

**GENERAL HEALTHCARE POLICY  
DIRECTORATE**



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**COVID-19: FINANCIAL SUPPORT TO GENERAL DENTAL SERVICES  
(EXCEPTIONAL CIRCUMSTANCES)**

In my letter dated 15 December 2020, I laid out the arrangements that will be in place for the GDS Financial Support Scheme from the January / February 2021 payment cycle. In that letter I advised that there would be an opportunity for GDPs to provide evidence that they have exceptional circumstances, which could mean that the new activity thresholds may not be appropriate. The letter also indicated that we did not anticipate many deviations to the application of the new activity thresholds, which are already set at a very low level (average activity rates are now over 30%) to recognise some of the challenging circumstances that are being faced.

In recent weeks, a number of GDPs have been engaging with the HSCB, BSO and via the BDA in respect of their circumstances, and colleagues and I met with BDA representatives last month to discuss the main issues arising.

The purpose of this letter is to provide some guidance around the main categories of exceptional circumstances that have been advised to the Department to date and to outline how these will be dealt with. Other scenarios, not included below, may of course arise and advice on what to do in those circumstances is outlined at the end of this letter.

New Approach

As previously indicated from the January - February payment cycle there will be a link established between FSS payments and loS activity, with different abatement levels being applied. In short, from the January - February payment cycle, GDPs with loS activity less than 1% of 2019/20 levels will no longer qualify for FSS payments and GDPs with less than 15% of activity will have their FSS payments reduced as outlined in the table below, depending on their level of loS activity. The 2019/20 Baseline Assessment Year (BAY) will continue to be used.

<b>loS Activity Level</b>	<b>Abatement Applied</b>
15% or more	0%
Between 10% and 15%	10%
Less than 10%	20%
Less than 5%	50%*
Less than 1%	100%

\* coming into force from the February-March payment cycle.

However, it is recognised that there are likely to be some circumstances where GDPs are not able to meet these targets for entirely legitimate reasons. It is also important to note that the imposition of the initial 20% abatement was to reflect variable costs not being incurred due to reduced activity. In recognition of the increased costs relating to the requirement to use enhanced PPE, the abatement was removed. A general principle therefore remains that, if loS activity levels are below threshold targets, there are fewer costs being incurred, therefore some abatement is appropriate. This helps the scheme provide funding to those practices and GDPs in a fairer way than the previous version of the scheme.

Further details in relation to Exceptional Circumstances are outlined in the Annex attached.

For further information in relation to your particular circumstances, please email [GDS.Correspondence@hscni.net](mailto:GDS.Correspondence@hscni.net) quoting your DS number. A fully revised version of the FAQs will be circulated as soon as possible that deals with the wider range of issues raised with the HSCB and Department. In particular, further guidance will be provided on the issue of maternity pay reference period and how it interfaces with FSS payments and the issue of how practices are responding to GDP vacancies.

Thank you again for your continued support.

Yours sincerely



Michael O'Neill  
**Acting Director of General Healthcare Policy**

cc: Michael Donaldson, Acting Chief Dental Officer  
Donncha O'Carolan, Interim Head of Dental Services (HSCB)

## **EXCEPTIONAL CIRCUMSTANCES**

It is recognised that there are many challenges currently being managed and that some practitioners may not be in a position to meet the activity thresholds due to unavoidable exceptional circumstances. GDPs who believe that they fall into this category, having first taken on board this guidance, should contact the HSCB providing background details and evidence of their exceptional circumstances, if they have not done so already.

When activity is low, for any reason, an abatement is appropriate due to some variable costs not being incurred. A general principle therefore remains that, if loS activity levels are below threshold targets, there are fewer costs being incurred, therefore some abatement is appropriate.

Below are some scenarios that have been raised with the HSCB to date and details of how they may be managed. There are likely to be other scenarios as the weeks progress and these should be identified to the HSCB in the first instance.

### **1. GDPs with Multiple List Numbers**

In instances where a GDP normally works under multiple list numbers but has modified their practice arrangements as a consequence of the pandemic, FSS payments will be based on the combined loS activity against all their list numbers for both the Baseline Assessment Year (BAY) average and current activity.

### **2. Self-Isolation**

The requirement to self-isolate, either due to contracting COVID-19 or because of close contact with a COVID positive individual, will not warrant a different approach to be taken, except in circumstances where a GDP is forced to self-isolate for the overwhelming majority of a single payment period. As referred to above, some variable costs will not be incurred and the normal thresholds will apply. Further, the thresholds have already been set at a very low level to account for periods where GDPs are unable to work at full capacity.

Entitlements around sick leave will, of course, remain in place.

### **3. Shielding**

GDPs who are required to shield for medical reasons and who do not meet the higher activity threshold will automatically receive 80% of their BAY average on provision of evidence of the requirement to shield (eg a letter from a relevant GP or consultant).

This abatement is to reflect the variable costs not being incurred.

### **4. Pregnant GDPs**

If a pregnant GDP, over 28 weeks gestation, has been advised to avoid patient facing roles and work in a non-clinical environment, then an abatement based on activity thresholds will not be applied and the GDP will automatically receive 80% of their BAY average on provision of evidence (eg a letter from a relevant GP or consultant)..

This abatement is to reflect the variable costs not being incurred.

## **5. Annual Leave**

Annual leave is a normal circumstance in any working year. However, it is acknowledged that for many in the Health & Social Care sector, it has been difficult to utilise annual leave as normal this year and it is an important and valuable part of working life. Because the BAY is calculated over a 12 month period (April 2019 - March 2020), during which annual leave arrangements were not affected by Covid-19, the new thresholds already account for lower payments as a result of annual leave. Further, the new thresholds have been set at a very low level to account for periods where GDPs are unable to work at full capacity.

Annual leave, therefore, is not considered an exceptional circumstance in relation to FSS payments.

## **6. Childcare Commitments**

The issue of childcare commitments has also been raised with the HSCB. Whilst on occasion, there may be difficulties for some GDPs to balance caring commitments with meeting the new thresholds, the thresholds have already been set at a very low level to account for periods where GDPs are unable to work at full capacity. As such, these commitments will not be considered an exceptional circumstance in relation to FSS payments.

Finally, if a combination of the scenarios raised above were to happen concurrently (eg; a period of self-isolation, followed by the closure of a local nursery), the HSCB will, of course, consider these on a case by case basis.