



A white paper on

The Future of Dentistry

April 2021



Contents



Introduction

The dental profession across the UK continues to face an uphill battle to have the importance of oral health – and its impact on individuals’ and the nation’s overall health – given its due recognition in policy and public debate.

This is a shared challenge felt by NHS and private practice dentists, and those who inhabit both the sectors in their mixed practices.

While all those within the dental profession are dedicated to improving the nation’s oral health, the challenges and opportunities facing those practices within the private sector naturally vary compared to those encountered by NHS providers.

The COVID-19 pandemic helped to throw these differences into stark contrast: government response to, and financial support for, was vastly different amongst private and NHS practices.

With over 19 million dental appointments lost over the course of 2020¹, and 70% of dentists concerned about the future financial stability of their practice², the pandemic also exacerbated widespread issues facing the sector including existing financial pressure and mental health issues.

Against this backdrop, Denplan continued to engage with its member dentists who work in both private and mixed practices – to ensure the concerns and hopes of the sector were understood and could therefore be supported and addressed.

As part of this, we conducted a member survey in October 2020 to identify the biggest challenges and opportunities facing dentists themselves, as well as their patients.

Armed with this insight, we convened a roundtable event in February 2021 with dental professionals to further explore the challenges and opportunities raised by our members, to provide deeper insight into the causes of these challenges, and also the solutions that the sector is working towards.

This white paper explores the five key areas of opportunities and challenges facing Denplan members, and the wider private dental sector, over the coming 12 months and beyond. It also provides recommendations to government to help address these matters and help improve the nation’s oral health.

This paper discusses:

- The understanding of private dentistry
- The impact of COVID-19 on the sector
- Oral health and its impact on general health
- Innovation in the sector
- The dental profession: workforce, mental health, professional development



Executive summary

Denplan is the UK's leading dental payment plan specialist with around 1.4 million patients and more than 6,600 member dentists. We were formed by dentists for dentists, and our goal is to help more people have better oral health because we believe this is essential to better everyday health and wellbeing.

We partner with private dental practices to provide affordable dental care plans to their patients – making it easy for people to access regular dental care and proactively maintain their oral health. Importantly, these dental plans are created by dentists to suit their patients' individual needs.

The last year has raised significant challenges to dental professionals, with the COVID-19 pandemic having exacerbated existing issues facing the sector, including by increasing financial pressures and mental health concerns on dental teams. This is likely to have a lasting impact on the profession.

Against this backdrop, late last year we carried out a survey of our member dentists to identify the biggest challenges and opportunities facing dentists themselves, as well as their patients, both in the short and longer term. We then hosted a roundtable discussion in February with dental practitioners, academics and policymakers to further understand the impact of these issues on the sector.

The themes uncovered in our survey and discussed at our roundtable have formed the foundation of this report: understanding of private dentistry; the impact of COVID-19; the importance of good oral health; technology and innovation; and issues affecting the dentistry profession, such as mental health and wellbeing.

While we have identified significant challenges facing the sector, we also believe that there is reason to be optimistic about the future. Dentists and their teams are hard-working dedicated professionals, who want the best for their patients. They are embracing technology and they want to learn new skills and undertake training to continue to develop.

However, in order to ensure that dental professionals remain motivated, policymakers must properly support them to do their jobs and maintain a healthy work-life balance. This is something that needs to be addressed urgently, not only to improve the wellbeing of dental teams, but also because such issues might impact negatively on patient outcomes.





To achieve this, we have set out a series of 14 recommendations in this report, which we urge policymakers to implement as soon as is practically possible.

1. Government must recognise the specific impact of COVID-19 on private dentistry, and the role played by private dentists in tackling the backlog of cases it has created.
2. Government should be more sympathetic of the issues and pressures facing private dentists and seek to work more collaboratively with the private sector to ensure common goals are met.
3. All future dentistry guidance, whether COVID-19 related or otherwise, should be issued by the appropriate national body with the relevant jurisdiction and be clearly applicable to mixed and private practices, not just those wholly working with the NHS.
4. Government must enable dental practices to resume their full range of services in England and across the devolved nations as soon as is practically possible.
5. Government should play an active role in communicating to the public the importance of dental hygiene and routine check-ups in maintaining oral health, both during the pandemic and beyond. Whilst there has been an increase in demand for urgent and emergency care, there has been a significant drop in patients attending routine dentistry due to stay at home orders. This will only serve to grow the backlog of demand dentists need to meet in the next 12 months.
6. Private and mixed dental practices must not be excluded from the ongoing government financial support available to NHS practices as the ongoing impact of the pandemic continues to threaten their long-term sustainability.
7. The VAT exemption for PPE must be extended to reduce costs for dentists as they attempt to support their patients throughout the pandemic.
8. Government should do more to recognise and communicate to the public the value of regular dental visits for both their oral and overall health.
9. Government should provide training and resource to support all dentists to deliver one-to-one diet and lifestyle interventions.
10. Government should encourage and enable all dentists to adopt a proactive approach to maintaining oral health for all patients, both NHS and private.
11. Government should undertake a centralised assurance and compliance process to create a list of approved providers of video consultation systems, similar to the one carried for GPs.
12. The Department of Health and Social Care should encourage NHS Digital to explore the possibility of a wider roll-out of Summary Care Records (SCR) to support dentists to play a greater role in improving population health post-COVID-19.
13. Government must work with the sector to safeguard the profession and ensure the workforce is resilient, supported and engaged. This must include increasing the numbers of placements, boosting financial support for dental students, and strengthening training and professional development that is available to dentists throughout their career.
14. The vital role played by dental nurses and the wider dental team should be acknowledged and clear training pathways mapped out.

