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LDC Zoom Meeting – 31st March 2020

Karl Bishop started the meeting by setting the scene

All non-urgent dental treatment had now ceased as per Welsh Government guidelines. Simple- non-complex/non AGPs could still be carried out in GDS for patients who had gone through Covid 19 triage via telephone i.e. dressings, simple extractions, and excavation with hand instrument using high volume suction.

GDPs were to provide robust telephone triage prescribing appropriate antimicrobials and analgesics as necessary.

Covid +/- patients who require treatment that involves aerosol would be directed to DTU at Baglan, referral to the unit would be via e-referral hopefully by the end of the week. There were two areas set up which are completely isolated from one another, to be accessed depending on patients Covid status.

GDP - RMC - second triage - seen at DTU

Due to the national shortage of FFP3 there was currently (today) only enough to treat 8-10 patients. WG looking to directly supply PPE to dedicated dental units going forward.

Redeployment

Compulsory? It was hoped the vast majority wouldn't question and a humanistic attitude would come through, it was more about taking up opportunities the team feel comfortable and confident with.

The question was raised if self-employed associate/DGP refused to take part, would this result in a loss of contract value. This was felt to be an internal contract issue and to be dealt with by provider as opposed to HB. It was felt if someone was refusing to help it would be more beneficial to find out why and with understanding and explanation this situation could be resolved.

In theory the 80% payment by WG is based on these caveats and failure to comply could result in money being withheld but the Health Board would hope that these circumstances would not occur.

Redeployment at present does not mean staff are expected to redeploy to acute sites. There were to be opportunities in 111, Occupational Health, Admin/Triage and a data base of

availability was to be set up HEIW but that has now been taken on by Shared Services. The PCT were compiling a questionnaire to be emailed to dental workforce in Wales.

Health Boards will have indemnity cover in place for all workers that are redeployed to their sites

Local Practice Groups

These had been set up across the locality with a DPA designated to each group. They were to communicate via WhatsApp groups, texts and email.

The purpose is to support and offer continuity of core urgent / emergency dental services for patients within their designated groups. Staff rotation may be put in place as this might be the most sensible option to preserve numbers.

Only GDPs to carry out clinical triage therefore a GDP needs to be on site during normal working hours for this purpose.

Not all sites within a group would be able to remain open going forward – this is a live situation and will be addressed accordingly.

FDs

FDs were not expected to be first line for clinical triage in practice; they should not be alone in a practice without ES support. They do not have to attend practice every day and could be included in a rota.

FDs may eventually be redeployed to RMC as numbers start to drop, ESs will also be expected to provide support as experienced practitioners.

FDs concerned about their finish date are being advised to keep their portfolios up to date; the study day programme will be kept updated.

Precise date for sign off has yet to be formalised by COPDEND

Furlough of staff and associate remuneration

Issues to be dealt with by BDA

Contractual Issues

To be raised with BDA as one body to approach CDO with issues.

Any operational issues can be dealt with locally

Courses of treatment

Incomplete courses need to be looked at, Richard Jones to pick up. An all wales policy may be necessary, take to WG meeting tomorrow for clarification.

Any patient receiving telephone triage needs to have clear and concise notes made; there is no need to open a form.

OOH would not issue a charge or be in receipt of PCR

Patient seen in the surgery should have a form opened and be charged accordingly.

Although theoretically an FP17 should be signed it is felt writing Covid 19 on a form would suffice to reduce cross infection risks.

Any treatment in the DTU will not incur a charge.

Domiciliary

Dental domiciliary are to be dealt with on a case by case basis, A.A.A would be the first service provided. If a clinical examination was felt necessary this would be dealt with by RMC.

Child Referral – GA – Parkway

Referral into GAT for triage and assessment - if GA necessary this would be at Morriston Hospital

Parkway has offered their services to help providing they had the correct FFP3 equipment, currently there is none available to them. There is also concern around the sustainability of anaesthetists

111

111 is proving to be a bottle neck for dental queries, these calls will be forwarded direct to RMC for triage tot take pressure off 111 and speed up access.

LDC will continue to keep the website updated and future meetings will be held over Zoom