

Notes from the CDO England Virtual Meeting with DCP Groups - 22 May 2020

In attendance

All DCP organisations, representing, Dental Hygienists, Dental Therapists, Dental Nurses, Orthodontic Therapists, Orthodontic Nurses, Dental Technicians and Clinical Dental Technicians.

Sara Hurley, Chief Dental Officer England (CDO)

Eric Rooney, Deputy CDO

Nick Barker North East Region

Ian Mills, Dean FGDP(UK)

Stefan Czerniawski GDC

John Milne CQC

Public Health England (PHE) were invited but were not in attendance

- The CDO spoke about the need to return to work safely and effectively over the summer period and is aware that there is a desire for a timetable. She could not predict when this may be as they have to continue to monitor the situation and balance the public health need as well as the oral health need.
- The guidance from PHE is determined by the current transmission risk. At present we are still in a sustained transmission risk and waiting to move to the contained transmission environment.
- There are 550 Urgent Dental Care (UDC) Hubs in England and the ambition is to expand this to all primary care dental practices to open, allowing them to treat their own patients for emergencies. It seems that this would be for non- aerosol generating procedures (AGPs) and the UDCs would continue to treat those that required AGPs.
- The CDO recognises that when we go back to work there will be limitations on the number of patients that we will be able to treat and restrictions, such as social distancing, patient flow, infection control measures and range and availability of PPE.
- She spoke about the 'Prompt to Prepare' (PtP) guidance that PHE was waiting to be published. (I think it's fair to point out that England is different in structure to the other nations, and any documents or guidance they produce a to be signed off by several departments before it can be distributed to us. This is why England seems to be behind the other nations on receiving guidance.) **This has now been released.**



- The CDO spoke about the practices that are thinking of going back to work soon and that they take into serious consideration the current prevalence and absolutely assured that they have all the appropriate protection in place for their staff and patients. It would not be her considered advice for practices to be going back until all the relevant PHE evaluated risk shows that England is not in sustained transmission. The Republic of Ireland moved to Contained transmission which is different to us. She asked that people consider the public health requirements and the continuing rationale for the temporary suspension.
- All Standard Operating Procedure (SOPs) documents have a feedback form on them allowing the individual to inform them of areas that could be included or amended.
- The CDO says that practices should be approaching this with a multidisciplinary team approach, and ensuring that all the team can contribute to the patient's treatment – prevention, stabilisation, minimally invasive restorations. She stated that care being delivered will be different and looking at good health care outcomes, promoting minimally invasive oral care with prevention as essential. (I interpreted this as; prevention will be put at the forefront of treatment which is a positive to our profession).

Questions previously submitted and chat line:

How can social distancing be observed in dental practices?

This will be answered in the PtP SOP and there is a YouTube video from Health Education England (HEE) showing the patient journey https://youtu.be/1pLA_Afef7A

Was there a workstream to look at how were go back smoothly?

One of the points of having a graduated approach you can monitor and sustain in order to move through a multitude of phases quickly should the risk allow you to. This will allow us to also move backwards, if required. This is all about public health safety, safety first and then it's about the profession's safety.

For clarity, I asked if the SOPs were for NHS and Private practices?

The SOPs have been written for patient care no matter how the practice is funded. They were evidence-based SOPs.

The CDO then talked about the letters of commendations about DCPs that have been redeployed or volunteered. DN – 3500+, DH/DT 1000+, Orthodontic Therapist and Dent Techs. One of particular note was a Foundation DT that worked in the NHS triaging in London and the Commissioner has asked to utilise her more. The skills demonstrated has shown how the dental workforce have incredible skills that can be used in different formats and how can we make the wider medical profession recognise that?



John Milne was offered time to speak:

Prime aim of CQC as regulator, as always, is to look for people who are delivering care where they deliver it in a safe way. Safe delivery of service applies whether it is NHS or Private practices, it's the care of the patient that is paramount. The CQC will be looking to others to provide the SOPs, they will be looking at the FGDP(UK) and PHE guidance.

Stefan Czerniawski: GDC

From the questions received, the CDO put it to Stefan that some DCPs feel they are being pressured, in some cases, to undertake care where they may have concerns about protection, patient and public protection to return to work but they have concerns about safety and available PPE?

GDC is a regulator of the profession of dentistry, wherever this happens, NHS or Private.

Where there are concerns, it is perfectly proper to hesitate, ask the rigorous questions of everyone involved, is it a safe state to give and receive treatment and if there are any concerns to raise this within the practice.

From BSDHT: was there a need for mandatory DN support for DH and DTs?

The Standards states 'appropriate' support. He recognised that something did hang on the word 'appropriate'. The supporting guidance, does talk about a second person being present.

Appropriateness is appropriate to the circumstances and in current circumstances particularly to support AGPs when that becomes more prevalent. **He thinks that the circumstances for that second person will be absolutely critical and may well be greater than it had been in a pre COVID-19 environment.**

From the perspective of a practitioner who feels they need that second person present to deliver safe and effective care, then absolutely it is their professional responsibility that they don't work if they don't think the safe environment is present but also to signal very clearly to practice owners or others that they are feeling constrained in their abilities to work effectively. The standards do exist and should be taken seriously. There is an element of judgement.



Q. From BSDHT: If treatments were being carried out in other countries, such as Germany, during this time, why were we closed?

Germany uses the UDC hub system for patients that are suspected or confirmed as COVID-19. They have a different approach to testing that allows them to provide this different approach. In our sustained transmission environment, the current direction is that every patient presents a risk therefore, every patient that walks through the door is a suspect or unconfirmed COVID-19 case. They wait for PHE guidance to be able to move into a contained transmission environment, PPE availability is also a factor for practices. Some countries have continued to work throughout the pandemic and testing seems to be the answer. This may allow a quicker move to resuming routine dental treatments and mass testing could be a role for DCPs.

The CDO finished by saying: Being patient and keeping the faith – people still want OH care but we've not been able to give it to them in the way they would like but this will change with quantity and quality. Just need to get the right conditions safety and effectively to make that transition back – good patient care, great outcomes. Wanting to stay positive. It's been a difficult journey but a way to go, next step is transition to recovery before going into restoration. We are going to get there and thank you for your support.

