

NHS England and NHS Improvement South East
GDP and Urgent Dental Care hub Covid-19 briefing

Issue No. 15

2nd March 2021

Issue	
Carry forward of over/under-performance 2019/20	This is to confirm that the assumed NHSE/I position is that 2019/20 carry forward will be taken into the 2021/22 financial year unless advised otherwise. The BSA will shortly be contacting all providers that have a carry forward from 2019/20 to outline this. If you would like carry forward to be taken into account in 2020/21 instead of 2021/22 please advise the BSA when they contact you.
2020/21 over-performance	<p>Over-performance of up to 4% is allowable for agreed local commissioning priorities where these have been notified by the commissioner. In the South East region for 2020/21, over-performance will be 2% as the South East region has introduced an alternate commissioning priority to increase access through the offer to fund additional sessions outside of normal contracted hours for patients that do not have a regular dentist. Over-performance is carried forward into 2021/22 to reduce the UDAs/UOAs that are required next year and is not payable.</p> <p>Over-performance is based on the annual baseline rather than the quarter 4 target, therefore to over-perform by 2% you would actually deliver 53% during quarter 4 and not 47%. Please see below a worked example.</p> <p><u>Based on 12,000 UDAs – 2% overperformance</u></p> <ul style="list-style-type: none"> • Period target 3,000 UDAs • Minimum 45% target 1,350 UDAs • Achieved 1,590 UDAs • $1,590/3,000 = 53\%$ of 3,000 • 53% achieved • Deemed activity calculated • 8% over period target • $8\% * 3,000 = 240$ UDAs • $3,000 + 240$ UDAs <p>Deemed activity: 3,240 UDAs</p> <p>Final year end achievement for activity</p> <ul style="list-style-type: none"> • Combined UDA delivery for all time periods <p>$3,000 + 6,000 + 3,240 = 12,240$ UDAs</p> <ul style="list-style-type: none"> • Overall % achievement $12,240/12,000 * 100 = 102\%$ <p>2% carried forward (240 UDAs)</p>
Additional sessions	The sessions outside of normal contracted hours to increase access for patients that do not have a regular dentist will now run until August 2021. Where practices have not already expressed an interest and their circumstances change in the coming months and so wish to sign up, the



	<p>survey link is being kept open until 1 June 2021 and for ease it is given here again https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8ZyI0umSq9Q55Ctv1ze_yYHqgxBhOuDt1izxeRUQ0ZHREo2RUdRQTVDQTFUN0hBNKU4QURYOS4u</p> <p>As a reminder this is for sessions delivered outside contracted hours and cannot be introduced where there is a spare surgery/clinical team during contracted hours. It is also to provide a full course of treatment so that the patient becomes dentally fit and is not restricted to urgent care only.</p>
<p>Advice about exceptional circumstances impacting on contract delivery</p>	<p>Under the terms of GDS contracts/PDS agreements, providers are required to inform the commissioner as promptly as possible, and no later than 5 working days, of any force majeure event. When doing so please advise the mitigating actions you have/will be taking to resume services as quickly as possible. One example is for a 3 surgery practice that usually has 3 performers and 3 nurses where 2 nurses have been contacted by Track and Trace and advised to self isolate for 10 days. Staff absence is not unusual and practice business continuity plans should include a range of options for this. 2 examples of mitigating action may be for the practice manager and/or receptionist to have a dual role and cover for a dental nurse and in doing so covers one absence and while the 3 performers would usually all participate in giving AAA, instead the performer who does not have a nurse solely gives AAA freeing up time for the other performers to see more patients while also utilising what is now a spare surgery to reduce fallow time. An alternate variation where normal business continuity does not involve the practice manager/receptionist covering nurse absences, is to attempt to get agency dental nurses and where this is not possible 2 performers team up with one carrying out the dental nurse duties so that 2 out of the 3 surgeries can run at once, with the 3rd also being used to reduce fallow time. These examples are not exhaustive and there will be many other ways practices can mitigate the reduction in activity.</p> <p>If the practice closes altogether for face to face care, you must notify us via the Microsoft Teams survey linked that was emailed to all practices on 11.1.21 and for ease the link is shown again here https://forms.office.com/Pages/ResponsePage.aspx?id=kp4VA8ZyI0umSq9Q55Ctv1ze_yYHqgxBhOuDt1izxeRUNUtlMzI5UUZPOEZDVIFJSU45TFdYSTgzTS4u</p>
<p>Payment to workforce</p>	<p>We have reminded providers on many occasions that payment must be made to their dental workforce at historic levels of NHS earnings/pay. The BSA have enabled reporting of this where historic levels of earnings/pay have not been made or where individuals have been dismissed to avoid payment. This reporting mechanism was closed on 26 February as many of the earlier reports have now been resolved but a new reporting mechanism has been established on 1 March to capture those that remain unresolved. This is reported through Compass for performers and through an online survey where performers are no longer on a contract as well as for other workforce such as anaesthetists, hygienists, therapists, dental</p>



