Publications approval reference: 001559

15 April 2020

Dear colleague

This is the fourth of a series of regular updates to general dental practices and community dental services regarding the COVID-19 situation. A copy of this letter, and all other relevant guidance from NHS England and NHS Improvement, can be found here: www.england.nhs.uk/coronavirus/primary-care/

We also send out a daily primary care bulletin, which you can sign up for here: https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/

Thank you for your ongoing support in providing remote triaging and advice services and, in some situations, providing urgent clinical care where appropriate. Many of you have also contributed through your local dental networks and local dental committees, along with Public Health England (PHE) and NHS England and NHS Improvement regional commissioning colleagues, to design and plan local urgent dental care (UDC) systems at pace. We are grateful for your continued professionalism in these unprecedented times along with your offers of support for the wider COVID-19 response.

Thank you for joining the webinar on Friday 3 April. In total 10,400 people joined and we received around 3,200 questions and comments. We will publish the answers to the common issues and have addressed a number of these in this letter. Alongside we have published the latest iteration of the standard operating procedure (SOP) for dental care during the COVID-19 response.

Below we summarise current arrangements in place in relation to:

- operation of urgent dental care systems
- availability of personal protective equipment (PPE)
- redeployment and volunteering
- contracts and financial arrangements.

Operation of urgent dental care systems

We have today published alongside this letter the SOP for dental care for UDC systems in the context of coronavirus (COVID-19).

The SOP sets out more detail on the principles for the operation of UDC systems. In summary, each UDC system should deliver:

- **a clear local message for the public** that routine dental care is not available during this delay phase of the COVID-19 pandemic and advise them what to do if they have a dental emergency

- **a remote consultation and triage service** whose outcomes are
  - advice analgesia, antimicrobials where appropriate (AAA); or
  - referral, when absolutely necessary and treatment cannot be delayed, to a designated UDC site for a face-to-face consultation and treatment.

  Any referral should specifically identify those patients who are shielded (individuals at the highest risk of severe illness from COVID-19 who are advised to shield themselves and stay at home for 12 weeks) and patients at increased risk, to inform the route for referral in line with local protocols.

- **a face-to-face consultation and treatment service** using a range of providers and locations supported with appropriate PPE for the clinical procedures (AGP, non-AGP) to be carried out at the site.

  Aerosol generating procedures (AGP) should be avoided unless absolutely necessary.

As we are now in the sustained transmission phase of COVID-19, we need to consider that all patients may potentially have the virus. Therefore, for all patients attending any face-to-face consultation and treatment at any UDC site, it is important that there is adequate separation either physically or by spacing appointments to ensure that risk of potential contamination is reduced.

Significant efforts should be made to ensure that shielded patients (defined in guidance) in particular are separated from other patient groups. These should be aligned with local systems and protocols to support shielded patients.

We recognise that since our letter of 25 March, as regions have been developing their UDC systems, it has been necessary for some practices and clinicians to see an urgent patient face to face with appropriate PPE when other (AAA) measures have failed or are not appropriate. In the absence of an NHS-designated UDC service, a dental practice may undertake non-AGP face-to-face dental assessment and care with Level 2 PPE. This has been recognised by the CQC and GDC as an appropriate response in the best interests of the patient. As UDC systems become operational, individual practices, unless they are identified by regions as part of the system in a region, should not see patients face to face unless there is no UDC system provision available. Any face-to-face treatment must be delivered in line with the guidance set out in the SOP.

Personal protective equipment

This letter clarifies the latest position around guidance for use and supply of PPE.

PPE guidance

We appreciate there is understandable concern in the dental community regarding the risks of COVID-19 infection. The safety of all dental professionals and patients during the delivery of dental care during this pandemic is a key priority.

A review of PPE in all settings has been undertaken across the four UK health protection organisations, supported by a rapid review of the existing and emerging evidence of the modes of spread of COVID-19.

Public Health England's guidance last updated on 12 April 2020 is applicable to all settings, including dental settings, and can be found here.

The SOP for dental care for UDC systems clarifies what this means for dentistry, including:

- the specific PPE to be used for aerosol generating procedures (AGPs) and non-AGPs; and
- following consultation with the Deans of the Royal Colleges, FGDP UK, representatives of specialist dental societies and based on PHE's guidance, a clarification of AGP and non-AGP dental procedures.

PPE supply

Only UDCs need PPE as all routine face-to-face work has been suspended. PHE have coordinated delivery of two weeks' worth of PPE to sites delivering urgent dental care to support immediate supply levels. In addition PHE has facilitated local fit-testing training for FFP3 masks where requested, although this can also be done by any appropriately trained personnel from other local sources.

