

# Draft NHS Standard Contract 2020/21

Audio presentation 3 of 4

New national policy initiatives included in the  
draft Contract for 2020/21

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NHS England and NHS Improvement



# Welcome

- This is the third of four audio presentations which we have prepared to help to explain the changes proposed to the NHS Standard Contract for 2020/21.
- This is the agenda we will be working through in the four separate presentations:

Presentation 1	Introduction to the Contract
Presentation 2	Local system collaboration and integration
Presentation 3	New national policy initiatives included in the draft Contract for 2020/21
Presentation 4	Changes affecting NHS “business rules” for 2020/21

# 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.
- The Contract now includes a requirement on each provider to designate an existing staff member as its Patient Safety Specialist, to be in place by 30 June 2020.
- The new requirement is in SC33.
- The Contract defines a Patient Safety Specialist as “the individual designated by the Provider to provide leadership and visibility and expert support to patient safety in relation to the Services”.
- Further guidance will be provided in due course, in terms of a more detailed model role description and the development of the network approach.

# National Patient Safety Alerts

- A National Patient Safety Alert is a communication on an issue critical to patient safety, issued to relevant providers of NHS-funded healthcare services using the national template and accredited process approved by the [National Patient Safety Alerting Committee](#) (NaPSAC)
- NaPSAC is establishing new, co-ordinated and accredited arrangements for the issuing of Alerts to providers – for further details, see <https://improvement.nhs.uk/resources/national-patient-safety-alerting-committee/>
- We propose to include a new Contract 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
  - confirm and record when those actions have been completed.
- This new requirement is set out in SC33.

# Medical Examiners of Deaths

- A new medical examiner system is being rolled-out across England and Wales to provide proper scrutiny of all deaths not referred to the coroner.
- The Contract now requires 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 requirement can be found in SC3.
- Each 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.
- In time, the system will expand to cover the certification of all deaths within a specified geographical area, including in other NHS and other care settings, as well as in the community.
- The new system will be funded in part by income from cremation forms; NHSE/I will meet other costs agreed with Trusts.
- Queries can be sent to [nme@nhs.net](mailto:nme@nhs.net)

## Common sources of harm to patients

- The Contract has included for some years requirements about the completion of the NHS Safety Thermometer. For acute services, this has involved submitting very detailed information about venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers.
- Feedback suggests that these requirements are creating too great a bureaucratic burden, rather than facilitating learning.
- So we have
  - removed the references to the Safety Thermometer in SC3 and Schedule 6A
  - reduced the level of detail specified in SC22 in relation to venous thromboembolism
  - introduced a new obligation in SC22, described at a much higher level, on acute providers to assure and monitor standards of care in the four clinical areas above.
- The Provider now simply has to provide one annual report to the Co-ordinating Commissioner on its performance in these areas (as set out in Schedule 6A).

# Infection control targets

- There have been targets for the number of cases of major infections for many years
  - a Trust-specific target for the number of cases of C difficile
  - a “zero tolerance” target for MRSA
- These targets will remain in place
- For 2020/21, there will be a new set of targets for gram-negative bloodstream infections (GNBSI) – E coli, pseudomonas aeruginosa and klebsiella – numbers of these have been rising in recent years.
- The new annual reduction targets (for NHS Trusts / FTs only) will be published by NHSE/I in the same way as for C difficile – likely to be at <https://improvement.nhs.uk/resources/healthcare-associated-infections/>
- The requirement to achieve the target is shown in Schedule 4B of the Particulars, with a definition in Appendix 3 of the Contract Technical Guidance
- There will be no financial sanctions in respect of infection control standards in 2020/21

# Mental health

- Eating disorder services for children and young people (SC3.15) – 95% of Service Users to commence treatment within timescales set out in the [Access and Waiting Time Standard](#)
- Early intervention in psychosis (Schedule 4B) – 60% of Service Users experiencing a first episode of psychosis to commence treatment within two weeks
- 72 hour follow up (Schedule 4A) – 80% of Service Users discharged from a CCG-commissioned mental health to be followed up within 72 hours



# Alcohol and tobacco use and Smoke-free premises

- Alcohol and tobacco use screening and offer of brief advice (SC8.7) – providers of acute, mental health and mental health secure services must screen inpatients for alcohol and tobacco use and offer advice and referral
  - See Public Health England guidance <https://www.gov.uk/government/publications/preventing-ill-health-commissioning-for-quality-and-innovation>
  - Health Education England guidance <https://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions/>
- Smoke-free premises (SC17.8 and definitions) – NHS Trusts and Foundation Trusts must use reasonable endeavours to ensure that their premises are smoke-free.

