

COVID-19

Lee Savarrio - Chief of Dentistry Update (09-7-2020)

I hope you are all managing to feel the benefits of the slightly relaxed restrictions. Today's announcement that we will now be moving into Phase 3 will hopefully go some way to us seeing some light at the end of the tunnel.

Phase 3 means that from 13 July 2020, practices are able to see registered patients for non-aerosol routine care. Understandably practices will choose best how to apply this to their lists of registered patients dependent on their patients' needs.

I also attach a letter from the Chief Dental Officer that confirms the start date for Phase 3 as above but also a stop date for Phase 2 (31st July) by which time all dental practices delivering NHS services should be open to see their own patients for non-AGP urgent dental care. In line with this and to allow us to upscale our PDS services we will be planning to withdraw the provision of all non-AGP emergency care usually undertaken in practice. We now have 207 practices opened; this is 75% of the total number of practices in NHSGGC. We have made contact with the practices that have not yet identified a date to open and need to hear back by tomorrow when this is likely to be. The letter also outlines additional funding for NHS dentistry in support of practices as they remobilise. Finally the letter outlines the publication of an accompanying SDR on Monday next week.

In support of this potential increased activity and in light of the reduced risk as the number of community Covid cases reaches "very low" levels we expect more practices will want to open up additional surgeries. The CDO letter states that additional PPE is to be allocated from NSS and we will continue to deliver this as we are currently since this looks to be working well for practices. In order to keep Scottish Government up to speed with PPE requirements it is likely we will need to issue a further Webropol survey in the near future and I am grateful for the time taken to complete these for us previously.

At a local level we have been undertaking induction sessions as well as face fitting for the nominated practice staff for the UDCCs over the last week or so. Thank you for making the time to attend. I know that in some instances this request came to you at very short notice, but as you will appreciate this is a rapidly changing situation and we need to react quickly with the staffing resource we have available.

As explained in my Chief of Dentistry update on 4 June 2020, when I highlighted the need for someone to be nominated from each practice to support the work within the UDCCs, I also mentioned that:

"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."

This assessment does not always seem to have taken place and the staff being nominated, for a variety of reasons, would not be the most suitable to undertake the work required within the UDCCs including AGPs. In these cases we have asked for a different nominee so no staff should feel pressurised to work in our UDCCs that feel in any way vulnerable to the effects of Covid-19.

I appreciate that I have mentioned this on several occasions before but we are still receiving inappropriate and incomplete referrals into the UDCCs. This only serves to slow down the process and result in a delay to patients being assessed and treated and will be returned to the referrer to provide the missing information.

For example, we are receiving a number of referrals described as “possible surgical”. I appreciate there may be some anxiety about breaking a tooth and not being able to remove fragments without an AGP. However, extraction needs to be attempted where there is nothing problematic evident within the history, examination or radiographic examination. If this proves to be unsuccessful then temporising and referral for a surgical AGP within the UDCC environment would be appropriate.

Lastly the RAG system of priority also seems to be confused by some. I think the easiest way to think about this is that red cases are so urgent they need seen within an hour and as such often require transfer to our Emergency Department medical colleagues. Amber cases, on the other hand, need to be seen within 1 day so usually refer to pain, swelling or trauma and green patients need self-care or to be seen within a week. Just to remind you that you can undertake treatments from the ‘green’ pathway within your own practice as long as they do not require an AGP. Some practices are still sending all their ‘green’ cases in to the UDCC.

Finally, many thanks again to GDS colleagues already contributing to the UDCCs. This help is invaluable in providing the emergency care our patients need in a timely fashion.

Kind regards,
Lee Savarrio, Chief of Dentistry