

Guidance for patients to access urgent dental care during Covid-19 in the form of triage and advice, analgesia and anti-microbials where appropriate (AAA)

1. Practice should have their own policy in respect of the provision of urgent dental care during Covid-19 which should outline the roles for each member of the team; clinical advice may only be given by a dentist.
2. Practices should be available to patients for their normal contracted hours, with the expectation that the phones will be answered in real time.
3. The service should be available for all patients that call irrespective of whether they are a usual patient of the practice or not.
4. All calls should be made to a local number; it is not acceptable for patients to have ring a mobile number or pager service which may incur a higher call charge.
5. Where collaborative/buddy arrangements are in place the phone must be diverted to the other practice; it is not acceptable for patients to receive a voicemail advising them to ring another practice.
6. A voicemail only service is not acceptable; voicemail should only be in use when the phone line(s) is engaged as other patient(s) are being spoken to. NB: a voicemail at lunch time is acceptable but should clearly state that the practice is closed for lunch between X and Y time and will reopen for calls after this.
7. Patients must not be directed to call 111 during normal contracted hours; in the spirit of the NHS working together and the agreed income guarantee we need to ensure that 111 and the wider NHS are not further overloaded.
8. The number of staff and dentists required each day will depend on the number of phone lines that come into the practice and whether a practice is dealing with their own calls only or is working as a consortia/buddy arrangement dealing with calls on behalf of other practice(s).
9. It is recommended that staff and dentists, where possible, are on site to deal with calls unless robust arrangements can be made to divert phone line(s); consideration should be given to the number of lines coming into the practice.
10. Practices can have a system that either involves answering the phone and passing the call to the dentist to give AAA in real time or an arrangement for the dentist to call back within a time specified to the patient (maximum of one hour).
11. Where voicemail is used as the line(s) is engaged, the message must state that the call will be returned within 1 hour and should be checked regularly.
12. The following guidance should be used by all dentists that are delivering AAA: <http://www.sdcep.org.uk/wp-content/uploads/2020/04/SDCEP-MADP-COVID-19-drug-supplement-080420.pdf> for pain relief advice and <https://www.fgdip.org.uk/news/open-letter-prescribing-antibiotics-during-covid-19-%C2%A0> for anti-microbial prescribing.
13. Where a patient is assessed and requires urgent face to face treatment following AAA, a referral should be made using the urgent care pathway on the Dental Electronic Referral System (DERS), also known as Rego.
14. The two week pathway via DERS should be used for all non-traumatic lesions that have been present for over three weeks.
15. If practices have a working relationship with a pharmacy for issuing prescriptions then this should be maintained; if not they should use the prescribing pathway on DERS.
16. The usual out of hours voicemail should be switched on at the end of normal contracted hours to advise patients of the local out of hours arrangements.
17. A log should be kept of all calls received to assist with updating records.
18. Patient records should be updated/created for each patient that receives AAA. Where this is given remotely and remote access to practice software is not secure it is recommended that the practice is periodically visited to update electronic records.
19. All records of triage should also be entered on the appropriate e-form included in Compass (menu Covid-19 reporting) and submitted to NHSBSA Dental Services https://www.nhsbsa.nhs.uk/sites/default/files/2020-04/Triage_Covid-19_guidance_notes.pdf