

NHSBSA Provider Assurance / NHSE-I COVID Provider Assurance Report (PAR) 20 Guidance

Background:

Office of Chief Dental Officer (OCDO)/NHS England and Improvement (NHSE-I) wrote to practices on 28 May 2020 ⁽¹⁾ setting out NHS dental practice arrangements for the resumption of services including from 8 June 2020 to restart face to face dental services. On the 13 July 2020 NHSE-I confirmed in the fifth in a series of regular updates (Letter of Preparedness from July) ⁽²⁾ “From 20 July 2020 we expect that all practices should have been able to mobilise for face-to-face interventions”; subject to capacity, capability, availability of the workforce, supply of PPE, fit testing, and local public health guidance. The expectation was that “any practice not delivering the equivalent of at least 20% of usual volumes of patient care activity will be deemed to be non-compliant”. On the 31 July 2020 NHSE-I published a letter ⁽³⁾ about The Dental Transition to Recovery SOP phased approach to COVID -19, which stated “*Dental practices should have now mobilised for face-to-face interventions. We recognise that capacity is constrained but will support practices to deliver as comprehensive a service as possible*”.

NHSE-I have directed NHSBSA Provider Assurance Dental (PAD) to deliver an exploratory and fact-finding process, working with Commissioning teams and Providers to understand why contracts have not delivered the minimum of at least 20% of usual volumes of patient care activity, set out for patient outcomes in the [Letter of Preparedness from July](#).

Key messages and lines of communication:

- Activity expectation in line with the [Letter of Preparedness from July](#).
- To understand contractual positions and circumstances why some Providers have not delivered the minimum of at least 20% of usual volumes of patient care activity.
- To take the opportunity to remind Providers of ongoing contractual arrangements for January to March 2021.

Methodology to identify contracts:

The methodology to identify the contracts that have “not delivered the equivalent of at least 20% of usual volumes of patient care activity” is based on the contract total of FP17/FP17Os and e-triage (including FD activity) in the Compass schedules from August to December 2020 (23 July to 16 December 2020), comparing to the same time period in 2019 (23 July to 16 December 2019) for the contracts total of FP17/FP17Os only.

E-triage data will be taken into account from 1 August to 31 December 2020. This will include those forms received by 4 January 2021 but are dated in the time period of 1 August to 31 December 2020 only.

This data has been collated by the NHSBSA (Compass/eDEN) and analysed by the NHSE-I data team. The data covers both mandatory services and orthodontic based contracts, this process will include all contracts GDS, PDS, and PDS plus and within those contracts there will be UDAs, UOAs, and advanced mandatory services.

To note, FP17Os are not submitted for reviewing patients in treatment, orthodontists can demonstrate patient contacts via their practice management systems, and this can be identified during this process by the Provider in their mitigation.

Where dental contracts have no historic activity in 2019 to establish a baseline and where a comparison of data cannot be made, NHSE-I will establish a methodology based on the total number of contracts, UDA/UOAs delivered, and e-triage for the scheduled months from August to December (23 July to 16 December 2020), comparing this number to a relative proportion of the total contract size. The proportional number is calculated by dividing the total contract size by 12 and then multiplying this number by 5, due to 5 scheduled months being considered. Lastly, 20% of this number is calculated, to match the 20% figure of patient care volumes, which is then compared to the UDA/UOA and e-triage numbers. If the number of UDA/UOAs and e-triage data is higher than the 20% number, then that contract will have been deemed to have passed the 20% of patient care volumes.

NHSE-I have started from the premise that any contract size under 100 UDA/UOAs are too low to be meaningful.

The outlined process is:

