Activity Planning – Escalation Template

This form must be submitted where any Provider wishes to contest the setting of an Indicative Activity Plan (IAP) or Activity Management Plan (AMP) by an ICB Commissioner or by NHSE. This process cannot be used for any other matter. Please refer to s42 of the [NHS Standard Contract Technical Guidance](https://www.england.nhs.uk/nhs-standard-contract/25-26/) for more information.

**This form must be completed by the provider within 10 working days of an IAP or AMP being set and notified by a commissioner. The document must then be shared with the Commissioner for a response which must be provided within 10 working days of receipt of the form. The final form, completed by both parties, must be sent within 25 working days of the IAP being set to** [**england.activityescalation@nhs.net**](mailto:england.activityescalation@nhs.net)**. If the Provider has not shared the form with the Commissioner within 10 working days of an IAP being set then this Escalation Process cannot be used. If the Commissioner does not provide a response within 10 working days of being sent the form, the Provider may send the form for escalation without inclusion of a commissioner position.**

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| **Provider Name** | **Commissioner Name** |
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| **Provider Contact Details**  **(Individual Name and Email Address)** | **Commissioner Contact Details (Individual Name and Email Address)** |
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| **Section 1**  Is this escalation in relation to the setting of an IAP? Yes/No  If Yes, please complete this section below. If No, please proceed to Section 2. | |
| **Date IAP notified to provider:** | **Escalation Date:** |
| **Grounds for Escalation – please indicate below which criteria you believe were not met by the commissioner** | |
| Use reasonable endeavours to collaborate with other commissioners of the same contract to ensure that, where possible, activity plans support the provider in the management of a single waiting list (In the case of NCA activity, the commissioner will only usually need to communicate with the Co-ordinating Commissioner). | **If no, please provide supporting evidence** |

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| Construct IAPs with regard to applicable provider waiting times targets set out in NHS priorities and planning guidance:   * Commissioners should aim to commission activity across all providers in a way that efficiently uses available capacity to balance system affordability and performance requirements. * Where this involves reducing commissioned activity this should be supported by analysis of demand, capacity and the impact on **waiting times.** | **If no, please provide supporting evidence** |
| Appropriately plan for clinically urgent activity such as abortion care, Cancer treatment and 111 calls ensuring that providers can respond to increases in demand without being limited by an IAP. | **If no, please provide supporting evidence** |
| Consider and discuss with providers potential equalities and quality impacts of any IAP. | **If no, please provide supporting evidence** |
| Take reasonable steps to agree an IAP with a provider before setting one. | **If no, please provide supporting evidence** |
| **Section 2**  Is this escalation in relation to the setting of an AMP? Yes/No  If Yes, please complete this section below. | |
| **Date AMP notified to provider:** | **Escalation date:** |
| **Grounds for Escalation – please indicate below which criteria you believe were not met by the commissioner.** | |
| Use reasonable endeavours to collaborate with other commissioners of the same contract to ensure that, where possible, AMPs for a single provider are consistent with provider management of a single waiting list. (In the case of NCA activity, the commissioner will only usually need to communicate with the Co-ordinating Commissioner). | **If no, please provide supporting evidence** |
| Commissioners may use an AMP to reduce activity to the levels set out in the IAP and to the levels required to meet system performance and affordability targets, as agreed within the annual planning discussions. In doing this, they should be able to show that they have considered demand, capacity, performance and activity across their system. | **If no, please provide supporting evidence** |
| Appropriately plan for clinically urgent activity such as abortion care, Cancer treatment and 111 calls and ensure providers of such care can respond to increases in demand without being limited by an AMP. | **If no, please provide supporting evidence** |
| Act in a timely way to manage any overperformance against an IAP, ensuring that the provider has time to react to and correct any overperformance via an AMP. It is expected that over-performance issues would be addressed at regular monthly contract meetings with providers. | **If no, please provide supporting evidence** |
| Consider and discuss with providers potential equalities and quality impacts of any AMP, including patient safety and patient experience. | **If no, please provide supporting evidence** |
| Follow the contractual process to agree an AMP with the provider before setting a plan. | **If no, please provide supporting evidence** |
| **Provider Summary of Escalated Issue(s)** | |
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| **Please confirm that you have notified the Commissioner of this escalation?** | |
| **Yes/No** | **Date Notified:** |
| **Are you escalating without a Commissioner response? If yes, please provide evidence that commissioner was notified of the escalation and sent the escalation form.** | |
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| **Commissioner Response** | **Date:** |
| **If you are contesting the Provider’s claims, please provide supporting evidence.** | |
| **NHSE/Panel Response** | **Date sent to commissioner and provider:** |
| **Does the escalation meet the criteria for escalation? Yes/No**  **If the criteria were met, what is the outcome of the escalation?** | |