

NHS Standard Contracts 2017/18 – 2018/19

Video presentation for commissioners and providers (available on the [NHS England YouTube channel](#))

Presentation 2 of 3 New policy requirements

Agenda

1	<p>Presentation 1 - Overview of the NHS Standard Contract</p> <ul style="list-style-type: none">• Use of the Contract, including full-length and shorter-form versions• Grant agreements, sub-contracts and non-contract activity• E-Contract system• Supporting publications• Advice and support• Dispute resolution
2	<p>Presentation 2 - New policy requirements</p> <ul style="list-style-type: none">• Primary care / secondary care interface• Other new policy requirements• Service Development and Improvement Plans
3	<p>Presentation 3 - Contract management</p> <ul style="list-style-type: none">• Implications of the two-year contract approach• Prior Approval Schemes• Managing counting and coding changes• Contract sanctions and the Sustainability and Transformation Fund

Primary care / secondary care interface

Why is this important?

GPs are under considerable workload pressure – and NHS England is committed to helping to minimise the administrative burden on practices, so that clinical time can be used to best effect.

One key source of avoidable workload for practices is when secondary care providers, particularly hospitals, don't organise patient care efficiently and don't communicate well with patients and practices. (See <http://www.nhsalliance.org/making-time-in-general-practice/> for details.)

That's why:

- In both the 2016/17 and 2017/19 Contracts, NHS England has included a range of new provisions, trying to move providers towards better practice in these areas, in ways which will be better for patients and reduce unnecessary workload for practices.
- A joint NHSE / NHSI letter to chief executives / accountable officers in July stressed the importance of implementing the 2016/17 requirements (*Improving how hospitals work with general practice – new requirements on hospitals in the NHS Standard Contract 2016/17*, Gateway 05593).
- A Working Group, which will include representatives from national medical bodies has been set up to drive further action to improve the interface between primary and secondary care.

For more detail, see Contract Technical Guidance sections 3.3 and 41

Requirements unchanged from 2016/17

	Requirement	Where
Local access policies	<p>The provider must publish a Local Access Policy, in line with existing guidance.</p> <p>The Contract definition of a Local Access Policy makes clear that hospitals must not adopt blanket policies under which patients who do not attend clinic are automatically discharged back to their GP.</p>	SC6.5 and Definitions
Onward referral	For a non-urgent condition related to the original referral, onward referral to another professional within the same provider is permitted; there is no requirement to refer back to the GP. Re-referral (or GP approval) is only required for onward referral of a non-urgent, unrelated condition.	SC8
GP feedback	Providers are required to take account of GP feedback and to involve GPs when considering service development and redesign.	SC3 .4 and SC12.5
Medication on discharge	Providers must supply medication on discharge from inpatient or daycase care for the period established in local protocols or practice but a minimum of 7 days.	SC11.9

For more detail, see Contract Technical Guidance sections 3.3 and 41

New and amended requirements for 2017/19 (1)

	Requirement	Where
Fit notes	<p>Providers must issue fit notes, where required, to patients under their care, in line with DWP guidance.</p> <p>The expectation is that this is done where patients are seen as part of their normal pathway, not that specific clinic appointments are booked specifically for the purpose of fit note review.</p>	SC11.11
Discharge summaries	<p>Discharge summaries following inpatient or daycase admission must already be sent electronically as structured messages using standardised clinical headings. From 1 October 2018, this requirement also applies to discharge summaries after A&E attendance.</p> <p>From 1 October 2018, transmission of both discharge summaries and clinic letters to general practices must be via direct electronic transmission, not via email.</p> <p>Requirements for communication on discharge from other settings can be set out in Schedule 2J, <i>Transfer of and Discharge from Care Protocols</i></p>	SC11.5 and Definitions

For more detail, see Contract Technical Guidance sections 3.3 and 41

New and amended requirements for 2017/19 (2)

	What	Where
Clinic letters	Where there is information which the GP needs quickly in order to manage a patient's care, the provider must communicate this by issue of a clinic letter within 10 days of attendance (reducing to within 7 days from 1 April 2018). From 1 October 2018, clinic letters must be sent by direct electronic transmission as structured messages using standardised clinical headings.	SC11.7 and Definitions
Medication following clinic attendance	The provider must supply medication following a patient's attendance at clinic, where clinically indicated, for the period required by local protocols or practice, but at least sufficient to meet the patient's immediate needs up to the point at which the clinic letter reaches the GP.	SC11.10
Referral information	The commissioner must seek to ensure that GPs supply the provider with accurate patient contact details and other information required in local referral protocols.	SC6.2

For more detail, see Contract Technical Guidance sections 3.3 and 41

New and amended requirements for 2017/19 (3)

	What	Where
Communication and organisation of care	The provider must organise the different steps in a care pathway promptly and communicate clearly with patients and GPs. This specifically includes notification to patients of the results of clinical investigations and treatments.	SC12
Patient and GP queries	<p>Providers must</p> <ul style="list-style-type: none"> • put in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs, on websites and appointment / admission letters; and • ensure that they respond properly to patient queries themselves, rather than passing them to practices to deal with. 	SC12

