

To: All General Dental Practices

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Dear Colleagues

NHS Dental Care

You will recall recent correspondence from CDO and NHSGGC, as well as information in the media generally, about the provision and availability of NHS care.

We are fully aware that the vast majority of practices are trying their best, in ongoing difficult circumstances, to provide the best care for their NHS patients. However, there appears to be ongoing confusion about the treatments available. This in turn is leading to increased enquiries and concerns from patients, dentists and practice staff.

This is understandable in light of the events of last year leading to the multiple changes that have occurred in what care could be delivered to our patients and when.

In light of that, we have prepared some information which you may find helpful.

Current SDR

We are currently using **SDR Amendment No. 148** which returns the range of NHS care back to pre-pandemic status. This means that **all items of service are available for NHS registered patients.**

Prioritisation of patient emergencies should still follow SDCEP guidelines and individual practices will need to determine how they manage patient workload dependent on their staffing, premises, ventilation etc.

However, this does not mean that patients should be incorrectly advised that certain NHS treatments are not available. Patients rightly fail to see how a practice has no capacity to see them as an NHS patient but yet that they can see them privately.

The directive to use an AAA approach to emergency dental care has also been rescinded.

COVID Financial Support Conditions

Memorandum to NHS: PCA(D)(2020)13 advised that the assessment period for 01 April 2019 to 31 March 2020 was used to calculate a baseline of average monthly item of service activity for each dental practice. The current Covid top-ups are based on that calculation.

Going forward, the intention is that the level of dental activity provided in a practice in a given month will then be measured against this baseline to determine the tier of top-up support for NHS dental contractors in the practice.

It is still unclear as to what parameters will be used to measure the level of activity but meantime you should continue to:

- Submit all claims to PSD (including the 8000 codes)
- Maintain or increase patient registrations
- Check rejections thoroughly and deal with them quickly; remember the '3 month rule' is back in place

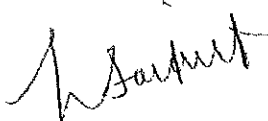
We are aware that some practices are changing their levels of NHS patient registration.

If your practice has made the decision to move registered NHS patients' care away from the NHS, you must ensure the patient is fully advised of this, understands and accepts. Subsequent to that discussion, you must ensure that a GP200 is completed for each patient and submitted to the GDS admin team. It is not possible for a patient to be considered an 'independent/private' patient but still have an ongoing NHS registration.

Activity, registration levels and top-up support are interlinked e.g. even if activity is high but registrations fall, this will lead to reduced support.

The Scottish Government is in a pre-election period and as such limited in its ability to communicate. As soon as further information is received from CDO's office, we will be in touch again.

Yours sincerely



Lee Savarrio
Chief of Dentistry