

ECONOMY, ENERGY AND FAIR WORK COMMITTEE

COVID-19 – impact on Scotland’s businesses, workers and economy

SUBMISSION FROM

New Town Dental Care

11 April 2020

We wish to submit our views to the committee regarding the impact of COVID-19 on our business and our workers. We have also sent letters to Deirdre Brock MP, Ruth Davidson MSP, Miles Briggs MSP, Tom Ferris (Chief Dental Officer) and David McColl (Chair, British Dental Association Scottish Dental Practitioners Committee). This letter is in addition to the enclosed letter which we support from dentists, Bruce Hogan and John Sadler, written to the Chief Dental Officer. I understand that their letter has been shared on the Scottish Dental Network Facebook page and has garnered several hundred ‘signatures’ from GDC registrants.

We own New Town Dental Care, a general dental practice in Edinburgh. Like many high street dental practices, we are a small privately-owned business. We are not a limited company and we are not part of a larger corporate body.

As of 23rd March 2020, our Chief Dental Officer advised us that we were no longer allowed to provide dental services to the public and no more face to face appointments were permitted. Effectively, we had to shut down. However, at the same time, we have a duty of care to our patients and must provide them with the necessary information so that they know what to do if they have any dental problems during the COVID-19 restrictions. We also have a great responsibility to our loyal staff to reassure them that their jobs are safe and that their health would not be at risk by coming to work.

During normal business, our income streams are listed below:

1. NHS general dental services: this accounts for around 4% of our income. As you may be aware, there is a financial support package in place for NHS dentists offering general dental services. However, we receive very little support due to our very low level of income from NHS dentistry.
2. Denplan monthly payment plan: This income is currently still ongoing but as we are currently unable to provide any dentistry, we are at risk of our patients are cancelling their contracts with us. Additionally, it only accounts for around 28% of our total income. We have communicated regularly with them through website, social media, emails and letters in order to try to retain their business and provide the very best service for them. However, we fear that as our enforced closures continue, it is likely that the cancellation (or payment holidays) of contracts is inevitable.
3. Private fee per item: This line of revenue has completely stopped as we are not permitted to open the surgery due to the current restrictions. Part of this private fee per item income comes by providing services for other referring dentists. This is usually either dental implants or adult orthodontic services. The referring dentists are usually from predominantly NHS dental practices who do not have the training, expertise or facilities to provide these services.

4. NHS contract to provide oral devices to treat obstructive sleep apnoea. This contract is with the Department of Sleep medicine at the Edinburgh Royal Infirmary so does not fall under NHS dental earnings. As such, this income is not included in the NHS GDS financial support package. The payments from this revenue stream are made on an item of service basis and so this has completely stopped now also. Additionally, the patients who rely on this service are currently not able to access this treatment.

There have been several support packages announced for businesses. Unfortunately, we are not able to benefit for many of them, such as:

1. The partners all previously earned in excess of £50,000 and so are not able to benefit from the Self-employment Income Support Scheme
2. We have very little NHS dental income and do not benefit from the NHS Dental COVID Revised Financial Support Measures, announced by CDO on 30th March 2020

We have applied for a small business grant and hope to be able to make use of the job retention scheme. If successful, these will go some of the way to helping us to retain our staff, who are currently furloughed, but will not cover our ongoing expenses and certainly will not give us any income ourselves. Our insurance will not cover us for our losses as this is a new and emerging disease.

Despite having a very small level of NHS dental commitment, and are going to receive little, if any, financial support, we have still been issued by NHS with the same 'call to arms' to volunteer, as our colleagues who are being supported. Whilst we feel it is our duty to help (we have formally offered our services anywhere within the NHS during this crisis), we would like to be treated fairly and equally when compared to our colleagues who are benefitting from financial support.

Our business has been greatly affected by Covid-19 to the extent that its very existence is in jeopardy. The limited funding currently available to us is still leaving us with a monthly deficit which will become a compounding issue the longer dental practices remain shut. It is becoming more and more likely that the impact of Covid-19 on the provision of dental care is going to be impacted for a great length of time, and while some aspects of life may return to some degree of normality, many in the profession foresee that working patterns in dentistry will be impacted for a prolonged period of time with a significantly reduced capacity for care even when we do re-open. Therefore, this is a long-term problem for all dental practices and with no financial assistance we cannot expect to survive this.

As a business, we have worked hard and invested at our own cost in building a successful dental practice where our patients and referring colleagues trust and rely on our service and care. Despite the government grants available to many partially NHS practices historically, we have never taken advantage of any of these as we have felt that it was important to protect NHS funding for where it is needed most. On this occasion, however we feel that we are being badly affected by the lack of government assistance that is currently available to help us.

It would have seemed unfathomable only 3 months ago that this sort of risk of bankruptcy would be possible for a dental practice as dentistry has always been

considered a stable business model. However, bankruptcy is now a very real possibility due to the severity of the impact of these enforced closures as well as the uncertainty of the patterns of work that we will need to adopt when we reopen. As such, we are seeking financial support to allow us to support our families, our workforce and provide the services to the patients we care for.

This is a problem that affects all private dental practices across Scotland, and we have become aware of the same problems many of our colleagues are facing. Whilst we are all currently facing significant personal stresses maintaining our business and providing for our families, we are also conscious of the knock-on impact of the collapse of private dental care in Scotland. The collapse of private dental care in Scotland will lead to several problems including:

1. The loss of referral options for NHS patients wishing to complement their NHS care with options that are not available to them within the NHS.
2. Loss of services available to our medical colleagues and their patients
3. Loss of provision of routine private dental care for our patients who would subsequently need to see an NHS dentist, putting further pressure on the NHS.
4. Reduced training opportunities for many dental practitioners as many of the postgraduate training is carried out by private sector practitioners.
5. Potential loss of NHS dental practices. In our case, we also own a small fully NHS practice in Lanarkshire. The purchase was partly funded by our private Edinburgh practice around 5 years ago. If the private practice fails, this will have an immediate impact on our ability to operate our NHS practice. This illustrates the intimate relationship between NHS and private sector dentistry.
6. Unemployment will clearly be devastating for private sector employees.

The Scottish government have worked very hard over the last 20 years to improve the provision of dentistry in Scotland. The primary focus has been on the provision of NHS dentistry, but the current successes have come from a symbiotic relationship between NHS and private care. Unfortunately, due to the current situation due to Covid-19, we are now at a crossroads for dentistry and there is a significant risk that all that hard work by the profession and government is going to be undone if the whole of the workforce, NHS and private, is not protected. This is devastating for us and many of our colleagues in the private sector in this situation who have always wanted to improve the dental health of our population working alongside our NHS colleagues.

Therefore we ask that you give further consideration to the funding packages available to dentistry as a profession alongside funding for businesses and self-employed individuals and assist the efforts of ourselves and many colleagues in lobbying and working to protect our small but important businesses.

Jonathan Hiscocks, BDS,MFGDP(UK), Partner
Alastair McGill, BDS, MFGDP(UK), Partner
Derek Swan, BDS,MFGDP(UK), Partner

Letter to Chief Dental Officer

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,

Bruce A. Hogan
BDS (Hons) MFGDP (UK) MFDSG FFGDP (UK)

John P. Sadler
BDS FDS (Rest Dent) RCPS