Mitigating against the harms of COVID-19 on oral health - Prioritising Equity and Inclusion

The COVID-19 pandemic remains a public health emergency, not only is it a threat to health, but the effects of protective measures are wide reaching. Through the process of recovery and re-mobilisation concerted efforts to mitigate against the wider harms of the COVID-19 pandemic must be made, not least against widening health inequalities. The Consultants in Dental Public Health/ Chief Administrative Dental Officers group is central to providing advice and guidance on this topic. The group met in early March 2021, and reflected on the established barriers to dental care, the impact on these through the COVID-19 pandemic and the nature of new COVID specific barriers to accessing oral health services.

In line with the group’s express commitment that there is ‘No Health Without Oral Health’, we align ourselves squarely behind the safe, effective and equitable remobilisation of oral health services. We urge all parties to prioritise this work in line with a recent letter from John Connaghan (Former Interim Chief Executive, NHS Scotland) to NHS Boards instructing on the remobilisation of services: “The COVID pandemic has both exposed and exacerbated our health inequalities crisis with disproportionate harm caused to minority ethnic groups and people living in greatest deprivation. Addressing inequalities for all citizens and our health workforce is therefore a vital theme which must be at the very core of your planning, and the delivery of your services.”

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Providing high quality care, including promoting prevention at all levels Oral health improvement programmes should be remobilised and positive plans made to restart as a matter of priority. This may require the return of staff to their substantive roles. Recognition on the limitations programmes may face in the light of continued restrictions in educational settings, care homes and prisons may limit some activity. However, new ways of working developed since the onset of COVID should be recognised and shared. Changes to existing programmes may be required and if gaps are identified new programmes of work should be considered. Enabled self-care should be the foundation for patient care. Prevention should be embedded into new and interim service delivery models as this can be delivered remotely, in person and without need for post-AGP fallow times.

Recommendation- Health Boards should be supported to request the return of oral health staff to their substantive duties.

Recommendation - There should be a review of current oral health improvement programmes. There may be an opportunity to adapt existing, and develop new programmes to meet the challenges before us. New ways of working should be explored and shared.

Recommendation - Oral and dental health should be included in general health improvement and health inequalities policies and activities such as obesity, smoking and alcohol interventions utilising a common risk factor approach.

Recommendation- Interim changes to the Statement of Dental Remuneration (SDR) should be made to allow recording of prevention activities.