1. **Identifying Contracts:** Using the above methodology contracts will be identified by the NHSE-I data team that have not delivered 20% of usual volumes of patient care activity, a spreadsheet will be created for the Regional Teams to inform them of the numbers and contractors involved. This will include NDCM categorisation intelligence which may provide further clarification on delivery (i.e. sub-contractor) Spreadsheet to also include details on contracts that have zero activity and that have been previously engaged with by NHSBSA PAD.
2. **Comms to RTs:** Agreed process of delivery to be communicated to RTs on 20 January 2021 NDCM call. This will give RTs an opportunity to ask questions about the process, this guidance document to be sent to NDCM attendees ahead of the call. *RTs to provide NHSBSA PAD their preference as to how they would like their spreadsheets formatted, i.e. Regionally/STP level for teams and relevant contact detail for each STP if applicable.*
3. **Contracts sent to RTs:** The spreadsheet of the identified contracts and delivery data to be sent to RTs, this will also include any recommendation from NDCM intelligence. This guidance document along with the patient outcome template letters (Initial letter and questionnaire proforma and reminder letter if required) for communication to Provider will be provided. All templates will have NHSE-I sign off.
4. **RTs to return completed spreadsheet to NHSBSA PAD:** RTs to record for each contract if there is any local soft intelligence or exceptional circumstances to justify the lower than expected patient care activity. This information will be used for later categorising and reporting. The returned spreadsheet will contain a confirmed list of contracts for NHSBSA PAD to start engaging with Providers or reasons for any contracts that should be excluded due to exceptional circumstances. This returned spreadsheet will be the RT sign off.
5. **Engaging with Providers:** NHSBSA PAD to send patient care activity letter to agreed contracts. The purpose is to remind Providers of the expectation for the

equivalent of at least 20% of usual volumes of patient care activity and understand why the minimum has not been delivered. This process will include caseworkers securing correct email addresses to ensure Providers have received the communication.

6. **Reviewing response and feedback for RT:** NHSBSA PAD Clinical Advisers and caseworkers to interpret Provider responses and format feedback for RTs to further consider.
7. **Feedback sent to RT:** RTs to review the collated responses and confirm if any further contracts can be removed from the list based on responses.
8. **RT to return final contract list to NHSBSA PAD:** RTs to provide reasons in the spreadsheet for excluding contracts by accepting Provider mitigation and send back to NHSBSA PAD. This returned spreadsheet will be RT sign-off. This information will be used for the feedback to NHSE-I central team.
9. **Prep High-level feedback:** NHSBSA PAD Clinical Advisers and caseworkers to bring together all Regional information to form a national picture, this will include feedback in grouping of contracts with common themes.
10. **Present to NHSE-I** High level summary presented to include details of any contracts excluded and common reasons. This will enable NHSE-I central team consideration for next steps including any policy decisions.

Timeline of delivery:

Step of Process	Description	Deadline/completion date
1	Identifying contracts	18 January 2021
2	Comms to RTs will be delivered in NDCM meeting	20 January 2021
3	Contracts sent to RTs	25 January 2021
4	RTs to return completed spreadsheet to NHSBSA PAD	01 February 2021
5	Engaging with Providers	22 February 2021
6	Reviewing response and feedback for RT	01 March 2021
7	Feedback sent to RT	3 March 2021
8	RT to return final contract list to NHSBSA PAD	10 March 2021
9	Prep High-level feedback	17 March 2021
10	Present high-level feedback to NHSE-I, enabling consideration for next steps.	From 18 March 2021

The above schedule is dependent on all parties keeping to deadlines and responses/engagement from Providers. If delays occur this will be communicated to NHSE-I central team at the earliest stage.

Outcome:

Once all the information is obtained NHSBSA PAD will provide a high-level summary to NHSE-I central team. This will enable NHSE-I to make an informed decision about the next steps including any policy decisions.

The above outlined process has been designed to ensure a robust mechanism to work with Providers and their Commissioning teams to ensure that all exceptional circumstances have been considered. Where assurance is not received for the remaining contracts that have not delivered the equivalent of at least 20% of usual volumes of patient care activity, NHSE-I will consider a policy decision about reverting to operating pre-existing contract arrangements based on an updated review of data.

NHSE-I will consider as part of this policy decision a further refresh of data to account for the scheduling cut off for December (16 December 2020) and the position that any courses of treatment completed between 17 December and 31 December 2020 count towards the delivered minimum of 20% of usual volumes of patient care activity. Account should also be made for the two-month rule for claims submission and incomplete treatment where the date of the last patient visit was on or before 31 December 2020.

This could be accommodated as a final contract position, as by 31 March 2021 it would not be unreasonable to expect these claims to have been submitted by Providers.

References:

1. Resumption of Dental Services in England 28 May 2020 001559 :
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf>
2. Fifth in a series of regular updates to general dental practices and community dental services 13 July 2020 001559:
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0603-Dental-preparedness-letter_July-2020.pdf
3. Third Phase of NHS Response To COVID-19 31 July 2020:
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>