



All Primary Care Dental Teams in Wales

27 August 2020

Dear Colleagues,

Covid 19 – Progress through Amber Phase of Recovery in Dentistry

Further, to CDO letters of the 19th of June outlining plans for the restoration of dental services, and of the 10th of June, issuing the all Wales Standard Operating Procedure (SOP) as part of the recovery plan for dentistry in Wales, we are writing to update you on the progress of reinstating NHS dentistry. This letter will cover the review of the SOP, the re-introduction of more services in this low amber phase and in addition share some positive news on eRMS, our future intentions and opportunities for NHS dentistry in Wales that will inform our reinstating of the NHS dental contract reform programme come April 2021.

In the difficult months since March, the actions everyone has taken has slowed the spread of coronavirus in Wales. The number of new cases is now falling and fewer people are dying from the disease. This has allowed Welsh Government to gradually and cautiously lift the restrictions and update public health advice accordingly. It is in this context that we have reviewed the SOP to support the recovery progress in dentistry.

Activity, Support and SOP update

In the Amber phase to date, many dental practices are, and the majority should now be, providing a full range of care and treatment (including AGPs) for patients. A number of practices with NHS contracts (as few as 10 practices) remain unwilling or unable to provide a full range of care.

Details of the financial support available to practices holding NHS contracts has already been communicated. It will be reviewed, in each quarter of the remainder of this financial year, and its continuation depends on providers of NHS dental services meeting the expectations and requirements of Health Boards and Welsh Government in this recovery period. We particularly want to reiterate providers' obligation to pass on the payment (staff costs are included in the 90% ACV being paid to providers), to **all**

dental team members in full, reflecting their employment, or self-employment, in the delivery of the contract and contribution to NHS dental care delivery in March 2020. We recommend using historic average Net Pensionable earnings as the appropriate way to calculate payments. In addition contract holders are expected to engage with and support their dental laboratories to ensure the resumption and retention of their services in the future.

Welsh Government and NWSSP will continue to assist with supply of FFP3 or FFP2 masks for NHS service delivery. This is dependent on continued wider availability of PPE. There is currently a limited type of mask on offer. If staff are unsuccessful in the fit testing process to the Welsh Government/NWSSP supplied mask type, then providers will have to fund and secure alternative masks or consider the use of a re-usable respirator. It is our intention during the recovery phase to supply PPE to practices who are unable to obtain adequate stocks, or being charged excessively for their PPE from their usual supplier.

As COVID-19 is still in circulation, public health measures remain necessary to ensure a safe environment for staff, patients and communities. Physical distancing and infection control requirements have meant fewer patients can be ‘seen’ in a clinical session, however, health board staff, and dental teams, have made a huge effort in enabling services to recover. Thank you, for all you are doing, and for submitting data, please see the rolling total details below.

ROLLING TOTAL March TO 23.8.20	
Referrals to Urgent Dental Centre	3,802
Prescriptions issued	64,592
Patients seen in the practice	122,946
AGPs provided	9,244
Telephone calls taken	383,446
Remote advice provided	30,324
No. of patients treated at UDCs	18,904 (to 21 st Aug)

COVID-19 is a novel virus and we have learned much since March 2020. Informed by evidence, the SOP (a dynamic tool in any case) now takes account of factors that can mitigate the length of surgery ‘fallow’ time required following dental care provision. For example, for most non-AGP procedures, no additional time is required before cleaning and disinfecting the surgery. For procedures which have produced a lot of droplets and splatter (e.g. a difficult extraction) 10 minutes is now recommended for droplets to settle before cleaning. Until such time as a vaccine and/or point of care testing is widely available, it is necessary that dental practices and services continue to adhere to infection control and health protection measures advised in the SOP.

We cannot write specific rules for every treatment scenario. The SOP uses available and emerging evidence to outline the safest possible regime practices should use. It now includes more flexibility for clinical judgement, which we know will be welcome. For example, mitigating factors that allow a reduction in fallow time following an AGP from 60 minutes. These include, a surgery having optimal ventilation (10 air changes per hour), the length and complexity of treatment provided, the use of rubber dam, the use

of high-powered suction, pre-rinse etc. Although the community transmission in Wales is now low, we know that COVID-19 infected people can be asymptomatic and this will mean that universal precautions will be necessary for some time to come.

We have been asked about the statement on 'key worker status'. Obviously it cannot list every type of health care worker but it is our understanding that under the definition of health care worker it would include all members of the dental team that are directly engaged in patient care delivery.

