

NHS England and NHS Improvement South-East

Covid-19: Delivery of Urgent Dental Care

GDP and Urgent Dental Care hub briefing

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| <p>Dental Transition to Recovery</p> | <p>It is now over six months since the arrangements for restarting face to face dental services were published – Standard Operating Procedure (SOP) – Transition to Recovery version 1. We are now working to version 4 published on 27th October 2020.</p> <p>In the intervening time providers of primary dental care have commendably taken heed of the various versions of the guidelines to ensure a safe working environment for dental teams to move from:</p> <ul style="list-style-type: none"> • initial provision of urgent dental care to • prioritisation of patients with interrupted care or at risk of deterioration, • provision of routine preventative care to • eventually progress to a full range of routine dental care and full operating capacity gradually over time. <p>There is now however much concern about the access for patients to dental care regarded as non-urgent. The care that dental teams are currently offering will depend on their own situation. Whilst the request of NHS England is for all dental practices to offer AAA via remote triage or by a face-to-face appointment if considered necessary, with the reduction in fallow time that the majority of dental practices can implement as a result of SDCEP document - Mitigation of Aerosol Generating Procedures in Dentistry A Rapid Review Version 1.0 ~ 25 September 2020, the times available for appointments should increase. Providers should be familiar with the documents suggestions for fallow times summarised in the table on page 23</p> <p>The current version 4 of the SOP recommends on page 11:</p> <p>..... recommencing deferred courses of treatment, recall and re-assessments will need to prioritise groups with the greatest need. Practices should consider prioritising patients:</p> <ul style="list-style-type: none"> • Who have contacted the COVID-19 UDC system and already been triaged for urgent dental care and/or require follow-up care. • With incomplete care plans. • With frequent recall according to NICE recall guidelines eg children, high oral disease risk, those patients whose oral health impacts on systemic health and those who have been through stabilisation and need review. |



- With routine dental care needs, not applicable to any of the above cohorts.
- In sequencing and scheduling of patients the aim will continue to be the need to minimise the risk of transmission of COVID-19 between staff, patients, patients and staff.

Page 12 of version 4 gives further guidance on treatment planning:

Treatment planning with a focus on stabilisation should be delivered in line with the principles outlined in the [Avoidance of Doubt: Provision of Phased Treatments](#) and complemented with a strong focus on prevention of disease progression, including periodontal management, oral health prevention including fluoride applications (ie Delivering Better Oral Health).

The document Avoidance of Doubt: Provision of Phased Treatments refers to urgent treatment initially, but then to a second phase course of treatment which may include:

Other appropriate treatment, such as:

- definitive restorations
- periodontal therapy
- endodontic therapy
- extractions

Decision regarding further courses and timescale

The document also has a note to acknowledge that for some patients, there will be cases where an immediate prostheses may be provided in the initial CoTs. This will be Band 3 treatment.

Thus, for those patients who seek care who have terminal teeth and need to move on to dentures, these treatments should still be going ahead.

Useful guidance is also included in the SOP in Appendix 7 which shows a clear pathway for:

1. Teeth with reversible pulpitis to proceed in primary dental care to be permanently restored and
2. Teeth which have symptomatic irreversible pulpitis, symptomatic apical periodontitis or have acute apical abscess after any urgent dental care e.g. extirpation should progress in primary dental care to RCT, obturation of root canals and initial restoration.

Where obturation of root canals has occurred, the flowchart recommends remove obturation material at orifice level and restore with permanent core restoration – prior to future definitive cuspal coverage restoration if indicated

The prolonged use of temporary restorations frequently results in eventual loss of these, further caries and pulpal symptoms.

There is much evidence to suggest that a prolonged interval between pulp extirpation and dressing and root canal preparation and obturation lowers

the RCT success rate. We are now hearing of patients having pain as the initial extirpation and temporisation was performed many weeks ago. There are also reported cases of patients receiving repeat courses of antibiotics where straightforward (tier one) dental care would have avoided that need.

The dental team are hearing that most providers are adopting the phased treatment approach as above and where urgent dental care has been given to progress to definitive care – in fact most are now at the point in their transition to recovery to be able to offer a comprehensive service to patients as indicated by the SOP. This is clearly necessary to avoid a second course of urgent care being provided for the same patients.

As you may be already aware, from 1 December 2020, you'll no longer need to submit a COVID-19 triage form if a face-to-face appointment is made for the patient and an FP17 form is submitted. However, a COVID-19 triage form is required if the patient fails to attend their appointment and has previously received remote advice from a dentist, dental care professional or orthodontic therapist. This new change in recognised activity is a shift towards the assumption that more and more practices should now be offering more f2f appointments.


This return to the ability of most providers to offer comprehensive care by following the guidance in the SOP is in line with clause 261 of the GDS contract which requires providers to comply with all relevant legislation and have regard to all relevant guidance issued by NHS England & NHS Improvement.

It is worthwhile also to remember that the fallow time for an AGP commences from the point of ceasing to create any aerosol e.g from the point a clinician stops using high-speed dental drills or ultrasonic devices.

Currently whilst practices strive to offer urgent and comprehensive care, we are aware that prioritisation is occurring. The dental team has received requests that in their protocols for prioritisation, providers should consider those patients who need specific attention as their care will be affected by being seen in a timely manner. Two less obvious examples where we would hope that providers will prioritise patients accordingly are:

1. Patients about to receive treatments for cancer where a dental examination and any necessary treatment is required prior to treatment to assure that their oral health will not later impact on their general health and cancer care and
2. Patients about to receive orthodontic care where timely conservation and possibly extractions are required to enable the orthodontic care to proceed at the appropriate time.

In all of this, the NHS England South East dental team are aware of the significant efforts that providers and their dental teams have gone to in order to offer safe patient care. We will be conducting a survey of all providers to ensure they are at the stage of being able to offer

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| | comprehensive care and if not when this will be or what the barriers to this are. |
| Information for patients | <p>Please find attached a recently released NHS leaflet providing information to patients about access to NHS Dental services:</p> <div style="text-align: center;">  <p>Adobe Acrobat Document</p> </div> |
| Covid tiers and Christmas bubbles | <p>Please see links to information Covid tiers and advice for making a Christmas bubble with family and friends:</p> <p>https://www.gov.uk/government/publications/tier-posters-medium-high-and-very-high?utm_source=795b3ace-84b4-4724-b2df-e79ac54d3316&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily</p> <p>https://www.gov.uk/government/publications/making-a-christmas-bubble-with-friends-and-family?utm_source=d2e022c4-5b52-4bd5-ba32-faf8790d3d6c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily</p> |