COVID-19

Lee Savarrio - Chief of Dentistry Update (22-4-2020)

I hope you find the new GDS triage form and updated guidance helpful and easy to use. I am sure this is going to make a significant impact, allowing us to streamline the patient’s journey.

With this update I have included an updated version of the triaging document from yesterday since parts of the text were difficult to read on some devices. I hope you have had time to have a look at and digest the changes ahead of our launch tomorrow.

As mentioned in previous updates we are moving into a second phase of our urgent dental care provision. The AAA approach has now run its course for some of our patients and there is, in general, a realisation that one off treatments that can stabilise a situation for the patient are to be considered early on. This is especially in light of the fact that there is no immediate return to our new normal, whatever that may be, any time soon. As such, patients need to be looked after in the realisation that there may be some time before they can see their own GDP.

In addition I have always said that one of the main priorities for NHS GGC Oral Health Directorate is to keep dental patients out of the Emergency Departments (ED) of our Acute Hospitals. Unfortunately, although not NHSGGC figures in particular, NHS24 has seen a sharp increase in the numbers of patients they are triaging as “emergency” and requiring to go straight to an ED. I think we need to be mindful of this and offer appropriate treatment early on in the patient journey. A good example is that of irreversible pulpitis. There is no evidence that antimicrobial therapy will help in this situation and the SDCEP guidance advises analgesia. Therefore if irreversible pulpitis is not controlled by an adequate analgesic regime then extirpation or extraction should be offered; not antimicrobials. There is anecdotal evidence of patients (not necessarily in our Board region) being forced to “try” two courses of antimicrobial therapy before treatment would be offered. This is not appropriate.

As always I am thankful to our GDS colleagues without whose continued triage and good communication into our PDS Special Care Hub, would make this situation unworkable for our patients. Thanks also to the PDS teams that have rallied to the new normal of reassignment into emergency dental care and our Health Improvement teams who have rallied to the call and seem to be able to turn their hand to anything required.

- In line with the new referral forms we have updated our list of FAQs, this also includes information on indemnity and a reminder to make sure you check/delete answer phone messages regularly, as if the answerphone becomes full it is possible calls will be rejected. I hope this will be of assistance to you. The FAQs will, as usual, also be added to the NHS GG&C website.

- We will continue to look for PPE, in particular Type IIR masks and implant PPE kits including surgical gowns. We are hoping to try and distribute these throughout the wider NHS family, including acute sites and Care Homes. If you have any, which you can donate, could you please contact GDSadmin@ggc.scot.nhs.uk with the subject as PPE and include the amount you have available, the practice address and a mobile number. Once again my thanks for your help and support.

Stay Safe and Look After One Another