

LETTER TO THE EDITOR

Access to NHS dental care

Whilst undertaking my dental core training at an oral and maxillofacial unit, I have learned the truly damaging effect of the lack of NHS dentists on patient health and the additional pressure it is putting on already over-stretched NHS hospitals. Patients attending A&E departments with facial swellings associated with dental abscesses is not uncommon. Often, these patients report not having an NHS dentist, being unable to find an NHS dentist or being on a waiting list for an NHS dentist. Indeed, this is the case for both children and adults alike. Recently, a patient was admitted for IV antibiotics and therefore subsequently occupied a hospital bed. When obtaining a dental history, he reported not attending the dentist since childhood due to being unable to find an NHS dentist and an inability to afford a private dentist.

life-threatening nature of neglected dental abscesses which in some situations can cause serious airway concerns as in cases of Ludwig's angina.

Dental statistics from the GP Patient Survey (January to March 2020) found that of 740,000 participants, only 91.6% of those who tried to obtain an appointment with an NHS dentist were successful in doing so, increasing to 93.8% when excluding the 'can't remember' category.¹ This leaves a large number of patients without access to dental care. In addition, 13.4% of participants who did not try to obtain an appointment reported 'I didn't think I could get an NHS dental appointment' as their reason for not doing so, demonstrating the known issue of accessibility to NHS dental care.¹ This is now likely to be amplified with the COVID-19 pandemic and many

NHS practices no longer accepting new patients. Data from the NHS Dental Statistics for England 2019-20 found that, in England, there were 44.1 NHS dentists per 100,000 population.² Simple maths tells us that there are simply not enough NHS dentists.

This raises the question of why there aren't enough NHS dentists? Are not enough dentists being trained? Is the flawed UDA system pushing dentists out of NHS general practice and into private or salaried posts? And what is being done to tackle this serious issue?

K. Khaled, via email

References

1. NHS England. GP Patient Survey Dental Statistics; January to March 2020, England. GP Patient Survey Dental Statistics. [online] Available at: https://www.england.nhs.uk/statistics/2020/07/09/gpps_dent_3758-78929/ (Accessed 31 March 2021).
2. NHS England. NHS Dental Statistics for England - 2019-20 Annual Report. NHS Dental Statistics for England. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report#summary> (Accessed 31 March 2021).

Patients admitted to hospitals with dental abscesses often require extra-oral incision and drainage and extraction of teeth under general anaesthesia. This obviously has massive cost implications, with theatres being occupied and a need for anaesthetists, theatre staff and dentists to carry out the procedure. This also takes away resources from other potential areas of need. As we already know, dental caries is a preventable disease and its incidence can be reduced by regular dental visits where prevention can be applied and any carious lesions treated to avoid progression to a state where hospital admission is required. Not to mention, the

SNOMED implementation postponed

The British Dental Association (BDA) can confirm that following calls to the Health Minister, Jo Churchill has indicated the government will consider postponing full compliance of SNOMED CT to after 31 August 2021.

SNOMED CT is a system that aims to ensure better interoperability between health services for patients, by ensuring clinical notes are coded in a standardised way. All clinicians will be expected to use the new systems and it may cause increased bureaucracy for dentists – an issue the BDA have repeatedly sought assurance on.

The planned implementation of SNOMED CT was originally set for 1 April 2021. The BDA expressed grave concerns that the systems in place for its use in dental practices are not sufficiently robust at present to ensure patient safety a smooth rollout that won't impact on time spent with patients.

The BDA have requested a later further rollout date of 1 April 2022 and are also seeking urgent clarity on outstanding issues such as: the exact codesets that will be required, whether there is a need for rebase charting and how private practices may be affected.

The Department has said during the next few months suppliers and practitioners should actively work to implement the terminology by their August deadline.

Chair of the BDA, Eddie Crouch, commented: 'We all recognise the benefits SNOMED will bring in establishing interoperable patient records. This will enhance patient safety, support integration, and provide far richer public health data.

'However, we have been clear that flawed implementation at this stage would make the realisation of these benefits more difficult in the long term and this news will be a relief for dentists. Postponement is vital, so clinicians can be confident that they can act in the best interests of their patients.'

