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NHS England

NHS Standard Contract 2025/26

Service Conditions (Shorter Form)

Version 1, April 2025

We are now consulting on further changes to the 2025/26 NHS Standard Contract Service Conditions and General Conditions. This is the consultation draft of the NHS Standard Contract (shorter-form) Service Conditions.

Prepared by: NHS Standard Contract team, NHS England
england.contractsengagement@nhs.net

Some Conditions apply only to some services within particular service categories, as indicated in the right column using the abbreviations set out below. The Parties have indicated in the Particulars the Service Categories applicable to this Contract:

All services categories	All
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 (non-emergency)	PT

CONTENTS

SC1	**Compliance with the Law and the NHS Constitution**	
1.1	The Provider must provide the Services in accordance with the Fundamental Standards of Care and the Service Specifications.	**All**
1.2	The Parties must perform their respective obligations under this Contract in accordance with: 1.2.1 the terms of this Contract; and 1.2.2 the Law; and 1.2.3 Good Practice, and having regard to the CQC Quality Statements. The Provider must, when requested by the Co-ordinating Commissioner, provide evidence of the development and updating of its clinical process and procedures to reflect Good Practice.	**All**
1.3	The Parties must have regard to and promote awareness of the NHS Constitution, including the rights and pledges set out in it. The Provider must ensure that all Sub-Contractors and all Staff abide by the NHS Constitution.	**All**
1.4	The Provider must: 1.4.1 comply with the requirements of regulations 4 – 7 of the 2014 Regulations as appropriate to the Provider; and 1.4.2 (whether or not it is required to be CQC registered for the purpose of the Services) identify and give notice to the Co-ordinating Commissioner of the name, address and position in the Provider of the Nominated Individual.	**All**
1.5	In performing their respective obligations under this Contract, each Party must have due regard to the Armed Forces Covenant and the Armed Forces Duty Statutory Guidance.	**All**

SC2	**Regulatory Requirements**	
2.1	The Provider must:	**All**
2.1.1	comply, where applicable, with the registration and regulatory compliance guidance of any relevant Regulatory or Supervisory Body, and with any requirements, standards and recommendations issued from time to time by such a body;	
2.1.2	consider and respond to the recommendations arising from any audit, clinical outcome review programme, Serious Incident investigation report, Patient Safety Incident investigation report, or any other patient safety review process;	
2.1.3	comply with the standards and recommendations issued from time to time by any relevant professional body and agreed in writing between the Co-ordinating Commissioner and the Provider;	
2.1.4	comply, where applicable, with the recommendations contained in NICE Technology Appraisals and have regard to other Guidance issued by NICE from time to time; and	
2.1.5	respond to any reports and recommendations made by Local Healthwatch.	
SC3	**Service Standards**	
3.1	The Provider must not breach the thresholds in respect of the National Quality Requirements and Local Quality Requirements.	**All**
3.2	A failure by the Provider to comply with SC3.1 will be excused if it is directly attributable to or caused by an act or omission of a Commissioner, but will not be excused if the failure was caused primarily by an increase in Referrals.	**All**
3.3	The Provider must continually review and evaluate the Services, must act on insight derived from those reviews and evaluations, from feedback, complaints, audits, clinical outcome review programmes, Patient Safety Incidents and from the involvement of Service Users, Staff, GPs and the public (including the outcomes of Surveys).	**All**
3.4	The Provider must implement policies and procedures for reviewing deaths of Service Users whilst under the Provider's care and for engaging with bereaved families and Carers.	**All**
3.5	If providing diagnostic imaging Services, the Provider must have regard to Guidance on Diagnostic Imaging Reporting Turnaround Times.	**D**

SC4	**Co-operation**	
4.1	The Parties must at all times act in good faith towards each other and in the performance of their respective obligations under this Contract. The Parties must co-operate and share information with each other and with other commissioners and providers of health or social care in respect of Service Users, in accordance with the Law, Good Practice and any guidance issued by the Secretary of State under sections 72 and 82 of the 2006 Act regarding the duty to co-operate, to facilitate the delivery of high quality, co-ordinated and integrated care for Service Users.	**All**
4.2	The Provider must, in co-operation with each Primary Care Network and with each other provider of health or social care services listed in Schedule 2Ai (*Service Specifications – Enhanced Health in Care Homes*), perform any obligations on its part set out or referred to in Schedule 2Ai (*Service Specifications – Enhanced Health in Care Homes*) and/or Schedule 2G (*Other Local Agreements, Policies and Procedures*).	**CS, MH**
SC5	**Commissioner Requested Services and Hard To Replace Providers**	
5.1	The Provider must comply with its obligations under the Provider Licence (if required): 5.1.1 in respect of any Services designated as CRS by any Commissioner from time to time; and 5.1.2 if and while the Provider is designated as a Hard To Replace Provider by NHS England as appropriate to that designation.	**All**
SC6	**Choice and Referral**	
6.1	Each Party must comply with its obligations under and otherwise have regard to Patient Choice Legislation and Guidance including in relation to patients' rights to choice of provider and Consultant or Healthcare Professional.	**All except ELC, PT**
6.2	The Provider must use reasonable endeavours to: 6.2.1 describe and publish all mental health GP Referred Services in the NHS e-Referral Service through a Directory of Service, offering choice of any clinically appropriate team led by a named Consultant or Healthcare Professional, as applicable; and 6.2.2 ensure that all such Services are able to receive Referrals through the NHS e-Referral Service.	**MH**

