



E: nhsgeneraldentalservicesmailbox@gov.scot

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Dear Colleague,

Further to my letter of 9 July, I wanted to update you on my thinking around the use of AGPs in practice. I have received representation from dentists who feel I am remobilising dentistry too quickly and from others who argue that I am not moving quickly enough. It is difficult to reconcile both these positions, that said, as the First Minister announced today that from Monday 17 August, we have decided to allow dentists who wish to and with the agreement of their NHS Board to provide a limited range of AGPs for NHS patients in need of urgent oral health care, by replicating in practice the current arrangements in urgent dental care centres.

There is no requirement on dental practices to provide this service at this time, as I intimated in my letter of 9 July we are making the framework available. At the present time AGPs can only be provided with enhanced PPE. I am making arrangements with NHS National Services Scotland and NHS Boards to ensure we have sufficient quantities of enhanced PPE for dental practices to provide urgent AGPs.

There are a number of logistical arrangements, not least fit-testing, that need to be made in the meantime, so can I be clear, we have set a date from 17 August for the commencement of urgent AGP care. Boards will be contacting practices over the next few weeks. We would expect those practices that do not wish to participate at this time will support the delivery of this care in urgent dental care centres.

You should be aware that safety remains the most important consideration. Dental practices will only be allowed to provide urgent AGPs in surgeries that have external ventilation and the fallow time between AGPs will be one hour unless the practice can evidence the number of air changes per hour and any mitigating ventilation. We will therefore be asking NHS Boards to ensure satisfactory arrangements are in place before allowing AGPs to commence for NHS patients. You will be aware that NHS Health Facilities Scotland led a technical review of ventilation requirement for dental surgeries across the UK which has still to publish, this along with other evidence will inform future policy on the issue which I would hope could significantly reduce the fallow time. We will be issuing further guidance on this matter.

I also wanted to take this opportunity to provide you with some initial thinking around phase 4 of the Remobilisation Plan. As you know at present we have temporarily suspended the



patient charge. Assuming that we can increase the amount of AGP provision in practice, it is my intention, as part of staged measures within Phase 4 to restart item of service payments, including the patient charge. We will of course continue to support NHS dental practice and would intend to adjust the NHS financial support measures accordingly.

I am also very much aware that you may have concerns about the long-term viability of item of service within the phased route-map outlined for NHS dentistry and the current constraints this has placed on you. The government needs to be able to respond to developments with COVID-19, sometimes very rapidly, however, a broad review is required outside of the route-map to consider how NHS dental services will look in the longer term, and developing funding and payment solutions that ensure sustainability of the NHS dental service. A vital aspect of this will be your views and there will be an opportunity for dentists to have their say as we move forward.

Finally, can I thank all of your dental team who are working hard to help us remobilise our services. I trust this letter is a helpful update at the present time.

Kind regards,



Tom Ferris (CDO)