# LDC POSITIONAL UPDATE 12th June 2020

We hope that you, your families and your teams are all keeping well. This has been a very difficult period for us all and the uncertainty over COVID 19 still looms large and will undoubtedly impact us for many months to come.

We appreciate that over the last three months, it has been very hard to keep track of the incessant stream of dental information, hitting us from all sides meaning it has been very difficult to make measured and realistic decisions about the future of our profession and businesses.

As we move toward July, there appears to be slightly more clarity in the direction dentistry intends to go in Wales, seemingly very different to England, and as an LDC, we want to bring our members up to date with what appears to be happening in North Wales.

It is important to distinguish that we are NOT speaking from an NHS position but for all forms of dental provision. Too often our profession tries to divide itself into different groups and cliques but the NWLDC is clear that it is here to support the profession as a whole and not specifically one group or another.

## De-escalation

Practices should be very aware that unlike our English counterparts, we are still in “Red Alert” and it appears that the first move to “High Amber” is due to take place on 1st July. Please refer to the recent SOP posted on the LDC website for clarification of what can be undertaken in each phase. This refers to both NHS and Private dental provision based on the advice from the Indemnity organisations and also HIW.

<https://hiw.org.uk/guidance-private-dental-practices>

It is important to make note that although the CDO has made it clear to health boards that it is an “One for Wales approach”, we have already seen individual health boards making their own decisions on aspects such as UDCS, PPE, declarations of compliance with the CDO letter as well as a number of other issues.

As we move into high amber and then to low amber, practices will be able to resume AGP’s if they can demonstrate compliance with the SOP. The SOP makes clear that in high amber these should be restricted to urgent/emergency care. At meetings with the LHB the LDC has emphasised that we feel the LHB needed to take a proactive approach to this next phase by quickly informing practices of the process for establishing non COVID AGP UDC sites for NHS provision. The LHB stated a desire to “wait and see” and it must be **put on record** that we, as a committee, do not accept the BCUHB view and will continue to push for engagement at the earliest opportunity.

It is clear that other LHB’s in Wales have been quicker off the mark than our own with a number writing out to all their NHS practices looking for “Expressions of Interest” from providers who wish to be considered as Health Board designated non-covid AGP sites. Options appear to be:

1. Practices becoming part of the Health Board network. They would be supported with ffp3 masks, fit testing, PPE and the set up. Numbers will be limited in the first instance.
2. NHSGDS sites becoming non-covid sites at their own pace but without the LHB support. The LHB would need to be informed prior to the service starting and a practice visit may be required. These practices would be responsible for their own PPE etc.
3. Wholly private practices establishing as AGP sites would need to inform HIW of their intention to provide AGP services.
4. Some practices would remain as non-AGP sites and these would make use of the AGP networks established.

It would seem likely that with the “All Wales” approach being encouraged by the CDO our LHB will follow this structure, although we cannot be certain. It would also seem from this that any practice with an NHS contract of any size, would require approval from the LHB before they can open to perform AGP’s. What has not been made clear is how these practices would be funded beyond the 90% already announced for July. We will continue to press the LHB as in our view additional funding should be provided with the very minimum being a full restoration of contracts.

A final point to add here is that WGDPC have written to the CDO following the release of the guidance on 22nd May and as yet there has not been a reply. There were many questions and clarifications needed and when a reply is received, we will share the detail.

### Contract Reform

Reading the restoration of services document, it is clear that as we enter phase 1 the LHB will need to inform us of our practice UDAS values. The CDO document made clear how this should be calculated. The LHB may also be involved in buddying of existing CR practices to others in their locality. Contract reform will clearly present both challenges and opportunities, but it would be more useful if we wait for the CDO’s response to the WGDPC letter before we provide further information here as there really were more questions than answers in the CDO’s guidance. One thing you will hopefully have seen is the FP17W bulletin on the changes to the FP17W from 1st April. If you have not seen this then it will be available on compass and your software providers should be able to assist with the necessary changes.

