

**Draft NHS Standard Contract 2020/21: A consultation**

**Stakeholder response document**

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# Introduction

The NHS Standard Contract is published by NHS England and is mandated, under Standing Rules regulations, for use by NHS commissioners when contracting for all healthcare services other than primary care. The Contract is published in two generic versions – the full-length version, and the shorter-form version.

NHS England is now consulting on proposed changes to both versions of the Contract. Draft versions of the Contracts are published, alongside a consultation document describing the main, material changes NHS England is proposing to make, on the NHS Standard Contract [2020/21 webpage](https://www.england.nhs.uk/nhs-standard-contract/20-21/).

# How to respond

NHS England would welcome comments from stakeholders on the proposals, along with any other suggestions for improvement. Comments can be made either by using an [online feedback form](https://www.engage.england.nhs.uk/) (available soon) or by email to england.contractsengagement@nhs.net, using this template.

Full details of the proposed changes are given in the consultation document and draft Contracts, all of which are published on the NHS Standard Contract [2020/21 webpage](https://www.england.nhs.uk/nhs-standard-contract/20-21/). Only brief details are given below.

A small number of the changes are also applicable to the shorter-form version of the Contract. These changes are identified with asterisks (**\*\*\***).

**For each area, please indicate whether a) your organisation supports the proposal, b) your organisation does not support the proposal, or c) the proposal is not applicable to your organisation, and add comments where relevant. Please do not add extra columns or rows to the template, and please return it as a Word document, rather than as a pdf.**

**The deadline for receipt of responses is Friday 31 January 2020.** **We will publish the final versions of the generic Contract (both full-length and shorter-form) as soon after that as possible.**

We are also seeking feedback on five further areas which are either not proposed or mandated for inclusion in the Contract for 2020/21. These are set out in section 3.4 below:

* trajectory for the cancer 28-day faster diagnosis standard;
* model System Control Financial Management Agreement;
* declarations of interest;
* Anticipatory Care and Enhanced Health in Care Homes system models; and
* 18-week patient choice.

