



DEBATE PACK

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Effect of covid-19 on dental services

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Summary

A Backbench Business debate on the 'Effect of covid-19 on dental services' has been scheduled for Thursday 14 January 2021. The debate has been initiated by Fleur Anderson MP and Barry Gardiner MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 Introduction

On 25 March 2020, NHS dental practices were told to cease routine dentistry, including orthodontics, in response to the pandemic.¹ In written evidence submitted to the '[Coronavirus: Lessons Learnt](#)' inquiry, the Association of Dental Groups note that "individual practices were instructed that unless they had been identified by area commissioners as part of the urgent dental system in a/their regions they should not see patients face to face".²

NHS dental practices in England were subsequently asked to reopen from 8 June 2020 "for all face to face care"³ and have remained open. [Government guidance](#) published on 4 January 2021 regarding which businesses can remain open in England during the new national lockdown specifically lists "medical and dental services".⁴

It was reported in [The Sunday Times](#) that 83,800 dental treatments took place in May 2020 compared with a usual monthly average of 3.3. million.⁵ The article goes on to note that since reopening on 8 June 2020, many practices have been operating at a quarter of capacity and "in August, dentists delivered 811,029 courses of treatment – about 25% of the number typically carried out".⁶

¹ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

² [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

³ NHS England, [Letter from the Chief Dental Officer and Director of Primary Care and System Transformation to dental practices: Resumption of dental services in England](#), 28 May 2020

⁴ GOV.UK, [Guidance: National lockdown: Stay at Home, Businesses and venues which can remain open](#), Last updated 6 January 2021

⁵ The Sunday Times, [Coronavirus: dental care 'timebomb' leaves Britons unable to have teeth checked](#), 4 October 2020

⁶ The Sunday Times, [Coronavirus: dental care 'timebomb' leaves Britons unable to have teeth checked](#), 4 October 2020

2. Impact of Covid-19 on provision of dental services

Following the announcement on 25 March 2020 that all routine and non-urgent dentistry would be stopped, urgent dental care (UDC) hubs were set up around the country. In England over 600 UDCs were set up in response to the pandemic.⁷

The following response to a [Parliamentary Question](#) provided by Jo Churchill, on 3 June 2020, summarised the situation:

The Government is working to support and protect all our frontline National Health Services health and care staff during the COVID-19 pandemic, including dentists.

NHS dentistry was reorganised in late March along with other NHS primary care services to minimise face to face care to contain the spread of COVID-19 during the peak of the pandemic. Dentists were asked to suspend all routine treatment and instead to offer urgent advice and, where required, prescriptions for antibiotics by telephone. Urgent treatment was made available through urgent dental centres (UDCs) set up in each NHS region.

As of 25 May there are currently over 550 UDCs open across England. Patients are triaged into UDCs by their own dentistry or through NHS 111. The urgent dental centres are expected to provide, where urgently needed, the full range of dental treatment normally available on the NHS.⁸

There were [press reports](#) indicating that some patients struggled to obtain appointments at UDCs.⁹

There were also [reports](#) that following the cessation of routine dentistry, GPs experienced a rise in calls from patients from dental problems “who did not know where to go”.¹⁰

Monthly [NHS 111 data](#) published by NHS England reveals an increase in the number of people ‘recommended to dental’ upon calling NHS 111. In May 2019, 55,556 people were recommended to dental care by NHS 111 (4.8% of all calls triaged that month). In May 2020, 92,424 people were recommended to dental care (7.4% of all calls triaged).¹¹ This constitutes an increase of 66% year on year.

2.1 Estimated impact of Covid-19 on number of patients seen

The ‘[NHS Dental Statistics for England – Annual Report 2019/20](#)’ provides information on NHS dental activity in England for the 12-month period to

⁷ Written question 96904, [Dental Services](#), Answered on 10 December 2020

⁸ Written question 38977, [Dental Services](#), Answered on 3 June 2020

⁹ ITV News, [Emergency dental centres 'overwhelmed' in coronavirus lockdown](#), 21 May 2020

¹⁰ Health Service Journal, ['People in pain have nowhere to go' as NHSE 'drags its heels' on urgent care system](#), 17 April 2020

¹¹ NHS England, [NHS 111 Minimum Data Set 2020-21](#)

31 March 2020. The report also includes information on the number of patients seen by an NHS dentist up to 30 June 2020.¹²

A '[Supplementary report on NHS Dental Statistics, 2019/20](#)' published alongside the Annual Report "outlines the estimated impact of Covid-19 using the data at national level for NHS practices" and includes the following information (emphasis added):

Due to the COVID-19 restrictions the number of FP17 and FP17W claim forms and therefore, the totals regarding activity, patient numbers, finances and treatments, will be much lower than traditionally expected for the final quarter of 2019/20 and the months leading into 2020/21. **It is anticipated the number of children patients will be impacted the most.**

[...]

Dental practices were instructed to close and limit treatment to urgent only to reduce the risk of transmission of COVID-19 between the 25th March and 8th June 2020.

[...]

To the 30th June 2020, it is estimated approximately 876,000 (4.0%) fewer adult patients were seen in the previous 24 months to receive NHS dental treatment compared to 24 months previous to February 2020.

To the 30th June 2020, it is estimated approximately 758,000 (10.7%) fewer child patients were seen in the previous 12 months to receive NHS dental treatment compared to 12 months to February 2020.¹³

Reduction in the number of people seeing a dentist

[Twice-yearly publications from NHS Digital](#) record the proportion of the population that have seen a dentist within the past two years (for adults) or within the last year (for children).

As of June 2020, **21 million adults** in England had seen a dentist within the last two years – 47.7% of the population. This is a fall from six months earlier in December 2019, when 21.8 million adults had seen a dentist within the past two years (49.6% of the population).

As of June 2020, 6.3 million children in England had seen a dentist within the past year – 52.7% of the population. This is a fall from six months earlier in December 2019, when 7.0 million children had seen a dentist within the past year (58.4% of the population).

Data on the reduction in number of appointments and other measures of dental activity isn't available yet, because the most recent publication contains data on activity up to the end of March. The next publication will be available at the end of February.

2.2 Backlog of appointments

The article '[What lockdown has done to your teeth \(it's not pretty\)](#)' published by The Times on 7 December 2020 includes the most recent

¹² NHS Digital, [NHS Dental Statistics for England – Annual Report 2019/20](#), 27 August 2020

¹³ NHS Digital, [Supplementary report on NHS Dental Statistics, 2019/20](#), 27 August 2020

estimate of the number of missed dental appointments in 2020; 19 million, according to analysis from the British Dental Association (BDA).

The article includes the following information about the analysis:

According to the British Dental Association (BDA), 19 million fewer dental appointments have been undertaken this year than expected. During the whole of 2019 there were 39.5 million dental appointments. This year it is expected to be considerably less than 20 million.

