



25th March 2020

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To all GDPs in NHSL

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Dear Colleague,

First of all, can I thank all of you who have contacted us to offer support for the urgent care service. At this stage we don't seem to need people in Chalmers and Bonnyrigg, I'm sure though that a team will come when we do and we'll get back to you about that. One way that you can help us now though is by maintaining a telephone triage and advice service within your practice / alongside your buddy practices. This will help to reduce the footfall and demands on Chalmers and the team there.

My main reason for writing is to you to let you know about the support we can offer for urgent care for your patients at this stage in the COVID-19 pandemic. You will by now know that the CDO has asked that all AGPs stop in primary care and that urgent care is undertaken through the PDS in dedicated centers. There will be 2, one that will be used for patients who have symptoms suggestive of a COVID-19 infection, or who have a diagnosis of SARS-CoV2 (the disease caused by the COVID-19 virus), or who are self isolating because a member of their household has these symptoms / this diagnosis. The second will be used for people who have urgent care needs but who do not have signs or symptoms of COVID-19 infection, this will include people who are self-isolating because of an increased risk of susceptibility to COVID-19. We need your help in managing the flow of patients who require help.

Can I remind you that the criteria used for diagnosis of this disease are;

- A new persistent dry cough
- A new elevated temperature

People with these symptoms, including you and members of your team, need to self-isolate for 7 days and the people in your household need to self-isolate for 14 days to allow for the incubation period for the disease. I have attached a simple sheet giving advice about the question you can ask of your patient to ascertain their status when doing telephone consultations.

In his letter of the 23rd March the CDO asked that you all keep a triage and advice service available for your patients and we need you to do that so that the limited service we can offer is not overwhelmed. I have attached a triage algorithm that we want you to follow for all patients with urgent care needs. So an initial telephone consultation with you to



determine the nature of their problem and whether it falls within the SDCEP definition of an urgent care need that should be seen within 24 hours. You should then give your patient advice about analgesic use on a regular basis to control their pain. My team is working on specific advice about analgesia and remote prescribing that we hope to get out later today.

Once you have given this advice to your patients please ask them to contact you if their problem either gets worse over the subsequent 24-48 hours, in that circumstance please refer your patient to the urgent care service for NHSL using the numbers on the algorithm sent along with this letter. **PLEASE DO NOT GIVE THE DIRECT DIAL NUMBERS FOR CHALMERS TO YOUR PATIENTS.** We will not accept direct contact from your patients, these referrals must come from you or your team and you must be able to tell us the nature of your patient's problem and their status with regard to COVID-19 infection.

At present we are very limited in terms of the care we can offer to people as we do not have any staff trained to use the FFP3 masks that are required. We hope to have a supply and trained staff by the end of the week and will be able to give a better understanding of what care we can offer at that stage. The care that we are able to offer will depend on the quantity of PPE we can obtain. This is in very short supply with competing demands from all aspects of medicine as well as ourselves. It is likely that there will be an initial period where our supplies are very limited and we will need to husband them to support the care of people who are developing a significant, spreading facial infection with an objective of keeping those patients out of SJH and out of an intensive care bed. This is likely to involve extraction of teeth in the first instance. The option for AGPs for endodontic access is unlikely to be used at this stage in this crisis.

I will endeavor to keep you informed about the progress of our plans and ability to support patients in NHSL as time goes by. You will appreciate that this is a very fluid situation and we are all planning from day-to-day.

Please follow government's advice to stay well at this time.

With all my best

Angus Walls
Director of Dentistry NHSL

Attachments Triage Algorithm, notice for your front door with YOUR practice triage number, questions about COVID-19 symptoms for your triage team, letter about referrals for 2nd opinions