

We realise that many of our NHS clients are under extreme pressure to reach 45% of their pre-pandemic UDA targets. Here are some examples of what this means to Practice income and how QCS can help.

What has changed on 1 January 2021?

From 1 January 2021, activity measurement will revert to pre-COVID-19 contractual metrics, UDA/COT5 measurement, with Practices working towards delivering reduced activity levels for the remainder of the contract year, with a requirement to deliver a minimum 45% of contractual monthly activity between January and March.

How is this calculated?

There are a few examples of calculations and claw back:

The 45% of contracted activity between January and March is calculated by:

- Calculating 3 months (25%) of the annual contracted UDAs, for example a contract with a 12,000 UDAs is multiplied by 0.25 to give 3 months pro rata activity of 3,000 UDAs
- Next calculate 45% of this 3-month figure by multiplying 3,000 UDAs by 0.45 to give a target of 1,350 UDAs to be achieved between January to March.

Where contractors deliver 45% of activity in January to March, this will be deemed to be equivalent to 100% of usual contract activity in this period for year-end claw back calculations.

Any activity over 45% counts as normal amount of UDAs, not the 100/45 times usual UDAs used to calculate deemed annual activity for the period January to March.

Over-performance is carried over to 21/22 within usual limits. For example, 48% activity in January to March for a contract with 12,000 UDAs equates to 3,090 UDAs. This figure is added to the deemed activity of 9,000 UDAs for April to December (12,090 UDAs) and divided by the NACV (12,000). This equals 100.8%, which results in 0.8% over-performance carried over.

Where contractors deliver at least 80% of this 45% cumulative activity in January to March (i.e. at least 36% of contracted activity for this period) but under 45%:

This will be deemed to be equivalent to the percentage of 45% of usual activity in this period and is calculated by $100/45$ multiplied by actual activity delivered in this 3-month period. For example, a contract with 12,000 UDAs has a pro rata 3-month target of 3000 UDAs, if 36% of this target is achieved (1,080 UDAs) then the deemed activity is calculated by $100/45$ multiplied by 1,080 UDAs to give 2,400 UDAs for this period.

This figure is added to the 75% of credited activity for April to December (9,000 UDAs) to give a total of 11,400 UDAs. This as a percentage of 12,000 UDAs gives an annual achievement of 95% **resulting in a 5% claw back.**

Where contractors deliver less than 80% of this 45% cumulative activity in January to March (i.e. less than 36% of contracted activity for this period):

Contractors will be deemed to have delivered only the actual activity delivered in the months January to March plus any deemed activity for the months April to December (75% /9) where conditions in place at that time were met.

For example, a contract with 12,000 UDAs has a pro rata 3-month target of 3,000 UDAs if 35% of this target is achieved (1,050 UDAs) then this figure is added to the 75% of credited activity for April to December (9,000 UDAs) to give a total of 10,050 UDAs.

This as a percentage of 12,000 UDAs gives an annual achievement of 83.8% resulting in a **16.2% claw back**.

Last month, the BDA stated "Those that fall just below 36% of the activity target are expected to face a 'cliff edge', where they would have to return a significant majority of their NHS funding for the period from 1 January to 1 April 2021 and face potential breach of contract"

"Meanwhile, 41% of contractors are currently operating below 36% of their targets and consequently will face the 'cliff edge'. That leaves many Practices at real financial risk.

We really sympathise with our clients at this difficult time, and as always, we are here to help."

How can QCS help?

Our Appointment Book Policy and Procedure offers a template and guidance on how to make the most of your diary to maximize Patient appointments which may help. This policy also offers reception guidance on the best reports to run to book in Patients that may be part way through their treatments. If you haven't taken a look at this yet, now is the time to do so and maximise your available clinic time.