

**DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES**

PROVIDING AEROSOL GENERATING PROCEDURES (AGPs) IN PRACTICE

Background

1. The Chief Dental Officer (CDO) wrote to all NHS dental contractors on 30 July about the use of AGPs in practice. The letter described how we were allowing NHS dental contractors to opt-in to providing a limited range of AGPs for their registered patients who are in need of urgent oral health care. At present this can only be done by replicating the arrangements in Urgent Dental Care Centres (UDCCs) including enhanced PPE.
2. The CDO letter of 24 June 2020 also signalled that we were considering closely the evidence and guidance around AGPs in practice. We have commissioned an expert review and are drawing on a range of evidence to help determine when it may be possible to offer a wider range of AGPs in practice, with standard PPE. We hope to be able to write to the profession with the outcome of this work and how it may shape dental services in phase 4 and beyond.
3. As with earlier phases, we would like to stress that we are providing the framework for NHS dental contractors to provide certain AGPs from 17 August. There is no expectation that dental practices need to be ready on that date.

Guidance

4. As described in the letter of 30 July dental practices can only provide AGPs in practice if they have surgical space with external ventilation. Clearance of infectious particles after an AGP is dependent on the ventilation and rate of air change within the room and treatment rooms must be decontaminated after completion of an AGP. The 'rule of thumb' below should be followed until further definitive advice is available:

- For a treatment room with more than 10 air changes per hour (ACH) and which can be evidenced to the NHS Board, a minimum of 20 minutes 'fallow time' (after which entrance to the room without PPE is allowed) before cleaning is recommended.
- For a treatment room with external ventilation (natural or mechanical) with less than 10 ACH or with no data on number of air changes per hour available, the fallow time would be 60 minutes.
- For a treatment room with no external ventilation (natural or mechanical), the absence of air changes means that AGPs should not be undertaken

Guidance on environmental cleaning may be found at:

- https://hpspubsrepo.blob.core.windows.net/hps-eb-site/nss/3095/documents/1_covid-19-ipc-annex-2-general-dental-advice.pdf

- <https://www.scottishdental.org/wp-content/uploads/2020/08/Ventillation-Final-Copy-1.pdf>

5. On average we recommend seeing between 3 and 5 patients per day per surgery that has been set aside for AGPs use. For larger practices, with agreement from the NHS Board, it may be possible to provide more than one treatment room for AGPs use. We are not anticipating that this change should mean substantially increased footfall of patients. Many of these patients would have been seen as patients under phase 2. These new arrangements allow NHS dental contractors to see patients for AGPs and provide the same range of treatments for their own registered patients as may be provided currently in UDCCs.

6. 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/>

We understand that Boards have issued local standard operating procedures, and we have asked them to ensure dental practices are aware.

PPE Distribution and Stocks

7. We have asked NHS Boards to contact practices to request whether they wish to opt-in to providing AGPs on this basis for their NHS patients. Practices that do decide to opt-in will be required to go through a fit testing for face masks. We would advise a minimum of one dentist and dental nurse should be fit tested. For those who do not fit test initially they will be offered the opportunity to fit test at a later date.

8. Dental practices will receive adequate stocks of enhanced PPE, including single-use face masks, to support them in providing AGPs under these arrangements. The same process of local distribution will be held in place to support practices in PPE requirements. The PPE will continue to be provided free of charge providing it is used for NHS patients.

Statement of Dental Remuneration

9. Amendment No 147 will be available to view or download at <http://www.scottishdental.org/>.

10. This consolidates Amendment No. 146, as follows:

In Determination I (Scale of Fees) for item 1(a) (Clinical examination) there shall be substituted:

“The assessment (including assessment of the oral mucosa) of, and the giving of advice to a patient:”.

This will facilitate a form of examination that will enable an assessment of the head, neck and mouth and enable dentists to offer reassurance, appropriate advice to patients and where necessary onward referral. As in every aspect of the provision of clinical care dentists should consider discussing the limitations of the current assessment and give preventive advice where necessary to ensure that patients are informed of the risks and benefits of the decisions that are taken.

Determination I

11. 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.

12. Dental practices should continue to use Sections I to XI for recording treatment provided to registered patients. This has been expanded to include a new Section IX(b) for those treatments that may be provided to patients for care with the use of an AGP, as follows:

- a new item 14(e)(2) - filling in a suitable material;
- item 22(a)(2) - removal of buried root, unerupted tooth, impacted tooth or exostosed tooth;
- item 29(c) - splinting in connection with external trauma;
- a new item 40(a) - opening root canal(s) for drainage; and
- a new item 40(b) - pulp extirpation and dressing to seal cavities in permanent teeth.

These items of treatment can be carried out by a dentist in general dental practice or the Public Dental Service only in association with urgent dental care for a registered patient.

13. The following additional changes have been made in Amendment No 147:

- Section I (Interpretation) - a new definition of “urgent dental care” has been added at as follows:

“urgent dental care” means where malignancy is suspected or there is acute and intractable pain, sepsis or trauma; and

- Section XII (Occasional Treatment) – item 60(b) - conservation of a molar with a preformed metal cap has been moved to Section XII(a) removing the previous restriction of only being available in UDCCs.

14. 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

15. 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.

16. As noted in the CDO letter of 30 July we are currently considering how we may introduce patient charges from phase 4.

NHS Board Review of Practice Preparation

17. For practices that wish to provide AGPs under these arrangements, then they are 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 147). 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

18. We are maintaining the NHS financial support measures during this particular period. They may be summarised as follows:

NHS Dental Contractors

- 80 per cent gross item of service top-up payment;
- Maintenance of continuing care and capitation payments;
- Maintenance of individual NHS commitment payments;

NHS Practice Allowances

- 30 per cent increase in the value of General Dental Practice Allowance and cap;
- Maintenance of rent reimbursement payments.

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. Where allowances continue to be paid they are protected on the basis of payments made at 31 March 2020. For those who become eligible after 31 March 2020 they will also be included in any future remuneration.

Enquiries

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

Primary Care Directorate
August 2020