Public affairs, policy and media update – July 2020

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Type of business	To note.
For Council only	Public session
Issue	This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council. This report has been previously called 'Horizon Scanning', but has been updated to reflect the content of the report. We are currently giving consideration to how we might produce a regular forecast or analysis of the external environment.
Recommendation	To note.

Contents

This report included the following sections:

1. COVID-19 research and policy developments in dentistry

COVID-19 guidance for dental practices

1.1. Signposting to guidance from Chief Dental Officers across the UK, Public Health England and other sources on the reopening of dental care services continues to be available from our website. We also continue to provide COVID-19 related guidance on GDC policies and processes that have changed or been augmented during the pandemic and information for members of the public.

Guidance issued by FGDP(UK)

1.2. The guidelines entitled Implications of COVID-19 for the safe management of general dental practice were launched by the Faculty of General Dental Practice [FGDP(UK)] and the College of General Dentistry. The guidance adopts a risk-based approach, aiming to provide flexibility of application across different working environments, geographical location, scopes of practice and individual circumstances.

Joint statement on to clarify and contextualise COVID-19 guidance

1.3. FGDP(UK), the British Society of Periodontology and Implant Dentistry (BSP) and College of General Dentistry (CGDent), working with the Office of the Chief Dental Officer for England, have issued a joint statement to clarify and contextualise the differences in guidance issued relating to the provision of a dental prophylaxis under Level 4/3 COVID-19 alert status.

Rapid evidence review of opening dental services during the COVID-19 pandemic

1.4. On 13 May, NHS Education for Scotland (NES) published a rapid evidence review of guidance for re-opening dental services. The review was carried out by a research consortium including the Scottish Dental Clinical Effectiveness Programme (SDCEP), NHS Education for Scotland (NES), the Universities of Aberdeen, Dundee and Manchester, and the Cochrane Oral Health.

1.5. The rapid evidence review considered internationally produced guidance to support decision-making for re-opening dental services closed or reduced across the world as a result of the COVID-19 pandemic. It identified sources from eleven countries and focused on five areas:

- practice preparation
- personal protective equipment
- management of the clinical area
- dental procedures, and
- cleaning and disinfection.

1.6. The key messages from the review include:

- Most guidance sources recommend patient triage by telephone; some recommend temperature screening at reception.
- Most sources recommend avoiding aerosol generating procedures (AGPs), if possible.

- Sources include recommendations on how to reduce the risk of transmission (e.g. use of pre-operative mouthwashes, high volume suction, rubber dam, and PPE).

1.7. All sources emphasise the need to focus on activities that minimise risk (to staff, patients, and the public) but still support high quality clinical care.

Treating patients during the COVID-19 pandemic

1.8. On the 29 May, the British Association of Private Dentists (BAPD) published a survey of around 1,000 dental practitioners. They survey revealed key barriers to optimal provision of care for dental patients. The BAPD reported:

- Reduced number of patient interactions per day and thus reduced access for patients.
- Reduced average appointment time per patient: directly related to operator discomfort.
- Reduced dental treatment completed per patient visit due to reduced appointment length.
- Reduced dental staff availability for patient facing roles as a consequence of fit test issues.
- Increased direct costs to practices which is passed on to patients.
- Reduced perceived quality and scope of treatment availability due to workflows compromised by PPE.
- Markedly reduced communication with patients due to PPE issues, which would obviously affect informed consent.
- Lack of availability of fit-testing.
- Challenges with regard to quantitative/qualitative specificity and rationale for fit-testing.

1.9. One question revealed that 80% of dentists could not envisage tolerating FFP3/FFP2 masks for the next six months, whilst 45% felt their ability to communicate was 'markedly reduced' by wearing PPE.

DDU membership survey about stress and anxiety during the pandemic

1.10. On the 30 June, the Dental Defence Union (DDU) published a survey of 224 of their members about stress and anxiety levels. The survey found that:

- 68% of dental professionals surveyed felt that their stress and anxiety levels had increased since the pandemic.
- 67% felt stressed/anxious on a weekly basis.
- 52% felt they were unable to spend adequate time with patients.
- 47% often went to work when they didn't feel well.
- 49% felt they were unable to do their jobs effectively.

