

LETTER TO THE EDITOR

Addressing Welsh needs

Sir, David Westgarth's article COVID-19 and Community Dental Services: The challenges ahead made for interesting reading in that he took a view of the effects of the Covid-19 pandemic on dental care from the position of the Community Dental Service (CDS).¹ Traditionally the CDS cares for a population with extra needs. The article made some very practical suggestions to address the service in the future.

We write from the perspective of population need which will obviously include the delivery of care from the CDS. The general view reported in the article suggested that change was needed and a return to normal was not suitable or sustainable. We agree wholeheartedly with those sentiments. We will attempt to explain why in this response to the article.

Firstly we look at the distribution of disease in the community that requires care. In Wales epidemiological surveys show us that 70% of 12 year olds (a population reflecting future dental health of emerging cohorts of young adults)² are caries free and the 30% experiencing dental caries are experiencing lower levels of caries compared with statistics from the past 10 years.³ We also know that the 30% with dental caries in general correlate with deprivation. Baelum suggested that this improvement was also seen in adult populations.⁴ This sub-group

in the population have been irregular symptomatic attenders.

Prevention featured heavily in Westgarth's article and we are in total agreement as a part of an oral health promotion strategy. It is our opinion that both the General Dental Service (GDS) and CDS can play a vital important role here. One of the key messages from the *Scientific Basis of Oral Health Education* is the promotion of regular attendance at the dentist.^{5,6} In view of the distribution of disease it seems logical that the 30% with dental caries should be targeted in order to engage with this subgroup in the population. Once engaged primary, secondary and if needed tertiary prevention should be delivered.

Primary prevention for young children can be provided through engagement with dental and non-dental health carers.⁷ The effective delivery of secondary prevention in those who have experienced caries will create disease inactivity within the oral cavity and this should be considered when deciding on the delivery of tertiary prevention. Historically tertiary prevention included Aerosol Generating Procedures (AGP) that resulted in filling teeth. Recent trials (FiCTION & RECUR) suggest that alternative approaches to the management of caries in children should be considered.^{8,9} The RECUR trial shows that Motivational

Interviewing can influence the behaviour of patients in the context of re-attendance for General Anaesthetic.

If 70% of the population are already keeping disease inactive oral environments then these low risk individuals require less monitoring, providing the professionals caring for them are satisfied that the patient understands why the oral cavity is disease inactive.

Jenny Harris, Consultant in Community Paediatric Dentistry, Community & Special Care Dentistry, Sheffield Teaching Hospitals NHS Foundation Trust and BSPD Vice President Designate, was quoted in the article as saying: 'But equally we could have a scramble for the first dental appointments. For my patients I want to make sure that early on we make time to see those whose need is greatest yet may not shout loudest.'¹ We fear that a return to normal where we are seeing those that shout loudest at the expense of those with the greatest need is a missed opportunity for the dental profession.

Unfortunately the business models of the past have relied on supply induced demand for dental care rather than a need led service. This crisis has resulted in some soul searching and we are faced with a personal threat through the delivery of AGPs. We feel that there is an opportunity to create a service that is satisfying to all concerned in the delivery and receiving of dental care. It seems that Wales are taking this opportunity in the support of their NHS dental contract holders.¹⁰ We hope that this opportunity results in an equitable service for the Welsh population long term.

W. Richards, Pontypridd
A-M. Coll, Pontypridd

References

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