BDA
Scotland

Behind the Wait

Exploring Dental General Anaesthetic Waiting Times in Scotland

“

We would like a conversation to take place which explores this issue fully and in a collaborative way; exploring innovation, examples of good practice, local and national challenges, as well as possible solutions.”

Charlotte Waite, Director, BDA Scotland, roundtable event, 25 September 2024

Foreword

Dental extractions under general anaesthetic (GA) are the most common reason for a young child to have an elective hospital admission in Scotland. This report shines a light on the current challenges.

We have brought forward this report to advocate for our patients, many of whom are the most vulnerable in society and are often unheard. The report focuses on dental general anaesthetic services for children and adults with special care needs.

We have listened to our BDA Scotland committee members and voices from the dental profession, who have told us that they are concerned about the impact that these lengthy waiting times are having on their patients.

We facilitated a collaborative conversation to explore the associated issues which brought together key stakeholders. Their views and insights have shaped this report which sets out to identify the key issues associated with dental general anaesthetics waiting times and outlines a number of potential solutions to address these challenges.

Our hope is that the recommendations in this report will help to support future cross-sector discussions and assist the Scottish Government and system leaders to tackle the issues associated with long waits for dental treatment under general anaesthetic.

The enduring challenges associated with dental general anaesthetic waiting times in Scotland underscore the urgent need for comprehensive reforms in dental workforce planning, the need for appropriate funding, and service delivery development, to ensure timely and equitable access to these crucial general anaesthetic services.

Albert Yeung,
Chair, British Dental Association's Scottish Council
November 2025

Chapter 1 - Executive summary

1.1 Dental extractions under general anaesthetic (GA) are the most common reason for a young child to have an elective hospital admission in Scotland and there are stark inequalities with children from the most socioeconomically deprived areas bearing the greatest burden. This is despite improvements in the prevalence of dental decay among children over recent decades. Unfortunately, it continues to be a public health concern, with significant oral health inequalities persisting.

1.2 In 2023, over 6,500 paediatric dental extractions were carried out under GA,[i] costings the NHS an estimated £8.4 million.[ii] However, it is very clear these numbers do not begin to capture the huge unmet need for these treatments.

1.3 At the quarter ending March 2025, around 1 in 4 patients were waiting over a year to receive their dental treatment under a GA, often experiencing pain and dental infections whilst they wait, with the longest waiting times exceeding 3 years.

1.4 Fewer patients are being admitted every quarter than pre-COVID, at a time when the number of patients with ongoing waits has more than doubled. Currently capacity is not keeping up with the demand for this service.[iii]

1.5 Dental decay is almost always a wholly preventable disease. It can impact on a child's health and social wellbeing, including their ability to sleep, speak, eat, socialise and attend school or nursery.[iv] Oral health can also impact on general health and therefore contributes to the development of a healthy child.

1.6 Prevention of oral health diseases is key, with overwhelming evidence that investment in prevention ultimately saves the NHS money. The evaluation of Childsmile supervised toothbrushing programme shows for every £1 spent the health service benefit at 5 years is £3.06, with supervised toothbrushing paying for itself within 3 years.[v]

1.7 Urgent action is needed to tackle the enduring challenges associated with dental GA waiting times in Scotland. This should include dental workforce planning, appropriate funding, and service delivery development, to ensure timely and equitable access to these GA services for all our patients.

1.8 We are calling for there to be a national discussion about the restoration and recovery of these dental GA lists with the Scottish Government, which should involve cross-sector engagement.

1.9 There must be a commitment to providing appropriate funding and resources to enable patients to receive their treatment in a timely manner.

Chapter 2 - Introduction

2.1 For many years British Dental Association (BDA) Scotland and our representative committees have continued to advocate for our patients, by calling on the Scottish Government to address these unacceptably long waiting times for dental treatment under GA.

2.2 Dentists continue to tell us that they are concerned about the impact these waits have on their patients, as lengthy GA waiting times for both child and adult patients can have a profound impact on not only their oral health but also on their general health and wellbeing.

2.3 In this report we have set out to explore the key issues associated with dental GAs, as well as identifying potential solutions to address these challenges.