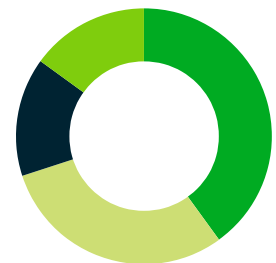
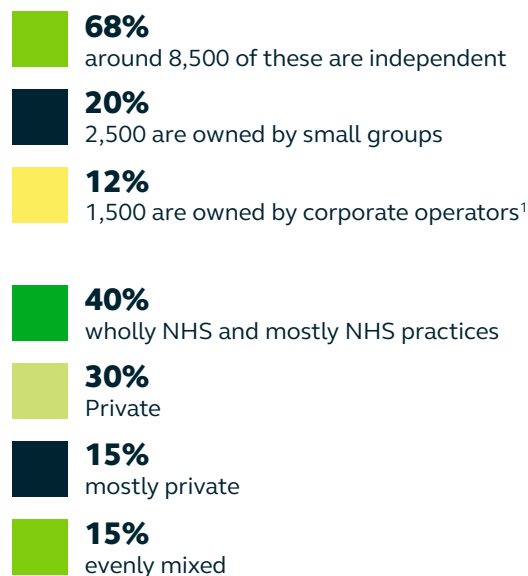
Understanding of private dentistry

The dentistry landscape is complex, comprising of a mix of NHS practices, wholly private practices and mixed practices.

There are around 12,500 dental practices in the UK – around 8,500 of these are independent, 2,500 are owned by small groups and 1,500 are owned by corporate operators³. We estimate that just over a quarter of these practices are private, a further 15% are mostly private, and 15% are evenly mixed, while around 40% are wholly NHS and mostly NHS practices.



12,500 UK dental practices



In 2019, the annual value of high street dentistry was over £8.5 billion – almost 60% of this came from the private sector, which had a total annual value of £5.2 billion⁴.

Our members are largely mixed practices, combining a majority of private patients with some NHS patients. They are often independently owned, high-street practices, with longstanding relationships with the families that use their services routinely. Their mixed patient base puts them in a different position to either wholly private or wholly NHS practices, and we are concerned that there is a misunderstanding about the way that they operate.

Mixed and private dental practices play a crucial role in maintaining the oral and general health of the nation, and should be properly supported to do so. Alongside NHS dentists, they promote oral health and disease prevention, support the diagnosis of certain conditions, and provide patients with preventive lifestyle advice.

They complement the work of NHS dentists too by offering the full suite of dental services that patients across the country both need and want. A number of treatments – including many orthodontic treatments, scale and polish with hygienists, wisdom teeth removal, and dental implants – are not always available on the NHS, and therefore patients often turn to private dentists to access a wider range of treatments that can be customised to their needs.

Private dentists also offer more flexibility for booking an appointment as they often work evenings and weekends. In practice, this means that waiting times for private dentists may be much shorter than those for NHS dentists, making them more accessible to patients.

There are a myriad of reasons why dentists may choose to work in a private or a mixed practice, but the focus on patient care is usually at the heart of their decision-making. Dentistry in the private sector is between a dentist and the patient, often affording dentists a greater degree of flexibility to provide dental treatments that are specifically suited to the individual patient's needs.

Private dentistry also aligns the patients and dentists' focus on disease prevention and maintaining oral health, rather than targeting the active treatment of disease. By contrast, the current NHS activity based contracts can make it hard for these practitioners to focus on prevention.

Furthermore, working in private practice can also give dentists a better work-life balance, particularly as NHS dentistry is often considered extremely stressful and is associated with poorer levels of mental health and wellbeing among dentists. Research from the BDA, for example, shows that more than half of NHS dentists say that stress is affecting their practice, while over two in five say they are unable to cope with these high levels of stress⁵.

Policymakers misunderstand private dentists

We strongly believe that policymakers do not, in general, understand the way that private and mixed practices operate. At the end of 2020 we carried out a survey of our member dentists and the overwhelming majority expressed concerns about the government's understanding of, responsiveness to, and support for the private dental sector⁶.

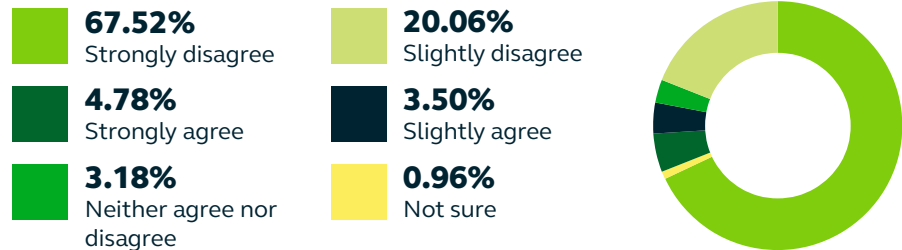


The information from the Department for Health for dentists is often too long, too complicated and unintelligible, which it needn't be. At the very least an executive summary would help.

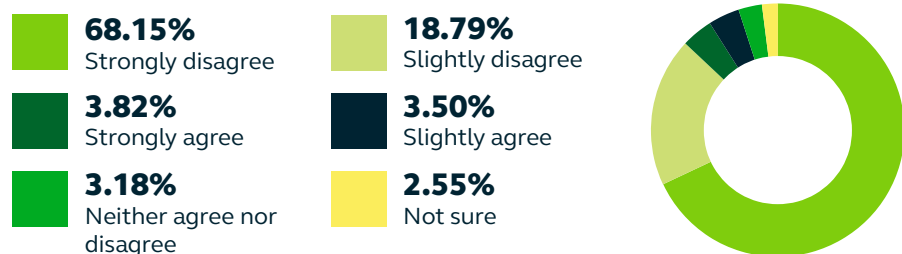
Sir Paul Beresford MP, Member of Parliament for Mole Valley