6.3	This SC6.3 applies to all acute GP Referred Services and to all other Services which the Provider chooses to list within the NHS e-Referral Service. The Provider must, having consulted all relevant Commissioners, ensure that each Service to which this SC6.3 applies and each site from which that Service will be delivered is listed accurately and appropriately within the NHS e-Referral Service, so that: 6.3.1 each Service to which the legal right to choice applies, as set out in Patient Choice Legislation and Guidance, and each site from which that Service will be delivered, is listed so as to be available to all Referrers in England; and 6.3.2 all other Services and the sites from which those Services will be delivered are listed so as to be available only for referral of individuals whose Responsible Commissioner has specifically commissioned that Service.	**CS, MH**
	Acceptance and Rejection of Referrals	
6.4	The Provider must: 6.4.1 accept any Referral of a Service User made in accordance with the Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties, and in any event where necessary for a Service User to exercise their legal right to choice as set out in Patient Choice Legislation and Guidance; and 6.4.2 accept any clinically appropriate referral for any Service of an individual whose Responsible Commissioner (ICB or NHS England) is not a Party to this Contract where necessary for that individual to exercise their legal right to choice as set out in Patient Choice Legislation and Guidance; and 6.4.3 where it can safely do so, accept a referral or presentation for emergency treatment, within the scope of the Services, of or by any individual whose Responsible Commissioner is not a Party to this Contract.	**All except CHC**
6.5	Any referral or presentation as referred to in SC6.4.2 or6.4.3 will not be a Referral under this Contract but the terms of this Contract will by implication apply as between the Provider and the Responsible Commissioner in relation to any such referral or presentation.	**All**
6.6	Where the Provider accepts any referral or presentation as referred to in SC6.4.2 or 6.4.3, it must (if it has not already done so), on request, share the Particulars of this Contract with the Responsible Commissioner in complete, up to date and unredacted form. If the Responsible Commissioner has made such a request, it will be entitled to withhold payment for services delivered in response to such a referral or presentation until the Provider has shared the complete, up to date and unredacted Particulars as requested.	**All**

6.7 The existence of this Contract does not entitle the Provider to accept referrals in respect of, provide services to, nor to be paid for providing services to, individuals whose Responsible Commissioner is not a Party to this Contract, except: 6.7.1 where such an individual is exercising their legal right to choice as set out in Patient Choice Legislation and Guidance; and then only if: 6.7.1.1 the service provided to that individual is a Service as described in this Contract; and 6.7.1.2 where this Contract otherwise identifies a site or sites at which or a geographical area within which the Service is to be delivered, the service provided to that individual is delivered from such a site or within that geographical area, as appropriate; or 6.7.2 where necessary for that individual to receive emergency treatment.	**All**
6.8 Except as permitted under the Service Specifications, the Provider must not carry out, nor refer to another provider to carry out, any treatment or care that is unrelated to a Service User's original Referral or presentation without the agreement of the Service User's GP.	**All**
SC7 Intentionally Omitted	
SC8 Making Every Contact Count and Self Care 8.1 The Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count Guidance.	**All**
8.2 Where clinically appropriate, the Provider must support Service Users to develop the knowledge, skills and confidence to take increasing responsibility for managing their own ongoing care.	**All**
SC9 Intentionally Omitted	
SC10 Personalised Care 10.1 The Provider must comply with regulation 9 of the 2014 Regulations. In planning and reviewing the care or treatment which a Service User receives, the Provider must employ Shared Decision-Making, using supporting tools and techniques approved by the Co-ordinating Commissioner.	**All**

10.2	Where a Local Authority requests the cooperation of the Provider in securing an Education, Health and Care Needs Assessment, the Provider must use all reasonable endeavours to comply with that request within 6 weeks of the date on which it receives it.	**CS, MH**
SC11 Transfer of and Discharge from Care		
11.1	The Provider must comply with the Transfer of and Discharge from Care Protocols and all Law and Guidance (including Care (Education) and Treatment Review Guidance and Transfer and Discharge Guidance and Standards) relating to transfer of and discharge from care.	**All**
11.2	The Provider and each Commissioner must use its best efforts to support safe, prompt discharge from hospital and to avoid circumstances and transfers and/or discharges likely to lead to emergency readmissions or recommencement of care.	**All**
11.3	The Provider must issue the Discharge Summary to the Service User's GP and/or other Referrer and to any third party provider within the timescale, and in accordance with any other requirements, set out in the relevant Transfer of and Discharge from Care Protocol.	**All except PT**
11.4	The Parties must comply with their obligations under the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and must co-operate with each other, with the relevant Local Authority and with other providers of health and social care as appropriate, to minimise the number of NHS Continuing Healthcare assessments which take place in an acute hospital setting.	**CHC, CS, ELC, MH**
SC12 Communicating With and Involving Service Users, Public and Staff		
12.1	The Provider must ensure that all communications about a Service User's care with that Service User (and, where appropriate, their Carer and/or Legal Guardian), their GP and other providers are clear and timely. The Provider must comply with the Accessible Information Standard.	**All**
12.2	The Provider must actively engage, liaise and communicate with Service Users (and, where appropriate, their Carers and Legal Guardians), Staff, GPs and the public in an open, clear and accessible manner in accordance with the Law and Good Practice, seeking their feedback whenever practicable.	**All**

12.3 The Provider must: 12.3.1 carry out the Friends and Family Test Surveys as required in accordance with FFT Guidance, using all reasonable endeavours to maximise the number of responses from Service Users; 12.3.2 carry out other Surveys as agreed with the Co-ordinating Commissioner from time to time; and 12.3.3 provide a written report to the Co-ordinating Commissioner on the results of each Survey.	**All**
SC13 Equity of Access, Equality and Non-Discrimination 13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by Law.	**All**
13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).	**All**
SC14 Intentionally Omitted	
SC15 Urgent Access to Mental Health Care 15.1 The Parties must have regard to the Mental Health Crisis Care Concordat and must reach agreement on the identification of, and standards for operation of, Places of Safety in accordance with the Law, the 1983 Act Code, and the Royal College of Psychiatrists Standards.	**MH**
SC16 Complaints 16.1 The Commissioners and the Provider must each publish, maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care, the NHS Complaint Standards and other Law and Guidance.	**All**

