BRITISH ASSOCIATION OF PRIVATE DENTISTRY

Public Health England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26th June 2020

Dear Sir/Madam,

We write as members of the British Association of Private Dentistry (BAPD), and on behalf of a profession facing insurmountable challenges in its ability to deliver acceptable and timely patient care, as a direct result of guidelines laid down by PHE. Furthermore, we continue to await a formal response to our previous correspondence of 18th June 2020.

We would ask you to note our serious, ongoing concerns regarding access to essential primary dental care for patients: without doubt these challenges are directly related to the overly onerous PPE requirements imposed upon the dental profession. Frustratingly, much of it is based on very weak scientific evidence, for example the use of FFP2 and 3-type respirators. In addition, the associated fit-testing requirements and the continued lack of availability of this resource, means that many practices will remain closed to anything more than the most basic treatments for the foreseeable future. The patients being turned away from or facing long waiting times at Urgent Dental Centres (UDCs) are further evidence of the challenges patients are facing.

The issues are clearly demonstrated by our recent member survey (see below), which lists the key obstructions to optimal provision of care for our patients:

https://www.surveymonkey.com/results/SM-QKWJWJN37

- Reduced number of patient interactions per day and thus reduced access for patients
- Reduced average appointment time per patient: directly related to operator discomfort

- Reduced dental treatment completed per patient visit due to reduced appointment length
- Reduced dental staff availability for patient facing roles as a consequence of fit test issues
- Increased direct costs to practices which is passed on to patients
- Reduced perceived quality and scope of treatment availability due to workflows compromised by PPE
- Markedly reduced communication with patients due to PPE issues. This obviously affects informed consent
- Lack of availability of fit-testing
- Challenges with regard to quantitative/qualitative specificity and rationale for fit-testing

In addition to the alarming findings of this survey, we would wish to engage with PHE with regards to the evidence base which was adapted for use during the COVID-19 pandemic: specifically, the following scientific consensus document; '*A unified personal protective equipment ensemble for clinical response to possible high consequence infectious diseases: A consensus document on behalf of the HCID programme'*.

Whilst, we fully accept that at the beginning of the pandemic, little was known about SARS-CoV-2 and it was thus classed as a High Consequence Infectious Disease (HCID);it is clear that , as of 19 March 2020, this classification was removed for COVID-19 by both PHE and the Advisory Committee on Dangerous Pathogens (ACDP).

Therefore it is obvious that this consensus document, with its origins in the specific infectivity profile for Ebola, a hemorrhagic fever with significant primary infective vectors from blood and other body fluids, is no longer relevant to COVID-19, a respiratory virus.

We would therefore urge PHE to amend the present unworkable and unnecessary high-level PPE guidance, to reflect not only the non-BBV status of COVID-19 and its declassification from a HCID, but also the standard comprehensive mitigating factors that already exist in the dental clinical setting.

'We feel that a much more appropriate and pragmatic baseline PPE requirement for both AGP and non-AGP procedures to be a FRSM with full-face visor, disposable non-latex gloves and appropriate short-sleeved washable sessional clinical scrubs'

Now that the UK Government threat level has decreased to level 3, it is very clear that a pragmatic risk mitigation strategy has been adopted in other spheres and that this should be reflected in primary care dentistry as a matter of urgency, to resolve the current compromises in access to care

There is no doubt that the burgeoning public dental health crisis is directly related to limited access to dental services, which is in turn centred on draconian PPE requirements. The adoption of a more appropriate, attainable base-line PPE requirement for primary dental

care would go a long way to improving access and thus reducing the risk of a long-term deterioration in public oral health due to the COVID-19 crisis and the response to it, to date.

We would urge you to consider these points in addition to those raised in our previous communication regarding ‘Fallow’ time after Aerosol Generating Procedures in the primary dental setting.

Yours faithfully,

The British Association of Private Dentistry