Dental contract management arrangements for the 2020/21 year-end reconciliation

Clarification points to support guidance - Issue 4 – 15 April 2021

# Introduction

Issue 7 [preparedness letter](https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/) for primary dental care services, along with accompanying [guidance](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) was issued on 22 December 2020 setting out the contract arrangements from January to March 2021 (Quarter 4). A dedicated helpdesk has been set up to support you in relation to the contract arrangements. Please send any questions to yearend@pcc-cic.org.uk and the team will get back to you.

This is the fourth update of clarification points to support the issued guidance relating to issue 7 Additional points have been added and further detail incorporated into existing areas. Any updates can be identified by the most recent date and are in blue text.

[Issue 8 preparedness letter](https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/) for primary care dental services, along with accompanying guidance was issued on 29 March 2021. This sets out the contract arrangements from April to September 2021 (Quarters 1 and 2). A separate clarification document will be developed to support this new letter and guidance over the coming weeks.

# Section 1 – general guidance

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|  | **Topic** | **Guidance** | **Date updated** |
| 1.1 | Getting a key worker letter | Your NHS dental commissioner can provide you with a letter from NHS England and NHS Improvement explaining that you are a critical worker.  | 11 Jan 21 |
| 1.2 | Impact of the latest lockdown on dental practices | Following the announcement of the national lockdown in England, the advice within the supporting government advice and within the NHS dentistry and oral health bulletin circulated by the Chief Dental Officer on 4 January 2020, confirms that dental practices are to remain open and access to these services are one of the reasons why people are allowed to leave their homes. If you don't already, you can [subscribe to the NHS dentistry and oral health update online](https://www.england.nhs.uk/email-bulletins/dentistry-oral-health-update/).The contract arrangements for Quarter 4 remain as set out in the [Issue 7 preparedness letter](https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/) for primary dental care services that was published on 22 December 2020. | 11 Jan 21 |
| 1.3 | Arrangements for prototype practices in Quarter 4 (20/21) | For the prototype contract, further clarification was provided just before the Christmas break which noted that Issue 7 of the preparedness letter applies to UDA practices for Quarter 4 - it does not apply to prototype practices. Information on arrangements for the remainder of the year for prototype practices will follow in January. Ahead of updated arrangements being issued, prototype practices should continue from 1 January to follow the current arrangements set out in the [fifth preparedness letter dated 13 July 2020](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0603-Dental-preparedness-letter_July-2020.pdf).  | 11 Jan 21 |
| 1.4 | Getting the COVID-19 vaccine as a worker in NHS primary care dentistry | The NHS will contact you about getting your COVID-19 vaccine. You do not need to contact the NHS, such as a GP surgery. First, the NHS will contact the email address your practice is registered with the NHS on to understand the number of people eligible for the vaccine. Once we know the demand, hospitals, and in some cases local vaccination centres, will then begin contacting you to come forward for the vaccine. This vaccine will in all likelihood be administered at your local hospital.Information about primary care access to the vaccine is included in both the [Primary Care Bulletin](https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/) and the [NHS dentistry and oral health update](https://www.england.nhs.uk/email-bulletins/dentistry-oral-health-update/).As more information becomes available, we will keep you updated. | 11 Jan 21 |
| 1.5 | Further support in understanding the year-end reconciliation process | A series of webinars have been published on the NHSBSA website which include worked examples to help explain the year end calculations. These can be found [here](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation). There are four webinars in total each lasting no longer than 20 minutes. * Webinar 1 - Time periods 1 and 2
* Webinar 2 - Time period 3 UDA contracts
* Webinar 3 - Time period 3 UOA contracts
* Webinar 4 - Time period 3 Other contract type

Issue 7 [preparedness letter](https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/) for primary dental care services, along with accompanying [guidance](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) provides the detail of the contract arrangements from 1 January to March 2021 (Quarter 4).Specific queries can continue be raised via the dedicated helpdesk at yearend@pcc-cic.org.uk | 1 Feb 21 |

