

NHS Standard Contract ~~2021/22~~2022/23

Particulars (Shorter Form)

Contract title / ref:

This comparison document shows the 'tracked changes' between the [NHS Standard Contract 2021/22](#) shorter-form Particulars published in March 2021, and the [NHS Standard Contract 2022/23](#) shorter-form Particulars published in March 2022.

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Contract Reference	
DATE OF CONTRACT	
SERVICE COMMENCEMENT DATE	
CONTRACT TERM	[] years/months commencing [] [(or as extended in accordance with Schedule 1C)]
COMMISSIONERS <i><u>Note: contracts signed before the formal establishment of the relevant successor ICB(s) must list and be signed on behalf of the relevant CCGs</u></i>	[] <u>CCG/ICB</u> (ODS [])
CO-ORDINATING Commissioner <i><u>See GC10</u></i>	[]
PROVIDER	[] (ODS []) Principal and/or registered office address: [] [Company number: []]

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Definitions and Interpretation

CONTRACT

Contract title:

Contract ref:

This Contract records the agreement between the Commissioners and the Provider and comprises

~~1. these Particulars;~~

~~2. the Service Conditions (Shorter Form);~~

~~3. the General Conditions (Shorter Form);~~

4.1. as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (Variations);

2. the **Service Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;

3. the **General Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;

Each Party acknowledges and agrees

(i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and

(ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by
Signature

[INSERT AUTHORISED SIGNATORY'S NAME] for
Title

and on behalf of
[INSERT COMMISSIONER NAME]
Date

[INSERT AS ABOVE FOR EACH COMMISSIONER]

SIGNED by
Signature

[INSERT AUTHORISED SIGNATORY'S
Title

SIGNED by

.....
Signature

**NAME] for
and on behalf of
[INSERT PROVIDER NAME]**

.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date See GC2.1	[The date of this Contract] [or as specified here]
Expected Service Commencement Date See GC3.1	
Longstop Date See GC4.1	
Service Commencement Date	
Contract Term	[] years/months commencing [] [(or as extended in accordance with Schedule 1C)]
Option Commissioner option to extend Contract Term See Schedule 1C, which applies only if YES is indicated here	YES / NO
Notice Period (for termination under GC17.2)	[] months
SERVICES	
Service Categories	Indicate <u>all categories of service which the Provider is commissioned to provide under this Contract.</u> <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Patient Transport Services (PT)	
Co-operation with PCN(s) in service models	
Enhanced Health in Care Homes	YES/NO
Service Requirements	
Essential Services (NHS Trusts only)	YES/NO

Is the Provider acting as a Data Processor on behalf of one or more Commissioners for the purposes of the Contract?	YES/NO
PAYMENT	
National Prices apply to some or all Services (including where subject to Local Modification or Local Variation)	YES/NO
Local Prices apply to some or all Services	YES/NO
Expected Annual Contract Value agreed	YES/NO
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual	[] Email: [] Tel: []
Provider's Information Governance Lead	[] Email: [] Tel: []
Provider's Data Protection Officer (if required by Data Protection Legislation)	[] Email: [] Tel: []
Provider's Caldicott Guardian	[] Email: [] Tel: []
Provider's Senior Information Risk Owner	[] Email: [] Tel: []
Provider's Accountable Emergency Officer	[] Email: [] Tel: []
Provider's Safeguarding Lead (children) / named professional for safeguarding children	[] Email: [] Tel: []
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	[] Email: [] Tel: []
Provider's Child Sexual Abuse and Exploitation Lead	[] Email: [] Tel: []
Provider's Mental Capacity and Liberty Protection Safeguards Lead	[] Email: [] Tel: []

Provider's Freedom To Speak Up Guardian(s)	[] Email: [] Tel: []
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Co-ordinating Commissioner: [] Address: [] Email: [] Commissioner: [] Address: [] Email: [] Provider: [] Address: [] Email: []
Commissioner Representative(s) See GC10.2	[] Address: [] Email: [] Tel: []
Provider Representative See GC10.2	[] Address: [] Email: [] Tel: []

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions:

1. Evidence of appropriate Indemnity Arrangements
2. [Evidence of CQC registration (where required)]
3. [Evidence of ~~Monitor's~~the Provider Licence (where required)]
4. [Copies of the following Sub-Contracts signed and dated and in a form approved by the Co-ordinating Commissioner] *[LIST ONLY THOSE REQUIRED FOR SERVICE COMMENCEMENT AND NOT PROVIDED ON OR BEFORE THE DATE OF THIS CONTRACT]*
5. [Insert text locally ~~as required~~]

