

**To: All NI GDPs**

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**7 July 2020**

Dear Colleague

**Revised Arrangements for Urgent Dental Care Under Phase 3 of GDS Re-establishment Plan**

The purpose of this letter is to clarify the arrangements for patients who require urgent dental care under phase 3 of the GDS re-establishment plan which commences on 20 July 2020.

As we move to re-establish the GDS I am very aware that dentists will need to be available to work in their own practices and this will have an impact on the availability of staff to service the rotas in the Urgent Dental Care (UDC) Centres.

I set out the revised urgent dental care arrangements below.

**Urgent Dental Care (UDC) Centres.**

The UDC centres will cease to operate on a 7 days per week basis during phase 3 and instead will function as a weekend only service. The UDC centres will continue to operate on Saturdays and Sundays and public holidays during the same hours as before, i.e. 9am to 5pm.

The referral criteria for urgent conditions which can be treated in the UDC centres remain as before and have been appended to this letter for reference.

Referrals to UDC centres on Saturday and Sunday can be made through the established arrangements with Dalriada Urgent Care. Under this new model, there will no longer be specialist oral surgeons working at the sites.

The out-of-hours (OOH) clinical leads will be reviewing the staffing of these centres with a view to widening the pool of dentists available to service the UDC centres in the coming months. Dentists working in the UDC centres from the 20 July 2020 onwards will be paid the standard sessional rate as detailed in Determination II of the Statement of Dental Remuneration.

## **GDS Dental Practices**

GDS dental practices will be required to triage and treat urgent dental cases during the week between the hours of 9am to 5pm for their registered patients. It is important that patients are able to make contact with the practice between these hours.

In relation to unregistered patients, as the GDS Financial Support Scheme (FSS) will continue to operate during July and August 2020, those dentists who are in receipt of the GDS FSS should continue to provide urgent care for unregistered patients as previously agreed with the Health & Social Care Board.

At weekends, GDS dental practices should offer phone triage to patients with urgent care needs between the hours of 9am to 5pm. This phone triage can be delivered remotely. Those patients who need to be treated face to face, may be referred to the UDC centres should they meet the agreed referral criteria. Dental Practices may wish to form local rotas or buddy up with another dental practice in order to give them the flexibility to provide the cover outlined above. GDS practices still retain the option to treat such patients in their own practices should they wish to do so.

## **Medium to Long Term Service model for Urgent Dental Care Provision**

The arrangements detailed above are temporary and will be kept under review. We need to retain the UDC centres as a contingency measure in case we experience a second wave of Covid-19 infection. We also need to review the future arrangements of out-of-hours urgent dental care services and to that end I have commissioned a project to look at long term strategic planning of these services. I will keep the profession updated on the progress of this project and any future service models that emerge from it.

Finally, I would like to express my sincere thanks to those dentists who have serviced the rotas at the UDC centres and those dental practice teams who have provided access to urgent care for unregistered patients since the start of the Covid-19 pandemic. Your help and support has provided essential care to patients during this very difficult time and has kept pressure off other HSC services such General Medical Practitioners, Pharmacies and Hospital Emergency Departments, which is greatly appreciated by the wider service.

Yours sincerely



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## Appendix A

The range of conditions provided for by local UDC systems are likely to include, but are not limited to:

- Life threatening emergencies, e.g. airway restriction or breathing/swallowing difficulties due to facial swelling
- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute and severe systemic illness
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure
- Dental and soft tissue infections without a systemic effect
- Oro-dental conditions that are likely to exacerbate systemic medical conditions