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To: Regional Directors/Regional Leadership Teams
STP and ICS Leadership Teams
CCGs
Acute and Community Trusts

COVID-19: Partnership working with the Independent Sector Providers and the Independent Healthcare Providers Network (IHPN)

24 March 2020

Dear all

NHS England and NHS Improvement, in collaboration with the Independent Healthcare Providers Network (IHPN), have reached a national agreement with independent sector (IS) healthcare providers to secure all available inpatient capacity and resource in every area in England to form part of our response to COVID-19. This covers all the inpatient facilities and the existing staff working for the providers.

These nationally commissioned and funded contracts will supersede local agreements and operate from Monday 23rd March for a minimum period of 14 weeks.

We expect local agreement will mean the IS providers will deliver a mix of five main services for NHS patients:

1. Inpatient respiratory care to COVID-19 patients needing oxygen therapy, non-invasive ventilation (NIV) and mechanical ventilation in intensive care
2. Urgent, time-dependent NHS elective care services, to maintain priority elective and cancer pathways as the pressure builds from COVID related admissions
3. Diagnostic capacity, in collaboration with the NHS, to maintain urgent priority elective and cancer pathways
4. Inpatient non-elective care to NHS patients to help free up bed capacity in NHS hospitals. Note: These beds should not be used for patients who are medically fit for discharge
5. Making clinical and support staff available who could if needed be redeployed to support care in other settings

More detail about the commissioning model, the implications for existing agreements, and other information, is provided in Appendix 1 to this letter.

The list of provider organisations that are signatories to the agreement are given in Appendix 2. A comprehensive list of the individual inpatient hospitals and day-case facilities operated by these organisations has already been provided to Regional teams, along with full details of their physical capacity and workforce numbers. If there are other providers in your area that could make a contribution to your capacity for dealing with

NHS England and NHS Improvement



COVID-19 we may also be able to support you centrally to incorporate these small number of providers into the contract.

There is no need to engage in parallel local discussions about commissioning and funding, or to gather basic capacity information for contracted providers. The focus should now be on the immediate use of this resource.

Next steps

Regional teams should immediately agree with NHS organisations in their regions, a clear link for every independent sector (IS) provider to a lead acute NHS Trust and/or STP/ICS.

The lead acute NHS Trust or STP/ICS will take responsibility for coordination between the IS provider(s) and other NHS providers across the region and form an '**IS coordination network**': The IS coordination network should be led by the lead acute trust or STP/ICS but include representatives from other NHS acute trusts in the network as well as the IS sites.

Please let the national Independent Sector Coordination Team know by midday on 25th March 2020 who the lead acute NHS Trust is and who the point contact is for each IS contracted provider.

The key task of the 'IS coordination network' is immediately to put to use the extra IS capacity we have now secured. To maximise the safe, efficient and complete use of IS sites will require:

- Developing and communicating the plan for local service mix to be provided by IS sites.
- Applying national NHS elective prioritisation criteria and ensuring compliance across sectors regardless of funding source
- Developing a local workforce register for both the NHS and the IS which monitors levels of staff availability and flexibly deploys people between NHS and IS sites. Employed medical staff capacity is limited in many IS providers and therefore cross-sector consideration needs to be given to how to safely provide care and supervise patients in IS capacity.
- Implement joint training of NHS and IS staff, and ensure IS staff receive equal access to key worker status
- Develop a critical equipment register and deployment plan to support service mix (e.g. ventilators)
- Put in place joint clinical governance and oversight
- Agree the processes for sharing and recording clinical and personal information across organisations
- Implement dynamic bed capacity management data feeds, and responsive management of patient location (in addition to completion of daily SITREP)
- Plan and implement transport implications of patient mix and movements

Since the contracts are now in effect in all areas, the opportunity exists everywhere to support NHS delivery immediately beginning to transfer care to IS sites and maximising the opportunity for the benefits of patients without delay.

Support from central teams

The central Independent Sector Coordination Team will support you by:

- Making connections to national response COVID-19 cells to ensure that supply and support for IS provider sites feature in their work and that they support your local implementation
- Providing central 'Mobilisation Support Teams' who can deliver good practice advice, specific practical services such as analytics and communications support, and tools used successfully in other locations. Further details will follow via Regional teams.