2.4 To support this discussion, an event was organised by BDA Scotland, which took place in the autumn of 2024 and brought together key stakeholders, many of whom are involved with the delivery of dental GA. This forum provided a diverse range of opinions and perspectives.

2.5 We facilitated a collaborative conversation to explore the associated issues; this included exploring Public Health Scotland (PHS) waiting list data, areas of innovation, examples of good practice, local and national challenges, as well as possible solutions. These views and insights have shaped this report. However, it should be noted that the content of this report has been written by BDA Scotland and may not represent the individual views of those who attended this event.

2.6 We hope the recommendations in this report will assist the Scottish Government and system leaders to address the issues associated with long waiting times for dental treatment under GA.

Chapter 3 - Background

3.1 Dental treatment under GA is provided by a range of dentists and dental specialists depending on the dental services delivered by each Health Board. Commonly, the service is provided by the Public Dental Service (PDS) within a hospital setting but, in some cases, will be delivered by the Hospital Dental Service (HDS).

3.2 Whilst many children will have dental treatment completed by their dentist and dental team without the need for a GA, for some children a GA will be required to complete their dental treatment.

3.3 GA is often the treatment modality of last resort and commonly patients will already have tried to have their dental treatment completed in a clinic setting using behavioural management techniques or with sedation.

3.4 There are a number of reasons why patients will require a dental GA and these may include being of a young age, an inability to cooperate with treatment in a dental clinic or additional support needs.

3.5 Adults may also require dental procedures under GA for a number of other clinical reasons including; complex dental or surgical procedures, treatment of facial or dental trauma, oral or maxillofacial surgery or because they are unable to manage treatment under local anaesthetic, for example those requiring Special Care Dentistry.

3.6 Special Care Dentistry is defined as the provision of oral healthcare services for adults who are unable to accept/receive routine dental care because of a physical, sensory, intellectual, mental, medical, emotional, or social impairment or disability or a combination of these factors.[vi]

3.7 Paediatric Dentistry includes the provision of oral healthcare to children and young people with extensive oral disease, those whose oral healthcare is complicated by intellectual, medical, physical, social, psychological and/or emotional disability, have developmental disorders of the teeth and mouth, have suffered traumatic dental injuries and children and young people who are either too anxious or too young to accept routine dental treatment if required.[vii]

3.8 A multi-disciplinary approach is often taken to support the delivery of dental care for these patients, for example by facilitating joint operations with other medical specialties and arranging for reasonable adjustments to be made.

3.9 For patients who require a dental GA, timely access to these services is critical.

Chapter 4 - Key Data

4.1 Over the last 20 years there have been wide-scale improvements in the nation's oral health. However, despite dental decay being an almost wholly preventable disease, the prevalence of decay remains unacceptably high, and post-COVID the oral health gap between Scotland's most and least deprived communities has widened.

4.2 Findings from the Scottish *National Dental Inspection Programme* (NDIP)[viii] reported that in 2024 the proportion of P1 children with untreated decay was estimated to be 22.4%, an increase from 20.6% in 2020. The previous NDIP report from 2023,[ix] included a detailed inspection of P7 children and stated that the proportion of those children with untreated decay was estimated to be 10.5%. Of those with obvious decay experience, 56.4% had untreated decay, which is an increase from 39.5% in 2019.

4.3 Whilst there has been an overall improvement in tooth decay rates in recent decades, dental health inequalities persist, with 60.1% of P1 children and 71.9% of P7 children living in the most deprived areas having no obvious decay experience, compared to 83.6% of P1 children and 88.0% of P7 children in the least deprived areas.

4.4 In relation to dental GA waiting times, there are 2 key data sets which relate to these elective hospital admissions; PHS National Statistics release "*NHS waiting times – stages of treatment inpatients, day cases and new outpatients*"[x] which is published by PHS on a quarterly basis and the "*Scottish Atlas of Healthcare Variation*", which includes data on hospital paediatric dental extractions under general anaesthetic.[i]

4.5 We have specifically considered the waiting lists identified as "Community Dental Practice" and "Paediatric Dentistry" specialty, as categorised by PHS.

