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2026/27 NHS Standard Contract: A consultation

Proposed changes to the NHS Standard Contract for 2026/27

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Contents

Introduction

1. This consultation asks for views from stakeholders on changes which NHS England proposes to make to the NHS Standard Contract for 2026/27.

2. The NHS Standard Contract (the Contract) is published by NHS England for use by NHS commissioners to contract for all healthcare services other than primary care services (unless these are commissioned using Schedule 2L). We are now consulting on changes for 2026/27 to both versions of the Contract – the full-length version, which is used to commission the bulk of such services by value, and the shorter-form version, which can be used in defined circumstances for certain less complex and typically lower cost services. The draft Contracts are available on the NHS Standard Contract 2026/27 webpage.

3. This consultation document describes the material changes and updates we are proposing to make to both versions of the Contract. We welcome comments from stakeholders on our proposals, along with any other suggestions for improvement. Comments on the draft Contracts can be submitted via the NHS England Consultation Hub using the online form.

4. We have also provided a Word template of the consultation questions on the NHS Standard Contract 2026/27 webpage to help stakeholders collate responses from across their organisation, but please note that responses can only be submitted using the online form via the NHS England Consultation Hub. Specific queries on the Contract may be sent to england.contractshelp@nhs.net.

5. **The deadline for receipt of responses is 16 December 2025. We will publish the final versions of the Contract (both full-length and shorter-form) as soon as is possible after that.**

Period covered by the Contract

6. The iteration of the Contract on which we are consulting is intended to set national terms and conditions applicable for the 2026/27 financial year. If issues arise in-year which require any further amendment to the Contract, NHS England will consult on changes as necessary.

7. It is for commissioners to determine locally the period for which they wish to offer each local contract – there is no default duration for an NHS Standard Contract and no bar to a contract duration of longer than one year. As we are moving towards multi-year planning, commissioners will want to consider whether more multi-year contracts might be appropriate for their providers. National terms and conditions as applicable from time to time are automatically incorporated into each local contract, whatever its duration. See paragraph 18 of our 2026/27 Contract Technical Guidance for further detail.

Proposed changes to Contract content

8. Material changes proposed to the Contract for 2026/27 (whether to the full-length version, the shorter-form version or both) are summarised in the tables in paragraphs 11-20 below.

9. In each case, the summary gives an overview of the change proposed – and points towards the sections of the draft Contract where the relevant wording can be found.

10. The topic numbers in the left-hand column in the tables below have been added to make it easier to 'read across' to the online feedback form available via the NHS England Consultation Hub. Numbers 1-6 are not used in this consultation document, as they correspond to stakeholders' name, email address etc on the online feedback form.

National Quality Requirements

11. National access and waiting times standards are set out as National Quality Requirements in Annex A of the Service Conditions. As is our usual practice, we have updated Annex A to reflect any specific changes to these standards set out in the Medium Term Planning Framework 2026/27 to 2028/29.

12. We are proposing to make changes to the Contract to require commissioners to include in the Local Quality Requirements any targets agreed as part of the annual planning round which differ from targets as set out in the National Quality Requirements, and to make these the applicable targets for these metrics. This affects only a small number of targets as set out in 9 below.

Topic	Change	New Contract Reference
7) National Quality Requirements – Cancer and Urgent Care	In order to ensure alignment between Contract metrics and those set out in the Medium Term Planning Framework 2026/27 to 2028/29, we propose to update the following metrics to align with the wording and targets of the metrics set out in the Medium Term Planning Framework: • % of service users waiting no more than 31 days from decision to treat to cancer treatment • % of service users waiting no more than 62 days from GP referral to first cancer treatment • % of A&E attendances where the service user was admitted, transferred or discharged within 4 hours	Service Conditions – Annex A (FL and SF)