Disparities in the risk and outcomes of COVID-19

1.11. In June 2020, Public Health England published Disparities in the risk and outcomes of COVID-19. This provides a descriptive review of data on disparities in the risk and

outcomes from COVID-19. The review including through linkage to broader health data sets.

1.12. It confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. These results improve our understanding of the pandemic and will help in formulating the future public health response to it.

1.13. The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also:

- higher in males than females
- higher in those living in the more deprived areas than those living in the least deprived, and
- higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

1.14. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

1.15. When compared to previous years, researchers also found a particularly high increase in all cause deaths among:

- those born outside the UK and Ireland
- those in a range of caring occupations including social care and nursing auxiliaries and assistants
- those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs
- those working as security guards and related occupations, and
- those in care homes.

1.16. These analyses do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and could explain some of these differences.

1.17. When this data was analysed, the majority of testing had been offered to those in hospital with a medical need. Confirmed cases therefore represent the population of people with severe disease, rather than all of those who get infected. This is important because disparities between diagnoses rates may reflect differences in the risk of getting the infection, in presenting to hospital with a medical need and in the likelihood of being tested.

CQC data on COVID-19 deaths in care settings broken down by ethnicity

1.18. On the 17 June, CQC, supported by the Office of National Statistics (ONS), published ONS data that analyses the impact of coronavirus (COVID-19) on different ethnic groups

in care settings. This data indicates a disproportionate number of deaths among people from BAME groups.

1.19. The data published includes death notifications in adult social care settings from 10 April to 15 May 2020 (and the equivalent period in 2019). While the vast majority of all reported deaths from adult social care settings were White people, the proportion of deaths in all adult social care services, due to confirmed or suspected COVID-19, was higher for Black (49%) and Asian (42%) people compared to White people (41%) and people from mixed or multiple ethnic groups (41%). This difference increases when looking at care home settings only, where 54% of deaths amongst Black people and 49% of deaths amongst Asian people are related to COVID-19 compared to 44% of deaths of White people and 41% for mixed or multiple ethnic groups.

1.20. The CQC cautioned that there were limitations on the quality of the data.

1.21. Providers are required by law to notify us of the death of a person accessing their service. The CQC ask for a range of demographic information about the person who died using a structured notification form. The ethnicity of the person who died is asked for, but it is not mandatory for the service to provide it (this information is also not available from a death certificate).

1.22. The ethnicity reported on the notification form reflects the ethnicity that the provider selects – the CQC cannot be sure that this would be the same as that which the person who died would self-report.

1.23. The percentage of forms where ethnicity was unknown, not stated, missing or which could not be analysed (due to factors including illegibility of handwritten forms) was 13.8% in 2020 and 13.4% in 2019. It is possible that the death notifications where ethnicity is not recorded include a higher proportion of people from BAME groups, but the CQC are not able to determine this. Despite removing a large number of duplicates from this data, the CQC cannot guarantee that every duplicate has been removed.

1.24. These figures cannot be contextualised due to the lack of data on ethnicity across the adult social care sector population as a whole - this data is not consistently collected on admission by care homes or by other adult social care providers. The data is also unadjusted, that means it does not take into account any other factors such as age structure, socio-economic status or geographical factors.

COVID-19 Outbreak in North Italy: An overview on dentistry

1.25. Researchers have published the paper COVID-19 Outbreak in north Italy: an overview on dentistry in the International Journal of Environmental Research and Public Health on 28 May 2020. The study published the results from a survey that assessed the:

- symptoms/signs
- protective measures
- awareness, and
- perception levels regarding COVID-19.

1.26. The survey was issued to dentists in Lombardy, Italy, and includes areas with different levels of prevalence of the disease. There were 3,599 responses to the online survey. The key findings from the survey were:

- 502 (14.43%) participants had suffered one or more symptoms referable to COVID-19
- 31 subjects were positive to the virus SARS-CoV-2, and
- 16 subjects developed the disease.

1.27. Only a small number of dentists (n = 72) (2%) were confident of avoiding infection; dentists working in low COVID-19 prevalence areas were more confident than those working in the Milan area and high prevalence area (61.24%, 61.23%, and 64.29%, $p < 0.01$ respectively). The level of awareness was statistically significantly higher ($p < 0.01$) in the Milan area (71.82%) than in the other areas. This survey demonstrated that dentists in the COVID-19 highest prevalence area, albeit reported to have more symptoms/signs than the rest of the sample, were the ones who adopted several precautionary measures less frequently and were the more confident of avoiding infection.