“So at year end, Covid-19 will have more than halved access to care in 2020 — with real consequences for millions of patients,” says Ashley Dé at the BDA.¹⁴

Previously, The Sunday Times article ‘[Coronavirus: dental care ‘timebomb’ leaves Britons unable to have teeth checked](#)’ published on 4 October 2020 stated “the pandemic has caused a backlog of 15 million appointments”.

As dentists can now see a significantly smaller number of patients compared to before the pandemic, this has a corresponding impact on their ability to clear the backlog of appointments. The [British Dental Association](#) published the following in May 2020:

In addition to the backlog of need accumulated during the lockdown, there will now be further build-up due to ongoing measures to limit COVID transmission when dental practice resumes. Currently a maximum of eight patients a day per surgery can be treated in Urgent Dental Centres, compared to a pre-pandemic capacity of over 30 at NHS practices. Should that maximum remain in place it would mean a drop in access for tens of millions of patients.

An article published by the BBC on 11 September 2020 ‘[Coronavirus: Dentists ‘firefighting’ to deal with backlog](#)’ includes an estimate from a dentist regarding how long it may take to deal with the backlog in Wales:

It will take a long time to catch up. Effectively, if we were acting in normal circumstances, it would take at least another six months," Mr Bysouth said [...] If it stays the same, it won't be in 2020 we catch up, but 2021. We are chasing the tail.

The article also goes on to outline some concerns regarding the lasting impact:

Mr Bysouth is also concerned that, with people not having routine check-ups, signs of mouth cancer may be missed and fillings will get worse, making teeth irreparable.¹⁵

The British Dental Association’s [summary of the news](#) on 6 October 2020 notes that during an interview with Sky News, a London based dentist provided a similar estimate (NB the fallow time requirements have since changed):

[...] if dentists were working at normal capacity [...] it would take six months to get through this but with the addition of an hour’s fallow time, we’re only able to see around a quarter of the patients we used to see.¹⁶

¹⁴ The Times, [What lockdown has done to your teeth \(it’s not pretty\)](#), 7 December 2020

¹⁵ BBC News, [Coronavirus: Dentists ‘firefighting’ to deal with backlog](#), 11 September 2020

¹⁶ British Dental Association, [Coronavirus: In the news week commencing 5 October 2020](#)

2.3 Resumption of services

The Office of the Chief Dental Officer England and NHS England have published a '[Standard operating procedure: Transition to recovery](#)' which sets out a "phased transition for dental practices towards the resumption of the full range of dental provision". The document was last updated on 27 October 2020 and includes information on the prioritisation of patients and the necessary requirements for carrying out aerosol-generating procedures.

Prioritisation of patients

The '[Standard operating procedure: Transition to recovery](#)' document states that "within the available capacity, recommencing deferred courses of treatment, recall and re-assessments will need to prioritise groups with the greatest need".¹⁷

The document sets out that dental practices should consider prioritising patients:

- Who have contacted the COVID-19 UDC system and already been triaged for urgent dental care and/or require follow-up care.
- With incomplete care plans.
- With frequent recall according to NICE recall guidelines eg children, high oral disease risk, those patients whose oral health impacts on systemic health and those who have been through stabilisation and need review.
- With routine dental care needs, not applicable to any of the above cohorts.
- In sequencing and scheduling of patients the aim will continue to be the need to minimise the risk of transmission of COVID-19 between staff, patients, patients and staff.¹⁸

2.4 Challenges to resuming services

Stakeholders, such as the British Dental Association, have highlighted some of the challenges faced in resuming face to face care. For example, on 5 June 2020, following a survey of "over 2000 practices in England" the [BDA reported](#) that difficulties obtaining PPE were disrupting the restoration of services:

- The majority (over 60%) of dental practices estimate they will be able to **treat less than a quarter of the patient numbers** they saw pre-COVID-19
- **Barely 15% are in a position to offer a full range of treatment**, with the capacity to offer aerosol-generating procedures (AGPs), using high-speed instruments, that constitute the majority of activity

¹⁷ NHS and Office of Chief Dental Officer England, [Standard operating procedure: Transition to recovery: A phased transition for dental practices towards the resumption of the full range of dental provision](#), Version 4, 27 October 2020, page 11

¹⁸ NHS and Office of Chief Dental Officer England, [Standard operating procedure: Transition to recovery: A phased transition for dental practices towards the resumption of the full range of dental provision](#), Version 4, 27 October 2020, page 11

- Key drivers include PPE shortages, with **only 1/3 of practices having PPE to hand** to provide face-to-face care, and **only 25% reporting they have been fit tested to use them**.¹⁹

In June 2020, the BDA also set out how the cost of PPE alone has increased significantly since the onset of the pandemic:

The cost of PPE alone, ignoring other treatment costs, for treating a single patient using aerosol-generating procedures (AGPs) – using high-speed instruments like a drill – was around 35-45 pence pre-pandemic, and could now stand at £20-30 depending on exact PPE requirements and usage.²⁰

Whilst NHS prices for dental treatment are fixed, there have been examples of private patients being charged an additional ‘PPE levy’.²¹ For example, the consumer magazine Which? reported that BUPA practices had introduced an additional £40 charge for aerosol-generating procedures to cover the cost of PPE.

Aside from challenges obtaining the required PPE, the [BDA also listed](#) the following barriers to reopening:

Dentists have also indicated other barriers with a high impact on their plans for reopening, including emerging from cash flow problems (78%), difficulties getting practices ready for social distancing (63%), and access to childcare (40%) - where failure to offer necessary clarity on their key worker status has seen children turned away from schools and nurseries.²²

Concerns have been raised during the new national lockdown that dentists and dental teams have continued to face problems being recognised as essential or critical workers in order to access childcare for their children or dependents. This is despite the [Chief Dental Officer for England](#) confirming that the definition of essential workers encompasses the dental workforce:

The Government defines essential workers as all NHS and social care staff. The Chief Dental Officer has received confirmation from the Department of Health and Social Care that this includes the dental workforce actively engaged in supporting the NHS and maintaining dental care provision as part of the UK’s health and social care sectors.²³

In a [letter](#) sent to the Secretary of the State for Health and Social Care on 4 January 2021, the BDA made the following comments:

On a related note we are conscious that failure to provide clarity on the key worker status of dental team members means we are already receiving reports from dentists and staff unable to secure childcare. I hope your team will rectify this at speed.²⁴

¹⁹ British Dental Association, [Dentists: Skeleton dental service going back to work at a fraction of pre-COVID-19 capacity](#), 5 June 2020

²⁰ British Dental Association, [Dentists: PPE costs will cripple service, as millions set to go without care](#), 7 June 2020

²¹ British Dental Association, [In the news week commencing 24 August 2020](#)

²² British Dental Association, [Dentists: Skeleton dental service going back to work at a fraction of pre-COVID-19 capacity](#), 5 June 2020

²³ NHS, [Your NHS dentistry and oral health update](#), 2 November 2020

²⁴ British Dental Association, [Letter to the Secretary of State for Health and Social Care: NHS activity targets during Covid restrictions](#), 4 January 2021

[Written evidence](#) submitted by the Association of Dental Groups to the Health and Social Care Committee and Science and Technology Committee's joint inquiry '[Coronavirus: Lessons Learnt](#)' emphasised the importance of increased testing to the resumption of services:

The provision of testing for dental teams and point of care testing for dental patients would be the biggest step forward for the recovery of routine care until a vaccine has become widely administered within the UK population.²⁵

In a [letter dated 7 January 2021](#), NHS England confirmed that dentists would receive priority access to the Covid-19 vaccine.

