



Dear Colleagues,

01 May 2020

On 29 April NHS England and NHS Improvement published a letter setting out NHS's actions as we enter the second phase of the NHS's response to COVID-19. Against a backdrop of sustained transmission, we are all keenly monitoring progress against the five tests set out by the government for lifting the public health measures. These measures will impact on the pace at which we, as a dental profession, can commence our transition to the resumption of dental care for our patients. We are fully aware of our responsibility to carefully balance access to care against the needs to safeguard the public, patients and the dental workforce. As a profession we are not unaccustomed to difficult decisions but the ramifications of misjudging the risk in the current environment are significant.

The limiting factor to resuming dental care is not a lack of professional ambition but the constraints of the public health measures currently in place. Consequently, I fully expect the NHS Urgent Dental Care system to expand as the public health measures are reviewed. As part of the NHS intent for this second phase, regional dental teams and PHE, working with NHS local systems, are being asked to step up non-COVID-19 urgent services. I am asking regions to deliver greater coverage and an increase in access to provision, however the overriding factor in the design and intent remains to ensure the safety of both patients and of dental teams. These steps are part of the broader intent as we set the conditions for the successful resumption of dental care delivery in the post-COVID era.

As we continue our national transition to recovery there will be several thousand COVID-19 positive patients requiring care. We are going to see increased demand for COVID-19 aftercare and support in community health services, primary care and mental health. This will include increasing access to dental care for these vulnerable patients in a variety of settings. This means ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance as well as continued use of PPE and testing in every active care setting to protect patients and staff. Again, this has specific impacts for the resumption of dental services and will require adaptation of service models across the piece - from individual clinical practice, to practice protocols and scheduling, to the operating of local and regional clinical networks. Consequently, the profession together with commissioners and corporate bodies must be prepared for a new clinical and service philosophy for a new era of dental care. Working across the four nations and with due reference to international experience and informed by the wealth of submissions from proactive practitioners, an appreciation of the planning, training and business support to enable recovery and resilience through transition has commenced.

In the interim, despite the frustrations our profession has not been slow in coming forward. Alongside the current urgent dental care provision, we have also seen an increase in requests for the dental workforce to contribute to healthcare - be that in acute settings, support for the testing and contact tracing programmes, as well as advising on infection prevention control in a variety of community care settings. In fulfilling these requests, our profession maintains a proud tradition of contributing to the wider national endeavour, with tangible recognition from our healthcare colleagues of the skills and broader applicability of our patient care and clinical competencies. The mobilisation of our highly skilled workforce and its ability to be re-deployed into a variety of settings is described in our published framework¹ that matches skills sets with the new COVID-19 clinical environment. Designed by a team of dental care clinicians, the framework for dental

¹ Redeploying the clinical dental workforce to support the NHS clinical delivery plan for COVID-19 – published 20 Apr 2020 available at <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0301-Permissions-Redeploying-our-people-clinical-dental-workforce-v2.pdf>

professional redeployment aligns the competencies of the dental team to a range of needs and settings. NHS National Clinical Directors and the Royal Colleges were consulted in developing appropriate tasks and roles, taking into account the existing competencies of the dental workforce. In mapping to these new roles, it has been recognised that some individuals will have enhanced training that will enable them to take on more challenging roles. We encourage individuals to declare these skills and to evidence these competencies during induction and orientation. However, the expectation is that the workforce will continue to operate only within the limits of their competencies, in an assured safe clinical environment using all recommended and essential personal protective equipment (PPE).

While life is far from normal the current health and social care landscape offers the profession an opportunity to work collaboratively across different care systems to showcase our talents. As we prepare for the resumption of dental care and the challenges of delivering dental care in the post COVID-19 environment we are putting the mouth back in the national body. I look forward to building on our reputation as an adaptable workforce and extending the new professional relationships that will serve the long-term interests of the profession and underpin better integration of care for all our patients.



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