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18 March 2020

Dear Colleague,

Following my letter of 17 March, describing the new arrangements for dentistry during this COVID-19 outbreak, and guidance on financial support measures, I wanted to provide further clarity about the precise nature of these measures, and specific guidance around the use of aerosol generating procedures (AGPs).

In the first instance I want to reiterate that the Scottish Government understands the concerns the dental profession and wider dental workforce will have around the COVID-19 situation, which is unprecedented in peace time. We should not be in doubt that we are entering a period of significant disruption that is likely to last for many months.

The financial support measures that have been put in place for practices providing General Dental Services (GDS) are as follows:

- We will ensure that the dentist receives the equivalent of 90 per cent of their average monthly item of service income, net of patient charge. The baseline period we are using for this calculation is the average monthly item of service income for 2019/20. If you are a new practice or contractor then Practitioner Services will use the most up to date or latest information available;
- We will continue to pay capitation and continuing care payments as normal;
- We will pay allowances, including the General Dental Practice Allowance (GDPA), rent reimbursement, and the individual commitment payment at the same levels as the March 2020 schedule. These allowances will not reduce as a result of lower activity.

I understand there have been some queries around what we mean by net of patient charge. We are reimbursing contractors during this period for 90 per cent of the item of service fee

element that is paid from Scottish Government. This is 90 per cent of the gross item of service fee less the statutory patient charge.

I also understand there are some concerns around how certain practices with higher levels of patient charge income may be affected. The financial support measures are not an income guarantee scheme, but have been designed to ensure that practices have a degree of financial protection during this difficult period. For a typical NHS practice we are providing around 75 per cent of their total NHS income.

These are initial measures and we are presently seeking additional funding to support NHS practices with particular difficulties. The Scottish Government's policy is to ensure that practices do not fail and we will be supporting you across a range of funding streams. For example, Communities Secretary Aileen Campbell has announced an additional £350 million to be made available to councils, charities, businesses and community groups.

I also urge you to make sure you have completed your initial Business Continuity Plan and weekly NHS Activity record sheet (these should be returned to your NHS Board). My intention is to write to you frequently during this challenging time. The government will issue advice to you throughout the period of the COVID-19 outbreak, you should read and act upon this advice at all times. This means that at different stages we may ask different things of you and it is important to the integrity of the overall health of the population that you take the right action at the right time.

This is not a normal situation and we are all adapting to new circumstances in real time.

Finally, we have had some queries around AGPs. Therefore, I have attached a separate annex providing further guidance.

Yours sincerely,



Tom Ferris
Chief Dental Officer

Aerosol Generating Procedures

Aerosols are produced when an air current moves across the surface of a film of liquid; the greater the force of the air the smaller the particles that are produced.

Aerosol generating procedures (AGPs) are defined as any medical and patient care procedure that results in the production of airborne particles (aerosols).

Aerosols contain two types of particle defined by their size:

- *Droplets* are larger and heavier particles (greater than 5µm). Droplets can travel up to 1 metre from the source and contaminate surfaces within that range.
- *Droplet nuclei* are smaller (1-5 µm) and can stay airborne for long periods of time before landing and contaminating surfaces.

Both types of particle are relevant to COVID-19 transmission, since this may occur via both **direct** airborne infection and **indirect** spread via contact with contaminated surfaces. Restriction of AGPs is, therefore, an important control measure.

Dental AGPs include

- Use of high-speed handpieces for routine restorative procedures
- Use of Cavitron, Piezosonic or other mechanised scalers
- Polishing teeth
- High pressure 3:1 air syringe.

NB Risk of aerosols could be reduced when using a 3:1 if only the irrigation function is used, followed by low pressure air flow from the 3:1 and all performed with directed high-volume suction.

Dry guards, cotton wool or gauze can also help with drying and moisture control.

Non AGP would include

- Examinations
- Hand scaling with suction
- Non-surgical extractions -

NB if this became a surgical extraction a slow speed reducing handpiece could be used for bone removal with cooling provided using saline dispensed via a syringe along with high speed suction. If this is not a suitable option, temporisation or referral would need to be considered.

- Removable denture stages
- Removal of caries using hand excavation or slow speed handpiece if necessary.

Exceptions

- Opening teeth for drainage. A high-speed handpiece would be required. The advice would be to use rubber dam which considerably reduces aerosol production along with high volume suction. The operators should wear a full-face visor and fluid-resistant mask.

This list is not exhaustive. Not all dental procedures have been covered. With the some understanding of aerosol generation the application of common sense in relation to patient and staff safety should be applied.