Aerosol-generating procedures

Aerosol-generating procedures (AGPs) create a higher risk of respiratory infection transmission due to the release of airborne particles that can remain suspended in the air, may travel over a distance and may cause infection if they are inhaled when treating someone who is suffering from an infectious disease.²⁶ AGPs are common in dentistry and an example includes a scale and polish using an ultrasonic scaler and air polisher (compared to hand scaling with suction).

When dental practices were requested to reopen from 8 June 2020, the guidance stated AGPs could be resumed but certain requirements were put in place. For example, a "fallow time" is required between AGP treatments and infection prevention and control requirements and PPE requirements must be adhered to.²⁷

The current guidance states that AGPs should be undertaken with the appropriate risk assessment, and for patients deemed at high risk of having Covid-19 (e.g. confirmed case or symptomatic and their contacts), AGPs are to be avoided where possible.²⁸ It is also stated that AGPs "should not be carried out in rooms where there is no natural or mechanical ventilation" and mitigation against aerosols (such as high-volume suction and dental dam) are "considered essential where air changes are low".²⁹

Some stakeholders have criticised the requirements. For instance, written evidence submitted to the Health and Social Care Committee and Science and Technology Committee's joint inquiry '[Coronavirus: Lessons Learnt](#)' has questioned the fallow time requirement. [Written evidence submitted by BUPA Dental Care](#) included the following information:

As a global provider, we operate dental clinics around the world, and in no other country is there a requirement for a fallow period. We

²⁵ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

²⁶ Department of Health and Social Care joint guidance, [COVID-19: infection prevention and control dental appendix](#), 20 October 2020, page 11

²⁷ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'](#), November 2020

²⁸ NHS and Office of Chief Dental Officer England, [Standard operating procedure: Transition to recovery: A phased transition for dental practices towards the resumption of the full range of dental provision](#), Version 4, 27 October 2020, page 12

²⁹ Department of Health and Social Care joint guidance, [COVID-19: infection prevention and control dental appendix](#), 20 October 2020, page 4

have seen no cases of coronavirus infections in clinic in any of our practices.³⁰

Written evidence submitted by the [Association of Dental Groups](#) also refers to the ventilation and fallow time requirements:

Upon reopening of services guidance recommended a “fallow time” of 60 minutes between AGP treatments to allow potentially infectious droplets and aerosols to clear from the air. Following the work by SDCEP referenced above this has been reduced by several ventilation mitigations and the current “fallow time” requirement can be lowered to 10 min with 10 air changes an hour or 30 minutes without additional ventilation with a range of times between depending on ventilation and additional mitigating factors such as high volume suction or rubber dam [...] However, even this has considerably curtailed the capacity of the NHS estate and is likely to continue to inhibit recovery of the backlog of outstanding care. It should be noted that compared to many other countries the UK’s requirements for ventilation and fallow time remain at the higher end of the scale and many clinicians challenge the limited evidence base.³¹

³⁰ [Written evidence submitted by BUPA Dental Care to the Health and Social Care & Science and Technology Committee’s joint inquiry ‘Coronavirus: Lessons learnt’](#), November 2020

³¹ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee’s joint inquiry ‘Coronavirus: Lessons learnt’](#), November 2020

3. Potential long-term effects

A [Healthwatch report](#) covering the period July to September 2020 highlighted that NHS dentistry is facing acute problems following the onset of the pandemic:

One of the most significant issues that people have raised is about access to NHS dentistry. The COVID-19 crisis has impacted on many areas of NHS support – but, as the following report highlights, the problems in dental care appear to be particularly acute.

[...]

If we don't improve access to NHS dental care, not only do people risk facing far greater dental problems in the future, but it also puts pressure on overstretched hospitals and GPs. Untreated dental problems can lead to pain, infection and the risk of long-term harm, which is comparable with other medical conditions. People with dental needs must be able to access the care to which they are entitled.³²

The Health and Social Care Select Committee inquiry '[Delivering core NHS and care services during the pandemic and beyond](#)' looked at waiting times and managing the backlog of NHS appointments. The report, published on 1 October 2020, includes a section on '[Dental services in England](#)' which states:

During the course of our inquiry, concerns have been raised about the quality of dental care on offer, particularly at the start of the pandemic, and the impact of pandemic on the population's oral health. For example, the Association of Dentists Groups (ADG) reported that patients have been remotely prescribed with antibiotics for their dental problems but have returned with pain or further swelling as the cause of their dental problem has not been properly addressed. The ADG has described this as contributing to an "overhang of oral healthcare".

The British Dental Association (BDA) has also said that the limited availability of dental services during the start of the pandemic has led to "a very substantial burden of untreated dental disease and an overall worsening of the nation's oral health as the UK emerges from the peak of the pandemic". The BDA has argued that: There will be a backlog of patients requiring oral surgery that will have been in (sometime intolerable pain from toothache and infection) and with potentially life-threatening infection who will require treatment amidst a growing backlog.³³

3.1 Impact on wider health sector

An '[Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#)' published on 27 August 2020 details the anticipated impacts on the wider health sector due to reductions in access to dental care:

³² Healthwatch, [What people are telling us: A summary: July – September 2020](#), page 3

³³ Health and Social Care Select Committee, [Delivering core NHS and care services during the pandemic and beyond](#), Second Report of Session 2019-21, 1 October 2020, page 23

Overall reductions in dental access, capability and capacity should be anticipated with ramifications for the population's oral health, general health and wider health care services. The impacts are likely to be greater in lower socio-economic areas exacerbating the existing oral health inequality.

