

To: General Dental Practitioners

BY EMAIL ONLY

28 March 2020

Dear Colleague

Once again thank you for your co-operation and professionalism in maintaining primary care dental services in these stressful times. The recent responses to my requests for practices/practitioners to provide cover for unregistered patients and practices which have had to close and to my request for volunteers for the urgent dental care centres has been truly astounding. You are a credit to the profession.

I thought it would be useful at this point in time to provide further information on how we expect practices and practitioners to be operating currently and how things may change in the near future.

At the moment, we are seeing a very significant downturn in GDS activity. This is entirely appropriate as routine patients should no longer be attending and practitioners should be managing as many patients as possible by means other than face-to-face dentistry. As the urgent dental care centres come on stream next week and the week after, it is anticipated that numbers of patients seen in general practice will reduce further. I will issue you with further information in the coming days to update you on the status of the urgent dental care centres.

However, as per my letter to you on 23 March 2020, the HSCB expectation remains that general dental practitioners, with standard PPE, continue to see patients who fulfil **all three** of the following criteria:

1. do not meet the COVID-19 case definition
2. do have an urgent dental care need (see examples of urgent dental care need in Appendix A)
3. patient's dental care can be provided using non-aerosol generating procedures

This advice is in line with PHE guidance revised today¹. If the PHE guidance changes we will of course immediately reflect that in our guidance to you.

In my letter of 23 March 2020 I said that our urgent dental care centres would require 100 general dental practitioners in order to staff up the rota for the five sites and that

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876569/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

these dentists should ideally be accompanied by a nurse from their practice. We have reflected on this further and our view is now that the staffing in the urgent dental care centres should principally be made up of pairs of dentists. Therefore it is necessary to involve approximately 200 general dental practitioners in the urgent dental care centres rather than the original plan for 100 dentists. We are fully aware that there will be a role for dental nurses in the centres and we are considering how best to secure their input.

My email on 25 March 2020 asking for volunteers for the urgent dental care centres has now received over 400 responses. We are currently working on identifying practitioners to ensure the appropriate level of cover for the urgent dental care centres in each area. Our initial priority is to ensure that those dentists working in the centres are fit tested for FFP3 masks. Our first fit testing session is tomorrow morning, Sunday 29 March 2020. This is a small initial session and selected practitioners have already been contacted and given details of the location and the time of their slot. A larger session is planned on Thursday, 2 April 2020 and practitioners will be contacted in due course. Our intention is to make best use of the very limited fit testing capacity so that we match the availability of fit tested staff to the staggered opening of the urgent dental care centres.

We have requested that each of the urgent dental care centres has a minimum of two dental surgeries. It is likely that initially we may only be able to operate one of these surgeries until more practitioners are fit tested. It may be several weeks before we are able to operate the five sites at full capacity. We envisage that when full capacity is reached this will involve the following as a minimum:

- Surgery 1 - for both sessions morning and afternoon - operating dentist A + assisting dentist B. In case of unexpected absences there will be a backup dentist for each of these (backup operating dentist C and backup assisting dentist D)
- Surgery 2 - morning session only - operating dentist E + assisting dentist F. There will be a backup dentist for each of these (backup operating dentist H and backup assisting dentist I)
- Surgery 2 - afternoon session only - oral surgery specialist/DwSI J + assisting dentist F. Backup assisting dentist I will be available in case of unexpected absences.

We are currently working to ensure that all surgeries on all sites have the necessary equipment to undertake the narrow range of treatments that are to be provided and we have already secured a supply of all elements of enhanced PPE.

HSCB will ensure that practitioners who work in the centres have appropriate indemnity cover from the health service and will not need to undergo Access NI checks if they have previously been checked.

The proposed model of care relies upon practices remaining open and, dependent on the PHE advice in place at the time, providing urgent dental care on site (current PHE advice) or if PHE advice were to change practices to provide telephone advice,

prescriptions for antibiotics/analgesics and triage to the urgent dental care centres as appropriate.

The downturn in GDS activity has resulted in a freeing up of capacity among the GDS workforce and some staff are now available to undertake other duties. There are approximately 1200 dentists working in general practice in Northern Ireland. There will still be excess capacity after the urgent dental care rotas are fully staffed and practices' requirements to provide urgent dental care on site are fulfilled. Work is underway at the moment to look at how practitioners who are available can best contribute to the fight against coronavirus. At this moment, it is felt that supporting general medical practices and pharmacies in the local area is likely to be the best option. Further information on the reassignment of dental staff will be shared with you as soon as it becomes available. Please be assured that reassignment of duties will take account of practitioners' own circumstances.

I cannot emphasise enough how dynamic the current situation is. We are trying to fit together all the elements of a comprehensive dental service at breakneck speed. It is therefore possible that some of the ideas we have now may need to change further down the line if insurmountable barriers are encountered or the scientific advice alters.

As per previous letters, please review the information that has been emailed to you on your HSC email account and check the coronavirus webpage² frequently for updates. We are currently receiving a huge number of queries from practitioners. Many of these relate to issues already addressed on the coronavirus dental page (particularly the FAQ section), in previous correspondence, or the links to PHE/PHA advice. Please check these sources before contacting us. If your query remains unanswered, then please email: GDS.Correspondence@hscni.net

I greatly appreciate the kind offers of help and support that have come from all quarters of dentistry in Northern Ireland. This is massively encouraging and motivating to the HSCB dental team as we try to get these centres up and running as quickly as possible.

Yours sincerely



Michael Donaldson
Head of Dental Services

² <http://www.hscbusiness.hscni.net/services/3111.htm>

Appendix A

The range of conditions considered to require urgent dental care 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