TO:

Members of Parliament (England)

Reply to: info@bapd.org.uk

20th June 2020

Dear Member of Parliament,

Re: OCDO Letter ‘Restarting dental services’

We feel that the recent letter you would have received from the OCDO (17th June 2020) requires urgent clarification with one that is less opaque, and endeavours to encompass the experience of the entire UK dental profession; perhaps highlighting some items not mentioned by the CDO but which have had a significant impact on patients and dentistry in the UK, and continue to affect the mental health of most dental professionals.

The British Association of Private Dentistry (BAPD) is an organisation established in April 2020, whose mandate is to support and represent all those operating in the private dental sector across the UK. We represent in excess of 10,000 members.

The BAPD tabled a Vote of No Confidence in the OCDO England on 15 May 2020; writing to the OCDO on 18 May 2020 with the results: an overwhelming vote from our membership in favour of no confidence. In reply, a brief rebuttal from Sara Hurley was published in the dental press on 20 May 2020 without the courtesy of a formal response, a “considered response" being promised “in due course”. To date, we continue to await that considered response despite sending a further open letter dated 20 May 2020, to rebut her initial comments and request transparency with regards to our previous unsuccessful attempts at OCDO liaison.

We are surprised by the content of this letter to all Members of Parliament (England), dated 17th June 2020, which takes a stance bearing scant resemblance to the reality experienced by patients and dental professionals during the COVID 19 Pandemic. Indeed, this letter appears to be little more than a ‘cut and paste’ of the letter to the profession received late in the evening of the 28th May 2020. Furthermore, we feel compelled to provide formal commentary on this letter; it would be remiss of us to continue to allow this misrepresentation of events that have fundamentally reduced the ability of the dental profession to safeguard the dental health of the general population of England.

We comment formally below.

QUOTE- *”On 25th March, in response to COVID-19, the CDO asked all dental practices in England to close for face-to-face consultations and move to telephone triage for urgent dental issues”.*

COMMENT- The CDO stepped outside her remit in asking ‘*all’* dental practices to close given her authority is limited to practices with an NHS contract: whether this was knowingly or in error remains open to clarification.

Local Area Teams apparently received formal notification from the OCDO in mid-February 2020 to prepare for centralised triage and face to face handling of dental emergencies. Despite this, on the 25 March 2020, a whole month later, operational readiness was clearly some distance away, with extremely limited access, regional inequalities and lack of appropriate PPE, compounded with tardy, scant communications from the OCDO to dentists which further reduced their abilities to provide timely care for their patients.

QUOTE- *”To meet the continuing need for urgent dental care, the dental profession stepped forward in partnership with the NHS to deliver over five hundred urgent dental centres across England, for face to face access to urgent dental treatment. This was an extraordinary feat. Access to and support from these urgent dental care centres will remain available throughout*

our next phase as we work with the profession to resume face to face care in all dental practices".

COMMENT- During the mishandled, poorly communicated and inexcusably slow rollout of urgent dental centres, it was clear that many were initially unable to treat patients due to lack of essential PPE and limitations in some skill sets to deal with more complex dental problems. Throughout the staged rollout, inaccurate communications from the OCDO gave the impression of a level of coverage and operational readiness at odds with the reality. This factually incorrect stance was confirmed by members of the public, our members, in addition to key workers within the UDC sites. A lack of ability to deal with all but the most basic dental problems remains, and it is only with the reopening of practice-based dental services that some of the more complex emergencies can now be addressed, albeit too late for many patients. We refer you to the attached email (Kelly Nizzer, Clinical Lead, London Region).

QUOTE- *"With this in mind I am writing to you to update on our progress with getting dental services back up and running.*

On 28th May we confirmed the intent that from 8th June primary care dental services (general dental practices and community dental services) may resume face-to-face care (both routine and urgent) for appropriate patient groups. This announcement was preceded by the cascade of a "prompt to prepare" guidance for all dental practices and followed by the publication of a detailed standard operating procedure to support resumption of dental care in England".

COMMENT- To clarify, the 'cascade of a "prompt to prepare" guidance' provided to dental practices was a single letter, delivered approximately 8 hours prior to the actual call to resume face-to-face dental provision. This letter was dated some nine days prior (19th May 2020) to its eventual delivery on the 28th May 2020.

The second letter from Sara Hurley stating the intent for resumption of face-to-face care was initially sent to Dentistry Magazine (an unofficial channel) and was actually released during the morning of the 28 May 2020 as a minimally signposted link within an on-line article that was "hidden within plain sight". The formal letter to the profession was only released at 5pm that day, giving a paltry 6 working days to recommission face-to-face dental care. The standard operating procedure document was published on the 4th June, one working day before the commissioning date, and the first release had non-functional hyperlinks to the essential linked documents.

