

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](#).

1 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](#) (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](#). 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.

2 Your details

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3 Proposed changes

We 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](#). Only brief details are given below.

3.1 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)	Support proposal?			Comments
			Yes	No	NA	
1	Maternity services SC3 Definitions	Providers of maternity services must ensure that 51% of women receive continuity of carer during their care by March 2021.			X	
2	Eating disorder services for children and young people SC3	Providers of eating disorder services for children and young people must achieve the Access and Waiting Time Standard in full by March 2021.			X	

	Definitions					
3	Procurement of emergency ambulance vehicles SC39	Providers of emergency ambulance services must source any new vehicles under nationally-specified supply contracts for the base vehicle and the conversion.			X	
4	Guidance on inter-facility transfers Definitions	All providers must comply with the national framework for arranging emergency inter-hospital ambulance transfers.			X	
5	Early Intervention in Psychosis standards Schedule 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.***			X	
6	72-hour post-discharge follow-up in mental health services Schedule 4A	Providers of CCG-commissioned mental health services must ensure that 80% of patients discharged from inpatient care are followed up within 72 hours. ***			X	

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)	Support proposal?			Comments
			Yes	No	NA	
7	System-wide collaboration to manage performance and finance SC4 Schedule 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.	X			We support the signing and implementation of SCFMAs by participating parties including those stated. It is essential that ICSs are seen to be financially transparent. Full accountability will need to be written into ICS contracts.
8	Supporting implementation of system-level plans SC4 Schedule 8	Where applicable, CCGs and providers within an ICS/STP must contribute towards the implementation of local system-level plans.	X			This will be important if ICSs are to achieve their potential for population level integrated care.

9	Alignment of community mental health services with PCNs SC4	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.			X	
10	Supplying or recommending medication for ongoing use in primary care SC11	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 and items which should not be routinely prescribed when supplying or recommending medication to patients or the patient's GP.			X	
11	Supporting PCNs to deliver Anticipatory Care and Enhanced Health in Care Homes SC4 Schedules 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 themselves to england.networkscontract@nhs.net in accordance with s3.4 below by Wednesday 15 January 2020 .	X			People in care homes need to be offered an equitable service. We support steps to encourage this working with PCNs and MDTs, where relevant and possible. Specific details will need to be discussed between commissioner and provider early in the service design phase.

Changes relating to patient safety

These proposed changes are aimed at improving patient safety, partly in response to the new [NHS Patient Safety Strategy](#) launched in July 2019.

	Topic	Proposed Change (for full details, please refer to the consultation document and draft Contracts)	Support proposal?			Comments
			Yes	No	NA	
12	Medical Examiners of Deaths SC3	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 .			X	
13	Common sources of harm to patients in hospital / Safety Thermometer SC3, SC22 Schedule 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.			X	
14	Patient Safety Incident Response Framework SC33	We propose to signpost the change to the forthcoming single Patient Safety Incident Response Framework. ***		X		We support in principle but cannot fully support until more detail is provided. Due to optical providers not being part of wider NHS IT, they do not have access to StEIS. Instead, optical providers of Standard Contracted services build local serious reporting mechanisms into their services.

15	National Patient Safety Alerts SC33	All providers must ensure that they can receive and respond appropriately to National Patient Safety Alerts. ***		X		As above.
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16	Patient Safety Specialists SC33	All providers must designate an existing staff member as their Patient Safety Specialist.		X		We support in principle although conditional on 14 above. In our view this clause should be clarified to state: • Patient Safety Specialist or • Patient Safety Lead We would then suggest the technical guidance includes a statement to the effect: “The provider should assign a Patient Safety Specialist or Patient Safety Lead based on the risk and complexity in their organisation and care delivered. It is expected for example that all acute trusts will appoint a Patient Safety Specialist, but many community service providers that operate in a low risk environment will nominate an existing regulated health professional to be a Patient Safety Lead.” Explanation In many clinical settings lead clinicians by virtue of their statutory regulation and professional duty of candour etc provide effective safeguards. These regulated health professionals cannot take on titles that are misleading, for example “Patient
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						Safety Specialist” if they have not undergone specialist training in human factors, engineering etc. They can however take on the role of Patient Safety Lead. This in our view means that assigning titles in this important area requires more thought and should be based on risk/complexity. This would have a different meaning for example in an acute trust (high risk and specialism in this area requiring advance skills in human factors etc) to a community practice that offers non-invasive and low risk support.
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.			X	
18	Infection control sanctions Schedules 4B, 4F	We propose to remove the financial sanctions relating to MRSA and C difficile (CDI) from the Contract.			X	

