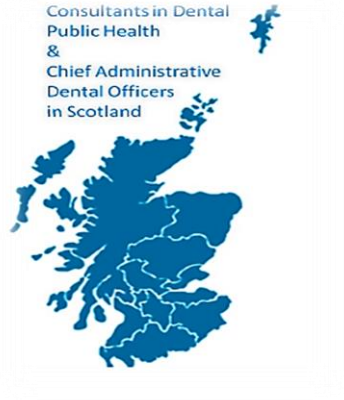

Mitigating against the harms of COVID-19 on oral health- Prioritising Equity and Inclusion: May 2021

The COVID-19 pandemic remains a public health emergency, not only is it a threat to health, but the effects of protective measures are wide reaching. Through the process of recovery and re-mobilisation concerted efforts to mitigate against the wider harms of the COVID-19 pandemic must be made, not least against widening health inequalities. The Consultants in Dental Public Health/ Chief Administrative Dental Officers group is central to providing advice and guidance on this topic.
The group met in early March 2021, and reflected on the established barriers to dental care, the impact on these through the COVID-19 pandemic and the nature of new COVID specific barriers to accessing oral health services.
In line with the group's express commitment that there is 'No Health Without Oral Health', we align ourselves squarely behind the safe, effective and equitable remobilisation of oral health services. We urge all parties to prioritise this work in line with a recent letter from John Connaghan (Former Interim Chief Executive, NHS Scotland) to NHS Boards instructing on the remobilisation of services:

'The COVID pandemic has both exposed and exacerbated our health inequalities crisis with disproportionate harm caused to minority ethnic groups and people living in greatest deprivation. Addressing inequalities for all citizens and our health workforce is therefore a vital theme which must be at the very core of your planning, and the delivery of your services.'

1 - Providing high quality care, including promoting prevention at all levels

Oral health improvement programmes should be remobilised and positive plans made to restart as a matter of priority. This may require the return of staff to their substantive roles. Recognition on the limitations programmes may face in the light of continued restrictions in educational settings, care homes and prisons may limit some activity. However, new ways of working developed since the onset of COVID should be recognised and shared. Changes to existing programmes may be required and if gaps are identified new programmes of work should be considered. Enabled self-care should be the foundation for patient care. Prevention should be embedded into new and interim service delivery models as this can be delivered remotely, in person and without need for post-AGP fallow times.

- **Recommendation-** Health Boards should be supported to request the return of oral health staff to their substantive duties.
- **Recommendation-** There should be a review of current oral health improvement programmes. There may be an opportunity to adapt existing, and develop new programmes to meet the challenges before us. New ways of working should be explored and shared.
- **Recommendation-** Oral and dental health should be included in general health improvement and health inequalities policies and activities such as obesity, smoking and alcohol interventions utilising a common risk factor approach.
- **Recommendation-** Interim changes to the Statement of Dental Remuneration (SDR) should be made to allow recording of prevention activities.

2 - Promoting equitable access to care and promoting NHS care

There is a need to protect the availability of NHS care in independent dental practices through financial stability and robust remobilisation of services. The possible threat of reduced access to NHS care may place the Public Dental Service (PDS) under increasing pressure to be the safety net for unregistered patients and for registered individuals seeking urgent care. This should not be the mainstay and proactive steps must be taken to avoid access issues. The PDS must be enabled to provide care to those patients otherwise unable to accept care in GDS.

- **Recommendation-** A holistic approach to patient care should be taken, including considering the costs to the patient associated with attendance at dental settings such as transport and time away from work. Providing self-enabled, patient centred care close to home should be a priority.
- **Recommendation-** There must be a mechanism to incentivise the re-registration of patients abandoned by one practice elsewhere in the GDS, with a commitment to financial support for practices increasing GDS capacity.
- **Recommendation-** Use of remote consultations (teledentistry) for certain care pathways especially in urgent care and Hospital Dentistry where there is some limited evidence[1] of effectiveness and patient acceptability should be encouraged.

3 - Safety for staff and patients

Anecdotal evidence suggests that, following the most recent stay at home advice, patients were reluctant to access dental care with routine appointments cancelled or postponed. Those who were already anxious about attending the dentist may have additional fear due to the pandemic. We must recognise that any journey outwith the home may be a challenge for individuals; despite re-assurance that they are protected, and that services are safe.

- **Recommendation -** Work should be undertaken to evidence the safety of dental services both in the UK and elsewhere. This may include tracking where chains of transmission exist within dental settings.
- **Recommendation –** A communications plan should be developed to inform, educate and reassure the population utilising different media platforms. This should be available to GDPs to utilise on their own websites and social media.

4 - Staff wellbeing

A healthy workforce is one able to give of their best. We must support all staff to feel secure in their employment and strive for the best possible service for patients.
The dental workforce in Scotland has reported high levels of burnout together with depressive symptoms during the current pandemic[2]. Practitioners, dental nurses and hygiene-therapists spoke of anxieties and uncertainties about job security, career progression and ability to provide high quality care to all patients within current and future NHS restrictions. Clarity around ongoing supplies of PPE and the future of NHS dental care may reassure the profession.

- **Recommendation –** Scottish Government should consider, assess and support the mental health of all those working within Dentistry. Regulatory bodies and NES must

[1] Rahman, N., Nathwani, S. & Kandiah, T. Teledentistry from a patient perspective during the coronavirus pandemic. Br Dent J (2020). https://doi.org/10.1038/s41415-020-1919-6
[2] Humphris GM, Knights J, Beaton L, Araujo M, Yuan S, Clarkson J, Young L, Freeman R. Exploring the effect of the COVID-19 pandemic on the dental team: preparedness, psychological impacts and emotional reactions. Front. Oral. Health | doi: 10.3389/froh.2021.669752.

support those both in training and also across the active profession regarding mental health functioning.

5 – Cost

Throughout the pandemic there has been a significant impact on income across the population. With continued lockdown measures and closures of businesses, individuals and families across Scotland are experiencing long term losses in income. There is a risk that the offer of NHS dentistry becomes less advantageous to practitioners and more patients may find NHS care is limited either in availability or accessibility.

- **Recommendation-** Dental services must respond to the needs of the population who may struggle to pay for dental care. A focus on preventive measures and low cost solutions to oral health problems should be prioritised.
- **Recommendation-** We must make the delivery of NHS dental care a priority for all practitioners and enable their business models to operate in a financially stable manner despite ongoing challenges due to the pandemic.
- **Recommendation-** The Scottish Government should establish a sustainable financial model for NHS GDS practices to incentivise the prioritisation of NHS care over private options.

In conclusion, the CsDPH/CADO group remains committed to working with Scottish Government and other partners to progress the equitable remobilisation of dental and oral health services.

Written on behalf of CsDPH/CADO group by: Jay Wragg, Jacky Burns, Anthony Visocchi, David Conway, Ruth Freeman.