumption, specifically fallow time, by promoting and monitoring the use of ventilation systems to increase the ACH rates.

Tackling the barriers to resumption, including fallow times, will ensure a consistent throughput to work on the backlog of care. To achieve this, new guidance on fallow times should be more widely promoted, and the use of ventilation systems to achieve higher ACH rates should be monitored by NHS England. We acknowledge the guidance changed part way through our survey and we would welcome further research in this area.

Summary of findings

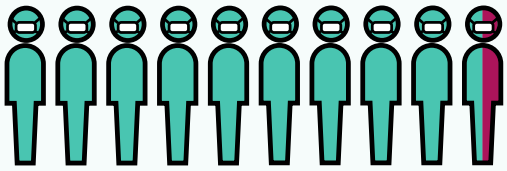
- Most members (93%) said that since resumption they had been seeing ten patients or fewer per session, and less than 1% are seeing more than 20 patients per session. In contrast, before the pandemic the nearly half (46%) of members were seeing more than 10 patients per session.
- A third (34%) of respondents did not know when they would fully resume services, with a further 36% saying they did not expect to resume full pre-pandemic services until 2021.
- Only 4% of respondents had not resumed any services since 8 June. Nearly two thirds (60%) had already begun routine procedures that involved AGPs. However, private practice respondents were considerably more likely to have provided routine AGP procedures with 83% having done so. In NHS hospital practice this fell to 62%, and to 40% in NHS general practice. NHS general practice respondents noted lower service range in all categories aside from emergency procedures (non-AGP).
- When asked about the principal barrier to resuming services, significant numbers of respondents proactively raised the issue of fallow time following AGPs. Social distancing was also cited as a barrier to patient throughput.
- While confidence in PPE supply was high,it was notable that those in NHS hospital practice felt much more secure compared to those in private practice or NHS general practice.

On average, **how many patients did you see per session... before the COVID-19 pandemic?**

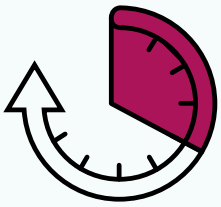


54% Under 10 **46%** Over 10

since 8 June 2020?

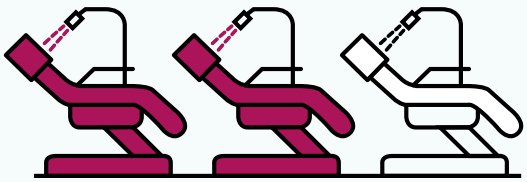


93% Under 10 **7%** Over 10



1/3 of respondents **did not know** at all **when they would** fully **resume services**

Nearly **2/3** had begun **routine procedures that involved AGPs**



Resumption

On 28 May, the Chief Dental Officer, Sara Hurley, along with the Director of Primary Care and System Transformation, Matt Neligan, wrote to dental practices to set out the next steps for delivery of NHS dental services in England, as the NHS moved into the second phase of the COVID-19 response[5]. Their letter said that the goal for patients and professionals would be to resume a full range of care in all practices as 'rapidly as practical', as long as infection prevention and control protocols (IPC) are adhered to. They acknowledged that previous operating volumes would phase back in due to IPC requirements and changed patient behaviour. Our survey asked FDS members how many patients they were able to treat, and what sort of activity they were undertaking.

Patient numbers

Our survey found that there has been a considerable downward shift in the number of patients seen. We asked respondents to tell us the average number of patients seen per session before the pandemic, and after the resumption period began on 8 June 2020. Forty-one percent of respondents reported that prior to the pandemic they saw on average of 6 to 10 patients per session, with a further 30% saying they saw 11 to 15 patients per session. Since resumption this has fallen, with 45% of respondents seeing only 3 to 5 patients in a whole morning or afternoon session.

Looking aggregately at the number of respondents treating more or less than 10 patients per session provides a clear indication of the shift. Since the resumption the vast majority (93%) of our members have been seeing 10 patients or fewer per session. In contrast, before the pandemic, the nearly half of members (46%) were seeing more than 10 patients per session.