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2. Policy developments in dentistry

Black Lives Matter movement and dentistry

2.1. On 29 June, the FGDP(UK) published a statement of support of the Black Lives Matter movement and anti-racism. The statement provides a list of immediate actions they will be taking to address discrimination.

2.2. The BDA issued a release on 7 July entitled, Black Lives Matter: Our commitment, our plan, setting out its plans to tackle racism and discrimination. The BDA has set out a major programme of work. It will engage with BAME dentists, as part of a research project to establish the views of those involved both in its ranks and the wider profession, to identify clearly those areas where racial disparities and racism exist within dentistry and on the basis of this develop an evidence-based action plan to address them.

Oral public health resources from Public Health England

2.3. Public Health England has released a report providing oral cancer data for England held by the National Cancer Registration and Analysis Service (NCRAS) and includes incidence, survival and mortality rates. It covers the period from 2012 to 2016, and the data is presented at national, regional, upper-tier and lower-tier local authority level.

2.4. Public Health England has also provided information and resources for dental public health practitioners to improve oral health and reduce inequalities in England.

The Safe Brace campaign

2.5. The Safe Brace Campaign was launched in May, a collaboration of the British Orthodontic Society and the Oral Health Foundation. The campaign aims to provide independent and impartial advice about orthodontics, and has a section dedicated to highlighting the risks of 'DIY braces' i.e. those which can be obtained online without visiting a dental surgery.

Publication of Family Practitioner Services General Dental Statistics for Northern Ireland 2019/20

2.6. The Health and Social Care's Business Services Organisation (BSO) has published the following report: Family Practitioner Services General (FPS) Dental Statistics for Northern Ireland 2019/20.

2.7. The report contains high level summary information on activity and payments in relation to General Dental Services. Information is provided at Northern Ireland level with further breakdowns presented at both Local Commissioning Group and Local Government District (LGD) level.

2.8. In Northern Ireland, there were 372 dental practices with 1,147 dentists registered to carry out health service treatments at the end of March 2020. Whilst this represented a small decrease of 2% in practice numbers since 2014, the number of dentists had increased by 9% over the same period, resulting in 60 dentists per 100,000 residents.

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3. Developments in health and care professional regulation

GMC responds to the Cumberlege Review

3.1. GMC Chief Executive, Charlie Massey, responded to the Independent Medicines and Medical Devices Safety Review on Tuesday, saying the regulator will use the report's findings in its ongoing work to ensure that processes are in place so patients and clinicians feel confident raising concerns and the system works seamlessly together to handle them.

GMC member recruitment

3.2. The GMC is recruiting four new members to its Council. Three lay members and one registrant member will be recruited over the next few months, with one position is reserved for a person living or working predominately in Northern Ireland.

GMC PLAB restarting

3.3. PLAB 2 tests for overseas doctors will be restarting in August, although changes have been made to the evidence required to sit the tests.

New NMC Register data report highlights record high

3.4. The latest data report, published on 9 July, shows the NMC Register at a record high, with around 18,000 more nurses, midwives and nursing associates registered to work in the UK compared to a year ago. The growth has come from mainly from a combination of people joining and staying from the UK and from countries outside the European Economic Area (EEA).

3.5. The figures highlight an increase to the permanent register of 9,012 (1.5%) nurses and midwives from the UK, and in England only, nursing associates. The number of people leaving the register from the UK has also fallen to a five-year low of 21,306 compared with a peak of 29,434 in 2016/17.

3.6. There has also been a big increase in the number of people from outside the EEA on the permanent Register, rising by 11,008 (15%). This was driven by a 955 surge in the number of people joining for the first time (6,157 to 12,033). The number of nursing and midwifery professionals from the EEA has continued to decline, with a reduction to 31,385, a 5% drop on the previous year.

3.7. The increase has also been recorded in the COVID-19 temporary Register, which has doubled in size from its starting number of 7,658, to more than 14,000 in July.

