

Email From Tom Ferris, Chief Dental Officer Scotland:

Colleagues

I have had a high volume of emails from practitioners to my personal inbox and the GDS mailbox asking a range of questions. I am unable, to give each of these a personal response. In general, the queries are similar and I thought it would be best to send out as email to summarise the responses.

Treating suspected / confirmed COVID-19 cases

1. Dentists will not be asked to see confirmed/ symptomatic COVID-19 cases as part of their routine caseload. Small dedicated teams of PDS and HDS dentists will provide this urgent care in the initial phase from dedicated premises. If the situation escalates NHS Boards may ask GDPs to join the urgent care teams to provide such care from dedicated Board premises with full PPE (including FFP3 respirators).
2. Asymptomatic people who are self-isolating due to a family member having symptoms are to be regarded as a suspected case. Should they require urgent care they should be referred to the NHS Board dental teams for assessment and care. 'In hours' this will be through usual PDS referral channels and 'out of hours' through NHS24.
3. People who are asymptomatic and are either over 70 years of age or with underlying medical conditions or are pregnant and are social-distancing can be seen for urgent care in your practice or clinic.
4. NHS Boards will let you know of their referral pathways and contacts for suspected / confirmed cases.

Practice financial support

1. The financial support measures have been designed to ensure that practices have a degree of financial protection during this difficult period using the existing NHS GDS budget and payment system. We are protecting rent reimbursement, allowances, 'cap/con' payments and making a part payment (normally paid net by PSD) for reduced fee for item income.
2. It is my priority that practices do not financially fail. I hear your concerns around practices with a higher level of patient contributions providing income being adversely affected despite this financial support. The measures announced to date are initial measures and we are presently seeking additional funding to support the most affected NHS practices.

Practice closure

1. We would ask that practices do not close to all patients when staff are available and there are some routine and urgent procedures which can be undertaken. I think it would be helpful for all practices to open at some point during each normal working day when staff are available. Should there be insufficient staff

to operate the practice and it has to close then a buddying arrangement with neighbouring practices to provide urgent cover should be in place.

Staff

1. By triaging patients for symptoms, routinely wearing standard PPE and cessation of AGPs we have minimised the risk of COVID-19 transmission to dental staff. We have secured access for all the dental team to NHS Board occupational health departments; pregnant staff who may have further concerns should seek individual advice.

2. Associates, assistants, hygienists and therapists have a contractual arrangement with the practice and discussions around the support available to them should be with the practice principle in the first instance. They should also seek advice and support from their Dental Practice Advisor.