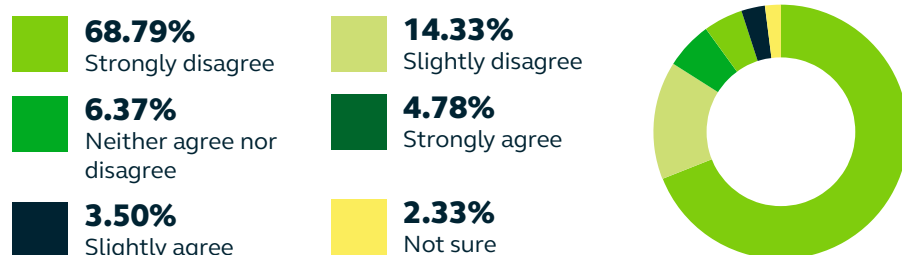
The government understands the dentistry sector



The government is responsive to the private dental sector's needs and requests



The government is supportive of the private dental sector



This misunderstanding of the industry has manifested into a relatively poor relationship between policymakers and the dental profession. Dental services are often treated as an afterthought, and robust communication from government to the sector is lacking. For example, dentists in England were not given adequate advanced warning that they would be able to re-open last June and, concerningly, they learnt this information in the news at the same time as patients.

We hope the government learns from this experience and going forwards communicates with the sector directly and more effectively.

Better guidance needed for mixed practices

The low levels of policymaker understanding of private and mixed dental practices has also led to confusion in the regulation of NHS and private dentistry provision, particularly following the COVID-19 pandemic.

We appreciate that guidance for dentists in relation to COVID-19 has been developed at pace and in response to emerging evidence on infection prevention and control. However, throughout the pandemic we have frequently heard from our members that the guidance and its communication failed to recognise the distinct business model of mixed practices.

In particular, there appeared to be an assumption that if dentists have an NHS contract – no matter how small – all aspects of their practice may be expected to fully abide by directives issued by the Chief Dental Officers (CDOs) of England, Scotland, Wales and Northern Ireland.

This has created an unnecessary barrier to patients receiving dental care. Our member dentists have told us they felt compelled to delay or excessively restrict the resumption of services for fear of falling foul of unclear guidance and regulations.

In the long-term, this confusion seems neither sensible nor sustainable. Mixed practices tend to have a range of patient care differences to an NHS practice, including fewer patients seen per day, appointment scheduling that ensures a safe patient flow through waiting rooms and more time offered for routine appointments. For a practice that only sees a small percentage of their patients through an NHS contract, it makes little sense for their entire business to be governed by NHS guidance, especially in an industry with high levels of compliance to already stringent safety standards.

In addition to this, the often quite small NHS contracts create an additional and significant challenge for mixed practices in preventing access to business rates relief offered to other private businesses operating on the high street. This can only be viewed as a ‘double whammy’ of impact for mixed dental practices – preventing access to government support on the one hand and potentially overbearing regulation across their whole business on the other.

Throughout the pandemic, the lack of clarity on how mixed practices should adhere to guidance suggests that dentists operating in mixed practices were not at the front of mind in the development or communication of guidance. We hope the government is able to address this imbalance before practices inevitably question their ability to take on NHS work.



Our recommendations

- Government must recognise the specific impact of COVID-19 on private dentistry, and the role played by private dentists in tackling the backlog of cases it has created
- Government should be more sympathetic of the issues and pressures facing private dentists and seek to work more collaboratively with the private sector to ensure common goals are met
- All future dentistry guidance, whether COVID-19 related or otherwise, should be issued by the appropriate national body with the relevant jurisdiction and be clearly applicable to mixed and private practices, not just those wholly working with the NHS



The impact of COVID-19 on dentistry

The coronavirus pandemic has had an irrefutably negative impact on dentists and dental practices, which in turn has affected the patients that have needed to visit them and access their services.

At the start of the pandemic, dental practices were effectively ordered to shut their doors for three months. In England, practices were closed from March until they re-opened on 8th June, but in Scotland any practice that provided NHS provision remained closed until 22nd June. This severely limited the public's access to dental care, with only urgent or emergency dental care available to patients over this period, largely through regional hubs and centres.

However, despite practices re-opening across the country, there has been a phased transition towards the resumption of the full range of dental provision, with delays to routine dental appointments and treatments that involve aerosol generating procedures (AGPs).

Against this backdrop, when practices were re-opened, dentists were obliged to make their practices COVID-secure, which created additional costs and reduced the number of patients they could see. Compounding this, there has been a reluctance from the public to attend check-ups fearing it might be unsafe, as well as confusion about what is permissible under the government's 'stay at home' guidelines.

Today, most practices are still unable to operate at their pre-COVID levels, leading to a significantly reduced income.

Financial pressures on dentists

The pandemic has exacerbated the existing financial pressures that have been facing dental practices and professionals for many years now. The costs associated with running a dental practice have continued to rise, while mixed practices have to adhere to strict Units of Dental Activity (UDA) targets, and will not receive additional payments if they exceed their targets.⁷



Dental teams have worked really well together, but there are lurking anxieties around finances.

Dr John Milne, Senior National Dental Advisor, Care Quality Commission



The average annual income of self-employed dentists is steadily declining too. In 2018/19, the last year for which figures are available, the average taxable income of a self-employed dentist in England was £68,600, and in Wales this was £64,200.⁸ Yet, just ten years prior to this, in 2008/09 the average taxable income of a self-employed dentist across England and Wales was £89,600.⁹

Indeed, in our recent survey of our member dentists, **more than 70% were worried about their finances** and **nearly 60% identified the ongoing financial stability of their business in their top three challenges over the next 12 months**.¹⁰

With practices closed for several months throughout 2020, dentists were unable to see patients and consequently were not able to earn income over this period. According to the British Dental Association (BDA), over the course of 2020 more than 19 million dental appointments were lost.¹¹



Throughout the pandemic, NHS England and NHS Improvement continued to make monthly payments to dental practices for the NHS component of their income. However, wholly private dentists were not eligible for this support, and instead had to rely on national and local support packages for employers and small businesses.¹²

Concerningly, many private dentists were also not eligible for government support through the business rates relief or the Self-Employment Income Support Scheme, due to the respective value of their practices and their annual incomes. Mixed practices were also only able to claim furlough payments that were directly in proportion to their private activity.

