Draft NHS Standard Contract 2020/21: A consultation

Proposed changes to the NHS Standard Contract for 2020/21

First published: December 2019

Prepared by: NHS Standard Contract Team
england.contractsengagement@nhs.net

Classification: Official

Publication Approval Number: 001184

Contents

Contents 2
1 Introduction 3
2 Period covered by the Contract 3
3 Clinical Review of NHS Access Standards 4
4 Proposed changes to the full-length Contract 5
4.1 Key policy changes 5
4.2 NHS financial and business rules 14
4.3 Technical improvements and other smaller changes 15
5 The shorter-form Contract 16
6 Consultation responses 17

1 Introduction

The NHS Standard Contract is published by NHS England and is mandated, under Standing Rules regulations, for use by NHS commissioners to contract for all healthcare services other than primary care services.

The Contract is published in two generic versions – the full-length version, which is used to commission the bulk of such services by value, and the shorter-form version, which can be used in defined circumstances for certain services where lower financial values are involved.

NHS England has been considering a range of changes to the Contract – to keep it up-to-date and relevant; to ensure it correctly relates to new legislation; to ensure it reflects significant new policies; and to deliver technical improvements. NHS England is now consulting on updated versions of both the full-length and shorter-form versions of the Contract. Both are available on the NHS Standard Contract 2020/21 webpage.

This paper describes the main, material changes we are proposing to make to both versions of the Contract, and we would welcome comments from stakeholders on our proposals, along with any other suggestions for improvement.

We welcome comments from stakeholders on our 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, preferably using the standard template available on the NHS Standard Contract 2020/21 webpage.

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.

A variant of the full-length Contract, designed specifically for use for commissioning an integrated package of services for a population through a lead provider (the Integrated Care Provider Contract), is also available (https://www.england.nhs.uk/integrated-care-provider-contract/19-20/). Following this consultation, changes which are made to the final full-length version of the generic Contract will be carried over as appropriate to the Integrated Care Provider Contract, an updated version of which will be published in due course.

2 Period covered by the Contract

The Contract is intended to set national terms and conditions applicable for the 2020/21 financial year.

If issues arise in-year which require any amendment to the Contract, NHS England will consult on and publish a National Variation for implementation locally; it is likely

that this will be necessary, during 2020/21, to give effect to the recommendations of the ongoing Clinical Review of NHS Access Standards (see below).

NHS England will in due course review the Contract again and consult on potential further changes to take effect from 1 April 2021.

None of this means that commissioners may only award contracts covering the single financial year of 2020/21. There will be situations where commissioners decide that it is appropriate to award longer-term contracts covering multiple years. Where they do so, they will need to implement all National Variations for 2021/22 and for each subsequent year of their contract term, so that their local contract continues to reflect the mandatory national terms and conditions of the Contract as they evolve.

3 Clinical Review of NHS Access Standards

A national review of NHS standards for access to key services is ongoing. Field-testing of revised standards (for urgent and emergency care, mental health, cancer and elective care) is being undertaken, and a progress report was published in October 2019. The progress report commits NHS England and NHS Improvement to a process of public engagement on revised standards and sets out an indicative timetable as follows.

- For urgent and emergency care, where the field testing has been running longer and will be able to conclude sooner, the intention is to support the NHS to begin any recommended changes from 1 April 2020.

- For elective care and cancer, implementation is likely to be during mid 2020/21.

- In mental health, where completely new standards are being proposed, implementation will be to a longer timeframe, as testing is likely to continue in 2020/21.

The revised standards will ultimately replace and/or augment many of those which are included in the current Contract at Schedules 4A and 4B. Our intended approach to updating the Contract to reflect the new standards is set out below.

- We have not proposed any changes to the current standards through the draft Contract documents being published at this stage; rather, the separate engagement process will propose new standards for introduction.