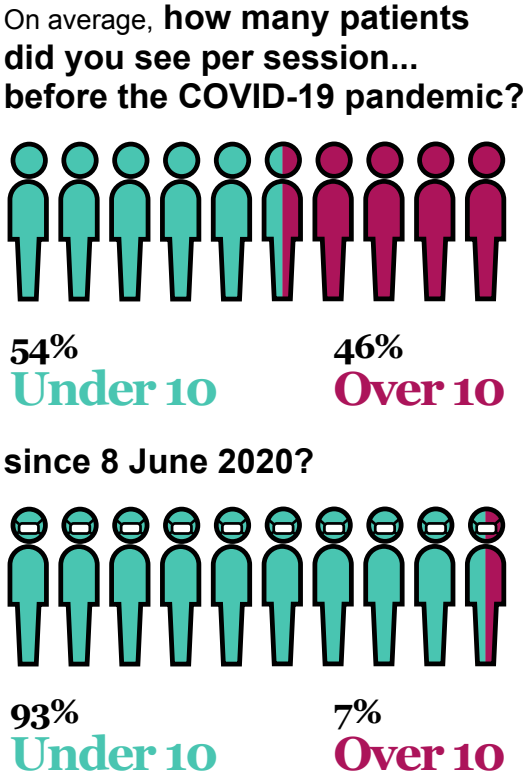


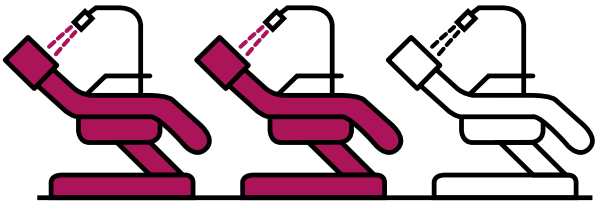
Figure 1 and 2

5. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf

Service provision

On the whole, services that members and fellows provided remained varied. Only 4% of respondents had not resumed any services since 8 June. Sixty percent had already begun routine procedures that involved AGPs.

Nearly 2/3
had begun **routine procedures that involved AGPs**



What services have you been able to provide since 8 June 2020? (N = 410)

