

NHSBSA Dental Provider Assurance for Dental Contract Reform Year end 2019/20 (COVID-19 response)

Introduction

As you know NHSBSA deliver the year end reconciliation for dental primary care contracts, on behalf of NHS England and NHS Improvement.

We understand the challenges that the Covid-19 outbreak has placed on dental contractors, so are taking this opportunity to keep you updated on how we're implementing NHS England and NHS Improvement's Year End process for 2019/20 in relation to prototype contracts.

This document will be updated in line with any new guidance from NHS England and NHS Improvement and made available on the [NHSBSA website](#).

What's changed?

NHS England and NHS Improvement's [letters to all providers on 25 March 2020 and 15 April 2020](#) specified some changes to the 2019/20 Year End process and acknowledged that in most years dental activity is higher during the month of March. This year, however, the majority of contractors will have felt the impact of COVID-19.

To recap, the initial letter specified a methodology for calculating the 2019/20 Year End process:

- *“For the purposes of calculating year end contract delivery, we will consider the year to be March 2019 – February 2020, and we will apply March 2019 data instead of March 2020.*
- *For contracts delivering above 96% over this period we will then operate normal year end reconciliation with the ability to carry forward activity to 2020; and*
- *For contracts delivering below 96% over this period we will enter into normal clawback position up to 100% of total contract value (TCV).”*

The letter issued on 15 April 2020 provided further clarification, and recognised March 2019 would not necessarily be representative of a typical year end month.

- *“A number of practices have queried the application of the March 2019-February 2020 activity period for the purposes of calculating 2019/20 contract reconciliation. This is a particular issue where activity levels in March 2020 had been anticipated to be higher than March 2019, or where the practice had opened after 1 March 2019. In recognition of these circumstances, practices may agree with their commissioner to use the following activity from the Compass system as the basis for 2019/20 contract reconciliation.*

a) 11 months April 2019 to February 2020

plus

b) in agreement with commissioners, an additional month that may be one of:

- March 2019 (default)
- March 2020 or
- average UDA delivery over an appropriate three-month period in 2019/20 agreed with their commissioner

Any clawback repayments relating to contract year 2019/20 may be payable over the financial year, with the full balance payable by 31 March 2021.”

How does this affect you?

We will continue to work with NHS England and NHS Improvement as well as your local commissioning team to reconcile your contract. The year-end data is due to be available by mid-August 2020. Once this data is available, we will be able to identify the financial position that does not disadvantage you in performance terms, in agreement with your local commissioner.

Activity data

Option 1- March 2019- February 2020

Calculation of year-end contract delivery for March 2019 to February 2020 will include activity submitted within the two months after treatment completion and included on subsequent schedules. This includes activity completed between March 2019 and February 2020 and scheduled by June 2020. As per NHS England and NHS Improvement's email to Providers on 22 April 2020, it has been agreed that the two-month rule, for the submission of FP17s, has been relaxed for this short period, to ease the administrative burden on practices.

Option 2- April 2019- March 2020

This will include activity completed between April 2019 and March 2020, and submitted up to and including the June 2020 Schedule. For example, completed courses of treatment for March 2020 submitted by 23 June 2020 will be included.

Option 3- 11 months April 2019 to February 2020 plus an average UDA delivery over a three-month period in 2019-20

The NHSBSA will identify the three consecutive months in financial year 2019/20, that reflects the preferential seasonal trend and the average monthly activity for that period will then be applied in place of March 2020.

Capitation data

Option 1- March 2019- February 2020

Capitation will be taken from month-end at February 2020

Option 2- April 2019- March 2020

Capitation will be taken from month-end at March 2020

Option 3 - 11 months April 2019 to February 2020 plus an estimated capitated patient figure for March 2020 will be applied

Capitation will be taken from month-end in February 2020 and have the most favourable consecutive 3-month average net change in leavers and joiners added to this figure. The figure will be an estimate for March 2020.

Under prototype arrangements, individual delivery positions of capitated patients and prototype activity are calculated and then combined to give an overall delivery percentage for the year.

Remuneration for UOA, Domiciliary and Sedation will follow the arrangements set out for non-prototype contracts.

It will be clear in your year-end letter, which scenario has been used to calculate your 2019/20 final year end position.

Please also see the attached Annex for management of 2019/20 reconciliation under a prototype agreement.

If you have any queries once your year-end letter has been published in Compass, by the end of August 2020, please contact us via the email address below.

Additional Information

Evidence data – We would advise you continue to keep accurate records of activity regarding any work you are undertaking at this time as this may have an impact on your year end 2020/21 reconciliation.

Triaging data - In response to coronavirus (COVID-19), remote consultation and triaging systems have been adopted by dental practices under the instruction of NHS England and NHS Improvement.

