

Morgannwg LDC Zoom Meeting Friday 22nd May 3pm

Welcome by LDC Chair

The updated guidance from CDO in Wales was imminent, currently being translated into Welsh for publication.

It was felt communication from HIW left a lot to be desired, although the LHB had done a very good job of keeping lines of communication open with LDC/GDS.

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

Karl opened the meeting by thanking everyone who had contributed to the services at RMC, OOH and the Urgent Dental Care Unit.

Community Testing Unit at Liberty stadium

This facility was now up and running with the initial capacity to test 360 people per day. The HB were grateful to the dental workforce that had volunteered to carry out testing at the site, the volunteers were all working well. Management had been highly complementary of their efforts.

Testing was also being carried out in care homes by the testing teams.

Field Hospitals

Llandarcy Field Hospital and The Bay Hospital had now been handed over to the HB and were on stand-by to accept patients. There was currently good capacity at all Hospital sites within SBUHB; this was due to the number of COVID admissions dropping. There continues to be concern about possible further surges as lockdown eases or as we go into the winter.

Track, Trace and Protect TTP

There was to be a big drive in Wales to get TTP up and running, there was a need for individuals to be part of this team. Shielded staff who work for the HB would be approached in the first instance to work from home. If there were insufficient numbers contracted services could then be approached for volunteers to support the scheme but it is hoped that enough staff can be identified without involving GDS etc.

ACV Payment Conditions

A cautious approach is needed around the payment of staff /furlough to ensure the guidance set out by the CDO was being met. Practice owners need to ensure no staff members were being disadvantaged and were being looked after in the spirit this guidance was intended.

Any internal practice workforce contractual issues would normally be seen as a BDA matter. The PCT are planning to meet with the LDC Executive to discuss the matter further.

It was felt going forward WG would be more specific around the area of contract funding and its purpose.

It was noted a number of self-employed therapist and hygienist had applied for a grant through the Governments Self-Employed Income Support Scheme.

Urgent Care Dental Centre

Urgent Dental Centres were planning to increase capacity going forward with AGPs being carried out in the Unit for the foreseeable future. There had been a marked increase in referrals now with currently around 20 per day; these referrals must have had a face to face within the GDS before acceptance of referral.

The updated criteria for pulpectomy at the UCDC, to include viable premolars were to be circulated next week.

Data Returns

All data returns were now being made via the online e referral system, the data returns have to be accurate and robust as this data is used by both the HB and WG. Requests for PPE via shared services will be cross referenced with activity date supplied by dental practices.

HB is currently looking how this information can be shared with practices.

Data returns suggest that some practices were not carrying out any face to face consultations. There may be good reason for this and the HB will engage with practices to understand the circumstances.

Video Consultations

It is anticipated that the start a pilot to evaluate tele-medicine in Primary Care dentistry which is already in use by GMS.

UDCU and OOH will be the first to pilot and if successful will hopefully roll out to GDPs to help in the triaging of patients.

Referrals

All referral acceptance criteria will be dependent on a face to face assessment having taken place by the referring dentist. The importance of a correct telephone number of the referring dentist being recorded, and their availability was emphasised.

AAA was felt to be no longer working for patients all experiencing pain, OOH service received 35 calls last Saturday with 12 face to face appointments needed.

PPE

Dental Practice PPE was to be supplied by Business Services 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.

Paediatric GA

There had been 94 paediatric referrals since 23rd March 2020, 3 had gone on to Morrision Hospital for GA and the other 91 had all been assessed and were stable for the moment.

Referrals are being accepted and CDS are deciding management of the patient. All patients are risk rated and followed up after initial assessment and management by CDS.

Parkway clinic stated they have availability to treat any children at the clinic seven days a week. They now have the PPE needed and the ability to be fit tested for FFP3, there are anaesthetists at the clinic who are willing to provide a service on an ad hoc basis.

Parkway stated they are receiving telephone calls from parents that are unable to get satisfactory responses from RMC regarding treatment for their child. Karl Bishop was unaware of any complaints and asked for any to be forwarded to SBUHB. Currently in Red Alert only urgent cases described in the CDO Guidance can access care and no AGP can be provided out with a designated UDCU. GAs are an AGP and was the reason why PWC initially were unable to maintain a service as well as no predictable availability of anaesthetists. The Health Board have maintained regular contacts with PWC and are exploring options with all specialist services on the way forward as we de-escalate.

Designated sites depend on population needs and access, and there may be potential to look to develop designated sites in the GDS.

Local Practice Groups

These were working well with good dissemination of information.

LPGs to set up a pilot for DCPs to ensure all current guidelines are being shared with them and to support good Comms.

Orthodontics

Orthodontics will follow RAG procedures in place and will be dependent on what the situation is in the community PPE, R number etc.

HDS looking at how to open the service back up.

Way Forward for Dentistry

Restoration of Dental Services in Wales guidance from CDO was due to be published this afternoon and was actually published during the meeting. The BDA, WG and NHS Executive all appear to support the way forward.

As a gradual de-escalation takes place over the next few months, we may be looking at a different model going forward. It was felt this would be based on ACORN; and hopefully contract value would be protected at a minimum of 80%, possibly 90%.

RP to forward to all after the meeting, LDC/LHB to discuss further next week.

Update from DPAs – under other items

Update from LDC

Payment of Associates / DCPs – this had been interpreted differently across the country and there was a need for local guidance for fairness. It was reported 75% of Dental Therapists and Hygienists were receiving no remuneration, this was incorrect and a mis-interpretation of

the guidance set out by CDO. Richard Jones to investigate variation across the locality and feedback.

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.

Parkway Clinic - Parkway were not currently receiving any remuneration from SBUHB, this had ended in March 2020 due to Parkway being unable to carry out treatments due to lack of appropriate PPE and anaesthetists. This had not been the case with other Health Boards who were honouring the payments to Parkway since they were able to continue to provide a triage service. All Parkway staff had now been placed on furlough as there was insufficient income to keep paying them with no services being carried out. A number of attendees expressed surprise at this and also raised concern that an important service to their child patients was not available.

Concern was expressed that with three months of AAA being the only service available to children, there would be a huge backlog of child patients needing urgent treatment once services resume.

Foundation Dentists – There was still no update as to when or if FDs would complete, hopefully there would be more information made available next week. It was felt communication from Post Grad had been lacking and there was need for an urgent update. More information was to be made available next week around the interviews for September 2020 intake.

Further Updates – there were none.

Next meeting TBC – proposed Friday, 5th June