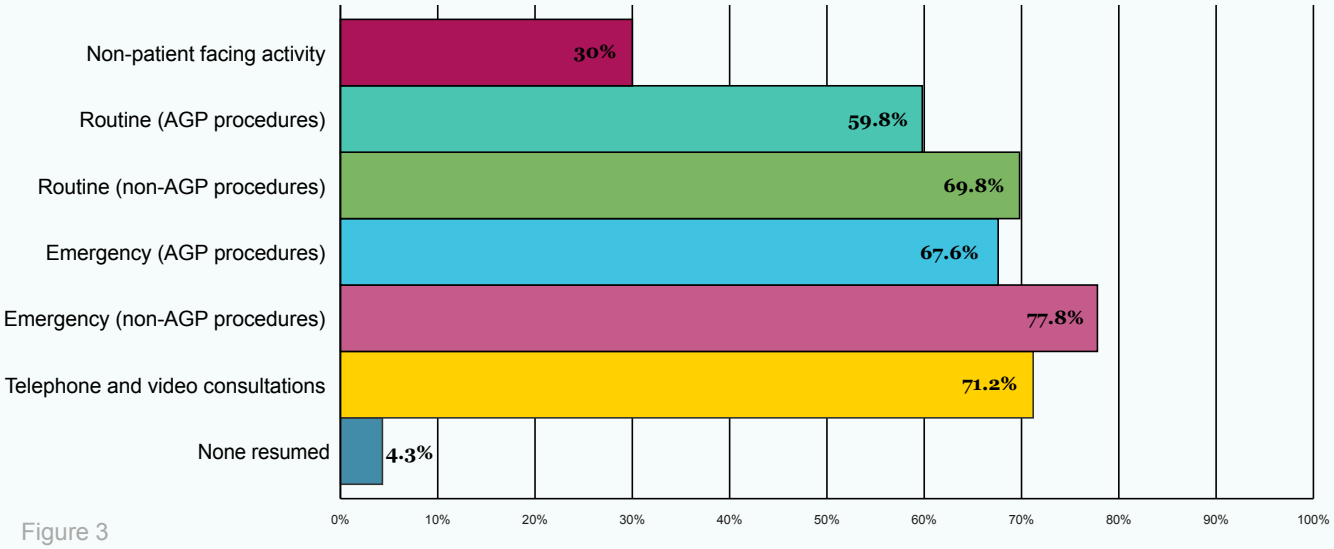


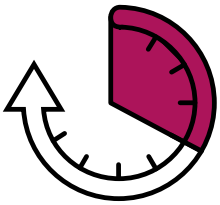
Figure 3

However, there were differences when responses were compared based on the setting in which respondents practiced in. Notably, private practice respondents (N = 116) were considerably more likely to have provided routine AGP procedures with 83% having done so.

In NHS hospital practice (N = 139), this fell to 62%, and further to 40% in NHS general practice (N = 113). The services provided by respondents who work in NHS general practice was lower in all categories aside from non-AGP emergency procedures.

Figure 4

One of the most striking findings of the survey is the variation in members' views about when they expect to resume full pre-pandemic services. We received a wide range of responses to this question, but it is notable that a third did not know at all when they would fully resume services.



1/3
of respondents **did not know** at all **when they would** fully **resume services**

Roughly, when do you expect to be able to resume full prepandemic services? (N = 389)

