

Letters to the editor

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NHS dentistry

Nuffield Report – the silenced majority

Sir, the Nuffield Report¹ comes at a time when NHS dentistry is never far away from the news headlines, accompanied by constant headlines of the public being unable to access NHS dental services. Identifying the problems leading to the current crisis is key to finding solutions.

Whilst the report portrays NHS dentistry in England through a particular lens and highlights several important and recurring challenges in the provision of dental care, the Dental Professional Alliance is keen to understand why the largest registrable group of dental professionals was not involved in the discussions that resulted in the publication of the report.

The wider members of the dental team are key to the ongoing delivery of dental care and dental treatments. Dental hygienists and dental therapists have recently been identified as being part of the solutions to some of the so-called ‘wicked’ problems. In England, dental hygienists and dental therapists can now open courses of NHS treatment, mirroring their way of working in the private sector.

Dental nurses have been identified as vital in the delivery of preventative practice. Of course, the demand for dental nurses is undoubtedly likely to rise, as we contemplate their role in further supporting dental hygienists and dental therapists.

Orthodontic therapists play a pivotal role in providing NHS orthodontic care, with NHS contracts financially reliant on this group to enable the number of patients being treated. Clinical dental technologists have also been identified as a group of clinicians who can be used to help with the provision of removable dental appliances (predominantly dentures). Dental technicians are not generally patient-facing; however, they play a vital role in both NHS and private settings. It is worth noting

that there are currently more technicians leaving the register than registering each year, highlighting a growing problem.

The Dental Professional Alliance is at a loss to understand the rationale for not including the full representation of all professional bodies, as without this a balanced opinion is impossible. It is also a wasted opportunity for the NHS to fully utilise the skills and knowledge of these valuable professionals.

F. Ellwood on behalf of Dental Professional Alliance, London, UK

References

1. Williams W, Fisher E, Edwards N. Bold action or slow decay? The state of NHS dentistry and future policy actions. 2023. Available at: <https://www.nuffieldtrust.org.uk/research/bold-action-or-slow-decay-the-state-of-nhs-dentistry-and-future-policy-actions> (accessed March 2024).

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Anaesthesia and sedation

New sedation guidance in primary care

Sir, we are collectively concerned regarding the new Clinical Standards for Dental Anxiety Management¹ published by NHS England on 17 January 2023. The biggest change being the ban of multi-drug sedation techniques in community and primary care settings within the NHS. Although these standards do not apply to secondary or private care, there is apprehension that this shift reflects a broader trend.

Despite being published a year ago, there has been no announcement regarding implementation, causing unrest among sedation practitioners nationwide. The Association of Dental Anaesthetists and Sedationists (ADAS) surveyed its members working in NHS primary care sedation practices, with results indicating widespread concern: 73% believed that sedation duration and recovery time would increase, 64% believed there would be an increase in

sedation failure and 73% believed it would negatively impact on patient satisfaction.

Advanced sedation technique (AST) using a combination of midazolam and opioids have been long established in anaesthesia and conscious sedation with evidence of safety when used in suitably qualified and experienced hands.^{2,3} The use of opioids provides systemic analgesia for complex and often painful dental procedures and has a synergistic effect, reducing the dose of midazolam required. The IACSD standards suggest its use in patients for whom midazolam alone does not produce adequate anxiolysis.⁴ The combined use of nitrous oxide and midazolam has its place in managing patients with a severe gag reflex and those who would benefit from the mild analgesic and anxiolytic effects of nitrous oxide. Multi-drug sedation doesn't necessarily induce deeper sedation.

An AST ban would impact on already stretched secondary care with increased referral volume and a concomitant burden of oral diseases worsening dental anxiety and poorer outcomes. More patients on GA waiting lists would further increase NHS burden and disadvantaging those who cannot be seen elsewhere. NHS treatment options under GA are limited to simple restorations and extractions, thus leaving many without viable alternatives. The rationale behind these proposed changes remains unclear. Is it driven by patient safety concerns, or is it a short-sighted cost-saving measure? Without published data on the mortality and morbidity of multi-drug sedation in primary care, the decision lacks transparency.

We fear that patient care would be negatively and irreversibly impacted if this guideline is implemented without due consideration to the available evidence and having alternative resources put in place. We call for a multi-agency stakeholder engagement and discussion to ensure