An update on the current situation for NHS general dental practice

NHS England and NHS Improvement South East (NHS EI SE) have asked me to update general practitioners on the current situation for NHS general dental practice.

General Dental Practitioners (GDPs) were advised on 25th March this year by NHS England and NHS Improvement (NHS EI) to cease face to face practice. During the period of no face to face practice, GDPs were required by NHS EI to run a telephone service for advice and where necessary to prescribe analgesics and/or antibiotics. The so called 3A service. As dentists do not have EPS, a system was developed to transmit prescription details to community pharmacies nhs net (within the emergency supply of medicines regulations) and NHS EI SE are grateful to Local Pharmaceutical Committees and community pharmacies for their support with this.

During the cessation of general dental practice, NHS EI SE commissioned a small number of practices and community dental clinics to provide urgent dental treatment to those patients where 3A proved inadequate.

GDPs were subsequently advised that they could recommence practice on 8th June.

Not all practices could immediately acquire the necessary PPE to reopen, but by the end of July, all were expected to be open.

The infection prevention control guidance for GDPs is that GDPs should avoid treatments that produce aerosols. Such treatments (known as aerosol generating procedures or AGPs) would include the use of high-speed drills with air/water sprays, air/water spray syringes and ultrasonic scalers. Where this equipment needs to be used e.g. for fillings, then specific PPE needs to be worn and the surgery left empty for up to an hour after the procedure finishes.

At the stage that dental practice could recommence, the guidance was titled “A Transition to Recovery”. From then, GDPs have been encouraged by NHS EI SE to prioritise those patients who have urgent needs and respond to all those who seek dental help even if they have not previously attended that practice. The return to routine care should only be when the urgent care needs are fulfilled.

The current information is that all dental practices in the NHS EI SE region are now open and most are able to undertake AGPs.

However, the social distancing requirement to protect patients contacting other patients in corridors and waiting rooms, the IPC guidance for dental teams and the need for empty dental surgery time after an AGP has resulted in most dental practices not being able to open all their surgeries and all are needing to have longer appointment times. As a result, most dental practices estimate they are at 35 to 50% capacity compared to pre-Covid activity.

The main problem of access to dentists is currently for those patients with no regular dentist. As a result of the reduced capacity of dental practices, this group of patients are finding it difficult to access NHS dentalcare.

Most general dental practices have NHS and private patients. The NHS contractually committed funding for dentists has continued but of course private dental funding requires dentist to see patients. NHS EI SE has required dentists to devote the same amount of time to their NHS commitment as they did pre-Covid. Many practices have far exceeded their commitment to the NHS in their efforts to help patients but have a business reality that they need to continue private dental practice for their business to remain solvent. As a result, GPs may hear patients say that a dental practice would not offer NHS dentalcare as they have exceeded their NHS commitment.

This is the current situation for GDPs and there are also considerable difficulties with patient access for dental care requiring general anaesthesia or sedation due to pressure on hospital trusts and the necessary prioritisation for acute care.

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