This catalogue of errors from the OCDO England, promulgates the almost universally held perception amongst the profession that they have failed to provide timely, accurate and detailed communication to dental professionals throughout this crisis. It is frankly unacceptable and unforgivable that a caring patient-facing profession has been left hanging in the wind

when strong leadership would instinctively know that proper planning prevents poor performance. This rings especially true for a department led by someone with a military background. The consequent damage to patients oral health may never truly be known, but can be laid squarely at the door of the OCDO.

QUOTE- *"Dental care will resume in a way that is safe and with flexibility for dental practices to do what is best for their patients and their teams. This means there will be a gradual approach to resumption of dental treatments based on clinical risk assessments, the availability of personal protective equipment (PPE) and the ability to apply infection prevention control measures".*

COMMENT- The lack of PPE continues to adversely affect the ability of dental practices to reopen. In combination with the aforementioned incompetant communication was a wholly mismanaged patient perception resulting from a lack of joined up and regular communication to the profession, together with a culture of myth-weaving to spin a position of operational readiness which was clearly pure fantasy.

The outcome has been a degree of panic, stress, and indeed, mental health issues within the dental profession, the like of which has never been seen before. Most dental practices were only made aware that they would be able to reopen via a singular report in the mainstream media (specifically via a 'ticker-tape' message in the Daily Briefing on BBC1 on the 28th May). Many dentists remained unaware of this until their patients began to contact them that evening.

This has further skewed the public perception of the realities of patient-facing dental care at the current time and has bolstered the fake news that dentists do not wish to see their patients. Nothing could be further from the truth and we view this as a national scandal.

Furthermore, Public Health England then saw fit to make available stocks of PPE for sale to dentists via dental suppliers - with strict instructions that these be made available for sale only to NHS practices; an instruction that was only rescinded when private dentists voiced their objection. Given that most practices that offer NHS dental services also provide treatment on a private basis, and with no means to monitor whether this NHS-reserved PPE would be used on patients treated privately in those practices, this was nothing short of discrimination against dentists who only offer private dental services and patients who seek the same.

QUOTE- *"We are still advising practices to minimise face-to-face care where possible and to minimise the number of aerosol-generating procedures. Therefore, the range of dental treatments that patients will be offered will be different to that which your constituents received before 25th March. It is likely to be some months before general dental practitioners are able*

to provide care in a way that your constituents will be used to and will depend in part on the further easing of COVID-19 control measures".

COMMENT- To continue the previous strategy of using the very weak evidence base to conflate the precautionary principle with a scientifically illiterate and illogical position, will force the profession to continue to use aerosol-generating-procedures as a proxy measure for risk, whereas the alternative concept of aerosol-generated-exposure can provide a better proxy measurement within the weak and partial evidence-base. No current accurate reporting of the deterioration of dental public health is currently available, but anecdotal evidence based around UDCs and our members reports, suggest that the illogical attempts to eliminate risk, rather than the judicious mitigation of risk, will further impede attempts to right the wrongs of the previous shameful and inadequate dental response.

QUOTE- *"If you have any questions regarding the delivery of dental services within your constituency, your first port of call should be to your local NHS England and NHS Improvement Regional Director of Primary Care Commissioning and Public Health. You can make contact with them through your regional NHS team, the contact details of which are your personalised MP's guide to the NHS".*

COMMENT- We would urge you to instigate steps for a full and timely public enquiry to evaluate the almost entirely avoidable deterioration in dental public health during the COVID-19 crisis and to call those responsible to account, ensuring a forensic analysis of both the poor quality leadership of the dental profession in England, and the lessons that must be urgently learned to prevent a repeat of this catastrophe in the future.

QUOTE*-"We continue to advise that shielded patients, those at the highest possible risk from COVID- 19, should not currently attend dental settings unless absolutely necessary. If face-to-face care is required, dental teams have been asked to align dental care provision with the local arrangements for shielded patients or patients at increased risk. Often, that means dental teams will consult the patient's GP and/or other dedicated health and social care professionals as necessary to arrange face-to-face care in a way that the patient needs.*

In some cases, urgent dental care may be provided at home by a dedicated dental team. If that is not possible or is clinically inappropriate, the provider must have appropriate measures in place to separate shielded patients from possible COVID-19 cases."

QUOTE- "*Initially NHS England will maintain the current temporary contract arrangements to make monthly payments in 2020-21 to all practices that are equal to 1/12th of their current annual contract value, subject to abatement for lower variable costs. Work will continue with*

the BDA on the mechanisms for the full 2020-21 contract year with the intention of reintroducing a link to delivery of activity and outcomes.

