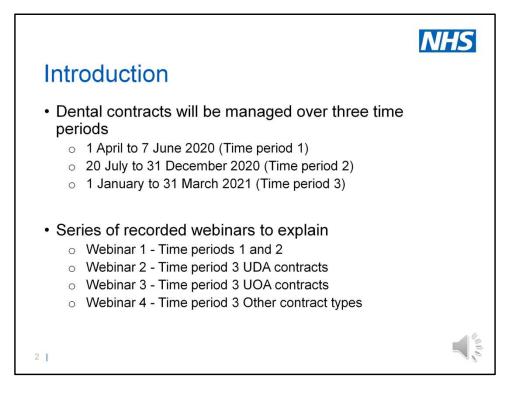


Welcome to webinar 4 of 4 for the understanding of the Issue 7 preparedness letter and supporting guidance.



NHS England and NHS improvement has been providing regular updates to general dental practices and community dental services regarding the Coronavirus situation over the past 11 months. Electronic copies of the updates and all other relevant guidance can be found at <u>WWW.England.nhs.UK/Coronavirus/primarycare</u>

Through out these webinars we are describing the three time periods as 1<sup>st</sup> April to 7 June is Time period 1, for 20<sup>th</sup> July to 31<sup>st</sup> December this is time period 2 and time period 3 is the current period 1 January to 31 March 2021.

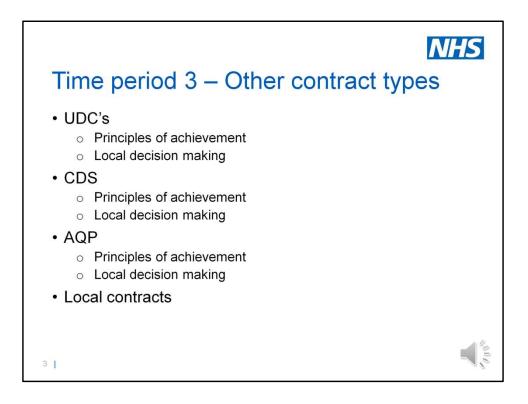
The latest of the letters is issue seven "preparedness letter for primary dental care" which was published on the 22<sup>nd</sup> of December 2020 and dealt with the way in which contract arrangements from 1<sup>st</sup> of January to 31 March, 2021 work to be dealt with.

This, alongside the accompanying "guidance to support dental contract management arrangements for the 202021 year-end reconciliation", details the way in which dental contracts are being managed over three time periods.

To support contractors in understanding how the contract is going to be reconciled at year end, a series of recorded webinars have been released.

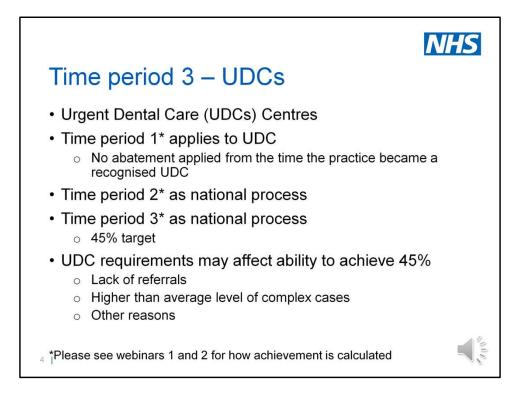
This is webinar four and will be looking at time period 3 which covers the 1<sup>st</sup> of January to 31st March, 2021 and is aimed specifically at contracts who acted as a UDC, community dental services, any qualified providers and those with specific local contracts. If a practice also has a UDA or UOA element then please also watch webinars 2 and 3. Webinar 1 covers

time periods 1 & 2 and applies to all contract types.



Within this webinar we will be looking at the following contract types and how they can be managed during this current time period.

These will be the urgent dental care centres, the community dental service, any qualified provider and where there may be elements within local contracts that may need local decision making.



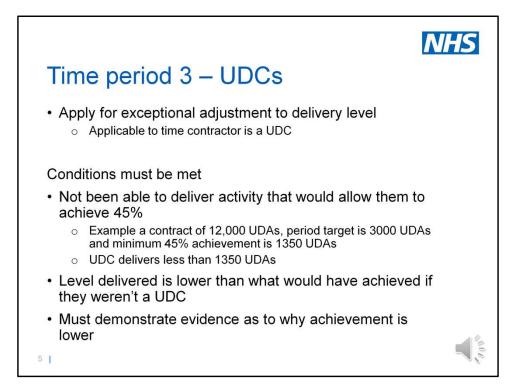
The first type of service we are going to look in this webinar is for those contractors who acted as a Urgent Dental Care Centre (UDCs) during the pandemic.

The contract is being managed over three time periods, a UDC will be managed under time period 1 and 2 as per the national guidance, the only difference is that no abatement will be applied for the first time period, for the time that a contract was a UDC, so if they did not start being a UDC until 1 May 2020, there will be an abatement for the period 1 April – 30 April.