Compounding this, there are now increased costs associated with infection control, as practices must meet strict requirements to ensure they are COVID-secure. This includes the need to increase the ventilation in practices following the rapid review of AGPs in dentistry, as well as to purchase the necessary supply of high-level personal protection equipment (PPE) required to keep their workforce and patients safe.

Furthermore, only NHS dentists and those working in mixed practices were able to access PPE from the government's portal, and even then, only from September. Private dentists were excluded from this altogether. Meanwhile, the government's temporary VAT exemption on PPE expired in October.

This profound financial impact will likely continue throughout 2021 as COVID-19 restrictions and control measures are ongoing.

Dentists are not currently able to meet the demand for their services

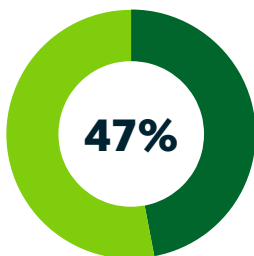


We cannot deliver NHS dentistry to the entire population on a scale that will keep them healthy.

Dr Lauren Harry, Sparkle Dental Centre, Founder of Mental Dental



Another concern for dentists is there remains considerable uncertainty about the demand for their services and their ability to meet it, making it hard for practices to plan ahead and set financial targets for their businesses.



To ensure practices can operate safely, patient capacity restrictions have had to be introduced to enable patients to socially distance in waiting rooms and to allow time for enhanced cross infection procedures to be carried out between each patient's appointment. Public Health England guidance also now requires clinics to have a "fallow time" of between 10 and 60 minutes after AGPs to allow droplets containing virus particles to settle before cleaning.¹³

This has inevitably led to dentists having to reduce the number of appointments they are able to provide. Indeed, analysis suggests that since re-opening in June, practices have been operating at around a quarter of their NHS capacity, further impacting their income.¹⁴ The private part of their practice has been impacted too, albeit to a lesser extent.

What's more, services will take some time to recover even once full capacity is restored. In a recent survey of our member dentists, **nearly half (47%) identified capacity to meet demand as a significant challenge for the dental sector in 2021.**

Dental appointments and patients' visits to dentists have inexorably dropped since the start of the COVID-19 crisis. Largely this is because of the restrictions, however we are also aware that there remains some public reluctance to visit dentists, with many patients still too afraid to book and attend check-ups due to the ongoing risk of the pandemic, others are unsure how to interpret the government's "stay at home" guidance, while some groups remain in self-isolation.

A recent survey commissioned by the General Dental Council (GDC) found that 46% of the public want to wait several months before going to a dental practice due to their concern about possible infection, and 27% will not go back to a dental practice until there is a COVID-19 cure or vaccine.¹⁵

Therefore, although dentists have been able to remain open since June 2020, dentists are concerned that they will face an unprecedented demand for their services as COVID-19 restrictions are eased and as the vaccination programme is rolled-out widely to all groups. This is likely to be compounded by the fact that, post-COVID, practices are operating at lower capacity levels due to the enhanced infection prevention and control measures that are likely to continue throughout 2021.



Patient outcomes impacted

The reduced access to both routine and emergency dental services, and the ongoing capacity constraints facing dentists, has had a significant impact on patients, many of whom have been left in pain, with unresolved dental issues and with the risk of long-term harm. People with dental needs must be able to access the care and support when they need it.

There has also been a huge backlog of millions of patients in need of treatment and care, with the BDA estimating in November that “at least 50% of patients that would have started treatment haven’t”.¹⁶ It also means routine checks that maintain good oral health are being neglected. This backlog is continuing to grow as capacity is constrained and, although the profession is working hard to treat as many patients as possible, it will take many months to clear it and for normal service levels to resume.

According to research carried out by Healthwatch last year, once dental practices re-opened more than seven in ten people (73%) found it difficult to access dentistry services when they needed it compared to just over one in ten (11%) who said they could access care easily.¹⁷



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.

“Health and care services are working hard to deal with the pandemic, but we believe the Government and the NHS should give more attention to resolving both long-standing and COVID-related issues in dentistry.

Sir Robert Francis QC, Chair of Healthwatch England



We are concerned this will ultimately have a catastrophic effect on the nation’s oral and general health, and lead to serious health conditions, including mouth cancer, going undiagnosed. We have set out our concerns in further detail in this report’s section on oral health.



Our recommendations

- Government must enable dental practices to resume their full range of services in England and across the devolved nations as soon as is practically possible.
- Government should play an active role in communicating to the public the importance of dental hygiene and routine check-ups in maintaining oral health, both during the pandemic and beyond. Whilst there has been an increase in demand for urgent and emergency care, there has been a significant drop in patients attending routine dentistry due to stay at home orders. This will only serve to grow the backlog of demand dentists need to meet in the next 12 months.
- Private and mixed dental practices must not be excluded from the ongoing government financial support available to NHS practices as the ongoing impact of the pandemic continues to threaten their long-term sustainability.
- The VAT exemption for PPE must be extended to reduce costs for dentists as they attempt to support their patients throughout the pandemic.

Oral health and its link to everyday health and wellbeing

Oral health is an essential part of everyone's overall health and wellbeing. It impacts on our ability to eat, drink and communicate, as well as our self-esteem. Good oral hygiene and regular dental check-ups are recommended to maintain oral health.

Unfortunately, the COVID-19 pandemic has led to a reduction in access to routine dentistry, and we are concerned this will have an impact on the public's oral health. In November 2020, the **British Dental Association (BDA)** estimated that **19 million fewer dental appointments had taken place than expected since the beginning of the first Coronavirus lockdown in March, when compared to the same period in the year before.**¹⁸ Their figures showed that between the March lockdown and September in England over 14.5 million fewer treatments were delivered.¹⁹



19
million
fewer dental
appointments

Whilst this will certainly have had an impact on the oral health of the nation, there will also be more far reaching consequences for people's overall health and wellbeing. There are significant concerns that patients will face poorer health outcomes in light of barriers to early detection of conditions from decay and gum disease through to oral cancer.

