

Email from Dental Director 20th March, 2020

COVID – 19 Update

Dear Colleague

On behalf of the Health Board and the Primary Care Team (PCT) in particular can I thank you for your positive engagement, understanding and commitment during these difficult times. Sadly, I expect there will be more challenges ahead but the Dental Teams to date have stepped up to the mark and then over it and I'm sure this level of engagement will continue over the coming weeks. Can you ensure that my thanks are passed on to everyone – from trainees, through to cleaners and the demanding visiting specialists and stroppy principals! **Dental Teams should be immensely proud of their response.**

I thought it was timely to provide an update on the current position and where we may be going over the next few weeks. You will have seen from the CDO(W) recent letter that we are currently at 'Amber Level' which is transition to 'Red' - I think we are close to the latter. Amber means a move to urgent treatment only with routine care provided where limited care could stabilise a patient over the next few months - avoiding a need for urgent care. My understanding locally is that Practices have made this move and I'm grateful to your Teams.

You will be aware of the **CDO's expectations** that we adapt to the current climate and contribute to the pressures on the wider NHS. In light of this we are looking to change slightly how we work going forward:

1. Communication

It is vital that you are up to speed with developments and that any queries are resolved quickly. We are working closely with the LDC and I'm grateful personally for their advice and support - the LDC will continue to be a source of information and support for Practices.

We have had a clear instruction from the CDO that all queries should be resolved locally and escalated only if necessary and by the Senior Dental Clinical Leadership Covid Group which meets twice weekly. **I should be grateful if you could follow this advice and refrain from contacting Welsh Government directly with any issues.** The PCT and DPAs will attempt to resolve matters quickly and escalate to me if they think we need to raise on a national level. Feel free to email/text DPAs or myself directly if necessary. We will respond but there may be a slight delay due to the current workload.

2. Urgent Pathway

It is becoming clear that 111 has a huge workload and I think it is not unreasonable to look at how we could reduce that pressure. We are also becoming sensitive that dental problems attending A&E might be increasing – that is not acceptable. The DPAs have mapped out a new urgent pathway and we will share that with you in near future.

In the meantime and **with immediate effect I should be grateful if you could manage all patients who contact you with urgent problems, irrespective if they have attended the practice previously or if you have a limited contract.**

All patients will need to be triaged with a call back from a dentist to decide if they need to be seen or can be managed by telephone advice only – this could also include issuing a prescription remotely – liaising with the patient's local pharmacy. You will need to record these contacts (simple numbers) on the weekly data return form that I circulated previously. Dental records should still be made for this group which includes Covid (+).

For patients that need to be seen, if they are **Covid (-) you can arrange to see them in your surgery**, manage along the lines described in the CDO's recent 'Amber' briefing and submit the usual FP17 for an Urgent episode of care. To reduce the pressures on pharmacies you may wish to increase your own surgery stocks of antibiotics, analgesics etc. You will also need to allocate daily spaces in your diaries for this patient group so that they can be seen on the same day as contact. If you find that you cannot accommodate a patient then you may wish to work with other practices in your area to ensure your local

population can be supported. I would be grateful if you should ensure that patients do not have to 'ring around'. If patients contact the Referral Management Centre (RMC)/111 because they cannot get local access, then we will contact practices directly for appointments and provide advice and support so that this outcome is minimised in future.

We are currently finalising the details for a COVID-19 Urgent Dental Centre pathway, we will share further details when this pathway is finalised but it is anticipated the RMC will be able to accept referrals from early next week for a Covid (+) or suspected Covid (+) who need a clinical appointment. FFP3 masks are severely limited at the moment and so robust triage is vital.

3. Workforce and Service Continuity

There is now an increasing pressure both in the GDS and the PCT. If practices work together and share resources then it may be that communities will continue to have access to dental care locally and speedily.

A number of you have contacted us asking how you might help – we are extremely grateful for these offers and please keep them coming! I have **asked the DPAs to contact directly individuals** who could help in the current areas under marked pressures e.g. Dental Teaching Unit (DTU), support for DPAs and the PC Management/Admin Team. I should be grateful, as indicated in the CDO's letter, that you could respond positively to these requests.

If you feel that you are having Service Continuity problems then please contact the Primary Care Team urgently so we can understand what support could be provided.

4. Domiciliary Care

This part of the service provides unique challenges considering the varied needs, the current circumstances of this patient Group and the Cl&D standards that are necessary. I am hoping we will have a pathway for this group confirmed early next week.

5. Specialist Services

All hospital dental services currently have **access for urgent care for oncology and trauma** patients – these referrals should continue through eRMS.

Parkway Clinic will continue to provide **urgent GA's for children** that have been triaged and treatment planned through CDS GAT clinics as now. However, due to the aerosol issues only extractions will be provided.

Both Parkway and Cambria Clinics are currently **undertaking a piece of work to review** their urgent referrals and how these can be managed within the current guidance. The Clinics may contact patients directly to understand the degree of urgency and circumstances.

Specialist orthodontic services have ceased all routine care and are managing urgent patients only.

Please ensure that parents/patients are aware of these service changes before referring through eRMS.

6. Contract

You will be aware of the CDO's broad intentions on this issue. Welsh Government and the Health Board are keen to support sustainability of dental services and staff – this includes self-employed individuals working within contracted NHS practices. We would expect that any funding provided **continues to support all team members in Practices irrespective of their employment status. Further detail on this will be shared with you by the Primary Care Team on Monday.**

Finally, can I reiterate the Health Board's extreme gratitude to the Dental Teams for their hard work at these difficult times.

Kind regards,

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