The SOP for orthodontic service delivery is attached. Orthodontic contract holders are also to receive 90% of ACV financial support in this recovery period to resume services and the suspension of UOAs.

Our expectation is that orthodontic clinicians will:

- Prioritise the current cases under active treatment ensuring that those undergoing orthodontic treatment continue to receive active Face to Face treatment as required.
- Prioritise new case starts (from existing waiting lists and new referrals) based on priority where leaving the case would have a detrimental effect on the patient.

Capacity and Routine Recall

Recent figures from NHS Business Services Authority clearly demonstrate the recovery of dental services in Wales. Following analysis of data activity received from dental practices via FP17W returns, capacity is becoming available in some practices to see more than urgencies, such as patients who have had treatment deferred and to recall patients for assessment and routine check-up. We have asked NHS dental contract holders and practitioners to delay routine dental checks for low risk patients; to maintain capacity for those who have urgent or delayed treatment needs.

Practices and services can however schedule routine check appointments if they have the capacity to do so. It is necessary that NHS dental resources are utilised in recovery, to accommodate as many people as possible, (including those who may not have a regular dentist and who are not on a practice list) who are experiencing dental pain. It is important that those most in need of dental treatment receive care ahead of those, with no problems, and individuals at low risk demanding routine check-ups.

Therefore, active recall can commence once all urgent and essential needs are addressed, and can be managed in a timely service offer. For NHS dental care delivery, in recovery, this means continuing to prioritise urgent cases and:

- Using remote consultations and pre-appointment COVID-19 risk assessment; and
- Within the available practice capacity for face-to-face care, recommence deferred courses of treatment and focus recall and re-assessments on patients with the greatest need/high risk.

i.e. those patients who have:

- Attended the urgent dental care centres and/or require follow up care; and
- Incomplete care plans from March

Recall first - those at risk:

- Children and adults with a history of dental disease or who are known to have risk of disease;

- Patients whose oral health impacts on systemic health;
- Patients who have been through stabilisation and need review; and
- Use remote technology for follow up advice where possible.

Now the restrictions on travel are lifted in Wales, private practitioners can and do set their own priorities for care delivery. We trust individual practitioner's clinical judgement with respect to offering routine recall and to manage the associated risks of clinical proximity and AGPs involved in dental care.

Using Learning from Contract Reform Programme in recovery

As we have previously shared with you, the vision for dentistry in Wales builds on the philosophy of Prudent Healthcare together with **A Healthier Wales** the national strategic plan and recognises that system and contract change is required. This pandemic has not altered this vision and the interruption to routine NHS dentistry 'as normal' provides a catalyst for more practices to learn about and contribute to change.

This focus on transformation, innovation and needs-based *care* to address inequalities, is the foundation of the current NHS dental contract reform work we have been doing in the last three years. The values and design principles employed can assist us now during this recovery year, using the tools designed and tested by dental teams in Wales over the last three years; developed and evaluated in the now paused contract reform programme.

In this recovery period, we are using the learning from the established contract reform programme, to support practices holding NHS contracts, deliver evidence informed preventive care and treatment to patients. We are concentrating on what dental teams 'can do' and are encouraging a more preventive, less interventionist approach to dentistry. There is nothing very new in the contract reform approach, it is just good preventive dentistry, but significantly practices now have a contracting context that supports it during the recovery period.

This is the opportunity, despite the difficulty of this year for practices holding NHS contracts, to be free to innovate and deliver dentistry without the disincentive of UDA targets. It allows those who were already part of contract reform to go further faster in testing new ways of working than the modest UDA % reduction allowed. It also allows those not yet part of the programme and those who were about to join, to experience the learning first hand so they can contribute to future planning.

In this recovery period, we ask that NHS dental service providers continue to prioritise care, scheduling of appointments, to meet those patients with greatest need and/or risk of disease or deterioration of oral health, and use the opportunity to involve patients in understanding what they need to do to maintain and improve their own, and their dependents, oral health. This is also a time for practices to use the skills of the whole team to deliver what is now 'needed' by patients; during the amber phase of recovery and beyond.

Dental teams in Wales who were part of contract reform programme had a 10% reduction in UDA targets to collect Oral Health Needs Assessment data via the ACORN, even those ready to move to phase 2, had only a modest reduction of UDAs of 20%. The suspension of UDA targets now gives all dental providers, who hold NHS contracts, the opportunity to experience new ways of working, fully utilising all members of dental teams, without the pressure of activity targets, to deliver a preventive approach

to care. The implementation and use of FP17W in the Community Dental Service across Wales also means they can also take part, the use of the ACORN and FP17W reports will demonstrate the needs of the vulnerable groups they care for.

