

COVID-19

Lee Savarrio - Chief of Dentistry Update (4-6-2020)

On 20 May 2020 the Chief Dental Officer issued a letter detailing the 3 phase approach to Remobilisation of NHS (General) Dental Services in Scotland following closure due to the COVID 19 shutdown. Phase 2 of this approach related to the restarting of dental practices. The CDO was clear that this practice recovery should be running concurrently with phase 1 which involves increasing capacity and the range of treatments provided within our urgent dental care centres (UDCCs). We are awaiting further information from the CDO around the timeframes for Phase 2, the Cabinet Secretary having said that this should happen this month.

The CDO expects that the starting point for Phase 2, re-opening of dental practices, will be the recognition of and adherence to an agreed set of principles. As previously circulated, SDCEP has developed a Practice Recovery Toolkit, to help with this. It is recommended that you start working through this if you have not already done so.

From a governance perspective, NHS GGC and the CDO need to be assured that your practice is ready to reopen with the safety of patients and staff being paramount. To provide assurance that you have robust and adequate arrangements in place we will be issuing, via the practice generic mailbox, a webropol survey which needs to be completed by the lead dentist/practice owner/director; it must not be completed by anybody else. The person that completes and submits the survey should have overall responsibility for the practice and must accept responsibility for ensuring safety standards are complied with. NHS/Mixed practices must not open until the survey has been completed and the practice has subsequently been contacted by the Health Board. We may ask for a copy of your risk assessment and practice protocols to review, however there is no need to forward these unless requested.

As I have previously mentioned, throughout phase 1 and 2 the urgent dental care centres will continue to see patients on referral for all urgent treatments involving AGPs. Our ability to provide this extended clinical offer of additional treatments within NHS GGC and, on moving into phase 2, to meet the demand for AGPs is very much predicated on ongoing and sustained GDS support within our urgent dental care centres. We will therefore be looking to increase the cohort of GDPs in each of these centres, with an ongoing commitment of one day per week from each practice in NHS GGC. The webropol survey will include a request for a nomination of a dentist from each practice that will be face fitted with an FFP3 mask to support this; we recognise this may require buddying of practices. In collaboration with the NHS GGC Local Dental Committee on how this allocation might work it was felt that a health risk assessment of staff suitable for clinical work, and especially AGP provision in the UDCCs, would be of assistance and I have attached the one used within NHSGGC. This may also be of assistance with your preparation for staff assessments prior to reopening.

- We had indicated that the initial phase 2a reopening of general dental services will involve enough PPE centrally provided for 1 dentist, a dental nurse, an additional nurse and a receptionist. We have been advised that each Health Board allocation has been calculated based on the number of dental practices within each board area. The CDO office has confirmed that the PPE requirement is to support 10 patients per practice per day.

Therefore, the PPE supplied for each patient treated is:

- Dentist - gloves/visor/apron/type 2R fluid resistant facemask
- Dental nurse - gloves/visor/apron/type 2R fluid resistant facemask
- Cleaner between patients - gloves/apron/type 2R fluid resistant facemask
- Spare (in case of breakages and or practice having difficulties implementing social distancing policy) - gloves/type 2R facemask

The proposed allocation from the initial supply for each dental practice is:

	Box	Units
Mask	16	800
Gloves (Medium)	4	800
Gloves (Small)	2	400
Aprons	1	600
Visors	1	200
Gel	1	50

An additional supply of visors and large gloves on top of the allocation will be scheduled in the coming weeks.

We have now received the initial delivery of PPE and the arrangements for your team to collect this from a central point are as follows:

1. You will receive an e-mail from the GDS Team via your practice generic mailbox detailing the uplift location and date and time that has been allocated to your practice. **Please note this schedule has been prepared to ensure social distancing guidelines are adhered to and it is therefore not possible to attend out with your specified appointment time.**
 2. You must respond to this e-mail with information confirming the nominated person from the practice who will be collecting the PPE. For security purposes we also require their car registration number.
- With phase 1 now in place we have seen, not unexpectedly, a large increase in the number of referrals throughout the PDS Hubs. As before, we find a Friday and Monday particularly busy and we have already looked to increase our staffing complement on these days. However we also need to find a way to manage patient expectations. We are prioritising red and amber and where a referral is deemed to be green, there is a 7 day window before this patient may be appointed and seen. **Please don't be tempted to allocate a red score to a patient that does not really need to be seen in an hour timescale (see SDCEP emergency pathway) as this delays care for other patients and is unfair on other patients correctly allocated as per clinical urgency.**

- We have had requests from practices about the ongoing issue concerning mixed NHS / private practice and Central Legal Office (CLO) advice has been sought. I wanted to share the wording of the CLO advice below;

- “1. The NHS Boards cannot offer any jurisdiction over wholly private practice.*
- 2. If there is a wholly private patient in a mixed economy practice the NHS Board can’t offer any jurisdiction over this either. The NHS Board is not in a position to prevent you carrying out private **urgent dental care**.*
- 3. The NHS Board does have a remit in terms of the GDS Regulations and should be approached ahead of a dental practice re-opening if not wholly private.*
- 4. We reiterate that we will be expecting you to:*
 - a. Complete the checklist (as part of the SDCEP recovery toolkit) and complete and submit all paperwork specified by the relevant NHS Board ahead of the Board agreeing to the practice being reopened.*
 - b. Ensure patients receiving NHS treatment are properly counselled about the potential option for private treatment (see Para 17 of the Terms of Service).*
 - c. Give patients the option to be referred for NHS treatment to an urgent dental care centre.*
 - d. Comply with safety standards including the necessary personal protective equipment (PPE) and infection control and prevention (ICP) protocols to safely deliver dental care as recommended by the latest national guidance including detailed risk assessments and standard operating procedures.*
- 5. Our understanding is that it is possible to carry out aerosol generating procedures (AGPs) for private patients in a mixed economy practice during phase 2a for **urgent dental care** if there was appropriate risk assessment, Standard Operating Procedures and PPE including rubber dam.*
- 6. The NHS Board has the power to carry out unannounced inspections in practices providing NHS general dental services in accordance with the PCA(D)2016(6). Grounds for unannounced inspections include concerns about patient safety or if information comes to light that necessitates investigation by the NHS Board.*
- 7. The NHS Board could consider referral to the police or to the General Dental Council if there is evidence to suggest there is a breach of lockdown measures in relation to non-urgent dental care being undertaken during phase 2a.”*

One other point for today:

- GDPs should now have received log on details and password to access the Emergency Care Summary. Some of our LDC colleagues are currently testing its accessibility and utility for GDS.

Stay Safe
Lee Savarrio, Chief of Dentistry

Stay Safe and Look After One Another