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Angus Walls, Director

COVID-19 Update No 10

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- Phase 1 recovery
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Dear Colleagues,

Phase 1 recovery

You will have received the letter from Tom Ferris about the phased recovery program for dentistry as we move out of the COVID19 pandemic. The first stage of this is an expansion of the remit of the Urgent Dental Care provision to address some of the niggling problems that your patients will have that do not reach the threshold for care under the prior guidance. This will include things like lost restorations with sensitivity, re-cementation of crowns and bridges that have come out (where possible), management of less severe dental pain and repair of broken dentures and additions to dentures for people who have had teeth extracted where appropriate.

This first phase of care will be delivered through PDS premises staffed by volunteers from the GDP community supported by nursing and administration from the PDS. The first premises to open will be the Duncan Street dental centre with 3 working surgeries followed as soon as we are able to get the premises up and running by 1 surgery in Mussleburgh, 2 at the Sighthill clinic and 3 at the Howden dental centre. We are working with the facility management teams in all these premises to get them on-line as quickly as we can. As you may realize the numbers of surgeries that will be working in each clinic is lower than the numbers available because we need to continue to support social distancing between both the patients and between the clinical teams.

This service will run much like the more traditional out of hours cover and I append the relevant SDCEP guidance for that purpose. Please remember that AAA remains in place for new problems for which it is appropriate, this has always been part of urgent care. Obviously you need to know how to refer patients into this extended service. I have attached a revised referral algorithm that we have designed to allow increased referral and triage capacity for your patients. Essentially patients with trauma, those with swelling and dental pain should continue to be referred to the Chalmers telephone number. Patients with lost fillings, loose or displaced crowns, fractured teeth and those who need assistance



with a fractured denture or an addition should be referred to the new telephone number at Duncan Street. All patients will continue to be triaged on referral with one of our team contacting you to discuss your patient's disease history to enable us to assign your patient as accurately as we can to a care team. All AGPs will continue to be delivered at Chalmers / Bonnyrigg and any patient who has symptoms indicative of a COVID-19 infection will also be seen at Bonnyrigg for any problem. Non-AGP procedures will be delivered largely through the expanded service sites with scheduling linked to your patient's address when we are able to open multiple clinics and also where we can offer the next available appointment.

I do appreciate that you may have a number of patients who would benefit from this expanded service and would ask you to try to prioritise your referrals for the benefit of your patients but also to try to ensure that the provision we can offer is not swamped. AAA should remain in place as a first line of support where possible.

I would like to publicly thank both the teams within the Oral Health Service who have supported this expansion of service with limited notice as well as the volunteer dentists who will be helping us to provide care for your patients. As the number of centers grow Jon Turnbull and Mark McCutcheon will continue to help us to find dentists to support this activity from the list of dentists who have previously volunteered to support the NHS in this time. At present we have only approached some dentists from Edinburgh and we will roll out our recruitment program as the other HSCP clinics come into use. When we open these additional clinics triage will continue to be through the telephone numbers on the attached flow diagram to support a consistent approach to care delivery.

New Case Definition

The CMO has released a letter expanding the case definition for COVID19. The new clinical case definition is

Someone who is experiencing a new continuous cough OR fever OR loss of or change to the sense to smell or taste.

You should have received this from PCCO earlier in the week but I append once again for your information. Please reflect this change in your ongoing telephone triage for your patients.

Prescribing

We continue to see a small number of referrals where patients have not been prescribed antimicrobials at the therapeutic doses stipulated in the SDCEP guidance. Please ensure that you prescribe Metronidazole at 400mg TDS for infections that are likely to be anaerobic in origin and Amoxycilin at a minimum of 500mg and if infection is severe or progressing 1g TDS. All of these dosages are within the SDCEP guidance which I append again for your information.



ORAL
HEALTH
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Finally I would also like to thank those of you who have continued to support LUCS (which is the Medical Out of Hours Service) over the weekends by collecting and delivering prescriptions to vulnerable people in NHSL

With all my best

Angus Walls

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