

Coronavirus Letter to Government

Dear Sir/Madam,

We are writing to you as we all try to manage the unprecedented crisis caused by Covid-19 and the cessation of all face to face dentistry, as per advice from CDO Scotland on Monday 23rd March.

As independent practices and practitioners we are seeking some level of financial support which will allow us to survive as independent dental practitioners. Currently, because we provide the majority of our treatment outwith the NHS, our Practices will not be materially supported by the financial support package offered by the CDO to NHS dental practitioners.

It is worth noting that for those private practitioners who have any NHS commitment, in the event of bankruptcy they will not be allowed (under the current terms of the GDS) to provide NHS care.

Most of us have earned more than an average of £50K over the last 3 years and so do not qualify for the Chancellor's Self-employment Income Support Scheme. A number of us are company directors and would not qualify for this scheme regardless.

As a result of the above, we in private practice are trying to keep paying wages from any reserves we have until the Job Retention Scheme grant money starts to filter through. Aside trying to cover all the same practice overheads as our colleagues in NHS practice, we also need to try to cover our personal expenses.

No-one knows when we are going to be allowed back to normal working. Aerosol generating procedures are an integral part of contemporary dentistry, and the Covid-19 virus is not going to disappear from our communities overnight.

Like other businesses, we have been advised that, whilst Covid-19 is now recognised as a Notifiable Disease, our insurers are not prepared to pay out under any interruption of business clause. It appears unless Government brings pressure to bear on the underwriters, this situation will not change.

Without some financial support, it is our concern that the greater any particular Practice relies on private income, the more likely it is to go bankrupt. Our staff will lose their jobs. Our associates, therapists and hygienists will similarly lose a place of work. Laboratories that rely on our business may also fail. This will all have an inevitable knock-on effect for whole families and the wider economy.

In recent days, many of us have donated surgical gown packs, masks, visors, hand gel and wipes to the NHS. This will hopefully save delays in frontline staff receiving appropriate PPE and potentially save the lives of colleagues across the health care spectrum. We, like our NHS colleagues, offer up our supplies gladly as part of the national effort.

Many of us are experienced clinicians with oral surgery and restorative dentistry skills and, wherever possible, are prepared to volunteer our services within the current model for providing emergency care.

In doing so, we will be exposed to the same level of health risk as our mainly NHS colleagues, but, as private practitioners, we will receive no financial support to look after our businesses or our own families and dependents if we become ill. Currently, health insurance companies will not pay out as any illness (COVID-19 or otherwise) does not reduce our ability to earn since our Practices are already closed.

Private practices, whether specialist or general, provide a significant alternative referral portal for our NHS colleagues and offer cost-efficient, high quality dental treatment that would be very difficult if not impossible for the NHS to provide with its current resources.

General Dental Council standards state that dentists must not carry out treatment that is beyond their level of experience. In a patient-centred era when dentists are obligated to provide treatment which is in the best interests of the patient, and to refer when necessary, dentists working in NHS practices rely on private practices to provide their patients with a high quality service.

Within Scotland, there is now a private practice infrastructure that works symbiotically with the NHS. There are many young dentists undertaking University-run MSc courses at their own expense because that

infrastructure is there to accommodate them once they have received the appropriate training. If we allow that infrastructure to fail, young dentists may not have the confidence to rebuild it in case they too are left financially-isolated at a time of future national crisis.

Many dentists who work within private practices also contribute to NHS Dental Education in Scotland. Many are sought-after educators within Universities, dental hospitals, vocational training schemes and Royal Colleges. Much of this involves taking time out of their Practices which they are only too happy to do in order to help teach Scotland's dentists, most of whom treat patients within the NHS.

As practice owners, we invest a significant amount of time and money in undertaking postgraduate education and clinical skills training for ourselves and our staff in addition to ongoing investment in equipment. Under **normal** circumstances, we receive no assistance for any of this and nor would we expect any.

However, these are **not** normal circumstances. We have all lost count of the number of times the word 'unprecedented' has been applied to this ongoing health emergency.

We are not asking for special treatment, simply a recognition that we are, as the Prime Minister reminds us 'all in this together'.

Once we have recovered from Covid-19, we will all face an enormous dental challenge. Months of patients being unable to access all but true emergency care will create an enormous treatment need, much of it potentially complex and beyond the scope and resource of NHS practice.

If the NHS is to be resilient because of its financial support package, it will need private practices to be similarly set to go with teams and infrastructure as robust as they were when they were abruptly (although correctly) prevented from functioning in March, 2020.

Private practices do not compete with NHS practices, but operate in harmony, and are an essential adjunct to provide support to NHS practices (general and hospital-based). They are populated by talented dental professionals whose livelihoods are currently at great risk. Please do not let them be forgotten in your developing strategies to keep dentistry in Scotland alive and well after Covid-19. To do so would be catastrophic to the NHS, its dentists and its patients.

We would therefore respectfully request that funding arrangements for Private dental practitioners be reviewed by the CDO as a priority. We would of course be willing to be involved in discussions around how such arrangements might be managed.

We look forward to hearing from you in early course.
Kind regards.

Yours faithfully,

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