

## SDCEP COVID-19 Guide

### Findings from a National Survey

In response to the COVID-19 pandemic, the Scottish Dental Clinical Effectiveness Programme (SDCEP) published a guide for the [Management of Acute Dental Problems During COVID-19 Pandemic](#) including a drug prescribing supplement.

To support SDCEP develop further resources for dental practices during the COVID-19 pandemic, all dentists in Scotland registered on the NES Portal were invited to complete an anonymous questionnaire. A link to the questionnaire was also provided on the SDCEP COVID-19 webpage. The questionnaire opened on 9 April 2020 until 19 April 2020.

The questionnaire asked for views about additional information that should be included in the guide and the key advice that would be most helpful for patients. In addition, demographic information about the numbers of patients contacting their practice and the common issues contacts were about was requested.

### Key Findings

Four hundred and twenty-six completed questionnaires were submitted. Most participants were from Scotland (98%) and worked in the GDS (89%).

Forty-two percent of participants responded that, on average, fewer than 5 patients a day had contacted their practice for treatment or advice in the 14 days prior to completing the questionnaire; 36% responded 6 – 10 patients; 13% responded 11 – 20 patients; and 9% responded more than 20 patients.

The common issues patients contacted practices about were:

- pain / toothache
- abscess / swelling
- fractured teeth
- fractured / lost restorations
- dental crown problems

Suggestions for additional information in the SDCEP COVID-19 guide included:

- access to dental hubs
- analgesics
- antibiotics, second line
- pulpitis

It was considered that advice for patients in the following areas would be helpful:

- at home / self-help advice
- pain management / pain relief / analgesia advice
- treatment options
- reassurance
- what constitutes an “emergency”
- why practices are closed

A number of concerns were expressed about:

- lack of PPE
- what to do when the AAA advice is not working
- poor availability of temporary filling kits

Asked for any additional comments about the SDCEP COVID-19 guide most participants provided positive comments about the resource.

### Next Steps

The feedback provided is now being considered by SDCEP to inform the development of further support for practices and patients during the COVID-19 pandemic.

This summary presents key findings from a national survey carried out by SDCEP and TRiADS to inform the development of further resources from SDCEP for primary care dental practices during the COVID-19 pandemic.



SDCEP (Scottish Dental Clinical Effectiveness Programme) has a national remit to provide user-friendly, evidence based, clinical guidance in priority areas for dental healthcare in Scotland.



TRiADS (Translation Research in a Dental Setting) is a multidisciplinary research collaboration working in partnership with SDCEP to increase the implementation of SDCEP guidance through the development and evaluation of theory-informed interventions for change.

## Background and Aim

In response to the COVID-19 pandemic and the changes to normal practice, SDCEP published a guide on the [Management of Acute Dental Problems During COVID-19 Pandemic](#) including a drug prescribing supplement.

The guide is based on the SDCEP *Emergency Dental Care* and *Management of Acute Dental Problems* guidance publications and describes modified management of commonly presenting oral conditions for use during the COVID-19 pandemic. It aims to encourage a consistent approach to the management of acute dental problems, while recognising the challenges that the COVID-19 pandemic presents for provision of dental care.

The guide is for use by dental teams involved in triaging and managing patients during the current situation. It can be used in conjunction with Health Board or other local procedures that have been established for managing patients based on their COVID-19 status.

The guide includes general principles; a flowchart of the triage of commonly presenting dental problems; and a table of the common oral conditions likely to present to dental care. Its drug prescribing supplement reproduces prescribing information from the SDCEP *Drug Prescribing for Dentistry* guidance that is most relevant to the *Management of Acute Dental Problems During COVID-19 Pandemic* guide and the current situation.

To support SDCEP develop further resources for dental practices during the COVID-19 pandemic, dentists were invited to participate in an online survey giving their views of the SDCEP COVID-19 guide. This document reports on the survey methods and its key findings.

## Methods

The survey was conducted between Thursday 9<sup>th</sup> April 2020 and Sunday 19<sup>th</sup> April 2020. All dentists in Scotland registered on the NES Portal were invited to participate via a Portal email. A link to the survey was also provided on the SDCEP COVID-19 webpage.

A bespoke questionnaire was designed to:

- assess how well the guide had been received by the dental community;
- better understand the number of patients contacting practices and the common reasons why they are doing so;
- explore if there is any information missing from the SDCEP guide;
- gather participants' views about the key advice they think would be most helpful for patients.

