

April 2021

Dear Managers

Clarity on NHS Urgent unregistered patients

You will all be aware that NHSE are asking us to start seeing NHS urgent and non-urgent patients ('Expectations and Efficiencies'). This document does not make clear if we are being asked to see patients who have or have not attended before but refers to provision of NHS care to 'any' patient when capacity allows. This is clarified in BSA document:

<https://www.nhsbsa.nhs.uk/sites/default/files/2021-03/2122%20CM%20guidance%20FINAL%20v1.1.pdf>

Our dentists are self-employed performers, and some have decided to reduce their commitment to NHS work. We are currently working to restore that shortfall in NHS capacity with new performers and more efficient use of current resources such as using DCPs for preventative programmes.

In the light of the above, if we are falling short of practice target UDAs, then NHSE will have a clear argument that we are not fulfilling the capacity requirements of our contract and we will not be aligned with the Principles of the Expectations and Efficiencies document and that we should then be seeing new NHS patients to retain our contracts. We also have new guidance from the CDO on 29th March entitled 'NHS Contract Reform and arrangements'. We are advised that a new minimum target for NHS contract delivery is 60% of UDA contract target, and 80% of UOA contract target. This will be for the period 1st April 2021 to 30th September 2021 only. For activity not delivered we will face a negative adjustment of our contract by 16.75% to mitigate for variable costs not incurred even when we hit the 60% UDA and 80% UOA threshold. For this reason, 60% UDA achievement and 80% UOA achievement really must be the minimum contract delivery and we should achieve more if possible.

In recognition of the support we have and continue to receive from the NHS, can I suggest that we see unregistered NHS patients who have an urgent need as a band 1.2 emergency, but advise that due to capacity issues we cannot (at the moment) offer NHS continuing care. Please do maintain an NHS waiting list, but advise that should capacity open, this will be at designated practices, and may not necessarily be at the practice of choice. Those patients can have their emergency managed under the NHS, and then chose to have additional treatment on a private basis. I am sure that there will be many grateful NHS patients who will seek to take us up on some further private care.

It makes particular sense for dentists to provide commitment to NHS contracts as they will continue to earn an enhanced rate up to September 30th 2021.

There is no need to triage the dental problems of unregistered patients seeking NHS care as I do not see the sense of referring these to the UDC as we are now required to see all patients face to face. UDC activity will be reserved for NHS 111 referrals and direct access emergencies.

Please note that that the above is the position I have today while the R number is reducing by up to 5% per day, and where the R<1. Should the R number raise then I will issue new operating guidance in line with advice from the NHS.

Currently, it does not make sense to attempt to diagnose over the phone using a Triple A approach and seek to refer to the UDC. We do however need to triage covid risk status. A patient who has a genuine emergency should be seen face to face as a 1.2 emergency under NHS arrangements as soon as possible.

The expectations and efficiencies document refers to a move away from UDAs 'in principle' and refers to a move to a 'patient focused' best practice approach rather than an accumulation of UDAs. This should be possible while our performance requirements are eased.

The Department of Health and Social Care (DHSC) have committed to reviewing a flexible commissioning contract approach by the Summer of 2021. We will no doubt be able to update our guidance on contract delivery when we have this information.

I hope this clears any confusion on aspects of contract delivery, whether we should be seeing patients face to face, in particular management of NHS emergencies and when it is appropriate to refer to our UDC.