- The one exception is the long-planned cancer 28-day Faster Diagnosis Standard, which we propose to include in Schedule 4A of the Contract with effect from 1 April 2020. We propose an initial threshold 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 views on this approach.

- We will include the final standards for urgent and emergency care, approved following that separate engagement, in the final 2020/21 Contract, so long as timings permit.

- Revised standards in other areas are likely to be introduced into the Contract via an in-year National Variation during 2020/21.

4 Proposed changes to the full-length Contract

We describe below the main, material changes we propose to make to the full-length version of the Contract for 2020/21.

4.1 Key policy changes

Changes affecting specific clinical services

This section sets out proposed changes which are aimed at improving care in specific clinical services.

Topic	Change	Contract Reference
Maternity services	The 2019/20 Contract introduced a standard for the proportion of women who receive continuity of carer during their maternity care. We propose to continue the gradual upward trend in this standard, in line with the published national trajectory, raising the threshold from 35% at March 2020 to 51% at March 2021. We also propose to amend the definition of the standard, reflecting the requirement for women to experience continuity across the whole pathway, rather than simply to be booked onto a continuity of carer pathway	Service Condition 3 and Definitions
Eating disorder services for children and young people	The 2019/20 Contract introduced a requirement on providers of eating disorder services for children and young people to maximise the number of service users starting treatment within the timescales set out in the Access and Waiting Time Standard. We now propose to amend this, and to require providers to achieve the Access and Waiting Time Standard in full by March 2021.	Service Condition 3 and Definitions
Procurement of emergency ambulance vehicles	The Contract already includes a requirement for providers of emergency ambulance services to source any new vehicles they procure in accordance with a new national specification. We intend to expand this requirement so that the provider must source the vehicle under nationally-specified supply contracts for a) the base vehicle and b) the conversion.	Service Condition 39
Guidance on inter-facility transfers	National guidance was published in July 2019 setting out a framework for arranging emergency inter-hospital ambulance transfers. We propose to require providers to comply with this framework by including it within the	Definitions

	definition of Transfer and Discharge Guidance and Standards, referenced in Service Condition 11.	
Early Intervention in Psychosis standards	The Contract contains a National Quality Requirement in relation to patients experiencing a first episode of psychosis. Again, we propose to continue the gradual upward trend in this standard, in line with the published national trajectory, raising the threshold from 56% of Service Users waiting less than two weeks to access treatment in 2019/20 to 60% from 1 April 2020. ***	Particulars Schedule 4B
72-hour post-discharge follow-up in mental health services	For many years, the Contract has contained a standard for patients discharged from inpatient mental health care to be followed up within seven days. Following the successful implementation of a CQUIN indicator during 2019/20, we propose to tighten the standard to 72 hours for CCG-commissioned mental health services. ***	Particulars Schedule 4A

Integrated system working and Primary Care Networks (PCNs)

This section sets out proposed changes which are aimed at promoting effective system-wide collaboration between commissioners and providers within a local health community.

Topic	**Change**	**Contract Reference**
System-wide collaboration to manage performance and finance	As proposed in the Tariff Engagement Document, we intend to reflect in the Contract the expectation that NHS Trusts / Foundation Trusts 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. A model version of this SCFMA, for local adaptation, is available on the NHS Standard Contract 2020/21 web page; our approach is intended to set a minimum requirement, not to prevent partners within an ICS/STP from adopting (or retaining) a more ambitious collaboration agreement. Further guidance on the SCFMA is set out within our Contract Technical Guidance.	Service Condition 4 Particulars Schedule 1A
Supporting implementation of system-level plans	We propose to update existing references to Local System Operating Plans so that these relate to the long-term plans which have now been agreed at ICS/STP level for 2020/21 onwards. The Contract will thus continue to require both commissioner and provider to contribute towards implementation of such system-level Plans, with Schedule 8 allowing each party's obligations under the relevant Plan to be set out in detail, if required, thereby giving them contractual force.	Service Condition 4, Particulars Schedule 8
Alignment of community mental health	In order to facilitate the move towards new integrated primary and community mental health models in all STPs/ICSs from April 2021 as set out in the NHS Mental	Service Condition 4