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| --- |
| Your details |
| Name: |  |
| Organisation: |  |
| Job title: |  |
| Email address: |  |
| Proposed changesWe describe the changes we propose to make to the Contract for 2020/21 in the consultation document and draft Contracts, published on the [NHS Standard Contract 2020/21 web page](https://www.england.nhs.uk/nhs-standard-contract/20-21/). Only brief details are given below.Key policy changes**Changes affecting specific clinical services**These proposed changes are aimed at improving care in specific clinical services |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 1 | Maternity servicesSC3Definitions | Providers of maternity services must ensure that 51% of women receive continuity of carer during their care by March 2021.  |  |  |  |  |
| 2 | Eating disorder services for children and young peopleSC3Definitions | Providers of eating disorder services for children and young people must achieve the [Access and Waiting Time Standard](https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf) in full by March 2021. |  |  |  |  |
| 3 | Procurement of emergency ambulance vehiclesSC39 | Providers of emergency ambulance services must source any new vehicles under nationally-specified supply contracts for the base vehicle and the conversion. |  |  |  |  |
| 4 | Guidance on inter-facility transfersDefinitions | All providers must comply with the national [framework for arranging emergency inter-hospital ambulance transfers](https://www.england.nhs.uk/publication/inter-facility-transfers-framework/). |  |  |  |  |
| 5 | Early Intervention in Psychosis standardsSchedule 4B | Providers of mental health services must ensure that 60% of patients experiencing a first episode of psychosis wait less than two weeks to start treatment.\*\*\* |  |  |  |  |
| 6 | 72-hour post-discharge follow-up in mental health servicesSchedule 4A | Providers of CCG-commissioned mental health services must ensure that 80% of patients discharged from inpatient care are followed up within 72 hours. \*\*\* |  |  |  |  |
| **Integrated system working and Primary Care Networks (PCNs)**These proposed changes are aimed at promoting effective system-wide collaboration between commissioners and providers within a local health community.  |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 7 | System-wide collaboration to manage performance and financeSC4Schedule 1A | NHS Trusts / FTs and CCGs within each ICS/STP will sign, and act in accordance with, an overarching System Collaboration and Financial Management Agreement (SCFMA), setting out how they will work together to deliver system financial balance. NHSE/I regional teams will also be party to these agreements.Please indicate here if your organisation supports its inclusion in the Contract, and submit any comments on the content of the SCFMA itself in accordance with s3.4 below. |  |  |  |  |
| 8 | Supporting implementation of system-level plansSC4Schedule 8 | Where applicable, CCGs and providers within an ICS/STP must contribute towards the implementation of local system-level plans. |  |  |  |  |
| 9 | Alignment of community mental health services with PCNsSC4 | Providers of community mental health services for adults and older adults must ensure that they put in place arrangements with all PCNs within their footprints, by March 2021, to organise and begin delivering services in an integrated manner.  |  |  |  |  |
| 10 | Supplying or recommending medication for ongoing use in primary careSC11 | Providers of acute, mental health and cancer services must have regard to guidance published by NHS England for GPs on [conditions for which over-the-counter items should not routinely be prescribed](https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/) and [items which should not be routinely prescribed](https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/) when supplying or recommending medication to patients or the patient’s GP. |  |  |  |  |
| 11 | Supporting PCNs to deliver Anticipatory Care and Enhanced Health in Care HomesSC4Schedules 2Ai and 2Aii | Please indicate here if your organisation supports inclusion of Schedules 2Ai and 2Aii in the Contract where applicable, and submit any comments on the [service models](https://www.engage.england.nhs.uk/) themselves to england.networkscontract@nhs.net in accordance with s3.4 below by **Wednesday 15 January 2020**.  |  |  |  |  |
| **Changes relating to patient safety**These proposed changes are aimed at improving patient safety, partly in response to the new [NHS Patient Safety Strategy](https://improvement.nhs.uk/resources/patient-safety-strategy/) launched in July 2019.  |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 12 | Medical Examiners of DeathsSC3 | Providers of acute services (NHS Trusts and FTs) must establish a Medical Examiner’s Office, in accordance with [guidance published by the National Medical Examiner](https://improvement.nhs.uk/resources/establishing-medical-examiner-system-nhs/). |  |  |  |  |
| 13 | Common sources of harm to patients in hospital / Safety ThermometerSC3, SC22Schedule 6A | We propose to remove the Safety Thermometer requirements from the Contract and to introduce a higher-level obligation on acute providers to ensure standards of care for venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers. |  |  |  |  |
| 14 | Patient Safety Incident Response FrameworkSC33 | We propose to signpost the change to the forthcoming single Patient Safety Incident Response Framework. \*\*\* |  |  |  |  |
| 15 | National Patient Safety AlertsSC33 | All providers must ensure that they can receive and respond appropriately to National Patient Safety Alerts. \*\*\* |  |  |  |  |
