What are the latest PPE updates?

- * Initially NSS confirmed that PPE would be supplied to practices until the end of June 2021. **Scottish Government have recently approved the continued delivery of free PPE until the end of March 2022.**
- * National Procurement will increase available free PPE to all NHS boards through Pecos by 50% from the start of July 2021. This will enable boards to target increases in practice allocation where required. This should not be seen as a blanket 50% increase in PPE for all practices, but rather as a strategic increase to allow boards to enable practices where possible to treat more NHS dental patients. The capacity of many dental practices will still be limited by a variety of factors including fallow time, ventilation and social distancing.
- * Surgical gowns were made available on Pecos in May 2021 and have been delivered to practices by NSS. FFP3 masks will follow suit however there is no date set for this yet.
- * NSS confirmed that the PPE allocation for Vocational Dental Practitioners undertaking non-aerosol generating procedures increased from five to eight patients per day from 1 April 2021. Enhanced (AGP) PPE will also be increased from two to three patients per day for VDPs - this is under constant review and will increase moving forward.
- The validation of 3M 1863 FFP3 masks expired on the 31 March 2021. NSS asked all NHS boards to ensure that any unused stock was disposed of safely via domestic waste prior to the deadline. Board stock was quarantined.

What does the term ‘stood-up surgery’ mean?

- PPE is currently allocated according to the number of ‘stood-up surgeries’ in each practice (see below for details). **However, NSS will move away from the concept of a ‘stood-up’ surgery as it has been confusing.** Whilst 50% more PPE will be made available to boards, boards will be encouraged to convert ‘stood-up’ surgeries to a notional factor of 10 patients per day per address. This is a simpler method as all PPE for decontamination and spare PPE will be shared across every 10 patients and not just the first stood-up surgery per location. This makes every increase pro-rata and easier to understand. This is a positive change as the amount of PPE practices will have for decontamination will be increased, as well as spare PPE.
- A ‘stood-up surgery’ should not be confused with the idea of an available surgery. All available surgeries should be used to maximise the efficiency of service delivery and reduce the consequences of fallow time in a practice.
The term ‘stood-up surgery’ is a unit measure of PPE (10 patients per day, including 5 for AGPs). This is enough PPE to ensure a practice can deliver at least 20% of pre-Covid activity.

The allocation of 10 patients per day was agreed on the basis that GDPs usually see, on average, between 20-30 patients per day.

In November 2020, NSS had a meeting with the DoD from each board where they agreed what each board’s maximum number of stood-up surgeries would be. The number allocated to each board was based on gross IoS data from February 2019 – February 2020.

Boards work within their overall PPE allocation (number of stood-up surgeries) and distribute the practices in their area how they see fit.

How does each board determine how to allocate PPE to practices in their area?

* Boards have not been provided with a specific list of criteria to determine how they should decide a practice’s PPE allocation.
* Each board is operating independently which causes discrepancies and some are more organised than others.
* Some boards seem to be proactive in liaising with practices about their circumstances, however others are less organised and seem to be acting only when the practice contacts them.

**Gross IoS data** is generally the main source of information boards use to determine if they are allocating enough PPE per practice. They also may use some/all the methods below:

* Using **Dental Practice Advisers’ local knowledge** of practices
  For example, from inspections, they would know the building structure/layouts of practices so could comment on whether social distancing would be easy or more difficult. They may also have good knowledge of practices that are not using branch practices and only the main site or are shielding. They would also have an idea if a practice were mostly NHS or private split.

* **Informal self-assessment** – some boards are asking practices to ‘self-assess’ and provide information on what measures they have taken if they are following the SOPs.

* The boards also have access to GP234 data outlining the pre covid **NHS/Private split** of a dental practice and the PPE is to support NHS activity.

What do I do if I want to discuss/check my practice PPE allocation?

* Discuss your situation with your local board rather than NSS.
* NSS do not decide the individual practice PPE allocation but can advise the allocation they have been asked to supply.
* If you require this information, feel free to contact kirsten.phillips@bda.org and we can liaise with Paul Cushley at NSS on your behalf.

What boards are set up to order PPE online?

* All boards are now set up for online ordering via Pecos.
* Paul Cushley has conducted virtual training sessions for boards on how to use Pecos and more can be arranged as required.
Online ordering is essentially the ‘pull model’. This provides NSS with more detailed information on the specific type of PPE practices require (for example, all medium gloves rather than a mixture).

A ‘push model’ was used initially where all practices received the same type of PPE regardless of specific requirements.

* Boards will have access to data from Pecos and any unordered PPE will be recycled and available to allocate the following month to practices through their authorisation process.

**What do I do if I am concerned about the quality of the PPE I have received?**

* There are now quality control contacts within each health board. You would report the situation to them in the first instance and they will escalate to NSS.

BDA Scotland

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