

**From the Acting Chief Dental Officer
Mr Michael Donaldson**



To: All NI GDPs

BY EMAIL ONLY

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Dear Colleague

Plans for the Restoration of General Dental Services

I'm writing to update you on the ongoing work in respect of the development of plans to increase activity in general dental practice.

As you are well aware, general dental practitioners are currently limited to providing non-AGPs to non-COVID-19 patients with an urgent dental care need. Throughout this crisis period, many such patients have continued to receive face to face care in general dental practices. This has been a key element of ensuring that the urgent oral health needs of the Northern Ireland population have been met and I'm very grateful to those practices who have been providing this vital service. Indeed, 2104 patients received face to face care in general practice in the week ending 17 May 2020. This figure has seen a steady increase over the last six weeks, as have the number of practices offering face-to-face care. Seventy three percent of practices provided face-to-face dental care in the period 11 May to 17 May 2020.

While it has been absolutely necessary to limit the number of patients seen in general dental practice in order to minimise the risk of Coronavirus transmission, this has unfortunately meant that there are a significant and growing number of patients with pressing oral health needs. A balance must be struck between protecting patients, dental staff and the public from the risk of acquiring the virus and population oral health. You will appreciate that the outcome of the weighing of risks is not fixed but rather depends upon a wide range of dynamic variables including the key epidemiological metrics for COVID-19, the availability of appropriate PPE, the

capacity of the health service to respond to increased numbers of COVID-19 cases and the prevalence and severity of unmet oral health need in the population.

Steps to GDS Re-establishment

At this stage, it is proposed that general dental services will be re-established in a phased manner. This has the benefit of allowing us to understand the impact of the easing of restrictions on epidemiological indices, supply and demand of PPE, the demand for dental care and the volume of patients that may be seen in practices under a particular set of restrictions. The phases will be as follows:

Phase 1a: the current phase

Phase 1b: no change to restrictions but all practices to offer face-to-face urgent dental care in an attempt to maximise the number of patients with urgent needs being treated. To ensure appropriateness of referrals, all patients referred to UDCs to have initially been seen face to face by the referring practice unless this would not be in the patient's interests. This phase will be introduced on 8 June 2020.

It is accepted that a proportion of practices will not, due to extenuating circumstances, be able to provide face-to-face dental care, however, it is believed that this figure is significantly less than the 27% of practices that did not see patients face to face during the last full week for which information is available. It is also acknowledged that some practices are in "buddying arrangements" which may make it appear that they are not seeing patients face-to-face dental care. Such arrangements will continue to be acceptable during phase 1b.

Phase 2: in addition to the current restrictions, practices will be able to offer non-urgent dental care, however, treatments will be limited to those that are non-aerosol generating.

Practitioners will need to prioritise those patients with the greatest oral health need and consider what treatments can be provided through non-AGPs. Urgent dental care centres will continue to operate for the foreseeable future and to provide AGPs, however their remit will remain limited to patients with an urgent care need. At the moment, the capacity of the UDCs is around 250 patients per week. We are investigating the prospects of increasing this number but even if this is possible it is not likely to result in a dramatic change in the number of patients who can receive AGPs through these facilities.

Phase 3: routine dental care may be offered and AGPs provided in general dental practice. Practices will have to comply with the extant guidance in relation to aerosol settling periods between patients, surgery cleaning and PPE.

The movement through phases 1 to 3 above will be guided by the scientific and public health evidence and at this stage it is not possible to put dates on when we will transition to phase 2 or phase 3. As mentioned in previous correspondence, circumstances can change quickly in terms of our understanding of SARS-Cov-2 and the appropriate health service response to it. It should also be noted that it may be necessary in the future to tighten restrictions if that is deemed to be in the best interests of the population.

Guidance

A working group has been established with representatives from DoH, HSCB, BDA and the Trusts to develop guidance for practices so that they are prepared for the phases above. Those practices where patients have not been seen for many weeks will, in particular, need to ensure that they are soon in a position to provide face to face dental care. Guidance on practice preparedness will be issued in the coming days and will be accompanied by a questionnaire to determine practices' readiness for increased numbers of patients as well as estimates of pre-COVID-19 patient volumes and patient volumes feasible under various restriction scenarios.

To assist practitioners during phase 2, guidance will also be issued in the near future advising which clinical conditions practitioners may want to prioritise and which non-AGP treatment options may be offered.

There are also two other groups which have been established, one looking at the immediate oral health needs of the population and also the longer term needs and a group developing solutions for the large numbers of children on Trust waiting lists for extractions under general anaesthetic.

The Department is aware that dental supply houses may not be able to fully meet the demands for PPE if there were to be a sudden increase in dental activity. The Department is closely monitoring the availability of PPE and considering a range of options.

You will be aware that the Financial Support Scheme has been in operation through the course of the COVID-19 pandemic to date as a temporary measure in order to reduce the risk to the financial viability of the General Dental Service as Item of Service payments have fallen. The support arrangements will need to be amended on a phased basis as part of the resumption of routine dental activity.

Recently, I have been contacted by the BDA and a number of practitioners regarding the applicability to private practices of the restrictions placed on the GDS in my letter of 23 March 2020 and subsequent communications. I am currently taking legal advice on this matter and will issue a separate letter setting out the position in the coming days.

I hope that the above has provided you with useful information on what is likely to follow in the coming weeks and months. Please look out for the various guidance documents to be issued shortly and ensure that your practice is prepared for the anticipated increase in treatment activity. Please also complete any questionnaires that are issued to you as these will provide us with vital commissioning information.

I fully appreciate that many of you are anxious about what the future holds and would like more certainty over dates. I will contact you as soon as the timings for phases 2 and 3 are set so that you have as much notice as possible to make the necessary arrangements.

Yours sincerely



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