C. Extension of Contract Term

To be included only in accordance with the Contract Technical Guidance. [Either include the text below or delete it and state Not Applicable.](#)

1. ~~[As advertised to all prospective providers during the competitive tendering exercise leading to the award of this Contract], the~~The Commissioners may opt to extend the Contract Term by [] months/year(s).
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than [] months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 only once, and only on or before the date referred to in paragraph 2 above;
 - 3.2 only by all Commissioners; and
 - 3.3 only in respect of all Services
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

Or

~~NOT USED~~

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Insert text locally as required

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

This Schedule will be applicable, and should be included in full, where the Provider has a role in delivering the Enhanced Health in Care Homes care model in collaboration with local PCNs. For other providers, delete the text below and insert Not Applicable.

Indicative requirements marked YES are mandatory requirements for any Provider of community physical and mental health services which is to have a role in the delivery of the EHCH care model.

Indicative requirements marked YES/NO will be requirements for the Provider in question if so agreed locally – so delete as appropriate to indicate requirements which do or do not apply to the Provider.

1.0 Enhanced Health in Care Homes Requirements	
1.1 Primary Care Networks and other providers with which the Provider must cooperate	
<input type="checkbox"/> PCN (acting through lead practice <input type="checkbox"/> /other) <input type="checkbox"/> PCN (acting through lead practice <input type="checkbox"/> /other) <input type="checkbox"/> other providers	
1.2 Indicative requirements	
Have in place, by the start of the 2021/22 Contract Year, a list of the care homes for which it is to have responsibility during the 2021/22 Contract Year, agreed with the relevant CCG/ICB as applicable.	YES
Have in place, by the start of the 2021/22 Contract Year, a plan for how the service will operate, agreed with the relevant CCG(s),/ICB(s) as applicable, PCN(s), care homes and other providers [listed above], and abide on an ongoing basis by its responsibilities under this plan.	YES
Have in place, by the start of the 2021/22 Contract Year, and maintain in operation on an ongoing basis, in agreement with the relevant PCN(s) and other providers [listed above], a multidisciplinary team (MDT) to deliver relevant services to the care homes.	YES
Have in place, by the start of the 2021/22 Contract Year, and maintain in operation on an ongoing basis, protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.	YES
On an ongoing basis from the start of the 2021/22 Contract Year, participate Participate in and support 'home rounds' as agreed with the PCN as part of an MDT.	YES/NO

<p>On an ongoing basis from the start of the 2021/22 Contract Year, operateOperate, as agreed with the relevant PCNs, arrangements for the MDT to develop and refresh as required a personalised care and support plan with people living in care homes, with the expectation that all personalised care and support plans will be in digital form with effect from no later than 31 March 2022March2023.</p> <p>Through these arrangements, the MDT will:</p> <ul style="list-style-type: none"> • aim for the plan to be developed and agreed with each new resident within seven Operational Days of admission to the home and within seven Operational Days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a Comprehensive Geriatric Assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate; • draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and • make all reasonable efforts to support delivery of the plan. 	<p>YES/NO</p>
<p>On an ongoing basis from the start of the 2021/22 Contract Year, workWork with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows.</p>	<p>YES/NO</p>
<p>On an ongoing basis from the start of the 2021/22 Contract Year, workWork with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27- (https://www.nice.org.uk/guidance/ng27).</p>	<p>YES/NO</p>
<p>1.3 Specific obligations</p> <p>[To include details of care homes to be served]</p>	

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Insert text locally in respect of one or more Contract Years, or state Not Applicable

D. Essential Services (NHS Trusts only)

Insert text locally or state Not Applicable

G. Other Local Agreements, Policies and Procedures

Insert details / web links as required or state Not Applicable

J. Transfer of and Discharge from Care Protocols

Insert text locally as required or state Not applicable

K. Safeguarding Policies and Mental Capacity Act Policies

Insert text locally as required

SCHEDULE 3 – PAYMENT

A. Local Prices

Insert template in respect of any departure from an applicable national currency; insert text and/or attach spreadsheets or documents locally

B. Local Variations

For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by NHS ~~Improvement~~England (available at: www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.

