



## Business continuity considerations

Challenges will be created on many fronts not least anticipated staff absences due to illness and self-isolation. School closures and childcare issues will also challenge many businesses. Whilst public health remains everyone's primary concern, economic challenges will also impact on the long-term viability of services and have potential employment ramifications.

The following advice may be of help:

- Consider splitting into teams to alternate attendance and reduce the impact of possible infection. Each team should ideally consist of a balanced mix of Clinician/ Nurse/ Reception staff etc.
- Consider setting up a Google drive/ Dropbox/Microsoft teams (or other shared cloud-based system) so that all team members can access documentation required during this period. A WhatsApp group or similar social media group may also allow you all to communicate effectively.
- Consider setting up remote access to your software system if possible and remote diversion to the phones to allow working from home where possible.
- Determine how procedures will be dealt with such as emergencies, and ensure clear protocols are available to all staff.
- NHSE are now working on setting up hubs for urgent dental care with separate hubs for asymptomatic and symptomatic patients. It is likely that these will operate out of existing dental practices with additional expenses being met by the NHS. Orthodontic emergencies should be triaged by providers and supported through advice if possible. The BOS has provided various resources to assist with this. In extreme cases, should an appointment be required then patients should be directed towards the appropriate emergency hub. Although organised through the NHS, these will provide support for private patients also in extreme emergencies. It is likely that local MCN's will be consulted with respect to orthodontic support for the hubs. Consider supporting other local providers, for example with emergency services in the event that such practices cannot offer a service for a period of time. Regular local liaison is to be encouraged with a view to sharing resources and materials if necessary.
- Within practices, cross-collaboration is encouraged between performers to manage each other's patients if someone is subject to enforced absence.
- It is not necessary to inform CQC about any reduction in clinical hours. They state:
  - *"There is no need for practices to notify CQC if they reduce their services to urgent and emergency dental care as many are doing at present. CQC understand the rationale behind practices making this change. A notification would create an unnecessary burden for providers and the CQC."*

- As a Provider, review the members of the team that are working, the numbers required and if necessary, consider furloughing some of the employees to ease the financial burden of numerous staff at time when income will be reducing.

Support for [Employers here](#):

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses>

Support for Employees [here](#) : <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

- Ensure that all members of staff take annual leave pro rata during this period as when you return you will need all hands-on deck!
- The government remains optimistic that the worst of this pandemic will pass within 12 weeks. As the crisis eases and restrictions are lifted there will inevitably be a need to drastically increase capacity to address the backlog of delayed treatment but also to address targets.

Providers should give some thought to how this extra capacity need will be addressed. Some practices are already working towards a more flexible working pattern for staff, offsetting prolonged absence now against the potential need for extra hours in the future. This approach also helps with continued employment and reassurance for team members.

- Check if your practice insurance covers such eventualities – keep careful records of financial and other losses to support this claim. Consider creating a trackable code in your software system and log it against each patient that is affected by this pandemic to allow you to report the impact it has had on your business. Otherwise keep a simple spreadsheet or notebook.
- Contact your indemnity company to consider reducing your indemnity fees as your clinics reduce. Most companies are suspending or refunding the weeks currently not worked.

# Financial Impact and Government Support Measures

*(see also table 1 in appendix)*

## England

### Contracts and funding advice from the CDO issued 25<sup>th</sup> March 2020

#### 1. 2019-20 contract reconciliation

We recognise that in most years dental activity is usually higher during the month of March and that this year the majority of contractors may have been impacted because of COVID-19. We can confirm that year end reconciliation will therefore operate in the following manner:

- For the purposes of calculating year end contract delivery, we will consider the year to be March 2019 – February 2020, and we will apply March 2019 data instead of March 2020;
- For contracts delivering above 96% over this period we will then operate normal year end reconciliation with the ability to carry forward activity to 2020; and
- For contracts delivering below 96% over this period we will enter into normal clawback position up to 100% of total contract value (TCV).

