

COVID-19 BUSINESS CONTINUITY AND FINANCIAL SUPPORT FOR DENTAL PRACTICES PROVIDING NHS SERVICES

1. How will Health Boards adjust the UDA activity achieved in 2019/20?

Welsh Government (WG) announced in their letter dated 26th March 2020 '*the flexibility for the 2019/20 financial year is for up to 4% of activity being available if needed. Up to 4% (of UDA activity) can be credited where this flexibility is needed toward meeting 100% of the contract target*'

Examples

- a practice achieves 98% of UDAs/UOAs so an allowance of 2% is applied to make 100%
- a practice achieves 97% of UDAs/UOAs so an allowance of 3% is applied to make 100%
- a practice achieves 95% of UDAs/UOAs so an allowance of 4% is applied to make 99%, the shortfall in UDAs/UOAs may be carried forward to 2020/21
- a practice achieves 90% of UDAs/UOAs so an allowance of 4% is applied to make 94% which means breach of contract so repayment of funding would need to be considered by HBs. However Health Boards will want take into account other aspects of contract delivery.
- a practice achieves 102% of UDAs/UOAs, no allowance is required & each Health Board will adopt their usual year end policy regarding UDA credit.

2. How many UDAs will be required in 2020/21?

WG announced in their letter dated 26th March that contract values will continue for the period April to June based on 80% of the annual contract value and '*Units of Dental Activity/Units of Orthodontic Activity monitoring will be suspended at this time*'.

Due to the uncertainty regarding when dental services will resume plus it is acknowledged that it will take time for practices to return to normal service, this will continue to be reviewed.

3. What happens if participating in Dental Contract Reform?

- All practices participating in Dental Contract Reform during 2019/20 will continue participation from April 2020.
- All practices that have been informed by their Health Board that they can join Stage 1 of the programme will be considered to be part of the programme from 1st April 2020.

- All practices that have been informed by their Health Board that they can move to Stage 2 will be considered as Stage 2 practices from 1st April 2020.

4. If dental services re-commences on 1st July 2020 will the mid-year review still be 30th September 2020?

It is unlikely all dental services will recommence on 1st July. A review during 2020/21 will be necessary but will not be based on the GDS Contract mid-year review clauses as flexibility will need to be applied. Health Boards will want to consider practice activity during the April-June period e.g. calls handled, patients assessed, team members volunteering for other NHS roles required during the Covid-19 response etc., and what other activity the practice has undertaken from July to September. However, much will depend on when dental services recommence and the issue of mid-year reviews will need to be kept under consideration.

5. Will the practice still receive the Innovation Funding

WG announced in their letter dated 26th March ‘ *In terms of the Innovation Fund if the original bid was for taking on an additional member of staff, increasing/changing their roles, or increasing their time, then payment will continue*’.

If the practice employed a DCP, increased/changed their roles, increased their working hours **and the practice continues to employ that member of staff on exactly the same terms and conditions during April to June**, the Health Board will continue to pay the Innovation Funding at 100% value as previously. The Health Board acknowledges that no innovation funding sessions will be provided during the period April to June so even though payment will be made, monitoring of activity for the period will be suspended.

While the majority of Innovation Funding will relate to employment of DCPs, where the bid did not include additional staffing, funding should continue at 80%.

6. Does the practice need to submit FP17W forms during the period April to June 2020

If a patient does not attend the practice but their call is triaged remotely, there is no need to complete or submit a FP17W.

However when a patient attends the practice for treatment (carrying out a simple non-aerosol generating procedure for urgent/emergency dental problem following risk assessment), then a FP17W should be completed and submitted in the usual way. A charge should also be applied where appropriate.

All patient contacts should be included in the COVID-19 Business Continuity return on the dental e-referral system.

7. Does the patient have to sign the FP17W form or Medical History form?

In order to avoid any risk of infection the receptionist should inform the patient that the forms are being signed on their behalf. The receptionist must sign the form and state 'Signed on behalf of the patient due to COVID 19'. This will ensure that in the future if ever the patient records were reviewed it will not be questioned why the patient did not sign the forms.

8. Should patients be charged for their urgent appointment?

If a patient contacts the practice and the dentist only offers telephone/video triage and offers pain relief advice or issues antibiotics there is no patient charge.