	• Category 2 ambulance response times – mean time to arrive	
8) National Quality Requirements – Talking Therapies	The Medium Term Planning Framework 2026/27 to 2028/29 includes targets for 2 Talking Therapies metrics that are not currently included in the Contract. We are therefore proposing to add these to the Mental Health section of the National Quality Requirements as follows: • Talking therapies – 53% of adults and older adults receiving a course of treatment and achieving reliable recovery • Talking therapies – 71% of adults and older adults receiving a course of treatment and achieving reliable improvement	Service Conditions – Annex A (FL and SF)
9) Local Quality Requirements	There are a small number of metrics set out in the Medium Term Planning Framework 2026/27 to 2028/29 which require the agreement of local improvement targets with NHS England to work towards longer term achievement of the previous standards. In order to ensure alignment with the Contract, we propose to require commissioners to enter in the Local Quality Requirements the targets agreed with NHS England for the following metrics as part of the annual planning round: • % of service users waiting no longer than 18 weeks for treatment • DM01 - % of service users waiting less than 6 weeks from referral for a diagnostic test • % of A&E attendances where the service user was not admitted, transferred or discharged within 12 hours In general, drafting in the Particulars cannot override the provisions of the Service Conditions, so to allow these targets to take effect, we propose to add a note to the National Quality Requirements at Annex A of the Service Conditions to give effect to the target as set out in the Local Quality Requirements. We also propose to clarify at SC3.1.1 that the National Quality Requirements may be amended in the Local Quality Requirements where a different target has been agreed with NHS England during the annual planning round.	Service Conditions – Annex A, 3.1.1 (FL) and 3.1 (SF) Particulars – Schedules 4A and 4B

Additions and updates to reflect national priorities and guidance

13. This section sets out

- a small number of new additions to the Contract which are aimed at promoting improvements in how services are delivered for patients, in line with the latest national policy direction; and

- proposed changes to update existing Contract requirements to keep the Contract consistent with published national standards and policies.

Topic	Change	New Contract Reference
10) Equality Act 2010	The Equality Act has been strengthened with further additions including Section 40A which creates a proactive preventive duty on sexual harassment. We therefore propose the addition of a reference to this section to the Provider's obligations in relation to the Equality Act at SC 13.3.	Service Conditions – 13.3 (FL only)
11) Health Inequalities Action Plan	We provide a separate schedule in the Particulars – Schedule 2N – for the inclusion of a Health Inequalities Action Plan that sets out commissioner and provider actions to address Health Inequalities. We propose additions to the guidance included in the particulars of links to related information sources which might support construction of the plan and of further guidance on language access. The schedule remains optional but we encourage commissioners and providers to use it where possible.	Particulars – Schedule 2N (FL only)
12) Martha's Rule	In 2024/25, NHS England completed a pilot at 143 sites of the implementation of Martha's Rule. Martha's Rule is a patient safety initiative developed following the death of Martha Mills, and other cases related to management of deterioration, to support the early detection of patient deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon. Central to Martha's Rule is the right for patients, families and carers to request a rapid review if they are worried that their or their loved one's condition is getting worse and their concerns are not being responded to. Early evidence from the pilot suggested that the implementation of Martha's Rule in pilot sites has saved lives and therefore we are now proposing to add to the Contract a requirement for NHS Trusts and Foundation Trusts to implement the three core components of Martha's Rule by 31 March 2027 - https://www.england.nhs.uk/patient-safety/marthas-rule/.	Service Conditions – 33.13 (FL only) General Conditions – Definitions (FL only)

13) System Collaboration	We have included in the Contract for some time, requirements for the Parties to collaborate on a Joint System Plan and Integrated Care Strategy. As these terms are no longer in use and in 2026/27 there will be a return to financial planning at an organisation rather than system level, we propose amending this requirement to require the parties to collaborate in the achievement of financial balance, without destabilising the financial position of any other organisation.	Service Conditions – 4.7 (FL only)
14) Outlier Management	NHS England is currently working on a new Outlier management process which is likely to be implemented for 2026/27 and reported nationally. We therefore propose to add a requirement to SC 26 (Clinical Networks, National Audit Programmes and Approved Research Studies) requiring providers to engage in national outlier management processes as set out in the HQIP-NCAPOP Outlier Guidance.	Service Condition 26.1.4 (FL only)
15) Antimicrobial Usage	Following the publication last year of the updated National Action Plan for Antimicrobial Resistance, there has been a change in targets under the plan to focus on reducing the overall consumption of antibiotics and increasing the proportion of antibiotic consumption comprised of the World Health Organisation (WHO) Access Category of antibiotics. We therefore propose to reword the requirement under SC 21.3 to reflect these changes and added a definition for the WHO Access Category, details of which can be found at: https://www.gov.uk/government/publications/uk-aware-antibiotic-classification/uk-access-watch-reserve-and-other-classification-for-antibiotics-uk-aware-antibiotic-classification.	Service Conditions – 21.3 (FL only) General Conditions – Definitions (FL only)
16) Local Policies	In order to ensure good communication between commissioner and provider, we have taken the opportunity to review the wording on Local Policies to make clear that commissioners and providers should always share policies that have an impact on the delivery of the Contract without waiting for a request and that such policies should be deemed to be incorporated into the contract on receipt.	Service Conditions – 25.1-2 (FL only)
17) Contract Management	It has been suggested on a number of occasions in our annual Contract consultations that the provisions for Contract Management at General Condition 9 are overly long and complex, especially since we have removed the separate provisions on management of information breaches. We have therefore taken the opportunity this year to propose some changes which would simplify the application of the Conditions as follows:	General Conditions – 9, (FL and SF) 17.10.7 (FL only) and Definitions (FL and SF)