| 16 | Patient Safety SpecialistsSC33 | All providers must designate an existing staff member as their Patient Safety Specialist. |  |  |  |  |
| 17 | Infection control targets Schedule 4B | Providers of acute services (NHS Trusts and FTs) must achieve specific targets for the reduction of gram-negative bloodstream infections. |  |  |  |  |
| 18 | Infection control sanctions Schedules 4B, 4F | We propose to remove the financial sanctions relating to MRSA and C difficile (CDI) from the Contract. |  |  |  |  |
| **Other broader policy initiatives**These proposed changes are aimed at promoting other more general improvements in how care and treatment are delivered for patients.  |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 19 | EU Exit | We propose to include a new requirement for providers to comply with applicable [EU Exit Guidance](https://www.england.nhs.uk/eu-exit/).  |  |  |  |  |
| 20 | Care and Treatment ReviewsSC6 | Providers of mental health services and of mental health secure services must ensure that CTRs are completed within the applicable timescales. Where this is not done, through any error or omission of the provider, a financial sanction will apply. |  |  |  |  |
| 21 | Choice of clinicianSC7 | A provider may withhold treatment where a patient displays behaviour which constitutes discrimination or harassment (within the meaning of the Equality Act 2010). |  |  |  |  |
| 22 | Screening and onward referral to smoking cessation and alcohol advisory servicesSC8 | Providers must screen inpatients for alcohol and tobacco use, and offer brief advice, interventions and/or onward referral as appropriate. |  |  |  |  |
| 23 | PrescribingSC11 | Providers of acute, mental health and cancer services must have regard to national guidance on [over-the-counter medicines](https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/) and [items that should not be routinely prescribed](https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/). |  |  |  |  |
| 24 | Smoke-free premisesSC17Definitions | NHS Trusts and FTs must use reasonable endeavours to ensure that their premises are smoke-free. |  |  |  |  |
| 25 | NHS Premises Assurance ModelSC17 | NHS Trusts and FTs must complete the safety and patient experience domains of the NHS Premises Assurance Model, and report the findings to their Governing Bodies. |  |  |  |  |
| 26 | NHS Food StandardsSC19Definitions | Each provider must ensure that, from retail outlets and vending machines, catering provision and facilities as appropriate, patients, staff and visitors are offered ready access 24 hours a day to healthy eating and drinking options and that products provided and/or offered for sale meet the requirements set out in NHS Food Standards, including in respect of labelling and portion size. |  |  |  |  |
| 27 | Evidence-Based InterventionsSC29 | Commissioners and Providers of acute services must agree local goals consistent with those set out in the Evidence-Based Interventions Policy, for the aggregate number of interventions to be undertaken by the Provider. |  |  |  |  |
| **Changes relating to workforce issues**These proposed changes relate to staff working in the NHS.  |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 28 | Influenza vaccinationsSC21 | Providers must use all reasonable endeavours to ensure that all staff are vaccinated against influenza. |  |  |  |  |
| 29 | NHS People PlanGC5 | NHS Trusts and NHS Foundation Trusts must develop a plan to implement in full the NHS People Offer (that is, the core standards in relation to work environment and experience of work for staff working in NHS services) to be published in conjunction with the final NHS People Plan. |  |  |  |  |
| 30 | Redundancy and re-hiringGC5 | We propose to extend the existing redundancy and re-hiring provisions in the Contract to VSMs who have been made redundant and have subsequently been re-hired by commissioners. We also propose to expand the coverage of the repayment provision to apply to any VSM who is made redundant, then re-hired by a management consultancy and provides services back to the NHS. We are also proposing to expand the definition of NHS Employer, to include NHS Improvement.  |  |  |  |  |
| 31 | Declarations of interestGC27 | Providers must publish the names and positions of any decision-making staff who have neither completed a declaration of interest nor submitted a nil return on their websites each year. \*\*\*Please indicate here if your organisation supports this inclusion in the Contract, and submit any comments on this proposal and on any other ways in which arrangements for managing declarations of interest can appropriately be strengthened, in accordance with s3.4 below. |  |  |  |  |
| **Changes to bring about a greener NHS**These significant proposed changes are to the requirements of the Contract relating to environmental issues. |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 32 | Environmental issuesSC18 | Providers must put in place and implement a Green Plan, which sets out the provider’s detailed approach to reducing air pollution, cutting carbon emissions, mitigating risks associated with climate change, reducing the use of single-use plastic, reducing levels of waste and water usage, and making provision for the return of walking aids for re-use or recycling. |  |  |  |  |
| **Changes relating to technology, booking systems and data**These proposed changes relate to the use of technology, booking systems and data in the NHS.  |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 33 | Funding for medical technologySC2 | We propose to include Contract provisions requiring the Parties to comply with the proposed new Medical Technology Funding Mandate. |  |  |  |  |
