Faculty of Dental Surgery
ROYAL COLLEGE OF SURGEONS OF ENGLAND

A resumption of dental services – one year on

Contents

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Introduction

COVID-19 has caused enormous disruption within dentistry and continues to have major implications for dental practice and patients. When the pandemic first struck in March 2020, routine treatment was suspended in all four UK nations. There were particular concerns about the risk of transmission arising from aerosol generating procedures (commonly called 'AGPs', these are procedures which produce airborne particles, for example through the use of dental drills or scaling and polishing devices). Routine services subsequently resumed in summer 2020. To understand how recovery has progressed since then, and the challenges dental surgeons are still facing, the Faculty surveyed its members during the summer of 2021 and received responses from across the UK. The results presented in this report build on the findings from our last member survey, conducted in August and September 2020.[1]

Our survey suggests that a significant treatment backlog has built up within dentistry, with four in ten of the Faculty's members saying they anticipate that this will take at least a year to clear – this number is even higher among those working in settings such as NHS hospital practice, NHS general practice and community dental services. We are particularly concerned about the impact that waits for treatment can have on children and vulnerable adults, such as patients with special educational needs. While most respondents to our survey say they are now able to provide routine services, and appear to be seeing more patients than in the initial stages of re-opening, numbers remain significantly below pre-pandemic levels. The requirement to leave a period of time between patients after finishing an aerosol generating procedure – so-called 'fallow times' – was identified as the main barrier to treating more people, with over half of respondents to our survey highlighting this as a constraint on patient throughput.

For many of our members, the experience of working through the pandemic has been the hardest of their professional lives, and a number of those who took part in our survey highlighted the significant personal impact this has had. Some reported that they plan to reduce their workload following the challenges of the last 18 months, or even leave the profession altogether. The health and wellbeing of the workforce needs to be the highest priority for everyone involved in dentistry. It is vital that we support dental professionals in all career stages as they continue to do their best to provide high quality patient care in extremely difficult circumstances.

Our survey also demonstrated significant support among the Faculty's membership for a range of preventative measures for improving oral health. These measures include limiting the availability of sugary food and drink in schools, expanding community water fluoridation initiatives and extending the provision of supervised tooth brushing schemes in nurseries and primary schools. With dental attendance having fallen as a result of the disruption caused by the pandemic, prevention is now more important than ever before. It is essential that many of the welcome policy commitments made by the UK government in this area are delivered in full.

1. Faculty of Dental Surgery (2020) A Resumption of Dental Services?

Key findings

- More than eight in ten survey respondents are delivering routine procedures and a majority are providing emergency treatment. Just 2% of those we surveyed are not delivering any services at all.
- Nearly half (47%) of our members were seeing between six and ten patients per session, and a further 30% were seeing between three and five patients. Compared to our previous survey last autumn there appears to have been an increase in the number of respondents who can see over ten patients per session, although this remains well below pre-pandemic levels.
- Four in ten dental surgeons (39%) anticipate it will take over a year to clear the backlog of patients waiting for treatment – this figure was even higher among those working in NHS hospital practice (45%), NHS general practice (49%) and community dental services (58%). Overall, one in five (19%) survey respondents expected it would take at least two years to clear the backlog.
- A quarter (25%) of our members said that the majority of patients on their waiting lists were children – these figures were particularly high in specialties such as orthodontics and paediatric dentistry.
- Over half (54%) of respondents said that the requirement to leave fallow time between patients after finishing an aerosol generating procedure was a barrier to seeing more patients. Social distancing requirements (49%), limited availability of surgery or theatre space (30%), inadequate ventilation (28%) and staff shortages (25%) were also cited as significant barriers by a number of respondents.
- A third (35%) of our members report that they have to leave fallow times of at least 20 minutes between patients after finishing an aerosol generating procedure. 10% are leaving at least 30 minutes.
- 29% of our members say it has been more difficult to recruit dental staff since the pandemic began, and a further 9% report that they have been unable to recruit even though they have needed to.
- A quarter (24%) of those who responded to our survey say they plan to reduce the amount of NHS work they undertake over the next five years. One in six (18%) plan to retire during this period, and one in ten (10%) intend to leave the profession before reaching retirement age.
- There were high levels of support among our members for a range of preventative measures for improving oral health, including limiting the availability of sugary food and drink in schools (90%), delivering supervised tooth brushing schemes in nurseries and primary schools (82%), expanding community water fluoridation initiatives (82%), and restricting advertisements for high sugar products on TV (77%) and online (72%).

Recovery of dental services

At the start of the pandemic, routine dental care was suspended across the UK, and treatment was only provided to patients with urgent needs. Services then gradually resumed in summer 2020. One year on from this, we wanted to understand how the recovery of dental services has progressed.

We asked our members what services they are currently providing (Figure 1). Over 80% indicated that they are able to deliver routine aerosol generating procedures, which involve the use of tools such as high-speed dental hand pieces or ultrasonic scalers. A similar proportion said they were conducting routine non-aerosol generating procedures, such as manual scaling, denture construction or routine non-surgical dental extractions. The majority of respondents were also providing emergency treatment (both aerosol generating and non-aerosol generating procedures), while just 2% told us that they were unable to deliver any services at all.

