

Morgannwg LDC Zoom Meeting Friday 5th June 3pm

Welcome by LDC Chair

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

There had been a slight increase in both Covid + and suspected cases across SBUHB this week, with new admissions to ITU for the first time in a fortnight. The R number is reducing in Wales but there are still areas in Wales where the virus stays stubbornly high in the community – e.g. North Wales and Cwm Taf areas. It is suggested approximately 5-10% of the population has been exposed to the virus; there is concern normal winter flu pressures will put more pressure on the NHS.

Track, Trace and Protect TTP

TTP was now up and running and was expected to be substantially digital as of next Monday; it was to play a huge part in the suppression of the virus within communities alongside social distancing. SBUHB had eleven positive cases this week reported through TTP which were all going through the TTP process. This was going to have an impact on the workforce as people are contacted and advised to isolate. In fact it could take more people out of circulation than contracting the virus itself, it is predicted up to 25%.

It is advised to look at practice sustainability plans to cover potential TTP workforce losses.

Antibody testing was to be made available soon for key workers; this was to include teachers with the imminent opening of schools this month. As this is a phlebotomy service delivery and access plans are being developed within HB.

As the degree of immunity associated with the ABs is still unclear other than the epidemiology info which is important the impact on an individual is unclear.

SBUHB working on a guidance sheet around TTP to cover all scenarios, to circulate ASAP.

Community Testing Unit

This Liberty facility was now running with the capacity to 360 people per day.

There had been a significant increase in tests being carried out due to the fact members of the public can now access the service.

Field Hospitals

Llandarcy Field Hospital and The Bay Hospital were on stand-by to accept patients if necessary. There were no plans to de-escalate these sites at present.

Hospital Services

Work was commencing on re-starting priority services very cautiously and gradually, urgent oncology being one.

There was now a need to look at alternative ways of delivering services, waiting lists were significant and ever growing.

A pathway for surgery patients was in place with patients having to isolate for 14 days prior to admission (if child this was to include parents), Covid swab to take place 48-72 hrs prior to appointment. The process is the same for day cases.

A Clinical Advisory Group had been set up to support.

Data Returns

HB had been looking at how the information contained within data returns can be shared with practices to show the activity levels within the area. Richard and Liz had produced anonymised slides to show activity levels within LPGs. Sam Page was keen to share this data with all, HB to work through this data over the next few weeks and consult with LDC how best to share this information.

All PPE supplies from Shared Services would be reliant on practice requests matching with data supplied around face to face appointments. There were no FFP2/3 available, FRSM would be supplied.

Video Consultations

WG will fund on an all Wales basis, it was discussed in Clinical Leads meeting last week that the roll out to pilots was imminent. There were to be 40 pilot sites to include RMC and OOH.

Attend Anywhere was reported to be extremely user friendly and was being used by HDS.

PPE

NHS dental practice PPE can be supplied from Business Services through DTU and will be cross referenced against data returns. Amount of face to face appointments will be used to justify delivery. FRSM, gloves, aprons were all available to be supplied as needed.

Karl Bishop response to previously submitted questions

The LHB did not have much more detail around the proposed de-escalation from red alert re dental services than had been published by the CDO. It was clear the virus was going to restrict the provision of dental services for a while. The CDO had indicated that the possible phased return of services would be from 1st July 2020; this would be alongside an increase in ACV to 90%.

It appears practices would have a population number based on footfall in the previous two years, practices will be expected to complete ACORNS on patients who attend between July 2020 –March 2021 on at least one of their visits. Although this model appears to be voluntary it seems to be the only way forward as UDAs in the current climate are simply not deliverable. No comprehensive deliverable treatments can be carried out, therefore making it impossible to charge patients for treatment that can't be delivered etc. As de-escalation from red alert to high amber, amber then green unfolds, the timing of each stage will not be linked to any dates but determined by Ministers and active virus levels within the community.

The backlog of patients managed by AAA since March 2020 will be the first patients to be reviewed in the high amber stage, although they will unlikely to be able to receive extensive examinations but assessment and advice. Some of these patients will need AGPs and therefore a referral to an AGP centre. The LHB are keen to explore the setting up of designated urgent AGP centres within the GDS which would be accessible to both NHS and private patients. The Clinical Lead Groups for Wales are working on this as a matter of priority. This option would open up practices and allow GPs to have direct responsibility for their patients. Again this all revolves around the availability of suitable PPE and the R rate within the community, should there be another peak the front line acute services would have first call on available PPE.

FFP3 masks can be substituted by FFP2 /N95 masks and they would still require fit testing.

Private practices in Wales are able to provide AGPs for patient groups described within the de-escalation guidance set out by the CDO. As we are currently still in the Red alert stage no AGPs are able to be carried out other than at the UDCs.

It is possible that the HB would support GDS sites to develop and set up AGP services that would improve access for the population. These would provide NHS AGP services and would receive support on access to appropriate PPE. It is likely that Private practices would not receive direct support from the HB, if they wish to provide AGP care and standards and compliance would be overseen by HIW.

SOP guidance on the set up of NHS AGP sites was due to be published by WG this afternoon.

ACORN – for practices not familiar the HB was keen to work with LDC and LGPs to assist those needing support but it is likely that HEIW will provide support. There were a lot of resources available locally some work was needed to put a structure together possibly on a cluster basis.

OOH- As the current service was reliant on a lot of goodwill and staff volunteering, Karl Bishop and Sam Page were looking at the model and securing funding going forward.

Orthodontics – currently only emergency treatment was being carried out, some work was being done around a model of possibly one orthodontic practice becoming an AGP site. Again demand on PPE needed to be taken into account.

Update from DPAs – under other items

Update from LDC

There had been no meetings held

LDC and HB keen to get LDC/LHB Liaison Group meetings up and running ASAP.

Payment of Associates / DCPs – this had been interpreted differently all across the country and there was a need for local guidance for fairness. Sam Page sending a communication to all dental practices reminding all providers of the expectation to pay their staff fairly. This was to include both self-employed Hygienists and Therapists.

It was felt using last year's ARF return and dividing by 12 was a fair way of calculating payment as laboratory deductions had then already been taken into consideration.

FDs - had found out this p.m. if they had been approved although they were unable to access their portfolios.

Parkway Clinic - Parkway had met with DPAs this week and were working on producing a SOP, they already had all the PPE necessary to operate.

Parkway were concerned that with three months of AAA being the only service available to children, there was to be a huge backlog once services resume.

Further Updates – there were none.

Next meeting TBC, Karl Bishop had requested Thursdays going forward.