	• To make clear what actions the commissioner may take if the provider does not engage with the process • To align the remedies for failure to engage with the remedies for breach to remove any perverse financial incentive for non-engagement • To reduce the timeframe for the process by allowing a Joint Investigation to be agreed and begun at the first meeting • To remove the requirement to provide Exception Reports and instead clarify that the intended content of Exception Reports can be included in the Remedial Action Plan and therefore to remove Exception Report from GC17 and the definition of Suspension Event.	

Service Development and Improvement Plans (SDIPs) and Data Quality Improvement Plan (DQIP)

14. This section sets out proposed changes to Schedule 6C – Service Development and Improvement Plans and a suggested new Data Quality Improvement Plan.

Topic	Change	New Contract Reference
18) SDIP - UK Standard for Microbiology Investigations	There is currently variation in service delivery and outcomes for blood culture pathway across the NHS in England and this SDIP for acute providers aims to improve patient outcomes and Anti-Microbial Stewardship benefits and deliver the expectations of the Five-year National Action Plan for AMR 2024-29. The SDIP should set out the steps that providers will take to ensure full and ongoing compliance with the UK Standard for Microbiology Investigations Syndromic 12 by no later than 31st March 2027. Full details are included in our Contract Technical Guidance.	Particulars – Schedule 6C (FL only)
19) SDIP - C. difficile infection ascertainment	Compliance with the national guidance on diarrhoea sampling and CDI testing is currently variable across acute trusts. This SDIP has been developed to support improvement in compliance with the UK Standard for Microbiology Investigations – Investigation of faecal specimens for Clostridioides difficile. SDIPs should set targets for each provider to achieve compliance with the national guidance requirements by 31 March 2027. Full details are included in our Contract Technical Guidance.	Particulars – Schedule 6C (FL only)

	The previous three SDIPs on Paediatric Hearing Services, Staff Training in Asthma Care and the Autism Assessment Pathway have now been removed but can obviously still be deployed locally if there are outstanding actions.	
20) Flex-Freeze Variance and DQIP	As timely, high quality data for NHS services is a critical focus of the 10 Year Health Plan, this year we are proposing to add to the Contract a requirement for providers to have no more than 2% variance in activity recorded and coded at first (flex) and final (freeze) reconciliation dates. As not all providers will currently be compliant with those requirements we are also proposing to require commissioners to agree a DQIP for providers who are not compliant with the Service Condition. Commissioners would be required to review the current variation between flex and freeze data at their providers, compared to the required targets. Where providers are not meeting the targets set out in the Service Conditions, commissioners and providers should then draft a DQIP for inclusion in their contract, setting out the steps that providers will take to work towards meeting those targets by the end of 2026/27.	Service Conditions 28.18 (FL only) Particulars – Schedule 6B (FL only)

Safeguarding

15. This section sets out proposed changes to the provisions in the Contract dealing with safeguarding.

Topic	Change	New Contract Reference
21) Violence Prevention and Reduction Standard	To support the implementation of the non-pay commitments agreed between the government and the NHS Staff Council in May 2023, NHS Staff Council joint statement on 2023 non-pay commitments | NHS Employers, and to reinforce a system-wide commitment to violence prevention and staff safety, we are proposing a change to the requirement to use all reasonable endeavours to implement the Violence Prevention and Reduction Standard. The proposal is to make it mandatory to implement the Standard for all NHS Trusts and Foundation Trusts to ensure consistency across NHS providers as part of the phased delivery plan over the next two years.	General Conditions – 5.9.2 (FL only)

22) Safeguarding Children and Adults	We have reviewed the provisions of SC 32 on Safeguarding Children and Adults and propose the following changes: • Add at SC32.1.3 a requirement for providers to proactively take steps to prevent abuse by responding early to risk factors or indications of abuse or neglect. This is intended to ensure that providers do not simply report signs of abuse but take steps to ensure that they can identify early warning signs and indicators • Remove the reference to the Care Act regulations at SC32.3 as this is covered by the reference to the Act itself • Add a requirement to include domestic abuse in safeguarding programmes at SC32.5.	Service Conditions – 32.1 (FL and SF), 32.3 (FL only), 32.5 (FL and SF)
23) Mental Capacity Act – Learning Disability	We propose adding to the contract a new requirement on providers of acute care to comply with the guidance on the implementation of MCA that NHSE published in June 2025 at NHS England » Guidance to support implementation of the Mental Capacity Act in providers of acute care for adults with a learning disability. In particular, NHS England requires providers to use the forms included within the guidance to help capture capacity assessment and best interest assessments. This is guidance that NHSE has produced and published about the implementation of the MCA for providers of acute care and follows on from the HSSIB investigation into the care of people with a learning disability in acute settings. The forms will assist staff in providers to comply with the MCA following the lessons on record-keeping and decision-making identified in cases such as AMDC v AG & Anor [2020] EWCOP 58.	Service Condition 32.3.3 and Definitions (FL only)