Which services are you currently able to provide?(N = 307)[2]

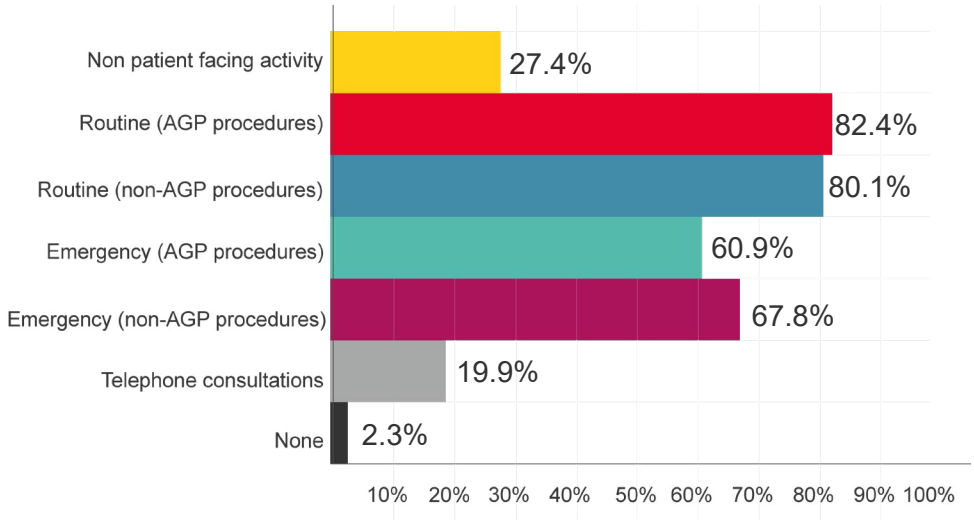
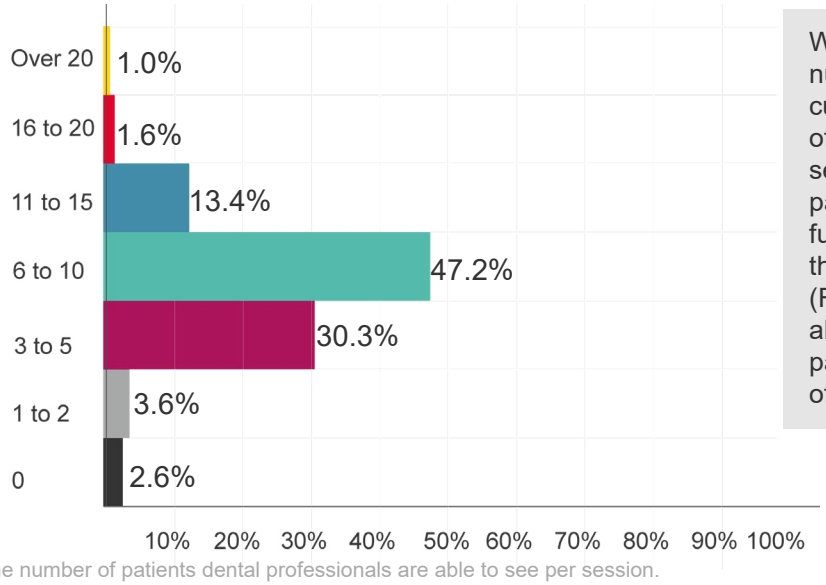


Figure 1 demonstrates the services dental professionals are currently providing to patients.

On average, how many patients do you currently see per session (AM or PM)? (N = 307)

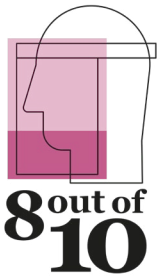


When asked about the number of people they are currently able to treat, 47% of members said they were seeing between six and ten patients per session, with a further 30% seeing between three and five patients (Figure 2). 16% were able to see more than ten patients during the course of a session.

Figure 2 demonstrates the number of patients dental professionals are able to see per session.

2. The results shown in Figure 1 are based on respondents who selected at least one of the available options.

How has dental service provision changed since last year?



dental surgeons are now able to provide **routine treatment**

There appear to have been some important shifts in the delivery of dental services since our last member survey in August and September 2020 (it should be noted that our last survey only covered England). Compared to last year, more members in England indicated that they have been able to undertake routine treatment, suggesting there has been a recovery in this type of provision.[3] The proportion of respondents conducting non-aerosol generating emergency procedures has remained relatively stable, although there has been a fall in the number who provide aerosol generating emergency treatment.[4]

In addition, compared to our previous survey (Figure 4 and Figure 5), there has been an increase in the proportion of our members who say they can see more than ten patients per session (Figure 3), although this remains well below pre-pandemic levels. This suggests that while the situation has improved since last year, dentists are still facing challenges and constraints in terms of patient throughput.

Figure 3: On average, how many patients do you currently see per session? (England, 2021)[5]

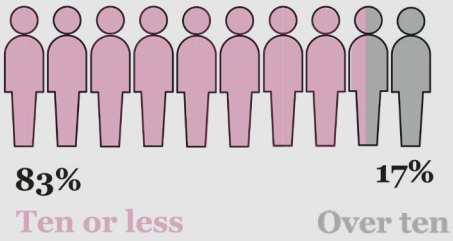


Figure 4: On average, how many patients did you see per session since routine treatment in England resumed on 8 June 2020? (England, 2020)

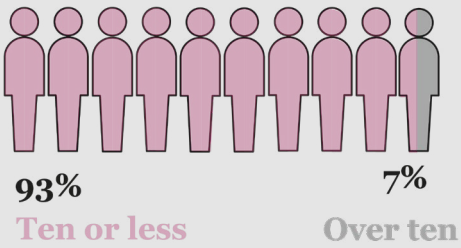
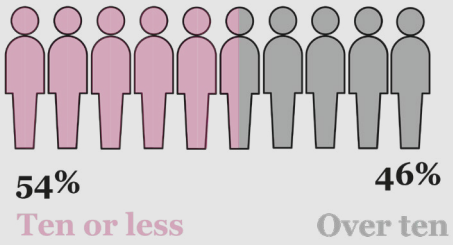


Figure 5: On average, how many patients did you see per session before the pandemic? (England, 2020)



3. The results of our 2020 survey were for England only, so comparisons have been made on this basis. In 2020, 59.8% of respondents were providing routine AGPs and 69.8% were providing routine non-AGPs (N = 410). In 2021, 83.4% of respondents in England were providing routine AGPs and 81.5% were providing routine non-AGPs (N = 265).

4. In 2020, 77.8% of respondents were providing emergency AGPs and 67.6% were providing emergency non-AGPs (N = 410). In 2021, 61.5% of respondents in England were providing emergency AGPs and 68.3% were providing emergency non-AGPs (N = 265).

