

Email from Dental Director 16th March, 2020

Urgent – COVID – 19 Update

Dear Colleague

I would like to thank you and your Teams for the continued commitment to deliver services for our communities. I understand the difficulties and uncertainties that the current Covid-19 position presents to everyone. Changes can occur rapidly. On 12th March, Wales and the rest of the UK moved from the containment to a delay phase with new guidance issued: this was an important change and as such I thought it might be timely to provide an update:

1. Information

It is important that dental Teams are kept safe and informed during this period. You can find the latest guidance on this issue at www.gov.uk/government/collections/wuhan-novel-coronavirus and <https://gov.wales/written-statement-coronavirus-covid-19-2>

Advice for primary care can be found at <https://www.england.nhs.uk/coronavirus/primary-care/> Welsh Government is content that Welsh practitioners refer to these documents for additional sector-specific guidance if needed.

Major regulators have issued guidance to support health professionals which can be found at www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team.

The Health Board are working on plans and advice to reflect the current phase of the disease and we will share these as soon as practically possible. We are anticipating further guidance from Welsh Government imminently and we will share this with you but I would also suggest you refer to the websites and check emails on a daily basis for updates. I should be grateful if you could ensure all Team members are kept fully up to date on developments.

2. Business Continuity Plans

Practices should ensure that they have updated their business continuity plans (BCPs). For some BCPs have included close collaboration with other practices and I would suggest that this approach might be a useful for others: identify opportunities for working with neighbouring dental practices to share resources and maintain access, existing local dental systems and wider primary care to deliver appropriate care to patients in the current circumstances. I know a number of practices have already developed individual teams within the Practice, working on different days to provide sustainability: this could be extended to groups of practices in a geographical area.

To aid the Health Board in planning services and support, I would be grateful if you could send Sarah.Dunstan@wales.nhs.uk, copied to Alison.herbert-davies@wales.nhs.uk by 19th March 2020 your BCP or sections relevant to Covid-19.

3. Principles of Care

Follow primary care guidance for the management of potential cases who attend for dental care - isolate patients if they are identified in practice, and manage in accordance with advice, (e.g. isolation, obtain specialist advice and determine if the patient is at risk of COVID-19).

Identify potential cases in advance and delay appointments - include high risk groups e.g. elderly, immunosuppressed etc – or redirect into alternative pathway. Use update screening advice and contact all patients in advance of their scheduled appointments.

Avoid all non-urgent treatment and procedures that generate aerosols unless urgent care is necessary.

Manage care in a way that minimises risk of transmission (using telephone consultations, delaying non-urgent care or managing pain with analgesics and providing urgent care through a care pathway designed to minimise risk).

Manage patient flow so that patients do not have unnecessary waits in shared areas and Teams have time to prepare clinics, reception and waiting areas etc.

Consider redeploying at risk staff to non-patient contact duties, remove non-essential items from waiting areas and ensure hand sanitiser is available.

4. Triage

It is important that patient triage before attending any appointment continues to be effective. As such, it should also include questions to reflect new guidance: whether the patient has a new continuous cough OR a high temperature (of 37.8 degrees centigrade or higher). As now, anyone who is actually or suspected to be positive to Covid-19 should not attend the practice but receive advice over the telephone on managing any acute problems, their care delayed if appropriate or the patient directed into an alternative pathway.

To support this I would be grateful if you could establish a 'call back' facility by a dentist after initial triage by reception staff so that patients can have advice, if appropriate, rather than have to attend the Practice or access other services. The Health Board are currently working on establishing a dedicated urgent service for the dental care of Covid-19 positive/suspected patients and we will share this pathway detail as soon as its finalised. We are also looking at how we support those individuals who have voluntarily self-isolated and how GDS can contribute to new pathways.

Any prescriptions that you may wish dispensed and provided to patients in their homes can be organised by telephoning your local community pharmacy who will advise on the process. The Health Board will support practices who follow this pathway.

5. Services

This phase will attempt to limit population movement and close contacts as well as reducing the pressures on the wider NHS and Health Care Workers. You will be aware that Hospital Out Patient Departments have ended all non-urgent activity. Hospital Dental and Community Dental Services will also become limited to providing urgent care. As such, I would be grateful if you could consider this when making referrals and ensure your patients are aware of possible delays and cancellations. Urgent pathways will continue e.g. urgent Paeds referrals.

6. PPE and Transmission

The possibility of increasing difficulty in sourcing PPE and introduction of specific standards for aerosol procedures means that we are advising that only urgent care is now provided in GDS and for asymptomatic/non suspect patients. We are, therefore, recommending that no new routine courses of treatment are commenced and in those currently open you consider which, with limited care and avoiding aerosol procedures, could be completed quickly in the best interests of the patient. Consideration should be given to stabilising dental problems to minimise the risk of acute problems over the next few weeks.

Even in urgent cases, aerosol procedures should be avoided if possible. However, if an aerosol procedure is in the patient's best interest, at this time, existing PPE protocols should be followed but consider including additional methods to reduce aerosol risk – HVS, pre-treatment CHX mouth-rinse and using rubber dam to isolate teeth prior to using hand-pieces, 3 in 1 etc.

The Health Board will establish an urgent service for confirmed and suspect Covid-19 positive cases requiring urgent care, we may ask you and your Teams to contribute to this pathway.

7. Contract

We understand that WG are looking at the potential impact of the pandemic on GDS contract activity and how that can be mitigated through possible target suspension. We will share any information as it becomes available but the Health Board will be sensitive to the current conditions and support Practitioners. In these new circumstances we still see GDS Teams as having an important role and I would hope Practices will respond positively to approaches from the Health Board to contribute and support dental services.

Attached to this email is a data collection template (link below this link on the website which will be updated when necessary) which we would be grateful if you could return at the end of each week to Sarah.Dunstan@wales.nhs.uk and copied to Alison.herbert-davies@wales.nhs.uk. This will allow the Health Board to understand the impact of this issue on primary care services and provide support as necessary.

We understand that at the moment scheduled HIW visits appear to be still going ahead although that may change as circumstances develop. If you have any queries/concerns about planned visits in the current climate then you should discuss this directly with HIW as soon as possible. The Health Board will support any decision that you make.

8. Changing Roles

It is possible over the next few weeks that we may also ask dental teams to contribute to the service and the wider response of the Health Board to Covid-19 outside their historical roles and responsibilities: I hope that you are able to contribute and facilitate any approaches.

Finally, can I personally thank you and your Teams for the hard work and commitment you provide for our patients and communities as well as your understanding during this period. We are working closely with the LDC on this issue but feel free to contact me or one of the DPAs directly if you feel you need any further advice or support as we move forward.

Best Wishes

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