Impacts on the wider health sector include:

- Existing NHS dental services are likely to overmatched
- NHS commissioned activity targeted at oral health inequality will be at risk
- Decreased access to timely urgent/unscheduled dental care
- Decreased access to affordable dental care
- Decreased access for priority groups and children
- Increased level of unmet care and impacts on general health and wellbeing
- Increased in GP attendances for dental problems
- Increase in emergency attendances at hospital A+E
- Increase antibiotic and analgesic prescribing
- Increase admission into hospitals and longer duration of stay³⁴

Some academic articles have considered the issue of increased dental antibiotic prescribing following the onset of the Covid-19 pandemic. For example, an [article](#) published in the British Dental Journal on 13 November 2020 stated:

Antibiotic prescribing in April to July 2020 was 25% higher than April to July 2019, with a peak in June 2020. Some regions experienced greater increases and for longer periods than others. The increase was highest in London (60%) [...] Restricted access to dental care due to COVID-19 resulted in greatly increased dental antibiotic prescribing, against an otherwise downward trend.³⁵

3.2 Impact on vulnerable groups

The [Healthwatch report](#) goes on to highlight some of the problems faced by patients, including “young adults who couldn't get orthodontic braces because they were unable to access the necessary preceding treatments required”.³⁶ As of 30 November 2020, the [BDA estimated](#) that “at least 50% of patients that would have started treatment haven't” and they state “orthodontic referrals from dentists have collapsed since the pandemic”.³⁷

The [Healthwatch report](#) also notes there were examples of pregnant women entitled to free NHS dental care who were unable to book an appointment with an NHS dentist, with some experiencing pain as they

³⁴ The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 21

³⁵ British Dental Journal, [How did COVID-19 impact on dental antibiotic prescribing across England?](#) 13 November 2020

³⁶ Healthwatch, [What people are telling us: A summary: July – September 2020](#), page 11

³⁷ British Dental Association, [Coronavirus: In the news week commencing 30 November 2020](#)

couldn't take medication.³⁸ There have been calls for maternity exemption certificates to be extended in light of the pandemic and corresponding treatment backlog. In response to a [Parliamentary Question](#) on this matter, Jo Churchill provided the following answer on 11 December 2020:

Pregnant women and new mothers who have given birth within the last 12 months are exempt from dental charges. There are no plans to extend maternity exemptions for dental treatment during the COVID-19 pandemic.

Urgent dental treatment continued to be provided through the first national lockdown from over 600 urgent dental centres and urgent care is available now from all high street National Health Service dental practices. All NHS dental practices are required to comply with national infection, prevention and control guidance and personal protective equipment requirements to ensure the safe provision of care to patients.³⁹

Concerns have also been raised regarding the impact of the pandemic on the oral health of children due to the possibility of worsening oral hygiene, increased consumption of sugary food and drink and the loss of supervised brushing time at nurseries and schools.

The Local Government Association article '[LGA: Nearly 180 operations a day to remove rotten teeth in children](#)' set out the following concerns:

The Local Government Association, which represents councils, says the stark numbers highlight the dangers of too much sugary food and drink in youngsters' diets, as well as poor oral hygiene, which is likely to have worsened during the last few months, while children and teenagers have been stuck indoors.

Early years settings including nurseries and schools closures have also led to the loss of supervised brushing time and fewer opportunities to educate young children and parents about good oral health.

[...]

Previous public health research has revealed about one in four (23 per cent) of five-year-olds in 2019 have had dental decay, while children from more deprived areas (34 per cent) are more than twice as likely to have dental decay compared to those from less deprived areas (14 per cent).⁴⁰

Furthermore, stakeholders have explored the potential impact on elderly patients and care home residents.

An article from the BDA '[Coronavirus and the oral health of older people](#)' published on 19 May 2020 outlines some of the problems faced when providing urgent treatment to older people during the pandemic, including issues conducting triage over the phone, particularly when patients have dementia.⁴¹ It is noted that before the pandemic, families would often raise dental concerns, organise appointments on behalf of their relatives, and take them to appointments, but this has reduced due to social distancing

³⁸ Healthwatch, [What people are telling us: A summary: July – September 2020](#), page 11

³⁹ Written question, [Dental Services: Mothers](#), Answered on 11 December 2020

⁴⁰ Local Government Association, [LGA: Nearly 180 operations a day to remove rotten teeth in children](#), 22 August 2020

⁴¹ British Dental Association, [Coronavirus and the oral health of older people](#), 19 May 2020

restrictions.⁴² The article also outlines that the PPE requirements make it harder to communicate with patients, and this is particularly the case when older patients have hearing issues.⁴³

Care homes

Prior to the pandemic, the Care Quality Commission's 2019 report '[Smiling Matters: Oral health in care homes](#)' identified residents in care homes were often "not being supported to maintain and improve their oral health".⁴⁴

The report also states:

People using services and their professional and family carers often found it difficult to access routine NHS dental care [...] All too often, treatment would only be sought when people were in pain, but issues with accessing emergency NHS dental care meant care homes would call a GP or NHS 111, or even take the person to A&E – putting added burden on services that are already under pressure.⁴⁵

The report highlights that older people are now more likely to retain their teeth than previous generations and "need daily care and regular check-ups".⁴⁶ The report also notes that good oral health is particularly important for older people:

Good oral care helps keep people free from pain – especially important for those who have communication difficulties, who may find it difficult to alert others to where it hurts. For those with chronic conditions, good oral care can help make sure they can take the medicines they need to prolong health. Good oral health can also reduce the risk of malnutrition, which is thought to affect around 1.3 million older people. And it can reduce the risk of acquiring aspiration pneumonia, particularly in residential settings. These conditions can lead to people becoming frailer and can be fatal.⁴⁷

3.3 Mouth cancer diagnosis

Concerns have been raised regarding the impact of the pandemic on the diagnosis of mouth cancer. The Oral Health Foundation have published a report '[State of Mouth Cancer: UK Report 2020/21](#)' which includes the following information in relation to the pandemic:

In the initial stages of lockdown, dental practices in the UK were forced to close their doors. In England, dental practices were closed for 76 days but in other parts of the UK, this period was longer. During this time, mouth cancer referrals fell by 56%.

[...]

With the introduction of fallow periods, dental practices are running at around 20% of normal levels - and alongside reduced face-to-face GP services - far less mouth cancers might be diagnosed in the early stages. Reports collected from one of the UK's biggest NHS

⁴² British Dental Association, [Coronavirus and the oral health of older people](#), 19 May 2020

⁴³ British Dental Association, [Coronavirus and the oral health of older people](#), 19 May 2020

⁴⁴ Public Health England, [Guidance: Oral health toolkit for adults in care homes](#), 27 November 2020

⁴⁵ Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019, page 4

⁴⁶ Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019, page 4

⁴⁷ Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019, page 4

Foundation Trusts confirm this. Data shows referrals for mouth cancer have fallen by 65% since lockdown.⁴⁸

The [BDA](#) have also set out the following:

While figures from the British Dental Association show that 19 million treatments have been missed due to the coronavirus pandemic and the subsequent lockdowns. Dentists are now concerned that large numbers of cases of mouth cancer could have potentially gone undetected this year as a result. Mouth cancer claims more lives annually than cervical cancer and testicular cancer combined, with 8,722 new cases reported in the UK last year. This is a 58% increase compared to a decade ago and a 97% rise since 2000.⁴⁹

The [BDA also summarised](#) the following comments made by their scientific adviser, Professor Damien Walmsley:

As dentists' capacity to see patients has been greatly reduced, he expressed concern over the likely backlog of patients with mouth cancer that dentists would usually pick up, which means fewer patients are being referred on.

