

LDC Zoom Meeting – Friday 17th April 3p.m.

Update from Karl Bishop, Dental Director, Primary and Community Delivery Unit, SBUHB

Karl opened the meeting by expressing his sadness and offering condolences to the family and colleagues of Linnette Cruz a DCP who had sadly passed away after contracting Corona Virus. The HB was stunned and saddened at this news and was working hard to appropriately support the dental practice and family.

The HB were working with WG to monitor incidences of Covid 19 within dental practices, there had not been to date any apparent increase amongst the dental workforce.

PPE

Guidance was being constantly monitored and the local networks were working well keeping a record of supplies within dental practices.

Some PPE in Hospital services was proving to be an issue although this was a fluctuating position.

DTU had sufficient PPE to allow the treatment of 10 patients but work was being undertaken to make this more sustainable.

Field Hospitals

There would be a significant demand on workforce if these reach full capacity, retired GPs etc would be deployed but there is an apparent gap in the nursing workforce, particularly non-registered. Therefore, the dental workforce would potentially have a big role to play in the running and staffing of the field hospitals as they roll out. Some CDS staff have already being trained in the role of Health Care Support workers in readiness and some were working in the CTU.

It is likely that Llandarcy field hospital will be ready to hand over to the HB next week. There was to be approx. 350 beds available needing medical support to aid their recovery following discharge from acute site.

Bay field hospital will care for patients who need limited support than those at Llandarcy, it can provide up to 1000 beds. Most of these patients will need support in preparation for their discharge.

The Health Board is looking to ask for volunteers to work in the Urgent Care Dental Centre and wider services across the Health Board. A questionnaire was to be emailed to all GDS providers to support identification of the GDS workforce to support Swansea Bay University Health Board in managing its response to continue to provide essential and urgent services to the population of the Health Board area. The HB is of the view that redeployment will be voluntary and only to be undertaken if it does not compromise access within practices - this may mean local area groups sharing resources: therefore if you are being rota to work one day a week within GDS it would be acceptable to volunteer on non- rota days. However, the expectation of Welsh Government that for the 80% support practices will engage with any redeployment requests.

Local Practice Groups

These had been set up across the locality with a DPA designated to each group and GDS leads. They were communicating daily via WhatsApp groups, texts and email. These groups were working well with a lot of dialogue and discussion taking place.

DPA's were feeding into Health Board regularly.

Urgent Care Centre

This was now up and running treating patients both Covid +/- who require emergency treatment. Referrals would now only be accepted electronically and require as much information as possible also to include any radiographs. The centre staff will phone back the dentist if further info is required. There is also a shared care model.

OOH

RMC was now running seven days a week as they are now covering the 111 dental triage calls. HB was monitoring the volume of calls to assess if more clinical triage support was necessary. Several GDPs stepped forward to support OOH over the recent bank holiday and the PCT were grateful for this action. The PCT are currently looking at the model.

In hours service was running well providing patients with access to advice, analgesics and antimicrobials. Data from GDS is being collected on a weekly basis in the form of spreadsheets from practices stating how many patients had tried to access the service etc.

Oral Surgery

Rhian Jones had undertaken sessions had been held at the Urgent care centre at DTU, treatments had been managed well with only one surgical so far.

Howell Dda were to hold a session next week although the pathway was unclear yet.

Hidden Harm

There was concern that prescribing was not solving a lot of the patient's dental problems. Guidance needed to be looked at regarding pulpitis pain and management. DPA's were currently doing a piece of work on the data collected.

Incomplete Treatments

Richard Jones was working on this issue, any COTs that do not relate to the last three weeks of the contract could be in-completed as normal. Awaiting further guidance which was to be applied locally.
Any issues around treatment/claims needing clarification email to Sarah Dunstan who will then forward to Richard Jones for response.

PCR

The charging of patients who attend GDS for advice and assessment is to be discussed by clinical leads with WG at meeting to be held next week. Currently the position is that charge is applicable if pts attend the practice. Patients who attend DTU or receive advice over the telephone will not incur a charge.

GA

The pathway for referral was still the same i.e. into GAT.
Parkway is currently unable to provide a service due to lack of appropriate PPE.
OMFS Steve Keys is happy provide access although so far no patient has required a GA since the lockdown. This is consistent with other HBs. No patient has been referred into this pathway yet.

Orthodontics

The service was managing well with clinics being run every day for triage and emergencies, no orthodontic patients had needed to contact 111.

FD Training HEIW

Funding arrangements for the next three months had been emailed to trainers yesterday, informing them of a 50% reduction in the trainer grant. This had caused upset as the trainers were still providing tutorials and supporting the FDs in their roles. Richard Herbert had asked for all thoughts on this matter to be emailed to him and TPDs so they could take forward an argument to WG to try and get this decision reversed.

FDs were very worried about completion of the year and the prospect of employment on completion of training. The potential deskilling and lack of experience was a concern.
There was concern for this year's new cohort and how long they would be out of clinical practice. Educational Supervisors would be called upon to give in depth reports around capability of the FD to show equivalence.

FDs activity was being monitored weekly; there was no redeployment as yet. It was thought FDs being redeployed would go to a NWSSP - Covid Hub, taking on various roles such as:-

Desk / admin

Bedside assistant/support care worker

Assistant technical services e.g. Pharmacy

More detail would be passed on once received.

DCT applications going to be based on situational judgement test alone, the window being 1 – 19th June. Offers would be made on 29th June and confirmed on 6th July.

ES interviews would be carried out via Skype for four days over the next two weeks, outcome in May.

Meet FD/ES - These events would be carried out online comprising of short video clips and CVs

LDC

BDA was carrying out work around private dentists and trying to resolve the issue around the £50K cap for businesses eligible for Government help.

The BDA website is updated daily; this can be accessed via a link on LDC website.

Date and time of next meeting to be arranged.