

Morgannwg LDC Zoom Meeting Thursday 18th June 3pm

Welcome by LDC Chair

The Chair welcomed everyone and reminded all of the importance of reading all emails carefully. There were many emails in circulation from BDA, LHB, and WG to name but a few. It was important to concentrate on Welsh guidelines particularly and to remain positive during this period of de-escalation.

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

A newsletter had been circulated to all via email on Monday of this week, information was being disseminated at a very fast pace and the HB was working hard to keep everyone up to date with developments.

It was anticipated The First Minister for Wales was to announce significant releases in raising the lockdown for Wales tomorrow. The R rate was in a good place within the community at between 0.5 and 0.7; this ultimately could have an effect on dental services and de-escalation time scales.

There had been a steady decline in confirmed Covid cases within SBUHB.

Track, Trace and Protect TTP

TTP was to have a major effect on the workforce, it is anticipated that up to 25% of workforce might be in isolation at any one time due to TTP. A SBUHB hospital reported last week that 28 staff were linked to a positive case which resulted in all 28 members of staff having to isolate at home for 14 days. The HB are awaiting guidance on the implications of wearing PPE when in close contact with a Covid+ case from the perspective of TTP.

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

There was to be a strategic approach to Antibody Testing with schoolteachers being the first to attend followed by individuals from the clinical frontline.

NHS/GDS Contract ACORN

The CDO released further guidance around ACORN and the expectations on 16th June; Clinical Leads were not made aware of this in advance and were currently working through its implications. WG expect ACORN to be completed for all patients seen between 1st July 2020 and 31st March 2021 at least once with the possible exception of OOH and specialist services. It was expected to be completed for every patient seen within GDS, whether they were a regular patient of the practice or an emergency.

HEIW will be providing support along with DPAs and cluster leads to all practices that are unfamiliar with ACORN.

It is anticipated the collection of PCR will resume within the next phase as WG are keen to restart the collecting of revenue. Unsure about forms and claiming, although it is likely to revolve around Band 4.

PPE

PPE was proving difficult for dental practices to source at a reasonable cost. Although top ups were still being provided by Business Services, there were conversations around practices being able to purchase direct from Business Services. This was thought to be difficult to achieve.

AGP Going Forward

Sam Page had written to all GDPs asking for expressions of interest to become part of a HB supported network to provide AGP care. They would run alongside and support the current UDCC at Port Talbot RC, so far there had been 18 responses. Application details would be sent out to these practices tomorrow.

Practices chosen to be part of the network would receive full support from HB around level 3 PPE, IPC and fit testing. HEIW were working on staff and patient information videos prior to the reopening of practices.

No NHS practices were to commence AGP services without agreement with HB and fourteen days prior notice. Practices that wished to provide AGP privately were advised to follow HEIW guidance and to inform them of intention to start treatment that includes AGP.

Private practices in Wales are able to open but they must continue to follow the same guidelines as NHS practices set out by the CDO. As we are currently still in the Red alert stage no AGPs are able to be carried out.

Due to social distancing and ICP, fewer patients will be able to access treatment per session. Therefore, priority will be given to patients who have received AAA during the Red Stage and now require urgent care. It was generally felt if treatment can be safely delayed then delay; this was down to GDP's professional judgement.

The 90% ACV payment still had the condition attached to retain staff; it was unclear whether the CDO would release this as staff levels would need maintaining due to TTP.

There had been some instances reported of dental practices not being contactable/open during normal working hours. As this was a contract requirement, as of next Monday 22nd June any practice not open or contactable would be issued with a breach notice.

Fit testing – training kit was approximately £700 to purchase, GDPs enquired if this was something the HB would be able to help with the cost. Karl suggested emailing him so he could look into and report back.

Update from DPAs – under other items

Update from LDC

There had been an Orthodontic MCN meeting yesterday, it had been suggested that an Orthodontic update was to be released by the CDO in mid-July. This was now not going ahead, the CDO felt input around de-escalation from Orthodontists was necessary. Neat Teeth Orthodontists were to work on a model and discuss with other local Orthodontic practices as to the way forward. Due to the traditional high footfall of Orthodontic practices, a much reduced timetable was necessary going forward. This would result in no new ortho cases being seen until most probably next year. It was hoped UOAs would now be changed to Orthodontic Units of Care due to the inability to complete courses under current restraints.

FD – The meet the trainer session was to be held virtually, with all having to record videos. Although previously it was the norm to see applicant's references, these will now go direct to HEIW.

LDC levy was to be reintroduced in July.

ACORN more guidance was expected imminently

PPE – The increased cost and difficulty accessing PPE was proving to be an issue for practices. It was felt the increased cost would have to be carried by private patients receiving treatment, it was not certain as yet exactly how much PPE would cost when NHS treatments resume.

Portable air extraction units were being looked at by some at a high cost to possibly decrease fallow time but as yet this was not proven to be the case.

It was felt practices were now entering a desperate stage where they were going to have to do all they could to survive. It was felt some guidelines within the SOP were too stringent, some more so than those currently being adhered to at the UDCC. Common sense was needed and amendments should be made to the SOP to be practical within GDS. There is a need to be risk adverse but sensibility has a place also. GDPs were capable as professionals of carrying out their own risk assessments within their own practices.

Clinical Leads Group – this group had been charged with writing SOPs and advising the CDO in Wales; they were ten in number and only included one GDP and one other clinician with GDP type experience. It was felt there should be far more GDP representation so that a more balanced knowledge of current practice environments could form part of the deliberations and make any SOP document more user friendly.

Donning and Doffing Policy was felt to be over complicated

It was felt becoming an AGP centre for HB was pointless due to the increased PPE needed; the patients were now HB patients and not the practice's as nobody had had a course of treatment for 3 months. There were no incentives attached. Sessions might have to be increased to include evenings and weekends as less patients were going to be treated per session.

In the immediate future associate's ability to find work was going to be seriously affected as was the case with FDs who would need a considerable amount of support in the future.

Further Updates – there were none.

Next meeting TBC dependant on updates