Insert template; insert any additional text and/or attach spreadsheets or documents locally – or state Not Applicable

C. Local Modifications

For each Local Modification Agreement (as defined in the National Tariff) which applies to this Contract, copy or attach the completed submission template required by NHS ~~Improvement~~England (available at: www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices). For each Local Modification application granted by NHS ~~Improvement~~England, copy or attach the decision notice published by NHS ~~Improvement~~England. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.

Insert template; insert any additional text and/or attach spreadsheets or documents locally – or state Not Applicable

D. Expected Annual Contract Values

Insert text locally (for one or more Contract Years) or state Not Applicable

(Specify the proportion of the Expected Annual Contract Value to be invoiced each month, in accordance with SC36.21.)

(In order to be able to demonstrate compliance with the Mental Health Investment Standard and with national requirements for increased investment in Primary Medical and Community Services, ensure that the indicative values for the relevant services are identified separately below. ~~For guidance~~ Guidance on the definitions which apply in relation to the Mental Health Investment Standard, ~~see is available at~~ Categories of Mental Health Expenditure <https://www.england.nhs.uk/publication/mental-health-investment-standard-mhis-categories-of-mental-health-expenditure/>. ~~Guidance in relation to primary medical and community services will be published as part of the NHS Operational Planning Guidance for 2021/22 in due course.~~)

Guidance on investment in primary and community services will be published separately on FutureNHS in due course.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

A. Operational Standards and National Quality Requirements

Ref	Operational Standards/National Quality Requirements	Threshold	Guidance on definition	Period over which the Standard/ Requirement is to be achieved	Applicable Service Category
E.B.4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	Operating standard of no more than 1%	See Diagnostics Definitions and Diagnostics FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/	Month	CS D
E.B.S.3	The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	Operating standard of 80%	See Contract Technical Guidance Appendix 2	Quarter	MH
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations	See CQC guidance on Regulation 20 at: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour	Ongoing	All
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at	Operating standard of 60%	See Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at:	Quarter	MH

Ref	Operational Standards/National Quality Requirements	Threshold	Guidance on definition	Period over which the Standard/ Requirement is to be achieved	Applicable Service Category
	risk mental state) who wait less than two weeks to start a NICE-recommended package of care		https://www.england.nhs.uk/mental-health/resources/access-waiting-time/		
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment	Operating standard of 75%	See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at: https://www.england.nhs.uk/operational-planning-and-contracting/	Quarter	MH
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment	Operating standard of 95%	See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at: https://www.england.nhs.uk/operational-planning-and-contracting/	Quarter	MH

The Provider must report its performance against each applicable Operational Standard and National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A.

SCHEDULE 4 – QUALITY REQUIREMENTS

~~Local Quality Requirements~~

Quality Requirement	Threshold	Method of Measurement	Applicable Service Specification
Insert text and/or attach spreadsheet or documents locally			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report
National Requirements Reported Centrally			
1. As specified in the DCB Data Alliance Partnership Board Schedule of Approved Collections published on the NHS Digital website at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance
National Requirements Reported Locally			
1. Activity and Finance Report (<i>note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.22</i>)	[For local agreement, not less than Quarterly]	[For local agreement]	[For local agreement]
2. Service Quality Performance Report, detailing performance against Operational Standards , National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour	[For local agreement, not less than Quarterly]	[For local agreement]	[For local agreement]
3. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	[For local agreement, not less than annually]	[For local agreement]	[For local agreement]
4. Summary report of all incidents requiring reporting	[For local agreement, not less than annually]	[For local agreement]	[For local agreement]
Local Requirements Reported Locally			
Insert as agreed locally			The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable

	Reporting Period	Format of Report	Timing and Method for delivery of Report
			Use Statement. [Otherwise, for local agreement]

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and ~~sharing Lessons Learned~~ [acting on insights derived](#) from: (1) Serious Incidents ([where applicable](#)) (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents

Insert text locally

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Provider Data Processing Agreement

Where the Provider is to act as a Data Processor, insert text locally (mandatory template drafting '[Schedule 6F Provider Data Processing Agreement](http://www.england.nhs.uk/nhs-standard-contract/)' available via <http://www.england.nhs.uk/nhs-standard-contract/>).
If the Provider is not to act as a Data Processor, state Not Applicable

SCHEDULE 7 – PENSIONS

Insert text locally (from '[NHS Standard Contract fair deal for staff pensions draft template drafting available via schedule 7 and accompanying guidance](#)' <http://www.england.nhs.uk/nhs-standard-contract/>) or state Not Applicable