To understand how your achievement will be calculated for these time periods please refer to webinar 1.

A UDC will also be managed to the minimum 45% target for the final time period 1 January to 31 March 2021. However, it is recognised that because a contractor is acting as a UDC then this may affect their ability to achieve this target. There may be various reasons why this may affect their ability as this could be due to a lack of referral to their service or the complex needs of patients, or other specific reasons to a contractor.

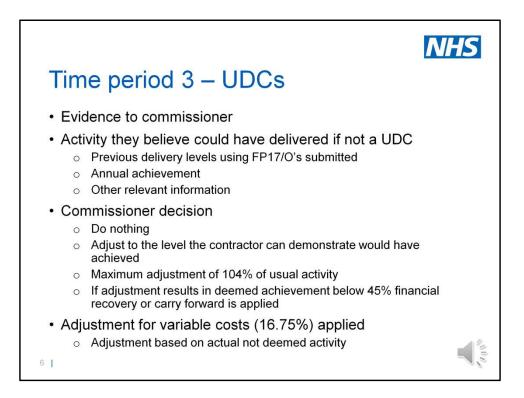
Where a contractor believes this may be the case they are asked to contact their commissioners to discuss this.



Where a contractor believes their ability to meet the minimum 45% target then they can ask for an exceptional adjustment to their delivery level for the final time period.

For the commissioner to be able to grant an exceptional adjustment then the contractor has to provide evidence as to why they weren't able to achieve the target. There are some examples of when they could apply and this includes when they have been unable to deliver the targets because they were a UDC and that the level that they were able to deliver was lower than what they would have been able to achieve if they weren't acting as a UDC.

But the contractor needs to be able to evidence this to their commissioner.



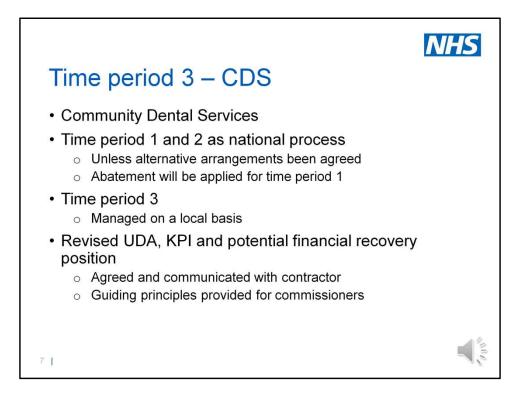
Where a contractor is applying for this exceptional adjustment then they must provide the evidence to the commissioner. There are some examples with the guidance such as historic comparisons to that time period and of overall achievement, but are not exhaustive and you may find your own evidence.

Once this evidence has been received the commissioner will make a local decision, which includes an option not to accept the evidence and not make the adjustment.

But where they do accept the evidence then they have options to increase the level of deemed activity that will be awarded for achievement in this time period as it has to reflect the level they could have achieved, but there are limits put on this adjustment and depending on the final position a practice may still face a carry forward or financial recovery.

Even where an exceptional adjustment has been made the actual under delivered activity will be subject to an adjustment for variable costs.

Locally, some commissioners have already started talking to their contractors about what local arrangements are being considered around their local commissioning decisions.



Another type of specialist contract that does not easily fit with a minimum 45% target is for community dental services, who provide a service for more complex patient population and therefore it is not right that they are managed by this national minimum target requirement.

For a CDS service they will be managed for the first two time periods as per the national arrangements, there may have been some local alternatives but generally these contracts would have been managed with the requirements of Issues 3 and 5 preparedness letters.

For the third time period 3, these are being managed on a local basis, as they are so specific to the services that have been commissioned.

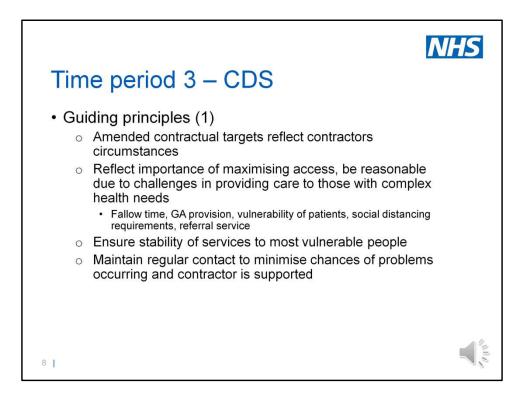
What this local management allows is for a revision to the UDA targets, the KPIs and any potential financial recovery. The local arrangements could be to one or more of those elements.

For the adjustment to take place this must be agreed between the contractor and the commissioner and appropriately communicated..