#### 2. 2020-21 contracts: cashflow and reconciliation

We will take immediate steps to revise the operation of the 2020-21 contract to reflect service disruption due to COVID19 for practices who are participating as required in the COVID response. The approach will aim to achieve the following:

- Maintaining cash flow to provide immediate stability and certainty for dental practices;
- Protecting the availability of staff to provide essential services during the response period to COVID-19;
- Actively enabling staff time that is no longer required for routine dental activity to be diverted to support service areas with additional activity pressures due to COVID-19;
- Maintaining business stability to allow a rapid return to pre-incident activity levels and service model once the temporary changes cease; and
- Fairly recompensing practice for expenses incurred

We will therefore take the following steps:

##### *Cashflow*

We will continue to make monthly payments in 2020-21 to all practices that are equal to 1/12th of their current annual contract value.

##### *Contract value and reconciliation*

We will progress our work with the BDA to finalise an approach to contract value and reconciliation in 2020-21 that takes account of the following principles:

- Contract delivery and year end payment for the period of the COVID-19 response should be assumed to have been maintained at a level that allows continued employment of staff (despite reduced actual activity);
- In return for this certainty, this will be conditional upon practices being required to offer all available staff capacity to other areas as outlined in section C, “Workforce” below;
- A requirement on practices to ensure that all staff including associates, non-clinical and others continue to be paid at previous levels;
- An agreed and fair reduction for any variable costs associated with service delivery (e.g. in recognition of reduced consumable costs) will be applied to all contract values;

- These arrangements will operate over a fixed number of months with an agreed end date;

Practices benefiting from continued NHS funding will not be eligible to seek any wider government assistance to small businesses which could be duplicative.

- With respect to private income for practices, clarification is being sought as to which government support initiatives may apply such as business rate relief, business grants and business interruption loans. The BDA are being very pro-active on this front on behalf of all dentists and we would encourage you to check their Covid-19 pages for any updates.
- For practices offering in-house payment plans for private treatment, some patients may look to suspend their payments and consideration should be given to how best to handle this. Many practices use a third-party finance solution in which case the patients should be directed to the finance provider if they are looking to suspend payments.

### **BOS Comments**

There are some immediate concerns about the proposed methodology for reconciling the contract year 2019/20. These are being flagged up and some clarity and possibly further consideration is required.

- Unlike general dental practices, for orthodontic practices it is not necessarily true that activity is higher during March. In fact, as many orthodontic practices have waiting lists of patients ready for treatment, the often is usually the case with targets having been met before the final contract month of the year. Therefore, in many cases there will have been little new activity during March 2019 and this month may not be fair representation of anticipated activity in March 2020. Some practices may actually be disadvantaged by using this figure compared to figures from a shortened month in 2020.
- Practices in the Southern region and London have started new contracts at some point since April 2019 following a procurement exercise. Few if any practices will have the same annual target of UOA's and in some cases this will have changed dramatically. Therefore, activity during March 2019 is not a valid comparison.
- For new providers who have started contracts in 2019, there will be no recordable activity in March 2019.

Clarity is being sought on these issues.

### **Wales**

Unlike Northern Ireland and Scotland, in Wales, primary care orthodontics is funded under a PDS model and so it is anticipated that arrangements should broadly follow the information provided above.

However, the Welsh Government has provided guidance on practice continuity for all dental practices and details are currently under discussion for the contract year from April onwards. All practices will have 4% waived in lieu for the last two weeks of March 2020, so will not receive clawback if they have made 90% of UDA/UOAs (or equivalent in contract reform practices). It is suggested that the Welsh Government will allow practices further relief if they fail to reach their UDA/UOA targets and the monitoring of targets will be relaxed.

Scotland and Northern Ireland still adopt an item of service model for remuneration of primary care orthodontics and as such different arrangements apply.