16.2 The Provider must: 16.2.1 provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch; and 16.2.2 ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.	**All**
SC17 Services Environment and Equipment 17.1 The Provider must: 17.1.1 ensure that the Services Environment and the Equipment comply with the Fundamental Standards of Care; and 17.1.2 comply with National Standards of Healthcare Cleanliness 2025.	 **All** **All**
17.2 Unless stated otherwise in this Contract, the Provider must at its own cost provide all Equipment necessary to provide the Services in accordance with the Law and any necessary Consents.	**All**
17.3 The Provider must ensure that all Staff using Equipment, and all Service Users and Carers using Equipment independently as part of the Service User's care or treatment, have received appropriate and adequate training and have been assessed as competent in the use of that Equipment.	**All**
17.4 The Provider must operate a clinically appropriate policy for visits to and by, and accompaniment of, Service Users which complies with the 2014 Regulations and relevant Guidance.	**All except PT**
SC18 Green NHS 18.1 In performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment. The Provider must demonstrate to the Co-ordinating Commissioner how it will contribute towards a "Green NHS" with regard to Delivering a 'Net Zero' National Health Service commitments by taking specific actions and making appropriate adaptations with the aim of reducing air pollution, greenhouse gas emissions and the impact of climate change.	**All**
SC19 – SC20 Intentionally Omitted	

SC21 Infection Prevention and Control	
21.1 The Provider must comply with the Code of Practice on the Prevention and Control of Infections.	**All**
SC22 Intentionally Omitted	
SC23 Service User Health Records	
23.1 The Provider must accept transfer of, create and maintain Service User Health Records as appropriate for all Service Users. The Provider must securely store, retain and destroy those records in accordance with Data Guidance, Records Management Code of Practice for Health and Social Care and in any event in accordance with Data Protection Legislation.	**All**
23.2 At a Commissioner's reasonable request, the Provider must promptly deliver to any third party provider of healthcare or social care services nominated by that Commissioner a copy (or, at any time following the expiry or termination of this Contract, the original) of the Service User Health Record held by the Provider for any Service User for whom that Commissioner is responsible.	**All**
23.3 The Provider must give each Service User full and accurate information regarding their treatment and must evidence that in writing in the relevant Service User Health Record.	**All**
23.4 Subject to and in accordance with Law and Guidance the Provider must: 23.4.1 ensure that the Service User Health Record includes the Service User's verified NHS Number; 23.4.2 use the NHS Number as the consistent identifier in all clinical correspondence (paper or electronic) and in all information it processes in relation to the Service User; and 23.4.3 be able to use the NHS Number to identify all Activity relating to a Service User.	**All**
23.5 The Commissioners must ensure that each Referrer (except a Service User presenting directly to the Provider for assessment and/or treatment) uses the NHS Number as the consistent identifier in all correspondence in relation to a Referral.	**All**
SC24 NHS Counter-Fraud Requirements	
24.1 The Provider must put in place and maintain appropriate measures to prevent, detect and investigate fraud, bribery and corruption, having regard to NHSCFA Requirements.	**All**

24.2 If the Provider: 24.2.1 is an NHS Trust; or 24.2.2 holds a Provider Licence (unless required to do so solely because it provides CRS as designated by the Commissioners or any other commissioner), it must take the necessary action to meet NHSCFA Requirements including in respect of reporting via the NHS fraud case management system.	**All**
24.3 If requested by the Co-ordinating Commissioner, NHSCFA or any Regulatory or Supervisory Body, the Provider must allow a person duly authorised to act on behalf of NHSCFA, on behalf of any Regulatory or Supervisory Body or on behalf of any Commissioner to review, in line with the NHSCFA Requirements, the counter-fraud measures put in place by the Provider. The Provider must implement any reasonable modifications to those arrangements required by that person in order to meet the NHSCFA Requirements.	**All**
24.4 On becoming aware of any suspected or actual bribery, corruption or fraud involving NHS-funded services, the Provider must promptly report the matter to its nominated Local Counter Fraud Specialist and to NHSCFA.	**All**
SC25 Other Local Agreements, Policies and Procedures 25.1 The Parties must comply with their respective obligations under the documents contained in or referred to in Schedule 2G (*Other Local Agreements, Policies and Procedures*).	**All**
SC26 – SC27 Intentionally Omitted	

SC28 Information Requirements 28.1 The Provider must: 28.1.1 provide the information specified in and in accordance with this SC28 and Schedule 6A (*Reporting Requirements*); 28.1.2 where and to the extent applicable, conform to all NHS information standards notices, data provision notices and information and data standards approved or published by, the Secretary of State, NHS England or NHS Digital; 28.1.3 implement any other datasets and information requirements agreed from time to time between it and the Co-ordinating Commissioner; 28.1.4 comply with Data Guidance issued by NHS England and NHS Digital and with Data Protection Legislation in relation to protection of patient identifiable data; 28.1.5 subject to and in accordance with Law and Guidance and any relevant standards issued by the Secretary of State, NHS England or NHS Digital, use the Service User's verified NHS Number as the consistent identifier of each record on all patient datasets; 28.1.6 comply with Data Guidance and Data Protection Legislation on the use and disclosure of personal confidential data for other than direct care purposes, and 28.1.7 use all reasonable endeavours to optimise its performance under the Data Quality Maturity Index (where applicable) and must demonstrate its progress to the Co-ordinating Commissioner on an ongoing basis.	**All**
28.2 The Co-ordinating Commissioner may request from the Provider any information in addition to that to be provided under SC28.1 which any Commissioner reasonably and lawfully requires in relation to this Contract. The Provider must supply that information in a timely manner.	**All**
28.3 The Co-ordinating Commissioner must act reasonably in requesting the Provider to provide any information under this Contract, having regard to the burden which that request places on the Provider, and may not require the Provider to supply any information to any Commissioner locally for which that Commissioner cannot demonstrate purpose and value in connection with the discharge of that Commissioner's statutory duties and functions.	**All**
28.4 The Provider and each Commissioner must ensure that any information provided to any other Party in relation to this Contract is accurate and complete.	**All**
28.5 The Provider must ensure that each dataset that it provides under this Contract contains the ODS code and/or other appropriate identifier for the relevant Commissioner. When determining the correct Commissioner code in activity datasets, the Parties must comply with Who Pays? Rules and must have regard to Commissioner Assignment Methodology Guidance.	**All**