# Section 2 – calculations for the January to March 2021 period (Quarter 4)

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|  | **Topic** | **Guidance** | **Date updated** |
| 2.1 | Delivery requirements for Quarter 4 (January to March 2021) for UDA contracts | Within the [accompanying guidance to Issue 7 preparedness letter](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) for primary dental care services, Section 3.4.1 provides you with the calculation for you to work out your expected target activity level for 1 January 2021 to 31 March 2021. Section 4 also provides worked examples for you to understand how the year-end calculations will be applied. In summary, the calculation is:Annual contracted UDAs / 12 \* 3 \* 45%For example, for a contract with an annual contracted UDA level of 12,000 UDAs, the minimum expected activity for January - March 2021 would be 1,350 UDAs (12,000 / 12 \* 3 \*45%) | 11 Jan 21 |
| 2.2 | Delivery requirements for Quarter 4 (January to March 2021) for UOA contracts | Within the [accompanying guidance to Issue 7 preparedness letter](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) for primary dental care services, Section 3.4.2 provides you with the calculation for you to work out your expected target activity level for 1 January 2021 to 31 March 2021. Section 4 also provides worked examples for you to understand how the year-end calculations will be applied. In summary, the calculation is:Annual contracted UDAs / 12 \* 3 \* 70%For example, for a contract with an annual contracted UOA level of 12,000 UOAs, the minimum expected activity for January - March 2021 would be 2,100 UOAs (12,000 / 12 \* 3 \* 70%) | 11 Jan 21 |
| 2.3 | Calculating what you need to deliver if you carry forward activity from 2019/20 into Quarter 4 2020/21  | For a practice with a 25,000 UDA target, the following calculations would be undertaken to deal with carry forward from 2019/20 if the option to deal with them in the 1 January - 31 March 2021 period has been agreed:**Scenario 1: 2019/20 under delivery 500 UDAs**20/21 target: 25,000 UDAs1 January - 31 March minimum target: 25,000 / 12 \* 3 \* 45% = 2,812.5 UDAsAdd under delivery 19/20 (500 UDAs):  2,812.5 + 500 = 3,312.5 UDAs**Scenario 2: 2019/20 over delivery 500 UDAs**20/21 target: 25,000 UDAs1 January - 31 March minimum target: 25,000 / 12 \* 3 \* 45% = 2,812.5 UDAsTake off over delivery 19/20 (500 UDAs):  2,812.5 - 500 = 2,312.5 UDAs | 11 Jan 21 |
| 2.4 | Deemed activity calculations for Quarter 4 (Jan – Mar 2021) | Within the year end reconciliation guidance for contractors to be awarded 100% of their contract activity for the time period 1 January – 31 March, they are asked to achieve a minimum of 45% of their contracted activity. If this is achieved then they will then be deemed to have delivered their full contractual activity for this period and awarded 100% of their contract activity.There is also a sliding scale where if they achieve between 36-45% of their activity they will still be deemed to have achieved a percentage of their contract activity for this period. Within this scale, if a contract achieves 36% of their activity in this period they will be awarded deemed activity which will equate to 80% of their contracted activity for this period. Above this, the deemed activity that is awarded will depend on what percentage is achieved between 36 and 45%. This will then be translated into the percentage of the contract activity awarded for this period, which will then be combined with the other two periods to provide a final year end position.An example of this sliding scale is:Q4 contracted activity 5000 UDAs Q4 45% target 2250* 36% = 80% of contracted activity awarded (1800 UDAs delivered = 4000 UDAs)
* 40% = 89% of contracted activity awarded (2000 UDAs delivered = 4450 UDAs)
* 45% = 100% of contracted activity awarded (2250 UDAs delivered = 5000 UDAs)

If a contractor delivers below 36% of the contracted activity then they will be deemed to have delivered only the actual activity for the period. | 1 Feb 21 |
| 2.5 | Delivery requirements for Quarter 4 (January to March 2021) for additional services contracts – for example sedation | Within the [accompanying guidance to Issue 7 preparedness letter](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) for primary dental care services, Section 3.4.1 notes that from 1 January 2021 activity measurement will revert to pre-Covid contractual metrics for UDA / COT. The principles for calculating the quarter 4 expectation for UDAs is applicable for service commissioned as courses of treatment for example sedation. In summary the calculation is:Annual contracted COT / 12 \* 3 \* 45%For example, for a contract with an annual contracted sedation COT of 1,200, the minimum expected activity for January - March 2021 would be 135 COT (1,200 / 12 / \* 3 \* 45% 2,100 For this example the annual contracted UDAs would be 12,000, so the minimum expected activity for January – March 2021 would be 1,350 UDAs (12,000 /12 \* 3 \* 45%)Therefore in this example you would expect the 1,350 UDAs to be delivered, to include at least 135 COTs with sedation. | 1 Feb 2021 |