services with PCNs	Health Implementation Plan 2019/20 – 2023/24 and the Community Mental Health Framework, we are proposing to ask that all providers of community mental health services for adults and older adults put in place arrangements with all PCNs within their footprints, by March 2021, to organise and begin delivering services in an integrated manner.	
Supplying or recommending medication for ongoing use in primary care	We propose to add a new requirement on providers – when supplying medication to patients on discharge or in clinic or when recommending medications for GPs to supply – to 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.	Service Condition 11

We also propose to include new requirements in the Contract for relevant providers of community health services (including community mental health services) to work with PCNs to implement new national service models for Anticipatory Care and Enhanced Health in Care Homes. NHS England and NHS Improvement have now published provisional descriptions of these two service models, which are being introduced as part of new arrangements announced in the five-year framework for GP contract reform.

The draft Contract sets out brief proposed wording in Service Condition 4, with the service-specific detail contained in new Schedules 2Ai and 2Aii, which align closely to the content of the service models document. NHS England and NHS Improvement are conducting a separate engagement exercise to firm up the service model descriptions (see https://www.engage.england.nhs.uk/), and those wishing to feed back on these should do so to england.networkscontract@nhs.net by Wednesday 15 January 2020.

The final contractual requirements for community services providers (including those operating under the shorter-form Contract ***) will be confirmed in the light of

- feedback to the separate engagement process on the service descriptions; and

- the conclusion of negotiations between NHS England and the British Medical Association in relation to the 2020/21 GMS Contract, through which the requirements on PCNs will be agreed.

Changes relating to patient safety

This section sets out changes which are aimed at improving patient safety, partly in response to the new NHS Patient Safety Strategy launched in July 2019.

Topic	Change	Contract Reference
Medical Examiners of Deaths	We propose to include a new requirement for acute providers (NHS Trusts and Foundation Trusts only) to establish a Medical Examiner's Office, in accordance with guidance published by the National Medical Examiner. The Office will, initially, review those deaths occurring on the Trust's premises and not referred to the coroner, ensuring that the certification of death is accurate and scrutinising the care received by the patient before death.	Service Condition 3
Common sources of harm to patients in hospital / Safety Thermometer	Feedback suggests that the existing Contract requirements on use of the Safety Thermometer are creating too great a bureaucratic burden, and not facilitating learning. We therefore propose to remove the specific requirements relating to use of the Safety Thermometer and, instead, introduce a higher-level obligation on acute providers to ensure and monitor standards of care in the four clinical areas which the Safety Thermometer addresses – venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers.	Service Conditions 3 and 22, Particulars Schedule 6A
Patient Safety Incident Response Framework	The NHS Patient Safety Strategy indicates that the current NHS Serious Incident Framework and Never Events Policy Framework will be replaced, over the next two years, by a new single Patient Safety Incident Response Framework. To accommodate and signpost this planned change, we propose adding a specific reference to "successor frameworks" to the existing requirements relating to the current Frameworks. ***	Service Condition 33
National Patient Safety Alerts	The National Patient Safety Alerting Committee is establishing new, co-ordinated and accredited arrangements for the issuing of National Patient Safety Alerts to providers. We propose to include a new requirement for providers to ensure that they can receive each relevant National Patient Safety Alert, identify appropriate staff to coordinate and implement actions required within the timescale the Alert prescribes, and confirm and record when those actions have been completed. ***	Service Condition 33
Patient Safety Specialists	The NHS Patient Safety Strategy envisages the establishment of a network of patient safety specialists, one in each provider, to lead safety improvement across the system. We therefore propose to include a requirement on each provider to designate an existing staff member as its Patient Safety Specialist.	Service Condition 33

