Return to the coalface

By Kate Quinlan

In early July 2020 – almost a month after dental practices in England were told they could reopen their doors to patients – I asked a selection of UK dentists what ‘returning to work’ looked like for them, their practices and dental teams.

Marcus Clery

Marcus, Practice Principal, and his wife, Co-Principal Rakhi and members of their dental team just back from furlough, July 2020, Surrey

‘This presents significant financial pressures with reduced income’

My wife Rakhi and I are principals at a predominantly private practice with a small NHS contract in Surrey.

Our practice reopened on 8 June, with face to face patient care on 15 June. We have followed the protocols outlined by the CDO and BDA guidance, including social distancing measures, triaging of patients and use of enhanced PPE where appropriate. We are seeing about 25% of the previous patient numbers, and offering the full range of treatments, where appropriate (avoiding face to face care of patients in high risk categories). We are providing AGP and non-AGP procedures, using all the appropriate PPE and 60-minute fallow time.

During lockdown we met with our team members through Zoom meetings, and now a combination of remote and direct meetings is used. Our entire team, except cleaner, were on furlough during lockdown. One member is still on full furlough, while almost everyone else is back in full/part-time capacity. We have had to amend team working hours to accommodate extended opening hours in order to increase capacity.

The biggest challenge we face right now is maintaining social distancing, and fallow time is resulting in significantly reduced throughput of patients. This presents significant financial pressures with reduced income. We hope to eventually get back to a financially sounder position.

We are feeling positive that we have implemented the new standard operating procedures (SOPs) as required but concerned as to how long the ‘new normal’ is viable.

Simon Francis

GDP working in Whitley Bay, Newcastle

‘Another weird experience in the year of weird scenes’

The announcement that dental practices could reopen on 8 June caught our profession on the hop. Trying to explain to patients that they heard about the reopening at the same time we did was another weird experience in the year of weird scenes inside the dental world.

But let’s rewind a few weeks. I work as an associate for one of the smaller corporates and when the Urgent Dental Care Hubs were announced we were asked if we would be willing to open up. We did so without hesitation and even though the learning curve was steep we soon adapted to the new way of working. The team I work with have been exemplary during this crisis and I couldn’t ask for a better group. Our management team has also stepped up to the mark. We have all been paid on time and correctly and our welfare seems to have been paramount to them. When I hear that friends and colleagues have not been paid since March and have been expected to work I feel both very lucky and angry at the way some members of our profession treat each other.

Our patients have been incredibly understanding in respect to the situation we have found ourselves in. Although it has been frustrating not being able to offer the full gamut of treatments it has been satisfying being able to get people out of pain in those ways we have at our disposal.

Post 8 June, we have discussed starting to provide AGPs but finding fit testing kits has proved to be a task of Sisyphean proportions. We are hopeful that we should have them by next week which has given us time to get our SOPs really nailed down and to make sure everyone has the training they need.

As we move forward I believe that there is an opportunity for the dental profession to come together that is sadly being missed. The COVID-19 crisis has hit us hard and a lot of people are struggling. I have seen profiteering and misinformation on dental Facebook groups and awful divisive attitudes between associates versus principals and private versus NHS and vice versa. We are in danger of the profession tearing itself apart but I truly hope that this crisis leads to the emergence of the united voice in dentistry that we have sorely needed for a long time.

Teresa Ng

Community Dentist, Shropshire

‘The importance of staff wellbeing has been imperative during this pandemic’

Shropshire Community Health NHS Trust provides NHS dental care through general dental practices in a rural setting, dental access centres (DAC) for unregistered patients, in addition to providing care to special needs and paediatric patients. Throughout the COVID-19 pandemic ▶▶

« the service has provided urgent care for unregistered patients, and a referral service for shielded patients. In addition, an isolated 'hot' site for COVID-19 positive or symptomatic patients was provided.

The patient journey is no longer recognisable, through technological advances of remote triaging, appointment only entry, the comprehensive personal protective equipment (PPE) and infection control and decontamination measures. This has created an impersonal clinical process. Patients are prepared for the changes by audio-visual and pictorial resources.