It is also important to note that dentists' areas of care go beyond their patients' teeth and gums and extend to the muscles of the head, neck and jaw, the tongue, salivary glands, and the nervous system of the head and neck. Dental examinations also include medical questions and afford the opportunity for early detection of non-dental conditions. They therefore have an important role to play in maintaining the health and wellbeing of the nation.



We've got a big part to play in the position of oral health and how it's viewed by society. Oral health is much more than just fixing teeth.

Dr John Milne, Senior National Dental Advisor, Care Quality Commission



Impact of deteriorating oral health on wider health outcomes

The impact of deteriorating oral health has been proven to extend beyond the mouth, yet most of the public are completely unaware of this fact.

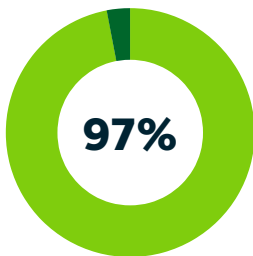
Poor oral hygiene, such as not brushing your teeth properly or regularly, is the most common cause of gum disease – an infection of the tissues that support the teeth. Many people will be aware that, left untreated, gum disease can lead to receding gums, gum abscesses and tooth loss, but it is also linked to serious health problems in other parts of the body. This is because severe gum disease also affects the bloodstream, and may slowly damage blood vessels in the heart and brain over a long period of time.²⁰





Gum disease may increase the risk of other health complications, including stroke, diabetes, heart disease, and rheumatoid arthritis; it has even been linked to problems in pregnancy and dementia. **However, only one in six people realise that having gum disease may increase their risk of stroke or diabetes.** And only a third are aware of the heart disease link.²¹

While a good oral hygiene routine can prevent and treat gum disease, visits to the dentist and dental hygienist for regular cleaning and check-ups are especially important. Dentists can then play a vital role in spotting the signs of gum disease early and taking preventive action, which will reduce the risk of damaging health complications for the patient and alleviate pressure on the NHS. We are concerned that, in normal times, only around half of the UK population visit the dentist regularly²², so there is a lot more potential for dentists to support the nation's oral and wider health.



We believe therefore that the government should do more to recognise and communicate the value of regular visits to the dentist and the impact this has on broader public health, particularly given the desire set out in the Prevention Green Paper to galvanise a shift of focus from cure to prevention of ill health.²³

Opportunities to detect ill health early

Dentists play a critical role in the early detection of a number of diseases, the most concerning of which is mouth cancer. Last year, 8,722 people in the UK were diagnosed with mouth cancer – almost one person every hour. The number of cases each year continues to grow at an astonishing rate – there has been an estimated **97% increase in the incidence of mouth cancer over the last 20 years.**²⁴

Mouth cancer is now the 14th most common cancer in the UK and 9th most common amongst men. Yet, in recent research we commissioned with the Oral Health Foundation to explore the public's awareness of mouth cancer, 80% couldn't recall any public health messages about the disease.²⁵



While many cancers are seeing a reduction in the number of people affected, mouth cancer is one of very few that is sadly going the other way.

“The disease can have a devastating and lasting effect on a person's life. It can change how somebody speaks, it makes eating and drinking more difficult, and often leads to changes to a person's physical appearance. Because of this, it also takes a heavy toll on a person's mental health too.



Dr Nigel Carter OBE, Chief Executive of the Oral Health Foundation

Mouth cancer is now the 14th most common cancer in the UK and 9th most common amongst men.

A Cochrane Oral Health review highlighted that visual inspection of the mouth by a front-line health professional is the most effective method of diagnosing such cancers, and successfully detects between 59% and 99% of cases, which is superior to other techniques.²⁶ Furthermore, dental professionals provide oral-related dietary and lifestyle advice, which support overall efforts to reduce cancer incidence. This is crucial given the role lifestyle factors such as smoking and drinking alcohol excessively are known to play in the development of oral cancer.

With significantly fewer dental appointments taking place due to the ongoing COVID-19 pandemic, there are widespread concerns about the ability of healthcare professionals to swiftly diagnose and treat oral cancer, with patient outcomes hugely dependent on early diagnosis.



Data collected by the Oral Health Foundation looking across seven NHS Trust Hospitals indicates that oral cancer referrals have dropped by a third since the start of the pandemic. Six of the seven NHS Trusts saw mouth cancer referrals significantly decrease from March through to September 2020; two hospitals in Wales recorded a 47% drop, the largest recorded in the UK, Northern Ireland saw the figure decrease by 36%, and England and Scotland experienced drops of 31% and 30% respectively.²⁷

The pandemic has created a number of barriers in access to routine dentistry, notably, the closure of dental practices in the first lockdown, and the inability of most practices to operate at their usual capacity with COVID-secure measures in place. This raises serious concerns regarding the number of undetected oral cancers, and the impact this will have on prognosis. **Sadly, 2,702 people lost their lives to mouth cancer in 2019 – seven people every day** – while almost one person every hour was diagnosed with this disease.²⁸ The full impact caused by the pandemic on mouth cancer rates is yet to be seen.

Playing a pivotal role in prevention



Dentists can play a pivotal role in supporting the government and NHS' ambitions to shift away from just treating illness, towards preventing problems in the first place. They are well placed to identify people who might require dietary and lifestyle advice before ill health develops.

As identified in the government's Prevention Green Paper²⁹ and NHS Long Term Plan³⁰, smoking, obesity and excessive alcohol consumption are three of the most significant challenges facing the nation's health. All three also contribute to the prevalence of diseases such as diabetes, cancer and dementia.