5. Figure 3 provides data on patients seen per session from our 2021 survey, on an England-only basis (N = 265).

Dental backlog

The disruption caused by COVID-19 has led to significant care backlogs building up across the health service. Our survey examined the scale of this issue within dentistry and how long the impact of the pandemic might last.

We asked our members how long they thought it would take them to clear the backlog of patients waiting for treatment (Figure 6). 39% anticipated that this would take over a year. Half of this group – 19% of respondents overall – thought it would take at least two years.

Thinking specifically about your patients, how long do you anticipate it will take to clear the backlog of those waiting for treatment? (N = 308)

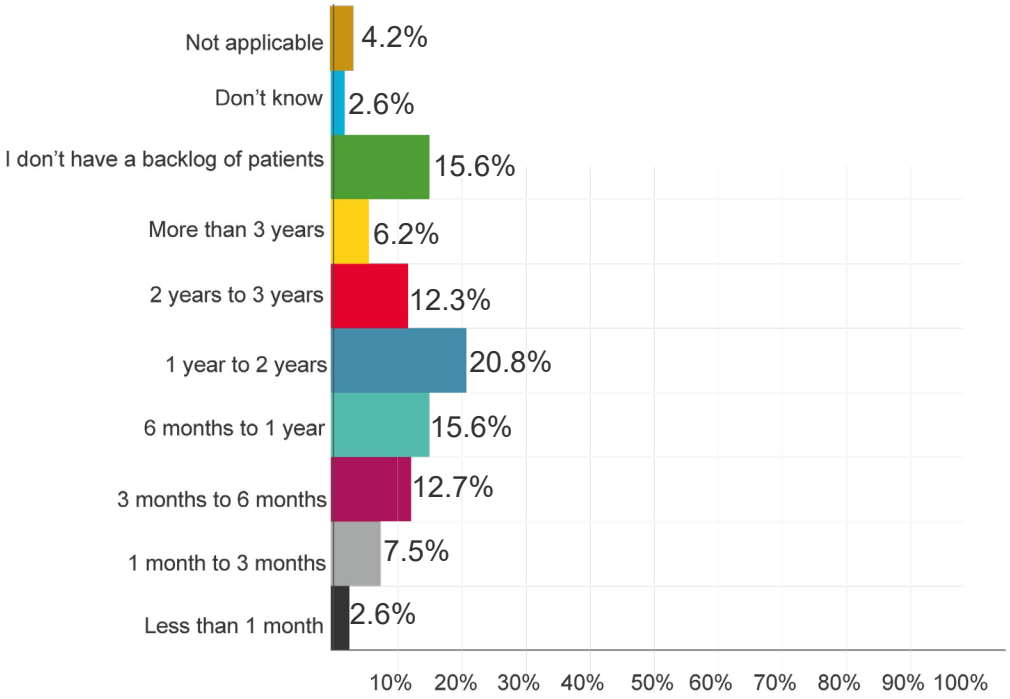
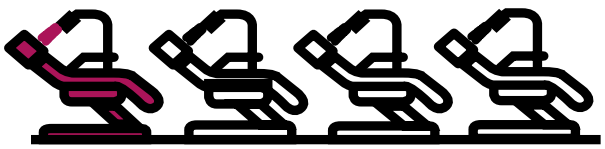


Figure 6 demonstrates how long dental professionals believe it will take to clear the backlog of patients waiting for treatment.

There also appears to be significant variations in the scale of the backlog across different types of dental setting. The proportion of respondents who said it would take more than a year to clear the backlog was higher than average among those who work in settings such as NHS hospital practice (45%), NHS general practice (49%) and community dental services (58%). By contrast, it was considerably lower than average among those working in private practice (12%).[6]

25% of our members said that the majority (51% or more) of patients waiting for treatment were children (Figure 7). It should be noted that many of those who reported high numbers of children on waiting lists were from dental specialties such as orthodontics and paediatric dentistry, which generally treat younger patients.[7]



1/4 said that the **majority** of patients **waiting** for **treatment** were **children**

6. NHS Hospital Practice n = 91; NHS General Practice n = 83; Community Dental Service n = 31; Private practice n = 74

7. Of those respondents (n = 34) who said that between 51% and 75% of patients waiting for treatment were children, 70.6% were orthodontists. Of those respondents (n = 43) who said that between 76% and 100% of patients waiting for treatment for children, 60.5% were orthodontists and 37.2% were paediatric dentists.

Of those of your patients who are currently waiting for treatment, what proportion are children (ie aged under 18)? (N = 308)

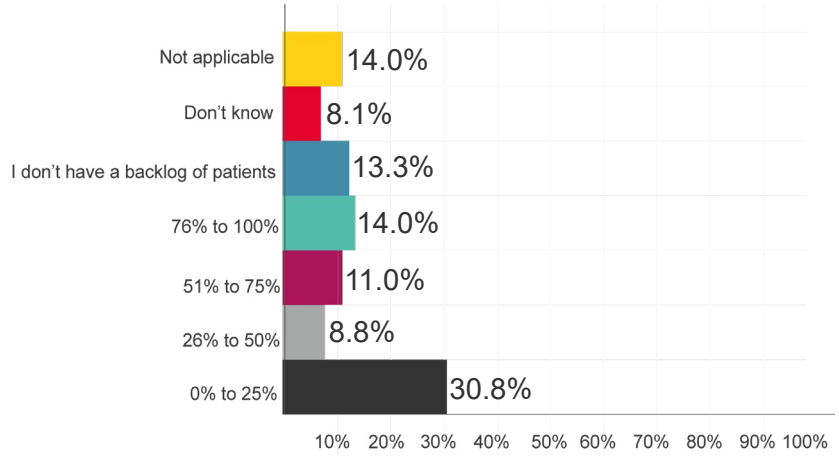


Figure 7 demonstrates the percentages of children currently waiting for treatment.