## Remote Consultations (Attend Anywhere)

The CDO has made clear that she sees remote consultations as an essential part of the new contract and the new normal. Attend Anywhere seems to be the chosen platform for this and WAG has purchased this for all primary care dental practices in Wales, NHS, mixed and fully private. You will see that use of this software is to be rolled out to practices in phase 2 with an indicative date of October 2020. The intention was that this should be piloted before being rolled out to all practices. Seven weeks ago, a group of practices were invited to help deliver a pilot for remote consultations. In North Wales, 6 practices came forward and after 5 weeks, they all received NHS emails. This was followed by them being informed that a work around had been found so NHS e mails were no longer required! To date, NO ONE has been engaged in the pilot and it is still with PHW and TEC Wales, waiting to be rolled out to pilot practices.

The plan is to use attend anywhere as a video consultation system in all practices. It remains unclear whether these will be considered “chargeable” and measurable, neither BCUHB nor the WAG have confirmed either way and the suggestion is that without a fully completed ACORN (assessment of clinical risk and need) attached to an FP17W, it cannot be charged to the patient nor measured as a true contact. The NWLDC position is that if we ae unable to routinely see patients, face to face, based on CDO advice and guidance, then we are left with little choice than to treat remotely. It seems our Medical colleagues are content with online consultations, as over 90% of patient interaction in England took place virtually between April and June.

### FIT TESTING MASKS

Firstly, please don’t contact Design Reality in St Asaph…. **they will not fit test you**. They are listed as fit testers in North Wales, and have supported BCUHB, but they have no wish to test dentists. Troy Baker the MD is a friend of Jeremy’s and he has had a number of dentists contacting him in the last few weeks. We are looking at trying to get dentists testing in North Wales, either privately or NHS. Unfortunately, the stance of the BCUHB is such that based on the “current” alert level, dentists have no need to wear FFP3 masks and therefore there is no call for testing. Once again, we see a position of stagnation and lack of preparation from our colleagues in the BCUHB. Therefore, fit testing, currently, will be at the discretion of the individual practice and they will have to bear the cost burden of testing and provision of masks. It should be noted that not all masks are the same and care should be taken when accepting masks for use. A practice protocol would be advised to check certification, batch numbers and expiry dates for each mask. The average cost of a fit test is £25-£40 and it should be noted that if you fail, you pay for an addition test on the same or different mask. There have been reports of practices getting very cross with testers as their staff keep failing for different reasons. The test is not the only important bit of FFP provision, mask choice, availability and comfort must also be considered.

## EDA sessions

A number of practices worked to support the EDS service across North Wales from the start of the Covid pandemic. This was initially on a voluntary basis, after a request from the LHB, and we made it clear that we were supporting the EDS not replacing it. When the business continuity document came out from the CDO in late April, this indicated that GDS support for out of hours should attract funding and the LDC therefor lobbied the LHB and began to negotiate a fee for the support provided at the weekend. The health board were supportive of this and after reviewing the service needs agreed a sessional fee of £500 from the beginning of June. This was to be provided on a Saturday and Sunday at three sites East, West and

Central. Having asked for expressions of interest at £500 per session the LHB, in the week before the sessions started, informed practices that this was subject to the 80% and 90% laid out in the CDO’s letter. In addition, at this late stage the LDC became aware that a number of the regular EDS sessions had been cancelled at short notice due to a lack of patients. It appeared that the free support from GDS dentists had inadvertently allowed paid EDS sessions to be cancelled thus depriving EDS teams of payment. We felt strongly that this was not acceptable and informed the LHB, who denied this was happening. In addition, we asked the practices who had expressed interest in the now paid sessions to withdraw their support to pressure the LHB. We had a partial success in that the LHB investigated, found this had happened and have agreed that any EDS teams who had sessions cancelled would now receive payment for these sessions. They have not agreed to restore the funding to the full £500 and for this reason many have still refused to take part in this rota.

It is important that if any dentists had EDS sessions cancelled, they are paid. If they are not, we need to know please. We have the LHB’s word that they will be paid and understand that there are approximately 12 sessions identified.

Finally, we have been pressing the LHB to make retrospective payments for the support received up to the beginning of June. They have indicated a willingness to look at this and again the LDC will continue to press the LHB as they are certainly not looking at this with any urgency!

## LDC meeting

The next LDC meeting is scheduled for the 6th Of July. The plan is to offer this as a zoom meeting and so between now and the end of June, please can you give the secretary any agenda items you wish to discuss and also put a calendar note that it is amended to a zoom meeting at 7pm-10pm on Monday 6th July.

Jeremy Williams – Chair

Dan Naylor- Secretary.