He said a typical city centre hospital might be getting 12 urgent oral cancer referrals a week and this dropped to zero during lockdown. He pointed out that oral cancers are preventable, and risk factors, such as smoking and drinking and there is a higher incidence amongst those over 55.

He said: "It's not just spotting oral cancer; it's ensuring there is a prevention programme. There's been a 47% increase in oral cancers over the last 10 years, and you are more likely to have mouth cancer than get killed on the road. We need to get dentistry back into 'normal' and working to ensure prevention."⁵⁰

4. Financial support for dental practices

4.1 Access to Government financial support

An '[Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#)' includes the following summary of the support made available in response to the pandemic for NHS and private dental practices:

Throughout the COVID-19 pandemic, NHS England and NHS Improvement has continued to make the usual monthly payments (1/12th of the annual contract value) to dental practices for the NHS component of their income with varying levels of abatement.

For wholly private dental practices and dental laboratories, fiscal sustainability has required a reliance on eligibility for national and

⁴⁸ Oral Health Foundation, [State of Mouth Cancer: UK Report 2020/21](#), pages 24 and 26

⁴⁹ British Dental Association, [Coronavirus: In the news week commencing 7 December 2020](#)

⁵⁰ British Dental Association, [Coronavirus: In the news week commencing 7 December 2020](#)

local support packages for employers and small businesses. These support packages are time limited.⁵¹

The report includes a section which outlines '[Available Covid-19 fiscal support](#)'. [Annex 3](#) of the report also includes a detailed breakdown of the fiscal support made available during the pandemic, including measures which dental practices are excluded from (such as the Expanded Retail Discount Scheme and the Retail, Hospitality and Leisure Grant Fund).

The report makes a number of recommendations relating to the provision of fiscal support, including "eligibility for business rate relief for all dental practices" and "eligibility for the Retail, Hospitality and Leisure Grant Fund for the dental sector".⁵²

The BDA webpage '[Coronavirus: the financial impact](#)' provides a comprehensive overview of the business support measures put in place to support NHS and private dentists, alongside some of the issues accessing that support. The webpage lists the following measures:

- The government's Coronavirus Job Retention Scheme, also known as the Furlough scheme, will remain open until the end of April 2021. Under the scheme employees will continue to receive 80% of their current salary for hours not worked, up to a maximum of £2,500. Flexible furloughing will continue to be allowed, in addition to full-time furloughing [...]
- Government-backed loans of £330 billion have been made open to all businesses and were available until 30 November 2020.
- Business interruption loans, with the Government paying the first 12 months' interest.
- Bounce Back Loan Scheme (BBL) enables smaller businesses to get access to 100% taxpayer-backed loans after concerns have been raised about slow and difficult access to the coronavirus rescue schemes. The scheme offers businesses loans up to £50,000 within days of applying. No capital or interest repayments are due for one year. The Government will pay the interest for the first 12 months.
- £10,000 extra cash grants have been made to some of the smallest businesses, some dental practices with rate exemptions have already received this.
- Local Authority Discretionary Grants are available for small business who are not eligible for the Small Business Grant Fund or other government initiatives. We are looking into whether dentists are able to apply for these.
- The Government will refund up to two weeks' SSP per eligible employee. Statutory Sick Pay (SSP) is also payable from the first day of sickness. You do not have to wait three days before

⁵¹ The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 3

⁵² The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 22

starting to pay SSP. SSP is payable for those who are self-isolating in accordance with UK Government guidance.

- Limited measures were also announced to support the self-employed, but a £50k cap was placed on these, limiting the amount of dentists in private practice that can avail of it. We will continue to campaign to help associate dentists, please see the relevant sections below. Dental hygienists and therapists are likely to qualify for help under the Government's self-employment income support scheme.

[...]

- Dental practices were not included in the new measures introduced in Budget 2020 to give business rate exemptions to retail businesses. We believe that in the context of the business disruption caused by the COVID-19 outbreak, it is essential that this exemption be widened to include dental practices.⁵³

On 27 April 2020 the BDA, alongside other membership organisations, [wrote to the Chancellor](#) to “call for financial support for members who have been overlooked for Government support”.⁵⁴ The letter set out a number of issues, including problems accessing the Coronavirus Business Interruption Loans.

4.2 Impact on financial viability

At the invitation of Chief Dental Officer England, an independent short life working group (SLWG) with stakeholders drawn from across the dental sector investigated the validity of the claim “there will be a dearth of dental practices on the high street in 18 months’ time”.

The [‘Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic’](#) was published on 27 August 2020 and concluded that whilst there is no evidence to substantiate the claim that there will be a dearth of dental practices, high street dental practices are anticipated to experience “financial strain”:

The likelihood of financial strain for high street dental practices and dental laboratories, in particular, is anticipated. Whilst risk of insolvency is low, the consensus of the group is that risk will need to be managed with national level backing for the dental sector as the broader COVID-19 support measures such as deferment of payments and loans are withdrawn. The viability of dental laboratories was highlighted as an unforeseen consequence and recommendations include support to this vital element of the patient care pathway.

The consensus of the SLWG group was that there is no evidence to substantiate the likelihood of a dearth of dental practices on the high street in 18 months’ time. However, capacity and capability exists within the mixed practice setting to further support NHS provision,

⁵³ British Dental Association, [Coronavirus: the financial impact](#), Page last updated 23 December 2020

⁵⁴ British Dental Association, [In the News](#), 27 April 2020

address the backlog of unmet need and extend flexible commissioning initiatives to target oral health inequalities.⁵⁵

The report highlights that “the risk of insolvency will increase as the current Covid-19 support measures, such as deferment of payments and loans, are removed”.⁵⁶ The report also sets out that quarters 3 and 4 of 2020/21 will be “critical”:

The immediate threat to the sustainability of the dental sector is the cessation of the Job Retention Scheme which currently coincides with a period of debt repayment, followed by period of further financial vulnerability forecast for 2021. Quarters 3 and 4 of FY 20/21 will be critical with the potential for redundancies and a loss of capability and capacity across the primary dental care sector high.⁵⁷

More recently, on 22 December 2020 the [British Dental Association](#) reported that the findings from the latest BDA survey of members “indicated around a third of dental practices were likely to close in the next six months”.⁵⁸

Activity targets

The BDA has also [criticised the introduction of new activity targets](#) for NHS dentists in England and the corresponding financial penalties if they are not met, and claimed they will leave NHS dental practices in England at “real financial risk”:

The dentists’ union has today announced it has refused to sign up to the deal which is expected to see practices face steep financial penalties if they are unable to hit 45% of their pre-pandemic activity measures. Dentists in England are currently receiving their former NHS contract value, on the condition they continue to spend the same time on NHS care as they did pre-COVID.