The evidence of smoking, excessive drinking or a poor diet can be clear for dentists to see, perhaps even before a GP becomes aware. A Cochrane Oral Health review has found evidence that one-to-one dietary interventions delivered in a dental surgery and similar settings can change behaviour, including around fruit and vegetable consumption and alcohol intake.³¹

Mixed and fully private practices, like those of our member dentists, are particularly well positioned to deliver these kind of interventions as they typically have more regular check-ups with their patients and allow more time per appointment. Though, all dentists should be encouraged and supported to play their part in improving the overall health and wellbeing of the nation and driving a proactive, preventive approach to oral health.



Our recommendations

- Government should do more to recognise and communicate to the public the value of regular dental visits for both their oral and overall health.
- Government should provide training and resource to support all dentists to deliver one-to-one diet and lifestyle interventions.
- Government should encourage and enable all dentists to adopt a proactive approach to maintaining oral health for all patients, both NHS and private.



Innovation, data and technology

Innovation, data and technology is helping to make dentistry safer, faster and more accessible.

With 1 in 4 practices providing virtual consultations, 1 in 5 using digital impressions and 1 in 7 employing computer aided design and milling for indirect replacements³², digital tech in dentistry is following the same path as the wider healthcare sector with telemedicine, monitoring and diagnostics increasingly becoming the norm.

Like many sectors at the start of the COVID-19 pandemic, dental practices had to move at pace to integrate telemedicine and remote consultations into routine practice to provide as wide a range of patient support as possible during this period.

The good news is, many of the positive elements of this rapid technological shift are here to stay as practices begin to return to normal and begin to resume pre-pandemic levels of face-to-face consultations.



Embracing technology over Microsoft Teams and Zoom has been useful. Online consultations can lack in depth of care but are still useful.
Dr Ian Mills, Dean of the Faculty of General Dental Practice (UK)



Dentists are open to embracing technological innovation

While the sector faces many challenges as we recover from the pandemic, our member dentists view technological innovation as a significant opportunity for the dental sector in the coming year. In fact, it was the most commonly selected opportunity in our recent member survey. **They overwhelmingly agree that the sector as a whole is open to embracing technological advances to improve clinical care and patient outcomes, with almost eight in 10 agreeing with this perception³³.**

This is perhaps influenced by a positive culture of continuous learning and development throughout dentists' careers. When surveyed, 85% of our member dentists said they would like to learn new clinical skills and this was consistent across both partner/principle dentists and associates.

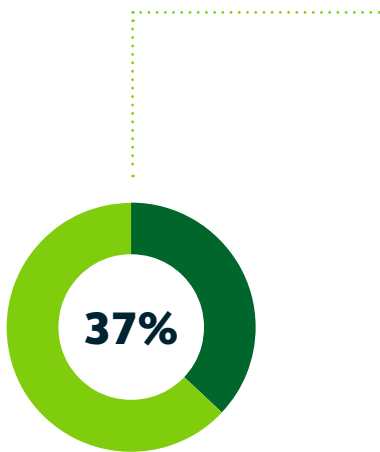
Telemedicine/remote consultations supporting a preventative approach

Dental practices quickly adapted patient care as best as possible during the pandemic. While much of dental care cannot take place over the phone or via video conference, the rapid growth in the usage of digital tech allowed for better triage and virtual consultations in the form of telemedicine. This helped maintain a level of patient access during the pandemic and has likely inserted itself as a permanent fixture going forward.



The concepts of telemedicine or video consultations are not novel, however the understanding of the value is relatively new. Their benefit is threefold.

- They support dentists to reach and support patients who otherwise might not have been able to attend the dentist in person, such as those instructed to shield.
- They support more targeted use of face-to-face appointments and thereby allow more efficient patient workflows by facilitating triage to the most appropriate member of the dental team, also allowing treatment plan discussions, post-treatment reviews or follow-ups to be carried out remotely.
- Dentists have also been using them to deliver and reinforce important messages on lifestyle interventions, prevention and self-care, and the value of oral health.



While nearly two fifths (37%) of our member dentists are currently employing the use of virtual consultations or plan to this year³⁴, there are barriers to more wide-spread and sustained uptake.

For NHS and some private practices, this could be in form of underdeveloped payment models that only support fee-per-item dentistry. Whilst this does not apply to Denplan's subscription based model, which support dentists to deliver holistic, prevention-focused dentistry, it does affect a sizable proportion of dentists.

Regulatory concerns over patient data protection and the upfront cost of acquisition can also be barriers to the uptake of software to support remote consultations. A central assurance and compliance process to create a list of approved providers, similar to the one carried out for video consultation systems for GPs, could help dentists to overcome their regulatory concerns.

Moreover, the Governments in England, Scotland and Northern Ireland could follow the example of the Welsh Government in extending the provision of NHS Wales Video Consulting Service to dentists too, to address both regulatory and budgetary concerns.

Integrating systems to access Summary Care Records

For many reasons dentistry is often experienced as very much separate from the rest of our healthcare system. This arguably contributes to the lack of recognition of the link between oral health and wider health and wellbeing. One reason for this has to be the absence of integrated systems that support information sharing between dental teams and other healthcare professionals.

This makes the delivery of coordinated care around the whole needs of each patient much more difficult for dentists and their colleagues in the wider health and care system. But, on a more fundamental level, instant access to important medical information such as current medication and long-term conditions can improve patient safety.

Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. At a minimum, it details current medication, allergies, any previous bad reactions to medicines, and the name, address, date of birth and NHS number of a patient. Often though, it also includes details of long-term conditions, significant medical history, or specific communications needs.³⁵



Unfortunately, dental services are not currently part of the national programme for SCR roll-out, so do not have access to this vital information. While it is currently being considered for minor oral surgery and community dental providers, a wider roll-out would deliver much broader benefits.

Denplan supports the high standards of information governance and security set by NHS Digital for access to SCR. This is by no means an insurmountable barrier to the integration of all dental care settings into the roll-out of SCR. The Department of Health and Social Care should encourage NHS Digital to explore the possibility of a wider roll-out of SCR to support dentists to play a greater role in improving population health post-COVID-19.