The questionnaire was distributed online via Questback. It consisted of 10 items using a mixture of categorical "tick box" questions, Likert scale questions and free text boxes. Responses were anonymous.

All quantitative data was analysed using descriptive statistics. All qualitative data was analysed using content analysis.

## Results

### Demographics

In total there were 426 responses. The majority of the participants were from Scotland (Table 1) and worked in the GDS (Table 2). There was an average of 4.5 dentists working in each participant's practice, with a range of 1 to 25.

**Table 1** Country Where Participants Worked

Scotland n (%)	Wales n (%)	England n (%)	Ireland n (%)
417 (98%)	1 (<1%)	5 (1%)	1 (<1%)

Missing = 2

**Table 2** Area of Work

GDS n (%)	PDS n (%)	Other n (%)
374 (89%)	30 (7%)	18 (4%)

Missing = 4

### Daily Patient Contact and Reasons for Contact

Participants were asked “*In the previous 14 days, on average, how many patients have contacted your practice for treatment or advice EACH DAY?*”

The majority were being contacted by 10 or fewer patients every day with 42% of participants stating they were contacted by less than 5 patients every day (Table 3).

**Table 3**

#### Daily Patient Contact

Less than 5 patients n (%)	6-10 patients n (%)	11-20 patients n (%)	More than 20 patients n (%)
175 (42%)	151 (36%)	56 (13%)	37 (9%)

Missing = 7

When asked about “*the common issues patients are contacting the practice about?*”, the most common issues reported were:

- pain/toothache (including irreversible and reversible pulpitis)
- abscess/swelling
- fractured teeth
- fractured/lost restorations
- dental crown problems

Other reasons patients were contacting their practices includes, but are not limited to, denture problems, pericoronitis, other periodontal problems, concerns regarding dental appointments and sensitivity.

### Information Missing from the Guide

Participants were asked whether they felt there was anything missing from the guide, “*Is there any other information that you think should be included in the SDCEP COVID-19 pandemic guide?*” The most common themes that emerged from this question were:

- Access to dental hubs – advice on when to refer and referral criteria:  
  - “*Referral pathways if a patient ... needs to have an extraction*”
  - “*At which stage to consider referral to urgent care centres*”
- Analgesics – advice on managing patients who are not responding to the painkillers prescribed/advised by the dentist:  
  - “*What to do if no facial swelling and not responding to painkillers i.e. contact GP for co-codamol?*”
- Antibiotics, second line - advice on how manage patients who have already had one course of antibiotics:  
  - “*What the recommendations are for further antibiotics after an initial course fails. Another antibiotic or higher dose etc.*”
- Pulpitis – advice on managing these patients, especially those who have severe symptoms. There is concern that dental hubs require patients with reversible/ irreversible pulpitis to have received antibiotics before the hubs will accept them for referral:  
  - “*how acute pulpitis should be dealt with when antibiotics are not indicated, patients usually have already been taking paracetamol and or ibuprofen*”
  - “*Acute pulpitis clearly cannot be treated with antibiotics. The same patients keep phoning with pulpitic pain with minimal/no relief and as a competent dentist I feel helpless as the hubs won't see face to face treatment and carry out xla until 2 courses of antibiotics have been prescribed. Even though we know they don't work for pulpitis*”

Participants also suggested that there was a need for additional guides related to PPE, domiciliary care, triage questions, aerosol generating procedures and urgent care centres. There was also a request for the mobile app to be updated and for webinars/online courses to be provided.

## Helpful Information for Patients

Participants were asked *“From your perspective what key advice would be most helpful for patients?”* The common themes that emerged from this question were:

- at home/self-help advice
- pain management/pain relief/analgesia advice
- treatment options
- reassurance
- what constitutes “emergency”
- why practices are closed

### At home/self-help advice

Many participants mentioned giving patient some sort of advice in terms of what can be done at home to help with common dental problems.

*“Self care for common dental problems - what to do at home, over the counter medications, help from pharmacies”*

*“A text message with the link to the “ways to treat common dental problems at home” Sent out to all registered patients”*

*“Advice on what to do if any swelling is present, advice on how to drain any sinus if possible at home using finger pressure... Advice on what to do if bleeding is present”*

*“Hot salty mouthwashes. File teeth with emery board. Regular pain killers”*

The majority of these suggestions focussed on temporary fillings advice including where to obtain them, their availability and how to use them.

