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A centralised approach

KAA Mannan

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Mannan, KAA

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Family bubbles

Sir, there is great concern about the difficulty in treating a reasonable number of patients per session while we need enhanced decontamination between patients. During a conversation with my grandson he suggested that perhaps family groups and those living in the same social bubble might be treated in a single session. As they would be living in the same bubble, perhaps it would only be necessary to use the normal decontamination methods, as were used pre-COVID? This would help to deal with the considerable backlog, by reducing the time between members of the same household.

A. M. Cohen, Prestwich, UK

<https://doi.org/10.1038/s41415-020-1910-2>

Thanks are due

Sir, in the years ahead, many of us will remember fondly with pride the dedication, determination, compassion, humility and devotion of care workers, frontline staff,

cleaners, teachers, delivery drivers, cooks and volunteers who continue to work selflessly in the shadow of COVID-19 to help others pass in the midst of these tumultuous times.

Dentists and dental nurses have also been working around the clock, risking their lives to relieve dental pain. Words cannot express our gratitude and appreciation to them. Our prayers and thoughts are also with those who grieve for the loss of their loved ones. Our only solace is that good days still lie ahead.

M. F. Al Qutob, London, UK

<https://doi.org/10.1038/s41415-020-1911-1>

A centralised approach

Sir, the COVID-19 pandemic has impacted the dental profession in the UK in many ways and dental professionals appear to be overwhelmed by multiple challenges related to the provision of safe dental care and financial sustainability. As dentistry in the UK returns back to business, a plethora of guidelines have been produced by various organisations including the National Health Service England (NHSE), National Health Service London, British Dental Association (BDA), Department of Health (DH), Scottish Dental Clinical Effectiveness Programme (SDCEP), Faculty

of General Dental Practitioners (FGDP), Royal Colleges, Specialist Societies including the British Orthodontic Society (BOS), indemnity providers and dental corporates, to name but a few. Dental professionals are expected to synthesise information from these innumerable guidelines and adapt them to their individual practices and organisations. The 'Info-demic' from multiple sources appears to have perplexed the dental professionals across the board and this is obvious even on casual browsing of social media platforms.

Given there is a single regulator of dentistry in the UK, it would be helpful if various professional organisations could work together to produce a central live resource for adoption and adaptation by individual dental organisations and practices. Notwithstanding the logistical challenges in developing a centralised approach, pooling of resources and expertise could potentially improve the quality of guidance. Equally, it would make life a bit easier for the dental professionals so they can focus on staff training and patient care in these unprecedented and challenging times.

K. A. A. Mannan, Plymouth, UK

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