	<p>nurses, practice managers, receptionists and cleaning staff with the link given below: https://wh1.snapsurveys.com/s.asp?k=161400790358</p> <p>The BSA will share new reports with commissioners as part of year end, who will in turn share with colleagues in the Medical Directorate for their consideration whether Performer List action should be undertaken. Where a provider is not able to evidence they have paid their workforce at historic levels during the period April to December 2020, they will not have met that condition in the preparatory letters and so instead of the contractual waivers advised for April – December 2020, usual contract arrangements will be applied, eg those contracts will be measured against the actual UDA's/UOAs and so will have significant under performance/clawback. For any provider that did not pay their workforce correctly, we strongly encourage them to urgently address this.</p>
<p>COVID19 Vaccine</p>	<p>Vaccination of front line workers is being led by vaccination teams in each Integrated Care System/Sustainability Transformation Partnership (ICS/STP) and all practices should by now have been contacted to advise the local arrangements for each ICS/STP. In case of queries about vaccinations please direct these to your local vaccination team:</p> <p>Kent - kmccg.covidvaccine@nhs.net Surrey Heartlands – syheartlandscg.svoc@nhs.net Sussex – sxccg.incidents@nhs.net Hampshire – whccg.vaccination.operations@nhs.net Frimley – nehfccg.ics-frimley.icc-covid19@nhs.net Buckinghamshire, Oxfordshire & Berkshire – svoc-opsmanager.bob@nhs.net</p> <p>Please see the links below for a variety of short videos for information.</p> <p>Dr. Mary Ramsay</p> <ol style="list-style-type: none"> 1. COVID-19 vaccine: how do I know it is safe? 2. How does a vaccine work? 3. Should I still follow the guidance after I have had 2 doses of vaccine? 4. How important is it to have two doses of the vaccine? 5. What are the easiest ways to get vaccinated? 6. Why are frontline healthcare workers one of the first groups to be vaccinated in the UK? 7. What role does vaccination play in helping to end the pandemic? 8. What are the risk factors considered to prioritise COVID19 vaccine? 9. How important is it for people from deprived or minority backgrounds to get the vaccine? 10. What is an mRNA vaccine and how does it work? <p>Dr. Gayatri Amirthalingam (PHE Vaccination Lead)</p> <ol style="list-style-type: none"> 11. COVID-19 vaccines: can they affect my fertility 12. If I have allergies is it still safe to have the COVID-19 vaccine?



13. [COVID-19 vaccine guide for women of childbearing age or are planning a pregnancy](#)
14. [COVID-19 vaccination: if you have an underlying health condition or are immunosuppressed](#)

Dr. Shriti Pattani (Consultant in Occupational Medicine, NHS)

15. [Should I have the vaccine if I have already had COVID-19?](#)
16. [COVID-19 vaccination: guide for Clinically Extremely Vulnerable and pregnant healthcare staff](#)
17. [Who should and who should not have the vaccine?](#)
18. [COVID-19 vaccination: occupational health - guide to side effects](#)

For Learning Disabled

19. [Information about vaccines: For people with a learning disability and autistic people](#)
20. [Clenton Farquharson TLAP chair getting the vaccine for Covid-19](#)

Dr Amir Khan, GP

21. [Why you should get vaccinated?](#)
22. [Do the vaccine contain any pork, animal or foetal products?](#)
23. [What to do after vaccination?](#)
24. [Why should healthcare workers get vaccinated?](#)