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COVID-19 Update No 12

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Dear Colleagues,

# Phase 2 recovery

As we move into Phase 2 of recovery on Monday I am writing to you to let you know what will continue to happen in the UDCCs and how to access care for your patients. Phase 2 of recovery is about you providing non-AGP support for patients with urgent care needs as we have tried to do through the UDCCs for the last few weeks. You will have received the “emergency” SDR under which you will work during this phase so can see the sorts of treatment that you should offer for people with pain or those with fractured dentures etc.

Some of this care can and should be delivered as non-AGP activity with the standard PPE that has been provided for you by the NHS. There are however some things that cannot be undertaken as non-AGP procedures and the UDCCs will be pivoting their activity to provide your patients with AGP support as required within the constraints of the temporary SDR. This transition cannot happen in its entirety overnight as there will be a legacy period at the start of next week when we will be seeing people who have booked appointments for care from referrals this week. In addition I am not sure that all practices will be able to open on the 22nd and we will continue to provide non-AGP support for those practices until they are able to open.

We will however progressively shift the focus of activity in Bonnyrigg, Duncan Street, Howden, Mussleburgh and Sighthill to deliver AGPs for your patients to support their urgent care. At the same time the PDS needs to provide that same level of support for the 7000 or so registered patients of that service. We plan to use some of the surgery capacity at Duncan Street and also the premises at Penniwell and Westerhailes to support this. Some of the surgeries at Duncan Street have not been approved by our infection control team for AGP activity at this stage which is why we are retaining some non-AGP activity there.

We have identified that about 5% of referrals into the UDCC service over the last few weeks have required an AGP of some sort and so we plan to deliver around 80 AGPs per day in the various centers to meet this demand from you. As with all things though there will be limits on what we can and will do at this stage. All AGP appointments are undertaken on the principle that we will see the patient once to resolve a problem and then discharge them back to you for ongoing care.

### AGPs

The first stage will be for you to see your patient in one of your non-AGP sessions and diagnose their problem and determine what needs to be done to resolve it. Please consider very carefully what is required and in particular whether the tooth will be restorable.

#### Which AGP procedures will be supported?

Oral Surgery

Surgical extractions where bone removal is going to be required as a planned procedure

Restorative Dentistry

Removal of restorations or enamel and dentine to access caries. This will be undertaken in teeth with reversible pulpitis to try to prevent an extraction or endodontic care. The tooth will be dressed and the patient returned to you for maintenance of the cavity.

Access to the pulp through a crown or bridge. Where endodontic access is required through a crown or bridge this is not possible without using water-spray. We will access the pulp chamber, extirpate the pulp and dress the tooth before returning the patient to you for completion of the endodontic care (this is a non-AGP procedure). The access cavity will be dressed with a GIC to provide the most durable seal but this can be removed with a turbine without water spray under rubber dam so would not be an AGP

Trauma

The management of traumatized teeth will remain part of the work of the UDCCs

You may ask “what about accessing a tooth generally for endodontic care?” Teeth that require endodontics are, by definition, non-vital so there is a lesser need to protect the pulp from the damage that is caused by heating the tooth when cutting without water cooling. I append with this letter our SoP for accessing a non-vital tooth without water spray under rubber dam which is a non-AGP procedure. This SoP is written for the use of a speed accelerating handpiece on a slow motor but can also be delivered using a turbine if you do not use water spray. You need to warn your patient that there will be a smell, a bit like burning hair, as the dentine will get hot.

#### How do I refer a patient to have an AGP?

When you have seen your patient and determined that an AGP is required you need to prioritize them into the SDCEP Amber (24-hour visit) and Green (7-day visit) categories .

We would anticipate that the majority of cases will be in the Green category and these should be referred to the Duncan Street triage line (see attached algorithm) we will then identify which clinic has the next available appointment for the AGP you require us to support. It may be that this appointment is not geographically close to your patient’s home, if this is the case and they have difficulty travelling we will offer the next available appointment that is closest to their home.

Chalmers Dental Centre will remain the hub for Unscheduled and Out of Hours care and also for seeing those patients who need to have a 24h response time within the SDCEP guidelines .

### Laboratory Support

The OHS production laboratory has been supporting the repair of and additions to dentures and other appliances over the last few weeks. I am conscious that the normal commercial laboratory you might use may not be open in the early part of Phase 2 recovery. If this is the case then you should refer and denture problems to the Duncan Street triage line. We will monitor the availability of commercial laboratory support and when we are aware labs are open may ask you to use them.

# Secondary Care activity

Currently it is NOT envisaged that we will be starting to see routine patients in EDI during Phase 2 recovery. Some urgent care for orthodontic patients will be undertaken but routine new patient activity is unlikely to resume until we enter Phase 3 of recovery. This includes both adult and paediatric anxiety management pathways. Currently we do not have access to routine paediatric or adult GA lists to manage patients.

# nhs.net email addresses

The mainstay of our communications with you during the pandemic has been via you practice generic nhs.net email address. The NHS contract for nhs.net expires later this summer and NHS Scotland will be going through a process to change all of the personal and generic nhs.net email addresses to new ones working within the Microsoft Office 365 environment. This gives similar levels of access to nhs.net in terms of devices. This change for all practice generic email addresses is being managed through Paul Cushley at NSS and I am led to understand that the transition will occur in July or August. All of you existing email in your nhs.net account will be transferred across (subject to an account size-limit) to the new address but importantly this transfer process will not transfer the access permissions for either personal or generic email addresses that will need to be re-entered when the new system is running. I will remind you about this closer to the time but some judicious email husbandry / deletion of unwanted mail would be a prudent thing in the run-up to this change.

Finally, you will all have received a supply of PPE designed to allow you and your team to see 10 patients per day for urgent care. This will be adequate for most practices but not for some of the larger ones. There will be mechanisms to request more PPE for this purpose in the next round of delivery but in the short term if you find you are not using the supply to see 10 patients per day because your NHS patients do not have that level of demand can you let the DPAs know so that we can arrange for a transfer to the larger practices who will struggle to provide the same level of support to al larger patient cohort.

With all my best

Angus Walls