Other new policy requirements in 2017/19

NHS e-Referral Service

	What	Where
Electronic Referral System (ERS)	<p>A national CQUIN indicator will incentivise providers to maximise slot availability on ERS during 2017/18.</p> <p>New provisions for non-ERS referrals made to providers of acute services:</p> <p>Referral can be returned to the GP from 1 October 2018.</p> <p>Providers will only be paid for the resulting first outpatient attendance</p>	<p>CQUIN</p> <p>SC6.2A</p>

For more detail, see Contract Technical Guidance s42

Seven day services and discharge requirements

	What	Where
Seven Day Services	Providers of acute, A&E and cancer services must report on their progress in implementing the four clinical priority standards for seven day services (standards 2, 5, 6 and 8)	SC3.9
	Providers of vascular surgery, hyper-acute stroke, major trauma, STEMI heart attack or children’s critical care services must ensure that these services comply with the Seven Day Hospital clinical Priority Standards by 1 November 2017 https://www.england.nhs.uk/ourwork/qual-clin-lead/seven-day-hospital-services/	SC3.10
Discharge requirements	New requirement on commissioners to use best efforts to support safe, prompt discharge from hospital	SC11
	Updated Transfer and Discharge Guidance and Standards definition	Definitions

Self care and coordinated care

	What	Where
Self care	<p>Where clinically appropriate, providers must support service users to develop the knowledge, skills and confidence to take increasing responsibility for managing their own ongoing care</p> <p>https://www.england.nhs.uk/ourwork/patient-participation/self-care/</p>	SC8.7
Co-ordinated care	<p>Requirement provider that staff work effectively and efficiently together, across professional and service boundaries, to avoid unnecessary duplication of process</p>	SC12.1.2

Education, health and care needs assessments, WDES

	What	Where
Education, Health and Care Needs Assessments	New requirement on acute, community and mental health providers to respond to LA requests for input into Education, Health and Care Needs Assessments for children and young people with special educational needs and disabilities within six weeks	SC10.5
Workforce Disability Equality Standard	The Provider must implement WDES from 1 April 2018; submit a report by 31 March 2019 and then annually to the Co-ordinating Commissioner on implementation https://www.england.nhs.uk/about/gov/equality-hub/wdes/	SC13.7

Healthy eating and drinking, conflicts of interest

	What	Where
Conflicts of interest	New requirement on providers to comply with forthcoming publication Managing Conflicts of Interest in the NHS	GC27
Healthy eating and drinking	New provisions on the promotion of healthy eating and drinking options; and the adoption of Government Buying Standards	SC19.9

Data security and information governance

	What	Where
Data security	New requirement for compliance, over time, with the new national data security standards recommended by the Caldicott review	GC21.4
Information governance	Reference to successor framework to the Information Governance Toolkit	GC21.2

For more detail, see Contract Technical Guidance Appendix 7

Data-sharing, HSCN, interoperability

	What	Where
Data sharing in urgent and emergency care services	New requirement on providers of urgent and emergency care services to sign up to data sharing agreements with commissioners and other relevant providers, by 1 April 2017	SC23
H ealth and S ocial C are N etwork	Providers are required to collaborate with NHS Digital in the procurement and implementation of HSCN, the replacement for N3 http://systems.digital.nhs.uk/hscn	SC23.5
Interoperable IT systems	New requirement on providers to use all reasonable endeavours to ensure that key clinical data can be shared other providers via interoperable IT systems, from January 2019	SC23

CQUIN, interest on late payments

	What	Where
CQUIN	References to variation or disapplication of national CQUIN indicators / CQUIN scheme have been removed https://www.england.nhs.uk/nhs-standard-contract/cquin/	SC38
Interest on late payments	Updated to reflect current Department for Business, Innovation and Skills guidance	SC36.46 Definitions

Service Development and Improvement Plans

Service Development and Improvement Plans

SDIPs:

- express agreed actions (commissioner and/or provider) aimed at improving any aspects of services
- can be agreed and included within the contract locally at any stage
- are binding once included in the contract
- are both a local tool and a national one – so our guidance requires SDIPs to be agreed for particular topics / services

SDIPs – national focus for 2017/19

There are two areas for which commissioners should agree SDIPs for 2017/19 with their major local providers:

Secondary / primary care interface:

- Should set out actions to make service organisation more efficient at the interface – with benefits for patients, GPs and hospital staff
- Must specifically ensure full implementation of the new provisions included in the 16/17 and 17/19 Contracts

Smoke-free premises:

- Should set out what action providers will take to ensure that their premises, grounds and vehicles are smoke free by no later than 31 December 2018 (NICE Guideline PH48)
- Applies to providers of acute, maternity and mental health services

For more detail, see Contract Technical Guidance sections 3.14 and 41

Agenda

3

Presentation 3 - Contract management

- Implications of the two-year contract approach
- Prior Approval Schemes
- Managing counting and coding changes
- Contract sanctions and the Sustainability and Transformation Fund