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COVID-19 Update No 3

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Dear Colleagues,

I'm writing to you to keep you up-to-date with dental care provision in Lothian during the COVID-19 pandemic.

As we are all aware these are difficult times, in some ways I suspect we are fortunate in Lothian compared with other health boards, the levels of confirmed infections here are much lower than some boards in Scotland and very significantly lower than in London for example. There are currently 311 confirmed cases in NHSL (or around 35 per 100,000 of the population) the proportions elsewhere in Scotland are higher (GGC and Ayr and Arran at 54 per 100,000, Dumfries and Galloway at 67, Borders at 75 and the Scottish hotspot Shetland at 130 although this is the result of a single early cluster of 28 people!). Most health boards in London are over 100 per 100,000 with the highest currently Brent at 150. I appreciate that there is a lot of noise in these data particularly around rates of testing but for the most part the patterns of testing are similar around the country if generally potentially too low! So we are living through a live-changing event. There will be a lot of people who die in this pandemic but nowhere near as many as died in the "Spanish Flu" in 1918 when it is estimated that the death toll was between 50 and 100 million people globally and for that we must thank public health measures and the dedicated work of the NHS front-line teams. So where are we in Dentistry?

First of all thank once again to all of you for sustaining your telephone consultation activity with your patients acting as a first line for triage has helped to reduce the work within the NHSL Urgent Care service to manageable levels, please keep it up for as long as you and your buddy practices can.



SDCEP guidance

You will all be aware that SDCEP re-issued its guidance about managing urgent dental care in light of the COVID-19 pandemic recently; I have added a copy of this new guidance to this letter for your information if you don't have it.

This guidance has been re-written to support the concept of **Advice: Analgesia: Anti-microbials** proposed within the various statements about patient care currently. One thing that we need you all to do is to use the guidance in a linear fashion, so you and your team work through the green pathway first **BEFORE** you escalate the patient to the urgent care centre, if you haven't tried to apply the analgesia and antibiotic elements we can't say that the pain is uncontrolled or that infection is spreading. Please also read and use the guidance on the use of analgesics and antimicrobials later in this letter

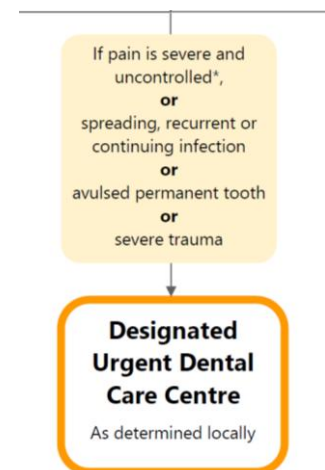


Urgent care service

The NHSL red and green hubs for dentistry are now well-established at Bonnyrigg and Chalmers respectively. When you contact us about a patient who you have concerns about we contact that patient and re-triage all of the referrals. In that process we repeat the pain history you have taken and also the history of analgesia and antibiotic use. Often the triage team has found elements of analgesia and antimicrobial use that have not been used for the patients we speak to and so the first line in that circumstance is to remotely prescribe the relevant drugs, later in this letter I will reiterate the prescribing patterns you need to consider for your patients at this time.

Patients are **ONLY** accepted into the care pathway in Chalmers and Bonnyrigg if they fall into the groups in the SDCEP guidance that should be seen in a Dedicated Urgent Dental Care Centre, and we will make every effort through the use of analgesics and antibiotics **NOT** to bring patients in. You may well ask why and there are two reasons,

- the first is to do with social distancing and people staying at home, the more we can support that and keep people away from any care environment the better
- the second is to do with PPE, yes we do have a supply of the PPE that would allow us to provide care for your patients when they need it essentially to keep them out of hospital or to manage the sequelae of dento-alveolar trauma, **BUT** we have a limited supply and every time we provide care for a patient we use 2 FFP3 masks that are then not available to support staff in the COVID wards in the 3 major hospitals in NHSL. We will **ONLY** use this PPE to manage those conditions that are part of the service to be delivered in Designated Urgent Dental Care Centres and for no other purpose





At the present moment we are able to staff the urgent care centre both in and out of hours using the cohort of staff we have from the PDS / EDI and the existing OOH team. If / when demand for care increases and we need assistance from you we will ask rest assured.

