Lothian NHS Board



PCCO

2nd Floor, Waverleygate

Edinburgh

EH1 3EG

Date: 11 June 2020

Email: dental.contract@nhslothian.scot.nhs.uk

*To all NHS Lothian Dental Practice Owners*

Dear Colleague(s)

**RESUMING NHS DENTAL SERVICES**

As you will be aware arrangements for Remobilisation of NHS Dental Services were set out in letters from the Chief Dental Officer dated 20 May and 8 June 2020.

The Scottish Government’s COVID-19 Routemap mentions NHS dental services as follows:

Phase 1: increasing capacity in the UDCCs

Phase 2: all dental practices open to see patients with non-aerosol generating urgent care needs. Urgent dental care centres provide urgent aerosol generating procedures.

Phase 3: all dental practices begin to see registered patients for non-aerosol routine care. Urgent dental care centres to provide urgent aerosol generating procedures.

Phase 4: Limited introduction of AGPs to dental practices, this will be dependent on evidence of risk and possible mitigation.

There is now an expectation that dental services will be reintroduced on a phased basis over the course of this month and practices must be certain that they can safely open before they do so. This letter sets out the action required by our local practices.

An initial supply of PPE has been distributed to all practices based on one surgery and 10 emergency patients per day.

As you will be aware, SDCEP has developed a Practice Recovery Toolkit aimed at providing practices with the necessary information and resources to allow reopening.

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

The Practice Recovery Toolkit comprises:

* resuming dental services guide;
* patient COVID-19 screening questions (also in Appendix 1 of the guide);
* patient management flowchart (also in Appendix 2 of the guide);
* template notice for practice entrances (also in Appendix 4 of the guide);
* practice reopening checklist.

From a governance perspective, NHS Lothian needs to be reassured that your practice is ready to reopen with the safety of patients and staff being paramount.

Before treating any NHS patients you must wait until further information on the start date has been shared by the Scottish Government, and you have then received positive confirmation from the Health Board that your practice has been signed off for reopening.

You are asked to complete and return the attached paperwork to dental.contract@nhslothian.scot.nhs.uk

If you have a mixed NHS/private practice you may wish to ensure that before treating any private patients you have followed the principles of the SDCEP practice recovery toolkit and adhere to relevant GDC standards. You are advised that care to private patients must be to the same level as that to be provided to your NHS patients, and where you wish to open a second surgery to treat private patients this should be indicated on your proforma in order that there is assurance that physical distancing can be maintained within the premises for the safety of both your team and your patients at this time.

Yours sincerely

Alison McNeillage Mark McCutcheon Angus Walls

 Jonathan Turnbull

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| **ALISON McNEILLAGE**General Manager – Primary Care Contracts | **MARK McCUTCHEON****JON TURNBULL**Dental Practice Advisers | **ANGUS WALLS**Director of Dentisty NHSL |

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| **NHS LOTHIAN****DENTAL PRACTICE REOPENING QUESTIONNAIRE**To help us with this please **confirm 1-11 below** and ***complete points 10 and 11 only if relevant***:1**.** I have followed the principles outlined in the SDCEP practice recovery toolkit and all (working) staff members are familiar with the toolkit. 2. All items on the SDCEP checklist have been complied with and a protocol is in place to ensure that the checklist and supporting documents are updated as new guidance is published. 3. I attach a SDCEP checklist with the individual items signed and dated. 4. I have completed the risk assessment using the template sent to me by NHS Lothian. (NB – you may wish to add/delete items as relevant for your own practice). 5. I attach this risk assessment with individual items signed and dated. 6. I attach details of any barriers or difficulties that I have experienced, if any, in completing the check list and risk assessment. (NB There is space to do this in the narrative box below). 7. I have or will have the necessary amount of the appropriate PPE before seeing any patients. 8. I understand that NHS Lothian reserve the right to request copies of SOPs or visit the practice premises and review any procedures (including those setting out how to maintain physical distancing) and staff training in order to be satisfied that sufficient and safe premises, equipment, instruments and procedures are in place. 9. I can confirm that I will not be carrying out any AGPs within my practice during phases 2 and 3. 10. I am considering carrying out AGPs within my practice for private patients for EMERGENCY DENTAL CARE ONLY during phases 2 and 3. 11. I am considering operating more than one surgery daily (Please note consideration will only be given to proposals of this nature on the basis of practice size and will require further details to be submitted prior to approval by NHS Lothian).In order to obtain authorisation for your practice reopening please send us the following:* A copy of the checklist with each item signed and dated.
* A copy of the risk assessment undertaken for your practice with each item signed and dated.
* Please also provide details of any difficulties or barriers to compliance that were experienced, if any*.**(If you need any help with this, please make contact via dental.contract@nhslothian.scot.nhs .uk*)
* A completed and signed and dated version of this document

Any other information/ details of any barriers or difficulties experienced, if any, in completing the check list and risk assessment

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| Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I confirm I have completed the information required above to allow safe resumption of dental provision at these premises:Signatory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Must be Owner/Director/Clinical Director)**GDC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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