Infection control targets	The Contract has for many years included targets relating to MRSA and C difficile (CDI). The NHS has continued to achieve year-on-year reductions in the rates of these bloodstream infections, but rates of other gram-negative bloodstream infections (E.Coli, MSSA, Klebsiella and Pseudomonas) have generally risen, and these now pose a more significant challenge. NHS England and NHS Improvement now propose to set annual targets for Trust- and CCG-level reductions in these other gram-negative bloodstream infections, and we intend that these should be reflected in the Contract.	Particulars, Schedule 4B
Infection control sanctions	Feedback from stakeholders is that the current arrangements for financial sanctions for MRSA and CDI are no longer fit for purpose. They are not consistent with each other, with sanctions applying to every MRSA case but only where a specific "lapse in care" is identified for CDI cases. The process of assessing whether there has been a "lapse in care" simply generates bureaucracy, with commissioners and providers spending too much time demonstrating an audit trail to show that there was no lapse in care – rather than assessing more rapidly whether there is learning to be taken from a particular case. We therefore propose to remove from the Contract the financial sanctions relating to MRSA and CDI.	Particulars Schedules 4B and 4F

Patient choice

The 2019/20 Planning Guidance proposed a new approach of offering patients waiting over 26 weeks for treatment the choice to move to a new provider. NHS England and NHS Improvement have been working with a number of pilot sites around the country to test this new approach and develop guidance and implementation tools to support it.

In that context, we have been considering whether we should use the 2020/21 Contract to require commissioners and providers to implement the 26-week choice initiative – and we have included brief wording to this effect in Service Condition 6 of the draft Contract, with the expectation that detailed guidance would be published shortly. The main onus would be on the commissioner to arrange the offer of choice and to pay for treatment under its commissioning contracts; but providers would have an important supporting role to play.

Of course, there are already legal entitlements for patients likely to wait over 18 weeks to choose to move provider. The key difference is that choice at 18 weeks has so far been a right which a patient can choose to exercise, whereas we have been viewing choice at 26 weeks as something which the commissioner and provider must offer.

We are conscious, however, that it may make better sense to amalgamate the two arrangements, so that – as a new requirement under the Contract – choice must be

offered at the point the patient actually breaches 18 weeks or is informed that he/she is likely to.

We are therefore seeking views on whether it would be more appropriate to proceed with a separate 26-week choice initiative, as originally envisaged in the 2019/20 Planning Guidance, using the brief wording in Service Condition 6, or to adopt the approach of mandating a further offer of choice to patients who have breached 18 weeks.

Other broader policy initiatives

This section sets out proposed changes which are aimed at promoting other more general improvements in how care and treatment are delivered for patients.

Topic	Change	Contract Reference
EU Exit	We propose to include a new requirement for providers to comply with applicable EU Exit Guidance. ***	Service Condition 2
Care and Treatment Reviews	It is essential that Care and Treatment Reviews (CTRs) (for people in inpatient learning disability units) are carried out at the intervals set out in Care and Treatment Review Guidance. We propose to include a specific new requirement on providers to collaborate with commissioners to 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.	Service Condition 6
Choice of clinician	We have expanded the scope of an existing provision to require that a provider may withhold treatment where a patient displays behaviour which constitutes discrimination or harassment (within the meaning of the Equality Act 2010) towards staff or other patients.	Service Condition 7
Screening and onward referral to smoking cessation and alcohol advisory services	The Contract already includes a broad requirement relating to onward referral of appropriate patients to smoking cessation and alcohol advisory services. There has been a more specific CQUIN indicator in this area in 2019/20, which will be "retired" for 2020/21. We therefore propose to amend the Contract wording to reflect more closely the requirements of the current CQUIN indicator as "business as usual", focussing on the screening of inpatients for alcohol or tobacco use, with brief intervention and/or onward referral offered as appropriate.	Service Condition 8
Prescribing	We have proposed a new requirement for providers, when supplying medication to patients on discharge or from clinic or when recommending medication to be prescribed to patients by GPs, to have regard to national guidance on over-the-counter medicines and items that should not be routinely prescribed.	Service Condition 11

