COVID-19 Dental update 25 March 2020

At QCS, we recognise there is guidance for much of health and social care although there are still a lot of unanswered questions for dentists and their teams.

The BDA and authorities in Wales, Scotland and Northern Ireland have all recommended that routine treatments cease and emergency only services are provided, and we have had clarification from NHS England of the following:

Changes to Primary Dental Care services

All routine, non-urgent dental care, including orthodontics, should be stopped and deferred until advised otherwise.

All practices should establish (independently or by collaboration with others) a remote urgent care service, providing telephone triage for their patients with urgent needs during usual working hours, and whenever possible treating with:

- Advice
- Analgesia
- Antimicrobial means where appropriate

If the patient's condition cannot be managed by these means, then they will need to be referred to the appropriate part of their Local Urgent Dental Care system. These new arrangements will involve providers working with defined groups of patients to manage urgent dental care needs only, with appropriate separation arrangements in place to manage patient status and professional safety. These will be established via NHSE/I regions to handle urgent care dental needs in the specific groups of patients. The service model is described below. Some practices and community dental services may need to become designated providers of urgent dental care as part of these Local Urgent Dental Care systems during the COVID-19 pandemic. This will be determined and agreed with each practice as part of the regionally-organised system.

All community outreach activities, such as oral health improvement programmes (e.g. Starting Well, routine non-urgent work in care homes) and dental surveys should be stopped until advised otherwise.

In order to provide accurate information to the public, you are asked to:

- Update your messaging and websites.
- Contact your regional commissioner should practice availability hours alter as a result of staffing levels.
- Inform the commissioner of these changes and the arrangements for cover. Your regional commissioner will then inform the Directory of Services (DOS) lead so that 111 are up to date with the correct information.

Contracts and funding 2019-20 contract reconciliation

End of year reconciliation will operate in the following manner:

- Forcalculating year-end contract delivery, NHSE will consider the year to be March 2019 – February 2020, and will apply March 2019 data instead of March 2020;
- For contracts delivering above 96% over this period we will then operate normal year end reconciliation with the ability to carry forward activity to 2020; and
- For contracts delivering below 96% over this period, we will enter into normal clawback position up to 100% of total contract value (TCV).

2020-21 contracts: cashflow and reconciliation

NHSE will take immediate steps to revise the operation of the 2020-21 contract to reflect the COVID-19 disruption. The approach will aim to achieve the following:

- Maintaining cash flow to provide immediate stability and certainty for dental practices.
- Protecting the availability of staff to provide essential services during the response period to COVID-19.
- Actively enabling staff time that is no longer required for the routine dental activity to be diverted to support service areas with additional activity pressures due to COVID-19;
- Maintaining business stability to allow a rapid return to pe-incident activity levels and service model once the temporary changes cease; and
- Fairly recompensing practices for costs incurred

They will, therefore, take the following steps:

Continue to make monthly payments in 2020-21 to all practices that are equal to 1/12th of their current annual contract value and they will progress our work with the BDA to finalise an approach to contract value and reconciliation in 2020-21.

Workforce

As well as providing remote support to patients who contact your own practice / service with dental problems, NHSE would like to direct the freed-up workforce capacity to support:
• Urgent dental care services being set up in the NHS regions (see below).
• NHS colleagues working in wider primary care
• NHS colleagues working in the acute COVID-19 response
• Local authority and voluntary services COVID-19 response

Further communication is expected about this on Wednesday 25 March.

Developing local Urgent Dental Care systems

Urgent Dental Care systems across a range of sites are being developed to provide care for urgent and emergency dental problems. The systems aim to meet the distinct needs of the following groups:

1.Patients who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household
2. Patients who are shielded – those who are at most significant risk from COVID-19
3. Patients who are vulnerable / at increased risk from COVID-19
4. Patients who do not fit one of the above categories

The range of conditions provided for by local UDC systems are likely to include, but are not limited to:

• Life-threatening emergencies, e.g. airway restriction or breathing/swallowing difficulties due to facial swelling
• Trauma including facial/oral laceration and,or dentoalveolar injuries, for example, avulsion of a permanent tooth
• Oro-facial swelling that is significant and worsening
• Post-extraction bleeding that the patient is not able to control with local measures
• Dental conditions that have resulted in acute and severe systemic illness
• Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
• Fractured teeth or tooth with pulpal exposure
• Dental and soft tissue infections without a systemic effect
• Oro-dental conditions that are likely to exacerbate systemic medical conditions

Personal Protective Equipment (PPE)

NHSE will continue to be led by the emerging evidence and are currently seeking urgent updated advice through their NHS Infection Prevention Control (IPC) colleagues and Public Health England. They will

implement their guidance throughout our urgent dental care services. Dental public health colleagues are being trained to fit test FFP3 masks, and they will be available in regions to carry out this function.

Practice Closure

Be aware that if your practice needs to close or reduce staffing levels, it may be that your staff can undertake other tasks such as CPD. However, if there is no other work your staff can do during the period of closure or reduced access, you may need to:

a. Agree with employees that they are furloughed workers, as part of the government scheme to keep staff employed on 80% pay
b. Lay off employees on guarantee pay
c. Agree with workers that they work reduced hours for proportionately-reduced pay
d. Consider making staff redundant

Furloughed workers

The government is prepared to pay up to 80% of the wage costs of workers who are not needed at this time, up to a maximum of £2,500. At this stage, we do not know whether this scheme will extend to self-employed workers, such as some hygienists and therapists.

You may, with their agreement, designate employees as furloughed workers. This includes employees who are currently self-isolating. You can then submit information to HMRC about the employees that have been furloughed and their earnings through a new online portal that HMRC will set out.

Further guidance is expected on this soon, and we will share this with you as soon as we can.
As soon as support packages are in place from the government and the NHS, we will make sure that you have the right advice and where possible we will provide documents to help you and your teams.

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