# NHS food standards

## Context:

- NHSE/I already working on a review of food standards for patients, staff and visitors
- Secretary of State then announced an additional [review of food in hospitals](#)

In response, we have amended the Contract provisions for 2020/21:

- continued requirement for providers to have in place a food and drink strategy
- new requirement to offer healthy eating and drinking options 24 hours per day – from provider's own facilities, retail outlets and/or vending machines
- new (future-proofed) definition of NHS Food Standards

# Data sharing and Internet First

## Data sharing principles and framework GC21.23

- DHSC has published a set [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 at GC21.

## Internet First / Code of Conduct for Data-Driven Technology SC23.9

- 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](#).

## Green NHS

- The **Long Term Plan** includes specific system-wide commitments on the NHS's role in reducing air pollution, recognising the adverse impact that pollution has on people's health
- NHSE/I also recognise the role that the NHS has to play in addressing climate change and over-use of plastics
- Collectively, NHS providers have a huge estate and a huge vehicle fleet, and use a huge volume of plastics and other non-biodegradable products. Collectively, their actions can make a big difference.
- With that in mind, we have proposed **significant changes to the requirements of the Contract relating to environmental issues**

# Green NHS

- SC18 of the full-length Contract requires each Provider to put in place and implement a Green Plan. Green Plans must set out in detail the Provider's proposed actions for 20/21 in relation to:
  - 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,and the Provider must implement those actions diligently.

## Green NHS

- SC18 also requires the Provider to quantify its environmental impacts and publish annual quantitative progress data, covering as a minimum carbon emissions in tonnes, emissions reduction projections and the way in which those projections will be achieved

# Redundancy and rehiring

- There is ongoing concern and press coverage of a **perceived “revolving door” in the NHS**: senior managers being made redundant and receiving large redundancy payments, only to be re-employed by another commissioner or provider very soon afterwards
- Several years ago we introduced detailed provisions at GC5 of the full-length Contract, requiring Providers:
  - to ensure people they employ or take on as contractors disclose whether they have received a redundancy payment on leaving a VSM post from an NHS Employer in the previous 12 months
  - to ensure that anyone who has, repays an appropriate proportion of that redundancy payment (based on a formula set out in the Contract) to their former employer, either through direct arrangements or via deductions from their income from the Provider

# Redundancy and rehiring

- **For 20/21, we're proposing two key changes to those provisions:**
  - to ensure that **Commissioners (CCGs and NHSE) are subject to the same obligations as Providers** when employing or engaging people recently made redundant from NHS VSM roles
  - to ensure that people made redundant from VSM roles with NHSI are subject to the same “clawback” regime as applies to ex-employees of NHSE, CCGs, NHS Trusts and FTs
- And a further provision, to ensure that **consultancies engaged by NHS Commissioners or Providers** don't sell back to the NHS the time and expertise of ex-VSMs they have recruited unless those VSMs have paid back to their former employer the appropriate proportion of their redundancy payment



# Evidence-Based Interventions

- The **Evidence-Based Interventions Policy** is about minimising the number of interventions which are clinically inappropriate or which are appropriate only when performed in specific circumstances – so that patients are spared from treatments that are unlikely to do them any good, and so that NHS resources and clinicians' time are better spent on treatments which are proven to be clinically effective: <https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/>
- For 19/20 we introduced (at SC29 of the full-length Contract) an obligation on **Commissioners and Providers to comply with the EBI Policy, managing referrals and providing services accordingly. Commissioners are not liable to pay for interventions covered by the EBI Policy where the requirements of the policy have not been complied with**
- To reinforce that, we propose to include a new requirement for Commissioners and Providers to **agree local activity goals in relation to the interventions covered by the EBI Policy**: in other words, to have in place local targets for the number of relevant interventions carried out, with the aim of focusing minds on minimising unnecessary or ineffective treatments.

# 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**
- The technologies which NHSE/I propose are covered initially are placental growth factor-based testing to help diagnose pre-eclampsia, SecurAcath – a device to secure catheters, and HeartFlow FFRCT – software to allow non-invasive testing of fractional flow reserve in diagnosis of coronary disease
- The consultation proposed that these arrangements would to be **underpinned by the inclusion of new obligations in the NHS Standard Contract**

## Funding for medical technology

- The consultation has closed, but NHSE/I have not yet announced their response to the feedback received
- But in the interim, we have included draft provisions in the Contract (**SC2 and SC39**) to give effect to the Funding Mandate, as envisaged in the consultation
- These require Providers and Commissioners to comply with their obligations under the Funding Mandate - for **Providers to use the specified innovative technologies where appropriate, and for Commissioners to pay for them as pass-through costs where indicated in Annex A to the National Tariff**
- The final position will be confirmed once the response to the consultation on the Funding Mandate has been published.

