

NHS England and NHS Improvement South-East

Covid-19: Delivery of Urgent Dental Care

GDP and Urgent Dental Care hub briefing

Issue No. 14

12th February 2021

Issue	
Updated Standard Operating Procedures	Please find attached the latest versions of the national Standard Operating Procedures.
Procedures	Adobe Acrobat Document Adobe Acrobat Document One of the issues that has been raised since they were issued is whether all Covid positive patients should be referred to Urgent Dental Care Hubs. This is to confirm that the NHSE/I South-East position on this is as follows: Patients should only be referred to UDC hubs if practices have had to close due to the impact of the pandemic or a patient has an urgent need and requires an AGP and the practice is not able to deliver this treatment Covid Positive patients should not be referred to UDC hubs for this reason alone as all practices now have access to the required PPE and apply universal precautions. One of our LDN Chairs has raised this with the Chief Dental Officer and Deputy Chief Dental Officer, who have confirmed local flexibility is allowable which has also been introduced by other regional teams.
Additional sessions for patients who do not attend the Dentist regularly	Further to the request for expressions of interest for practices to provide additional sessions for patients who do not attend the Dentist on a regular basis, the practices to take part in the scheme have been identified and services will commence on a phased basis over the next few weeks. We will issue further communications to key stakeholders about this. We have also received approval for the scheme to continue into 2021-22.
Communicating with key stakeholders about access to NHS Dental services	Please find attached Integrated Care System (ICS) specific communications to advise of the latest position re access to dental services. These have been issued to a range of key stakeholders, including MPs, local authorities, Health Overview Scrutiny Committees, Healthwatches and Local Dental Committees. Microsoft Word 97 - 2003 Document



South African variant of Covid-19 and dental access

We have received a number of enquiries from practices in the Maidstone (ME15) and Woking (GU21) areas that are part of the surge testing of people living and working in these areas to test for the South African (SA) variant of Covid-19, whether they should close for face to face care or restrict care to urgent or emergency only. We have sought advice from the Chief Dental Officer who in turn has sought advice from the national lead for Dental Public Health within Public Health England (PHE). They have reaffirmed the final decision whether additional local public health measures on population/postcode travel or restriction on services lies with local Public Health Teams.

We have sought the advice of the Directors of Public Health and Consultants of Public Health within Kent and Surrey Local Authorities who have confirmed there are no additional local public health restrictions on population/postcode travel and all healthcare providers should continue to deliver care in line with nationally advised processes. Dental teams are critical workers and are permitted to travel from areas outside ME15 and GU21 into these areas, likewise staff are able to travel from these areas to practices outside these areas; they should keep on their person a copy of the previously shared letter to confirm their status as critical workers should they be questioned why they are travelling. Likewise, patients are able to travel from outside these areas into them and vice versa to access healthcare, which includes dentistry.

Our CDO and Public Health England lead have confirmed that in the absence of locally advised additional restrictions:

Management of risk in-practice

- a. The mode of SA and Kent Covid-19 variant transmission remains the same, universal infection prevention control (IPC) guidance is applicable to all variants:
 - in-practice risk and its management has not changed, it is fit for purpose and for all levels of care, eg routine/urgent/emergency and AGP/non-AGP.
- b. Risk Management: remote consult and pre-attendance checks for all patients must continue to include questions about symptoms, any test status/results and whether the patient is in self-isolation:
 - the responses to the pre-appointment questions should inform the shared decision regarding the necessity and/or ability of the patient to attend;
 - as there is no change in local PHE advised travel/movement then there is no need to restrict access to care or limit access to urgent only; should our local PHE change this decision we will advise.
- c. Patient Attendance: practice protocols in line with the Standard Operating Procedure (SOP)

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0839-dental-recovery-sop-v4.01-29-oct.pdf and IPC guidance within the SOP, including risk

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management, remains the same for all patients, ie every patient is considered to present risk of transmission:

- patients that have had a negative PCR test in the past 72hrs and have self-isolated between testing and attendance, as described in the IPC guidance for dental settings, may be considered for treatment on the "low risk pathway".
- d. If a patient has been identified as Covid-19 positive and isolating, irrespective of post code, then face to face urgent care should only be considered if urgent care cannot be deferred or managed with AAA.

We appreciate that this continues to be a worrying time for you and your staff and encourage you to regularly discuss your local implementation of the SOP to ensure that IPC measures, including social distancing between staff when they are not wearing PPE (eg at breaks) continues to be stringently enforced. We also appreciate that some patients may be reluctant to attend at the current time and so the remote consult and pre-attendance checks should be used to advise patients of your strong IPC measures in place that will ensure their safety when attending. We encourage that your websites are updated to confirm that there are no local measures that have been introduced to limit access to dentistry, which is an essential healthcare service, and that your strong IPC measures will ensure their safety; if your website does not currently explain what these measures are we encourage that you do so to further reassure your patients.

As previously advised, should the practice be required to close for face to face care, you should advise us via the Microsoft survey which is given here again for ease

https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8ZyI0umSq9Q55Ctv1ze_yYHqqxBhOuDt1izxeRUNUtIMzI5UUZPOEZDVIFJSU45TFdYSTgzTS4u

Where your practice remains open but you consider there are exceptional circumstances, which over a prolonged period may impact on your ability to achieve contractual tolerance, please advise us of the circumstances and the urgent action you are taking to rectify this and prevent a repeat of the same or similar event. As with any exceptional circumstance it would be impossible at this stage to know the impact on the year end performance and notification is not a guarantee that this will be accepted. You should keep robust evidence of events, along with evidence of mitigation and rectification of such events, which should be submitted as part of the year-end process should an application for exceptionality be made and will be taken into consideration. If despite your urgent action to mitigate and rectify an exceptional event, there is a repeat of the same or similar event, you must notify us again together with details of the further action you will be carrying out to mitigate against a further repeat.

We thank you for your ongoing commitment to providing essential care to patients, including urgent care to any patient that requires this within your NHS capacity.

Highlighting the

We have been asked by our colleagues in the Safeguarding team in Surrey





needs of Looked After Children during the pandemic

to circulate the attached document to highlight the needs of Looked After Children (LAC) during the COVID-19 pandemic. Although this has been developed by the team in Surrey the message applies across the whole of the South East region.

The Transition to Recovery Standard Operating Procedure advises that patient groups with the greatest need should be prioritised for care and, as detail in the attached document, LAC are defined as having great need. We would ask that if you have capacity to provide more than urgent and paused care that you consider prioritising LAC if contacted by their carers.



Survey re PPE and eye protection

From Jeanette.Fagerstrom@dhsc.gov.uk

The Eye Protection Team (in the PPE Programme) has created a survey to help us collect the end users' views of, and understand any problems they may have with, the current Eye Protection PPE.

The insights collected will be analysed and used to create the specifications for future products. There are a few questions that ask about ethnicity and religion, as well as gender. This is to ensure any future Eye Protection is compatible with any headwear or sizing issues relating to those characteristics.

Interestingly the new standard for Eye Protection that is being realised later this year includes 6 sizes over two head shapes, so knowing the percentages of users that deem current products too big or too small will help when setting up a sizing matrix for future procurement.

You can find the link below to the Eye Protection survey we are asking for your help to distribute.

Please share with your organisations with the aim that <u>it should reach</u> <u>as many front line staff as is possible</u>. We appreciate they are very busy so we have kept it short, it should take no more than 3 minutes to complete.

https://www.surveymonkey.co.uk/r/EndUserEyeProtection

QR code is also attached.

Your assistance in helping us with this survey is much appreciated.

Kind regards