Waiting times for dental treatment

The pandemic has created significant treatment backlogs within dentistry. The fact that large numbers of specialist dentists anticipate that these will take at least a year, or in some cases two years, to work through is extremely concerning. This is underscored by NHS England's latest waiting times data, which showed that 389 patients were waiting at least two years for oral surgery in June 2021 – this represents nearly 7% of all the patients who have been waiting for a surgical procedure for two years or more.[8]

Patients waiting for dental treatment are often in pain, making it difficult to eat and sleep, and delays to procedures can lead to a deterioration in their condition and ultimately mean more complex treatment is required. The Faculty therefore urges the governments of all four UK nations to prioritise tackling the backlogs and long waits in dental care alongside those that have built up in other areas, such as elective surgery, and ensure that there is a clear focus on the needs of dental patients during service recovery.

The Faculty has also raised specific concerns during the pandemic about the waiting times that patients face for general anaesthetic procedures. At points, these services could only be provided on an emergency basis, leading to a backlog of routine procedures developing in a number of specialties, including oral surgery and oral and maxillofacial surgery. In September 2020, we joined a number of other dental organisations in writing to the Secretary of State for Health and Care to highlight the need to tackle general anaesthetic waiting times, and the particular distress these delays can cause for children and vulnerable adults, such as patients with learning disabilities.[9] We continue to stress the need for timely access to treatment for these groups of patients and the need to address the waiting times they face for general anaesthetic procedures.

Recommendation 1

The governments of all four nations should prioritise tackling backlogs and long waits in dental care alongside those in elective surgery, and ensure that there is a clear focus on the needs of dental patients during service recovery.

Recommendation 2

Particular efforts must be made to ensure timely access to dental treatment for children and vulnerable adults, including those with special educational needs. It is vital that the waiting times for these patients are addressed.

8. NHS England. Consultant-led Referral to Treatment Waiting Times Data 2021-22. https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/ (cited August 2021).

9. British Dental Association. Letter to Secretary of State for Health and Social Care on waiting times for dental treatment under general anaesthetic. https://bda.org/news-centre/press-releases/Documents/Waiting-times-for-dental-treatment-under-general-anaesthetic-150920.pdf (cited August 2021).

Barriers to treatment

Dental professionals have faced a variety of challenges throughout the pandemic, and have had to make significant adjustments to the way they work. In order to understand the issues our members face as service recovery continues, we asked them about the barriers they are currently facing to seeing more patients.

The requirement to leave 'fallow time' between patients after conducting an aerosol generating procedure was cited as a barrier to seeing more patients by a majority (54%) of members (Figure 8). Just under half (49%) said that social distancing was an issue – it should be noted that while national restrictions have ended across most of the UK, dental settings are still advised to maintain physical distancing as part of infection prevention and control protocols.[10] Other obstacles highlighted by significant proportions of our members included limited surgery or theatre space in which to undertake dental procedures (30%); inadequate ventilation which can prolong the fallow time required between patients (28%); and staff shortages (25%).

What are the main barriers that you currently face to seeing increased numbers of patients? (N = 307)[11]

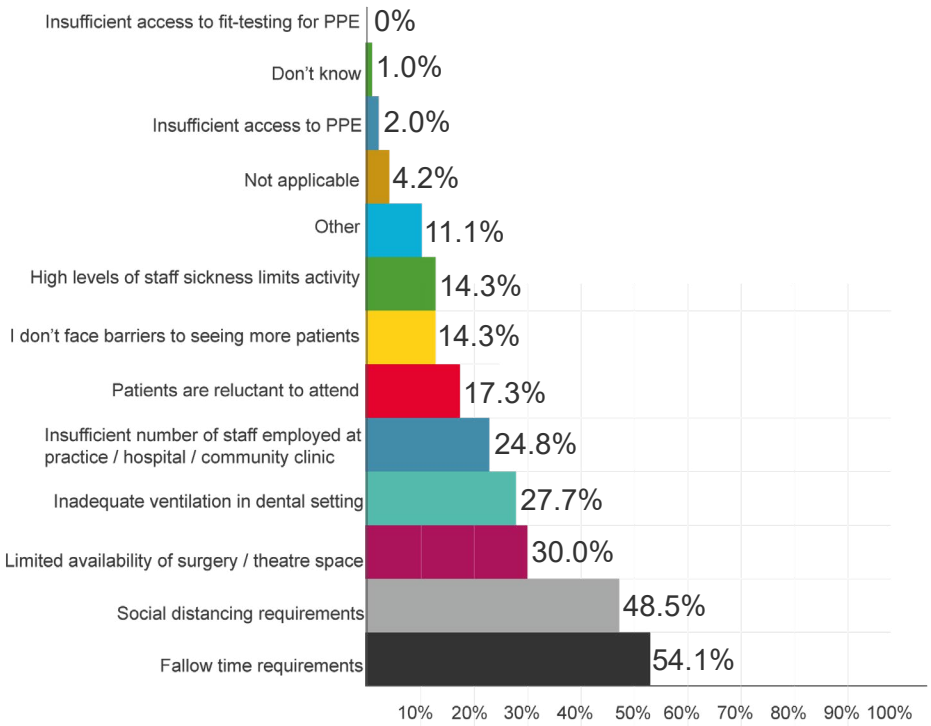


Figure 8 demonstrates the barriers that dental professionals face seeing increased numbers of patients.

There also appear to be specific challenges facing dental professionals working in different types of dental setting. Access to theatre space was a particular issue for those of our members working in NHS hospital settings, with 42% highlighting this as a barrier to seeing more patients. Meanwhile, fallow times were cited as an issue by especially large numbers of those working in NHS general practice (80%) and community dental services (77%) – among the latter group, the proportion of respondents who cited inadequate ventilation (45%) and staff shortages (39%) as challenges were also considerably above average.[12]

10. Public Health England https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-dental-appendix (cited August 2021).