GPhC responds to the Cumberlege Review

3.8. Responding to the independent Medicines and Medical Devices Safety Review, led by Baroness Cumberlege, Duncan Rudkin, Chief Executive of the General Pharmaceutical Council (GPhC) noted that the report identified how medicines and medical devices could harm as well as help, and stated that GPhC would carefully review the report and its strategic recommendations and look at what actions they could take in response, including increasing the involvement of patients and the public in GPhC's work to improve pharmacy care.

Consultation begins on proposed changes to the HCPC Standards of proficiency for all professions on the Register

3.9. On 17 June, the HCPC launched a consultation on proposals for changes to the Standards of proficiency for each of the 15 professions regulated. The proposals follow engagement with stakeholders in 2019 and encompass changes to the generic standards that relate to all professions on the Register. They aim to strengthen the role of equality, diversity and inclusion in the standards and the importance of ensuring that practice is inclusive for all.

3.10. A key focus is the central role of the service-user, including about the importance of informed consent and effective communication in providing good quality care. The proposals also address the need to be able to keep up-to-date with digital skills and new technologies, and the role of leadership at all levels of practice. There are also some changes proposed to profession-specific standards, which apply to a specific profession.

The HCPC makes a Black Lives Matter statement

3.11. The HCPC has issued a statement in response to recent Black Lives Matter movement, and the health inequalities that COVID-19 has exposed. The statement notes that striving for equality, diversity and inclusion is a key focus for the organisation, particularly in their patient protection role, recognising that the UK population is culturally rich and diverse. The full statement is available on the HCPC website.

HCPC: Call to registrants and researchers to contribute to Advanced Practice project

3.12. HCPC are beginning a policy project to identify any regulatory challenges and any risks presented by registrants' advancing their practice, and how the HCPC should respond to these to ensure public protection and to support registrants' professionalism/good practice.

GOsC meets PSA's Standards of Good Regulation

3.13. The General Osteopathic Council has met all of the PSA's Standards of Good Regulation for the tenth year in succession; the only health and care regulator with that record.

General Chiropractors Council (GCC) to fund PRT Programme for 2020 registrants

3.14. The UK's Post-registration Training (PRT) programme is a structured education and mentorship programme for recently qualified chiropractors. It is administered by the Royal College of Chiropractors (RCC). From 2020, the GCC will provide an educational grant to graduates via the RCC to enable those who successfully complete the PRT programme to receive a full reimbursement of their PRT fees. This initiative will remove the main financial barrier to PRT participation, helping to enable all new registrants to take part.

3.15. All recent graduates registering with the GCC for the first time from 1 January 2020 onwards will be eligible to receive this reimbursement from the RCC once they complete the PRT programme according to the RCC's usual requirements.

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4. Summary of media issues and coverage achieved

Remote orthodontics

4.1. The Mail on Sunday ran an investigative piece about 'direct-to-consumer' orthodontics, in which it declined to name the company on which the article was focused due to a threat of legal action. The GDC provided comment which essentially maintained the position set out in the February statement on the provision of remote dental care.

Critical commentary of GDC decision on the DCP ARF, payment by instalments and furlough (particular relating to salary top ups)

4.2. The GDC has seen wide-spread criticism, on social media and dental trade media, in relation to its decisions to not alter DCP ARF arrangements and to top up the salaries of a small number of employees who were placed on furlough. This piece in Dentistry provides a representative example. Another report in Scottish Dental Magazine said the profession had reacted with 'astonishment and anger' at the GDC's refusal to modify the ARF either through a reduction or an instalment scheme.

Dental Care Professional (DCP) annual renewal commencement and GDC approach to CPD shortfalls relating to COVID-19

4.3. Several of the dental trades reported on the commencement of the DCP renewal period. Indemnifier, MDDUS also highlighted the that professionals with COVID-19 related CPD shortfalls would not be penalised.

GDC publishes Scope of Practice review

4.4. The publication of the first step of the Scope of Practice review was reported widely in Dental trade media, including in this positive Dentistry piece authored by Head of the DDU, John Makin.

Calls from indemnity providers relating to fitness to practise investigation

4.5. Dental Protection says it has written to the Professional Standards Authority (PSA) to say that guidance is needed for the GDC (and other healthcare regulators) that would provide reassurance to registrants about when an investigation would and would not be conducted. In their release they called for 'leniency' from the GDC in this regard.