4.6 However, it is important to highlight that although the "Oral Surgery" specialty data is not considered explicitly within this report, many of the issues identified are often experienced across "Oral Surgery" GA lists too.

4.7 PHS does not provide a definition of each "specialty". Therefore, it is not possible to know the age demographic of patients on the "Community Dental Practice" lists and it may include both children and adults.

4.8 Usually, dental GAs are elective day case procedures, but it should be noted that sometimes patients will need to be treated as an inpatient or receive the treatment under GA as an

emergency. In this circumstance the treatment will often be provided on an "Oral Surgery" list.

4.9 There are a number of points on the pathway to a GA dental procedure, where the patient may have to wait. It is therefore important not to think of these GA waiting times in isolation, they make up part of a pathway which will include other waiting times too.

4.10 For example, there may also be a significant wait for the patient to be seen for an initial appointment and/or a GA assessment before being placed on the associated GA waiting list and in some cases the patient may have had to wait to see their General Dental Practitioner too, before being referred to the PDS or HDS for assessment. The patient may also have other dental treatment completed ahead of the GA or may have tried to have the treatment completed in a clinic setting, which all adds time to the patient journey.

4.11 The PHS data suggests that there is variation in waiting times between the Health Boards. We have not directly compared the Health Boards, as population demographics and dental decay experience will vary, along with the capacity of the PDS, HDS and General Dental Services (GDS) which are serving the local population of that Health Board. There may also be variation in the local clinical pathways. It should also be noted that GA for dental procedures must only be administered in a hospital setting with appropriate critical care facilities.[xi] We have therefore considered the NHS Scotland level data and have looked at the associated national trends.

4.12 Surgical Prioritisation[xii] of patients on these waiting lists means that those patients with most urgent needs are identified and their treatment may be expedited. Patients on these waiting lists will often present to their dentists in pain and may need additional support from within the dental or medical system. The longer they wait the more likely they are to experience pain or dental infections. This can add additional clinical burden and costs to the NHS.

4.13 For patients with certain disabilities, it can be particularly challenging for them to communicate if they are experiencing pain and therefore there is a risk that some patients will continue to experience pain, whilst they wait for their dental treatment to be provided, which their dental team is unaware off.

4.14 During the COVID-19 pandemic there were many changes in relation to the delivery of dental treatment under GA. Due to infection prevention control measures and COVID testing of patients,[xiii] there was a significant reduction in capacity on these GA lists during this time.

4.15 We have examined the PHS waiting list data from March 2025 and compared it to March 2020, which was the last data point before the start of the pandemic, when much elective surgical care was suspended, followed by a period of reduced capacity.

4.16 The number of patient admissions to "Community Dental Practice" and "Paediatric Dentistry" lists has reduced significantly, when comparing admissions made in the quarter to March 2020 to the quarter to March 2025, by around 37% and 15% respectively.

4.17 The number of patients experiencing ongoing waits in the quarter to March 2020, when compared to the quarter to March 2025, has more than doubled for both of these waiting lists.

4.18 Almost 1 in 3 patients, who are on these waiting lists, have ongoing waits which are over 52 weeks in relation to the "Community Dental Practice" waiting list and almost 1 in 4 for the "Paediatric Dentistry" waiting list.

4.19 In 2022 the Cabinet Secretary for Health and Social Care set out key targets for NHS Scotland, which included a target to treat patients waiting longer than one year for inpatient /

day cases in most specialties by the end of September 2024.[xiv] At a national level this target has not been met for these dental GA waiting lists.

Chapter 5 - Themes identified

5.1 The BDA Scotland stakeholder event looked to identify the key issues and challenges associated with dental GA and a number of key themes emerged. It should be noted that the current evidence base and any associated guidelines[xi] relating to the delivery of dental treatment with a GA, should always be central to service planning and delivery.

- There is an impact of lengthy waits on other parts of the NHS system with both medical and dental services affected. An example of this would be when a patient presents to their dentist, pharmacist, GP or Accident and Emergency department, for treatment or advice whilst they are on a GA waiting list.

- Antimicrobial stewardship[xv] and appropriate use of antibiotics is central to dental treatment planning. It was highlighted that multiple courses of antibiotics may need to be prescribed for dental infections, whilst patients are waiting for their treatment to be completed.