Smoke-free premises	We propose to amend the Contract to include a requirement for all NHS Trusts and NHS Foundation Trusts to ensure that their premises and grounds are smoke-free. (This applies to the smoking of any product including, but not exclusive to tobacco, that is lit and burned; it does not apply at this stage to e-cigarettes.)	Service Condition 17
NHS Premises Assurance Model	We propose to include a new requirement for each NHS Trust and NHS Foundation Trust to complete the safety and patient experience domains of the NHS Premises Assurance Model, and to report the findings to its Governing Body. The final requirements will be confirmed in the light of feedback to this consultation.	Service Condition 17
NHS Food Standards	We have amended the existing Contract provisions so that 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.	Service Condition 19
Evidence-Based Interventions	We propose to include a new requirement for commissioners and providers to agree local activity goals in relation to the interventions covered by the national Evidence-Based Interventions guidance.	Service Condition 29

Changes relating to workforce issues

This section sets out proposed changes in provisions of the Contract relating to staff working in the NHS.

Topic	**Change**	**Contract Reference**
Influenza vaccinations	We propose to include a new requirement on providers to use all reasonable endeavours to ensure that all staff are vaccinated against influenza.	Service Condition 21
NHS People Plan	We propose to include a new requirement on providers to 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.	General Condition 5

Redundancy and re-hiring	The Contract has for some time included provisions relating to the re-hiring, by providers, of Very Senior Managers (VSMs) who have recently been made redundant by an NHS employer. Under these arrangements, the new employer must ensure that provisions are included in the employment contract of the individual, requiring – in specified circumstances – repayment of some or all of the redundancy payment the individual has received. We now propose to broaden the scope of the provisions so that they also apply to redundant VSMs re-hired by commissioners and to any VSM who is re-hired, following redundancy, by a management consultancy and whose time is then "sold back" to the NHS. We are also proposing to expand the definition of NHS Employer, to ensure that a VSM made redundant by NHS Improvement is subject to the same regime as a VSM made redundant by other NHS organisations. (Note also that the provisions apply to those made redundant from VSM positions, regardless of whether their new employment is as a VSM or in a lower-paid role.)	General Condition 5
Declarations of interest	The Contract already requires compliance with Managing Conflicts of Interest in the NHS. We now intend to include a specific requirement for providers to disclose, on their websites each year, the names and positions of any decision-making staff (as defined in the above) who have neither completed a declaration of interest nor submitted a nil return. We welcome views on this proposal and on any other ways in which arrangements for managing conflicts of interest can appropriately be strengthened. ***	General Condition 27

Changes to bring about a greener NHS

This section sets out significant changes proposed to the requirements of the Contract relating to environmental issues. The new provisions are set out in Service Condition 18 of the full-length Contract and will require each provider to put in place and implement a Green Plan. Green Plans must set out the provider's detailed plans and actions for 2020/21 in pursuit of NHS Long Term Plan commitments on:

- reducing air pollution – including by transitioning its fleet to low and ultra-low emission vehicles; by replacing oil and coal for primary heating with less polluting alternatives; by implementing expenses policies for staff which promote sustainable travel choices; and by ensuring that any car leasing schemes restrict the availability of high-emission vehicles;

- cutting carbon emissions – by reducing emissions from the provider's premises generally; by (as clinically appropriate) reducing the use, or atmospheric release, of environmentally-damaging anaesthetic agents such as desflurane; and by reducing carbon impacts from the prescription and disposal of propellant asthma inhalers;

- adapting its premises and the way in which services are delivered to mitigate risks associated with climate change and severe weather;

- reducing the use of single-use plastic products and observing the NHS Plastics Pledge to eliminate avoidable single-use plastics in NHS catering facilities; and

- reducing levels of waste and water usage and making provision for the return of walking aids for re-use or recycling.