There has been some unhelpful chatter on social media saying that NHS Lothian is not offering a service and that we are sending people to A&E. This is NOT correct we do signpost everyone we give antimicrobials to A&E should a facial swelling develop and they have breathing difficulties at a time when Chalmers / Bonnyrigg are not open. That is only prudent and safe but we also say to those same people get in touch with us if this problem does not resolve in 48-72 hours time and we will see them.

Remote Prescribing

The community pharmacy team tells me that the remote prescribing mechanism I described in my letter last week is working well; they have been receiving all sorts of files apparently including an embedded video (I suspect someone's phone was on the wrong setting!). The community pharmacy lead has asked me to remind you that the images / scans of the patient's prescription should be deleted from your device after it has been sent to the pharmacy.

Analgesia advice

There have been some concerns raised about the use of NSAIDs in people who have symptoms of SARSCoV2, there is some evidence of a risk of an increase in severity of pneumonias in people taking NSAIDs during the original SARS outbreak 15-years ago (which was also caused by a different corona virus). The evidence is NOT strong enough to tell people who are taking NSAIDs for therapeutic purposes to stop doing so but it has been suggested that they should not be started in symptomatic patients

In consultation with the NHS pharmacology team we would suggest the following approach to analgesia.

For patients who do NOT have symptoms suggesting a SARSCoV2 infection

1st choice

Either Paracetamol or Ibuprofen up to the maximum permitted dose or a combination of BOTH analgesics together for severe pain. Please remember to warn your patients about the risks of Paracetamol overdose particularly as it is contained in many OTC cold remedies.

Follow-up

Prescribe Diclofenac

50mg three times per day for 5 days for severe pain

If the patient has a history of a previous or active peptic ulcer or gastric problems you may want to consider prescribing Lansoprazole 15mg x 1 per day for 5 days along with the Diclofenac. This is available to you within the dental formulary

For patients who DO have symptoms suggesting a SARSCoV2 infection

1st choice

Paracetamol

Follow-up



Contact GP and ask them to prescribe co-codamol

Antibiotic Advice

Please consider asking your patient to take an initial loading dose of antibiotic to try to get circulating levels up to the therapeutic threshold as soon as possible.

Please also be aware of the therapeutic dose (and any amendments to this, recent or otherwise) for the antibiotic you are prescribing.

Common antibiotics that are still mis-prescribed to this day, are, Amoxicillin and Metronidazole.

250mg Amoxicillin is **not** an appropriate therapeutic adult dose, rather **500mg**, doubling to **1000mg** as necessary.

200mg Metronidazole is **not** an appropriate therapeutic adult dose, rather **400mg**.

Also please be aware of the corresponding paediatric therapeutic doses, as these can vary considerably with age.

Prescribing of antibiotics below the therapeutic dose can do lead to more complications than just prescribing the correct dose in the first instance.

If an initial prescription, for say, a penicillin is not as effective as might be hoped, consider augmenting with a drug with a different range of activity, for example metronidazole.

Please remember to emphasise to your patients the need to complete the course of antibiotics even when their symptoms resolve.

With this in mind, and considering that the SDCEP guidance was originally written with the consideration of antibiotics as an adjunctive therapy, of which, during this unusual time, it is accepted that we have had to modify our adjunctive approach to this, and prescribe without this interventional adjunct; You may find you are modifying the dose, duration and combination of antibiotics you are prescribing to reflect this.

An example:-

A patient, with no allergies, describes, on telephone consultation, signs/symptoms in-line with Periapical Periodontitis;

A suggested regime could be...

500mg Amoxicillin Capsules, TID (Possibly considering 1000mg) for **7** days, **together with**, 400mg Metronidazole Tablets, TID for **7** days.

This regime could also apply to a Dental Abscess (with more of a leaning towards the 1000mg Amoxicillin rather than 500mg).

Applying this sort of thinking, when prescribing antibiotics, at this exceptional time, for these, and other dental infections, will prove useful in temporarily managing/delaying treatment until such time that regular adjunctive therapies are fully available, & is safe to do so, again.



Please also be aware of an anomaly in the DPF, that has not been updated, since the increase in therapeutic dose of Amoxicillin, some years ago , for Co-Amoxiclav.

