



Public Health England  
Seaton House  
City Link  
Nottingham  
NG2 4LA

18th June 2020

Dear Sir/Madam,

We write on behalf of the British Association of Private Dentistry (BAPD) and feel compelled to raise our serious concerns to PHE with regards to material elements of the guidance issued to the dental profession in England. The current guidance is having a detrimental effect on the standards of achievable dental care, in addition to adversely affecting the mental well-being of both dental professionals and patients with potentially disastrous long term consequences for all.

The relevant guidance document to which we refer is, '*Dental standard operating procedure: Transition to recovery*', published on 4 June 2020. Whilst we appreciate that this OCDO document has a primarily NHS remit, elements within it are taken directly from the PHE document, '*COVID-19: infection prevention and control (IPC)*', last updated on 12 June 2020. We make specific reference to the fallow period to allow viral settling within the dental surgery setting; currently, this has been set at 60 minutes following completion of 'Aerosol Generating Procedure', and is based on very weak scientific evidence that appears to have been adapted from the following source documents by PHE:

The first source document is, '*Natural Ventilation for Infection Control in Health-Care Settings - World Health Organisation*', released 2009.

The second source document is, '*Guidelines for Environmental Infection Control in Health-Care-Facilities (2003), Appendix 8. Air.*' CDC.

We continue to show extreme concern regarding the paucity of evidence that has been used to impose drastic changes to the patient journey specifics for dental practice within England

by PHE, in addition to how onerous these fallow recommendations are compared to other comparable countries worldwide. We are aware that PHE is currently commissioning research into the subject of viral settling and fallow within primary dental settings: this is welcomed, but it raises the issue of your own implied position of very weak current evidence to prescribe onerous recommendations. The precautionary principle should not be conflated with an unevidenced position that is causing serious harm to dental public health, especially when the recommended time period appears to be completely arbitrary.

The table below shows fallow period recommendations for operative dentistry on a country by country basis throughout the world; it is notable how unrepresentative UK fallow period guidance is in comparison.

INTERNATIONAL FIT TEST/ FALLOW TIME COMPARISON

	Fit test required	Fallow required	Time in Mins	Cases per million
Spain	No	No	N/A	6228
Romania	No	Yes	20	1165
Norway	No	No	NA	1597
New Zealand	No	No	N/A	301
UAE	No	No	N/A	4348
Moldova	No	Yes	30	3037
Kenya	No	No	NA	72
Holland	No	No	N/A	2865
Estonia	No	Yes	15	1489
Ireland	No	No	NA	5133
Germany	No	No	NA	2247
USA Missouri	No	No	N/A	6630
USA Florida	No	No	NA	6630
Singapore	No	Yes	15 /45 post AGP	7005
Portugal	No	Yes	15	3661
Sweden	No	No	N/A	5281
Finland	No	No	N/A	1284
South Africa	No	Yes	15	1241
Denmark	No	Yes	5	2115
Nepal	No	Yes	30	226
Albania	No	No	N/A	581
Greece	No	Yes	5	302
Malta	No	Yes	20/ 30 no window	1486
Poland	No	No	N/A	798
Hong Kong	No	No	N/A	149
Canada	Yes/ No (depending on province)	Yes/ No (depending on province)		2635
Croatia	No	No	N/A	549
Austria	No	No	N/A	1909
Israel	No	No	N/A	2103
Slovenia	No	No	N/A	721
Belgium	No	No	N/A	5191
France	No	Yes	15 door/ window open	2411
Switzerland	No	Yes	15 with ventilation	3604
Iran	No	Yes	30 post AGP	2323
UK	Yes	Yes	60 post AGP	4393

The table clearly illustrates that England is a notable outlier with regard to fallow period in comparison to countries with similar population densities and broadly similar disease trajectories. This would seem to affirm that source documentation (cited above), that has commonality around the world is being interpreted differently by PHE. We find this unacceptable: the position has no basis in science and is adversely affecting dental public health; this would be in conflict with the role of PHE.

Inextricably linked to the obvious and present dental health issues is a significant increase in the mental health burden of the dental profession as a whole.

The significant issues are:

- 1) The mental challenge and guilt of knowingly leaving large numbers of patients in pain by a caring profession: this is fundamentally at odds with the accepted norms in modern dental care.
- 2) The lack of ability to expediently address this backlog when the problem continues to compound exponentially on a day to day basis.
- 3) A lack of ongoing professional guidance, leadership, and financial support for Private Practice during lockdown.
- 4) Furthermore, the physical act of providing dental care using the level of PPE required is now adding to the already significant mental burden placed on the profession.

Furthermore, a factor perhaps not considered or recognised is the effect this increased level of PPE has on the mental health of patients, and in particular children. It is accepted that PPE is a necessity in dental provision, but the extreme levels required for what is essentially routine safe dentistry on asymptomatic patients is more likely to result in lasting anxiety for many of our patients. The image of a gowned, hooded, visored and respirator clad dentist and assistant to provide a simple pulpectomy on a distressed 6-year-old is not something that is easily forgotten, but was a real life situation for one of our members this week

To summarise, we would urge Public Health England to urgently reconsider fallow period guidelines and PPE requirements to bring England into line with current evidence-based worldwide consensus. Specifically:

- 1) Reduce the fallow time to 30 minutes for AGPs and zero time for non-AGPs.
- 2) Revise the PPE recommendations to FFP2 masks and no requirement for gowns for AGP's.

It is very clear that urgent action is required to prevent an ever worsening dental public health crisis, coupled with a profession wide deterioration in mental health parameters in the coming weeks and months.

Yours faithfully,

The BAPD.