

Questions for KB 5th June 2020

1.

- a. A common theme from our associates over the proposed de-escalation documents is that of confusion over what is allowed at each stage.
- b. There seems to be very little difference in practical terms between the red, upper and lower amber phases. Dental examinations are included in all categories but only for urgent care until lower amber?
- c. Also how can pre-made crowns be fitted and adjusted without using a fast handpiece or 3 in 1?
- d. Seeing a patient face to face to try and place a temporary filling without a 3 in 1 is very unlikely to be successful and has increased the risk of repeat visits.
- e. Perhaps we need a shift of focus from what we can't do to how we can provide what we need to do safely (use 3 in 1 s, clean out crowns, dry teeth for temp fillings etc).
- f. We have already had a surge in patients enquiring why we are no re-opening when England are - this will become harder and harder to justify as time goes on.

2.

Q. The use of 3 in 1?

- a. Examinations are allowed in Upper & Lower Amber phases..... how is this possible without a 3 in 1? There is no way a comprehensive Examination can be conducted without a 3 in 1, this includes an ACORN Assessment.
- b. If they continue to refuse the use of a 3 in 1, the term "Examination" in Upper and Lower Amber phases should be changed to "Assessment and Advice" as per Band 4.
- c. In practical terms, the difference between Red, Upper and Lower Amber phases is negligible (again this relates to use of 3 in1).
- d. Without being authorised to use 3 in 1, the number of simple treatments that can be completed is massively reduced, e.g. Examinations, recements, fits, simple composite restorations/ repairs, the list goes on.

3.

- a. Please clarify family appointments different to non family appointments or is 15 min down time applicable for all.
- b. Will LHB be issuing local guidelines to pre assessment triaging or is it up to individual practices that have access to several guidelines to come up with their own.
- c. Will LHB be buddying up contract reform practices with non contract reform practices soon prior to July potential start of deescalation.
- d. Will out of hours be returning to normal in July with deescalation

- e. Will secondary care also follow similar de-escalation and will primary care be notified ie getting ortho extractions in etc.

4.

- a. As we move into high amber on 1st July it is not clear which patients we will be expected to see. The table states urgent patients at the top. Is this a typo? Are we going to be seeing routine examinations and non-aerosol procedures on routine/non-Covid patients?
- b. Will the UDC accepting referrals for routine AGP restorations or is it still only urgent patients?
- c. Will there be additional funding for practices wishing to become an UDC?
- d. Do we close current courses of treatment and starts new with new ACORN?
- e. Why is there a continuing 10% reduction in funding? Materials are going out of date regardless of use so we still incurring cost. Even standard PPE let alone enhanced PPE costs have increased dramatically.

5. ***Orthodontics***

- a. In orthodontics, reading CDO guidance on "High Amber" status from 1st July, am I correct that we will still only be able to see emergency/urgent cases that have a problem with their appliance, i.e.. no routine appliance checks until we`re in "low Amber".
- b. Is there any possibility of an orthodontic presence at PTRC UDC for AGPs to be completed? We have around 180 children waiting for fixed appliance removal. If we debond fixed appliances at the practice (non-AGP), we could have one of our clinicians working sessions at the UDC to safely remove cement and clean up the dentition. We`re all very worried about patients that have appliances on for months longer than necessary with the accompanying dental health and psychological problems this creates.

6.

Can you explain the PPE Distribution Pathway?