Under the likely arrangements, those that fall just below 36% of the activity target are expected to face a ‘cliff edge’, where they would have to return a significant majority of their NHS funding for the period from 1 January to 1 April 2021 and face potential breach of contract. The targets do not capture an estimated 25% of activity covering remote triage taking place over the phone, which remain vital to ensuring staff and patient safety.

Analysis of new NHS England contract data seen by the BDA suggests in November only a minority (43%) of NHS contract holders are likely to escape penalties. 41% of contractors are currently operating below 36% of their targets and so face the ‘cliff edge’, leaving hundreds of NHS practices at real financial risk. Most dental practices provide a

⁵⁵ The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 3

⁵⁶ The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 20

⁵⁷ The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020, page 20

⁵⁸ British Dental Association, [Coronavirus: In the news week commencing 21 December 2020](#)

mix of NHS and private care and many are already suffering due to a lack of support for private dentistry throughout the pandemic.⁵⁹

The BDA [wrote to the Secretary of State for Health and Social Care](#) on 4 January 2021 to ask for the activity targets to be abandoned following the announcement of a new national lockdown. The letter highlighted that whilst dental practices remain open, “patient non-attendance will become commonplace”:

Under current arrangements, practices will face steep financial penalties if they fail to hit 45% of their pre-pandemic NHS activity targets from 1 January – 1 April 2021. You will no doubt echo our view that while practices remain open and safe, a new lockdown will have a major impact on patients’ willingness to seek care, routine or otherwise.

Patient non-attendance will become commonplace, as will dentists and their teams being unable to work due to infection or self-isolation.⁶⁰

Further information about the activity targets is set out in a [letter from the Chief Dental Officer and the Interim Director of Primary Care Commissioning Transformation](#) dated 22 December 2020, and ‘[Guidance to support dental contract management arrangements for the 2020/21 year-end reconciliation](#)’ published by NHS Business Services Authority.

⁵⁹ British Dental Association, [Dentists: Imposed targets to push NHS services in England to the brink](#), 17 December 2020

⁶⁰ British Dental Association, [Letter to the Secretary of State for Health and Social Care: NHS activity targets during Covid restrictions](#), 4 January 2021

5. Parliamentary Material

5.1 Committee Material

[Delivering core NHS and care services during the pandemic and beyond](#)

Health and Social Care Select Committee

Second Report of Session 2019-21

HC 320

1 October 2020

[Written Evidence Submitted by the Association of Dental Groups](#)

Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'

18 December 2020

[Written Evidence Submitted by Bupa Dental Care](#)

Health and Social Care & Science and Technology Committee's joint inquiry 'Coronavirus: Lessons learnt'

18 December 2020

5.2 Early Day Motions

[Government support for dental practices during the covid-19 outbreak](#)

338 (session 2019-21)

21 Apr 2020

Ben Lake

That this House notes the impact of covid-19 on dental practices; recognises that dental practices offer vital services for communities; notes that the British Dental Association (BDA) has called for support with business rates to be provided for private and specialist dental practices and warned that some dental practices have not been able to access the Coronavirus Business Interruption Loan Scheme; further notes that the BDA are concerned that whilst support is being offered to NHS dental patients, dentists which receive revenue from a mix of NHS and private patients are struggling; notes the impact of the £50,000 earnings threshold for support to self-employed workers on dentists and hygienists; expresses deep concern that without immediate support, many dental practices could be forced to close permanently; and urgently calls on the Government to take action to support the dental industry.

5.3 Debates

[NHS Dentistry and Oral Health Inequalities](#)

25 Nov 2020 | House of Commons | 684 cc407-415WH

Motion that this House has considered access to NHS dentistry and oral health inequalities. Agreed to on question. Sitting suspended.

5.4 Parliamentary Questions

Dental Services

14 Dec 2020 | 102006

Asked by: Rosie Cooper

To ask the Secretary of State for Health and Social Care, whether he plans to publish additional guidance for dental professionals on (a) the resumption of a full service and (b) how to handle fallow times.

Answering member: Jo Churchill | Department: Department of Health and Social Care (DHSC)

NHS England and NHS Improvement provides guidance which is updated as needed for dentists holding National Health Service contracts on the modified contractual requirements during the ongoing pandemic. Since 8 June, routine NHS dentistry has resumed with the full range of services available. The availability of appointments is however greatly reduced due to the COVID-19 pandemic, largely due to the need for fallow times. The latest guidance from NHS England and NHS Improvement is available at the following link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0839-dental-recovery-sop-v4.01-29-oct.pdf>

Dental Services: Mothers

11 Dec 2020 | 122823

Asked by: Tulip Siddiq

To ask the Secretary of State for Health and Social Care, if he will extend the maternity exemption certificate for dental care to new mothers who declined to access dental care whilst pregnant during the covid-19 outbreak.

Answering member: Jo Churchill | Department: DHSC

Pregnant women and new mothers who have given birth within the last 12 months are exempt from dental charges. There are no plans to extend maternity exemptions for dental treatment during the COVID-19 pandemic.

Urgent dental treatment continued to be provided through the first national lockdown from over 600 urgent dental centres and urgent care is available now from all high street National Health Service dental practices. All NHS dental practices are required to comply with national infection, prevention and control guidance and personal protective equipment requirements to ensure the safe provision of care to patients.

Dental Services

10 Dec 2020 | 96904

Asked by: Jonathan Ashworth

To ask the Secretary of State for Health and Social Care, how many patients have accessed a dental hub in each month since March 2020.

Answering member: Jo Churchill | Department: DHSC

This information is not currently available. Data is collected on the number of courses of treatment delivered and unique patients seen but this information is not routinely collected by individual practice or urgent dental care centre.

All high street practices should now be open and delivering face to face care as needed. In addition, over 600 Urgent Dental Care centres (UDCs) remain open to ensure that any patient having difficulty in accessing urgent care through a high street practice can be treated.

Dental Services**09 Dec 2020 | 123717****Asked by: Munira Wilson**

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 24 November 2020 to Question: 91042 on Dental Services, what recent progress he has made on improving access to NHS dental care.