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)	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 .	X			
20	Care and Treatment Reviews SC6	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.			X	
21	Choice of clinician SC7	A provider may withhold treatment where a patient displays behaviour which constitutes discrimination or harassment (within the meaning of the Equality Act 2010).	X			We support this proposal. Clinicians, like all other staff, must be free to perform their vital duties free from discriminatory behaviour on the part of patients.
22	Screening and onward referral to smoking cessation and alcohol advisory services SC8	Providers must screen inpatients for alcohol and tobacco use, and offer brief advice, interventions and/or onward referral as appropriate. A/MH/MHSS.			X	
23	Prescribing SC11	Providers of acute, mental health and cancer services must have regard to national guidance on over-the-counter medicines and items that should not be routinely prescribed .			X	
24	Smoke-free premises SC17 Definitions	NHS Trusts and FTs must use reasonable endeavours to ensure that their premises are smoke-free.			X	

25	NHS Premises Assurance Model SC17	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.			X	
26	NHS Food Standards SC19 Definitions	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.			X	
27	Evidence-Based Interventions SC29	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.			X	

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)	Support proposal?			Comments
			Yes	No	NA	

28	Influenza vaccinations SC21	Providers must use all reasonable endeavours to ensure that all staff are vaccinated against influenza.	X			This may present a challenge in primary care optical practices that provide extended services as they will need to access these services locally. Some staff may be eligible for flu jabs due to other health conditions while others will not. As well as access, this should be proportionate e.g. staff working in an office environment where there is no access to patients, do not have the same risk factors as staff working close to patients. Influenza vaccinations would also incur a cost burden which to local optical practices would have a proportionately greater effect than larger scale providers. Therefore, we would say yes to this clause but conditionally on it only applying to patient-facing staff who should be eligible for NHS-funded flu jabs in the same way as NHS staff.
29	NHS People Plan GC5	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.			X	

30	Redundancy and re-hiring GC5	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.			X	
31	Declarations of interest GC27	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.	X			This is reasonable. Providers with good governance programmes will already ensure that declarations of interest are completed.

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	Support proposal?	Comments
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		(for full details, please refer to the consultation document and draft Contracts)	Yes	No	NA	
32	Environmental issues SC18	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.				<u>Neither yes nor no at this stage</u> While optical practices, as small-scale providers of NHS services employing local people have a limited impact on the environment, they nevertheless are fully committed to mitigating such impact as far as possible. However, measures should be proportionate with commissioners fully understanding the different scale of provision and corresponding environmental impact. We would need reassurance that commissioners recognise the difference in scale between the environmental impacts of Trusts relative to smaller scale providers before we could agree to this proposal.

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)	Support proposal?			Comments
			Yes	No	NA	

33	Funding for medical technology SC2	We propose to include Contract provisions requiring the Parties to comply with the proposed new Medical Technology Funding Mandate.			X	
34	Booking of appointments from 111 services into Urgent Treatment Centres SC6	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.			X	
35	Health and Social Care Network SC23	Providers must terminate any remaining N3 services and have in place appropriate access to the Health and Social Care Network by 31 August 2020.	X			Regrettably, the optical sector still sits outside NHS IT. We support the SC23 proposal because the principle of moving to Internet First, we hope, will encourage moves to connecting the optical sector.
36	Internet First and Code of Conduct for Data-Driven Technology SC23	When updating, developing or procuring any information technology system or software, providers must have regard to the NHS Internet First Policy and the Code of Conduct for Data-Driven Health and Care Technology .	X			We support the SC23 proposal because the principle of moving to Internet First, we hope, will encourage moves to connecting the optical sector
37	Data sharing principles and framework GC21	Commissioners and providers must comply with the NHS data sharing principles .	X			
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 , clarifying that ECDS data must be submitted each day for the previous day. We propose to include a			X	

		specific requirement in the Contract to support this.				
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3.2 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)	Support proposal?			Comments
			Yes	No	NA	
39	Contract sanctions and financial improvement trajectories SC36, 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.			X	

3.3 Technical improvements

	Topic	Proposed Change (for full details, please refer to the consultation document and draft Contracts)	Support proposal?			Comments
			Yes	No	NA	
40	Dispute resolution GC14	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.			X	Relates to Trusts/FTs so n/a.

3.4 Other areas

We also welcome comments on the following:

41	Cancer 28-day Faster Diagnosis Standard ,	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.	We would support the requirement for an offer of choice where 18 weeks has been breached (not waiting until 26 weeks). This is particularly necessary in ophthalmology where delays are causing sight loss as identified National Ophthalmology Database Audit and highlighted again by the Healthcare Safety Investigation Branch -in 2020.
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.	We support this, and as per our comment in the response field in the main body, good governance should see these declarations completed annually.

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 . 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 comments

NHS England would welcome further suggestions for improving the Contract. Please add any further comments you may have below.

In respect of the review into providers of elective ophthalmology services (Technical Guidance 41.5) we are hopeful that commissioners will recognise further the vital role of community optics in helping to reduce HES capacity issues where appropriate. Ophthalmology consistently sees some of the highest elective care figures by speciality in the NHS. However, it is essential that commissioners ensure that out of hospital care is commissioned in such a way that enables primary care to manage patients in the most effective manner without unnecessary duplication of provision.

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.