Capacity for appointments has reduced significantly due to changes in staffing and to allow for new infection and decontamination protocols including donning and doffing areas. Consequently, this limits a dental surgery to six urgent care patients a day to facilitate social distancing, and to allow for fallow time after aerosol generating procedures and remote triaging. With the community transmission levels of COVID-19 at present, only urgent treatment with limited aerosol generation is currently being offered.

provide care for new and existing patients. Furthermore, considerations are needed as to when conscious sedation, domiciliary and general anaesthetic dental care resume.

Global news of COVID-19 reports recurrent infection spikes and lockdowns; the reminder is echoed through the indefinite operation of the COVID-19 site. It appears unlikely that dental services will resume to pre-COVID-19 operational capacity for some time yet.

Zara Leighton

*Community Dental Officer
and Specialty Maxfax
Doctor, Manchester*

'Comfort calls to patients have provided some reassurance'

I have had a more varied perspective during the pandemic, working for both the Community Dental Service and also within a maxillofacial unit in Manchester.

'The patient journey is no longer recognisable'

The importance of staff wellbeing has been imperative during this pandemic, as we all persevere and embrace the daily changes in dentistry and service provision.

The team dynamic has evolved. Dental nurse roles have adapted to be fundamental to the triaging of patients, and clinically redefined in dirty and clean roles. Some have been redeployed into community roles such as phlebotomy. Additionally, vulnerable clinical staff have been risk assessed, to wear higher levels of PPE or adopt non-clinical roles.

As referrals for shielding patients stop as their status is removed from August, and the restrictions of COVID-19 eases, the rebooking of cancelled community GDP patients, special care and paediatric patients, alongside the influx of new referrals from GDPs as they re-open, provides a new challenge. The restoration of the services provides a conundrum balancing staff, clinical time and dental surgeries to

The administrative challenges of restarting large teams have been vast. Words I have never used before are becoming the 'new normal': fallow times, aerosol generating procedures and exposures, air changes and risk assessments galore.

The demographic of patients accessing both maxillofacial and community services tends to be in higher risk categories due to medical co-morbidities or age, so our services have had to balance risk. Adapting to this, we have extended our remote triaging capabilities and now have access to video consulting software and operating procedures for photo consultations – some patients being more willing or capable to engage with these adaptations than others. In terms of new protocols, we have adopted new COVID-19 screening questionnaires and there is a high level of pre-appointment triage within both services to ensure that time spent physically with the patient in surgery is minimised.

With the resumption of more planned and elective maxillofacial treatments comes new safety procedures. Though generally welcomed by staff and patients, they present new barriers in patient access to care for example, patients are needing pre-operative COVID-19 swab testing and elective admissions are being asked to self-isolate at home for 14 days prior to hospital attendance.

From a paediatric community service point of view, an ever increasing number of children requiring multiple extractions over recent years compounded by the cessation of elective general anaesthetic/sedation lists means delays to definitive treatment and children in pain will be forced to wait – a difficult concept to explain to worried parents and carers. Comfort calls to patients have provided some reassurance, but we have to be honest in that we just do not know when these elective treatment lists will be running at full capacity again. Managing urgent toothaches for these patients is especially challenging as of course many of the patients seen within the community setting are very dentally anxious. To try and address this, we now provide pre-appointment packs via email with photos of what to expect in terms of new procedures and photos to show Level 3 PPE.

We can only hope that we can provide the access to those that need it and make patients and staff feel as safe as possible in the coming months.