11. The results shown in Figure 8 are based on respondents who selected at least one of the available options.

12.NHS Hospital Practice N = 92; NHS General Practice N = 81; Community Dental Service N = 31 (results are based on respondents who selected at least one of the available options)

Fallow times

In order to understand the challenges that our members are encountering around fallow times in more detail, we specifically asked them about the length of time that they leave between patients after completing an aerosol generating procedure. In a review published in April 2021 and supported by representatives from all four UK nations, the Scottish Dental Clinical Effectiveness Programme suggested that a minimum fallow time of ten minutes should be left after completing a procedure which generates aerosol droplets, such as those involving the use of ultrasonic scalers, air polishers or surgical hand pieces. However, the length of fallow time will depend on the mitigations that are in place and a longer period may be required if, for example, ventilation in the setting is poor or suction is not used during the procedure.[13]

Our survey found that significant numbers of respondents were having to manage fallow times in excess of the ten minute minimum (Figure 9), with a third (35%) leaving more than 20 minutes between patients, and one in ten leaving more than 30 minutes.

After finishing an aerosol generating procedure, what is the length of the fallow time that you currently leave in your specific setting? (N = 307)

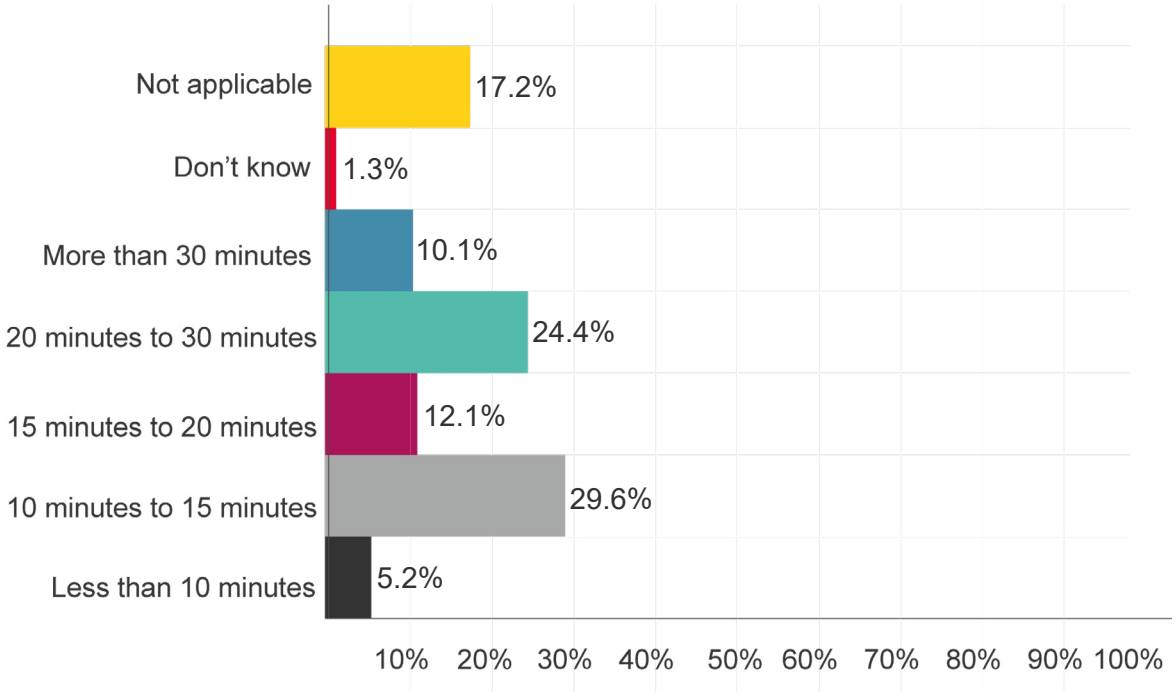


Figure 9 demonstrates the fallow time after a dental professional finishes with an aerosol generating procedure.

Fallow times are a key part of the measures that have been put in place during the pandemic to ensure safe, COVID-secure environments for dental professionals and their patients. However, it is clear from the findings of our survey that they also significantly limit dentists' capacity to see patients. The Faculty therefore believes that the requirements around fallow times in dental settings should be kept under constant review, and if evidence emerges which justifies a change this must be communicated to the dental profession as quickly as possible.[14] In addition, supporting dental settings to implement mitigations enabling them to reduce fallow times, such as improvements to ventilation, is also crucial. Capital funding to enable dental practices to upgrade their ventilation systems has been announced in Wales,[15] Northern Ireland,[16] and Scotland,[17] and we urge governments in all four UK nations to continue to do all they can to support dental settings with this.

13. Scottish Dental Clinical Effectiveness Programme https://www.sdcep.org.uk/wp-content/uploads/2021/04/SDCEP-Mitigation-of-AGPs-in-Dentistry-Rapid-Review-v1.2-April-2021.pdf (cited August 2021).

14. We note that after our survey closed a minor update was issued to infection prevention and control protocols in August 2021, removing the requirement to leave fallow times between patients from the same household.

15. British Dental Association. Letter from Minister for Health and Social Services. https://bda.org/news-centre/press-releases/Documents/Wales-agreed-a-funding-package-to-improve-surgery-ventilation.pdf (cited August 2021).(8 December 2020)

16. Department of Health, Health Minister announces grant funding to improve dental patient throughput (19 February 2021)

17. Letter from Chief Dental Officer for Scotland on Scottish Government policy on ventilation in dental premises (9 June 2021)

Personal protective equipment

Access to personal protective equipment (PPE) was cited as a concern by significant numbers of respondents to our 2020 survey, including those working in private practice and NHS general practice.[18] This situation appears to have improved since then, with 83% of those in UK who took part in our latest survey agreeing that they were able to access the PPE they needed to do their job safely, while around 5% disagreed (Figure 10). However, while the availability of PPE appears to be less of an issue than last year, a number of respondents highlighted how difficult it can be to deliver treatment in full PPE, and that this also creates challenges in the provision of dental care.

