

Frequently Asked Questions

Last Update 1/4/21

Please find below the questions that we are most commonly asked by patients about the current service restrictions and when that is likely to change. We will update this list regularly with any common additional queries we receive. We will also update our answers as we receive further information and as we change the way the practice operates in line with any amended guidelines. If you have a question which you feel is not adequately covered then please feel free to email the practice on cambuslangdentalcare@live.co.uk and we will be happy to respond personally.

Is the practice now open as normal?

No, we are currently allowed to operate at around 25% of our pre pandemic capacity. Around half of that is allocated to our emergency service. The bulk of our remaining capacity is allocated to our routine treatment clinic with a small proportion allocated to our very limited hygienist service. In March 2020 we had to close, operating a telephone advice service until June 2020. From June until August, we were allowed to operate at around 10% of capacity, 15% from August until November and our current 25% from November until now. Whilst our current service capacity has increased significantly as the months have passed, we currently see around 35 patients every day as opposed to 150+ pre pandemic.

Who decides how the practice operates?

We operate in line with guidance issued from the Health Board, in our case NHS Lanarkshire. NHS Lanarkshire's guidelines are based on the advice of the Chief Dental Officer, Tom Ferris. The Chief Dental officer reports to, and is guided by, The Minister for Public Health and Sport, Mairi Gougeon MSP. We have no scope to operate out with those guidelines without risking significant professional repercussions.

When will the practice return to operating normally?

Unfortunately, we have minimal information as to when that may be. An initial plan to start the process of increasing capacity from the 1st of March 2021 (announced at the end of October 2020) was deferred until the 1st of June 2021 because of coronavirus cases rising sharply over the winter. That date of June 1st is not mentioned in the most recent communication that we have received, which can be read [here](#). This letter advises of plans for an "interim" arrangement covering the financial year 21/22 and that we will receive "the full details of what is planned in the summer". Until we receive those details, we have no way of knowing when these new arrangements will start, what capacity we will be able to operate at when they are in place, how long they will be in place for and therefore no way of making any assessment of when the normal operations of the practice will resume.

Why can't I get my treatment carried out now? What are the rules controlling what treatment you can provide?

Since the beginning of November, we have been allowed to provide the full range of NHS treatments without restriction. So, the principal limitation on the volume of treatment we can

provide is purely one of capacity, as outlined above. In line with the guidelines, we have prioritised emergency treatment for patients in pain at the expense of addressing the backlog of routine treatment. We have also prioritised patients with more urgent routine treatment needs over those with less urgent needs. All those groups have been prioritised over patients due routine examinations, which we are currently still unable to provide. We have therefore tried to allocate our limited time in the most effective way possible.

**I have been placed on a follow up list for outstanding treatment.
How much longer will I be waiting for my appointment?**

All our patients with outstanding treatment have been placed on follow up lists, effectively waiting lists. We are slowly working our way through those lists. Further detail on how we are doing this is contained in our statement of 30th October, which can be read [here](#) . Sadly, with the current capacity restrictions we are operating under, clearing that backlog is likely to take a significant period of time. That time will be reduced if we are allowed to increase our capacity.

If you have been advised that you have been added to one of our lists, then you will be in our system and will not be forgotten about, albeit it may be a while before we manage to see you. Our reception team will be able to confirm whether you are on a list and roughly what position you are in. Please call the practice if you wish to check your position or wish to be added to a follow up list if you have a non-urgent problem.

What is classed as an emergency?

Our emergency service has been operating since we reopened in June and is largely operating in the same way as described in our statement of 28th August 2020, which can be read [here](#). We are committed to ensuring that any of our patients who have an urgent dental problem will be seen either on the day they call or at least within 24 hours.

Can I have a routine check-up appointment?

We are currently unable to provide routine recall examinations (check-ups) and have been unable to provide them routinely since before the pandemic.

However, we will always see a patient within 24 hours for an examination on our emergency service when that patient is concerned about ulcers, altered sensation, white patches, swellings or any other changes that they may be concerned about in their mouth or head or neck area. We would encourage patients to contact the practice promptly for advice should they have such concerns.

The difficulties around providing check-ups routinely are principally about available capacity. In the twelve months up to the end of February 2020 we provided 7700 check-ups for adults and 2800 for children, over 10,000 in total. We also provided 900 examinations for new patients to the practice.

With the capacity we have available to us there is simply no meaningful way we can begin to address that backlog without significantly reducing the service we are providing to emergency patients or to patients with outstanding treatment.

A further problem is that attempting to see even a small number of examinations per month will likely generate further treatment requirements that we are unable to provide and only succeed in increasing the length of our waiting lists.

We would hope that any planned increase in capacity will at least be partially allocated to addressing this issue but as discussed earlier, we have yet to be given any clear guidance on whether this will be the case or when that is likely to happen.

**Are you providing private treatment?
If I pay privately can I be moved to the top of the list?**

All patients of the practice are registered with the NHS. Pre pandemic, patients would have the choice of private treatment where it was not available under the NHS, such as some white fillings and white crowns on back teeth. That choice is still the case for patients receiving treatment, albeit we are providing both NHS and private treatment at a fraction of the level we would have provided pre pandemic.

What we are not doing, as a matter of principle, is prioritising patients who are willing to pay privately over those who choose not to or are unable to. Whilst choosing to prioritise in that way may offer some short term financial benefits to the practice, we feel the long term impact would be detrimental and it is not a path we wish to follow.

Also, in a practical sense, prioritising private treatment in that way would mostly mean moving patients from one list to another, as capacity issues would prevent us from providing private treatment in any substantial quantity.

I have had my vaccine, why aren't the rules changed to reflect that?

We are delighted that so many of our patients have been vaccinated, with the numbers increasing week by week. Some of our dentists have participated in the vaccination programme and all our staff have received at least their first dose with most having received their second.

Whilst vaccination protects both staff and patients, we are continuing to observe all the precautions and procedures that have been in place since we reopened. The guidelines themselves have not changed.

Also, there are significant professional and ethical difficulties in discriminating between patients based on their health status. We feel it is very unlikely that we will be advised to treat our patients differently based on whether they have been vaccinated or not and that all guidelines will apply equally to all patients, both now and in the future.