Dear colleagues

This communication is intended to update our colleagues in the GDS regarding the current position within the Community Dental Service. It is also making a plea for your continued support for those patients who have been referred to the service but are still waiting to be assessed.

Waiting lists were already long, at some locations, before the pandemic and have obviously increased significantly.

With the exception of those staff who were shielding on medical grounds, all CDS staff have been at work throughout the pandemic since the introduction of the red escalation phase. In the red phase, they established the two Urgent Dental Centres to facilitate care for urgent patients requiring AGPs and continued to see patients face to face at strategically positioned clinics to provide non-AGP care. Many members of staff were redeployed to testing centres; to assist in supplies hubs and delivery; in theatres or GMP surgeries. A significant number continue to be redeployed in the testing centres or working with 'Test, Track, Protect' and more recently in the vaccination teams. We are hoping to have most of them back with us by the end of April.

Most CDS sites are now operational with non-AGP treatment being available and AGP provision offered at the sites that the estates department has deemed suitable in terms of ventilation and where social distancing is not an issue. We hope that it is appreciated that CDS staff, unlike our GDS colleagues, are not able to determine the suitability of the premises in isolation.

Sedation (Inhalational and Intra-venous) is also available albeit on a strictly prioritised basis dependent upon patient need and circumstances. Domiciliary care is also provided where strictly necessary with an agreed protocol in place.

General anaesthetic services were suspended for 7 - 8 months and although some sessions have been reinstated, they are being provided with vastly reduced capacity both in terms of the number of sessions and the number of patients who can be accommodated per session. This is due to competition with other medical specialities for theatre space, anaesthetic resource, staffing and different procedures that have had to be introduced. One example of the additional measures that have to be complied with is that once assessed and scheduled for a GA appointment, a swabbing test and isolation of the patient and accompanying person is necessary for 72 hours prior to the procedure. Sometimes the sessions are cancelled at short notice because of other demands on the acute sites.
It is very important that referred patients are still able to access their primary care dentist for management of pain or infection whilst waiting to be assessed for care in CDS. We would be grateful if patients and their families could be made aware of the situation regarding referrals and the backlogs for treatments and that there may be a significant delay to the first assessment appointment. This could extend to more than a year in some settings, dependent on the particular treatment being sought.

We are currently in the process of validating our waiting lists and have found that some patients have been referred several times and others have either lost the deciduous teeth they had been referred for or have received treatment on an EDS session or with their own dentist. If a patient is able to receive treatment in a general dental practice setting, then this should be attempted in the first instance. We are happy to share the care of patients especially where part of their treatment needs to be done in CDS but part can be provided in GDS.

If a patient has been treated and no longer needs to be seen in the CDS please do let us know so the person can be removed from the waiting list – every little helps!

Nevertheless, should you have serious concerns about a specific case and consider that a referral needs to be expedited, then please do get in touch and we will do our best to help. You can contact me or my Secretary on 03000 856 231.

Best wishes

[Signature]

Dr J Sandra Sandham  
Clinical Director