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 safely. (N = 308)

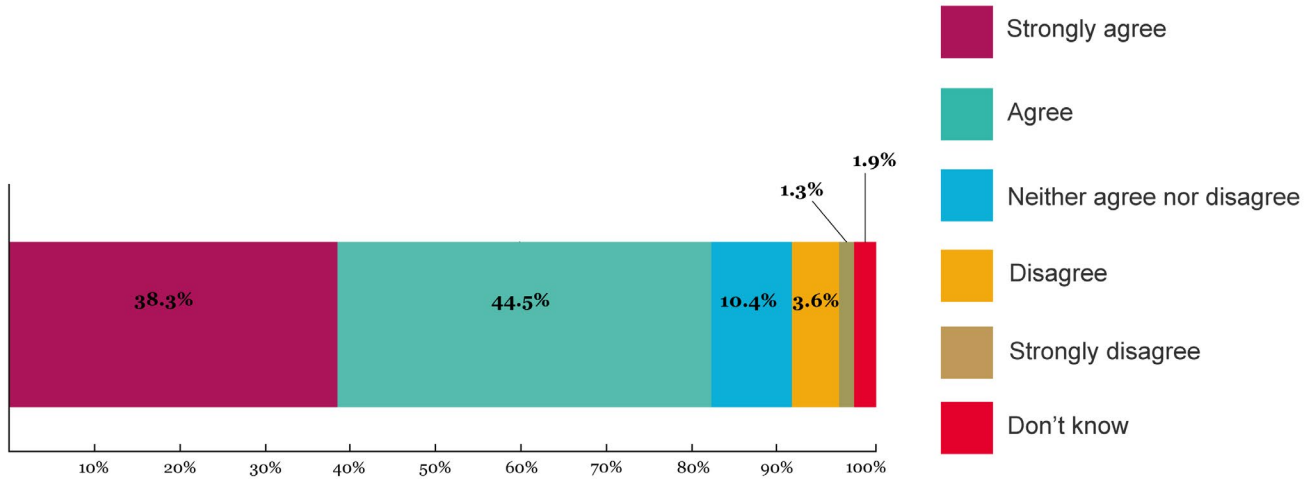


Figure 10 illustrates dental professionals access to adequate PPE.

Recommendation 3

Requirements around fallow times in dental settings should be kept under constant review, as for many dental professionals these represent the main barrier to seeing more patients. Settings must also be supported to improve ventilation, building on welcome funding commitments that have already been made in Wales, Northern Ireland and Scotland.

18. In our 2020 survey, which presented results on an England only basis, respondents (N = 359) were asked whether they agreed with the statement: "I believe that there is a supply of adequate PPE enabling me to do my job as safely as possible?". 32.4% of those working in NHS general practice disagreed with this statement, as did 30.4% of those in private practice and 11.8% of those in NHS hospital practice.

Workforce

The health and wellbeing of the workforce must be a priority for all those working in dentistry. As well as examining some of the practical challenges COVID-19 has created around recruitment, we also wanted to understand the longer-term impact of the pandemic on the workforce and whether our members were considering changing their working arrangements in the coming years.

We asked members about their experience of recruiting dental staff during the pandemic (Figure 11). Nearly a third (29%) said that this had been more difficult than before, and a further 9% reported that they had been unable to recruit staff even though they had needed to. One in six (16%) said that there had been no change in their ability to recruit since the pandemic began, and just 3% thought this had become easier.

What has been your experience of recruiting dental staff (eg dentists, dental therapists, dental hygienists, dental nurses) since the COVID-19 pandemic began? (N = 308)

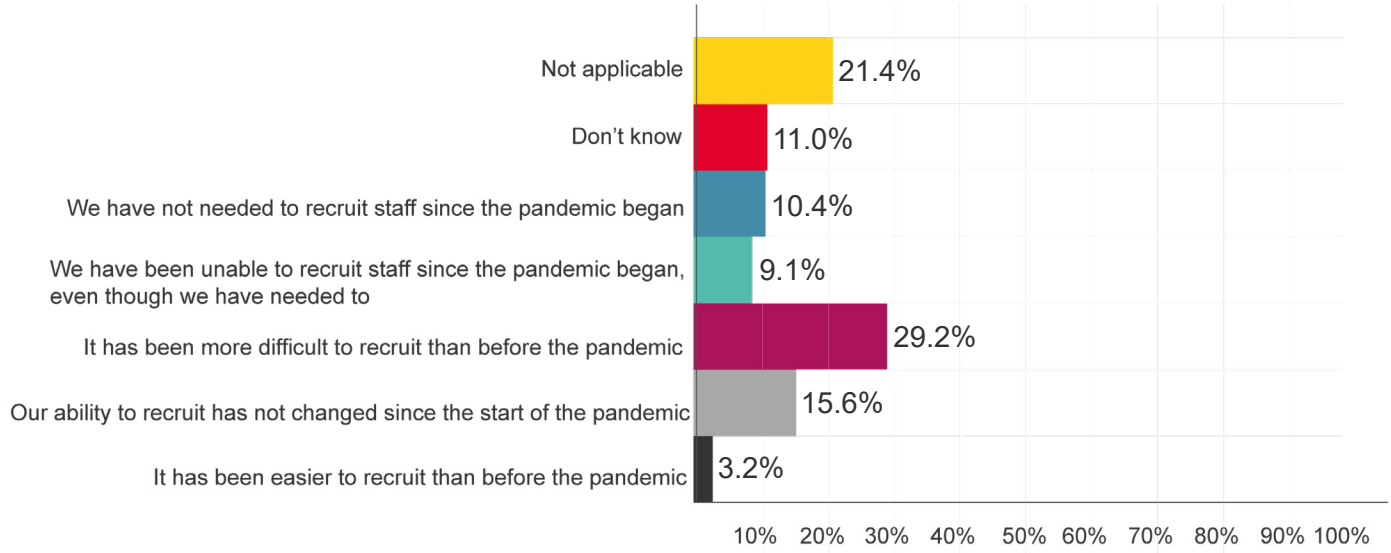


Figure 11 demonstrates the experiences of dental professionals recrutiing dental staff during the pandemic.