The DHSC COVID-19 PPE Plan published on 10 April 2020 sets out the latest guidance and arrangements for distribution and future supply of PPE. NHS England and NHS Improvement regional teams (EPRR leads working with dental commissioning leads) should support providers of urgent dental care to access PPE for expected numbers of patients through the following routes in priority order:

1. **Usual wholesale suppliers** and distributors of PPE.
2. **Local Resilience Forums** (LRFs) who have been and continue to be provided with priority drops of PPE.
3. The **National Supply Disruption Response** (NSDR) system. This operates a 24/7 helpline for providers who have an urgent requirement (eg require stock in less than 72 hours) for PPE, which they have been unable to secure through their business as usual channels.

Redeployment and volunteering

Over the past 10 days, there has been an unprecedented number of volunteers from the dental workforce who have indicated a willingness to be redeployed to help within the wider healthcare settings during the COVID-19 crisis. Over 15,000 members of the dental workforce have responded, which is a phenomenal response and speaks volumes about the care and compassion of our colleagues and profession.

The information gathered has been passed onto regional hubs so that each region can tap into this reserve as appropriate to the specific needs of their area and based on the ever-changing picture in each region. There will be a need for local processes to ensure deployment in a rapid manner, while maintaining the required governance.

Full guidance on principles and practical arrangements for redeployment of the dental workforce to support the COVID-19 response is here.

Contracts and financial arrangements

Following our letter of 25 March, we have received requests for clarification over various elements of the contractual and financial arrangements that it set out. We continue to work with the BDA to ensure that the measures we have developed are fair and reasonable and are applied in a way that supports practices to play their full part in the emerging service model.

We have been asked for further clarification in the following areas.

Practices providing private and NHS services

We have received several queries from dental contractors whose practice income is split between NHS and private revenue. We can confirm that the application of the principles outlined in the 25 March letter for practices benefiting from continued NHS funding are intended to apply to NHS income only. Contract holders wishing to claim against additional government support schemes should ensure this is in relation to their proportion of private revenue only.

In line with the methodology of determining private and NHS income used for business rates reimbursements, contractors are advised to use the proportion of gross income that relates to GDS/PDS contract value as NHS revenue, the balance being private share. Those contractors who claim business rates reimbursements will have this data readily available.

We expect that as part of the 2020/21 reconciliation process, practices will be expected to declare that they have not applied for any duplicative government funding and provide evidence of the proportions of NHS/private income used in any applications for additional support.

Dental practices that do not perform NHS activity can access wider government support in the same way as any other private business.

2019/20 contract reconciliation and clawback

A number of practices have queried the application of the March 2019-February 2020 activity period for the purposes of calculating 2019/20 contract reconciliation. This is a particular issue where activity levels in March 2020 had been anticipated to be higher than March 2019, or where the practice had opened after 1 March 2019. In recognition of these circumstances, practices may agree with their commissioner to

use the following activity from the Compass system as the basis for 2019/20 contract reconciliation:

a) 11 months April 2019 to February 2020

plus

b) in agreement with commissioners, an additional month that may be one of:

- March 2019 (default)
- March 2020 or
- average UDA delivery over an appropriate three-month period in 2019/20 agreed with their commissioner.

Any clawback repayments relating to contract year 2019/20 may be payable over the financial year, with full balance payable by 31 March 2021.

Patient charges

Queries have arisen about when to apply patient charges in the following circumstances:

- telephone triage – there is no regulatory framework to claim for activity or apply patient charges for a patient contact/triage via telephone; providers undertaking telephone triage are advised to keep a manual record of patients triaged by telephone, with the view that this data collection will help support and inform development of contract management arrangements for 2020/21
- urgent treatments provided within UDC systems should adhere to the current regulatory framework for FP17 submission and applying patient charges.

Redeploying staff

The expectation is that in return for providing a fixed period of income stability, practices are able to provide continuity of employment for staff. They will therefore be able to make reasonable efforts to support staff to redeploy to support the wider COVID-19 response, including in local UDC systems, Nightingale hospitals and wider parts of the NHS as highlighted above. If staff are unable to be redeployed due to ill health/self-isolation, being in a shielded household, a medically vulnerable group or with caring responsibilities for a family member, the NHS would of course not expect them to be available to provide frontline clinical care. Practices will be

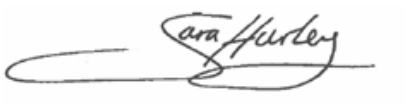
expected to demonstrate they have made every reasonable effort to offer staff appropriate opportunities to support the wider effort.

The NHS 111 team is planning for increased levels of dental activity within NHS 111 telephony and online as a consequence of the service changes that we have made. Work is underway to identify how dental resources (dentists and dental nurses) could be used to help manage this surge, and this therefore presents another option for the redeployment (where applicable) of a proportion of the workforce into a national remote environment.

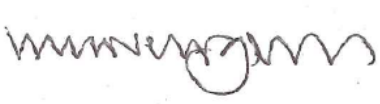
Next steps

Thank you for your ongoing commitment to the response. We will continue to work with you to refine and develop solutions, address your concerns and secure safe and appropriate services for patients in these challenging circumstances.

With very best wishes



Sara Hurley, Chief Dental Officer England



Matt Neligan, Director of Primary Care and System Transformation