The DPF **only** allows prescribing of this at 375mg (ie 250mg Amoxicillin plus 125 Clavulanic Acid). To get around this, (should you wish/need to prescribe this 2nd line broad-spectrum antibiotic) you can prescribe 500mg Amoxicillin Capsules alongside the 375mg Co-Amoxiclav, which is then within the 500-1000mg therapeutic dose of Amoxicillin .

Supporting NHS / Redeploymnet

You will all have received details of the financial support package from Scottish Government for NHS practices earlier today. Paragraph 10 of the memorandum says

It is also a condition of the financial support measures that there must be no consequential loss of workforce in the practice as contractors and their practice staff will be required to assist the wider NHS, including the Public Dental Service, when asked by the NHS Board.

You are all key-workers as far as this is concerned and can play a vital professional role in supporting the NHS in difficult times. This may mean working in new and sometimes challenging environments that will stretch your comfort zone but your assistance will be important in helping us all get through this crisis.

The DPAs will be reaching out to you to ask for your help and support and to coordinate its use through the NHSL primary care tactical team to its best effect.

PCA(D)(2020)7

I mentioned above one of the stipulations in the PCA that was issued today by CDO was about “no consequential loss of workforce” and I know that this has been emphasized by PCCO in their covering email to you.

I also appreciate that many of you have a mixed economy in the practice that covers both NHS and non-NHS sources of income however they are derived. I fully appreciate that many of you will be anxious about the overall financial viability of your business at this time because the direct government support from CDO relates to the NHS income. CDO has been receiving many request for help and advice about the other business-support packages and fundamentally is not in a position to comment. The text below comes from David Notman who is a senior civil servant in the CDO & Dentistry Division of Scottish Government.

I understand that Boards may be receiving queries from private dental practices and dental laboratories about financial support.

You will be aware that today we issued a PCA/Memo on revised COVID-19 financial support measures (NHS: PCA(D)(2020)7). This describes the revised NHS financial support measures for contractors that provide either all or some NHS dentistry.

We have made reference in paragraph 15 of the Memo to other potential sources of funding. Private dental practices and dental labs should be directed to these other sources of funding. Similarly, for practices with mixed provision, we are not in a position to advise on other sources of funding that may be available to them at this time. The expectation is that practice owners, and dental accountants, will need to look at the details of each scheme and, taking cognisance of their particular circumstances, determine the most sustainable funding package for the practice.



I'm sorry that there is no further advice from Scottish Government but essentially the support for small businesses is coming from a different arm of government to that for dentistry and both are then subject to implementation by HMRC amongst others. Scottish Government can't comment on HMRC and vice versa.

Water safety in your practice

We all need to remember that the practices we use need to be maintained and kept safe for use when the current crisis abates. A key part to this is water safety. Please remember to maintain regular flushing of dental unit water lines (all of them!) with an appropriate biocide and also that all taps and showers need to be run for at least 5 minutes twice per week. If you have a mixer tap at a sink this needs to be run for 5 minutes on "cold" and 5 minutes on "hot" to flush both sets of water pipes.

In many ways what you have been asked to do is temporarily decommission your practice and its equipment. I have attached a check list for you prepared by Paul Chushley of NSS about the things you need to do both in shutting down a surgery and then when restarting business when all this is over.

Your safety and wellbeing

It is all too easy at times like this not to remember about yourself. These are worrying times for you as people and those with families where concerns about them mount up on top of your own, concerns also for elderly and vulnerable relatives and friends or those whose medical health increases their vulnerability to disease.

In addition you have the potential concern about your business and what this pandemic will mean this year, next year and into the future.

All of these things add to your personal stress and anxiety. If you would like to try some on-line support, there is a firm called headspace that is offering full access to the Headspace Plus library, which houses 1,000+ hours of guided meditations across topics such as stress, sleep, commuting, focus, parenting, kids, and much more, as well as eyes-open exercises, workouts and sleep content. This is open to anyone with an nhs.net or nhs.uk email address

Information is available at: <https://www.headspace.com/nhs>

I can't emphasise enough the importance of social isolation in helping to control this pandemic and perhaps an example from Aberdeen will help, 10 days ago the entire OMFS team had a group meeting to plan for the COVID-19 response, now 4 consultants and 3 DCTs all have SARSCoV2!

Thank you all for your help and support at a difficult time, stay well

Angus Walls, Director of Dentistry NHS Lothian