The proposed Contract wording requires each provider to quantify its environmental impacts and publish annual quantitative progress data, covering as a minimum carbon emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

We have also clarified the requirements on providers arising from the Public Services (Social Value) Act 2012; these are now spelled out more fully in Service Condition 18.5.

For the first time, we propose to include an abbreviated set of these provisions in the shorter-form version of the Contract ***.

Changes relating to technology, booking systems and data

This section sets out proposed changes relating to the use of technology, booking systems and data in the NHS.

Topic	Change	Contract Reference
Funding for medical technology	NHS England and NHS Improvement have recently consulted on proposals for a new Medical Technology Funding Mandate. The consultation proposed that new guidance should be issued mandating the use by NHS providers of specific innovative technologies, with arrangements for funding these set out under the National Tariff rules and with the arrangement underpinned by the inclusion of new obligations in the NHS Standard Contract. The consultation has closed, but NHS England and NHS Improvement have not yet announced their response to the feedback received. In the interim, therefore, we have included draft provisions in the Contract to give effect to the Funding Mandate, as envisaged in the consultation. The final position will be confirmed once the response to the consultation on the Funding Mandate has been published.	Service Conditions 2 and 39
Booking of appointments from 111 services into Urgent Treatment Centres	We propose to add a new requirement on providers of Urgent Treatment Centres to ensure that, 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, in accordance with new standards published by NHS Digital.	Service Condition 6

Health and Social Care Network	We propose to update the Contract wording on transition from N3 to the Health and Social Care Network, requiring transition to be completed by 31 August 2020, in line with the previously-published national deadline.	Service Condition 23
Internet First and Code of Conduct for Data-Driven Technology	We propose to include a new requirement on providers, when updating, developing or procuring any information technology system or software, to have regard to the NHS Internet First Policy and the Code of Conduct for Data-Driven Health and Care Technology.	Service Condition 23
Data sharing principles and framework	DHSC has published data sharing principles to help the NHS realise benefits for patients and the public where the NHS shares data with researchers. We propose to include a new requirement for commissioners and providers to comply with the principles.	General Condition 21
Daily submission of Emergency Care Data Sets (ECDS)	NHS Digital already mandates that providers of A&E and Urgent Treatment Centre services must submit ECDS daily. It is essential that all providers submit accurate, up-to-date ECDS data on a timely basis. NHS Digital will shortly be issuing guidance to support the relevant Information Standard, making explicit the expectation 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.	Particulars Schedule 6A

4.2 NHS financial and business rules

Contract sanctions and financial improvement trajectories

It remains a key national priority to ensure that the NHS provider sector returns to overall financial balance. As part of this, all NHS Trusts and NHS Foundation Trusts have been asked to sign up to financial improvement trajectories for 2020/21. We propose that any Trust which does so will continue to be protected from the impact of certain contractual sanctions, broadly in line with the arrangements which have applied since 2016. The Contract wording giving effect to this suspension of sanctions continues to be set out in Service Condition 36.38 and General Condition 9.26, with appropriate amendment from the 2019/20 provisions. ***

This measure affects the financial sanctions which would otherwise apply where providers fail to deliver certain of the national standards set out in Schedules 4A and 4B of the Particulars of the Contract. The national standards for which sanctions remain active for all providers are those covering cancelled operations, mixed sex accommodation, the duty of candour and 52-week waits.

For the future, as we implement the outcome of the Clinical Review of NHS Access Standards, we will review the ongoing appropriateness of the current sanctions regime.

Changes to the National Tariff Payment System

NHS England and NHS Improvement are consulting separately on changes to the National Tariff Payment System for 2020/21. The proposals include establishing new blended payment arrangements, these will be mandatory for outpatient care, whereas for maternity services Local Maternity Systems will be able to choose between retaining the current pathway tariff approach and moving to a blended payment model.