4.6. The GDC was clear about the approach it will take with regards to concerns received, in the context of COVID-19, and the DDU said that it was "working with those responsible for regulating and investigating complaints to ensure their procedures continue to take account of the extraordinary circumstances of the pandemic and the fact it's still not business as usual."

Fitness to practise coverage

4.7. Dentistry Online reported that Chief Dental Officer Sara Hurley was referred to the GDC for alleged inappropriate use of an honorary professorial title in a recent letter to MPs. The GDC was not approached for comment. Dentistry Online.

4.8. After admitting to falsely claiming over £12k in tax credit at the Edinburgh Sherriff Court, Dental Nurse, Claire Gillan, was erased and immediately suspended by a PCC in June. This was reported by The Herald.

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5. Public affairs updates and developments

PHSO consultation a Complaints Standards Framework opened

5.1. The Parliamentary and Health Service Ombudsman (PHSO) (England) has announced that it is opening a consultation exercise on a new Complaint Standards Framework.

The consultation, issued on 15 July, was opened alongside a report presented to Parliament painting a raw picture of an NHS complaints system in urgent need of reform and investment.

5.2. The findings of the report are drawn from the experiences of members of the public, NHS staff, advocacy groups, regulators and the PHSO's investigations, and states that:

- there is inconsistency in complaint handling across the NHS, leading to variable outcomes for people who complain
- investigations are often carried out by staff who have limited or no training, or who lack appropriate support - putting them under significant pressure
- organisations too often see complaints negatively, which leaves complaints staff feeling they are not valued or supported and lacking the resources to carry out their role effectively.

5.3. These weaknesses can lead to poor experiences for those who raise concerns and to vital learning on patient safety being missed.

5.4. The PHSO notes widespread support in the health sector for tackling this through a Complaint Standards Framework. The Government has so far failed to give PHSO the statutory powers to deliver this for the UK wide public services, or the NHS in England, despite the Ombudsman calling for it. This means that patients and their families in England lack the certainty offered by the statutory standards that are in place in Scotland and elsewhere.

5.5. Recognising the urgency of the current situation, a number of key organisations have now joined with PHSO to develop a voluntary approach - a draft non-statutory framework to promote consistent, high quality complaint handling in the NHS. These bodies have now launched a consultation to develop a final version.

PHSO calls for a 'lessons-learned' exercise

5.6. On 1 July, Parliamentary and Health Service Ombudsman (PHSO), the UK's national Ombudsman called on the government to learn from COVID-19 mistakes. The PHSO paused its work on NHS complaints on 26 March to enable the NHS to focus on tackling the pandemic. The Ombudsman announced he is reopening this part of his service on 1 July for new health complaints.

Migration Advisory Committee (MAC)

5.7. On 24 June, the new chair of the MAC Professor Brian Bell gave oral evidence to the Home Affairs Committee on the government's proposals for the UK's new immigration system.

5.8. In May, the MAC called for evidence in relation to the Shortage Occupation List. Submissions have been published by NHS Employers, the Welsh Government and the Northern Ireland Executive (includes dental nurses). This review is primarily focused on occupations at RQF Level 3-5 (medium skill) and is due to report in September 2020.

Medicines and Medical Devices Bill amendments

5.9. Amendments to the Medicines and Medical Devices Bill have been tabled by the Public Bill Committee. There are potential new implications for dental technicians, beyond what was expected to be introduced by the EU Regulations, which were due to come into force in May, before implementation was extended due to COVID-19.

Health and Social Care Committee, House of Commons

5.10. The Health and Social Care Committee has invited evidence for their investigation into delivering core NHS and care services during the pandemic and beyond. On 14 May the Committee heard from Nigel Edwards, Chief Executive, Nuffield Trust, who raised concerns of long-term dental morbidity, if ways of controlling infection risk in dental practices, were not urgently found.

5.11. Evidence was also provided by Mick Armstrong, Chair, BDA on 16 June, who stated: "Dentistry was not in a great place when we started. We have access problems, which had been raised in both Houses and at the previous Health Select Committee. We have widening inequalities, rock-bottom morale and recruitment and retention problems. The pandemic has made that much worse. The effect on general practice, NHS and private, has been devastating and is probably existential. The effect on oral health has been catastrophic."

