

**Draft NHS Standard Contract 2021/22: A consultation**

**Stakeholder response document**

Version number: 1

First published: January 2021

Updated: NA

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Classification: Official

Publication Approval Number: PAR272

# Introduction

The NHS Standard Contract is published by NHS England and is mandated, under Standing Rules regulations, for use by NHS commissioners when contracting for all healthcare services other than primary care. The Contract is published in two generic versions – the full-length version, and the shorter-form version.

NHS England is now consulting on proposed changes to both versions of the Contract. Draft versions of the Contracts are published, alongside a consultation document describing the main, material changes NHS England is proposing to make, on the NHS Standard Contract [2021/22 webpage](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/).

# How to respond

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

Full details of the proposed changes are given in the consultation document and draft Contracts, all of which are published on the NHS Standard Contract [2021/22 webpage](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/). Only brief details are given below.

A small number of the changes are also applicable to the shorter-form version of the Contract. These changes are identified with asterisks (**\*\*\***).

**For each area, please indicate whether a) your organisation supports the proposal, b) your organisation does not support the proposal, or c) the proposal is not applicable to your organisation, and add comments where relevant. 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 Friday 5February 2021.** **We will publish the final versions of the generic Contract (both full-length and shorter-form) as soon after that as possible.**

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| --- |
| Your details |
| Name: |  |
| Organisation: |  |
| Job title: |  |
| Email address: |  |
| Proposed changesWe describe the changes we propose to make to the Contract for 2021/22 in the consultation document and draft Contracts, published on the NHS Standard Contract [2021/22 webpage](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/). Only brief details are given below.Key changes**Changes to reflect updated national policies** |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 1 | Interface with primary careService Condition 3.17 | We propose to include a new requirement for each provider to publish a self-assessment of its performance against the existing interface with primary care requirements and to agree and implement an action plan to address any deficiencies. |  |  |  |  |
| 2 | Collaborative work in Integrated Care SystemsService Condition 4.6 | The Contract already contains a requirement on commissioners and providers to work together to deliver their local system plan and in support of the NHS’s “triple aim” of better health, better care and financial sustainability. We propose to strengthen this by including a specific reference to active participation in, and constructive mutual support and challenge to and from members of, the local Integrated Care System. |  |  |  |  |
| 3 | Remote consultationsService Condition 10.5 | We propose to add a requirement for providers to offer patients, wherever clinically appropriate, a choice between a remote consultation and a face-to-face one. |  |  |  |  |
| 4 | Tackling health inequalitiesService Conditions 13.9-10 andSchedule 2N | We propose to amend the Contract to require each provider to identify a board-level executive responsible for overseeing the Provider’s actions to address and reduce health inequalities. We also propose to add a new Health Inequalities Action Plan Schedule to the Particulars. |  |  |  |  |
| 5 | Green NHSService Condition 18 and definitions | We intend to continue to strengthen the requirements in the Contract on green issues by adding requirements on providers to:* identify a board-level officer accountable for actions to deliver on ‘Net Zero’ commitments;
* ensure all electricity purchased is from certified renewable sources; and
* implement further measures focused on the reduction of harmful greenhouse gases and air pollution.
 |  |  |  |  |
| 6 | Infection Control and PreventionService Condition 21.1 | We propose to add a specific requirement that all providers must designate an infection control and prevention lead at Board level.  |  |  |  |  |
| 7 | Evidence-based interventionsService Condition 29.28-31 and Definitions | National guidance on a second set of 31 additional interventions has now been endorsed by NHSE/I and published on the Academy of Medical Royal Colleges website. We propose to adapt the Contract wording and definitions to include appropriate reference to this second set of guidance. |  |  |  |  |
| 8 | SafeguardingService Condition 32.8 | We propose to broaden the existing requirement in relation to supporting implementation of the [Child Protection Information Sharing Project](https://digital.nhs.uk/services/child-protection-information-sharing-project), with this in future applying to all providers (including specifically outpatient and mental health services), rather than just to urgent and emergency acute services as previously.  |  |  |  |  |
| 9 | Freedom To Speak UpGeneral Condition 5.9 | We propose to strengthen the Contract wording on “freedom to speak up” by requiring providers to inform the National Guardian’s Office of the identity of its nominated Freedom To Speak Up Guardian(s); and to co-operate with the National Guardian’s Office in any case reviews. \*\*\* |  |  |  |  |