Green NHS

16. This section sets out proposed amendments aimed at updating the Contract to take account of guidance and policy changes in procurement, energy and estates matters.

Topic	Change	New Contract Reference
24) Nitrous Oxide Toolkit	NHS England has published a Nitrous Oxide Toolkit together with UCL Partners to help NHS Trusts reduce waste from piped nitrous oxide and nitrous oxide/oxygen mixture gas delivery systems. As the Nitrous Oxide Toolkit covers some	Service Conditions – 18.3.2.3 (FL only)

	items previously set out separately in the Contract, we therefore propose an amendment to the Green NHS provisions to reference the toolkit.	
25) Capital Investment	To ensure the effective use of capital investment in carbonisation projects, we propose to add a new requirement for NHS Trusts and Foundation Trusts to deliver the allocated capital investment and develop business cases where appropriate.	Service Conditions – 18.5.3 (FL only)

2026/27 NHS Payment Scheme

17. This section sets out proposed changes relating to the 2026/27 NHS Payment Scheme proposals.

Topic	Change	New Contract Reference
26) Aligned Payment and Incentive Changes	The 2026/27 NHS Payment Scheme consultation proposes some changes to the way that Urgent Care and Radiotherapy are funded which will alter the composition of the fixed payment and also requires some adjustments to the fixed payment following work on deconstructing block payments. We have therefore proposed some amendments to Schedule 3 of the Particulars to reflect the way in which these changes would be entered into a contract.	Particulars – Schedule 3A and 3D (FL only)

Activity Management Provisions

18. For the 2025/26 Contract, we made a number of amendments to support commissioners in the management of activity funded on a variable basis. As these provisions were new for commissioners, we also introduced an escalation process to support providers who felt that commissioners were not following our Technical Guidance when applying their new powers. Now that these processes are more embedded and widely understood, and in response to feedback from providers and commissioners which was not supportive of the escalation process, we propose to remove the escalation process from the Contract for 2026/27 but to strengthen the requirement for commissioners to comply with our Technical Guidance.

    Additionally, in response to feedback about the practical application of the new IAP and AMP setting processes, we are proposing some amendments to the Contract to clarify or simplify these processes.

Topic	Change	New Contract Reference
27) Indicative Activity Plans	To take account of the earlier publication of this year's Contract and the impact on Indicative Activity Plan setting, we are proposing the following changes: • As we hope to publish the final Contract in January 2026, we have amended the dates on which a commissioner can set an Indicative Activity Plan to align with the start of each contract. • We have made a small amendment to reflect that an Indicative Activity Plan may be set in parts rather than all at once and to clarify that it cannot be retrospective.	Service Conditions - 29.5, 29.5A, 29.6 (FL) and 29.3A (SF)
28) Activity Management Processes	Following feedback on the length of time it takes to complete Activity Management processes, we propose to shorten the timeframe for commissioners to set an Activity Management Plan when one has not been agreed and also to clarify the position if the provider does not engage with the process.	Service Conditions 29.14 (FL) and 29.7B (SF)
29) Escalation Process	During 2025/26 to date, 98 providers have used the escalation process to NHS England in relation to the setting of Indicative Activity Plans. Around 50% of those escalations have been found in favour of the provider. However, in nearly 90% of those cases, the commissioners were only found either not to have considered the equality or quality impacts of their plan, or, more often, not to have discussed their considerations with the provider. As we now believe these process requirements to be better understood by commissioners and feedback from providers in a survey we conducted on the process was largely negative, we are proposing to stand down the NHS England escalation process in 2026/27. We therefore propose to remove the provisions which described the escalation procedure in relation to the setting of Indicative Activity or Activity Management Plans. However, in order to ensure that Commissioners continue to act reasonably and to follow our guidance in the setting of plans, we are proposing to make adherence to that guidance a mandatory obligation under the Contract and have included new terms to that effect and redrafted the Technical Guidance accordingly.	Service Conditions 29.16A-C (FL) and 29.7E-G (SF) General Conditions - Definitions (FL and SF) Service Conditions 29.5B and 29.14A (FL) and 29.3C and 29.7C (SF)

Other smaller updates

19. We propose to make other smaller updates to existing Contract provisions, to ensure that the Contract wording remains current, accurate and robust. (If you wish to comment on the topics below, please do so under 'further comments' on the feedback form.)

