

Questions for LDC Zoom Meeting – 31st March 2020

Urgent and emergencies

What is happening with child referrals for GA, is Parkway still operating? I understand we can refer to hospital, but what if we have an uncooperative child with raging pulpitis, what can I do?

Where do we send our emergencies who need intervention as we do not have PPE3?

What is situation with PPE and particularly PPE3?

Contract expectations

Clear guidance as to exactly what procedures should be carried out in practice so all practices are providing the same equitable service and singing from the same hymn sheet when it comes to referrals.

What level of staffing do they want in the practice? Are they happy with rotation of staff as long as we are triaging/treating full capacity of incoming calls from patients?

Is anything being done by the health board to address the imbalance in funding.? We are all under immense financial pressure right now. Practices with higher UDA rates have an increased profit margin to weather this storm whilst doing exactly the same work as lower paid practices. The 2006 algorithm wasn't fit for purpose and now bares no relation at all as to how we should be remunerated. This is going to last 3 months plus so the impact of unequal pay will be massive.

Issues in relation to CDO letter and 80% ACV offer (I appreciate these questions may not be relevant as letter has been sent to CDO to clarify).

Will we be allowed to furlough the private proportion of our staff to help make practice viable?

Question on contract - To quote CDO "We are aware of the range of contractual models and differing methods of payment to associates and other staff. However, there is a need to adopt a pragmatic 'once for Wales approach'"
In a 50-50 NHS- Private split practice we would not be able to fulfil this requirement, how can an associate's pay be protected at previous levels to reflect their NHS work, when the practice is receiving a 20% reduction in contract? This isn't viable.

Staff employment and possible re-deployment

Redeployment - what is this anticipated to be? Is this voluntary or enforced. If enforced what happens if staff refuse. If our employed staff are redeployed who is responsible for staff health and safety. What are the legal issues? Whose employer's liability does this fall under?

Foundation dentists are particularly anxious, is there any feedback on proposed redeployment for them?

What happens if self-employed associates/hygienists refuse redeployment. With the LHB clawback money or will we risk losing contract?

How can our surplus staff for example - receptionist, help the LHB?

Any advice on how dealing with an associate who is not prepared to work for 3/12, due to the danger of catching Covid -19, and the ramifications if I decide not to pay her?

My main question is whether staff can refuse to work or be deployed because they are worried about catching it or transferring it to their families yet still expect to be paid and also would that effect our practice payment?

Other Questions not in power of LHB

There are quite a few points to be further clarified, regarding the financial continuity of the practices:

1. Could a portion of the staff can be furloughed (similar to Private/nhs ratio) without affecting the 80% of the monthly instalments coming through?
2. Suggested approach for associate's salaries.
3. What sort of financial support businesses could expect for their private losses.
4. If a member of the staff is redeployed, whether the employment rights would be covered by the practice owner or the organisation they would be redeployed by..

Also, although it may not be the right timing, it may be prudent to start planning the return to regularity. When that happens, a whole lot of postponed, incomplete and routine treatments will be needed to be done. I think the WG should consider:

1. returning, once we return to regularity, the deducted 20%, from the GDS contracts to the practices, if needed, to cover the dental needs, especially when dental teams are willing to do extra sessions reducing waiting times.
2. clarifying to employees to get a reasonable part of their paid holiday allowance during the pandemic period since practices will struggle to cover the increased demand for treatments, when we return to regularity, if the staff has a high number of holidays left.