# Section 3 – reporting

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|  | **Topic** | **Guidance** | **Date updated** |
| 3.1 | Arrangements for foundation dentists between January and March 2021 | The specific arrangement for foundation trainees is included in the [guidance document](file:///C%3A%5CUsers%5Cviles-j%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CMU2Q5QMX%5CMid-year%5Cyear-end%20contract%20reconciliation%20%7C%20NHSBSA) which has been published to support Issue 7, Preparedness letter for primary dental care (published 22 December 2020).  Section 8 of the guidance provides clarification of the handling of Foundation Dentists (FDs) for this period.  "For the avoidance of doubt, activity undertaken by dental foundation trainees from 1 January 2021 to 31 March 2021, and submitted within the 60-day rule, will count towards delivery of the trainer’s mandatory services contract from 1 January 2021 to 31 March 2021."The above covers the scenario where the trainer holds both the GDS contract or PDS agreement and the training contract with HEE. In other scenarios where the contract holder is not the trainer the foundation dentist’s activity will be attributed to the contract that they and the trainer sit in. The decision of how this foundation dentist’s activity is attributed is a business decision at the practice and not something that would be prescribed nationally. If contractors/trainers require support please make contact with your local commissioner. Activity delivered by FDs should continue to be reported in the normal manner and NHSBSA will ensure that the activity is appropriately accounted for within this period. | 1 Feb 21 |
| 3.2 | Activity counted between January and March 2021 (Quarter 4) | Within the [accompanying guidance to Issue 7 preparedness letter for primary dental care services](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation), Section 3.4.1 confirms that the UDA measurement for the period 1 January - 31 March 2021 will be courses of treatment completed from 1 January onwards and submitted within 60 days (see footnote 5). | 8 Jan 21 |
| 3.3 | Monitoring activity between January 2021 and March 2021 | NHSBSA have created a new report specifically to support contractors monitor delivery between January and March 2021. This report is now available via individual Compass login and instructions on how to locate and use this report can be found [here.](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/dental-contract-management) | 1 Feb 21 |
| 3.4 | Determining delivery of patient volumes between July and December 2020 | NHSBSA will shortly be writing directly to those contractors who have not delivered the equivalent of at least 20% of usual volumes of patient care activity.In line with the letter for preparedness the contracts under review cover both GDS and PDS mandatory services and orthodontic contracts.Link to the guidance, letter, and proforma [here](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/nhsbsa-and-nhse-i-covid-19-provider-assurance-report-par-2020) | 1 Feb 21 |
| 3.5 | Arrangements for foundation dentists between July to December 2020 | Activity delivered by foundation dentists between the period July to December 2020 has been counted towards the contractor’s requirement of 20% of historic patient volumes for this period. | 1 Feb 21 |
| 3.6 | Failed to return activity (FTRs)  | There is no change to the way in which FTRs are handled for 2020/21 in that the date of the last visit is the guiding factor on an incomplete/FTR claim, but the financial year is allocated based on the processing date rather than the date of last visit. The only exception to this rule is during April, May and June schedule periods when claims will be included in the previous financial year. Incomplete courses of treatment processed on the July to March schedules are always included in the financial year the FP17 is processed. Therefore, for the claims relating to patients whose last visit was in March 2020, the activity will not count in Q4 of 2020/21 however the claim will appear on the next schedule, PCR (if appropriate) will be taken off on the next schedule and the activity will be attributed to March 2020.Where a patient has an appointment after 1 January but fails to attend and their last appointment took place before the 31 December, for example 24 December, once the form is submitted it will appear on a later schedule but the activity will be allocated towards the achievement of the minimum 20% target (20 July - 31 December).If the failed to attend occurs after the 31 March but their last appointment had been between 1 January and 31 March and the form was submitted in April, May or June, it will appear on a later schedule but the activity will be allocated towards the achievement of the minimum 45% target for 1 January - 31 March 2020. | 1 Feb 21 |
| 3.7 | Reconciling quarter 4 reports with the monthly schedule reports | The quarter 4 reports available for contractors have been specifically designed to support with contract management during this time period.There is no benefit or purpose in reconciling the figures reported in the monthly schedules or activity reports the quarter 4 report. This is because quarter 4 report is reporting UDAs process for claims with a completion date between 1 January 2021 and 31 March 2021 (submitted within the 60 day rule) regardless of the dates of acceptance.Also, quarter 4 report is daily snapshot of UDA performance, run once a day around 6pm whereas the other reports are real-time reporting. Further guidance on the quarter 4 report may be accessed [here](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) | 1 Mar 21 |
| 3.8 | Queries with quarter 4 reports | The PCC helpdesk (yearend@pcc-cic.org.uk) has been set up to provide factual responses based on the guidance document which accompanies the Issue 7 preparedness letter for primary dental care services.If you have specific queries with the information and content of your quarter 4 please contact NHSBSA colleagues directly who will be able to help. They can be contacted at nhsbsa.liaisondental@nhs.net  | 1 Mar 21 |