We also wanted to know whether our members were planning to make changes to their working patterns and arrangements (Figure 12). 29% said they were intending to reduce the number of sessions they work during the next five years, and a quarter (24%) said they would reduce the amount of NHS work they undertake. Notably, one in six (18%) respondents to our survey reported that they intended to retire in the next five years, and one in ten (10%) were planning to leave the profession during the same period even though they will not have reached retirement age.

Are you planning to alter your working arrangements in the next five years? (N = 307)[19]

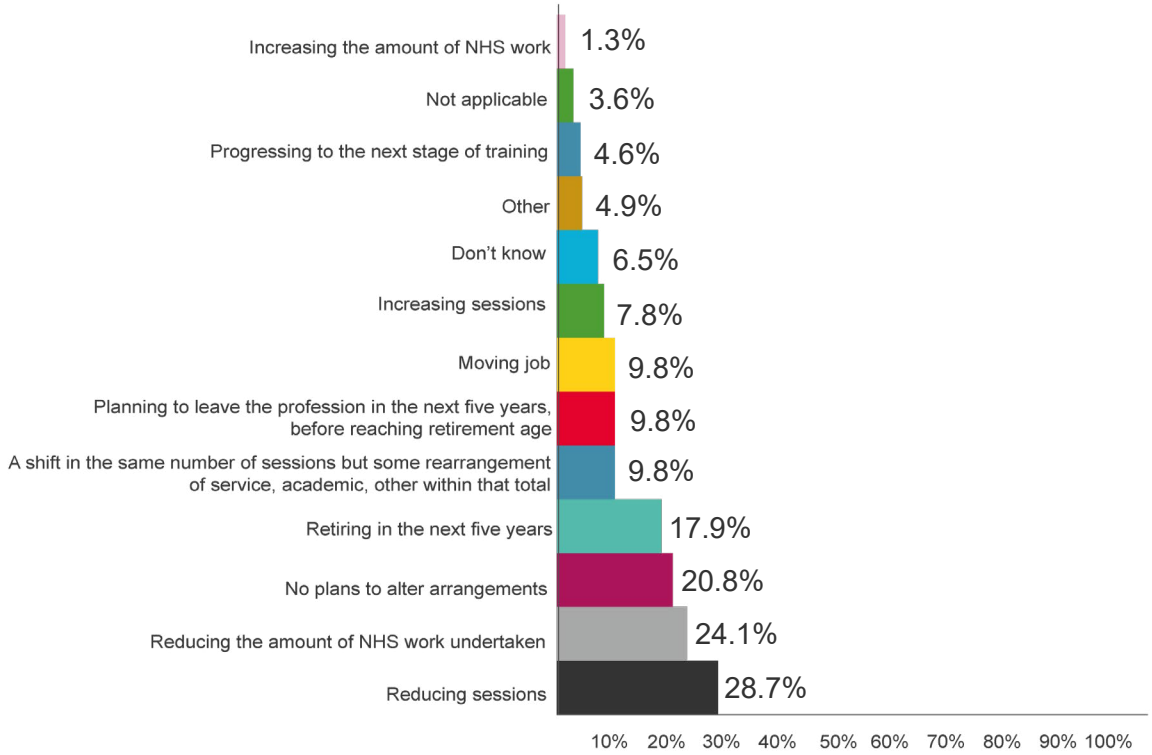


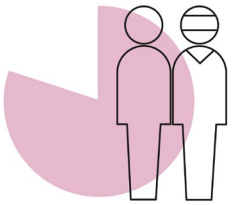
Figure 12 demonstrates whether dental professionals plan to alter their working arrandements in the next five years.

Our findings also suggest that certain dental specialties will be particularly affected by departures from the profession, with orthodontists representing 35% of those who say they will be retiring in the next five years. A further 24% were general dental practitioners.[20] Similarly, general dental practitioners represented nearly 37% of those who planned to leave the profession before reaching retirement age.[21]

Ensuring a sustainable dental workforce that is able to meet patient demand now and in the future must be a key priority for policy-makers, as the results of our survey suggest that pressures are building in a number of different areas. It is vital that we find ways of retaining those who will otherwise leave the profession in the coming years. We must also ensure that we support those at an early stage in their career - including dental trainees - whose professional development will have been severely disrupted during the pandemic.

Recommendation 4

The health and wellbeing of the dental workforce must be a priority for everyone working in dentistry. Support is needed for those considering leaving the profession, as well as for dentists at an early stage of their career whose development has been disrupted by the pandemic.



4 in 10

dental surgeons say it has been more **difficult** or **impossible** to **recruit staff** during the **pandemic**

19. The results shown in Figure 12 are based on respondents who selected at least one of the available options.

20. n = 55

21. n = 30

Prevention

There has been a significant fall in dental attendance rates during the pandemic, with the proportion of children visiting an NHS dentist dropping from 58.4% in 2019 to 29.8% in 2020.[22] In this context, preventing oral health problems from occurring in the first place is more important than ever. There have been a number of important policy commitments around prevention in recent years, and it is vital that these are successfully delivered.

There were high levels of support among our members for a range of preventative measures for improving oral health, with 90% of survey respondents believing that the availability of sugary food and drink should be limited in schools (Figure 13). More than eight in ten members agreed with proposals to deliver supervised tooth brushing initiatives in nurseries and primary schools (82%), and expand community water fluoridation initiatives (82%), two policies which the government committed to take forward in the Prevention Green Paper in 2019. In addition, there was substantial support for restricting adverts for high sugar products on TV (77%) and online (72%), and for initiatives to encourage smoking cessation (86%) and reduce alcohol consumption (75%).

