

BDA/ADG questions and comments in relation to NHS England Issue 3 Preparedness letter as at 25 March 2020 6pm

The BDA is keen to work with NHS England in relation to the arrangements for now and 2020-21 and would welcome the opportunity to engage on this as soon as feasibly possible.

Financial

1. How will the restrictions on access to Government support for practices with an NHS contract work for mixed practices? Will they be able to claim for Government support in relation to their private income, where this funding would not be duplicative of NHS funding? If there is not to be the case, it is very likely that some contractors will see no other option than to hand back their NHS contract, having a short- and long-term impact on access. We have some ideas on how this could be reasonably dealt with for mixed practices and would ask that we work out a reasonable formula to allow these practices to retain their contracts, maintain viability across NHS and practice income, contribute their workforce etc.
2. If there is no ability to access Government support in relation to private income, how can practices be expected to deliver on the requirement to ensure that all staff are paid at previous levels? Many staff contribute both to NHS and private side of the business
3. How will end of year position be determined? Is it UDAs on the Feb 2020 schedule or UDA from Compass as of 1/3/20?
4. How will March 2019 UDAs be determined? Again, is this from historic Compass data or using UDAs from the schedule?
5. How will contracts with better delivery in March 2020 than March 2019 be dealt with? Similarly, how will this be handled if the practice was experiencing parental or sick leave, or force majeure in March 2019? How will it work for contracts that did not exist prior to April 2019?
6. Can clawback repayments payable in 2020-21 be spread over a longer period than normal to support short-term financial sustainability?
7. How will the reduction in payments in relation to consumables be calculated? We are concerned about the viability of dental laboratories.
8. Where practices pay associates from the schedule how does the practice determine what an associate would have done in March is it just their performance from March 19 what about if they don't have history from last March or are doing different hours? Is this just for the BDA to advise?
9. Can you confirm that dentists will not need to submit UDA claims in respect of any activity (for example, telephone prescribing)?

Redeployment

10. If staff are unable (due to ill health/self-isolation) or unwilling (due to concern for their health and family health) to continue working in urgent dental centres or to be redeployed elsewhere in the NHS, will the practice be penalised?
If the practice runs out of 'NHS' staff to be used in these roles, will they be required to provide 'private' staff? If so, how does this relate to the financial support arrangements?
11. Should associates and staff be expected to receive the same whether they help out - compared to those who do not or cannot?
12. Practice staff who are in at risk groups, who are shielded or self-isolating because they are vulnerable presumably they are exempt from re-deployment outside their homes?
13. If practice staff are redeployed, does their employment continue to be with the practice? If so, where does the duty of care sit? Does the practice still have liability?
14. On a related point, can we confirm the indemnity arrangements for temporary roles?

Urgent care

15. Will dentists be able to prescribe anti-biotics over the telephone, as this is not normally permitted?
16. Will dentists providing telephone prescriptions and treatment in urgent dental treatment centres have access to the Summary Care Record, from a patient safety perspective?
17. Should urgent telephone triage only be operated during normal contracted hours or is there an expectation of out-of-hours provision? We would assume it is only be normal contractual hours.
18. Why does NHS 111 need to be up to date with the correct information on opening hours if the practice is only providing telephone advice to patients?
19. How should practices deal with patients that require urgent treatment in the period until urgent dental treatment centres have been established?
20. What will be the consequences if a dentist, out of a sense of professional responsibility, continues to provide urgent treatment in the interim period until urgent dental treatment centres have been established?
21. We have estimated that there are around 20,000 people in severe dental pain or other urgent conditions in England at any one time, will there be sufficient capacity to manage these patients in the urgent centres?
22. Regarding the wider use of dentists from all spheres of practice in urgent dental care centres, we welcome this but does this mean performer list requirements for hospital and clinical academic dentists will be suspended or are the UDC centres to be classed as secondary care? Similarly, how will private dentists that wish to work for the NHS in this period be treated in relation to performer numbers?