At this stage, we have added a new provision at Service Condition 36 to give effect to the new outpatient rule; we envisage that the detailed local agreement in respect of both outpatients and maternity (where applicable) would be set out in Schedule 3A (Local Prices). We will confirm the final position when we publish the final Contract, after the outcome of the Tariff consultation is known.

4.3 Technical improvements and other smaller changes

We propose to make a number of technical changes which we believe will make the Contract more effective in practice.

Topic	Change	Contract Reference
Service categories and eContract	In some instances, the Contract sets out, in respect of the same issue, slightly different provisions which are apply to different services a provider may offer. We use "service categories" to differentiate between these different provisions, and this approach generally works well. There can be some lack of clarity, however, where the same provider provides a range of different services, and we have therefore proposed changes to a small number of Service Conditions to ensure that, where the eContract system is used, the resulting contract documentation makes absolutely clear which provisions apply to which services.	Service Conditions 3, 7 and 29
WRES and WDES	We have aligned the provisions of the Contract relating to the Workforce Race Equality Standard and the Workforce Disability Equality Standard to make them more consistent.	Service Condition 13
Antibiotic prescribing	We have proposed a minor change to ensure clarity on the required reduction in rates of antibiotic prescribing. The new requirement introduced a year ago was for a 1% year-on-year reduction from the 2018 baseline level. In accordance with this, the specific requirement in 2020/21 is therefore for a cumulative reduction of 2% from the 2018 baseline level; the wording change makes this clear.	Service Condition 21
Safeguarding	We propose updates to a number of aspects of the Contract in this area: • updating references to intercollegiate guidance on safeguarding training; *** and • reflecting the introduction, via amendments to the Mental Capacity Act, of Mental Capacity and Liberty Protection Safeguards Leads. ***	Service Condition 32 and Definitions

Topic	Change	Contract Reference
Dispute resolution	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. Specifically, we propose that • mediation should be arranged jointly by NHS England and NHS Improvement for disputes involving NHS Foundation Trusts (as well as for NHS Trusts, as currently); and • Expert Determination for disputes involving NHS Trusts and NHS Foundation Trusts will be undertaken by an Expert allocated by NHS England and NHS Improvement, rather than via CEDR or any other body.	General Condition 14
Local reporting requirements	For 2019/20, we introduced a requirement for local patient datasets (under Local Requirements Reported Locally) to be submitted via NHS Digital's Data Landing Portal. We propose to amend the wording slightly to clarify that this requirement applies only to patient-identifiable data, not pseudonymised or aggregate data. ***	Particulars Schedule 6A

We have made other minor changes to rationalise and improve the Contract where we have considered it appropriate to do so.

5 The shorter-form Contract

A small number of the changes described in sections 3.1 to 3.4 above are also appropriate to include within the shorter-form version of the Contract. These changes are identified with asterisks (*******) in the tables above and relate to:

- Early Intervention in Psychosis standards
- 72-hour post-discharge follow-up in mental health services
- Supporting Primary Care Networks to deliver Anticipatory Care and Enhanced Health in Care Homes
- Patient Safety Incident Response Framework
- National Patient Safety Alerts
- Greener NHS
- Contract sanctions and financial improvement trajectories
- EU Exit
- Declarations of interest
- Safeguarding
- Local reporting requirements

The shorter-form Contract remains significantly 'lighter-touch' than the full-length version. Our Contract Technical Guidance continues to describe the situations where use of the shorter-form Contract is encouraged – as well as those for which it is not designed.

6 Consultation responses

We invite you to review this consultation document and the two draft Contracts (available on the NHS Standard Contract 2020/21 webpage) and provide us with feedback on any of our proposals.

Comments can be made either by using an online feedback form (available soon) or by email to england.contractsengagement@nhs.net, preferably using the standard template available on the NHS Standard Contract 2020/21 webpage.

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.

Promoting equality and addressing health inequalities 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 eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

Published December 2019
Published in electronic format only