28.6	The Parties must comply with Guidance relating to clinical coding published by NHS Digital or NHS England and with the definitions of Activity maintained under the NHS Data Model and Dictionary.	**All**
SC29	**Managing Activity and Referrals**	
29.1	The Commissioners must use all reasonable endeavours to procure that that all Referrers adhere to Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties.	**All**
29.2	The Provider must comply with and use all reasonable endeavours to manage Activity in accordance with Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties.	**All**
29.3	~~Before the start of each Contract Year, the Parties may agree an Indicative Activity Plan specifying the threshold for each activity (and those agreed thresholds may be zero).~~ The Parties may agree (and must agree for any Services funded on a variable basis) an Indicative Activity Plan for each Contract Year. Where possible that plan should be agreed either before the date of this Contract or (failing that) before the start of the relevant Contract Year, specifying the threshold for each activity (and those agreed thresholds may be zero).	**All**
29.3A	If the Parties have not able to agree an Indicative Activity Plan: 29.3A.1 within three months of the Service Commencement Date; or 29.3A.2 by 30 June, where the Provider has been providing the Services under a previous contract before the Service Commencement Date, each Commissioner may set an Indicative Activity Plan for the Contract Year.	**All**
29.3B	If an Indicative Activity Plan is not agreed, or a Commissioner does not set an Indicative Activity Plan, an Indicative Activity Plan with an indicative activity of zero will be deemed to apply for that Contract Year.	**All**
	Reporting and monitoring Activity	
29.4	The Provider must submit an Activity and Finance Report to the Co-ordinating Commissioner in accordance with Schedule 6A (*Reporting Requirements*).	**All**
29.5	The Co-ordinating Commissioner and the Provider will monitor actual Activity reported in each Activity and Finance Report in respect of each Commissioner against the thresholds set out in any agreed Indicative Activity Plan, any previous Activity and Finance Reports and generally.	**All**

~~29.6 Each Party must notify the other(s) as soon as reasonably practicable after becoming aware of any unexpected or unusual patterns of Referrals and/or Activity specifying the nature of the unexpected pattern and their initial opinion as to its likely cause.~~	**~~All~~**
29.6 Following the submission of any Activity and Finance Report in accordance with SC29.4, which indicates: 29.6.1 variances against the thresholds set out in any Indicative Activity Plan; and/or 29.6.2 any unexpected or unusual patterns of Referrals and/or Activity, in relation to any Commissioner, either the Co-ordinating Commissioner or the Provider may issue to the other an Activity Query Notice.	**All**
29.7 The Parties must meet to discuss any ~~notice~~Activity Query Notice ~~given under SC29.6~~ as soon as reasonably practicable and, at that meeting, must: ~~seek to agree any actions required of any Party in response to the circumstances identified.~~ 29.7.1 consider patterns of Referrals, of Activity and of the exercise by Service Users of their legal rights to choice; and 29.7.2 agree either: 29.7.2.1 that the Activity Query Notice is withdrawn; or 29.7.2.2 to conduct a Joint Activity Review, in which case the provisions of SC29.7A to 29.7D will apply.	**All**
Joint Activity Review 29.7A Within 10 Operational Days following agreement to conduct a Joint Activity Review under SC29.7, the Co-ordinating Commissioner and the Provider must meet: 29.7A.1 to consider in further detail the matters referred to in SC29.7.1 and the causes of the unexpected or unusual pattern of Referrals and/or Activity; and 29.7A.2 (if any Commissioner considers it necessary or appropriate) to agree an Activity Management Plan.	**All**
29.7B If any Commissioner and the Provider fail to agree an Activity Management Plan at or within 10 Operational Days following the Joint Activity Review, the relevant Commissioner(s) may set an Activity Management Plan.	**All**
29.7C The Parties must implement any Activity Management Plan agreed or determined in accordance with SC29.7A or 29.7B inclusive in accordance with its terms.	**All**

