



18<sup>th</sup> May 2020

Dear Mr Health Secretary

Re: Vote of No Confidence in the Office of the Chief Dental Officer (England).

We are writing on behalf of the members of the British Association of Private Dentistry. It is our position that the members we represent have no confidence in the current structure, remit and functioning of the Office of the Chief Dental Officer of England and therefore the manner in which dental care in England and the UK is being managed. Patients have the right to expect reasonable access to necessary dental care during this crisis, regardless of where they reside in the UK.

A vote has now been held of our members which indicated that 97.5% have no confidence in the Office of the Chief Dental Officer. There were over 1600 respondents.

We absolutely recognise that the COVID-19 pandemic is an unprecedented global event that has led to a crisis in the delivery of healthcare generally, but sadly, for those patients in England who have had to suffer with severe dental problems, it has also exposed serious gaps in the planning and administrative systems for the delivery of dental services in our country, and also the lack of a coherent plan *involving all service providers* in the event of a crisis such as the current pandemic. The overt exclusion of private dental care providers from the outset has almost certainly led to much of the unnecessary pain and suffering and even life-threatening situations some patients have had to face. The dental profession and dental patients are in the news for all the wrong reasons.

Dentistry is an essential part of any healthcare system, indeed the government document of 1<sup>st</sup> May 2020 recognises this and clearly indicates that dental practices were exempt from the requirement to close. Therefore the events that unfolded for dentists and their patients, namely:

- the instruction for all practices to cease seeing patients face to face
- the lack of timely guidance for all providers of dental care
- the revelation of the lack of a clear command structure for *all* of dentistry,
- the lack of clear information for patients
- the poorly implemented contingency arrangement (UDC's)
- the pressure put on dentists to inappropriately prescribe antibiotics,

have harmed patients, affected the mental health of many dental professionals and undermined the public perception of and confidence in the profession.

Dental practices should never have been compelled to close in the manner in which they were, and it should never be allowed to happen again, and certainly not for any further COVID-19 wave, if there is one. A system needs to be in place where dentists, irrespective of whether the care they provide is funded by the NHS or privately, have input into a coordinated approach for the delivery of dental care in the UK . The lack of a proper plan for the immediate provision of ongoing emergency and urgent care for our patients and then permitting only 'AAA treatment' (advice, analgesics and antibiotics), flies in the face of the standard of care expected for patients at any other time. It has starkly exposed a gaping void in the delivery of the most basic emergency dental care, even taking into account the need to protect the public from unnecessary travel and contact with others.

Dental professionals are used to high levels of PPE and cross infection control; we have a significantly high grasp of the cross infection measures needed to protect ourselves, our teams and our patients from the risk of COVID-19 transmission and we should have been consulted on these matters as soon as it became clear there was confusion about authority and guidance. Instead the establishment continued on a path that has landed dentistry in the current crisis.

The ongoing assertion of the OCDO that they only advise on NHS Dental matters, and not those involving private dentistry, is disingenuous at best. Given the influence the OCDO has on recommended advice from the Department of Health, and therefore the GDC and CQC, this office does indeed significantly influence the regulation of private dental care by association. Furthermore, the practical reality is that indemnification of *all* dental professionals has been influenced by the recommendations of the OCDO irrespective of whether they are said to be directed at NHS dentistry.

There is also the ongoing lack of timely communication that the profession has had to contend with. The delivery and clarity of messages throughout the entire Coronavirus crisis with regards to dentistry in England, has left the profession at times bewildered and confused as to what the various messages have meant for

their patients. In contrast, the message delivery and protocols from the devolved administrations have been timely and clear.

The roll-out of Urgent Dental Centres has been slow and beset by problems from the outset, and there appears to be great variation in the approach by local commissioning teams, meaning some areas have good coverage while others have nothing, once again pointing to a lack of central leadership and control. We have seen UDCs close due to a lack of financial support from the NHS, leaving patients, dentists and 111 call handlers with unnecessary challenges. Patients who today are very savvy about treatment options for their dental health are being presented with a single third world treatment option; that of extraction, meaning the loss of many teeth which could have otherwise been saved.

More recently, we find ourselves in the position that despite the Prime Minister announcing those who cannot work from home should return to work, we are unable to do so as we have no guidance whatsoever from the OCDO as to when a proper return to work might be permitted, or what protocols would need to be in place when it happens. This is despite the abundance of well-published protocols being available from around the world where dental care provision has not been completely discontinued.

Dental practices are businesses too, and combined with the dental trade, dentistry is a microeconomy providing employment and a livelihood to hundreds of thousands of people and their families. We would like to emphasise that an instruction to 'not see patients face to face', is the same as instructing a dental practice to close. Dentists cannot treat patients without seeing them. With the OCDO therefore essentially going against the recommendation of the government regarding dental practices remaining open, and then providing a financial parachute for NHS practices only, the survival of mixed and private dental practices through this crisis has been seriously endangered. This is not only placing in jeopardy the livelihoods of thousands, but is adding to the crisis of patients accessing proper first world dental care in a post-pandemic world.

With the continued lack of communication to the profession as a whole, and the lack of an exit plan from this enforced closure, dentists are now left spending time and money trying to second-guess what lies ahead. Furthermore, with no proper plan for a return to work or an idea of what demands will be made of it, dentistry is in danger of being plunged into confusion and uncertainty for the entire dental team.

The consequences of the lack of clear leadership for *all* of dentistry in England, pointed out by Professor Nairn Wilson (BDJ Editorial 2014), have come to fruition. Something is going wrong and it is clear that change needs to happen swiftly. If

dental provision outside of the NHS continues to be unrepresented at the highest level and is allowed to wither and die because of a dogmatic belief that it has nothing to do with the OCDO, the ripples exposed during this COVID-19 crisis will grow into a wave of patient demand for first world dental care, that will overwhelm the ability of the NHS dental sector to cope. If we want to protect our NHS we need to recognise the contribution made by private dentistry and respect and protect that too.

Unless there are urgent changes, the country is heading for a dental health crisis that will certainly bring with it major general health implications for the populace and will set back oral health gains by decades.

It is time for a clarity of leadership in dentistry.

From the members of The British Association of Private Dentistry.