## Scotland

Tom Ferris, Scottish CDO, has agreed that:

- Practitioner Services shall, with immediate effect, for each dentist/orthodontist:
  - determine their average monthly item of service income (net of patient charges for fee paying patients) for the period 2019/20;
  - calculate 90% of this income; and
  - Where this amount is greater than the dentist's net item of service earnings for a month, they shall pay the difference between these earnings and the 90% as a top-up in the next available schedule.
- The dentists included in the calculation above shall exclude any dentist who is on maternity or sick leave at the time the financial support measures are being put in place.
- The payments at above will continue each month until the situation within the practice begins to return to normal
- For practices that have financial support measures in place, the General Dental Practice Allowance, rent reimbursement and individual commitment payments will be protected and Practitioner Services shall pay these at the same level as the March 2020 schedule paid in April 2020.
- Exiting from Financial Support
  - Practices will require to continue to submit the weekly NHS activity record sheet throughout the financial support period - this will allow the NHS Board to determine when this support should stop. The expectation would be that the financial support will stop once the situation within the practice begins to return to normal. NHS Boards must advise Practitioner Services by email to [nss.psd-dental-payments@nhs.net](mailto:nss.psd-dental-payments@nhs.net) of the date when the financial support should stop.

## Northern Ireland

- Support measures start from March 2020 through to the end of the outbreak.
- Support payments will be 80% of the shortfall in Item-of-Service income for 2020 compared with the same month in 2019.
- In the event that a practice closes, clinicians and their staff must make themselves available to assist the wider NHS if asked by the HSCB. This is a condition of financial support.
- Following the outbreak, if a practice's activity significantly increases when compared to previous years, some of the support payments may be clawed back over the period 2021-22 and 2023-24.
- The amount of clawback will be up to a maximum of 5% of the practice's previous year's annual item-of-service income.
- The clawback will not apply to practices which provide significant support to the wider NHS.
- Allowances and capitation payments will continue to be paid during 2020-21.

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## Appendix 1:

<b>Specific Coronavirus Support</b>					
	<b>Employees</b>	<b>Employers</b>	<b>Sole Traders</b>	<b>Businesses</b>	<b>Notes</b>
<b>Wages</b>	Job Retention Scheme - Up to 80% to be funded by the government for those that are 'laid off'	Job Retention Scheme - Up to 80% to be funded by the government for those that are 'laid off'	Not Eligible	Job Retention Scheme - Up to 80% to be funded by the government for those that are 'laid off'	This may not be available for Providers who are receiving an NHS income
<b>Sick Pay</b>	Paid from Day One at a rate of £94.25 per week. Online isolation notes now available from NHS website	For businesses with fewer than 250 employees, the cost of providing 14 days of Statutory Sick Pay per employee will be refunded by the Government in full.	Not Eligible	For businesses with fewer than 250 employees, the cost of providing 14 days of Statutory Sick Pay per employee will be refunded by the Government in full.	
<b>Business Rates</b>			Business rates holiday for 12 months for those in the retail, hospitality and leisure sectors.	Business rates holiday for 12 months for those in the retail, hospitality and leisure sectors.	Clarification still awaiting
<b>Grants</b>			£10,000 grant for ALL small businesses whose business property currently qualifies for small business rate relief or rural rate relief.  £25,000 for businesses in the hospitality, leisure and retail sector whose rateable value is between £15,001 - £51,000.	£10,000 grant for ALL small businesses whose business property currently qualifies for small business rate relief or rural rate relief.  £25,000 for businesses in the hospitality, leisure and retail sector whose rateable value is between £15,001 - £51,000.	
<b>Loans</b>			Business Interruption Loans available from 23rd March for up to £5m and interest free for the first 12 months.	Business Interruption Loans available from 23rd March for up to £5m and interest free for the first 12 months.	
<b>HMRC</b>		VAT payments deferred until June 2020.  Dedicated helpline to organise 'time to pay' arrangements for other HMRC liabilities 0800 0159 559	VAT payments deferred until June 2020.  HMRC Time to Pay Scheme, Self-assessment payments on account due in July 2020 have been delayed until January 2021.  Dedicated helpline to organise 'time to pay' arrangements for other HMRC liabilities	VAT payments deferred until June 2020.  Dedicated helpline to organise 'time to pay' arrangements for other HMRC liabilities 0800 0159 559	
<b>Benefits</b>	Universal credit allowances to help with loss of earnings. Amounts in line with sick pay.		Universal credit allowances to help with loss of earnings. Amounts in line with sick pay.		