

**DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES**

REMOBILISATION OF NHS DENTAL SERVICES

Background

1. The Chief Dental Officer (CDO) wrote to all dental practices providing NHS dental services on 20 May and 8 June setting out a phased programme of remobilisation of NHS dentistry in Scotland. In the letter of 8 June the naming of the phases for the remobilisation of NHS dental services were aligned with the wider routemap framework, as follows:

- *Phase 1.* Increasing capacity in urgent dental care centres (UDCCs);
- *Phase 2.* All dental practices will open to face-to-face consultation for patients who require urgent dental care that can be provided using non-aerosol generating procedures (AGPs);
- *Phase 3.* As phase 2 but in addition practices will see patients for routine care, including examination and treatments that can be provided using non-AGPs;
- *Phase 4.* The introduction of some AGPs to dental practices.

2. The phased remobilisation attempts to set out a gradual return for NHS dental services against the continued uncertainty of COVID-19 transmission. The remobilisation programme has been designed to carefully balance the oral health needs of patients, the requirement for dental practices to be stood up with the wider needs around public health and maintaining suppression of COVID-19 transmission across Scotland. Therefore, the programme has been designed to ensure that we can move forward as well as return to an earlier stage taking cognisance of the wider picture around COVID-19 transmission.

Standing Up Dental Practices to Phase 2

3. The Cabinet Secretary for Health and Wellbeing announced on 2 June, as part of the NHS Remobilisation Plan, that we are intending to reintroduce dental services on a phased basis over the course of this month, with a specific date confirmed following the next 3-weekly lockdown review point on the 18 June. The phasing will begin with dental practices opening to face-to-face consultation for NHS patients in need of urgent oral health care that do not require AGPs (phase 2).

4. It may be that not all dental practices will be ready to move forward on this date however all practices should work with their NHS Board to ensure readiness at the earliest opportunity. Dental practices should now make the following preparations:

SDCEP 'Practice Recovery Toolkit'

5. Practices should ensure they have implemented the recommendations of the SDCEP 'practice recovery toolkit' (link attached):

<https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/>

Surgery Preparation for Seeing Patients

6. Practices should prepare a single surgery for seeing patients under phase 2. The CDO letter of 20 May also allowed for the possibility that practices may be able to open more than one surgery to seeing patients. Once we have some degree of stability across Scotland for phase 2 there may be opportunities for larger practices to open more than one surgery providing they can maintain physical distancing. In due course practices may wish to discuss these additional arrangements with their NHS Boards. Any arrangements such as these will have to be agreed with the NHS Board.

PPE Distribution and Stocks

7. Practices are required to ensure they have sufficient quantities of PPE stock. NHS National Services Scotland has put in place a central distribution system for PPE distribution to NHS Board Hubs, for onward distribution to front-line health care providers, including dental practices. Dental practices should liaise with their NHS Board and ensure they have sufficient PPE to enable safe opening to non-AGP care - the stock distribution will be based on a single surgery opening as part of phase 2 and seeing around 10 patients per day (see paragraph 6). PPE sourced from the central distribution system is at no cost to practices (this PPE should only be used for seeing NHS patients).

Statement of Dental Remuneration

8. Dental practices should have been provided with an advanced (draft) copy of Determination I of Amendment 144 of the Statement of Dental Remuneration (SDR) by their NHS Board. Amendment No 144 will be published and available to view or download at <http://www.scottishdental.org/> once the date for practices to open from has been confirmed. In summary the changes are as follows:

Determination I

9. Determination I of the Statement of Dental Remuneration (SDR) has been significantly amended to list only those treatments which can be provided in Phase 2. The draft copy of Determination I of Amendment No 144 has been provided to allow practices to familiarise themselves with the *list of treatments that will be available through the revised SDR in advance of a date for practices re-opening being advised*.

10. Amendment 144 of the SDR substitutes a revised and reduced Determination I:

- Sections II to XI comprises the list of treatments that may be provided when seeing patients registered with dentists in the practice;
- Section XII(a) comprises the list of occasional treatments that may be provided when seeing patients that are not registered with a dentist in the practice and in urgent dental care centres;
- Section XII(b) comprises a list of additional occasional treatments that may be provided only in urgent dental care centres;
- Section XV comprises a list of new triage codes to record triaging activity in practice and in urgent dental care centres.

11. The normal Determination I format has been followed with sections, items of treatment and codes retaining the same numbers, as we recognise that dentists are familiar with these. Dentists should continue to record activity in the normal manner and submit this to Practitioner

Services, as this information is vital for planning purposes. Dentists should note that, in relation to Phase 2:

- Sections and items of treatment that cannot be provided have been marked as 'unallocated';
- where an item includes sub-items that can and cannot be provided only those that can have been included, e.g. item 14 fillings starts at 14(c);
- where previously some treatment had more than one item code or treatment type, e.g. item 14(c)(2), glass ionomer, or silico-phosphate filling which contained a code for 1 filling and another for 2 or more fillings in the same tooth, to simplify reporting of activity there is now only one item code to record all fillings per tooth; and,
- that discretionary items have also been suspended and cannot be provided under this SDR.