# Section 4 – Additional services including orthodontics

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| 4.1 | Orthodontic delivery  | NHS England and NHS Improvement have recognised that due to the way in which orthodontic activity is delivered by contractors, for example it is not unusual for contractors to complete their full contract by December or January of the contract year. Therefore, a small number of contractors will achieve their full 100% contracted orthodontic activity (UOAs) without having to rely on the deemed activity awarded in quarter 4 of 2020/21.Where an orthodontic provider, achieves 100% of their contracted orthodontic activity (UOAs) by December 2020 i.e. delivers all of their annual UOA’s by 31st December 2020, they will be dealt with by exception. Any over delivery above 100% will be managed in line with usual year end processes. | 1 Feb 21 |
| 4.2 | Handling of undelivered orthodontic activity – financial recovery and potential carry forward into 2021/22 | The approach for year-end for orthodontic contracts is set out in the [guidance](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation) to support dental contract management arrangements for the 2020/21-year-end reconciliation. A series of webinars have been published on the NHSBSA website which include worked examples to help explain the year end calculations. These can be found [here](https://www.nhsbsa.nhs.uk/dental-provider-assurance/dental-assurance-reviews/mid-yearyear-end-contract-reconciliation). Webinar 3 specifically covers UOA contracts  If there are genuine exceptional circumstances and a waiting list to support carry forward and delivery in 2021/22, that can be agreed as an exception rather than rule between the contractor and commissioner. | 1 Mar 21 |

# Section 5 – general queries

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| 5.1 | Completing the annual declaration  | As part of the contractual arrangements for 2020/21 there will be a new requirement of an annual declaration form. The annual declaration will be completed as part of the year-end reconciliation process. There will be a requirement to complete and submit a declaration form via Compass. This form will be made available in the next few weeks. Further updates will be provided in due course. |  8 Apr 2021 |
| 5.2 | Abatements (1 April – 7 June 2020) | NHSBSA has recently written to all providers setting out the abatement calculation for the period 1 April to 7 June 2020. Where an abatement has been calculated this will be recovered by four instalments. This will commence with your scheduled Compass payment on 1 April 2021 (March’s schedule) and be completed by 1 July 2021 (June’s schedule). If you have not received your letter or you have any queries please contact the team via: nhsbsa.dentalcases@nhs.net  | 8 Apr 2021 |

