



Dear Mick, Charlotte and Dave,

18 March 2020

In my continuing dialogue with your Executive Team representative regarding the increasing numbers of patients affected by the COVID-19, availability of PPE and implications for the dental profession I have endeavoured to keep them up to date and welcomed their fulsome endorsement of our [standard operating procedures](#) “overall this is a thorough and comprehensive document” (26 Feb 2020). We are in unprecedented times where we need to keep pace with a fast-moving threat. To that end the [standard operating procedures](#) were designed and delivered with a suite of live hyperlinks to ensure that the [standard operating procedures](#) are automatically updated as soon as guidance is published by CMO, PHE and NHS England. We asked all dental professionals to bookmark these hyperlinks and maintain a routine of checking for changes and noting any new authorised direction and guidance.

I continue to work with our Public Health and infection prevention colleagues to ensure that we apply the latest validated scientific evidence to our guidance for dental practices in England. This forms the basis of our future proofed [standard operating procedures](#) and has been augmented with a [letter of preparedness](#) published 9 March 2020.

Despite the wide promulgation of the [standard operating procedures](#) and the live links, I am deeply concerned that you sense that the profession are unable to implement or are unaware of the “live linked” guidance for best practice, risk assessment and business continuity. I have maintained an open channel and invitation for feedback (a template was included in the [standard operating procedures](#)) for the profession.

Since our latest [letter of preparedness](#), 9 March 2020, the Prime Minister announced on Thursday 12th March 2020 that we will be moving from the containment phase to the delay phase of managing COVID-19, followed by a further announcement on Monday 16th March 2020 regarding advice on essential travel and self-isolation. The letter on [next steps on NHS response COVID-19](#) and the implications of this was published on 17th March 2020.

In particular, there is a change to the case definition of continuous cough and / or high temperature and the Prime Minister confirmed that the advice to self-isolate will now extend to the whole household where one member has such symptoms. He also announced the introduction of new social distancing measures, including the identification of a cohort of our patients who are most at risk the advice to whom will be to stay at home. The [new case definition](#) has meant an update to all guidance which remains consolidated on the NHS web site and the link is contained within the [standard operating procedures](#).

In recognition of the rapid changes and transition to the delay phase in the past few days, we continued our dialogue with PHE, NHS E/I, CMO and DHS&C with regards any significant changes to dental care provision and are required to await final sign off ahead of publishing my formal release to the profession confirming actions:

As established and hyperlinked in the extant [standard operating procedures](#):

- Clearly display the communication posters on COVID-19
- Practices should set up mechanisms to establish whether any potential patient or anyone in their household has symptoms, prior to any visit, by phone or text.
- Dental care services **should not** be delivered to those with potential COVID-19 symptoms or those in their households.
- Use robust infection control procedures, wiping down surfaces between patients with extra vigilance to include door handles etc. and use standard PPE

In addition, we will be asking dental practices to:

- Reduce the number of routine check-ups by cancelling patients from vulnerable groups (and offering cancellation to anyone else who wishes to do so) to reduce the need to travel.
- Consider the potential risk of asymptomatic cases attending in this delay phase and reduce exposure of staff and patients to infection by avoiding all aerosol generating procedures wherever possible
- Agree local arrangements to consolidate, where necessary, the provision of any essential, routine NHS work that cannot be delayed and urgent dental problems.

I recommend that you re-visit the [standard operating procedures](#) noting the live links and seamless access to advice as it is revised. If further clarification is required then I invite you, as the BDA leadership, to submit your observations to england.spoctxh@nhs.net so we can evaluate the requirement and adjust and inform as appropriate.

I have great confidence in profession's clinical judgement in applying this guidance, to best serve and protect their patients and their staff. However, I recognise that this will have implications for practice business models and financial security. I remain supportive of the continuing dialogue that the BDA initiated in Feb 2020 with NHS England and NHS Improvement Primary Dental Care Contracts and Commissioning team. The progress of your discussions and details are currently better known to your Executive Team at the BDA than I. However, with regard continuing monthly contract payments in line with the SFE during the pandemic, I understand that advice and guidance will be issued by NHS England and similarly notification regarding end of year reconciliation is expected to follow shortly.

In closing, I would like to acknowledge the impressive collaborative and measured approach already demonstrated by those in the profession who have stepped forward to assist the national response. Their commitment and professional clinical leadership in their communities are a beacon for the valuable contribution that the profession can make in supporting the NHS and the nation through the course of the pandemic.



Chief Dental Officer England