Digital impressions

Dental impressions are a very common procedure used in orthodontics, prosthodontics and other restorative dentistry.³⁶

Traditionally, moulds of patients' teeth and mouths have been created by using a plaster cast to form a negative impression, which would then be sent off to a dental technician to create a positive replica. This technique has been in use for a long time and works extremely well. However, modern advances in technology mean that dentists can now create virtual impressions of the hard and soft tissues in the mouth using intraoral digital scanning.

Digital impressions have several benefits for both patient and dentist. They remove the need for the unpleasant experience of creating a cast of a patient's mouth. By cutting down on the number of processes and materials involved, it also reduces the amount of error during manufacturing. Digital impressions therefore tend to reduce repeat visits and retreatment and increase treatment efficiency.³⁷

Only one in five Denplan member dentists have already implemented digital impressions. One of the predominant barriers to uptake is the level of upfront investment required. Denplan is concerned that the financial uncertainty brought on by the pandemic has only served to heighten this barrier.

The Government should ensure appropriate financial support is available to private and mixed practices in line with wider sector support throughout 2021 and for as long as capacity-restricting infection prevention and control measures remain in place. This will enable more dentists to invest in the latest digital impressions technology, which will benefit their practices and patients, and have a flow on impact on improved patient access overall.

Computer-aided manufacture of indirect restorations

Dentists carry out direct or indirect restorations to replace or restore missing tooth structure.

Indirect restorations are more common, and the procedure fabricates a replica tooth structure outside of the mouth, which is then placed into the mouth. Contrastingly, direct restorations can be prepared 'directly' in the mouth.

Traditionally, the fabrication of replica tooth structure relied on the quality of their impressions and the skills of laboratory technicians. With the advent of digital impressions, dentists and dental technicians have also been able to harness computer-aided manufacturing technology to create replica tooth material.



Combining the use of digital impressions and computer-aided manufacture of indirect restorations creates faster workflows. In the case of chair-side systems, it can even support the completion of restoration work in a single-visit. Moreover, as the technology and processes have been refined, the accuracy, aesthetics and quality of restorations have been improved.³⁸

Similarly to digital impressions, the uptake of computer-aided manufacture of restorations requires significant upfront investment from dentists and dental technicians. Following the financial challenges posed by the pandemic, Denplan is calling on the Government to ensure private and mixed practices are not excluded from available government financial support for the wider sector while capacity is restricted by infection prevention and control measures.

Dentists require the certainty this provides to invest in technology that will ultimately support them to provide better quality care, more quickly.



Our recommendations

- Government should undertake a centralised assurance and compliance process to create a list of approved providers of video consultation systems, similar to the one carried for GPs.
- The Department of Health and Social Care should encourage NHS Digital to explore the possibility of a wider roll-out of SCR to support dentists to play a greater role in improving population health post-COVID-19.



The dental profession

Dentistry has long been considered amongst the most stressful professions, and this has often caused significant mental health and wellbeing problems for dentists and their teams. Concerningly, dentists are at a high risk of burnout and mental exhaustion.

This is not a new issue and something that has been well-documented over the past three decades, but research shows that the problem is becoming worse and that the coronavirus pandemic, in particular, has exacerbated existing problems facing the profession.



The pandemic has highlighted the perceived lack of support network infrastructure for many dentists.

Professor Avijit Banerjee, Professor of Cariology & Operative Dentistry, Hon. Consultant / Clinical Lead, Restorative Dentistry at Kings College London



Long term mental health and wellbeing concerns

Poor mental health and wellbeing has long been an ongoing issue in the dental sector and we are very concerned that it has been deteriorating across the profession for a number of years.

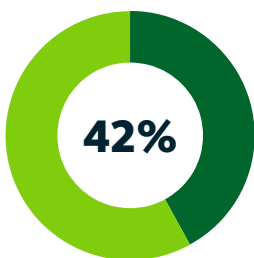
This is something that needs to be addressed urgently, not only because stress and anxiety are harmful to dental professionals themselves, but also because such issues might impact negatively on patient outcomes.

Over the past few years the BDA has carried out various qualitative research studies to understand more about mental health issues within the profession. In 2017, the association identified feelings of stress, experiences of burnout, and anxiety as the top three welfare issues facing dentists, which were caused by the top three following factors: their working conditions and environment, the fact that dentists normally work alone, and the pressure of meeting tough NHS and UDA targets.³⁹

Our members report similar concerns and, indeed, the pressure on dental professionals is immense. Historically dental teams work very long hours, often seeing patients for early morning, late evening and weekend appointments. They also usually work in isolated conditions in single rooms, and so it can be a lonely profession.

Furthermore, dentists have to navigate strict and ever-changing regulatory rules and requirements, and dentists working in private and mixed practices have the additional worry of increasing financial pressures to manage, including rising business rates and PPE costs.

According to our recent member survey, some **42% of our member dentists selected mental health and wellbeing as one of the most significant challenges facing the dental sector**. Over a third (35%) believe that dentistry gives them a poor work-life balance too.⁴⁰



COVID-19 has worsened mental health

Over the last year practice teams have worked hard to meet patient care needs and carry out treatments under challenging circumstances. However, recent events and difficult pandemic working conditions have resulted in mental health strains and deteriorating morale across dental teams, exacerbating existing pressures on dentists and their dental teams.

As we outlined earlier in this report, as a result of the pandemic dental practices were forced to close for many months last year and are still operating at a reduced capacity, which has had significant financial consequences for dentists and caused them stress about how to meet the backlog. Compounding these worries are the additional restrictions and regulations that have been imposed on the industry as a result of the virus, which dental professionals now have to navigate amid uncertainty. Both have placed additional stress onto dentists and caused a higher rate of burnout.