Lee Abrahams

*Trust Grade in Oral
Surgery, Cornwall*

'Like it or not, the "new normal" is here to stay'

COVID-19 has changed the world of oral and maxillofacial surgery as we know it, not least, here in Cornwall. The 'new normal', as the media have branded the unintended consequences of this unprecedented pandemic, has resulted in entirely new working practices which 12 months ago would have been unthinkable.¹

During the initial lockdown period, hospital staff were keen to ensure that

« patient services were maintained, with urgent oncology and trauma procedures taking priority, whilst a significant backlog of dentoalveolar patients accrued. Our regular day case theatres were postponed as anaesthetic resources were allocated elsewhere and the 'telephone clinic' became a regular fixture within the SHO and middle

months, bringing with it pressure on services and infrastructure, not least the county's only district hospital. It remains to be seen if the pattern will be repeated this year but the Royal Cornwall Hospitals NHS Trust (RCHT) where I work could be one of the first hospitals to witness a new spike in cases. Telephone clinics remain in use for rapid

'With a second wave ominously on the horizon, it is important that resources are not spread too thinly.'

grade rota.

Now that lockdown is easing and patients are returning to the unit for treatment, the department is adopting new strategies to ensure access is maintained, efficient and effective. With a second wave ominously on the horizon, it is important that resources are not spread too thinly. Due to its propensity as a tourist destination, Cornwall's population doubles over the summer

triage of non-urgent patients and have been successful in streamlining pre-surgical assessment. Video clinics have permitted us to communicate with vulnerable patients who are shielding at home and we have looked at the viability of using these routinely, moving forward. This may help to improve patient waiting times and reduce the number of unnecessary appointments, especially at follow up.

We have maintained links with UDC hubs for rapid triage and referral to secondary care for emergency cases, with significant dental infections prioritised due to a lack of general dental provision in recent months. We are now, thankfully, returning to some semblance of normality, with face to face clinics and minor oral surgery procedures being gradually reinstated, albeit at reduced capacity.

For the foreseeable future, it appears enhanced PPE will be a prerequisite for all AGPs. Additionally, the potential for virus particles to persist in the air for a number of hours post-operatively is likely to increase turnaround times in theatre, obligating reduced theatre lists.

It appears, like it or not, the 'new normal' is here to stay. ■

Reference

1. Blackhall K K, Downie I P, Ramchandani P *et al.* Provision of emergency maxillofacial service during the COVID-19 Pandemic: a collaborative five centre UK study. *Br J Oral Maxillofac Surg* 2020; **58**: 698-703.

UK dentistry involved in groundbreaking clinical trial for new orthopaedic material

A startup company, LaunchPad Medical, in Lowell, Massachusetts, USA has spent the last five years perfecting the development of a synthetic bone glue which is derived from an adhesive used by the small marine animal, the sandcastle worm, to glue small grains of sand together whilst under water, to form a hard shell.

The glue, called Tetranite, has satisfied all pre-clinical *in vitro* and *in vivo* studies and has been shown to have the potential to change the way we treat patients with fractures, and any form of bone anchored implants, from dental implants to hips, knees etc – being highly effective at gluing both bone-to-bone and bone-to-metal, specifically titanium. As a result, the US Food and Drug Administration (FDA) recently gave approval to commence a groundbreaking 'first-in-human' clinical trial in the US, for gluing of dental implants into fresh extraction sockets.

For over 50 years the scientific community has been struggling to find

a bone glue which can bond bone-to-bone, and do so in a wet, bleeding environment and then set with enough strength to ensure that it can resist functional loading. Obviously such a glue would also have to be biocompatible, non-toxic and preferably

resorbable. Such a challenge has remained unmet by modern science until now.

In the UK, Dr Michael Norton (pictured), a specialist in oral surgery practising in London's Harley Street, has received MHRA and REC approval to also undertake a first-in-human clinical trial for the immediate extraction and implant placement using the Tetranite technology.

Unlike the US study, the Norton study includes immediate temporisation as an important first step towards looking at how the glue performs under immediate functional loading.

Dr Norton told the *BDJ*: 'This is undoubtedly the most exciting clinical trial I have been involved in. This product has the potential to change the treatment and the lives for millions of people who suffer fractures or require dental or orthopaedic implants. I believe this is a feather in the cap for the UK dental profession and shows that we lead the way in implant research.'