

DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES

REMOBILISATION OF NHS DENTAL SERVICES – PHASE 3

Background

1. The majority of dental practices providing NHS care have opened in Scotland under the arrangements prescribed by phase 2, to see patients in need of urgent oral health care, without the use of an aerosol generating procedure (AGP).
2. The Chief Dental Officer (CDO) wrote to all dental practices providing NHS dental services on 24 June 2020 advising that, subject to Scottish Ministers being satisfied the necessary conditions are met, Scotland would move to phase 3 of the Scottish Government Route Map. This means that NHS contractors would be able to see patients for routine oral health care, again without the use of AGPs, from Monday 13 July 2020.

Aerosol Generating Procedures (AGPs)

3. The CDO letter of 24 June 2020 also signalled that we were considering closely the evidence and guidance around AGPs in practice. We can confirm that work has been commissioned to determine how this might be done safely, and we will write to practices in the next few weeks with how we intend to take this forward. A key issue will be when we can be sure it is safe to introduce AGPs in practice using standard PPE.

Standing Up Dental Practices to Phase 3

4. As with phase 2, the emphasis is on a start date from 13 July 2020. This is a framework for those practices to step up to phase 3 when they are able to do so. For phase 3:

Guidance

5. Practices should continue to ensure they comply with the guidance contained in the SDCEP 'Practice Recovery Toolkit' (link attached):

<http://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/>

Health Protection Scotland are currently updating their guidance which will be available at the following link from the 13 July:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

Surgery Preparation for Seeing Patients

6. For phase 2 we advised practices should prepare a single surgery for seeing patients. We understand that many practices, with the agreement of their NHS Board, opened more than one surgery. For phase 3, practices *should operate the number of surgeries that they can do so safely by continuing to maintain physical distancing for patients and staff*. The

precise circumstances will vary between practices. Practices that are planning to open more surgeries than they have opened under phase 2 should have these arrangements agreed with their NHS Board.

PPE Distribution and Stocks

7. Practices should continue to liaise with their NHS Board to ensure they have sufficient quantities of PPE to support their particular requirements for phase 3. NHS Boards will continue to distribute PPE to practices, free of charge, providing the PPE is used to treat NHS patients.

Statement of Dental Remuneration

8. Amendment No 145 will be available to view or download at <http://www.scottishdental.org/>.

Determination I

9. As with Amendment No 144, the normal Determination I format has been followed with sections, items of treatment and codes retaining the same numbers, as we recognise that dentists are familiar with these. Dentists should continue to record all activity, including triage codes under Item 80, in the normal manner and submit this to Practitioner Services, as this information is vital for planning purposes.

- Dental practices should use Sections I to XI for recording treatment provided to registered patients. This has been expanded to include those treatments that may be provided to patients for routine care without the requirement for an AGP. The following new items have been added in Section V:
 - a new item 14(e) – stabilisation filling in a suitable material where this can be provided without the use of an AGP; and
 - a new item 18(i) - replacement of a temporary bridge where the original has been lost or damaged beyond repair, where this can be provided without the use of an aerosol generating procedure.

An asterisk has been added against those orthodontic treatments (Section VIII) that require prior approval.

- Section XII(a) should be used to record treatment provided to unregistered patients. This has been expanded to include those treatments that may be provided to patients for routine care without the requirement for an AGP.
- Section XII(b) comprises a list of additional occasional treatments that may be provided only in urgent dental care centres. The following change has been made from Amendment No 144:
 - items 60(c) - vital pulpotomy and (d) - non-vital pulpotomy have been moved to Section XII(a) removing the previous restriction of only being available in UDCCs.

- Section XV (triage codes) includes additional codes 80(j), 80(k), 80(l) and 80(m) for other activities, including the use of interpreter services. As patients are being triaged practices must also use the new codes in Section XV to record triaging activity.

10. **Dental practices should not under any circumstances attempt an AGP on a patient. All patients that require AGPs should be referred to UDCCs.** Certain items of treatment have been denoted 'where this can be provided without the use of an AGP' to reinforce this message.

11. Where, following triage there is a requirement for an AGP to address the patient's dental need then a referral to a local UDCC will be required. Your NHS Board will provide details of the required protocol to follow in making this referral. The referral should be accompanied by a differential or definitive diagnosis. This will allow the UDCC to determine and prepare for the appropriate treatment. The dentist at the UDCC, in consultation with the patient, will make the final decision as to the most appropriate treatment. Where possible, a single episode of care will be provided.

12. Activity submissions which contain items of treatment which cannot be provided in phase 3 will be returned by Practitioner Services for amendment and will require the information to be submitted again minus the non available treatments.