If you have immediate questions about the approach, recommendations or would like to specifically engage support for mobilisation, please contact england.IScoordination@nhs.net. This mailbox is staffed by the Independent Sector Coordination Team lead by Neil Permain (Director of Operations and Delivery, NHSEI) and Rachel Waters (Director of Programme Delivery, NHS England and NHS Improvement).

Many thanks for your continued support of the programme.

Yours sincerely



Neil Permain

Director of Operations and Delivery, NHS England and NHS Improvement

Appendix 1: Summary details of the IS Provider contract for NSH COVID-19 response

Providers included

- The contract covers the vast majority of English IS providers with IP and/or DC capacity
- Some remaining smaller independents or possible conversions will be followed up and could be added
- Pure diagnostic providers are outside of this contract – separate discussions are well advanced
- Purely community providers are collaborating with community/discharge cell via the national response cell on discharge and community services

Capacity data

- There are 7,956 beds, of which currently 160 are ITU and 107 are HDU beds
- There are a total of 1202 ventilators (of which 1012 in theatres) and 5,803 beds have piped oxygen
- The combined sites have 680 theatres, 911 recovery bays, 140 endoscopy rooms and 31 Cath Labs
- Nearly 20,000 employed staff including more than 10,000 nurses, over 700 doctors and over 8,000 other clinical staff

Contract structure and payment

- Providers will be paid centrally by NHSE through a new contract starting 23rd March 2020
- The contract runs for 14 weeks initially with rolling one month notice of extension or termination
- Payment will be based on costs of delivery, with an open book calculation, assessed by an independent auditor
- On 23rd March 2020, all local contracts lapse, then are reinstated at the end of contract

Prioritisation rules

- From 23rd March, the first priority is to accept agreed NHS patients in mix to maximise additional overall NHS capacity and support surge related to COVID-19 with timing being by local agreement after adequate discussion and preparation locally
- From 23rd March to 16th April, IS providers can continue to deliver all types of elective care (NHS or private) if capacity remains
- After 16th April latest, in common with NHS hospitals, IS providers must only deliver priority urgent elective and urgent cancer pathways (same criteria applied to private funded as well as NHS)

Service mix

Mix for each unit to be agreed between unit and NHS locally, with expected functions to focus on:

- Inpatient & outpatient (including supporting pathology & imaging), urgent elective & cancer treatment in line with nationally set criteria to offset reduced NHS capacity leaving NHS to focus on most acute cases;
- Provide NHS inpatient non-elective care (either direct admission or transfer from the NHS)
- Convert day-case only facilities to provide care as per inpatient facilities
- Provision of NHS care for COVID-19 infected patients needing high dependency respiratory support on oxygen therapy and NIV therapy (+/-ITU).

Other key operational provisions

- Principle of parity between NHS and IS employed staff which shall include examples such as keyworker designations, free meals, hotel accommodation and access to COVID-19 testing
- IS providers obliged to comply with reporting requirements e.g. activity data and COVID-19 SITREP
- IS provider remains operationally and clinically responsible for the safe care of patients treated in their facilities (some additional indemnities included)
- Obligation between IS and NHS to maximise use of IS capacity
- Flexibility of movement of staffing and equipment – both ways – between NHS and IS facilities to achieve optimum mix of services across site
- Avoid where possible using IS capacity for patients who are medically fit for discharge

Appendix 2: List of independent sector provider organisations that are signatories to the national agreement

Aspen Healthcare Ltd

Benenden

Care UK Clinical Services

Circle Health Holdings Limited, Circle and BMI

Epsommedical Ltd

Fairfield Independent Hospital

Fortius

HCA International Limited

Healthcare Management Trust

Holder Healthcare

Hospital of St John and Elizabeth

KIMS Hospital Ltd

King Edward VII Hospital

Medical Services International Limited (BUPA Cromwell)

Nuffield Health

One Healthcare Partners Ltd

One Stop Doctors

Phoenix Hospitals

Ramsay Health Care UK Operations Limited

Schoen Clinic London LTD

Spencer Private Hospitals Ltd

Spire Healthcare Limited

The London Clinic

The New Victoria Hospital

The Wellbeck Hospital

Transform Hospital Group Limited