Topic	Detailed change	New Contract Reference
DAPB4042 Discharge Standard	Information Standard DAPB4042 Transfer of Care – Acute Inpatient Discharge Information Standard has been deprecated which means that the standard has fallen out of its period of assurance. We have therefore proposed a minor amendment to the Definitions to clarify that, whilst trusts may choose to continue to follow this Standard, it is no longer mandatory unless uplifted before the 12-month deprecation period expires. We have also updated the publication link as these Standards will now be published by NHS England at https://standards.nhs.uk/. We anticipate that a full review of the Discharge Standards may be undertaken before the 2027/28 Contract is published.	General Conditions – Definitions (FL only)
Compliant Ambulance Vehicle Supply Contract	We have procured two new frameworks for base vehicle supply and ambulance conversions. The definition of Compliant Ambulance Vehicle Supply Contract has therefore been updated to include details of these two new frameworks.	General Conditions – Definitions (FL only)
Shorter-form Contract	To improve ease of use, we have taken the decision to include Schedule 6E within the Shorter-form Contract rather than publish it as a separate schedule. The content of the Schedule is unchanged.	Particulars Schedule 6E (SF)
Core Skills Training Framework	The Core Skills Training Framework has been replaced with the All Staff Core Competency Framework, published at https://www.skillsforhealth.org.uk/core-skills-training-framework/. We have updated the Contract accordingly.	General Conditions – 5.5.3 (FL) and 5.4.3 (SF) and Definitions (FL and SF)
Improving the Working Lives of Resident Doctors	We have published a new 10-point plan on resident doctors and have therefore removed the reference to 'Improving Working Lives of Resident Doctors' and replaced it with 'Getting the Basics Right for Resident Doctors: 10 Point Plan' published by NHS England at: https://www.england.nhs.uk/publication/getting-the-basics-right-for-resident-doctors-10-point-plan/	General Conditions – 5.9.3.4 and Definitions (FL only)

Topic	Detailed change	New Contract Reference
EDI Improvement Plans	We propose a small addition to the requirement for providers to implement the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan to clarify that the Provider may be required to report also on any locally agreed action plans related to workforce EDI.	Service Conditions – 13.6 (FL only)
Formulary	Following feedback received in last year's consultation, we have reviewed the Formulary provisions and extended these to include Ambulance providers as they are also able to prescribe and required to maintain a formulary.	Service Conditions – 27.1 (FL only)
National Guardian's Office	It was announced in 2025 that the National Guardian's Office would close in 2026. NHS England will then take over the responsibility for national support and guidance of Freedom to Speak Up Guardians and the role will remain a requirement in the NHS Standard Contract for 2026/27. We are proposing some minor adjustments to the General Conditions and Definitions to acknowledge this change while recognising that for the time being guidance will still be published on the National Guardian's Office website until full successor arrangements are completed.	General Conditions – 5.10.2-3 (FL) and 5.7.2-3 (SF) Definitions (FL and SF)
Mental Health Crisis Care Concordat	The Crisis Care Concordat website has now been decommissioned by the Department of Health and Social Care. We propose changing the requirement at SC15.1 to have regard to the Concordat to instead require the Parties to work together and with other providers, police and local authorities to support those in mental health crisis and to identify Places of Safety. We have therefore also removed the definition for the Mental Health Crisis Care Concordat.	Service Conditions – 15.1 (FL and SF) General Conditions – Definitions (FL and SF)

20. We have made other minor changes to rationalise and improve the Contract where we have considered it appropriate to do so.

Consultation Responses

21. We invite you to review this consultation document and the two draft Contracts (available on the NHS Standard Contract 2026/27 webpage) and provide feedback on any of our proposals.

22. Comments can be submitted only via the NHS England engagement portal through this online feedback form. We have published a standard template on the NHS Standard Contract 2026/27 webpage to help stakeholders collate responses from across their organisation. This document should not be used to submit responses by email, and all responses should be submitted via the online form. Specific queries on the Contract may be sent to england.contractshelp@nhs.net.

23. **The deadline for receipt of responses is 16 December 2025. We will publish the final versions of the Contract (both full-length and shorter-form) as soon as possible after that.**

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