*“Where to find temporary dressing/cement kits. Link to video on how to use.”*

*“Temporary filling material use or alternatives”*

*“Information regarding temp filling and crown outs kits- where to purchase etc.*

*“Also availability of temp filling kits from chemists/super markets/online”*

### Pain management/pain relief/analgesia advice

Many participants mentioned giving advice on pain relief and pain management including aspects such as dose, timing, the potential side effects, overdose risk and patient expectations.

*“Analgesia doses and timing”*

*“Explaining the paracetamol toxicity if overdose and side effects of ibuprofen”*

*“Attempt pain relief and advise how best to do this. A lot of people phone and have not tried analgesics”*

*“Take the medication and give 48-72 hours to resolve and if not get in touch. Most patients think the pain or swelling will go away after the 1st pill and they will phone the day after saying it’s getting better but still there. But, advising them to give it a time and only get in touch if not getting any better or getting worse”*

### Treatment options

Many participants recommended advising patients of the treatment options that are currently available, that these are limited and the reasons for that;

*“That dental treatment is restricted so they should be prepared for minimal treatment options and that extraction, unfortunately, is the most accessible treatment option for pain whilst AGPs are not available”*

*“The limited treatment options available at the PDS hubs, most pts are happy to make do with the three A’s for a bit longer if they know that the only other option often will be an extraction”*

*“Small amount of insight as to why they cannot attend practice at present i.e. to reduce spread of virus and aerosol issue”*

### Reassurance

One theme that emerged was the need to give patients reassurance. This was reassurance that help is available when they need it, reassurance that they are being heard and that they are able to manage common dental issues on their own.

*“Reassurance that help is available if needed and how to get that help”*

*“Reassuring and making patients feel their concerns do matter”*

*“Reassurance that only in few cases they won’t manage on their own”*

*"I've found all the patients to contact me have been looking for reassurance and advice mainly, and that they are mostly happy to self manage (providing it is appropriate to do so) until such time as we can re open the practice. They are also reassured that we are at the end of the phone still to discuss their problem with them - both now and if they continue to have problems that they can't manage themselves, they know that we are at the end of the phone still. They are reassured that they can attend a HUB if absolutely necessary"*

### What constitutes an "emergency"

What constitutes an emergency was a theme that kept emerging as helpful advice to give to patients. This ranged from explaining what was meant by a dental emergency and what is not an emergency to reduce the number of unnecessary calls, to the signs that urgent emergency care is required and how to get that help.

*"Advise what constitutes a dental emergency so they don't phone for unnecessary problems"*

*"Critical signs that professional help is required urgently (worsening swelling, bleeding that can't be stopped etc) and "An outline of when to call for help"*

*"Information that can be printed and given to patients explaining the hierarchical nature of a "dental emergency" / what constitutes a dental emergency"*

*"Information how to contact emergency services for severe emergencies"*

*"Outlining key emergency scenarios and detailing when they should contact us"*

### Why practices are closed

Another theme that often emerged was to explain to patients the reasons why dental practices are not open. This ranged from simply letting patients know that practices are currently closed to information about infection control and that it is not the choice of the practice to close.

*"That practices are closed - some still think they're open."*

*"That GDPs are closed due to government intervention not just that they don't want to see patients. I don't think patients are aware of this and think GDPs are just closing their doors"*

*"Information on why they can't be seen currently i.e. danger of aerosols"*

*"Information on why the dental practices are closed / risks to public and workers etc."*

Other suggestions for patient advice included oral hygiene / preventative advice, antibiotic advice, resources for patients, how / where to access care, timescale to normal service, COVID-19 related advice, PPE, media exposure and what AAA means.

### Additional Comments

Asked *"If you would like to comment on any other aspect of SDCEP COVID-19 guide"* a number of concerns were raised by participants including concerns about the lack of available PPE, the dentistry environment during the pandemic, and what to do when the AAA advice is no longer working. Participants were also concerned regarding the poor availability of temporary filling kits, which were frequently mentioned as an at-home treatment option for patients.

Many comments in this section provided positive feedback about the guide.

*"It was great appreciated that this guidance was released so quickly to give response to a sudden and unexpected situation. Very grateful and proud of your work."*

When asked to rate the SDCEP *Management of Acute Dental Problems During COVID-19 Pandemic* guide on a scale of 1 to 5 (1=very low 5=very high), 90% of participants provided a rating of 4 or 5 with an overall mean rating of 4.5.

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## Next Steps

The feedback provided is now being considered by SDCEP to inform the development of further support for practices and patients during the COVID-19 pandemic.

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## Acknowledgements

SDCEP and TRiADS would like to acknowledge and thank all participants who contributed to this work during this challenging time for NHS dental practice.