SCHEDULE 8 – TUPE*

1. The Provider must comply and must ensure that any Sub-Contractor will comply with their respective obligations under TUPE and COSOP in relation to any persons who transfer to the employment of the Provider or that Sub-Contractor by operation of TUPE and/or COSOP as a result of this Contract or any Sub-Contract, and that the Provider or the relevant Sub-Contractor (as appropriate) will ensure a smooth transfer of those persons to its employment. The Provider must indemnify and keep indemnified the Commissioners and any previous provider of services equivalent to the Services or any of them before the Service Commencement Date against any Losses in respect of:
 - 1.1 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any relevant transfer under TUPE and/or COSOP;
 - 1.2 any claim by any person that any proposed or actual substantial change by the Provider and/or any Sub-Contractor to that person's working conditions or any proposed measures on the part of the Provider and/or any Sub-Contractor are to that person's detriment, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor; and/or
 - 1.3 any claim by any person in relation to any breach of contract arising from any proposed measures on the part of the Provider and/or any Sub-Contractor, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor.

2. If the Co-ordinating Commissioner notifies the Provider that any Commissioner intends to [tender or retender](#) [conduct a process to select a provider of](#) any Services, the Provider must within 20 Operational Days following written request (unless otherwise agreed in writing) provide the Co-ordinating Commissioner with anonymised details (as set out in Regulation 11(2) of TUPE) [but excluding the requirement to provide details of employee identity as set out in Regulation 11\(2\)\(a\)](#) of Staff engaged in the provision of the relevant Services who may be subject to TUPE. The Provider must indemnify and keep indemnified the relevant Commissioner and, at the Co-ordinating Commissioner's request, any new provider who provides any services equivalent to the Services or any of them after expiry or termination of this Contract or termination of a Service, against any Losses in respect any inaccuracy in or omission from the information provided under this Schedule.

3. During the 3 months immediately preceding the expiry of this Contract or at any time following a notice of termination of this Contract or of any Service being given, the Provider must not and must procure that its Sub-Contractors do not, without the prior written consent of the Co-ordinating Commissioner (that consent not to be unreasonably withheld or delayed), in relation to any persons engaged in the provision of the Services or the relevant Service:
 - 3.1 terminate or give notice to terminate the employment of any person engaged in the provision of the Services or the relevant Service (other than for gross misconduct);
 - 3.2 increase or reduce the total number of people employed or engaged in the provision of the Services or the relevant Service by the Provider and any Sub-Contractor by more than 5% (except in the ordinary course of business);
 - 3.3 propose, make or promise to make any material change to the remuneration or other terms and conditions of employment of the individuals engaged in the provision of the Services or the relevant Service;

- 3.4 replace or relocate any persons engaged in the provision of the Services or the relevant Service or reassign any of them to duties unconnected with the Services or the relevant Service; and/or
 - 3.5 assign or redeploy to the Services or the relevant Service any person who was not previously a member of Staff engaged in the provision of the Services or the relevant Service.
4. On termination or expiry of this Contract or of any Service for any reason, the Provider must indemnify and keep indemnified the relevant Commissioners and any new provider who provides any services equivalent to the Services or any of them after that expiry or termination against any Losses in respect of:
- 4.1 the employment or termination of employment of any person employed or engaged in the delivery of the relevant Services by the Provider and/or any Sub-Contractor before the expiry or termination of this Contract or of any Service which arise from the acts or omissions of the Provider and/or any Sub-Contractor;
 - 4.2 claims brought by any other person employed or engaged by the Provider and/or any Sub-Contractor who is found to or is alleged to transfer to any Commissioner or new provider under TUPE and/or COSOP; and/or
 - 4.3 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any transfer to any Commissioner or new provider.
5. In this Schedule:

COSOP means the Cabinet Office Statement of Practice *Staff Transfers in the Public Sector* January 2000, [available at https://www.gov.uk/government/publications/staff-transfers-in-the-public-sector](https://www.gov.uk/government/publications/staff-transfers-in-the-public-sector)

TUPE means the Transfer of Undertakings (Protection of Employment) Regulations 2006

**Note: it may in certain circumstances be appropriate to omit the text set out in paragraphs 1-5 above or to amend it to suit the circumstances - in particular, if the prospect of employees transferring either at the outset or on termination/expiry is extremely remote because their work in connection with the subject matter of the Contract will represent only a minor proportion of their workload. However, it is recommended that legal advice is taken before deleting or amending these provisions.*

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