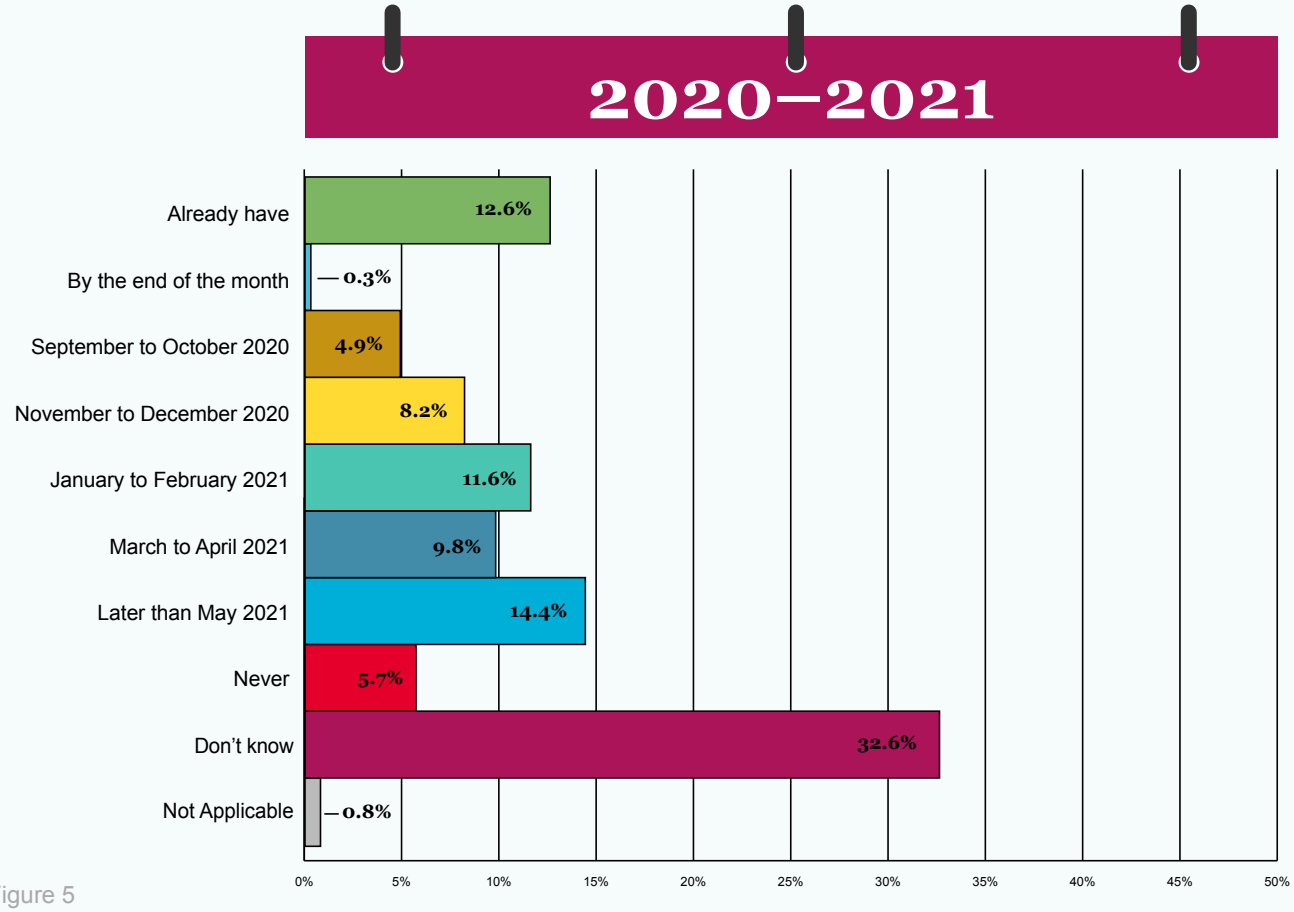


Figure 5

Barriers to resumption

"Without a reliable vaccine, [there is] no way of telling when normal services can resume. Due to fallow time and extra cleaning needed after each patient, our capacity is down to 20-30%. [This has] implications to patient access to services and health risk plus financial impact on practitioners."

General dental practitioner, NHS general practice in the East of England

We asked respondents to tell us what they think is the principal barrier to the resumption of services. Of the options provided, 'Other' was selected by the largest proportion of respondents at 57%.

Within this, many respondents proactively highlighted fallow time following AGPs as a crucial factor in stopping them fully resuming services. There were also comments on social distancing, adequate ventilation, and clinical space.

What is the principal barrier to the resumption of services? (N = 336)

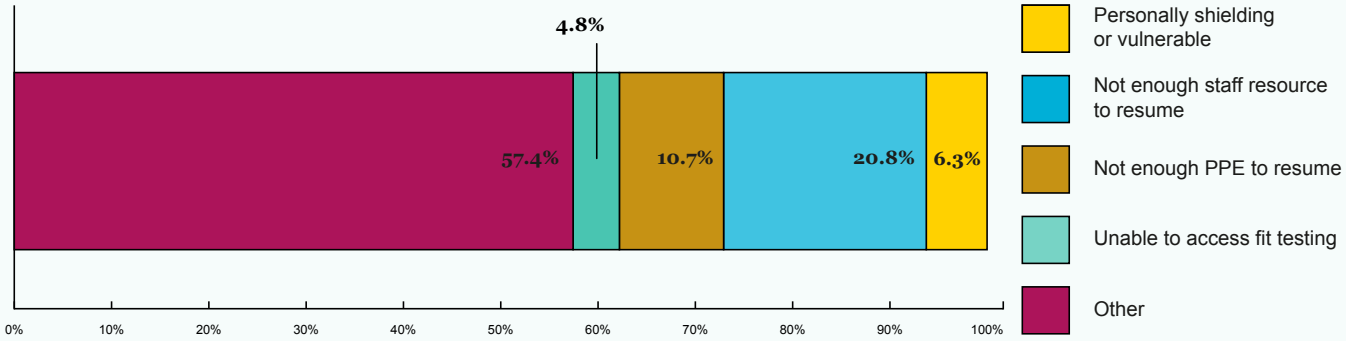


Figure 6

The infographics in figure seven illustrate the most predominant phrases that were used by respondents when commenting on barriers to resumption.

What is the principal barrier to the resumption of services? Other (please specify) (N = 193)