Further information and guidance from Practitioner Services may be found at the following link:

<https://nhsnss.org/services/practitioner/dental/dental-covid-19-update/>

12. PMS suppliers have been provided with information to update the SDR within their PMS. PMS suppliers have committed to making this change but their delivery dates may differ. Practices may be required to run software update to see the revised SDR items. This should be done as soon as your PMS supplier has made it available.

13. Dental practices should use Sections I to XI for recording treatment provided to registered patients and only that part of Section XII which is not restricted to UDCCs to record treatment provided to unregistered patients. These Sections allow for non-AGP treatment. As patients are being triaged practices must also use the new codes in Section XV to record triaging activity.

14. Activity submissions which contain items of treatment which cannot be provided in Phase 2 will be returned by Practitioner Services for amendment and will require the information to be submitted again minus the non available treatments.

15. **Dental practices should under no circumstances attempt an AGP on a patient. All patients that require AGPs should be referred to UDCCs.** Where, following triage there is a requirement for an AGP to address the patient's urgent or acute dental need then a referral to a local UDCC will be required. Your NHS Board will provide details of the required protocol to follow in making this referral. The referral should be accompanied by a differential or definitive diagnosis. This will allow the UDCC to determine and prepare for the appropriate treatment. The dentist at the UDCC, in consultation with the patient, will make the final decision as to the most appropriate treatment. Where possible, a single episode of care will be provided.

Unregistered Patients

16. We would encourage GDPs to continue to triage (section XV) and provide appropriate urgent care for unregistered patients under Section XII(a).

Specific Advice – Removable Prosthetic and Orthodontic Appliances

17. SDR Amendment No 144 allows for the repair of removable prosthetic and orthodontic appliances. It is accepted that in some cases the fitting of such repaired acrylic appliances may require some adjustment with an acrylic bur in a slow speed hand piece. Practitioners

should take a risk based approach to undertaking these treatment items to determine the appropriateness of making these adjustments.

18. Guidance is available to help inform this decision from a number of professional bodies. Practitioners have a responsibility to ensure they understand and implement appropriate professional guidance. The inclusion of the relevant items in SDR Amendment No 144 does not signal that they should be provided in all cases. In all cases patient safety and the safety of dental team members should be of paramount consideration

Determination VII

19. Dentists who are classed under Determination VII as being either a remote island or remote mainland dentist are entitled to an additional continuing professional development allowance. This additional allowance compensates such dentists for the extra time they have to take out of from practice when travelling to attend an approved postgraduate course. As all such approved courses are currently being delivered online remote island and mainland dentists will not spend any more time away from practice as a direct result of undertaking CPD than any other dentists. The additional allowance for these dentists has therefore been withdrawn.

Patient Charge

20. The revised Determination I comprises lists of treatment, each with a £0.00 fee and £0.00 patient charge (to record activity under the remobilisation programme). As patients are being provided with a substantially reduced level of service, in the initial phases of the remobilisation programme, dental practices should not take a patient charge. GP17(PR) and GP17(PR)(O) forms, and their electronic equivalent, should be completed by the practice on behalf of the patient, including recording the patient's status and marked "COVID-19" in the signature box. The forms should not be signed by the patient.

NHS Board Review of Practice Preparation

21. Once a practice is able to confirm that it has made the necessary preparations to commence seeing patients as part of phase 2, then it is required to have these signed-off by the NHS Board. As the CDO letter of 20 May explained practices should ensure they have certified to the NHS Board they are compliant with the SDCEP guidance, made the necessary arrangements for opening a single surgery subject to appropriate physical distancing, have the necessary PPE stocks, and familiar with the arrangements for treatment under the new SDR. Each NHS Board will advise on the appropriate certification process. In some circumstances an NHS Board may deem that a practice visit is required.

Continuing Financial Support for NHS Dental Services

22. The Memorandum to PCA(D)(2020)7 described the set of NHS financial support measures available to dental contractors providing NHS dental services in Scotland. Given the low level of activity we are maintaining the NHS financial support measures during phase 2. The NHS financial support measures are:

- NHS dental contractors will continue to receive a top-up payment of 80 per cent of their gross item of service;
- Practices will continue to receive protection of their NHS commitment status;

- Practices will continue to receive their GDPA and rent reimbursement payments protected at March 2020 levels; dental contractors will continue to receive their individual commitment allowance protected at March 2020 levels.

All other allowances will continue to be paid at the present time, but are subject to periodic review as we move through the remobilisation programme.

Closing Courses of Treatment

23. We advised in the Memorandum to PCA to NHS: PCA(D)(2020)7 about courses of treatment that were open at the time of cessation of NHS dental services. We will provide further advice in due course.

Enquiries

Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Scottish Government Population Health Directorate