Locally, some commissioners have already started talking to their contractors about what local arrangements are being considered around their local commissioning

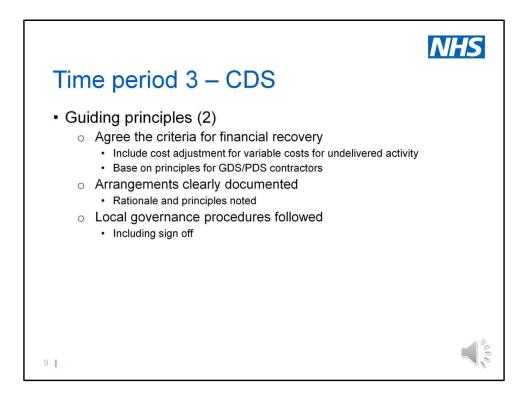
decisions.

To support commissioners in looking at local management of these contracts they have been provided with guiding principles, we will now look at these.



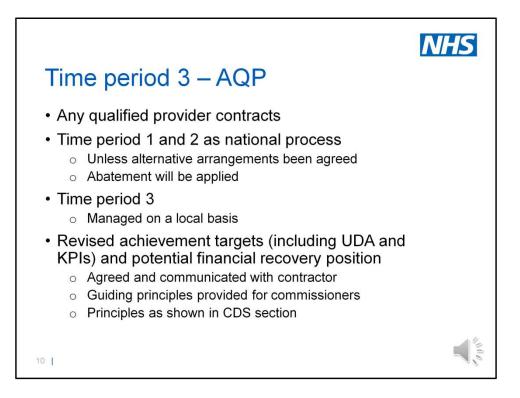
These are the guiding principles for the commissioners, these are available in full in the guidance and we will not read all of them out.

The local arrangements should be specific to each contract to ensure the local circumstances are recognised but it should be with a reflection on keeping access as open as possible given the circumstances the CDS will be working in.



Where a commissioner is considering the management of financial recovery then they should use the principles set out for the main contract types which can include the adjustment for undelivered activity.

It is important that usual governance arrangements are followed by commissioners including appropriate sign off.



The other type of contractor that do not easily fit within the minimum 45% target due to the service they provide are the any qualified provider contracts. These are services such as Minor Oral Surgery (IMOS), endodontic and periodontal treatment, prosthodontics, and restorative dentistry.

For an AQP contract, these will be managed for the first two time periods as per the national arrangements, there may have been some local alternatives but generally these contracts would have been managed with the requirements of Issue 3 and 5 preparedness letters.

For the third time period 3, these are being managed on a local basis, once agreed arrangements are in place the arrangements will be collected by the national team for .....

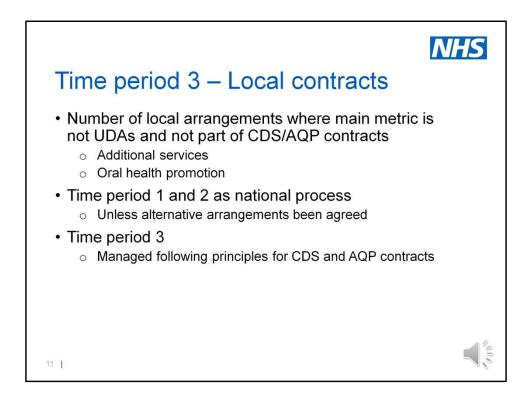
What this local management allows is for a revision to the UDA targets, the KPIs and any potential financial recovery. The local arrangements could be to one or more of those elements.

For them to take place they must be agreed with and communicated to the contractor.

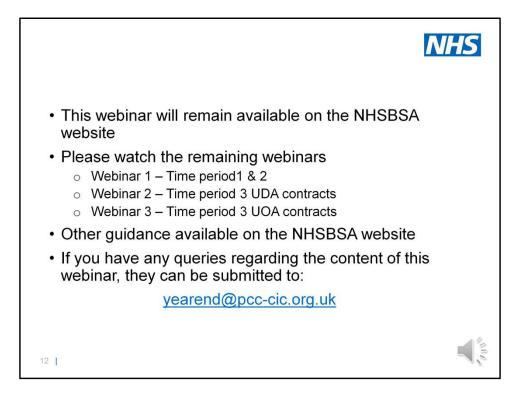
Locally, some commissioners have already started talking to their contractors about

what local arrangements are being considered around their local commissioning decisions.

To support commissioners in looking at local management of these contracts they have been provided with guiding principles, we will now look at these.



As well as the CDS and AQP contracts, GDS and PDS contracts may also contain services where the main metric is not a UDA/UOA. For these services then the first two time periods should be followed but discretion has been given to commissioners to manage these and can use the principles set out for CDS and AQP contracts when considering these contract elements.



This concludes this webinar.

Please do watch the other webinars available for you.

If you have any queries regarding the content of this webinar please contact yearend@pcc-cic.org.uk