29.7D If any Party breaches the terms of an Activity Management Plan, the Commissioners or the Provider (as appropriate) may exercise any consequences set out in it.	**All**
Escalation procedure 29.7E If a Commissioner has set an Indicative Activity Plan under SC29.3A and/or an Activity Management Plan under SC29.7B, and the Provider considers that the Commissioner has not complied with the relevant provisions of the Contract Technical Guidance, the Provider may refer this as a Dispute to Dispute Resolution. The Parties shall follow the first stage of Dispute Resolution, as set out in GC14.1. If the Parties in Dispute are unable to settle the Dispute by negotiation, the Provider may refer the Dispute to the Escalation Procedure instead of proceeding to the next stage of Dispute Resolution at GC14.2. Until resolution of the Dispute, the Provider must comply with the disputed Indicative Activity Plan and/or Activity Management Plan.	**All**
29.7F The relevant Commissioner and the Provider must comply with the Escalation Procedure and, if the Escalation Panel determines that the Commissioner is in breach of the Contract Technical Guidance, the Commissioner is required to comply with any recommendations or actions required by the Escalation Panel in the relevant timescales.	**All**
29.7G If: 29.7G.1 the Escalation Panel does not accept the Provider's referral; or 29.7G.2 the Escalation Panel concludes that the Commissioner has complied with the Contract Technical Guidance; or 29.7G.3 the Provider is not satisfied with the Commissioner's actions and/or any revised Indicative Activity Plan and/or Activity Management Plan after the Escalation Panel has concluded the Escalation Procedure, the Provider may refer the Dispute back to Dispute Resolution and the Escalation Panel will have no further involvement.	**All**
Prior Approval Scheme 29.8 The Co-ordinating Commissioner may at any time before the start of or during a Contract Year give the Provider not less than one month's notice in writing of any new or replacement Prior Approval Scheme, or of any amendment to an existing Prior Approval Scheme. That new, replacement or amended Prior Approval Scheme must be implemented by the Provider on the date set out in the notice, and will only be applicable to decisions to offer treatment made after that date. In determining whether to implement, retain or amend any Prior Approval Scheme, the relevant Commissioners must have regard to the objectives of that Prior Approval Scheme and to the administrative and financial burdens which that Prior Approval Scheme may place on the Provider. The terms of any Prior Approval Scheme may specify the information which the Provider must submit to the Commissioner about individual Service Users requiring or receiving treatment under that Prior Approval Scheme.	**All except ELC**

29.9	The Provider must manage the Services and Referrals into them in accordance with the terms of any Prior Approval Scheme. If the Provider does not comply with the terms of any Prior Approval Scheme in providing a Service to a Service User, the Commissioner will not be liable to pay for the Service provided to that Service User.	**All except ELC**
29.10	If a Prior Approval Scheme imposes any obligation on a Provider that would operate contrary to Patient Choice Legislation and Guidance, that obligation will have no contractual force or effect.	**All except ELC**
29.11	Subject to the timely provision by the Provider of all of the information specified within a Prior Approval Scheme, the relevant Commissioner must respond within the Prior Approval Response Time Standard to any request for approval for treatment for an individual Service User. If the Commissioner fails to do so, it will be deemed to have given Prior Approval.	**All except ELC**
SC30	**Emergency Preparedness, Resilience and Response**	
30.1	The Provider must comply with EPRR Guidance if and when applicable. The Provider must identify and have in place an Accountable Emergency Officer.	**All**
30.2	The Provider must have and at all times maintain an up-to date Incident Response Plan and Business Continuity Plan, and must provide the Co-ordinating Commissioner with copies of them upon request.	**All**
30.3	The Provider must notify the Co-ordinating Commissioner as soon as reasonably practicable following: 30.3.1 the activation of its Incident Response Plan and/or Business Continuity Plan; or 30.3.2 becoming aware of any risk of any disruption, or the occurrence of any actual disruption, to any CRS.	**All**
30.4	The obligations of the Parties under SC30.1 - 30.3 above apply in addition to those under GC28 (*Force Majeure*) and neither qualify the other in any way.	**All**
30.5	The Provider must provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or the UK Health Security Agency in response to any national, regional or local public health emergency or incident.	**All**
SC31	**Intentionally Omitted**	

SC32	**Safeguarding Children and Adults**	
32.1	The Provider must ensure that Service Users are protected from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any such behaviours in accordance with the Law.	**All**
32.2	The Provider must nominate: 32.2.1 Safeguarding Leads and/or a named professional for safeguarding children (including looked after children) and for safeguarding adults, in accordance with Safeguarding Guidance; 32.2.2 a Child Sexual Abuse and Exploitation Lead; and 32.2.3 a Mental Capacity and Liberty Protection Safeguards Lead, and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.	**All**
32.3	The Provider must comply with the requirements and principles in relation to the safeguarding of children, young people and adults, including in relation to deprivation of liberty safeguards and child abuse and sexual exploitation, domestic abuse, radicalisation and female genital mutilation (as relevant to the Services, set out or referred to in Law and Guidance (including Safeguarding Guidance and Child Sexual Abuse and Exploitation Guidance)).	**All**
32.4	The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with: 32.4.1 Law and Guidance; and 32.4.2 the local multi-agency policies and any Commissioner safeguarding and MCA requirements.	**All**
32.5	The Provider must implement comprehensive programmes for safeguarding and MCA training for all relevant Staff and must have regard to Intercollegiate Guidance in Relation to Safeguarding Training.	**All**

SC33 Patient Safety 33.1 The Provider must 33.1.1 notify deaths, Serious Incidents and other incidents to CQC, and to any relevant Regulatory or Supervisory Body or other official body, in accordance with Good Practice, Law and Guidance; and 33.1.2 in the case of any Service User with a learning disability and/or autism of whose death the Provider becomes aware, report that death via the Learning from Lives and Deaths Platform.	**All**
33.2 The Provider must comply with the Patient Safety Incident Response Framework and the Never Events Policy Framework.	**All**
33.3 The Parties must comply with their respective obligations in relation to deaths and other incidents in connection with the Services under Schedule 6A (*Reporting Requirements*).	**All**
33.4 If a notification the Provider gives to any relevant Regulatory or Supervisory Body directly or indirectly concerns any Service User, the Provider must send a copy of it to the relevant Commissioner.	**All**
33.5 The Commissioners may (subject to Law) use any information provided by the Provider under this SC33 and Schedule 6A (*Reporting Requirements*) in any report which they make in connection with Serious Incidents.	**All**
33.6 The Provider must have in place arrangements to ensure that it can receive and respond appropriately to National Patient Safety Alerts.	**All**
SC34 End of Life Care 34.1 The Provider must have regard to Guidance on End of Life Care and must, where applicable and for as long as it remains operative, comply with SCCI 1580 (Palliative Care Co-ordination: Core Content).	**All**
SC35 Duty of Candour 35.1 The Provider must act in an open and transparent way with Relevant Persons in relation to Services provided to Service Users.	**All**
35.2 The Provider must, where applicable, comply with its obligations under regulation 20 of the 2014 Regulations in respect of any Notifiable Safety Incident.	**All**