If the patient attends the practice for treatment then the patient, if they are not exempt from paying patient charges, pays the Band 1 Urgent patient charge. Patients should be encouraged to pay by credit/debit card however if paid in cash the practice owner should ensure that staff are wearing gloves to avoid the risk of infection.

Patient charges will not be collected at identified COVID-19 sites.

9. I am a Foundation Dentist Trainer, will I continue to receive the full payment as currently?

As a Foundation Dentist trainer the Health Board usually pays the practice monthly –

FD's salary – will continue to be paid at 100% as currently (less NHS Pension/NI)

FD's N.I. – will continue to be paid at 100% as currently

Training Grant – will continue to be paid at 100% as currently

Service Costs – will continue to be paid at 80%

Payments to Dental Foundation Trainees and Trainers will need to be kept under review as the training year progresses.

10. Why should performers receive 100% earnings if as a Provider only paid at 80% of contract value? How should payment to performers be calculated?

WG stated in their letter dated 26th March 2020 that *'This will be done on the understanding all staff in post in March 2020, including associates, non-clinical and others, will be retained and their pay will be protected at previous levels to reflect their NHS work, with no redundancies being made'*

There is not a single business model and it will be for the contractor to decide on appropriate payment mechanisms. However, where employers receive public funding for NHS contract staff costs (and that funding is continuing at 80% of gross annual contract value for three months in the first instance) we

expect employers to use that money to continue to pay staff who deliver NHS services, in the usual fashion. This also applies to non-public sector employers who receive public funding for staff costs. However, mixed income practices are not expected to make up the proportion of staff income that is generated by private activity from these NHS funds.

Performers i.e. associate dentists are included, and the expectation is that they will be paid their usual income - that is their usual net income generated from NHS service delivery.

It is suggested that the simplest way to calculate performers' earnings for April, May & June is to pay 1/12th of 2019/20 earnings as declared in the ARR, (any performer who started part way through 2019/20 will need to be paid based on full year effect of those earnings).

Welsh Government has acknowledged and accept that practices may seek other sources of support to cover their non-NHS business and will need to consider whether staff not usually employed on NHS work are furloughed. The point to stress is that any other funding must not duplicate the NHS support being provided, whether that is for the business owner, self-employed dentist or salaried dentist. In addition, Welsh Government has made clear that the NHS funding which dental practices receive cannot be allocated to mitigate loss of private income. In mixed NHS/private practices, contract holders are not expected to make up their own loss of usual private income or fixed practice costs by reducing the usual NHS portion of income of staff.

Contractors need to ensure there is no 'double-funding', i.e. that they do not receive funding from for example HMRC, in addition to funding they receive for their NHS contract to cover staff costs. Contractors should only be claiming through other schemes in a proportionate manner: for example, a practice which has lost 50% of its income would not be expected to be claiming for all staff costs through other schemes.

11. What other sources of support is the practice able to access?

WG letter dated 26th March 2020 states 'Practices benefiting from continued NHS funding will not be eligible to seek any wider UK or Welsh Government support which could duplicate the assistance outlined in this letter. However, it is acknowledged that practices may seek other sources of support to cover their non-NHS business'

If a practice is fully NHS funded they will **not** be eligible for any other Welsh Government financial support.

However, when a practice provides a mix of private/NHS dental services practices will be able to seek the financial support available from Welsh Government which has also be offered to other businesses in Wales. This funding would only be applicable based on the % of your private business and

practices must exclude the NHS % as this has already been funded by the 80% of annual contract value.

Welsh Government are committed to supporting the dental sector which is why they have agreed that 80% of the NHS contract will be paid. They also recognise the particular challenges in private provision. Practices can check any entitlement to the Economic Resilience Fund and other sources of support, depending on their status. An eligibility checker for the Economic Resilience Fund is available at: <https://fundchecker.businesswales.gov.wales/>

Wider Government response (aid) available to all businesses is detailed below (the advice is subject to change and the websites should be checked for the most up to date information):

Welsh Government

Business and employers advice: <https://gov.wales/business-and-employers-coronavirus>

Department for Business Energy and Industrial Strategy

Advice and guides to employees, employers, and businesses: <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>

Her Majesty's Revenue and Customs

Self-employment scheme: <https://www.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme>

Tax helpline to support businesses affected by coronavirus (COVID-19): <https://www.gov.uk/government/news/tax-helpline-to-support-businesses-affected-by-coronavirus-covid-19>

12. My staff have concerns about re-deployment into the Health Board to support the Urgent/Emergency Dental Care Centres or to undertake other tasks to assist the wider NHS.