Answering member: Jo Churchill | Department: DHSC

Dentistry has been particularly affected by the COVID-19 pandemic due to the need to regularly undertake aerosol generating procedures, such as high-speed drilling, which present a high risk for transmission of COVID-19. Dental practices have, therefore, been asked by NHS England and NHS Improvement to prioritise urgent care, care for vulnerable groups and delayed planned treatment. Over 600 urgent dental care centres also remain open to support the provision of face to face care and improve access.

Public Health England's infection, prevention and control guidance, published in October, has reduced the time needed to rest a room between patients. The guidance is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf

Dental Services: Coronavirus**24 Nov 2020 | HL9039****Asked by: Lord Hunt of Kings Heath**

To ask Her Majesty's Government what steps they have taken in response to the report by the Faculty of Dental Services of the Royal College of Surgeons A resumption of dental services?, published on 2 October.

Answering member: Lord Bethell | Department: DHSC

The Department welcomes the report by the Faculty of Dental Service of the Royal College of Surgeons. The main recommendations in the report are in line with actions that have already been taken.

National Health Service dental services will remain open and offering face to face care during this new period of increased restrictions. This is in line

with the wider drive to ensure as much healthcare as possible remains available during this period.

A dedicated personal protective equipment (PPE) portal has been developed to deliver PPE, needed as a result of the COVID-19 pandemic, free of charge to providers of NHS services, including NHS dental contractors. As of 4 November, over 5,100 NHS dental and orthodontic providers in England have registered with the PPE portal and over 36 million items have been delivered.

Dental Services: Protective Clothing

24 Nov 2020 | 78865

Asked by: Munira Wilson

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of dental practices which were unable to reopen on 8 June 2020 because they could not acquire personal protective equipment through their business as usual wholesalers.

Answering member: Jo Churchill | Department: DHSC

No assessment has been made. However, supplies of the necessary personal protective equipment (PPE) were made available by the Government to the dental wholesalers specifically to support the resumption of face to face care by dental practices from 8 June. National Health Service dental practices, in extreme circumstances, could also have approached Local Resilience Forum for emergency stock.

The additional PPE needed, as a result of the COVID-19 pandemic, is now available free of charge for NHS dental contractors. A dedicated PPE portal has been developed to deliver these items. As of 4 November, over 5,100 NHS dental and orthodontic providers in England have registered with the PPE portal and over 36 million items have been delivered.

Dental Services: Coronavirus

24 Nov 2020 | 109645

Asked by: Luke Pollard

To ask the Secretary of State for Health and Social Care, what additional financial support has been made available to ensure the financial viability of dental practices during the covid-19 outbreak.

Answering member: Jo Churchill | Department: DHSC

NHS England and NHS Improvement committed to fully funding dentists usual National Health Service earnings through the peak of the pandemic with a small deduction to reflect the fact practices were asked not to provide face to face care during that period due to the risk of infection. Practices that have reopened are now receiving their full funding. Expectations for delivery for the remainder of 2020/21 are currently being carefully considered in discussion with the British Dental Association.

Private dentistry is independent of the Department. However, for their private earnings dentists can access the full range of HM Treasury schemes

that have been made available to support businesses, the self-employed and those on salaries during the COVID-19 period.

Health Services: Coronavirus

07 Oct 2020 | 93578

Asked by: Grahame Morris

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure access to routine healthcare and dental treatment during a second wave of covid-19.

Answering member: Edward Argar | Department: DHSC

At the height of the pandemic, NHS England and NHS Improvement set up urgent dental care centres (UDCs) to provide clinically necessary urgent treatment to patients. Over 600 UDCs remain open to ensure that dental treatment needed urgently can be accessed while practices make sure their own expansion of services is done as safely as possible. Routine face-to-face National Health Service dental services resumed from 8 June with the aim of increasing levels of service whilst taking into account infection control procedures and personal protective equipment requirements.

Our focus is on accelerating the return of all non-COVID-19 health services, including routine treatments, to near-normal levels, including making full use of available capacity between now and winter, whilst also preparing for winter demand pressures. This will be done alongside continued vigilance against further COVID-19 spikes locally and possibly nationally.

Dental Services: Coronavirus

23 Sep 2020 | 81861

Asked by: Esther McVey

To ask the Secretary of State for Health and Social Care, if he will provide clearer guidance to dentists on what services they are able to provide during the covid-19 outbreak; and whether dentists are permitted to make their own risk assessments on what services they can deliver.

Answering member: Jo Churchill | Department: DHSC

Dentists are already able to provide all treatments, including aerosol generating procedures, where they can do so safely. NHS England and NHS Improvement has issued a series of guidance notes setting out the personal protective equipment and infection control procedures required to deliver the full range of dentistry safely while COVID-19 is still circulating in the community. Routine National Health Service dental treatment was suspended during the pandemic peak and face to face urgent care was restricted to over 600 urgent dental centres to minimize risk of transmission. NHS England and NHS Improvement guidance at the end of May authorized a restart of NHS care including routine care from all practices from 8 June. Dentists have been encouraged to reopen as fast as possible as is compatible with safety.

Detailed guidance has been issued to dentists as they reopen for face to face care. The guidance can be found at the following link:

<https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/>

All dentists, whether offering NHS or private care, are responsible for ensuring the care they offer is safe. Dentistry is regulated by the Care Quality Commission and the General Dental Council as well as, for NHS dentistry, NHS England and NHS Improvement.

Dental Services: Ethnic Groups

08 Sep 2020 | 76756

Asked by: Judith Cummins

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that the disproportionate effect of covid-19 on BAME communities does not further exacerbate (a) oral health inequalities and (b) lower dental attendance rates among some ethnic minorities.

Answering member: Jo Churchill | Department: DHSC

The Department and NHS England and NHS Improvement are working hard to ensure that the impact of the COVID-19 pandemic on existing inequalities is minimised.

During the pandemic peak face to face dentistry was limited to urgent care only provided from over 600 urgent dental centres. However, from 8 June all National Health Service dental services including practices, community dental services and bespoke services aimed at particular groups such as homeless people were permitted and encouraged to reopen for urgent and routine care at as fast a pace as is compatible with patient and staff safety.

In the letter announcing the restart, NHS England and NHS Improvement set out clear guidance that in the sequencing and scheduling of patients for treatment as services resume organisations should take into account the urgency of patient needs and the particular unmet needs of vulnerable groups.

A copy of the letter can be found at the following link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf>

The Chief Dental Officer issued a further letter and an updated standard operating (SOP) procedure to further assist NHS dental service recovery on 28 August. A copy of this letter and SOP can be found at the following link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0690-dental-update-letter-from-sara-hurley-28-aug-2020.pdf>

<https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/>

Dental Services: Coronavirus

01 Sep 2020 | HL7272

Asked by: Lord Colwyn

To ask Her Majesty's Government what steps they are taking to mitigate the impact of (1) the limited availability of, and (2) the long waiting times for, dental treatments under general anaesthesia due to the COVID-19 pandemic, on children and vulnerable adults.