SC36 Payment Terms

36.1	Subject to any express provision of this Contract to the contrary, including any financial consequences set out in an Activity Management Plan, each Commissioner must pay the Provider in accordance with the NHS Payment Scheme, to the extent applicable, for all Services that the Provider delivers to it in accordance with this Contract.	**All**
	Prices	
36.2	The Prices payable by each Commissioner for Services delivered under this Contract for the relevant Contract Year will be: 36.2.1 for any Service for which the NHS Payment Scheme mandates an NHSPS Unit Price: 36.2.1.1 the NHSPS Unit Price; or 36.2.1.2 the NHSPS Unit Price as adjusted by a Locally Agreed Adjustment for the relevant Contract Year, submitted to NHS England, published and recorded in Schedule 3B (*Locally Agreed Adjustments to NHSPS Unit Prices)*, in accordance with rule 3 of section 6 of the NHS Payment Scheme; or 36.2.2 for any Service for which the NHS Payment Scheme does not mandate an NHSPS Unit Price, the Local Price agreed or determined for the relevant Contract Year in accordance with the rules set out in section 7 of the NHS Payment Scheme and recorded in Schedule 3C (*Local Prices*).	**All**
36.3	Where the rule set out in section 3.4 of the NHS Payment Scheme applies, the price payable by each Commissioner for any high cost drug, device, listed product or listed innovative product listed in Annex A to the NHS Pricing Scheme to which that rule applies will be the price as agreed or determined (and subject to any adjustment which must be made) in accordance with that rule, and where necessary recorded in Schedule 3C (*Local Prices*) as appropriate.	**All**
	Local Prices	
36.4	For any Service for which the NHS Payment Scheme does not mandate an NHSPS Unit Price, the Co-ordinating Commissioner and the Provider must agree and record in Schedule 3C (*Local Prices*) a Local Price. The Co-ordinating Commissioner and the Provider may agree that a Local Price is to apply for one or more Contract Years or for the duration of the Contract. In respect of a Local Price agreed for more than one Contract Year the Co-ordinating Commissioner and the Provider may agree and document in Schedule 3C (*Local Prices*) the mechanism by which that Local Price is to be adjusted with effect from the start of each Contract Year. Any adjustment mechanism must require the Co-ordinating Commissioner and the Provider to have regard to the efficiency factor and cost uplift factor set out in the NHS Payment Scheme.	**All**

36.5	The Co-ordinating Commissioner and the Provider must apply annually any adjustment mechanism agreed and documented in Schedule 3C (*Local Prices*). Where no adjustment mechanism has been agreed, the Co-ordinating Commissioner and the Provider must review and agree before the start of each Contract Year the Local Price to apply to the following Contract Year, having regard to the efficiency factor and the cost uplift factor set out in the NHS Payment Scheme. In either case the Local Price as adjusted or agreed will apply to the following Contract Year.	**All**
36.6	If the Co-ordinating Commissioner and the Provider fail to review or agree any Local Price for the following Contract Year by the date 2 months before the start of that Contract Year, or there is a dispute as to the application of any agreed adjustment mechanism, either may refer the matter to Dispute Resolution for escalated negotiation and then (failing agreement) mediation.	**All**
36.7	If on or following completion of the mediation process the Co-ordinating Commissioner and the Provider still cannot agree any Local Price for the following Contract Year, within 10 Operational Days of completion of the mediation process either the Co-ordinating Commissioner or the Provider may terminate the affected Services by giving the other not less than 6 months' written notice.	**All**
36.8	If any Local Price has not been agreed or determined in accordance with SC36.5 and 36.6 before the start of a Contract Year then the Local Price will be that which applied for the previous Contract Year increased or decreased in accordance with the efficiency factor and the cost uplift factor set out in the NHS Payment Scheme. The application of these prices will not affect the right to terminate this Contract as a result of non-agreement of a Local Prices under SC36.7.	**All**
	Payment where the Parties have agreed an Expected Annual Contract Value	
36.9	Each Commissioner may agree an Expected Annual Contract Value with the Provider to be specified in Schedule 3D (*Expected Annual Contract Values*). Each Commissioner which has agreed an Expected Annual Contract Value with the Provider must make payments on account to the Provider in accordance with the provisions of SC36.10-11.	**All**
36.10	If the Provider is an NHS Trust or an NHS Foundation Trust, on the fifteenth day of each month (or other day agreed by the Provider and the Co-ordinating Commissioner in writing) after the Service Commencement Date each Commissioner must pay the Provider, using the Invoice Payment File Approach, the amount which is one twelfth (or other such proportion as may be specified in Schedule 3D (*Expected Annual Contract Values*)) of the individual Expected Annual Contract Value for that Commissioner.	**All**

