

E: NHSgeneraldentalservicesmailbox@gov.scot

20 May 2020

Remobilisation of NHS Dental Services in Scotland

Dear Colleague,

My purpose in writing to you is to explain the first steps for the remobilisation of NHS dental services in Scotland.

As you will be aware this is an extremely complex process. We need to be mindful of the oral health needs of patients balanced against the wider situation with COVID-19, and the essential requirement that we reduce the risk of community transmission and protect both patients and dental teams. We need to take into consideration the added risk of aerosol generating procedures on COVID-19 transmission; the availability of appropriate PPE is also a major consideration in how we shape the recovery and remobilise NHS dental services.

In summary these are the key phases of remobilisation that we have identified at present:

Phase 1: Increasing Capacity of Urgent Dental Care Centres (UDCCs)

During phase 1 dental practices will remain closed to face-to-face patient consultation. Dental practices should now work with their NHS Boards to prepare for the practice receiving patients under phase 2(a) (for further details see below).

Presently patients with an urgent dental care need can be seen at UDCCs in their NHS Board area. However there are an increasing number of patients with on-going dental health issues that need to be seen.

We are now expanding capacity in these centres to increase the scope of treatments available to patients. UDCCs will move as soon as possible towards dealing with red, amber and green care set down in the SDCEP guidance on urgent dental care (see below) to provide an expanded list of treatment for acute and essential care.

Action for Dental Practices

- Dentists should follow the SDCEP guidance when triaging patients to UDCCs:

<https://www.sdcep.org.uk/wp-content/uploads/2013/03/EDCPracticeGuide2pp.pdf>

taking account of the COVID guidance on advice, analgesics and antimicrobials:

<http://www.sdcep.org.uk/wp-content/uploads/2020/05/SDCEP-MADP-COVID-19-drug-supplement-update-110520.pdf>

- Where following triage there is a requirement for a patient to have a face to face appointment at a UDCC the referral by the dentist should be accompanied by a differential or definitive diagnosis. This will allow the UDCC to determine and prepare for the appropriate treatment. The guiding principle for this is that UDCCs will provide a single episode of care, avoiding AGPs where possible.

Information to Patients

- Dental practices may wish to disseminate these links (with covering text message in italics) to their patients so they are aware of these changes:

Dear Patient,

It was initially necessary to restrict the range of treatments available in urgent dental care centres and we are now able to expand the scope of this service to deal with a wider range of acute and urgent dental problems. Further information may be found at:

<https://www.scottishdental.org/public/dental-services-during-the-covid-19-pandemic-information-for-patients-in-scotland/>

or,

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/healthy-living/coronavirus-covid-19-accessing-dental-services>

You should continue to contact your dental practice in the first instance to discuss your treatment need.

Phase 2: Restarting Dental Practices

During phase 2 we envisage restarting NHS dental services in practice. There are two identifiable steps within this phase:

- Phase 2(a): All dental practices to open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures;
- Phase 2(b): Face-to-face consultation to be expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures.

UDCCs will continue to see patients on referral for treatments involving aerosol generating procedures.

We are developing a 'practice recovery toolkit' that will provide further guidance to dental practices on how to prepare for providing care in anticipation of phase 2.

Action for Dental Practices

In anticipation of the start of phase 2, dental practices should prepare a single surgery to provide urgent care on their premises with appropriate social distancing measures for waiting patients (with your Board's agreement there may be an opportunity to have more than one surgery for seeing patients).

We do not have a precise timeline for phase 2, however we anticipate having made some progress by 31 July 2020, with a minimum 2(a) in place in every practice. Phase 2(b) is dependent on the availability and supply of appropriate PPE (see below), and the wider picture around the relaxation of lockdown across Scotland.

Phase 3: Introducing AGPs to Dental Practices

Phase 3 envisages a limited introduction of AGPs to dental practices, this will be dependent on evidence of risk and possible mitigation. The main focus at present is on a staged recovery and phases 2(a) and 2(b).

Other Issues

Supply of PPE to support the Remobilisation of NHS Dental Services

We are very much aware that the supply of appropriate PPE is an essential pre-requisite to support the phased remobilisation of NHS dental services. Which is why we are working very closely with National Services Scotland to ensure that dental teams have an adequate supply of appropriate PPE during each phase of the remobilisation plan. We will keep dental practices briefed on the supply of PPE. The intention is to match any phased remobilisation to the levels of PPE at the time.

Testing for COVID-19

As you will be aware the Scottish Government is currently looking at how we develop an effective community testing programme as we emerge from lockdown. This is a key element in the strategy for controlling COVID-19. We are liaising with our colleagues leading on these programmes and it may be the case that as part of the phased remobilisation of NHS dental services, practices will be asked to support these programmes.

Financial Support and Statement of Dental Remuneration

An item of service model is not the most appropriate vehicle of financial remuneration during this period of reduced activity. We are therefore looking at alternative models of funding that will provide a more sustainable income level during this unusual period. In the meantime we will look at appropriate NHS financial support measures for each phase of recovery.

We will be advising dental practices about the precise financial arrangements.

I trust this letter is a useful update at present.

Yours sincerely,

A handwritten signature in black ink that reads "Tom Ferris". The signature is written in a cursive, flowing style.

Tom Ferris
Chief Dental Officer