- Children with experience of tooth decay miss on average five more half-days during their first primary school year than those with healthy teeth.[xvi] The impacts of poor oral health on general health are well documented and this was highlighted as a significant concern.

- Patients on these waiting lists often experience pain, eating and drinking difficulties, along with the impact it has on their ability to learn, with disturbed sleep and lost days at school/nursery and work.

- Many patients on these waiting lists will also have complex medical conditions, which require a multi-disciplinary approach to care. The dental teams providing care for these patients take a holistic approach to delivering patient centred dental care, including making reasonable adjustments.

- Concerns were raised that oral health inequalities are worsening with patients experiencing deprivation more likely to be on a dental GA waiting list. According to data published in 2023, the rate of hospital paediatric dental extractions under general anaesthesia procedures in children and young people aged 17 years and under in Scotland was 652.8 per 100,000 population. There was a 15.7-fold variation in the directly age-sex standardised rate of hospital paediatric dental extractions under general anaesthesia procedures across the NHS Boards of Residence in Scotland, ranging from 107.9 to 1,689.0 per 100,000 population. The highest age-sex standardised rates of hospital paediatric dental extractions under general anaesthesia were consistently observed among children and young people from the most socioeconomically deprived areas.[i]

- The PDS dentist workforce headcount has declined over the course of the last decade, from March 2015 to March 2025 by 24%.[xvii] Workforce planning and recruitment and retention issues were raised as an area which needs consideration. Concerns were raised that there may be a lack of special care and paediatric dentistry specialists to meet the

needs of the population in Scotland, as well as recruitment and retention pressures affecting the GDS, HDS and PDS.

- In some regions there was a reported lack of access to GA lists and a perception that it may be more difficult to secure dental GA lists than in other surgical specialties. Access to inpatient beds was also a challenge. There was an appreciation of the wider workforce pressures affecting the anaesthetic and surgical landscape too and the impact this would have on availability of theatre lists, as well as capacity.

- Waiting list initiative lists were thought to be difficult to access too and specific contractual barriers were felt to be contributing to this problem.

- The rurality associated with certain Health Boards brought specific challenges for patients, who may have to travel significant distances to access dental treatment.

Chapter 6 - Recommendations and Next Steps

6.1 There needs to be a "shared responsibility" in relation to tackling these waiting lists. This should be central to any changes and will require cross-sectoral engagement within both dentistry and medicine, in collaboration with Health Boards and the Scottish Government.

6.2 By ensuring that everyone works to achieve this collective purpose and by making sure there is a positive impact on our most vulnerable patients, we will start to see benefits for all patients on the waiting list.

6.3 The following suggestions could be considered during this engagement;

Access to Dental GA lists

- Appropriate funding must be made available, to ensure the availability and capacity of dental GA lists can meet the needs of the population now and in the future.

- Consideration could be given to 'protecting' dental GA lists to ensure equitable access to theatre space, compared to other surgical specialties. Workforce in both PDS and HDS who deliver dental care under GA, must be available to allow for utilisation of lists at short notice, for example when additional capacity becomes available. This may require additional workforce across these services, to ensure there is appropriate capacity and flexibility within both medical and dental teams.

- Workforce pressures across the whole GA team, including within anaesthesia, theatre and nursing teams, are also impacting on capacity and access to theatre lists. It has been reported by the Royal College of Anaesthetists that across the UK the number of anaesthetists is 15% lower than what is needed. With an estimation that this shortfall is preventing roughly 1.4 million operation and procedures from taking place per year.[xviii]

- Guidance from the Royal College of Anaesthetists[xix] states that a close working relationship is needed between the dental team, the anaesthetist and the other multidisciplinary teams involved. Going on to say that patients in this vulnerable group

require appropriate access, communication and perioperative care appropriate to their individual needs.

- Supporting the utilisation of joint operations with other specialties, could be of benefit to the patient, as it may reduce the need for additional procedures under GA and could reduce waiting list numbers. But again, this would require appropriate workforce to support the use of these GA lists.

- Support for joined-up working between paediatric dentistry and special care dentistry specialties, particularly for young people who are transitioning to adult services, could present opportunities for efficiencies, but would require appropriate specialist workforce planning.