The amended FP17W records all team activity, including Dental Care Professionals (DCP) contributions to care delivery, as part of valid treatment/care claims within an annualised care plan. All practices completing the ACORN will gain a better understanding of their practice population needs, relative to health board and national averages. They will also have an opportunity to use the tools, early adopters in the contract reform programme worked on, such as the Delivering Better Oral Health summaries in the patient expectation 'aid memoire charts' and the patient self-care plans, to support delivery of evidence informed preventive interventions and advice.

When ACORNs are reviewed, and the findings shared with patients, both they and clinicians will, as intended, understand the power and utility of needs and outcome measurement. The care pathway work, is still progressing and, will inform and highlight how the skills of the whole team can be used and how this can be recorded and validly claimed on the amended FP17W.

Prevention is better than cure – preventing dental disease is our overriding priority. The reduced throughput of patients, necessary in recovery, allows for a more considered care-based approach to dentistry, giving time for the dental team to concentrate on prevention and personalised advice; as well as the provision of effective treatment. It has been clear for some time that dentists need to change from a surgical model delivering 'cure' to a 'physician' model based on clinical leadership of dental care within a team.

What will matter most in this recovery year is that dental teams see those with the greatest needs first and that they use the time to transfer the responsibility for daily mouth care and maintenance of oral health to patients. Essentially, this is creating the conditions to support recovery and create the environment for a preventive care approach within the current contractual framework. Your experiences will inform contract reform when it restarts in April 2021 and in the meantime allow more dental teams to be involved. In September, we will share a slide pack for all Local Dental Committees, Health Boards and dental teams to use to understand contract reform to date.

Care pathway and Support

Another key element of our approach is the development of two care-pathways, one for dental caries and one for periodontal disease. This will describe the expectations for the different risk-categories i.e. what the patient journey should look like over the course of a year, according to their Red, Amber or Green status from the ACORN. We are pleased to let you know that they are progressing and expect to complete them before the New Year.

Developing the two care-pathways involves two different teams in North and South Wales. The teams are composed of dentists and DCPs, working within NHS contracts. An emphasis is being placed on pragmatic and evidence informed delivery of primary dental care over a year, which depends on patient need and engagement, rather than on historic 'courses of treatment' approach. Sharing the pathways in development, and seeking detailed feedback before the care-pathways are finalised is part of the plan.

The work will link with Public Health Wales, as the contract reform team is re-deployed at present to support all dental practices, understand and use contract reform learning, in this recovery year. Please find all information on their activities and support, together with information on the contract reform programme, to March 2020 on the primary care one website <http://www.primarycareone.wales.nhs.uk/dental-reform>

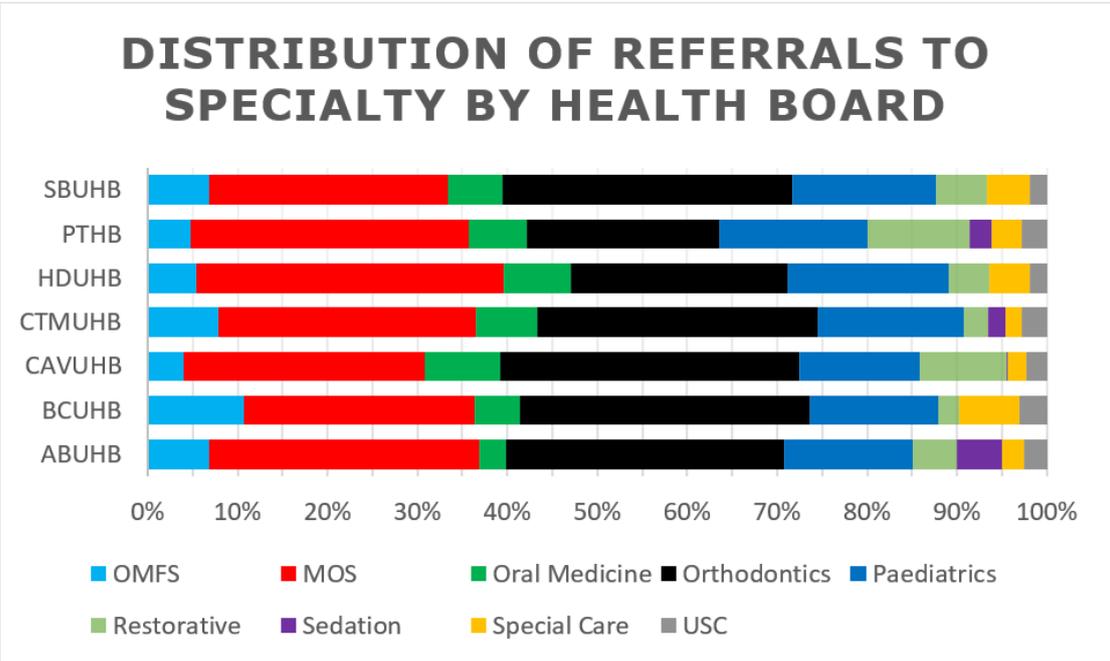
Support is also available and being offered, by the proactive team, at Health Education and Improvement Wales (HEIW). Remote learning and on line training is being made available and supported by their Quality Improvement Groups throughout Wales. <https://dental.walesdeanery.org/>