13. PMS suppliers have been provided with information to update the SDR within their PMS. PMS suppliers have committed to making this change but their delivery dates may differ. Practices may be required to run a software update to see the revised SDR items. This should be done as soon as your PMS supplier has made it available. Further information on PMS supplier committed dates, associated guidance, and general submission guidance from Practitioner Services may be found at the following link.

<https://nhs.uk/services/practitioner/dental/dental-covid-19-update/>

Patient Charge

14. The revised Determination I comprises lists of treatment, each with a £0.00 fee and £0.00 patient charge (to record activity under the remobilisation programme). As patients are being provided with a substantially reduced level of service, in the initial phases of the remobilisation programme, dental practices should not take a patient charge. GP17(PR) and GP17(PR)(O) forms, and their electronic equivalent, should be completed by the practice on behalf of the patient, including recording the patient's status and marked "COVID-19" in the signature box. The forms should not be signed by the patient.

NHS Board Review of Practice Preparation

15. For practices that wish to open additional surgeries in phase 3, then it is required to have these signed-off by the NHS Board. Practices need to ensure their new arrangements are compliant with the SDCEP guidance, with appropriate physical distancing, they have the necessary PPE stocks in place and are familiar with the arrangements for treatment under the new SDR (Amendment No 145). Each NHS Board will advise on the appropriate sign-off process. In some circumstances an NHS Board may deem that a practice visit is required.

Continuing Financial Support for NHS Dental Services

16. We are maintaining the NHS financial support measures during phase 3, with additional help for practices through the General Dental Practice Allowance (see below):

- NHS dental contractors will continue to receive a top-up payment of 80 per cent of their gross item of service;
- Practices will continue to receive protection of their NHS commitment status as at 31 March 2020;
- Practices will continue to receive their rent reimbursement payments protected at March 2020 levels; dental contractors will continue to receive their individual commitment level payment protected at March 2020 levels.

17. The CDO letter of 24 June also signalled that we were looking closely at the financial sustainability of practices during this difficult time. We have been listening very closely to the concerns of practices and can advise that GDPA payments will be increased by 30% (including the GDPA cap) from the June 2020 quarter. In addition, from this quarter the cap will be applied on a quarterly basis, rather than an annual basis, and will be £28,600 per quarter. The intention here is to help NHS dental practices with fixed costs and other charges including additional laboratory fees. These arrangements will be reviewed every three months.

18. The normal GDPA payment for the quarter ending June 2020 will be paid in July. A further GDPA payment will be made by Practitioner Services in the July schedule paid August 2020 for the backdated element of the increased GDPA from June 2020. Thereafter the GDPA will be paid quarterly as normal.

19. All other allowances will continue to be paid at the present time, but are subject to periodic review as we move through the remobilisation programme.

Closing Courses of Treatment

20. We are aware that at lockdown there were courses of treatment that we advised should remain open pending further advice.

General Dentistry

- Courses of treatment that were started under Amendment No 143 to the SDR and can be completed as a result of easing the restrictions to the items of treatment that are allowable from 13 July 2020 (the equivalent of those items of treatment in Amendment No 145) should remain open until the treatment is completed and submitted to Practitioner Services in the normal way.
- Courses of treatments that were started under Amendment No 143 to the SDR that contain items of treatment that continue to be unavailable from 13 July 2020 (items of treatment that are not included in Amendment No 145) should be closed and submitted to Practitioner Services marked as PFTA. The date noted for closing the course of treatment should be the date the patient last attended for treatment prior to 23 March 2020.
- Normal patient charges will apply to any course of treatment started under Amendment No 143 to the SDR and completed in accordance with bullet point 1 or 2 above. The amount paid, or still due to be paid by the patient, for treatment which has

been provided should be recorded in the normal manner when making a submission to Practitioner Services. Payment for these courses of treatment will be the difference between the patient charge and the total cost of the treatment. The gross payment, which includes the patient charge, will be netted off the NHS financial support measures (top up payment) in phase 3.

- Patients who have paid in advance for any treatment that was planned under Amendment No 143 to the SDR but cannot be completed should be provided with a refund of the relevant charge by the dentist.

Orthodontics

- Courses of treatment that were started under Amendment No 143 of the Statement of Dental Remuneration, or any earlier Amendment, should remain open, be completed and submitted to Practitioner Services in the normal way. Payment for these courses of treatment will be made under Amendment No 143, or earlier Amendment, and will be netted off the NHS financial support measures (top up payment) phase 3.

Enquiries

21. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Primary Care Directorate
10 July 2020