36.11	If the Provider is not an NHS Trust or an NHS Foundation Trust, it must supply to each Commissioner a monthly invoice on the first day of each month, setting out the amount to be paid by that Commissioner for that month. The amount to be paid will be one twelfth (or other such proportion as may be specified in Schedule 3D (*Expected Annual Contract Values*)) of the individual Expected Annual Contract Value for that Commissioner. Subject to receipt of the invoice, on the first day of each month beginning on or after the Service Commencement Date each Commissioner must pay that amount to the Provider.	**All**
36.12	In order to confirm the actual sums payable for Services delivered, the Provider must provide a separate reconciliation account for each Commissioner for each Quarter showing the aggregate and a breakdown of the Prices for all Services delivered and completed in that Quarter. Each reconciliation account must be based on the information submitted by the Provider to the Co-ordinating Commissioner under SC28 (*Information Requirements*) and must be sent by the Provider to the relevant Commissioner (or, where payments are to be aggregated, to the Co-ordinating Commissioner) within 25 Operational Days after the end of the Quarter to which it relates.	**All**
36.13	For the avoidance of doubt, there will be no reconciliation in relation to Block Arrangements.	**All**
36.14	Each Commissioner must either agree the reconciliation account produced in accordance with SC36.12 or wholly or partially contest the reconciliation account in accordance with SC36.22. No Commissioner may unreasonably withhold or delay its agreement to a reconciliation account.	**All**
36.15	A Commissioner's agreement of a reconciliation account (or where agreed in part in relation to that part) will trigger a reconciliation payment by the relevant Commissioner (or, where payments are to be aggregated, by the Co-ordinating Commissioner) to the Provider or by the Provider to the relevant Commissioner (or, where payments are to be aggregated, to the Co-ordinating Commissioner), as appropriate. 36.15.1 If the Provider is an NHS Trust or an NHS Foundation Trust, the Commissioner must process the appropriate payment adjustment using the Invoice Payment File Approach within 15 Operational Days of that agreement. 36.15.2 If the Provider is an NHS Trust or an NHS Foundation Trust, it must provide to the Commissioner (or the Co-ordinating Commissioner) an invoice or credit note (as appropriate) within 5 Operational Days of that agreement and payment must be made within 10 Operational Days following the receipt of the invoice or the issue of the credit note.	**All**

	Payment where the Parties have not agreed an Expected Annual Contract Value in relation to any Services	
36.16	In respect of Services for which the Parties have not agreed an Expected Annual Contract Value, the Provider (if it is an NHS Trust or an NHS Foundation Trust) must issue an invoice within 15 Operational Days after the end of each Quarter to each Commissioner (or, where payments are to be aggregated, to the Co-ordinating Commissioner) in respect of Services provided to that Commissioner in that Quarter. Subject to SC36.22 the Commissioner (or, where payments are to be aggregated, the Co-ordinating Commissioner) must settle each invoice within 10 Operational Days of receipt of the invoice.	**All**
36.17	In respect of Services for which the Parties have not agreed an Expected Annual Contract Value, the Provider (if it is not an NHS Trust or an NHS Foundation Trust) must issue an invoice within 15 Operational Days after the end of each month to each Commissioner (or, where payments are to be aggregated, to the Co-ordinating Commissioner) in respect of Services provided to that Commissioner in that month. Subject to SC36.22 the Commissioner (or, where payments are to be aggregated, the Co-ordinating Commissioner) must settle each invoice within 10 Operational Days of receipt of the invoice.	**All**
	Statutory Charges	
36.18	The Provider must administer and collect all statutory charges which the Service User is liable to pay and which may lawfully be made in relation to the provision of the Services, and must account to whoever the Co-ordinating Commissioner reasonably directs in respect of those charges.	**All**

36.19	The Parties acknowledge the requirements and intent of the Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance, and accordingly: 36.19.1 the Provider must comply with all applicable Law and Guidance (including the Overseas Visitor Charging Regulations and the Overseas Visitor Charging Guidance) in relation to the identification of and collection of charges from Chargeable Overseas Visitors, including the reporting of unpaid NHS debts in respect of Services provided to Chargeable Overseas Visitors to the Department of Health and Social Care; 36.19.2 the Provider must take all reasonable steps to: 36.19.2.1 identify each Chargeable Overseas Visitor; and 36.19.2.2 recover charges from each Chargeable Overseas Visitor or other person liable to pay charges in respect of that Chargeable Overseas Visitor under the Overseas Visitor Charging Regulations, 36.19.3 the Provider must make full use of existing mechanisms designed to increase the rates of recovery of the cost of Services provided to overseas visitors insured by another state, including the overseas visitors treatment portal; and 36.19.4 each Commissioner must pay the Provider, in accordance with all applicable Law and Guidance (including Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance) and the NHS Payment Scheme, the appropriate sum for all Services delivered by the Provider to any overseas visitor in respect of whom that Commissioner is the Responsible Commissioner and which have been reported through the overseas visitors reporting portal.	**All**
36.20	In its performance of this Contract the Provider must not provide or offer to a Service User any clinical or medical services for which any charges would be payable by the Service User except in accordance with this Contract, the Law and/or Guidance.	**All**
	VAT	
36.21	Payment is exclusive of any applicable VAT for which the Commissioners will be additionally liable to pay the Provider upon receipt of a valid tax invoice at the prevailing rate in force from time to time.	**All**

