

**To: All NI GDPs**

**BY EMAIL ONLY**

23 March 2020

Dear Colleague

**COVID-19: Outline strategic plan for General Dental Services and updated guidance for General Dental Practice**

Firstly, I would like to thank you all for your professionalism and kindness during these very challenging times. In particular, I would like to thank those practitioners who, following my email to the LDCs and the BDA on Friday evening, have been in touch to offer their services to help out with patients of practices that have been temporarily closed or patients who have been unable to be seen at the out of hours dental services. Your commitment is genuinely inspiring.

My approach, informed by recommendations from Public Health England and other health protection expert groups has been to protect dental staff and patients using infection control measures which are commensurate with the risk at the time, while simultaneously trying to optimise dental services within those restrictions. As the proportion of the population infected with the coronavirus has increased so it has been necessary to take additional steps to protect staff which have resulted in reduced general dental services. As the outbreak continues towards its peak it will be necessary to further restrict activity within general dental practices.

As you know, last week we moved to limit aerosol generating procedures to only those patients with an urgent dental treatment need. Effective immediately, I am now advising practitioners to cease all aerosol generating procedures in general practice. This is consistent with the BDA advice issued yesterday and with the approach being taken in other UK countries.

I should stress, that practices should remain open<sup>1</sup> and should continue to see patients who, following screening against the case definition<sup>2</sup> by telephone in advance of presenting to the practice, are not suffering from COVID-19. It is important that, whilst all reasonable steps should be taken to protect staff, dental services continue to be offered to appropriate patients. It is also important that the spirit of the financial support package is honoured and that this is seen to be the case. This will ensure that as a profession our integrity is beyond criticism by those who might hold us to account.

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<sup>1</sup> Unless prevented from opening due to staff illness, self-isolating staff or other extenuating circumstances

<sup>2</sup> <http://www.hscbusiness.hscni.net/pdf/HSS%20MD%2014%202020.pdf>

The attached algorithm sets out the level of service that is expected from all practices during the current phase of the outbreak. As above, it is expected that this model of care may be operational for a short period before it is necessary to restrict practice further. However, it is essential that all practices, aside from those affected by staff absences, adopt this model. Patients with COVID-19 and those who do not have this virus but require an aerosol generating procedure will now require enhanced PPE including FFP3 masks which at the moment are in very short supply. This dictates that the capacity within trusts to deliver dental treatment is very limited at this time and realistically therefore patients for whom you would normally have undertaken first stage root canal treatment will no longer have this treatment option and may require management of their pain or infection by extraction and/or antibiotics.

The Board would ask that practices do not direct patients to the out-of-hours sites as they are working under the same restrictions as the GDS and are not able to provide treatment beyond that which you provide in practice. With the anticipated drop in patient volumes in general dental practice it is intended that the out-of-hours centres are strictly limited to emergencies occurring outside normal working hours.

It is our intention that, in the very near future, we will establish five trust-based but GDP staffed facilities to provide urgent dental care to patients who may be either infectious and need operative dentistry or not infectious but require an aerosol generating procedure. The current plan involves approximately 100 general dental practitioners accompanied by a dental nurse from their practice providing one day's care at a local centre per week. It is hoped that each facility will have multiple dental surgeries. It will be necessary to have a backup dentist/dental nurse team for every team on the rota. The backup team will also need to be on site for the scheduled one-day slot. It is anticipated that all 100 general dental practitioners on the list will be scheduled as either Team A or Team B once per week. All 100 dentists and 100 nurses will be fit tested for FFP3 masks and will be supplied with the other elements of enhanced PPE.

I will be writing to you separately and in the very near future asking you to complete a questionnaire which will assist us in identifying which practitioners are most appropriate to staff these trust facilities and which are more appropriately assigned to different duties across the system in the fight against the coronavirus. It will of course be a requirement during this phase of the GDS response that a clinical presence is maintained in each general dental practice during normal office hours to offer advice by telephone, issue antibiotics/scripts for antibiotics and/or analgesics and triage patients for the trust based urgent dental care centres and to manage the referral process.

Further information on the trust-based model will be provided to you as soon as it becomes available. In the meantime, thank you all for your help so far, please continue to manage urgent dental care patients within your practice until we can get the trust centres up and running which is currently our highest priority. Please ensure you remain informed and up to date by actively referring to your HSCNI email account for communications on the next phase of our response.

Yours sincerely,

A handwritten signature in black ink that reads "Michael Donaldson". The signature is written in a cursive style with a large, stylized initial 'M' and a circular flourish at the end.

Michael Donaldson  
Assistant Director, Integrated Care  
Head of Dental Services, Health & Social Care Board