

Dental contract clarification fact sheet 2020/2021

Abatement reconciliation

Abatement reconciliation will be reclaimed by commissioners across the second half of the financial year once guidance has been issued nationally.

Patient care activity

Patient care is defined as:

All clinical contact that dentists or dental care professionals have with patients either face to face, by telephone or video consultation counted by the BSA via completed courses of treatment or via the COVID-19 triage portal.

Should a practice have evidence of exceptional circumstances such that prohibit tolerance achievement then contractors should engage with the relevant regional team to discuss alternative arrangements.

NHS BSA will be issuing a step by step guide so that practices can see at a glance historic activity volume.

We require assurance that 20% of patient activity be achieved across the period 20 July 2020 up to NHSBSA scheduling month 9 (1 October schedule). This would be a running total across schedule months 7,8 and 9.

In the unlikely circumstances that contract holders do not want to sign up to the proposed variation and accept the 20% threshold their contract will revert to pre-existing regulations and contractual arrangements for the relevant period.

The assessment to be made in this context will be all clinical contact that dentists or dental care professionals have with patients either face to face, by telephone or video consultation from 20 July and recorded within the 1 October NHSBSA pay schedule. This would be compared to the equivalent volume of patient contact provided by the contractor in the corresponding period in 2019.

The activity of all dental performers will count towards this target, inclusive of foundation dentists.

For new contracts that have been mobilised outside of the 2019 reference period the average number of courses of treatment during the lifetime of the new contract will be applied, pro-rata for the 20th July to 1 October pay schedule period.



Other contracts

Discussions are on-going around how the arrangements to apply to orthodontic contracts and for practices involved in dental contract reform.

Staffing assurance

The letter sets out a requirement for a declaration over the continued engagement of staff through contracts and direct employment. For the avoidance of doubt, this principle (and the associated assurance mechanism) applies to all individuals providing a service in the practice whether directly employed, employed as a locum or engaged through a contract for provision of service on any basis. This applies to all staff groups including dentists, dental hygienists, dental therapists, dental nurses, non-clinical and administrative staff.

The principle behind the funding support is that all those working in NHS dentistry should continue to receive an equivalent level of remuneration for their NHS work during the COVID response as they would have received had the pandemic not happened. We believe the Net Pensionable Earnings to be an appropriate 'previous level' for all self-employed staff. Any variance to this would be via a mutually agreed contractual arrangement in accordance with the terms and conditions as set out in the contract of employment.

The commitment for ongoing funding and stability of practices is not subject to tie-in for contractors. We would therefore expect no tie-in for any self-employed staff to be implemented.

UDC's

UDC's are exempt from the requirement to deliver 20% threshold of patient care and outcomes.

Domiciliary and IMOS contracts

Domiciliary and IMOS contracts are not automatically exempt from the 20% tolerance, this would require regional liaison and regional decision making.