	Contested Payments	
36.22	If a Commissioner contests all or any part of any payment calculated in accordance with this SC36: 36.22.1 the Commissioner must: 36.22.1.1 within 5 Operational Days after receiving the reconciliation account in accordance with SC36.12; or 36.22.1.2 within 5 Operational Days of receiving an invoice in accordance with SC36.16 or SC36.17, as appropriate, notify the Provider, setting out in reasonable detail the reasons for contesting that account or invoice (as applicable), and in particular identifying which elements are contested and which are not contested; and 36.22.2 any uncontested amount must be paid in accordance with this Contract by the Commissioner from whom it is due; and 36.22.3 if the matter has not been resolved within 20 Operational Days of the date of notification under SC36.22.1, the contesting Commissioner must refer the matter to Dispute Resolution.	**All**
36.23	Following the resolution of any Dispute referred to Dispute Resolution in accordance with SC36.22: 36.23.1 if the Provider is an NHS Trust or an NHS Foundation Trust, insofar as any payment adjustment is agreed or determined to be necessary, the Commissioner must at the next opportunity process that payment adjustment using the Invoice Payment File Approach, including any interest calculated in accordance with SC36.24; 36.23.2 if the Provider is not an NHS Trust or an NHS Foundation Trust, insofar as any amount is agreed or determined to be payable the Provider must immediately issue an invoice or credit note (as appropriate) for such amount. Any sum due must be paid immediately together with interest calculated in accordance with SC36.24. For the purposes of SC36.23 the date the amount was due will be the date it would have been due had the amount not been disputed.	**All**
	Interest on Late Payments	
36.24	Subject to any express provision of this Contract to the contrary, each Party will be entitled, in addition to any other right or remedy, to receive interest at the applicable rate under the Late Payment of Commercial Debts (Interest) Act 1998 on any payment not made from the day after the date on which payment was due up to and including the date of payment.	**All**

	Set Off	
36.25	Whenever any sum is due from one Party to another as a consequence of reconciliation under this SC36 or Dispute Resolution or otherwise, the Party due to be paid that sum may deduct it from any amount that it is due to pay the other, provided that it has given 5 Operational Days' notice of its intention to do so.	**All**
	Invoice Validation	
36.26	The Parties must comply with Law and Guidance (including Who Pays? Rules and Invoice Validation Guidance) in respect of the use of data in the preparation and validation of invoices.	**All**
	Submission of Invoices	
36.27	The Provider must submit all invoices via the e-Invoicing Platform in accordance with e-Invoicing Guidance or via an alternative PEPPOL-compliant e-invoicing system.	**All**
	QUALITY REQUIREMENTS	
SC37	**Local Quality Requirements**	
37.1	The Parties must comply with their duties under the Law to improve the quality of clinical and/or care services for Service Users.	**All**
37.2	Nothing in this Contract is intended to prevent this Contract from setting higher quality requirements than those laid down under the Provider Licence (if any) or required by any relevant Regulatory or Supervisory Body.	**All**
37.3	Before the start of each Contract Year, the Co-ordinating Commissioner and the Provider will agree the Local Quality Requirements that are to apply in respect of that Contract Year. In order to secure continual improvement in the quality of the Services, those Local Quality Requirements must not, except in exceptional circumstances, be lower or less onerous than those for the previous Contract Year.	**All**

ANNEX A National Quality Requirements

National Quality Requirements	Threshold	Guidance on definition	Period over which the Requirement is to be achieved	Service Category
RTT waiting times for non-urgent Consultant-led Services				
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Operating standard of 92% at specialty level (as reported to NHS England)	See RTT Rules Suite and Recording and Reporting FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/	Month	CS, MH
Zero tolerance RTT waits over 65 weeks for incomplete pathways	>0 *	See RTT Rules Suite and Recording and Reporting FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/	Ongoing	CS, MH
Percentage of RTT waits over 52 weeks for incomplete pathways	By March 2026 < 1% *	See RTT Rules Suite and Recording and Reporting FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/	Ongoing	CS, MH
* subject to any tolerances confirmed in national guidance for Service Users who choose to wait longer or for specific specialties				

National Quality Requirements	Threshold	Guidance on definition	Period over which the Requirement is to be achieved	Service Category
Diagnostic test waiting times				
Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	Operating standard of at least 95%	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
Mental health				
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care (note – this standard does not apply to specialised mental health services commissioned by NHS England, including where NHS England has delegated the function of commissioning those services to an ICB)	Operating standard of 80%	See Contract Technical Guidance Appendix 2 at: https://www.england.nhs.uk/nhs-standard-contract/	Quarter	MH
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	Operating standard of 60%	Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at: https://www.england.nhs.uk/mental-health/resources/access-waiting-time/	Quarter	MH

National Quality Requirements	Threshold	Guidance on definition	Period over which the Requirement is to be achieved	Service Category
NHS Talking Therapies for Anxiety and Depression programmes: the percentage of service users who wait six weeks or less from referral to accessing NHS Talking Therapies and who finish a course of treatment	Operating standard of 75%	See Improving Access to Psychological Therapies (IAPT) Waiting Times Guidance and FAQs at: https://www.england.nhs.uk/mental-health/resources/access-waiting-time/	Quarter	MH
NHS Talking Therapies for Anxiety and Depression programmes: the percentage of service users who wait 18 weeks or less from referral to accessing NHS Talking Therapies and who finish a course of treatment	Operating standard of 95%	See Improving Access to Psychological Therapies (IAPT) Waiting Times Guidance and FAQs at: https://www.england.nhs.uk/mental-health/resources/access-waiting-time/	Quarter	MH
Duty of candour				
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

National Quality Requirements	Threshold	Guidance on definition	Period over which the Requirement is to be achieved	Service Category
Community				
Community health services two-hour urgent response standard	Operating standard of 70%	See: *Community health services two-hour urgent response standard guidance*, available at: https://www.england.nhs.uk/publication/community-health-services-two-hour-urgent-community-response-standard-guidance/; and *Urgent community response – two-hour and two-day response standards: 2020/21 technical data guidance* available at: https://www.england.nhs.uk/coronavirus/publication/urgent-community-response-two-hour-and-two-day-response-standards-2020-21-technical-data-guidance/	Quarterly	CS

The Provider must report its performance against each applicable National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A (*Reporting Requirements*).

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractsengagement@nhs.net

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