5.12. The Chair of the Health and Social Care Committee, Jeremy Hunt MP, responded in the session: "You have given very powerful evidence, Mick Armstrong. The thing that is particularly striking and slightly depressing is that both Professor Alderson and Dr Henderson had a solution for the problems in their fields, but you are struggling with even an outline of a plan. We will take that away.

5.13. "As you know, we are in the middle of an inquiry into dentistry anyway, which we are going to come back to at some stage, but this makes it even more urgent."

Unions collaborate on safety opening up of the NHS

5.14. The BDA joined 15 other health unions, including UNISON, Unite and the GMB, to publish a nine-point blueprint for the safe opening up of the NHS, as the UK began to ease the lockdown in May. The plan also called for salaried staff, including hospital and community dentists, to be paid properly for every hour worked.

House of Commons

5.15. Lord Colwyn MP asked when the NHS (Dental Charges) Regulations 2005 would be amended to set out any revised NHS dental charges in England for the year commencing April 2020. In May, the government responded stating that in light of the current COVID-19 pandemic and associated economic climate a decision was made to freeze dental patient charges at 2019/20 levels. This was a temporary freeze being kept under review. No changes had been made to current dental exemption arrangements.

5.16. On 9 June, Alex Cunningham MP asked the if the Secretary of State would increase the tariff for dentists to allow them to meet the increased costs of personal protective equipment, and what estimate he had made of the increase in cost of personal protective equipment for dentists. Jo Churchill, Parliamentary Under-Secretary of State

(DHSC), responded to both questions that it would be for the Doctors' and Dentists' Review Body (DDRB) to consider expenses created by the additional personal protective equipment (PPE) required due to COVID-19. DDRB recommendations applied to dentists' NHS remuneration. Any private earnings and costs were a matter for the individual dentist.

Scottish Government

5.17. On 19 May, Lewis Macdonald MSP asked the Scottish Government whether it would provide rates relief to general dental practitioners that were unable to see patients due to the COVID-19 crisis. The Cabinet Secretary for Finance, responded that dentists working wholly or partially in the public sector already had their non-domestic rates (and rent) reimbursed pro rata on the amount of work undertaken for NHS Scotland.

5.18. On 4 June, Monica Lennon MSP asked the Scottish Government what specific funding the Cabinet Secretary for Finance was providing to ensure that dental practices remained viable during the COVID-19 pandemic, and able to meet any increase in demand when the outbreak was over. The Cabinet Secretary stated that the Scottish Government was providing additional emergency funding to the NHS general dental services budget to support NHS dental practices for the temporary loss of patient contributions, and that they were confidence that Scotland had the capacity within the NHS to meet any additional demand for dental services. This question led to a short debate, which starts on page 13.

Senedd

5.19. 24 June, Caroline Jones MS asked the First Minister how is the Welsh Government was supporting the dental professions in Wales during the coronavirus pandemic? The First Minister for Wales, Mark Drakeford MS, stated that the government was supporting the professions through the implementation of safe, phased, risk-based reestablishment of dental services, noting that all of the actions taken were to reduce the risk of community transmission and to help protect dental teams and patients from coronavirus in Wales. A short debate followed.

5.20. The BDA gave evidence to the Senedd, Health, Social Care and Sport Committee in July, in its release it stated that without fundamental ongoing reform, dental services in Wales could be fatally compromised by the COVID-19 pandemic. In the session the BDA stated that there had been some inertia from health boards, since the Committee's recommendation for contract reforms in 2018, and called for an end to UDAs. The full transcript of the session is available online, from 11.10am.

Northern Ireland Assembly

5.21. In June, the BDA gave oral evidence to the Northern Ireland Assembly Executive Committee for Health on 25 June, and were joined by the BAPD. The BDA stated reported to the Committee that about 75% of dental practices with low or no NHS commitment had said that they would face imminent difficulties in the next three months. Those three months have now passed. If they did not get help with PPE, practices would go bust. The full evidence session can be found here.

5.22. The BDA also released a press statement stating that the future of dental services in Northern Ireland was now hanging in the balance. The BDA also met with Northern Ireland's Health Minister Robin Swann on 1 July, to discuss a number of issues facing the dental professions following the impact of COVID-19.

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