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**NHS Standard Contract**

**Model Individual Placement Agreement**

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# Introduction

The NHS Standard Contract must be used where an NHS commissioner is funding a service user’s placement in a care home or package of home care. We strongly encourage commissioners to consider using the shorter-form version of the Contract for this purpose, and to make the contracting process easier we have developed a model Individual Placement Agreement.

We know that many commissioners have successfully used the Contract as a framework for care home placements. One way of doing this is where an NHS Standard Contract is entered into with the provider, with processes for “call-off” of activity set out in Schedule 2A and prices/day rates for activity (perhaps based on a needs assessment) set out in Schedule 3A. The Commissioner then raises a purchase order (PO) or individual placement agreement (IPA) for each placement, and the PO or IPA references the Contract which is in place between the parties. (To be clear, a PO or IPA may only be used when there is an NHS Standard Contract in place with the provider; they must not be used in isolation.)

Where the commissioner prefers to enter into a separate contract for each care home placement, the IPA may be added to the contract with the provider in Schedule 2A.

Use of the model IPA is not mandated, and CCGs may wish to adapt it for their local circumstances.

Further information on the NHS Standard Contract is available in the [Contract Technical Guidance.](https://www.england.nhs.uk/nhs-standard-contract/) The NHS Standard Contract Team provides a helpdesk service for email queries. Please contact nhscb.contractshelp@nhs.net if you have questions about this model IPA or the operation of the NHS Standard Contract in general.

# Individual Placement Agreement

This Individual Placement Agreement is made between [*insert Commissioner name*] and [*insert Provider name*] on [*insert date of agreement*].

It is made under the terms of the NHS Standard Contract agreed between [*insert names of all the parties to the contract, including all of the commissioners, in the case of a multi-commissioner contract*] for [*insert the names of the services commissioned under the Contract*], dated [*insert the date of contract from page 3 of the Particulars*] and bearing Contract Reference [*insert the contract reference from page 3 of the Particulars*] (the **Contract**). Ithas been made in order to enable an individual Service User to receive care and/or treatment from the Provider in accordance with the Service Specification Number [*insert the number of the relevant Service Specification from Schedule 2A of the above contract*] for [*insert the name of the Service, as set out in the Service Specification*] in the agreed Contract.

The details of the agreed arrangements are set out below.

**1. Service User**

|  |  |
| --- | --- |
| **Last name:** |  |
| **First name:** |  |
| **Title:** |  |
| **NHS number:** |  |
| **Address:** |  |

**2. Care package, price and review arrangements**

|  |  |
| --- | --- |
| **Care start date:** | *[Include here the date on which the Provider will start providing the Service to the Service User]* |
| **Care package:** | *[Include here relevant details identifying the specific care package to be provided, as described in the Service Specification. This could simply mean identifying which complexity or dependency banding the Service User falls into, for instance. If the package is an individual bespoke one, additional detail such as weekly care hours or requirement for 1-1 care may need to be included.]* |
| **Price:** | *[If there is an agreed price in the contract for the care package to be provided, state here that “The Price for the Service will be as set out in Schedule 3A of the Contract”. If the care package is an individual bespoke one, state here the actual price agreed, being careful to make clear what is included and what is not.]* |
| **Review arrangements:** | *[Insert here either a cross-reference to the agreed arrangements for ongoing review of placements and care packages in the Contractor, if necessary, describe the specific review arrangements which will apply in this case.]*  |

**3. Invoicing, financial reconciliation and payment**

|  |  |
| --- | --- |
| **Payment arrangements** | The arrangements for invoicing, financial reconciliation and payment set out in Service Condition 36 of the Contract will apply.*[Add further details to clarify which specific terms within SC36 will apply.* * *If there is an Expected Annual Contract Value (EACV), for which the Provider is invoicing monthly in advance, with a subsequent quarterly reconciliation process, then SC36.24-27 and SC36.31-32 will apply; in this case, you will need to be clear whether the EACV is to be updated to allow for this additional IPA.*
* *If there is no EACV agreed, then SC36.36A will apply, with the Provider invoicing retrospectively on a monthly basis within 20 working days of the end of the month in question.]*
 |
| **Address to which the provider should send invoices and reconciliation accounts** | *[Include the relevant details here, having regard to the requirement in Service Condition 36.49 relating to electronic submission of invoices.]**Note that all references are to the full-length version of the Contract. Update as necessary to cross-refer to the relevant sections of the shorter-form version of the Contract, where this is being used. The relevant terms in the shorter-form Contract are SC36.20-25, SC36.27 and SC36.38 respectively.* |

**4. Commissioner and Provider contact details**

The contact details set out below are for day-to-day operational purposes only. The Commissioner and Provider Representatives and the addresses for the service of Notices are as set out in the Particulars of the Contract.

Commissioner:

|  |  |
| --- | --- |
| **Address:** |  |
| **Key contact 1 name:** |  |
| **Key contact 1 telephone:** |  |
| **Key contact 1 email:** |  |
| **Key contact 2 name:** |  |
| **Key contact 2 telephone:** |  |
| **Key contact 2 email:** |  |

Provider:

|  |  |
| --- | --- |
| **Address:** |  |
| **Key contact 1 name:** |  |
| **Key contact 1 telephone:** |  |
| **Key contact 1 email:** |  |
| **Key contact 2 name:** |  |
| **Key contact 2 telephone:** |  |
| **Key contact 2 email:** |  |

**5. Agreement**

The Parties have signed this Individual Placement Agreement on the date(s) shown below.

|  |  |
| --- | --- |
| **SIGNED by** | **……………………………………………………….****Signature** |
| **[INSERT AUTHORISED SIGNATORY’S****NAME] for****and on behalf of****[INSERT COMMISSIONER NAME]** | **……………………………………………………….****Title****……………………………………………………….****Date** |

|  |  |
| --- | --- |
| **SIGNED by** | **……………………………………………………….****Signature** |
| **[INSERT AUTHORISED****SIGNATORY’S****NAME] for****and on behalf of****[INSERT PROVIDER NAME]** | **……………………………………………………….****Title****……………………………………………………….****Date** |