

SDCEP Aerosol Generating Procedures in Dentistry Rapid Review

Dental Health Care Professionals' and the Public's Views and Experiences

Introduction

The views of dental health care professionals towards different approaches to fallow time and the views of the public about their experiences of primary care dentistry during the COVID-19 pandemic were gathered via online focus groups for consideration by the SDCEP AGP Working Group in their development of the SDCEP Aerosol Generating Procedures in Dentistry rapid review.

Methods

Recruitment

Due to the rapid nature of this review non-probability convenience sampling was used for recruitment as described below.

Dental healthcare professionals across the UK were invited to take part in an online focus group through the SDPBRN Rapid Evaluation Practitioner network, the University of Dundee dental trials and research network and other networks associated with members of the AGP working group.

To recruit members of the public, a call was issued to NHS Education for Scotland staff inviting them to ask friends or family if they would like to join an online discussion about their thoughts and experiences of dentistry between the start of the COVID-19 lockdown period in March and the end of August 2020. To recruit public representation from outwith Scotland, an invitation to participate was also issued via the Smile Aider patient, public involvement and engagement group at the University of Leeds.

Process

On receipt of their invitation, dental health care professionals and members of the public who wished to participate contacted SDCEP by email and were sent the focus group joining link by return.

For dental professionals two focus groups were conducted via Zoom; one on 18 August 2020 and one on 19 August 2020. For members of the public one focus group was conducted via Microsoft Teams on 1 September 2020.

Each focus group lasted around 60 minutes and was audio- and video-recorded; all participants were notified of this in advance and verbally consented to the recording. Following a brief introduction describing the purpose of this AGP review, a semi-structured schedule was used to guide the discussion. This schedule was developed by the focus group facilitators and members of the AGP working group.

Data analysis

The data gathered during these focus groups was combined with notes taken by facilitators during the focus groups and messages written by participants in the "chat" function of Zoom and Microsoft Teams. This data was then analysed using qualitative content analysis, with key themes identified.

Results

The results below describe the demographics of the focus group participants and provide a high-level summary of the key themes identified.

Dental health care professionals

In total 30 health care professionals participated in a focus group; 15 in each group. Participants worked in Scotland (60%), England (37%) and Northern Ireland (3%). Most provided NHS care in the GDS, either in fully NHS (10%) or mixed NHS practices (47%) and 10% provided NHS care in the Public Dental Service. Twenty percent provided private care only and the remaining 13% stated they worked in another area of the dental service. A range of professional backgrounds were represented including dentists (69%), dental hygienists (10%), dental therapists (14%) and dental nurses (7%). Since re-opening of dental services, most (60%) had provided at least one AGP.

Asked how challenging they thought it would be to determine fallow time, most thought it would be very or moderately challenging (focus group 1=65%; focus group 2=82%). Fewer participants thought this would be slightly or not challenging (focus group 1=35%; focus group 2=19%). The key challenges identified related to:

- ensuring the provision and certification of adequate ventilation in the surgery;
- determining suction;
- using rubber dam;
- determining the duration of an AGP;
- appointment scheduling.

Potential solutions included the provision of help to determine and certify air changes per hour (ACH), the use of alternative tools, for example ISO vac instead of rubber dam, and the provision of training in alternative techniques.

Asked about how challenging it would be to implement fallow time most thought it would be very or moderately challenging (focus group 1=84%; focus group 2=70%). Fewer participants thought this would be slightly or not challenging (focus group 1=15%; focus group 2=30%). The key challenges identified related to:

- knowing when an AGP is finished;
- scheduling patient appointments – highlighted that downtime will be greater than just the fallow time;
- increased burden on hygienists/therapists including lack of nursing support and reduction and/or changes to working hours;
- social distancing;
- possible reductions in patient turnover and reduced profitability;
- possible increases in charges for patients (private) due to increased appointment times;
- patients nervous about risk of attending their dentist;

Possible solutions included conducting AGPs earlier in appointments, operating multiple surgeries with one dedicated to AGPs, working antisocial or extended hours; identifying high risk patients and testing patients for COVID-19 prior to their appointment.

The public

Ten participants took part in the focus group. Six were NHS patients and three were private patients. One participant was not a regular dental attender and had not attended the dentist in several years. Since March 2020, six had experienced dental problems and five had attended a dental appointment either via their own dental practice, an out-of-hours centre or a dental hospital.

Six key themes emerged during the focus group as summarised below.

Experience

- Participants who had attended a dental appointment reported that they were happy with the treatment provided and all those that had attended had positive experiences.
- Those who had been offered an extraction or antibiotics chose antibiotics.
- Participants expressed concern that people might not seek dental care unless they were in pain. One reported that they had held back on contacting their dentist as they did not expect their problem to be '*fixed*' during lockdown and one suggested that as they were not in need of urgent dental care they would prefer their appointment to go to someone more in need.

Access

- There were mixed responses related to nerves about attending for dental treatment. Some reported they were glad/relieved to be seen, and have their pain addressed whilst others reported being nervous or apprehensive beforehand, but relaxed once in the surgery, when it was evident that there were clear procedures in place. One participant felt their dentist was as nervous as they were.
- Participants who had attended their dental practice/hospital for treatment reported being satisfied with the precautions in place.

Knowledge and communication

- Most participants reported that the only reason they knew practices were closed was because of messages cancelling appointments, e.g. letter, email, phone call and some had not been contacted at all by their practice.
- Other communication issues included lack of knowledge about treatment limitations, not being told about cancelled appointments and difficulties in obtaining information about their treatment when contacting their practice.

Risk

- Participants did not feel at risk when attending the dentist reporting that they already felt protected by the procedures and precautions taken by dentists pre-COVID which have been strengthened by the precautions and PPE adopted now.
- One participant felt that the only risk was mixing with other people not the dental appointment itself.
- When asked to balance the risk of attending or not attending their dentist some participants reported that they would not be *'in a rush'* to attend their dentist unless their oral health was poor, or they were experiencing problems.

Expectations for the future of dentistry

- There was an expectation that dentistry would change according to the *'new normal'*. This was considered necessary for both patients' and practitioners' health.
- Concern was raised regarding the prescribing of antibiotics. Seen as a quick treatment option, but not always appropriate.

Participants in this focus group were generally positive when describing their thoughts and experiences of dentistry during the COVID-19 pandemic. It was felt there was a need for improved communication between dental practices and their patients and possible solutions included the need for practices to contact their patients to let them know that practices are open, what to expect, and what treatment is available. It was suggested that there was a need for more general awareness raising for example, through advertising or patient guidance spearheaded by a well known leading figure from dentistry.