COVID-19

Lee Savarrio - Chief of Dentistry Update (2-3-2021)

As we reflect on the gloomy news of it having been a year since the first Covid case was officially identified in Scotland, I hope you feel that the announcement by the First Minister on Tuesday 23 February 2021 and the effectiveness of the vaccine programme, will offer us some hope that life will return to something more normal in the near future in our professional and home lives.

A couple of things to update on:

- **Cover for the Public Holiday**

  We have now received confirmation from NHS 24 that they will cover the public holidays on Friday 2 April 2021, Monday 5 April 2021 we anticipate they will also cover Monday 3 May 2021 and Monday 31 May 2021, but are waiting on formal confirmation of this. Please ensure that your practice answer phone message reflects these arrangements.

- **Covid Vaccination**

  You should have received an email with the link below to book an appointment on a vaccination clinic on **Sunday 14 March**. This is a ‘mop up’ clinic for those people in priority 1 & 2 who missed out on a vaccination in the first tranche. A further 2 clinics are being planned for April and we will share this detail with you as it becomes available.

  Link for this is – [https://link.webropol.com/ep/14thmarch1stcv](https://link.webropol.com/ep/14thmarch1stcv)

  As mentioned previously, if someone cannot receive the Pfizer vaccine as they have experienced anaphylaxis, we will be setting up clinics with a different vaccine. If you or any of your team are in this group please email occupational health at Occupational.Health@ggc.scot.nhs.uk so they are aware of your need.

- **Lateral Flow Tests (LFTs)**

  Scottish Government is in the process of sending Lateral Flow Devices (LFD) to GDS practices. This will enable practice staff to perform Lateral Flow Tests (LFT) for COVID-19 and obtain a rapid result (in 30 minutes). Comprehensive guidance and FAQs will accompany the LFDs to provide guidance on how to register test kits, how to use the LFDs, and how to upload LFT results into a national COVID portal.

  The Board has supplied additional guidance on how to seek advice and support in the event of a positive COVID test result, regardless of whether this has arisen through an LFT, the Dental Surveillance Programme or through a PCR test.

Stay Safe and Look After One Another
The availability of LFDs for GDS practices provides an additional degree of assurance for dental teams in order to protect patients and staff and support a COVID-safe environment for dental care. There is also the potential for anonymised results of LFTs to contribute towards the surveillance and epidemiology for COVID to support a better understanding of the disease, particularly the numbers of asymptomatic COVID positive individuals. It is useful to keep in mind that staff have the right to access LFTs and there should be reticence on the part of practice owners to inflict a practice wide policy of non-involvement in the programme.

There have been some questions raised regarding the accuracy of the LFDs, which require some clarification. The literature provides data on 'sensitivity' and 'specificity' of the tests. The sensitivity of a test is the ability to correctly identify individuals with a condition. The sensitivity of the COVID LFDs is cited at being in the region of 70-79% when considering the literature for when healthcare workers use the tests. This does mean up to 30% of positive cases may not be detected. However, as a significant number of COVID cases can remain asymptomatic (approx. 20%), it does mean the LFTs are likely to detect a significant number of positive cases, which would otherwise be undetected. This provides a valuable and additional level of protection for patients and dental staff.

The specificity of a test is the ability to correctly identify individuals who do not have a condition. The specificity of the COVID LFDs is stated to be 99.68% (as independently verified by Public Health England). This means there is a very low chance a 'false positive' could arise from using the LFDs.

The evidence from the literature has been supported by experiences within the Board's services using LFDs in both the PDS and GDH. There have been no ‘false positives' returned among the many LFTs performed since their introduction.

Below is also links to helpful information on the Board’s website:


I have also attached a support and guidance document for dental practices for covid cases and contacts in a dental setting which I hope will be of assistance to you.
**Dental Team Members as Covid Vaccinators**

I would like to formally thank colleagues for their enthusiastic response to the call for vaccinators from our dental teams. I understand there may have been some initial frustration registering with the NHSGGC staff bank as vaccinators for NHS GG&C and NHS Louisa Jordan, However this seems to be stabilising now and I am pleased to say that by the end of the week we will have had over 830 applications to the call for support, around 750 of whom will have have had on site induction and training.

There has been some confusion about whether Dental Nurses can be employed as vaccinators in the Covid 19 Vaccination Programme. We have sought clarification around this from Scottish Government and can confirm that, within both NHS GGC and the standalone NHS Louisa Jordan vaccination programme, Dental Nurses are able to vaccinate subject to completion of the relevant training, induction and checks.

As this will be under the nationally agreed Vaccination Protocol, Dental Nurses alongside other healthcare professional groups, are only able to undertake this role in a supervised capacity and the relevant reimbursement will be AfC Band 3 at a rate of £20,700 - £22,594.

I would particularly like to thank those dental nurses who continue to deliver vaccination in spite of the confusion around pay scales. The level of professionalism and willingness to help is a credit to your professional group and can only serve to build the profile of Dental Nurses in the wider healthcare environment.

**FFP3 Masks**

It has come to our attention that the labelling and boxes for the Alpha Solway FFP3 HX-3 and H3 masks are very similar. These masks are not interchangeable so vigilance is required to select the correct mask you have been fitted to, particularly if you have a supply of both of these within your practice.

It is essential that all GDPs using the 3M 1863 face mask attend a face fit session to transition to a different mask as soon as possible. The 3M 1863 mask will reach its end of use date on the 31 March 2021 and will no longer be able to be used after this date. Face Fit session Webropol links for dates throughout March 2021 have been emailed to the practice generic NHS mail box. Please ensure you follow instructions on how to book and please remember to select a time when booking.

Stay Safe and Look After One Another
If you were face fitted prior to the 1st of February 2021, and were unsuccessful and therefore do not yet have an available FFP3 mask please email oral.health3@ggc.scot.nhs.uk. Please insert into the email Subject header Face Fitting to HX Required and provide the following details in the body of the email:

Name
Practice Name
Practice Address
Best Telephone contact

If you have any issues with Face Fitting and/or enhanced PPE please email oral.health3@ggc.scot.nhs.uk

➢ De-registration Process

We are aware that some practices are changing their levels of NHS patient registration.

If your practice has made the decision to move registered NHS patients’ care away from the NHS, you must ensure the patient is fully advised of this, understands and accepts. Subsequent to that discussion, you must ensure that a GP200 is completed for each patient and submitted to our GDS admin team here in NHS GGC Oral Health Directorate. It is not possible for a patient to be considered an 'independent/private' patient but still have an ongoing NHS registration.

Please be aware that reducing your list size is likely to have an impact on NHS support and allowances including Covid top-up payments, General Dental Practice Allowance, rent reimbursement, rates reimbursement, clinical waste uplift, PPE provision etc.

➢ Referrals for Paediatric Assessment

I thought it may be helpful to update you that the majority of referrals for paediatric dentistry assessment, with an odd exception, will be for a face to face appointment. It may be useful for you to explain this to parents/guardians when submitting the referral.

Lee Savarro, Chief of Dentistry