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# Impact of deprivation status on access to general dental services during COVID-19

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# **Background:**

Throughout the pandemic there were restrictions placed on dental practices which impacted patients' ability to access dental services. This research sought to ascertain if these changes disproportionately affected child registrations at NHS dental practices based on deprivation status.

## **Objectives:**

To assess the impact deprivation status had on access to general dental services in Northern Ireland during the COVID-19 pandemic.

#### **Methods:**

Analysis of registration data from two matched time periods: September–December 2019 and 2021 for all 371 NHS dental practices in Northern Ireland. Dental practices were coded based on Northern Ireland Multiple Deprivation Measure 2017. A paired t-test was used to ascertain if there was a statistically significant difference in child dental registrations pre COVID-19 pandemic and during the recovery phase of COVID-19 pandemic.

## **Results:**

There was a decrease in new child registrations from 2019 to 2021. The difference in child registrations based on the multiple deprivation was significant for the lowest three deprivation quintiles suggesting the ability to access and register with an NHS dentist as a new patient has been more severely impacted in more deprived areas. The Lorenz curve and concentration index confirmed the social gradient in new child registrations to NHS dental practices. There was a decrease in ongoing child registrations, transfers and leavers with NHS dental practices from 2019 to 2021, these were not associated with deprivation status.

### **Conclusion:**

The COVID-19 pandemic had a significant impact on dental services. Changes to regulations and restrictions impacted on the ability of patients to access a dentist. The findings evidence that deprivation status impacted access to dental services in Northern Ireland during the COVID-19 pandemic for children. The pandemic has heightened issues and inequalities that were long standing before the pandemic. We need to explore options for improving access to services and reducing the oral health equity gap.

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