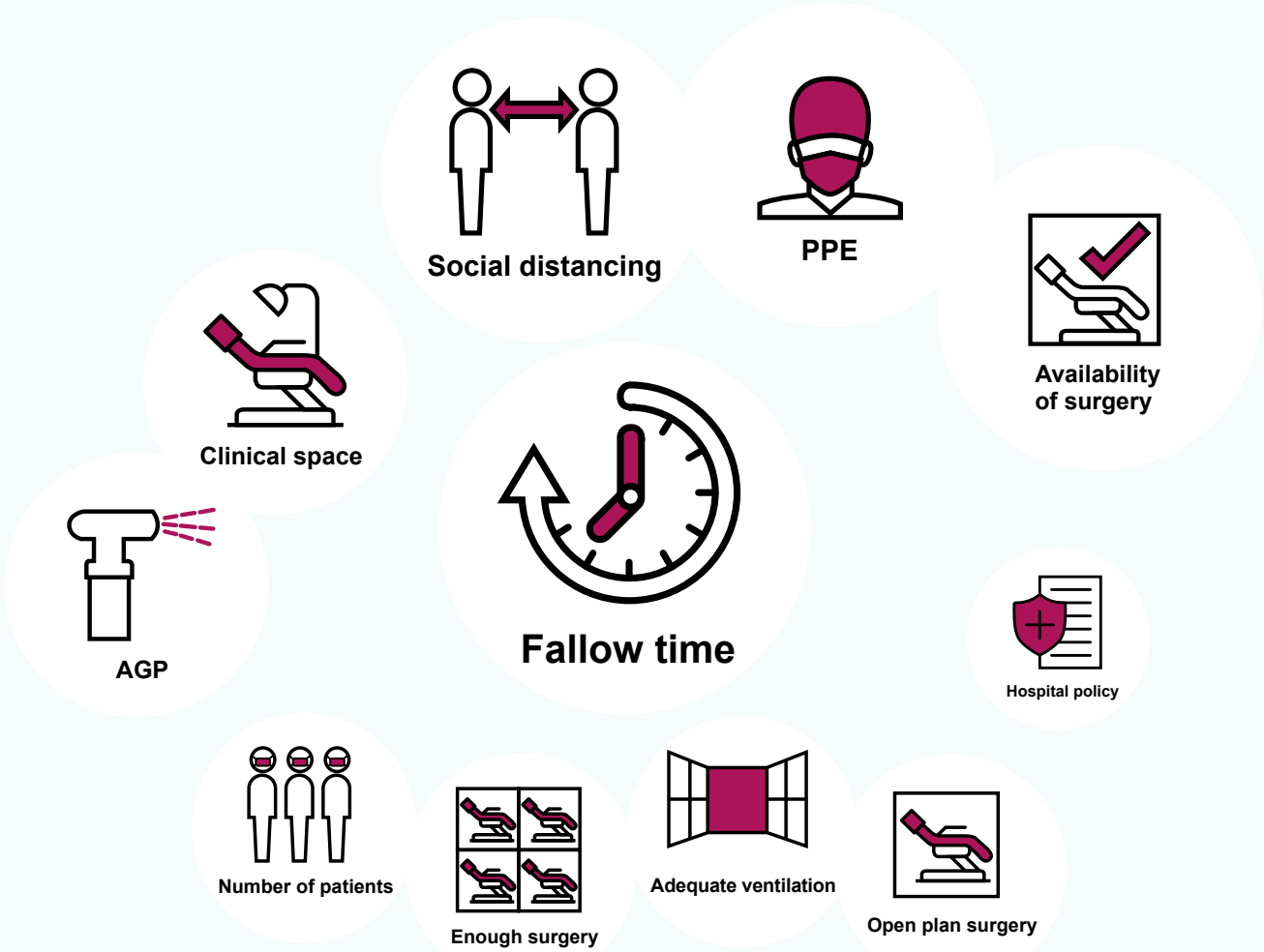


Figure 7

When our survey began, in mid-August the requirements set out that fallow time of an hour was required where AGPs are conducted. However, part way through the collection of responses, on 28 August 2020, the Chief Dental Officer, Sara Hurley, wrote to practices[6] to announce the updated 'Dental standard operating procedure: Transition to recovery[7]'. The letter restated that in the context of sustained community transmission, Public Health England guidance on fallow time must be adhered to. However, practices with ventilation systems are informed that a reduced figure of 20 minutes of downtime is feasible if they can achieve 10-12 air changes per hour (ACH) in a single room.