As a dentist of over 30 years committed public service, my priority is to best serve the patient by ensuring access to appropriate and timely dental care. However, given the precautions necessary to minimise the COVID infection risk, I am sure you too recognise that dental practice has to adapt the way that they offer and deliver care with changes in pace, proximity and protection required for public and patient safety."

COMMENT- The thinly disguised advancement of the plan to centralise and reduce the scope of NHS primary care, has further disenfranchised the profession: this is frankly unforgivable. It is clear that there is an agenda to change the provision of Dental Care within England without consulting the profession; however to do it in such a sinister and underhand manner has not gone unnoticed by the profession.

It is apparent that even the most basic working knowledge of general dental practice has not been gained by the CDO, despite extolling her many years of public service.

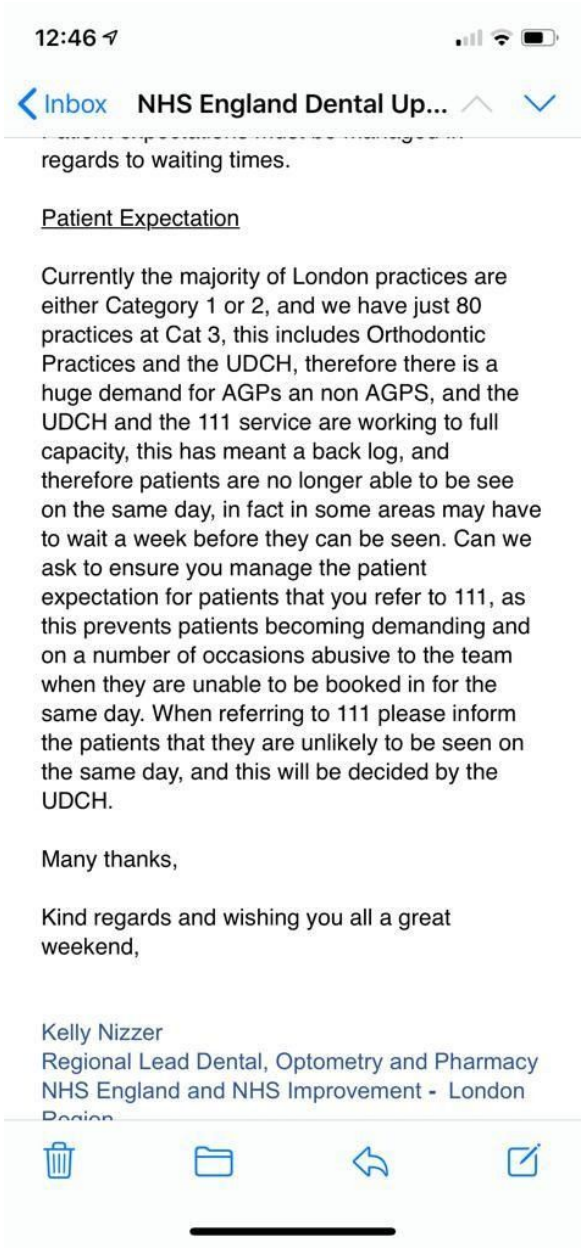
QUOTE- *"I hope this update gives you the assurance of the ongoing commitment to the nation's oral health and that dental care continues to be a vital component of the NHS offer to all patients".*

COMMENT- It is absolutely clear that dentistry was both forgotten by the government during the initial lockdown, and mismanaged to a breathtaking degree by those leaders given the task of steering the dental profession during these unique and challenging times.

This quoted letter is a gross manipulation of the truth, which should lead to the immediate resignation or indeed dismissal of the Chief Dental Officer, Sara Hurley.

Yours sincerely,

The BAPD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NHS England Dental Up...
regards to waiting times.
Patient Expectation
Currently the majority of London practices are either Category 1 or 2, and we have just 80 practices at Cat 3, this includes Orthodontic Practices and the UDCH, therefore there is a huge demand for AGPs an non AGPS, and the UDCH and the 111 service are working to full capacity, this has meant a back log, and therefore patients are no longer able to be see on the same day, in fact in some areas may have to wait a week before they can be seen. Can we ask to ensure you manage the patient expectation for patients that you refer to 111, as this prevents patients becoming demanding and on a number of occasions abusive to the team when they are unable to be booked in for the same day. When referring to 111 please inform the patients that they are unlikely to be seen on the same day, and this will be decided by the UDCH.
Many thanks,
Kind regards and wishing you all a great weekend,
Kelly Nizzer
Regional Lead Dental, Optometry and Pharmacy
NHS England and NHS Improvement - London