

How can dentistry recover from COVID-19? New study suggests top-down reform is needed

November 25 2021, by Amy King



Credit: Pixabay/CC0 Public Domain

All areas of life are fighting back post-lockdown—but dentistry, with long NHS waiting lists and limited access to emergency care even before



the pandemic, is on a particularly challenging road to recovery.

Now a study by academics from the University of Plymouth has investigated the experience of dental staff providing urgent care during the <u>pandemic</u>, and identified potential priority areas as the sector moves forward.

The background

At the start of the COVID-19 pandemic, access to all face-to-face <u>dentistry</u> was suspended. Urgent and emergency <u>dental treatment</u> was provided from Urgent Dental Care centres (UDCs) that were rapidly established across the country. Dental practices in England were allowed to reopen in June 2020, but access to treatment was still restricted and UDCs continued to play an important role in providing dental services on the slow route to recovery.

The findings

As part of this study, academics interviewed 29 dentists and nine dental nurses from UDCs across England. The findings, which were published in two papers in the British Dental Journal, suggest that reform is needed across the dental sector to help ensure appropriate and effective care is available for all.

The findings from the first paper, which examined perceptions and psychosocial experiences of frontline staff, suggest that:

- Dentistry needs to be effectively integrated into wider healthcare infrastructures to improve communication and patient care.
- Negative experiences from working during COVID-19 included stress and anxiety, often caused by concerns over safety and operational UDC challenges, which included fragmented



communication and guidance, poor PPE availability and overwhelmingly high workload.

• Sustained efforts are needed to support and improve dental teams' mental health and wellbeing, supporting findings from earlier work led by the University revealing that more support focus was needed on the <u>mental health</u> of dental professionals.

The second paper, which explored the future of dentistry post-COVID-19, highlighted recommendations of:

- 'Levelling up' NHS dental access, with the need to prioritise the most vulnerable.
- A desire from the dental profession for progress in transforming dental services, particularly dental contract reform in England.
- Replacement of the Units of Dental Activity (UDA) system—a measure of the amount of work done during dental treatment—as part of dental contract reform, with a focus on prevention.
- Mental health wellness support.

What the experts say

Professor of Community Dentistry at the University of Plymouth and Chief Executive of Peninsula Dental Social Enterprise, Rob Witton, coled the new study, and said:

"The pandemic, and particularly lockdown, have provided some really challenging times for the health sector, and this study shows how tough it has been in dentistry. Rather than looking at how we can return to 'normal', though, these studies enabled staff to really analyse their experience and reflect on if and how things could change for the better in future, including better access to dental care and preparedness for any future pandemics."



More information: Anastasios Plessas et al, Frontline experiences and perceptions of Urgent Dental Care centre staff in England during the COVID-19 pandemic: a qualitative study, *British Dental Journal* (2021). DOI: 10.1038/s41415-021-3375-3

Robert Witton et al, The future of dentistry post-COVID-19: perspectives from Urgent Dental Care centre staff in England, *British Dental Journal* (2021). DOI: 10.1038/s41415-021-3405-1

Citation: How can dentistry recover from COVID-19? New study suggests top-down reform is needed (2021, November 25) retrieved 19 November 2023 from <u>https://medicalxpress.com/news/2021-11-dentistry-recover-covid-top-down-reform.html</u>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.