## LOTHIAN GENERAL DENTAL PRACTITIONERS SUB-COMMITTEE

Minutes of the meeting held by teleconference on Tuesday 7th July 2020 at 7.00 pm

**Present:** John Davidson (Chairman) JD

 Mark McCutcheon (Secretary) MM

 Stuart Banks (Treasurer) SB

 Rachel Reid RR

 Jonathan Turnbull JT

 Dimitri Magliveras DM

 Fotis Bousis FB

 Paddy Ferry PF

 Ruby Ahuja RA

 Michael Woods MW

 Nashvin Padayachee NP

 Ray Devine RD

 Ross Saunderson RS

 Gillian Leslie GL

**In attendance:** Angus Walls (AW), Director of Dentistry, Lothian

 **ACTION**

**1. Apologies**

Apologies were received from Anne (nee Haston).

**2. Minutes of meeting of 16th March 2020**

 The minute of the meeting of 16th March 2020 was agreed as a correct record.

3. Update from Angus Walls

 AW thanked the committee for the opportunity to speak and expressed his understanding of the widespread anxiety and concern currently being experienced by GDPs. AW updated the committee on several aspects of the COVID response:

* Phase 3 of the mobilisation plan was scheduled to begin on the 13th of July.
* To date 150 of the 170 GDS practices in Lothian are open with 6-7 branch practices yet to receive authorisation; several corporate bodies delayed their opening until the 1st July.
* The second delivery of PPE should have been distributed and a further delivery is expected however this is expected to present logistic challenges.
* Six UDCCs have been identified although not all have been activated due to current low levels of demand, these UDDCs are: Bonnyrigg, Howden, Sighthill, Chalmers, Duncan Street and Musselburgh,
* Under the current Phase 2 SDR, practitioners cannot claim for immediate dentures or denture additions.
* A new SDR will accompany the roll out of Phase 3 although its contents are as yet unknown
* AW expects the CDO to release a PCA on Thursday or Friday of this week.
* PDS is seeing the 7000 patients registered under its care for emergency treatments.
* The orthodontic, OM and restorative departments are using the Near Me tool to undertake virtual consultations with patients.
* AW confirmed that some discussion was taking place regarding the roll out of face fit training with a view to face fitting GDS GDPs however the limitations on the number of FFP3 mask available was likely to prevent this being a practical solution to the AGP problem going forward.

Discussion

 NP asked AW about AGPs with regard to fallow time and PPE going into Phase 4, particularly with regard to the international picture where only two nations match the UK’s protocol for FFP3s and 1 hour fallow time. AW advised the committee that fallow time was related to the number of air changes/hour that could be achieved within a surgery and that this was dictated by ventilation.

 GL asked about communication from Scottish Government and in general and the fact the First Minister had stated that routine care will be available from the start of Phase 3. AW acknowledged the low profile of dentistry in the general discourse and expressed his frustration at the barriers which prevent acceptable two-way communication.

 FB expressed the concern that high specification PPE and lengthy fallow time is being pushed by the CDO and that it will be unsustainable for the GDS. AW advised that SDCEP is undertaking a study of the available evidence on the topic with a view to formulating a risk based approach. However, AW acknowledged that ultimately the CDO is bound by the advice that he receives from Health Protection Scotland.

 MM made the point that HPS may take a very strict view with respect to preventive measures but that the CDO had circulated guidance from New Zealand which represented a much less stringent approach and was seen as an aspirational document for Scotland.

 JD thanked AW for his attendance.

**3.** **UDCCs**

 RR related her experience of Duncan Street UDCC and expressed concern that only 8 aerosol generating procedures were being carried out in the course of a full day. RR also advised members that the PDS staff stopped work at 3.30pm; this was confirmed by SB.

 FB confirmed that the number of non AGP treatments undertaken in DSDC were dropping and that AGPs were mainly for surgical extractions and that some of the GDPs were not very comfortable doing surgical extractions.

 DM asked what could be undertaken as a non-AGP procedure. He was advised that hand scales were possible.

 MW suggested that practices should be allowed to carry out AGPs on their NHS patients in order to take the pressure off the UDCCs.

 GL queried if the Phase 3 SDR would include denture additions and the completion of dentures started before lockdown. JD agreed to take this to the Lothian remobilisation meeting. **JD**

 JD re-emphasised the lack of communication from the CDO and his use of tweets as a means of disseminating information.

 RD raised concerns about the practicalities of restarting dentistry with regard to how many patients could be seen and how many surgeries could be opened. DM advised that he would be seeing 14 patients per day and would be getting those patients who had check-ups cancelled in April, in first.

 There was a general discussion around the difficulties faced by dentistry going forward, RD recommended a paper by Martin Kelleher in Dental Update. It was agreed that the existing SDR would not work, that the CDO was out of touch with the profession and that advocacy for ‘reasonable’ AGP protocols should be communicated to the CDO/Scottish Government.

 JD informed the committee that key worker status had been achieved for general dental practice employees in Lothian.

**6. AOCB**

 There was no other competent business.

**7.** **Date of Next Meeting**

TBA