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9 July 2020

NHS Dental Services – Phase 3 Remobilisation

Dear Colleague,

I am writing to you today with arrangements for phase 3 of the dental remobilisation plan for NHS dental services. Today the First Minister confirmed that the necessary criteria were met for Scotland to move forward to phase 3. As per my letter of 24 June this means that from the 13 July dental practices may see NHS patients for routine non-aerosol care.

I wanted to use this opportunity to provide some reassurance on timescale and what we are expecting from dental practices. I have tried to ensure through a phased recovery that we balance the requirement to begin to remobilise NHS dental practice services in Scotland with continuing to ensure the safety of patients and staff, as well as the wider continuing need to suppress the virus in the community. I know that some of you will be thinking that we have only begun opening, and we are already looking at phase 3. At the same time there has also been representation to move things forward more quickly now that we have made progress with virus suppression.

The message I wish to convey is that I am enabling the framework for phase 3 to happen from 13 July. There is no expectation that all practices should be seeing routine patients from this date, but some will want to start as soon as possible. Inevitably with over a thousand dental practices in Scotland it is very difficult to meet everyone's expectations around the pace of the phased recovery for NHS dental services. What we have tried to do is to ensure for those practices that are ready they have the opportunity to move forward. For those of you who want to take things more slowly, that is acceptable. As I noted in an earlier letter my one stipulation is that I expect all practices to be open and operating under phase 2, as a minimum, by 31 July 2020.

I also wanted to take this opportunity to describe the nature of the routine care we expect to happen. This is not business as usual, rather this is about providing reassurance for patients that are not in need of urgent dental care, we are not expecting a substantial increase in activity. We are allowing practices that can safely do so, subject to physical distancing, to see

more patients than under phase 2. We are also ensuring that PPE will continue to be made available to all practices on an increased scale to allow practices to take advantage of this.

At present all patients in need of AGPs should continue to be referred to an urgent dental care centre. As I intimated in my letter of the 24 June we have commissioned an expert review looking at aerosol-generating procedures, and I hope to be in a position to write to NHS dental contractors soon about how we intend to safely reintroduce these.

Finally, I wanted to make you aware of the revised funding package. We are maintaining the NHS financial support measures for phase 2, but have enhanced the package to help with the additional costs of running a practice. We have therefore decided to increase the General Dental Practice Allowance (GDPA) by 30 per cent, with these arrangements to be reviewed on a quarterly basis (the GDPA cap will also increase to ensure those practices affected by the cap benefit from this additional funding).

In summary, the NHS financial support measures for phase 2 and now phase 3 amount to an additional £2.75m of funding per month. This is in addition to the full deployment of the General Dental Services budget and is equivalent to 90 per cent of total NHS income (including NHS patient charges).

The intention is to send out a revised SDR with a covering Memorandum from Monday.

I trust this is a helpful letter in the meantime.

Kind regards,



Tom Ferris (CDO)