

**NHS Standard Contract 2021/22**

**Proposed new arrangements for paying for low-volume activity flows: A consultation**

**Stakeholder response document**

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# Introduction

1. We are consulting on significant changes, to take effect from 1 April 2021, to the arrangements for contracting and paying for low-volume flows of activity between CCGs and NHS Trusts / NHS Foundation Trusts. There will be, as usual, a further consultation during the winter on other changes to the NHS Standard Contract for 2021/22.
2. This will largely, but not solely, affect what is known as “non-contract activity”. The intention of the changes would be to reduce the level of bureaucratic burden which the historic arrangements create, cutting – by a very significant extent – the number of low-value invoices being submitted by Trusts and reducing the amount of CCG and Trust staff time which is spent on issuing, validating, contesting and settling such invoices.
3. If approved following this consultation, the new arrangements will be introduced by a combination of changes to the NHS Standard Contract for 2021/22 and changes to the way in which NHS England and NHS Improvement manage CCG allocations. The proposed changes affect the full length version of the Contract, and are not applicable to the shorter-form version of the Contract.
4. We have published the following materials in support of this consultation on the NHS Standard Contract [2021/22 webpage](https://www.england.nhs.uk/nhs-standard-contract/21-22/).
5. draft versions of the full length Contract showing the proposed changes as ‘tracked changes’
6. consultation document
7. financial analysis showing our assessment for each CCG-to-Trust relationship, including:
8. our assumption of which CCGs must be signatories to the “host” contract with a particular Trust for 2021/22, and which CCGs would become non-signatory parties
9. our assumption as to which CCG would act as Co-ordinating Commissioner in respect of each Trust; and
10. our assessment of the initial non-recurrent adjustment which would be needed to each CCG’s financial allocation for 2021/22

# How to respond

NHS England would welcome comments from stakeholders on the proposals, along with any other suggestions for improvement. Comments can be made by email to [england.contractsengagement@nhs.net](mailto:england.contractsengagement@nhs.net), using this template, or via the online survey available at https://www.engage.england.nhs.uk/consultation/nhs-standard-contract-2021-22/.

**For each area, please indicate whether a) your organisation supports the proposal, or b) your organisation does not support the proposal, and add comments. If you are submitting detailed comments in response to question 8a, please do so as a separate attachment. Please do not add extra columns or rows to the template, and please return it as a Word document, rather than as a pdf. The deadline for receipt of responses is Thursday 31 December 2020.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your details | | | | | |
| Name: | |  | | | |
| Organisation: | |  | | | |
| Job title: | |  | | | |
| Email address: | |  | | | |
| Stakeholder comments | | | | | |
|  | **Proposed Change**  **(for full details, please refer to the** [**consultation paper, draft Contract, and supporting documents**](https://www.england.nhs.uk/nhs-standard-contract/21-22/)**)** | | **Support proposal?** | | **Comments** |
| **Yes** | **No** |
| 1 | Do you believe that implementation of these proposals would reduce costs and administrative burdens for the NHS overall? | |  |  |  |
| 2 | Do you agree with our proposal to set the threshold for the new arrangements at an expected annual contract value of £200,000? If not, what figure would you propose? | |  |  |  |
| 3 | Do you agree with the detailed changes we are proposing to the NHS Standard Contract to support the LVA approach? | |  |  |  |
| 4 | Do you think that we should build financial adjustments for actual levels of Low-Volume Activity into the new arrangements, or treat payment on a simple block basis? | |  |  |  |
| 5 | Do you see any risks or disadvantages in the proposed new approach? What are these and how best can they be mitigated? | |  |  |  |
| 6 | What factors do we need to consider in setting up the new arrangements to work for the period beyond 2021/22? | |  |  |  |
| 7 | Overall, do you support the new arrangements broadly as proposed? | |  |  |  |
| 8a | Please check the outputs of the analysis described in paragraph 34 of the consultation document.  Does the analysis contain any material errors?  If so, please add comments in the box provided, or in a separate attachment. | |  |  |  |
| 8b | Is there a good reason not to see use a three-year average figure as we have proposed? | |  |  |  |
|  | | | | | |

# Consultation responses

Please send your completed response document to [england.contractsengagement@nhs.net](mailto:england.contractsengagement@nhs.net), or respond via the online survey available at https://www.engage.england.nhs.uk/consultation/nhs-standard-contract-2021-22/ by **Thursday 31 December 2020.**

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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