Electronic Referral Management System eRMS

Despite the challenges of the last five months, we want to celebrate the achievement of a successful implementation of eRMS in every dental specialty in Wales. Thanks to everyone involved: FDS our provider; the NWIS team; eRMS Stakeholder Board; Secondary Care Consultants and Specialists triage teams; and in particular, the Health Board and dental practice teams who have embraced and use the system.

The eRMS has not only resulted in a marked improvement in the quality of referrals, but is now producing data on the need and demand for specialist dental services in Wales. This includes the source, complexity and validity of referrals. These data (a flavour of which you can see below from William Herdman StR DePH PHW draft eRMS evaluation report) can be used as ‘decision support’ in Health Boards. It can be used to decide which dental specialist care services need investment and it also heralds opportunities to shift care to a primary care setting where it is appropriate to do so.

Distribution of all referrals to each specialty in all HBs (from implementation to 31/03/20).



The eRMS Stakeholder Board will continue to meet this year and early in 2021. A national clinical reference group will continue to oversee and advise on any changes required to the proforma etc. having received and reviewed feedback.

Information

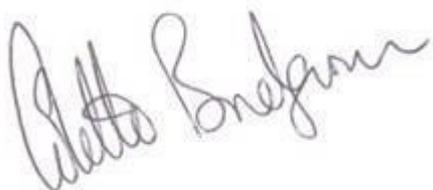
Finally, we want to remind colleagues to be careful about the sources of information they use, and the use of social media and communication from dental professionals to the public, organisations and individuals, within and outside of dentistry. Facebook and Twitter can be a useful way of communicating with colleagues and sourcing information but it can lead to misinformation being shared, and/or seemingly validated. We hope, the links provided, and sources of support and information outlined, in this letter will assist.

Dental professionals are leaders in their communities and are expected to maintain good practices and encourage others to do the same. The risk factors regarding Covid-19 are known, as are the most effective ways of protecting ourselves, and others. Please use every opportunity in your professional and private life to ensure patients and others know that this means to:

- Avoid or limit contact with others where possible. Working from home where you can, maintain 2m distance from others not in your household or extended households and avoiding large gatherings or places where social distancing is not possible;
- Maintain good hygiene. Wash your hands regularly, ideally before and after touching surfaces others will also touch. Soap and water is most effective, but use sanitiser where this is not possible. Sneeze or cough into a tissue and throw it away, and if this is not possible use your elbow;
- If you have any symptoms, you should self-isolate and seek a test immediately. If you have a positive test, you should cooperate with the Test Trace Protect teams to ensure all your close contacts are quickly traced and self-isolate to prevent the chains of transmission; and
- Avoid touching surfaces that are touched regularly by others, particularly indoors. Where this is not possible, wash or disinfect your hands before and after touching surfaces.

We would like to take this final opportunity to thank you for your understanding and professionalism during this difficult period and for all you're doing to restore dental services.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Colette Bridgman', is written over a light blue circular stamp.

Colette Bridgman

Chief Dental Officer / Prif Swyddog Deintyddol

A handwritten signature in black ink, appearing to be 'Warren Tolley', written in a cursive style.

Warren Tolley
Uwch Swyddog Deintyddol
Deputy Chief Dental Officer

A handwritten signature in black ink, appearing to be 'Paul Brocklehurst', written in a cursive style.

Paul Brocklehurst
Uwch Swyddog Deintyddol
Deputy Chief Dental Officer