Which of the following preventative measures for improving oral health would you support? (N = 306)[23]

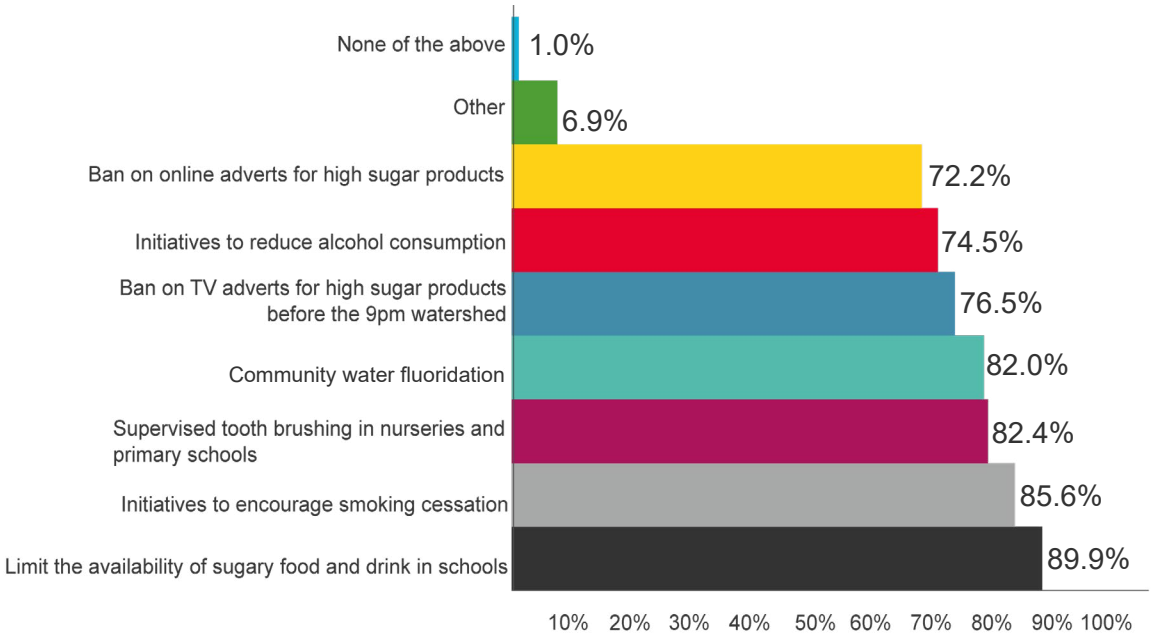


Figure 13 demonstrates which preventative measures for improving oral health dental professionals support.

22. Figures for 2019 taken from NHS Dental Statistics for England 2019-20, Biannual Report. Figures for 2020 taken from NHS Dental Statistics for England 2020-21, Biannual Report.

23. The results shown in Figure 13 are based on respondents who selected at least one of the available options.

Prevention in health policy

In recent years, there has been a substantial focus on prevention within health policy across all four UK nations, and the Faculty believes it is vital for this to be maintained. In particular, provisions in the UK government's health and care bill around junk food advertising and water fluoridation must be implemented in full. We have also called for a number of years for supervised tooth brushing schemes extended to more early years settings in England, as similar programmes in Scotland and Wales have been shown to have a significant impact on reducing child tooth decay. The Prevention Green Paper included a commitment to consult on proposals to deliver supervised tooth brushing programmes to the 30% most deprived three to five year olds in England, but this has yet to take place. This should be taken forward as soon as possible, and funding for such schemes set aside in the upcoming Comprehensive Spending Review.

The Faculty would also like to see schools encouraged to become 'sugar free'. An important first step in this would be implementing a commitment originally made by the UK government in the 2016 Child Obesity Plan to update the School Food Standards,[24] with a focus on reducing sugar consumption. We recognise that work in this area had to be paused during the pandemic,[25] but believe it should now be progressed at the earliest possible opportunity.

Recommendation 5

Prevention should remain a core focus within health policy across all four UK nations. The UK government's commitments to restrict junk food advertising, extend community water fluoridation initiatives, expand the provision of supervised tooth brushing schemes in England and update the School Food Standards must be delivered in full.

24. HM Government (2016) Child Obesity: A Plan for Action, p. 9

25.Department of Education, Written Answer: School Food (26 April 2021)

Summary of recommendations

1. The governments of all four UK nations should prioritise tackling backlogs and long waits in dental care alongside those in elective surgery, and ensure that there is a clear focus on the needs of dental patients during service recovery.

2. Particular efforts must be made to ensure timely access to dental treatment for children and vulnerable adults, including those with special educational needs. It is vital that the waiting times for these patients are addressed.

3. Requirements around fallow times in dental settings should be kept under constant review, as for many dental professionals these represent the main barrier to seeing more patients. Settings must also be supported to improve ventilation, building on welcome funding commitments that have already been made in Wales, Northern Ireland and Scotland.

4. The health and wellbeing of the dental workforce must be a priority for everyone working in dentistry. Support is needed for those considering leaving the profession, as well as for dentists at an early stage of their career whose development has been disrupted by the pandemic.

5. Prevention should remain a core focus within health policy across all four UK nations. The UK government's commitments to restrict junk food advertising, extend community water fluoridation initiatives, expand the provision of supervised tooth brushing schemes in England and update the School Food Standards must be delivered in full.

Methodology

The survey ran from 10 June 2021 to 25 July 2021, and received a total of 337 responses. These were predominantly from dental specialists based in the UK, although a small number were also provided by dental surgeons working overseas. For the purposes of this report, which focuses on the provision of dental treatment in a UK context, the results shown are based on responses provided by those working in England, Scotland, Wales and Northern Ireland. The number of respondents (N) to each question is shown either in the relevant chart, or given in the footnotes if no chart has been provided.

Where relevant, we compare the findings of this survey with those from our previous member survey, which was conducted between 18 August 2020 and 9 September 2020. It should be noted that these comparisons have been made on an England-only basis, as the results of our 2020 survey were only reported for dental professionals working in England.

At points, we also provide a breakdown of our 2021 data for specific dental specialties and dental settings. These are reported on a UK-wide basis.

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