# Conflicts of Interest and Transparency on Gifts and Hospitality

- GC27 requires the Provider to comply, and ensure that its staff comply, with NHS England guidance on managing conflicts of interest <https://www.england.nhs.uk/about/board-meetings/committees/coi/> and with other law and guidance on accepting gifts, hospitality and other inducements and actual or potential conflicts of interest.
- One of the things that the NHSE guidance requires is that staff who are involved in making procurement and other decisions involving spending of public money must make **declarations of actual or potential conflicts of interests and of gifts** and other potential inducements they have received
- It has become apparent that this isn't being done in many organisations
- So we are proposing an addition to GC27, requiring the Provider to **publish on its website**, as soon as possible after the end of each contract year, the **names of any decision-making staff who have neither completed a declaration of interest nor submitted a nil return** in respect of that contract year
- The hope is that this additional transparency will encourage individuals to make full and accurate disclosures as a matter of course

# Service development and improvement plans (SDIPs) 1

- See Contract [Technical Guidance](#) s41
- **Providers of mental health and mental health secure services** – prepare for implementation of training for all relevant staff in restrictive and restraint practices. The provider must source training from a certified in-house team or external supplier, and the training must comply with the Restraint Reduction Network Training Standards published at <http://restraintreductionnetwork.org>. Where the provider has already sourced such training, the SDIP must set out how the provider will commence the roll out of the training.
- **Providers of maternity services** - set out the steps the commissioner and provider will each take to ensure that 51% of women will receive a continuity of carer pathway by March 2021 (see SC3).
- **Providers of emergency ambulance services** – progress towards full implementation of the requirements of Service Condition 23.4 (availability and use of the NHS Number) and Service Condition 23.6 (viewing of patients' Summary Care Records).

# Service development and improvement plans (SDIPs) 2

- **Providers of elective ophthalmology services** - set out the steps the provider will take to ensure that it responds appropriately to recommendations in the [report by the Healthcare Safety Investigation Branch](#) on timely monitoring for patients with glaucoma.
- **Providers of acute services** - set out what the commissioner and provider will each do to implement the [Transfers of Care Around Medicines \(TCAM\)](#) initiative, which is a national scheme aimed at providing, via community pharmacies, extra support on discharge from hospital to high-risk patients taking multiple medications

# Data Quality Improvement Plans (DQIPs)

- **See Contract [Technical Guidance](#) s43.14**
- **Providers of maternity services** – set out the steps the provider will take to improve the accuracy and completeness of its submissions to the Maternity Services Data Set v2 (MSDS v2.0). The DQIP should set out the actions which the provider will take to fully conform with:
  - Information Standards Notice DCB1513 (MSDSv2) - as soon as possible
  - Information Standards Notice DCB3066 (Digital Maternity Record Standard) - by 30 November 2020.

# Help and support

Website:

<https://www.england.nhs.uk/nhs-standard-contract/20-21/>

This hosts the full-length and shorter-form Contracts, the Contract Technical Guidance and other publications including

- model Collaborative Commissioning Agreement
- model sub-contracts and guidance

Model grant agreement and guidance <https://www.england.nhs.uk/nhs-standard-contract/grant-agreement/>

Email helpdesks for queries:

- on the NHS Standard Contract via [nhscb.contractshelp@nhs.net](mailto:nhscb.contractshelp@nhs.net)
- on CQUIN via [e.cquin@nhs.net](mailto:e.cquin@nhs.net)
- on Who Pays? via [england.responsiblecommissioner@nhs.net](mailto:england.responsiblecommissioner@nhs.net)
- on the eContract system [england.econtract@nhs.net](mailto:england.econtract@nhs.net)
- on the National Tariff Payment System [nhsi.pricing@nhs.net](mailto:nhsi.pricing@nhs.net)



# Contract Technical Guidance

Our [Contract Technical Guidance](#) contains detailed advice on use and interpretation of the NHS Standard Contract and, more broadly, on many aspects of commissioning and contracting within the NHS, including

Contract duration and extension	Managing provider performance and quality of care
Varying contracts	Managing activity and referrals
Financial sanctions	Information requirements and counting and coding changes
Sub-contracting	Managing payment
Managing disputes	Contract termination and exit arrangements

Please do use the Technical Guidance as a reference point.

# Feeding back

The Contract consultation closes on Friday 31 January 2020.

You are welcome to feedback your views on the changes we are proposing to the Contract for 2020/21. You can do this in two ways:

- by using the online survey available at <https://www.engage.england.nhs.uk/consultation/proposed-changes-nhs-standard-contract/>
- by email to [england.contractsengagement@nhs.net](mailto:england.contractsengagement@nhs.net), using the template response document available at <https://www.england.nhs.uk/publication/draft-nhs-standard-contract-2020-21-a-consultation-stakeholder-response-document/>

We will publish the final version of the Contract as soon as possible after we have reviewed the consultation responses.

# Conclusion

- Thanks for listening.
- Remember, there are three other separate presentations which you can access on the NHSE/I YouTube channel:

Presentation 1	Introduction to the Contract
Presentation 2	Local system collaboration and integration
Presentation 3	New national policy initiatives included in the draft Contract for 2020/21
Presentation 4	Changes affecting NHS “business rules” for 2020/21