| **Changes to support Primary Care Networks** |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 10 | Enhanced Health in Care HomesParticulars Schedule 2AiService Condition 4.10 | Contract requirements for Enhanced Health in Care Homes came into effect gradually during 2020/21 – so we now propose to update Schedule 2Ai to remove references to actions which were to have taken place in 2020/21 and to make clear that these are now ongoing requirements for 2021/22. \*\*\* |  |  |  |  |
| 11 | Anticipatory CareParticulars Schedule 2AiiService Condition 4.9 | We propose to include detailed requirements for relevant providers of community physical and mental health services to work with PCNs to implement the Anticipatory Care model. \*\*\* |  |  |  |  |
| **Changes relating to people issues** |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 12 | Black, Asian and minority ethnic representationService Condition 13.7 | We propose to require each provider to publish a five-year action plan setting out how it will ensure that the level of black, Asian and minority ethnic representation in its board and senior workforce will reflect that in its overall workforce, or in its local community, whichever is higher. |  |  |  |  |
| 13 | NHS People PlanGeneral Condition 5.1 | We propose to amend the Contract wording to make it clear that providers must implement the actions expected of employers as set out in the NHS People Plan.  |  |  |  |  |
| 14 | Core Skills Training FrameworkGeneral Condition 5.5 | We propose to add a requirement to the Contract that a provider must provide its staff with training in accordance with the requirements of the Core Skills Training Framework. \*\*\* |  |  |  |  |
| 15 | Hosting of doctors in trainingGeneral Condition 5.7 | Health Education England will shortly publish new guidance setting out the role of non-NHS providers to work with Trusts in hosting doctors in training. We propose to include a requirement for providers to have regard to this guidance.  |  |  |  |  |
| 16 | Violence prevention and reduction standardGeneral Condition 5.9 | We propose to add a requirement on providers to have regard to the new NHS Violence Prevention and Reduction Standard. \*\*\* |  |  |  |  |
| 17 | Workforce sharingGeneral Condition 5.12 | NHSE/I have published an Enabling Staff Movement Toolkit, which provides suitable documentation to support workforce sharing between organisations. We propose to add a requirement that, where providers intend to agree workforce-sharing arrangements, they should do using the Toolkit documentation. |  |  |  |  |
| Changes to simplify financial aspects of NHS contracting**Contract sanctions and financial improvement trajectories** |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 18 | Removal of financial sanctions for failure to achieve national standardsSchedules 4A, B and C); SC36.37-38; GC9.26 | We propose to remove from the Contract nationally set sanctions on providers for failing to achieve national quality and performance standards. This will be more consistent with today’s emphasis on collaborative working at Integrated Care System level. \*\*\* |  |  |  |  |
| 19 | Reduced frequency of financial reconciliationSC36.28-35; SC28.18-23; GC9.12-25 | NHS payment rules under the National Tariff Payment System now place greater emphasis on fixed payments for many providers/services, with much less variation in relation to actual levels of activity in-year. We propose to reduce the frequency of financial reconciliation required under the Contract from monthly to quarterly, thus reducing the administrative burden. \*\*\* |  |  |  |  |
| Technical improvements and other smaller changes |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** | **Support proposal?** | **Comments** |
| **Yes** | **No** | **NA** |
| 20 | Counter-fraud arrangementsService Condition 24 | The NHS Counter-Fraud Authority (NHSCFA) will be publishing revised counter-fraud requirements in line with the new Government Functional Counter-Fraud Standard. We propose to amend the Contract provisions accordingly. \*\*\* |  |  |  |  |
|  | We also propose to make a number of smaller changes to the Contract, set out under section 3.3 of the consultation paper. If you have any comments on these, please add them in the ‘other comments’ section below. |
| 4. System Collaboration and Financial Management Agreement |
|  | **Topic** | **Proposed Change****(for full details, please refer to the** [**consultation document and draft Contracts**](https://www.england.nhs.uk/nhs-standard-contract/21-22/nhs-standard-contract-2021-22-consultation-documents/)**)** |  |  |  | **Comments** |
| 21 | System Collaboration and Financial Management Agreement (SCFMA) | The Contract continues to require, at Service Condition 4.9, that CCGs and NHS Trusts / Foundation Trusts 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. A slightly updated model SCFMA, for local adaptation, is published on the NHS Standard Contract 2021/22 webpage. We welcome feedback on the model SCFMA.  |  |  |  |  |
| Other commentsNHS England would welcome further suggestions for improving the Contract. Please add any further comments you may have below. |
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# Consultation responses

**The deadline for receipt of responses is Friday 5February 2021. We will publish the final versions of the generic Contract (both full-length and shorter-form) as soon after that as possible.**

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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Published January 2021

Published in electronic format only