To help dental practices record telephone triaging data, we've developed a COVID-19 triage form in Compass. Further information can be found here.

<https://www.nhsbsa.nhs.uk/compass>

In addition to the submission of the triaging data dentists are expected to maintain clinical records as normal following remote triage. This should include information on assessment, necessary self-care advice and appropriate prescriptions for analgesics and/or antimicrobials by telephone.

Urgent Dental Care data - For practices operating UDC centres it is important that we capture timely activity during the Covid pandemic. We therefore request that all FP17 data is transmitted within a 36 hours of completion.

Workforce data - Dental Providers will also be expected to submit a monthly return for activity undertaken by staff working on primary care dental contracts. This report should be submitted once a month, for the previous month and information can be found here

<https://www.nhsbsa.nhs.uk/compass>

Services included - As per previous years, we will reconcile units of dental activity, units of orthodontic activity, courses of domiciliary treatment and courses of treatment under sedation that were contracted for the 2019/20 financial year. Contracted services that ended on or before 31 March 2019 will not be included.

Financial values - For any of the services included, any recovery and/or payment for over performance will be calculated at year end using 2019/20 values (the value of contracted activity divided by the number of units of activity delivered).

Financial recovery - Where recoveries are required, the value of under-delivered activity will be recovered by six instalments instead of three. This will commence with your scheduled Compass payment on 1 October 2020 (September schedule). Year-end letters will be published in Compass by the end of August 2020.

If you believe you have under delivered your contract for the 2019/20 financial year and wish to make voluntary payments towards your reconciliation, please contact us at the email address below.

Force majeure – NHS England and NHS Improvement have instructed NHSBSA that applications for dental relief related to COVID-19 will not be approved for the year end 2019/20.

NHS England and NHS Improvement [letters to all providers on 25 March 2020 and 15 April 2020](#) set out the mechanism by which the financial reconciliation will operate in relation to the 2019/20 financial year in order to mitigate the impact of COVID-19 for providers.

That is not to say COVID19 is not a Force Majeure issue but in using the most favourable March position we are trying to alleviate the delivery issues you have faced. If you consider that your circumstances fall outside of the provisions of the letters or do not relate to COVID-19 then you should re-submit your claim for Force Majeure.

Where such applications have been received, for completeness we will respond to contractors and close the application.

Force majeure applications *not* related to COVID-19 should continue to be notified to NHSBSA and will be considered as usual. We will send out applications for dental relief in May 2020, where there has been a relevant notification.

Contact us

While our working arrangements have changed, please be assured we are committed to supporting you. Contact us via nhsbsa.dentalcontractreform@nhs.net.

This document refers to COVID 19 and the impact it has on the Year End process for 2019/20. You can find more information on our usual operating processes and guidelines on our [website](#) and [ask us](#).

Annex

Prototype agreement: management of year-end reconciliation 2019/20

Prototype contractor's 2019/20 delivery at 31 March 2020 will be reviewed against contractual requirements regarding capitated patient numbers and prototype activity, which is combined to give an overall delivery percentage for the year.

- Where the combined delivery percentage of capitated patient numbers and prototype activity is above 100%, the prototype directions state that the commissioner may allow either a payment for over-delivery, a carry forward to the next financial year or a combination of these, up to a maximum of 2%. Where carry forward is allowed, this is carried forward as a 'credit' financial value rather than activity and/or capitated patient numbers. When the overall delivery position is calculated NHSBSA will share this with commissioners who will be asked to direct NHSBSA on how to proceed.
- Where the combined delivery percentage of capitated patient numbers and prototype activity is between 96% and 100% no financial adjustment is made, but the value of this under-delivery will be carried forward to the next financial year. Under the prototype arrangements this under-delivery is carried forward as a financial value rather than activity and/or capitated patient numbers.
- Where the combined delivery percentage of capitated patient numbers and prototype activity is less than 96% the full value of this under-delivery will be recovered. For example if the combined delivery percentage is 94%, 6% of the value of the capitation and activity element of the contract value will be recovered.
- Where the combined delivery percentage of capitated patient numbers and prototype activity is less than 90%, the maximum financial recovery that will be applied is 10%. For example if the combined delivery percentage is 88%, 10% of the value of the capitation and activity element of the contract value will be recovered.

Additional Services

Please note that where a prototype agreement contains specified services, for example, orthodontics, sedation or domiciliary services, the year-end calculations described above will not cover these elements of the contract value; only the delivery of capitated patient numbers and prototype activity.

Where a prototype contractor delivers additional services separate to their contractual Units of Dental Activity (for example, orthodontics) the additional services will be reconciled separately to the prototype reconciliation.

Where a prototype contractor delivers additional services included in their contractual Units of Dental Activity (for example 'access slots') the additional services will be included in their prototype reconciliation and administered by NHSBSA.