A survey of dental practitioners carried out by Dental Protection last year found that, since the start of the pandemic, **45% of UK dentists feel their mental wellbeing has deteriorated, while almost half feel pessimistic about the future (48%).**⁴¹

The research found that dental professionals said the main factor affecting their mental wellbeing was the health of their family and friends, followed by financial worries, and then adapting to new policies and guidance. **Concerningly, a third (33%) of dentists also said they had experienced verbal or physical abuse from patients or patients' relatives** – largely due to not being able to offer an appointment soon enough.⁴²

Since March last year, the BDA has also reported that they have experienced a surge in dentists accessing their Health Assured support service, with the majority citing anxiety, employment, work-related stress, low mood and work-related demands as their reasons for getting in touch.⁴³

While many practices have provided good support and mentoring throughout the pandemic, there remain some, particularly in the cases of associates and dental nurses, who are feeling the pressures of the pandemic environment acutely.

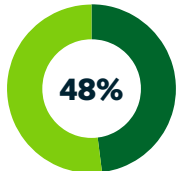
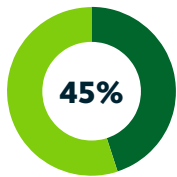
Many of these team members were furloughed towards the beginning of the pandemic, resulting in a loss of income and increased anxiety about the future. For many of those who weren't furloughed, the risk they faced of contracting COVID-19 from patients caused concern and anxiety.

Therefore, there's an urgent need for policymakers to work with the sector to ensure that the whole dental workforce is resilient, supported and engaged.

The impact on our future generations

While the concerns that we have outlined above affect current dentists, there are a further set of issues that are affecting the wellbeing of the next generation of dentists.

Dental students typically treat over 400,000 volunteer patients each year but, as a result of the pandemic, were unable to treat patients several months over the last year. Current students at dental schools have therefore lost a considerable amount of clinical time and the crucial opportunity to build their clinical experience of a range of more complex procedures.



Consequently, this is likely to impact on their understanding of and confidence in dentistry and could result in them feeling disillusioned and frustrated with the profession.

This cohort of students may also struggle with the challenges facing the sector following their delayed graduation and are likely to require additional support in the early stages of their career, which will in turn put a lot of pressure on associate dentists to provide them with training as they go along. This will have particularly impacted final year students that were due to graduate in the 2019-20 and 2020-21 academic years.

Training and development opportunities

All qualified dentists in the UK have a responsibility to continue their professional education and are required to undertake 'Continuing Professional Development' (CPD) as part of their registration with the GDC.



We need to be aware of personal fulfillment and map professional development and pathways for the whole dental team.

Dr Ian Mills, Dean of the Faculty of General Dental Practice (UK)



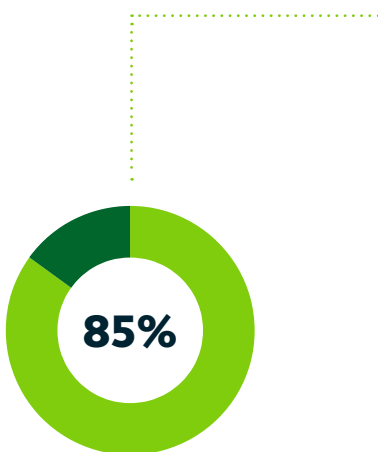
Professional development can take the form of training courses, seminars, and other learning activities, and recommended courses include: medical emergencies; disinfection and decontamination; radiography and radiation protection; legal and ethical issues; oral cancer; oral detection; and safeguarding children and young people.

This is something that is really important to our members and, in our recent survey, **85% of our member dentists said that they would like to learn new clinical skills.**⁴⁵ Lifelong learning, through CPD, is therefore at the heart of what it means to be a dental professional.

Inevitably, the pandemic meant that much of this training had to shift towards being online. However, with loneliness, isolation and low morale already an issue for many dental professionals, they need social connections with their peers in order to stay motivated.

Therefore it's important that the shift towards virtual contact is only temporary and that face-to-face training and events resume as soon as is practically possible.

At Denplan we are proud of the community that we provide for our almost 7,000 member dentists, which enable them to engage and interact positively with their peers and build networks across the industry.



Career development for the whole dental team

The pandemic has also served to highlight the critical role played by all members of the dental team – and has particularly reinforced the vital role played by dental nurses, therapists and hygienists. As the focus on preventive dentistry continues to build, the role of dental nurses, therapists and hygienists will only continue to expand.



The profession has a responsibility to map out clear pathways for professional development and training for all members of the dental team, to ensure the profession can continue to meet the demand for dental services and provide the workforce necessary to reinforce this preventative approach.

Optimism lies ahead

Against this backdrop, there are plenty of reasons to be optimistic about the future. Dentists and their teams are hard-working dedicated professionals, who want the best for their patients. They are embracing technology and they want to learn new skills and undertake training to continue to develop.

Furthermore, **the vast majority of our member dentists (88%) we surveyed said that they do find clinical dentistry rewarding, with only 6% saying that they don't.**⁴⁶

The onus should therefore be on policymakers to properly support dental professionals to do their jobs and maintain a healthy work-life balance. This should include increasing the numbers of placements, boosting financial support for dental students, and increasing the training and professional development that is available to dentists throughout their career.



Our recommendations

- Government must work with the sector to safeguard the profession and ensure the workforce is resilient, supported and engaged. This must include increasing the numbers of placements, boosting financial support for dental students, and strengthening training and professional development that is available to dentists throughout their career.
- The vital role played by dental nurses and the wider dental team should be acknowledged and clear training pathways mapped out.



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- Dr John Makin, Head of The Dental Defence Union
- Dr Ian Mills, Dean of the Faculty of General Dental Practice (UK)
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- Dr Hannah Woolnough, Parkview Dental Centre, BDA Chair of English Council

This paper uses data from an online survey of 384 Denplan member dentists with fieldwork carried out 1st-20th October 2020.



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and more than

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