| 34 | Booking of appointments from 111 services into Urgent Treatment CentresSC6 | Providers of Urgent Treatment Centres must, when replacing or updating IT systems and software, they enable direct booking of UTC appointments by providers of NHS 111 and UEC Clinical Assessment Services. |  |  |  |  |
| 35 | Health and Social Care NetworkSC23 | Providers must terminate any remaining N3 services and have in place appropriate access to the Health and Social Care Network by 31 August 2020. |  |  |  |  |
| 36 | Internet First and Code of Conduct for Data-Driven TechnologySC23 | When updating, developing or procuring any information technology system or software, providers must have regard to the [NHS Internet First Policy](https://digital.nhs.uk/services/internet-first/policy-and-guidance) and the [Code of Conduct for Data-Driven Health and Care Technology](https://www.gov.uk/government/publications/code-of-conduct-for-data-driven-health-and-care-technology/initial-code-of-conduct-for-data-driven-health-and-care-technology). |  |  |  |  |
| 37 | Data sharing principles and frameworkGC21 | Commissioners and providers must comply with the [NHS data sharing principles](https://www.gov.uk/government/publications/creating-the-right-framework-to-realise-the-benefits-of-health-data/creating-the-right-framework-to-realise-the-benefits-for-patients-and-the-nhs-where-data-underpins-innovation). |  |  |  |  |
| 38 | Daily submission of Emergency Care Data Sets (ECDS)Schedule 6A | Providers of A&E and Urgent Treatment Centre services are already required to submit ECDS daily. NHS Digital will shortly issue guidance to support the relevant [Information Standard](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0092-2062-commissioning-data-sets-emergency-care-data-set), clarifying that ECDS data must be submitted each day for the previous day. We propose to include a specific requirement in the Contract to support this.  |  |  |  |  |
| NHS financial and business rules**Contract sanctions and financial improvement trajectories** |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 39 | Contract sanctions and financial improvement trajectoriesSC36, GC9 | Where a Trust or an FT signs up to a Financial Improvement Trajectory for 2020/21, certain contractual sanctions will continue to be suspended. |  |  |  |  |
| Technical improvements |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/20-21/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 40 | Dispute resolutionGC14 | We propose to make two changes to the arrangements for dispute resolution, reflecting the arrangements which have been put in place at national level over recent years. |  |  |  |  |
| Other areasWe also welcome comments on the following: |
| 41 | Cancer 28-day [Faster Diagnosis Standard](https://www.england.nhs.uk/cancer/early-diagnosis/#faster), | The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. We welcome comments on this approach – please submit them here. |  |
| 42 | 18 or 26 week choice | We welcome views on whether the national policy and contractual requirement should be to offer choice at 26 weeks separately or whether we should instead adopt an approach of mandating an offer of choice to patients who have breached 18 weeks. We welcome comments on this proposal – please submit them here. |  |
| 43 | Declarations of interest | We intend to include a specific requirement for providers to disclose, on their websites each year, the names and positions of any decision-making staff who have neither completed a declaration of interest nor submitted a nil return. We welcome view on this proposal and on any other ways in which arrangements for managing conflicts of interest can appropriately be strengthened – please submit them here. |  |
| 44 | System Collaboration and Financial Management Agreement (SCFMA) | The draft model System Collaboration and Financial Management Agreement (SCFMA) is available on the [NHS Standard Contract 2020/21 web page](https://www.england.nhs.uk/nhs-standard-contract/20-21/). The detailed content of the SCFMA is not mandatory, but we welcome comments on it; these should be sent under separate cover to england.contractsengagement@nhs.net by **Friday 31 January 2020**. |
| 45 | Anticipatory Care and Enhanced Health in Care Homes | Comments on the Anticipatory Care and Enhanced Health in Care Homes service models are subject to a separate consultation (see <https://www.engage.england.nhs.uk/>), and those wishing to feedback on these should do so to england.networkscontract@nhs.net by **Wednesday 15 January 2020**. |
| Other commentsNHS England would welcome further suggestions for improving the Contract. Please add any further comments you may have below. |
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# Consultation responses

**The deadline for receipt of responses is Friday 31 January 2020. We will publish the final versions of the generic Contract (both full-length and shorter-form) as soon after that as possible.**

Equality and diversity are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to:

* reduce health inequalities in access and outcomes of healthcare services integrate services where this might reduce health inequalities
* eliminate discrimination, harassment and victimisation
* advance equality of opportunity and foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by NHS Standard Contract team, Strategy and Innovation Directorate.

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