The FDS supports the fallow time guidance as a precautionary measure while we deal with the pandemic, although we do recognise the challenges that this presents to dental surgeons. While not responsible for the content in the SOP, we hope that the added clarification in late August around AGPs and fallow time will help address some of the concerns raised by respondents to our survey. The FDS remains clear that fallow time guidance should be adhered to in all AGPs, to mitigate the risks of infection via aerosol. It is also important that NHS England continue to promote the revised guidance and closely monitor whether there is any more that can be done to enable dental professionals to safely treat more patients. As part of this, the FDS welcomes the report of the Scottish Dental Clinical Effectiveness Programme rapid review on AGPs and fallow time[8], which, while not official guidance provides further evidence on this issue.

6. https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/
7. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0704-dental-transition-to-recovery-sop-28-august-2020.pdf
8. https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/

Patient access

We asked respondents (N = 403) to tell us what proportion of their patients – including those who are and are not in vulnerable groups – were accessing the care they need, and if they feel safe enough to attend dental clinics. The majority (56%) said 'some' of their patients who are in vulnerable groups are not accessing the care they need and should be, with only 3% saying 'none' are not accessing the care they need. The findings were similar for patients who are not in vulnerable groups.

When members were asked what proportion of vulnerable and non-vulnerable patients felt safe enough to attend clinic, responses (N = 403) showed that vulnerable groups were presumed to feel less safe. Only 3% of respondents estimated 'all' their vulnerable patients felt safe to attend clinic. Thirty-two percent said 'most' of their vulnerable patients felt safe and 46% said only 'some' felt safe. For patients not in vulnerable groups, the proportion of respondents who said that 'most' and 'some' felt safe was reversed.

The varied response to questions of patient access and feeling safe highlights a mixed picture of patient expectation, and perception of risk. A number of comments focused on a greater need for better communication to the public, making it clear that receiving care is safe, but, in making it safe, their experience will be different.

It would be helpful if stronger messages had been shared with the public about resumption of dental services to help manage their expectations. Many of our patients think we should be back to normal because dentists are working. They have little understanding that most dentists are offering limited services and that in the hospital setting things are more complex and that we are not in a position to resume normal services now or for quite some time."

Consultant in orthodontics, NHS hospital practice in the South West

Personal Protective Equipment

The survey asked three questions about PPE, one which was a follow up to earlier surveys conducted by the Royal College of Surgeons of England, and two others that focused on fit testing.

When asked what proportion of respirators respondents (N = 401) had used for AGP procedures that had been fit tested, as opposed to just fit checked, 69% said 'all', 8% said 'most', 6% said 'some', and only 2% said 'none'. When asked if they were ultimately able to find a respirator that passed fit testing (N = 401), 85% said 'yes' and only 3% said 'no'.

Respondents were asked if they believed there is a supply of adequate PPE enabling them to do their job as safely as possible, with the majority (61%), either agreeing or strongly agreeing. However, when responses between geographic location and practice setting were compared, a more varied picture is seen.

It was notable that those in NHS hospital practice felt much more secure in regards to PPE with 80% agreeing or strongly agreeing that they had a secure supply of PPE, while confidence in private practice or NHS general practice was lower with around 50% agreeing or strongly agreeing. Just under a third of those in private practice or NHS general practice disagreed or strongly disagreed that they had an adequate PPE supply, compared to 12% in NHS hospital practice. It is clear that those in hospital settings feel they are receiving a better supply of PPE.

To what extent do you agree with the following statement? *I believe there is a supply of adequate PPE enabling me to do my job as safely as possible.* (N = 359)

