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COVID-19 Update No 7

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- Redeployment
- Update on Urgent Care provision

Dear Colleagues,

## Redeployment

Thank you for the fantastic response to the request for volunteers from within the GDS workforce, we have close to 400 dentists and a further 200 or so dental nurses / hygienist/therapist / reception staff who have all generously expressed a desire to "do something". The burning question of course is what!

Firstly can I thank you all once again for continuing to provide a much-needed triage service for your patients with concerns. This is helping to protect the team in the Urgent Dental Care Centers and keep their workload at a manageable level. This must not stop. Could I ask you all to review any messages on your practice answerphone so that patients understand what is happening at the moment? Something like this would be great.

*Due to the COVID19 pandemic the practice is not able to provide routine care right now, if you have a dental problem or require advice please call this number….., where a member of our team will be able to provide you with advice and guidance. If you have a dental emergency out of hours please call NHS24 on 111.*

However this triage process does not require that large number of dentists so what can the remainder do?

In part this is a good news message because the anticipated need for large numbers of people to support staffing in hospitals simply hasn't happened. This is in part because most of the routine care in hospitals has stopped and all the staff transferred to support the COVID19 response and in part because the rate of infection with COVID19 among hospital staff has been relatively low. The upshot of both is that the Hospitals have enough people to man themselves at present. Even some of my junior team who were deployed to support A&E and the OMFS team at SJH have been returned to us as they aren't required.

The second area where we thought assistance would be required is around testing but until the need for testing is expanded the 2 current testing centers seem able to cope with the

demand and again no further assistance is required. There is a new mobile team being developed to provide testing care homes and the PDS care-home team are very much part of that because of their familiarity with the environment and issues around assessing competence and consent for swabbing etc. If there is to be an expansion of testing then yes more people will be required and we will come to you quickly.

The third area that is just in development is around contact tracing for people who are diagnosed with SARSCoV2. This has stopped in Scotland currently but has to restart as part of the efforts to get the country back to some element of normality. There will be a need for people to assist with this and again we will come to you when we have more information.

## Urgent Care Provision

The Urgent Dental Care Centers are functioning well. The AAA approach we have taken is proving successful at supporting people at home to alleviate pain and discomfort but when this approach does not work then your patients are being seen and patients are receiving care, mostly extractions. We have had relatively few episodes of dental trauma but those we have had have been managed through the Adult and Child trauma pathways, led by Graeme Wright and Bob Philpott, as best we can within the current circumstances the initial care is deliverable but some of the short-term follow-up has not been as good as it would ideally be.

We have had around 1300 telephone consultations with people over the 5-weeks that the clinics have been running. The initial period was characterized with the service seeing relatively few people but we are now running at having to see around 20% of those we talk with. The objective of the service remains to keep people safely at home and only to intervene (and take teeth out largely) when pain becomes uncontrolled or when swelling progresses.

There has been a document produced recently by the leads for the urgent care centers which clarifies the sorts of things we will see and I have taken the following bullets from that to support your triage process. Please do remember that AAA continues to provide the mainstay of our approach at present and I have written about this to you previously.

- For the sake of clarity and consistency, we recommend adoption of a set of clinical criteria that includes the following as those warranting a clinic appointment:
    - Severe pain - not managed by pain killers, unlikely to respond to antimicrobials as the diagnosis-at-a-distance is one of acute irreversible pulpitis as opposed to apical infection.
    - Visible swelling, ideally confirmed by electronic means, that is progressing, or has not responded to appropriate antimicrobials
    - Signs of localised apical infection (TTP, intra-oral swelling etc) that has not responded to an appropriate course of antimicrobials.

- Broken, painful tooth - sharp or very sensitive, temp dressing material has not worked or significant likelihood of catastrophic fracture - likely to require extraction.
- Highly mobile tooth not helped by pain relief, unlikely to be helped by antimicrobials, highly likely to be a simple extraction.
- Dental trauma beyond that of a painless enamel/enamel-dentine fracture.
- **In all cases - where there is a high chance that a single intervention is likely to relieve symptoms for an extended period**

I am aware that SDCEP has also just issued some guidance about maintaining your clinical premises during this period and I would be grateful if you would read that and ensure that the necessary processes are put in place.

Finally there are some very early discussions going on about how we might get dentistry going again. I will try to keep you informed as plans develop but this is going to take some time I'm afraid and the "new normal" will not be the same as the old for quite some time,, if ever.

Thank you all once again for your support and with all my best

Angus