

New COVID guidelines no silver bullet to restore patient access to dentistry

The British Dental Association (BDA) has said new standard operating procedures (SOPs) for dentists in England published on 25 November¹ are unlikely to represent a silver bullet for restoring patient access to services.

The new model places patients on two pathways, given the likelihood of them suffering from respiratory illness. It replaces restrictions that have been all but universal for most treatments and most patients since the first lockdown, which has radically reduced capacity across the service.

Those on the non-respiratory pathway can be managed in line with pre-COVID standard infection control precautions. Any placed on the respiratory pathway will remain subject to enhanced precautions, including maintaining 'fallow time' gaps of up to an hour between treatments. Screening to determine the pathway will take place both before attendance and upon arrival.

The BDA anticipate a relatively high proportion of the population may find themselves on the respiratory pathway as the country heads into winter, given traditional patterns with seasonal flu and the common cold, even setting aside any surge in COVID rates.

Over 35 million NHS dental appointments have been lost since the first lockdown,



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driven by ongoing restrictions. The service has not received a penny of additional investment from the government's multi-billion-pound NHS 'catch up' programme to help bring down these backlogs, despite pressure from Healthwatch England and a growing number of MPs.

Unlike their colleagues in other UK nations, dentists in England have received no capital funding to invest in ventilation systems that can allow for increased patient volumes while keeping to COVID restrictions.

BDA Chair Eddie Crouch said: 'We have long called for a roadmap to ease COVID restrictions. This approach is progress but will not represent a silver bullet for

the tens of millions left without access to dental care.

'We cannot realistically expect a return to "business as usual" as we head into winter given surging rates of respiratory disease.

'These new guidelines may help increase patient volumes but will barely make a dent into the unprecedented backlogs we now face. Without needed support from government we will continue to struggle to deliver for the patients that need us.'

Reference

1. NHS England and NHS Improvement. Dental standard operating procedure: Transition to recovery. Version 6. Updated 25 November 2021. Available at: <https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/> (accessed December 2021). ✦

Research highlights a lack of universal understanding of GDC's role

The results of research undertaken in 2020, designed to better understand professionals', students' and other stakeholders' perceptions of the General Dental Council (GDC), and test understanding of the regulator's role, was published on 25 November.

The results indicate that overall perceptions of the GDC were more negative (58%) than positive (21%) in 2020, and that views amongst the dental team have worsened from when the same questions were posed in 2018. Conversely, views of the GDC improved slightly amongst dental students and other stakeholders.

The report also highlights a lack of universal understanding of the regulator's

role, with almost half of all professionals surveyed believing the GDC was responsible for setting clinical standards, which is not the case.

GDC Chief Executive and Registrar, Ian Brack, said: 'The findings in this report illustrate some of the frustrations felt in the sector and where we can direct our efforts. The pandemic has thrown up new challenges for us all and exposed some historic ones, not least the need for those we regulate to understand our role and our shared responsibilities in ensuring patients are protected, and public confidence is maintained.'

Reflecting on the findings that dissatisfaction with fitness to practise

performance was a significant contributor to negative perceptions, Mr Brack said: 'I am accountable for performance of the GDC and very clear about what has not gone well and what we're doing about it. Without regulatory reform, our ability to significantly improve the fitness to practise process is largely limited to making marginal operational improvements and applying more resource to an inefficient system. Nevertheless, I am determined that we will make the improvements we can.'

More detailed commentary on the research, as well as reflection on fitness to practise performance and improvement, is available on the GDC's website. ✦