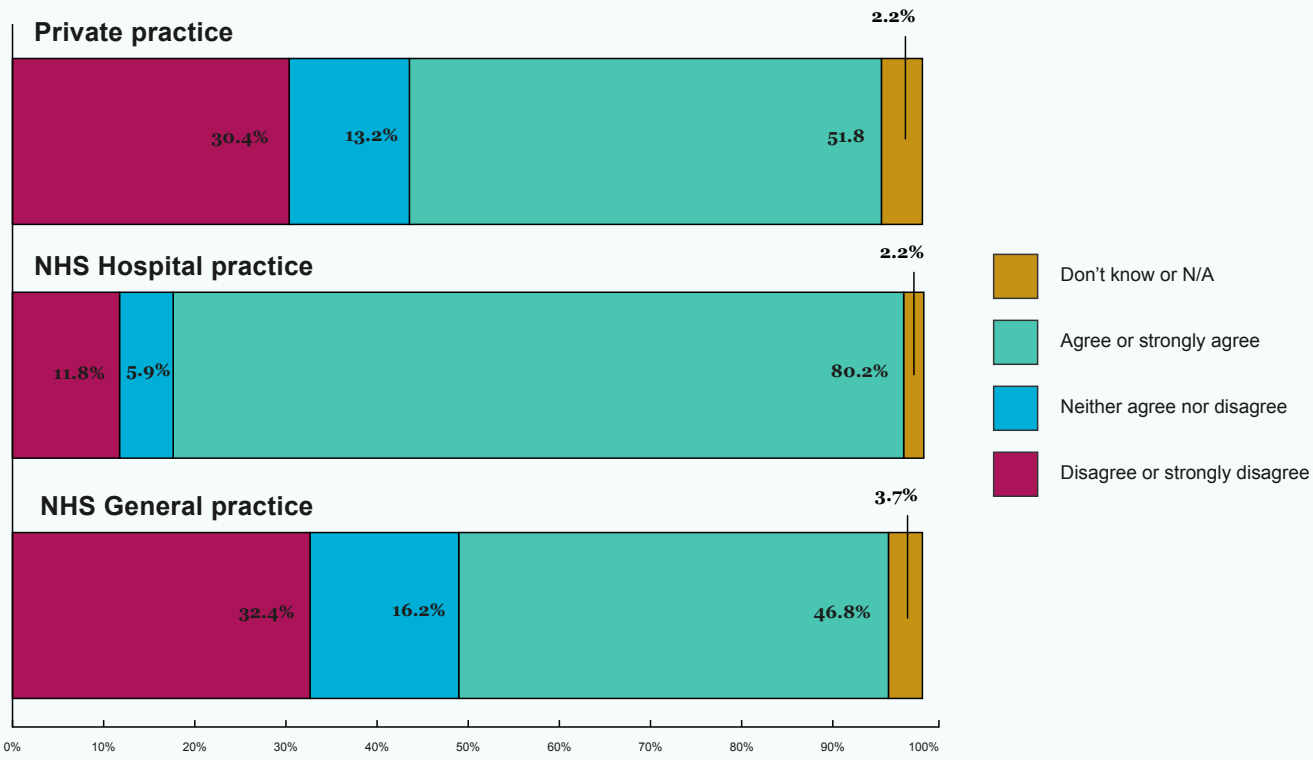


Figure 8

To what extent do you agree with the following statement? *I believe there is a supply of adequate PPE enabling me to do my job as safely as possible.* (N = 398)