Health Boards are asking for volunteers to work in the urgent/emergency dental care centres. Volunteers will be fit tested for a FFP3 mask and appropriate PPE will be provided. If staff do not wish to work at these centres they can be redeployed elsewhere within the Health Board.

GDPs & DCPs may wish to volunteer to work in the hospital, providing the role is within their competency, in which case appropriate training and PPE will be provided. Administrative staff/DCPs may wish to provide support in the Call Centre, delivering prescriptions to housebound patients, administrative roles etc.

Health Boards will appreciate any support that primary care contractors and their staff are willing to provide during this crisis.

13. Does the Health Board expect all practice staff to undertake other tasks for the NHS?

Health Boards will appreciate any support that primary care contractors and their staff are willing to offer however the expectation is that only the % of NHS funded staff will be expected to volunteer.

Health Boards will consider the reasons for not supporting the wider NHS. For example are practice staff in a shielded group, self-isolating etc. and also the level of on-going work they are handling (telephone calls, urgent non-AGP treatment etc.). Practice participation and support will become a more significant issue as we move forward. This will be kept under review and will be informed by the data being submitted by practices on the e-referral system.

14. The practice also has a PDS Agreement to provide Additional Services (i.e. MOS, Sedation, Orthodontics) will these contracts also be paid at 80%?

Yes, a Personal Dental Services Agreement (PDS) to provide Additional Services will be treated the same as a GDS Contract (i.e.80% of the annual contract value). The expectation will be that practices with PDS Agreements will remain 'open for contact' and will commit to providing Health Boards with details of weekly activity.

If the Health Board has a Service Level Agreement with a Dental Provider for services paid on a session or patient activity basis, consideration will need to be given on a case by case basis as to whether continued financial support is provided. The principle of protecting staff income remains. However, the varied types of SLA in place will need an individual approach. For example, where services have ceased and the organisation is unable to provide any form of telephone advice, triage or urgent service then Health Boards will wish to consider whether the SLA should be suspended.

15. Does the practice need to provide any data to the Health Board?

Yes, the CDO's letter dated 26 March stated that practices are required to provide Health Boards with the following information on a fortnightly basis which has since been amended to a **weekly** basis:

- the number of phone calls received;
- the number of occasions a dentist gave remote advice;
- the number of prescriptions made;
- the number of referrals to the urgent/emergency centres; and
- the number of instances where a patient was assessed or treated.

FDS have set up a self-reporting tool for practices on the dental e-referral site to collect the above details, along with all the information relevant to COVID-19 for dentists in Wales.

www.dental-referrals.nhs.wales/dentists/covid/

16. NHS Prescriptions for Private Patients

Should any private patient contact the practice in pain and following triage a prescription is required, practices may issue a NHS prescription.

Patients attending the practice should be dealt with in the same way as before the Covid-19 pandemic i.e. if they were a private patient of the practice they would continue to be treated as such.

17. Support for Covid 19 Centres

Practitioners offering support to Covid 19 Centres in hours under the NHS re-deployment rules will not be paid for these sessions. Practitioners will need to discuss arrangements with their Health Board for services provided Out of Hours (OOHs).

18. If a course of treatment was incomplete before 31st March 2020 due to moving to Amber/Red phase, is the expectation that the FP17W is sent to Dental Services prior to 2019/20 year end or should it be left open?

If a patient cancelled their appointment and does not wish to return to the practice for treatment then they would be considered as voluntarily withdrawing from treatment, in which case a claim may be submitted.

It is important, in light of the current COVID 19 issue, that each current open CoT is judged on its own merits. If a patient has specifically informed the practice that they do not wish to pursue the proposed treatment plan the FP17W form can be submitted.

However for those patients who have cancelled appointments with the intention to complete their treatment on the lifting of current restrictions, the CoT should be left open and must not be submitted to Dental Services.

There is no deadline to complete treatment.

Closing all open CoTs as incomplete and then opening a new CoT with a view to the provision of previously planned treatment would be inappropriate from a regulatory perspective.

19. How should Providers calculate performers' earnings for March & complete the ARR for 2019/20? Is it the expectation that any allowance the Health Board has given providers should be passed on to performers?

Yes, if performers were unable to meet their target due to Amber/Red phase and the Health Board awarded additional UDAs as an allowance up to 4% then this allowance should also be passed to performers.