Answering member: Lord Bethell | Department: DHSC

With NHS services under intense pressure as COVID-19 spread, we ensured that we had as many beds available as possible to care for patients with severe respiratory problems during the COVID-19 pandemic peak.

To enable this, every hospital in England suspended non-urgent elective operations to free up additional capacity needed to assist with the COVID-19 response. With the pandemic easing, National Health Service providers are now expected to recover the maximum elective activity possible between now and winter, making full use of available capacity both in the NHS and in contracted independent hospitals.

Elective care activity is now ramping up, and by October we expect the NHS to deliver:

- The same number of outpatient attendances, follow ups, scans and endoscopy procedures as October last year; and
- 90% of the overnight elective procedures and day cases carried out last October.

Dental extractions which require general anaesthesia and therefore are carried out in hospital are included in this recovery by the NHS.

[Dental Services: Coronavirus](#)

01 Sep 2020 | HL7065

Asked by: Lord Alderdice

To ask Her Majesty's Government why NHS dental practices have been closed during the COVID-19 pandemic; and what assessment they have made of adequacy of the operation of such practices that have now reopened.

Answering member: Lord Bethell | Department: DHSC

On 25 March NHS England and NHS Improvement issued guidance advising National Health Service dental practices to suspend all routine dentistry to meet the Government's social distancing measures and to contain the spread of COVID-19. All NHS practices were required to offer telephone advice, triage and if required, painkillers or antibiotics. Practices then triaged patients who needed urgent face to face care into over 600 urgent dental centres set up across England.

All practices were able to open for face to face care from 8 June. Dentists have been free to restart the full range of face to face dentistry as far as they believe they can safely deliver this following Public Health England guidance on infection protection control procedures and appropriate levels of personal protective equipment. The letter offering guidance on this and a subsequent standard operating procedure guidance are attached.

[Dental Services](#)

03 Jun 2020 | 38977

Asked by: Alex Norris

To ask the Secretary of State for Health and Social Care, what assessment he has made of the capacity of urgent dental care hubs to treat referred patients.

Answering member: Jo Churchill | Department: DHSC

The Government is working to support and protect all our frontline National Health Services health and care staff during the COVID-19 pandemic, including dentists.

NHS dentistry was reorganised in late March along with other NHS primary care services to minimise face to face care to contain the spread of COVID-19 during the peak of the pandemic. Dentists were asked to suspend all routine treatment and instead to offer urgent advice and, where required, prescriptions for antibiotics by telephone. Urgent treatment was made available through urgent dental centres (UDCs) set up in each NHS region.

As of 25 May there are currently over 550 UDCs open across England. Patients are triaged into UDCs by their own dentistry or through NHS 111. The urgent dental centres are expected to provide, where urgently needed, the full range of dental treatment normally available on the NHS.

NHS England and NHS Improvement announced on 28 May that NHS dentistry outside urgent care centres will begin to restart from 8 June with the aim of increasing levels of service as fast as is compatible with maximising safety. A copy of the letter that was published can be found on the NHS England website.

The latest COVID-19 guidance for dental practices can be found at the following link:

<https://www.england.nhs.uk/coronavirus/primary-care/dental-practice>

6. Press Articles

The following is a selection of news and media articles relevant to this debate.

Please note: the Library is not responsible for either the views or the accuracy of external content.

6.1 News Reports and Press Releases

[Patients were understanding during COVID-19 pandemic, dentists say](#)

Dentistry Online

6 January 2021

[COVID-19: dental services to remain open during third national lockdown](#)

Dentistry Online

5 January 2021

[Dental treatments among children drop by more than 50pc in a year](#)

The Telegraph [Subscription needed]

4 January 2021

[Complex dental care 'threatened by NHS targets'](#)

BBC

17 December 2020

[Dentists: Imposed targets to push NHS services in England to the brink](#)

British Dental Association

17 December 2020

[Coronavirus spread during dental procedures could be reduced with slower drills](#)

Imperial College London

17 December 2020

[What lockdown has done to your teeth \(it's not pretty\)](#)

The Times

7 December 2020

[Covid: Dentists 'may have to close' without more support](#)

BBC

25 November 2020

[Coronavirus: Dentists warn millions of treatments have been missed](#)

BBC

16 November 2020

[Struggling dentists leave government scheme in their droves](#)

The Times [Subscription needed]

2 November 2020

[Dentists warn of looming recruitment crisis in UK](#)

The Financial Times [Subscription needed]

26 October 2020

[Dentists told to return defective masks](#)

The Times

26 October 2020

[Covid in Scotland: NHS dentists' fears of struggle to meet demand](#)

BBC Scotland

22 October 2020

[Coronavirus: dental care 'timebomb' leaves Britons unable to have teeth checked](#)

The Times [Subscription needed]

4 October 2020

[Dentists fear a 'tsunami' of post-lockdown tooth decay](#)

The Observer

27 September 2020

[Coronavirus: Dentists 'firefighting' to deal with backlog](#)

BBC

11 September 2020

[LGA: Nearly 180 operations a day to remove rotten teeth in children](#)

Local Government Association

22 August 2020

[Dentists warn of a drastically reduced service](#)

The Times [Subscription needed]

9 June 2020

[Dentists: PPE costs will cripple service, as millions set to go without care](#)

British Dental Association

7 June 2020

[Dental patients in England face limited service as practices reopen](#)

The Guardian

5 June 2020

[Emergency dental centres 'overwhelmed' in coronavirus lockdown](#)

ITV

21 May 2020

['People in pain have nowhere to go' as NHSE 'drags its heels' on urgent care system](#)

Health Service Journal

17 April 2020

7. Further Reading

7.1 Reports

British Dental Journal, [How did COVID-19 impact on dental antibiotic prescribing across England?](#) 13 November 2020

Healthwatch, [What people are telling us: A summary: July – September 2020](#),

The British Society of Dental Hygiene & Therapy, [Investigation into the resilience of mixed NHS/Private dental practices following the first wave of the COVID-19 Pandemic](#), 27 August 2020

NHS Digital, [NHS Dental Statistics for England – Annual Report 2019/20](#), 27 August 2020

NHS Digital, [Supplementary report on NHS Dental Statistics, 2019/20](#), 27 August 2020

Oral Health Foundation, [State of Mouth Cancer: UK Report 2020/21](#)

British Dental Association, [Coronavirus and the oral health of older people](#), 19 May 2020

Care Quality Commission, [Smiling Matters: Oral health in care homes](#), June 2019

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