# Section 6 – Year end calculations

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| 5.1 | Carry forward from 19/20 and 20/21 taken forward into 21/22 | Carry forward from year end 19/20 is handled separately from how year end 20/21 is handled.  Therefore you are able to carry forward up to 2% of over delivery from 20/21 into the next financial year, as well as the carry forward from 19/20.  These will then be combined for your activity requirements in 2021/22. | 1 Mar 21 |
| 5.2 | Delivery of over 45% in quarter 4 | In light of the impact of COVID-19 on dental practices, NHS England has introduced revised contracting arrangements during 2020/21, to recognise the impact the pandemic has had on NHS dental services. These changes were put in place in order to support access to emergency and urgent dental care and to provide assurance and financial stability to the dental profession during the pandemic.1. During the first time period (April to June 2020) practices were closed for face to face care, unless they were a designated Urgent Dental Care centre, and provided remote triage. However, practices were deemed to have delivered 25% of their annual contracted activity for this period irrespective of the fact they were closed.2. For the second time period (July to December 2020) services were resumed in line with the Standard Operating Procedure (SoP). During this period, there were no UDA targets in place for contractors. However, practices were asked to deliver 20% of usual patient care volume during this period – based on FP17 submission and e-Triage reporting and follow clinical guidance published by the Office of the Chief Dental Officer. Where practices delivered this requirement they were deemed to have delivered 50% of their contracted activity for this period. Therefore by December 2020, practices will be awarded 75% of their normal contracted activity for meeting the reduced contractual requirements set out above.3. For the final time period (January to March 2021) UDA targets were re-introduced, but not at the usual expected levels. Revised targets reflect the challenges practices face delivering face to face care with the increased infection control and prevention guidance and government guidelines such as social distancing and patient throughput in practices. If a practice achieves 45% of the normal contracted activity for this period, they are deemed to have delivered the remaining 25% of their annual contracted activity. The deemed activity awarded across each of the three time periods is then combined to give an overall delivery position for the year to which the normal year-end process is applied with a resulting financial recovery of carry forward of delivery into the next financial year. The higher the activity in quarter 4, the lower the variable cost adjustment of 16.75%.The approach adopted by NHS England recognises the extraordinary circumstances faced the dental profession during this pandemic and as such has reduced the UDA requirements for delivery during 20/21, whilst maintaining access for patients and protecting the contract payments to practices.Practices have been consistently asked to work safely, maximising clinical capacity for patients, prioritising patients in line with the SoP, and to ensure their NHS and private split does not exceed the usual position.For contractors that have delivered more than 45% activity between 1 January to 31 March, over-performance of up to 2% (4% may be allowed in specific, agreed circumstances) can be carried forward and reduce the contractual requirement in 21/22. This is in line with guidance on the NHS BSA’s website.We would encourage any provider who has reached their 45% target for Q4 to think about utilising funding received during the 20/21 contract year to help support the NHS in reducing the backlog of patient demand for dental treatment. | 1 Mar 21 |

# Section 7 – Carry forward calculations

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| 7.1 | Calculation of carry forward from 20/21 into 21/22 | The 2% carry forward position and where agreed in specific circumstances a 4% carry forward is not based on achieving 47%/49% of your quarter 4 target. It is based on your final year end position once all three time periods have been combined to give a full year position. | 8 Apr 2021 |
| 7.2 | Handling of carry forward from 2019/20 | Practices who had carry forward from 19/20 need to inform NHSBSA regarding their preference for the handling of this carry forward, in accordance with the options set out in Issue 7 preparedness letter.NHSBSA have recently written out to providers to ask for the details of your preference for treatment of any carry forward from 2019/20.Responses to this letter should be sent to nhsbsa.dentalcases@nhs.net in the first instance and not to your local commissioning team. There will be an opportunity for contractors to change how they would like carry forward to be taken into consideration. Contractors should contact nhsbsa.dentalcases@nhs.net to discuss any changes. | 8 Apr 2021 |
| 7.3 | Impact of carry forward from 2019/20 when delivered in Q4 2020/21 | Where you have agreed with your commissioner to deliver your carry forward (over or under) from 2019/20 in quarter 4 of 2020/21, this will impact the number of UDAs you need to achieve in order to reach 100% at year end. The following description assumes that expectations from time periods 1 and 2 have been met.**Carry forward due to under delivery**To achieve 100%. Deliver your 45% minimum target + carry forward = 100%To achieve 102%. Deliver your 45% minimum target + carry forward + 2% of adjusted annual target (annual contract + carry forward) = 102%**Carry forward due to over delivery**To achieve 100%. Deliver your 45% minimum target - carry forward = 100%To achieve 102% Deliver your 45% minimum target - carry forward + 2% of adjusted annual target (annual contract - carry forward) = 102% | 8 Apr 2021 |

Regular updates to this guidance document will be made over the coming weeks. Specific queries can continue be raised via PCC’s dedicated helpdesk at yearend@pcc-cic.org.uk.