

To: All NI GDPs

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Dear Colleague

Revised Arrangements for Urgent Dental Care from 1/9/20 to 31/3/21

Over the last 6 weeks the number of non-oral surgery cases seen each week at the UDC centres has fallen by 43%. It is anticipated that, due to increased provision of AGPs in General Dental Practices and Oral Surgery Specialist Practices during August and September there will be further reductions in demand at UDC centres. Consequently, the regional UDC centre provision will scale down in a phased manner over the next six weeks so that from 1 October 2020 onwards all sites will provide care at weekends only. This will support a smooth transition into the revised funding arrangements for GDS practitioners. It will also allow the Community Dental Services to use these facilities to offer care to their patient groups.

The revised urgent dental care arrangements are:

Phase 1: 1st September to 30th September 2020

- NHSCT and BHSCT – Continue with current UDC centres seven days per week
- WHSCT and SEHSCT - Continue with current UDC centres as a weekend only service
- SHSCT – To be confirmed but will be communicated to you as soon as agreed

Phase 2: October 1st 2020 to March 31st 2021

The UDC centres will, across the region, offer a weekend only service (i.e. all seven days per week services will end). The UDC centres will continue to operate on Saturdays, Sundays and recognised public holidays until the 31st of March 2021.

Note that during Phase 1 the UDC centre operating times for weekdays will remain 9am to 5pm. However, for Saturdays and Sundays during both Phase 1 and Phase 2, the UDC centre operating times on these days will be 11 AM to 5 PM in order to take account of the

time required for triage (both by the practice and by Dalriada Urgent Care) and the time taken for patients to travel to the relevant treatment site.

The referral criteria for urgent conditions for treatment in the UDC centres remain as before and have been appended to this letter for reference. This is the case during both Phase 1 and Phase 2 above.

Referrals to UDC centres on Saturdays, Sundays and recognised public holidays should be made through the established arrangements with Dalriada Urgent Care (DUC) using the current phone number for referrals (028 25xx xxxx). Practitioners are reminded not to share this number with patients. The DUC triage hub will continue to operate for the current weekday hours throughout September, however, for weekends during September and beyond the lines will be open from 9.30am to 3.30pm. The triage service will prioritise patients meeting the case definition for COVID-19 or who are not registered.

In contrast to current arrangements, from 1 September onwards, there will no longer be timetabled specialist oral surgery sessions at the sites. Oral surgeons are welcome to continue to working in the UDC centres after this date but there will not be a separate oral surgery rota. Practitioners should note that while the High Street Oral Surgery practices are receiving referrals capacity is reduced and existing referral criteria will be strictly applied. See link below for overview of current oral surgery referral process:

http://www.hscbusiness.hscni.net/pdf/Referral_Pathway_-_Oral_Surgery_Pilot_2017-18.pdf

Dentists working in the UDC centres from the 31ST August onwards will receive the standard sessional rate as detailed in Determination II of the Statement of Dental Remuneration. Expressions of interest to participate in the rota during Phase 2 will be sought in the coming weeks. These will be sought in communications through the GDS correspondence mailbox.

GDS Dental Practices

GDS dental practices will be required to triage and treat urgent dental cases during the week between the hours of 9am to 5pm for their registered patients. It is essential that patients are able to make contact with the practice between these hours.

At weekends and recognised public holidays, GDS dental practices should have arrangements in place to ensure that registered patients requiring prompt care and treatment will receive such care and treatment as soon as appropriate. This may take the form of phone triage delivered remotely. The triage hub at DUC will no longer require that referred patients must have received a face-to-face assessment or an appropriate recent radiograph. Dental Practices may wish to form local rotas or buddy up with another dental practice in order to give them the flexibility to provide the cover outlined above. The normal SDR fees for opening the surgery or providing emergency treatment will apply. As mentioned above, High Street Oral Surgery practices will also be seeing more patients over the coming weeks so referrals should be made to these services in the normal way.

Long Term Service model for Urgent Dental Care Provision

The key elements of the system detailed above, including UDC demand and capacity, GDS triage, DUC triage and UDC centre performance will be reviewed in early Autumn 2020 and changes made as necessary. Should there be a marked second wave of Covid-19 cases, it may be necessary to expand treatment capacity at the UDC centres either locally or regionally. In relation to out-of-hours urgent dental care provision beyond 2020/21, I have

commissioned a project to look at the long term options and will keep the profession updated on the progress of this project and any future service models that emerge.

I would like to express my genuine gratitude to those dentists who have staffed the rotas at the UDC centres. My thanks also go out to the dental practice teams who have provided access to urgent care for unregistered patients over the last five months. Your help and support has provided essential care to patients during this very difficult and worrying time and is greatly appreciated.

Yours sincerely



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Appendix A

The range of conditions provided for by local UDC systems are likely to include, but are not limited to:

- Life threatening emergencies, e.g. airway restriction or breathing/swallowing difficulties due to facial swelling
- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute and severe systemic illness
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure
- Dental and soft tissue infections without a systemic effect
- Oro-dental conditions that are likely to exacerbate systemic medical conditions