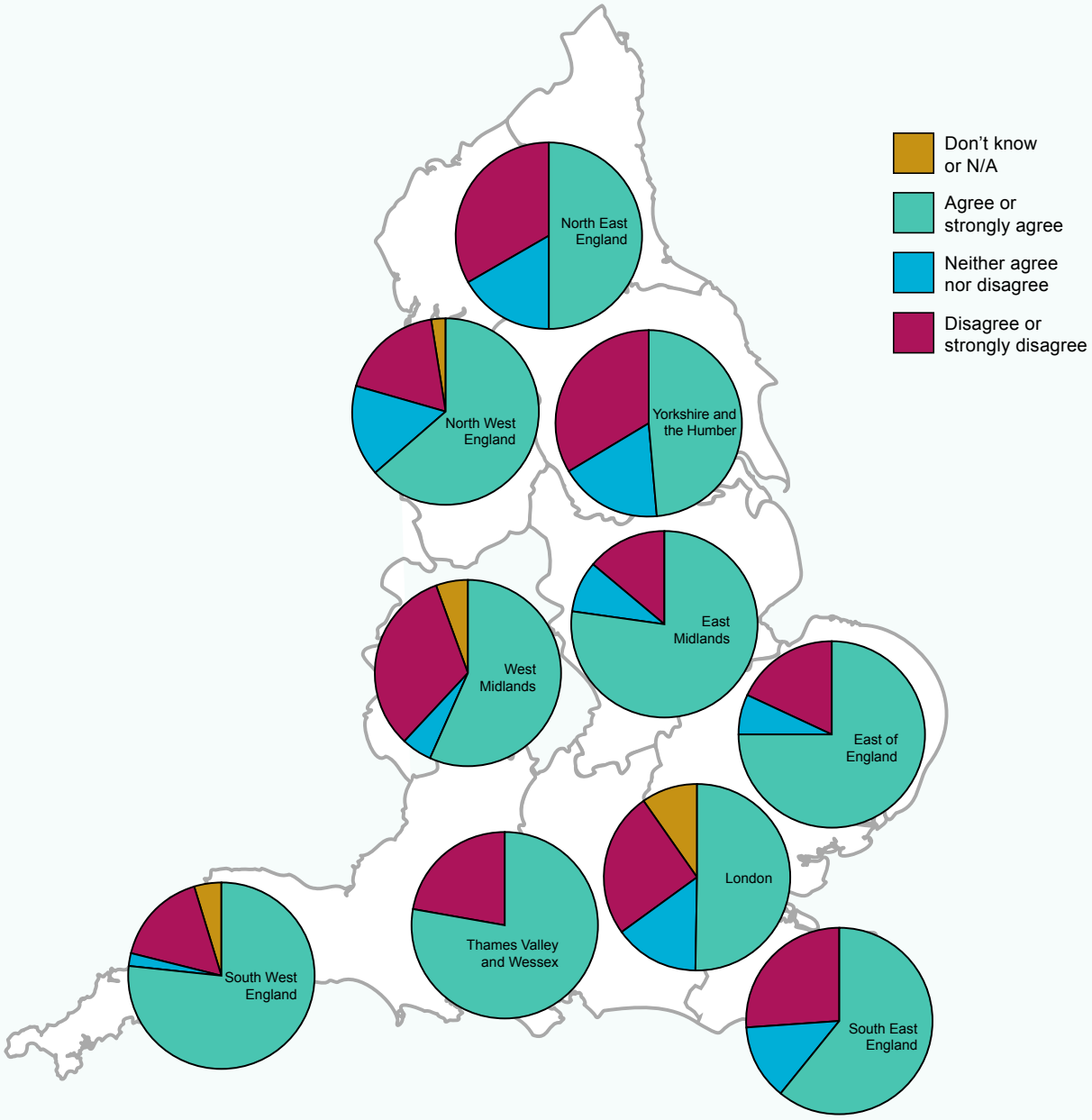


Figure 9

When taking into account region, we can see that confidence in PPE supply was lowest in Yorkshire and the Humber, where respondents (N = 398) who strongly agreed or agreed with the statement fell below 50%, as it did narrowly in the North East. Figure 9 compares confidence across regions, highlighting that London respondents also provided similar responses. By contrast, Thames Valley and Wessex; the East Midlands; the South West; and the East of England all had over three quarters of respondents agreeing or strongly agreeing that they had an adequate supply of PPE.

Methodology

Survey fieldwork ran from 18 August 2020 to 9 September 2020. There were a total of 19 questions, of which six comprised demographic and career status questions. The survey received responses from 455 dental surgeons and trainees.

This report sets out the key findings of the survey. The number of respondents (N) to each question is shown either in the text body or relevant chart.

Percentages presented throughout this report have been rounded to the nearest whole number.

In general the figures are given on a national basis across all specialties and career grades, although in some areas we have highlighted regional and setting -specific trends where they are of particular interest.

The survey assesses the situation in England, where the Chief Dental Officer and NHS England set out a framework whereby all dental services could resume if possible to do so. In the devolved nations of Scotland, Wales, and Northern Ireland, their respective health systems have different, more phased responses.

For example, in Wales, Welsh Government is gradually reintroducing a broader range of services as part of the phased recovery of health services from the coronavirus pandemic. This survey therefore did not explore how far recovery had been achieved in devolved nations as these gradual recovery plans already stipulate which services are able to be conducted. Accordingly, our analysis removed responses from Scotland (N = 8), Wales (N = 8), and Northern Ireland (N = 4) respectively. Those who answered 'other' (N = 4) remained in the analysis data set, as their comments revealed were indeed based in England.

Full data tables are available on request. If you have any queries about this report please contact: **publicaffairs@rcseng.ac.uk**