



NHS Standard Contract 2019/20

**Summary of key changes made in
response to consultation feedback**

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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.

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NHS England has now published [the final NHS Standard Contract and Contract Technical Guidance for 2019/20](#). This document summarises the key changes made in the final full-length Contract in response to stakeholder feedback received during the consultation process. (Only one change affects the shorter-form version of the Contract, marked as *** below.)

Policy changes affecting specific services

Topic	Change	Contract Reference
Continuity of carer in maternity services	The NHS Long Term Plan sets out a commitment that, by March 2021, most women will receive continuity of the person caring for them during pregnancy, during birth and postnatally. Building on the existing requirement (set out in the 2018/19 planning guidance) to achieve 20% performance by March 2019, the Contract therefore sets a further interim goal of 35% for March 2020. However, instead of simply including the 35% standard in Schedule 4B of the Contract, we are requiring, through wording in Service Condition 3, each provider to agree with its commissioner and implement a Service Development and Improvement Plan (SDIP), demonstrating the steps they will take during the year to move from 20% performance in April 2019 to the 35% goal by March 2020. Such SDIPs must, of course, be consistent with Local Maternity System Plans. Local Maternity Systems are receiving transformation funding in 2019/20 to support the achievement of this goal.	Service Condition 3
Care for people with learning disabilities	We have made it explicit that the Contract requirement to have regard to NHS Improvement's learning disability improvement standards applies to NHS Trusts and NHS Foundation Trusts at this stage. The NHS Long Term Plan sets out the intention that, by 2023/24, all NHS-funded providers will meet these standards, and we will reflect this in future iterations of the Contract.	Service Condition 3
Adalimumab	We have made the contractual definition of the adalimumab procurement framework more precise and have clarified that each Trust has access under the framework to more than one supplier. It remains the case that use of the framework is not mandated for non-NHS providers.	Service Condition 39
Ambulance service response times	We have amended the proposed financial sanctions for ambulance response times to reflect the clinical urgency of different incident categories. The sanctions are now proportionately higher for Category 1 and 2 incidents and lower for Category 3 and 4.	Particulars Schedule 4A

Other broader policy initiatives

Topic	Change	Contract Reference
Staffing of clinical services	We have amended the Contract requirements on the frequency of Board reporting on staffing issues to reflect current guidance.	General Condition 5
Speaking up and settlement agreements	We have amended the precise wording of the new Contract provisions in this area to be consistent with updated guidance now published by NHS Employers.	General Condition 5
System-wide collaboration and integration of services	We have broadened the wording to include a new reference to the "triple aim", set out in the NHS long Term Plan, of better health for everyone, better care for all patients, and sustainability for the NHS locally and throughout England.	Service Condition 4
Primary Care Networks	The Contract retains the new requirement on community services providers to ensure that their services are organised and delivered in such a way as to integrate effectively with the local configuration of Primary Care Networks (PCNs). However, we have amended the wording to make clear that this is a "reasonable endeavours" requirements which applies from 1 July 2019, in line with the national "go live" date for PCNs.	Service Condition 4
NHS e-Referral Service	We have amended the Contract requirement on the use of eRS for elective mental health services to allow a longer lead-in time. Services must be listed on eRS and able to receive GP referrals by no later than 31 March 2020.	Service Condition 6
Infection control and antimicrobial stewardship	We have clarified that the requirement to achieve ongoing reductions in use of antibiotics applies to NHS Trusts and NHS Foundation Trusts only. The requirement remains for "reasonable endeavours" to be used, and we have clarified that reductions are not to be pursued at the expense of good patient care.	Service Condition 21
Evidence-based interventions	To promote consistency, we have removed the flexibility in the draft Contract wording which explicitly allowed CCGs to adopt a "more stringent" approach than that set out in the national policy on evidence-based interventions published by NHS England.	Service Condition 29
Use of NHS Number	We have made clear that the new Contract provision relating to the NHS Number (aimed at ensuring it is always available to staff at the point of care delivery) is a "reasonable endeavours" requirement. Appropriate care or treatment should of course not be denied to any patient simply because the NHS Number is not available.	Service Condition 23

NHS financial and business rules

Topic	Change	Contract Reference
Sanctions for 52-week-wait breaches	The arrangements for 52-week-wait breach sanctions, set out in the draft Contract and Guidance, remain unchanged, with use of the associated funding being overseen by NHSE/NHSI regional teams. Further guidance on reporting requirements and other practical issues will be made available in due course.	Particulars Schedule 4A
Changes to the National Tariff Payment System	Consultation on the draft National Tariff for 2019/20 has closed, and NHSE/NHSI have confirmed that the objection threshold has not been met. We have therefore included provisions in the final Contract to enable the new “blended payment” arrangements for emergency acute services to be expressed in local contracts. At the same time, we have removed the previous provisions covering the marginal rate and emergency readmissions rules. (Worked examples for completion of Schedule 3D are now included in our Technical Guidance.)	Service Condition 36 and Particulars Schedule 3D and E
Counting and coding changes	We have not made further changes to the wording of the Contract itself, but have added clarifications to the Guidance, relating to the management of coding updates published by NHS Digital for implementation on 1 April 2019.	Service Condition 28

Technical changes

Topic	Detailed change	Contract Reference
Contract management	We have amended the minor change we proposed to the contract management provisions. This now makes more explicit that, where the provider is in breach of contract and the process for remedying this is stalled as a direct result of unreasonableness or failure to engage on the part of the provider, the commissioner may withhold funding until the relevant impasse is overcome. This provision should be used very infrequently, but it is an important safeguard for patient care.	General Condition 9
Activity and Finance Report	Our proposal to standardise contract monitoring reports and supporting datasets for all CCG- and NHSE-commissioned acute and mental health services provoked much feedback. In summary, there was qualified support for standardisation as the right direction of travel, but with significant concerns raised (especially by some providers) over the detailed data	Particulars Schedule 6A

Topic	Detailed change	Contract Reference
	<p>specifications and the timescales for implementation. In discussion with NHS Digital, we have agreed a final position for 2019/20 as follows.</p> <ul style="list-style-type: none"> • The standardised approach will <u>not</u> be mandated for CCG-commissioned services for 2019/20 (but will remain the norm, as currently, for NHSE-commissioned services). • After detailed review of the consultation feedback, NHS Digital will publish Information Standards Notices <u>for voluntary implementation</u> – enabling those providers which are ready to move to the new approach to do so during 2019/20, with their commissioners’ agreement. • NHS Digital will review progress and will make a decision, later in 2019, on whether to mandate a standardised approach for April 2020 onwards. 	

Additional requirements

We have added two (non-material) requirements to the Contract for 2019/20.

Topic	Change	Contract Reference
Referrals to local authority services ***	Building on the progress made through the 2017/19 “risky behaviours” CQUIN indicator, we have added a requirement on providers to ensure that, where clinically appropriate, staff refer patients to local authority smoking cessation and drug and alcohol advisory services.	Service Condition 8
Provision of sanitary products	In response to feedback from the British Medical Association, we have included a new requirement (effective from 1 July 2019) for providers to make available supplies of sanitary products, free of charge, to hospital inpatients. NHS England and NHS Improvement are considering how funds will flow to resource this new requirement.	Service Condition 17