- The support of the National Elective Coordination Unit[xx] could be provided to Health Boards to help them to address these waiting times.

Workforce

- Workforce pressures will affect dental access and the capacity of services must be adequate to meet the needs of the population.

- A fully-funded workforce plan for dentistry across GDS, PDS and HDS should be brought forward and implemented by the Scottish Government.

- Particular consideration should be given to ensuring there is an appropriate number of specialist and specialty training posts in special care dentistry and paediatric dentistry, to meet the needs of the population.

- Consideration should also be given to developing support for dentists wishing to gain entry to the GDC Specialist Lists via the Specialist List Assessed Application route.[xxi]

Prevention

- Prevention of oral diseases, ensuring good oral health and appropriate access to dental services, will be key if there is to be a reduction in the demand for GA dental services, along with an improvement in oral health outcomes and a reduction in oral health inequalities.

- Appropriate recall intervals for children and adults on GA waiting lists are important. General dental practitioners should be supported and encouraged to recall their patients for examinations, prevention/advice whilst they are on a GA waiting list. Consideration should be given to the best use of skill mix, so that the whole dental team can be utilised to support the oral healthcare of the patient. Education and Continuing Professional Development courses with a focus on prevention could help support the whole dental team to deliver preventative oral healthcare and should be made available.

- Expansion of dental services to support the use of behavioural management techniques, sedation and prevention, could support a reduction in need for GA dental services by

improving oral health and dental treatment compliance. These services should be funded appropriately to provide the required service capacity.

- Trauma-informed dental care and Realistic Medicine frameworks both aim to enhance patient care by considering the person's needs and experiences. By supporting the dental profession to utilise both of these approaches to oral healthcare, the need for dental GA could be reduced.

- By embedding prevention within all patient care, the need for dental treatment with GA could be reduced further. In order to tackle the prevalence of dental decay, consideration should be given to expansion of universal and targeted preventive measures, which are part of the oral health improvement programmes.[xxii] Evaluation of Childsmile supervised toothbrushing programme, showed that for every £1 spent the health service benefit at 5 years was £3.06.[v]

- All patients should be made aware of the information, resources and advice on the NHS Inform webpages, which can be accessed whilst they are on a dental GA waiting list, for example the "Waiting Well"[xxiii] resources.

Networks

- The development of Managed Clinical Networks[xxiv] could be considered to support local GA pathways and provide advice to clinicians, including peer support. These networks would require appropriate financial resources along with administrative support and could support patient pathway development and collaboration across Health Board boundaries. This could facilitate a more national way of working in order to utilise and maximise capacity of dental GA lists, which may vary by Health Board. Regional centres of excellence could be developed.

- Collaboration with medical colleagues is key, to ensure they understand the unique issues affecting dental GA waiting lists and will provide their support too. Raising awareness of the issues associated with access to dental GA lists would be beneficial.

Chapter 7 - Conclusion

7.1 The enduring challenges associated with dental GA waiting times in Scotland underscore the urgent need for comprehensive reforms in dental workforce planning, appropriate funding, and service delivery development, to ensure timely and equitable access to these GA services for all of our patients.

7.2 We hope the themes explored in this report shine a light on the current challenges and will result in further stakeholder dialogue across Scotland, including with patients, clinicians, service leaders and the Scottish Government.

7.3 Whilst a one size fits all approach will not be appropriate, engagement with the clinicians and managers delivering these services will help to ensure reforms will take account of any unique

needs of the population they serve.

7.4 We are calling for there to be a national discussion about the restoration and recovery of these dental GA lists with the Scottish Government, which should involve cross-sector engagement.

7.5 There must be a commitment to providing appropriate funding and resources to enable patients to receive their treatment in a timely manner. Consideration should be given to allocating targeted services and resources to address the lengthy waiting times experienced by an unacceptably high number of children and adults with additional support needs, who can only be treated under GA.

7.6 Whilst Health Boards undoubtedly have a responsibility to address any unacceptable waits at a local level, the severe and enduring nature of this problem and the impact of the waiting times on our patients requires the Scottish Government to take a national lead.

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