

NHS Standard Contract 2022/23

Service Conditions (Shorter Form)

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

Version number: 1

First published: December 2021

Publication Approval Number: PAR906

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

All Sservices 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	PT

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: <ul style="list-style-type: none"> 1.2.1 the terms of this Contract; and 1.2.2 the Law; and 1.2.3 Good Practice. <p>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.</p>	All
1.3	The Parties must abide by 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
SC2 Regulatory Requirements		
2.1	The Provider must: <ul style="list-style-type: none"> 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, or 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. 	All
SC3 Service Standards		
3.1	The Provider must not breach the thresholds in respect of the Operational Standards , 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 Lessons Learned <u>insight derived</u> from those reviews and evaluations, from feedback, complaints, audits, clinical outcome review programmes, Patient Safety Incidents, Never Events , 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
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, and Good Practice <u>and any guidance issued by the Secretary of State under sections 72 and 82 of the 2006 Act regarding the duty to co-operate</u> , 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 (<i>Service Specifications – Enhanced Health in Care Homes</i>), perform the any obligations on its part set out or referred to in Schedule 2Ai (<i>Service Specifications – Enhanced Health in Care Homes</i>) and/or Schedule 2G (<i>Other Local Agreements, Policies and Procedures</i>).	<u>Enhanced Health in Care Homes CS, MH</u>
SC5 Commissioner Requested Services/Essential Services		
5.1	The Provider must comply with its obligations under Monitor's <u>the Provider</u> Licence (if required) in respect of any Services designated as CRS by any Commissioner from time to time in accordance with CRS Guidance.	All
5.2	The Provider (<u>if it is an NHS Trust</u>) must maintain its ability to provide, and must ensure that it is able to offer to the Commissioners, the any Essential Services.	<u>Essential Services All</u>
SC6 Choice and Referral		
6.1	The Parties must comply with Guidance issued by the Department of Health and Social Care, <u>and</u> NHS England <u>and NHS Improvement</u> regarding patients' rights to choice of provider and Consultant or Healthcare Professional.	All
6.2	The Provider must 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.	All

6.3	<p>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-, <u>except:</u></p> <p><u>6.3.1 where such an individual is exercising their legal right to choice as set out in the NHS Choice Framework, and then only if:</u></p> <p><u>6.3.1.1 the service provided to that individual is a Service as described in any of the Service Specifications; and</u></p> <p><u>6.3.1.2 where the relevant Service Specification identifies, as Provider's Premises, a postal address or addresses from which a Service User must or may attend to receive all or part of the Service, the service provided to that individual is delivered from such an address; or</u></p> <p><u>6.13.2 where necessary for that individual to receive emergency treatment.</u></p>	All
6.4	<p>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.</p>	All
SC7 Intentionally Omitted		
SC8 Making Every Contact Count and Self Care		
8.1	<p>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.</p>	All
8.2	<p>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.</p>	All
SC9 Intentionally Omitted		
SC10 Personalised Care		
10.1	<p>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.</p>	All
10.2	<p>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.</p>	CS, MH
SC11 Transfer of and Discharge from Care		
11.1	<p>The Provider must comply with the Transfer of and Discharge from Care Protocols and all Law and Guidance (including Care and Treatment Review Guidance and Transfer and Discharge Guidance and Standards) relating to transfer of and discharge from care.</p>	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 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: <ul style="list-style-type: none"> 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		

<p>SC15 Urgent Access to Mental Health Care</p> <p>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, and the Urgent and Emergency Mental Health Care Pathways.</p>	MH
<p>SC16 Complaints</p> <p>16.1 The Commissioners and the Provider must each publish, maintain and operate a complaints procedure in compliance with the Fundamental Standards and other Law and Guidance.</p>	All
<p>16.2 The Provider must:</p> <p>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</p> <p>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.</p>	All
<p>SC17 Services Environment and Equipment</p> <p>17.1 The Provider must ensure that the Services Environment and the Equipment comply with the Fundamental Standards of Care and must comply with National Standards of Healthcare Cleanliness Standards as applicable.</p>	All
<p>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.</p>	All
<p>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.</p>	All
<p>SC18 Green NHS</p> <p>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, by 31 March 2022, 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, mitigatingreducing the impact of climate change and severe weather, reducing use of single use plastics and reducing waste and water usage.</p>	All
<p>SC19 – SC20 Intentionally Omitted</p>	

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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 24.2.1 is an NHS Trust; or 24.2.2 holds Monitor's a Provider Licence (unless required to do so solely because it provides Commissioner Requested Services as designated by the Commissioners or any other commissioner), <p>it must take the necessary action to meet NHSCFA Requirements including in respect of reporting via the NHS fraud case management system.</p>	All

<p>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.</p>	<p>All</p>
<p>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.</p>	<p>All</p>
<p>SC25 Procedures and Protocols <u>Other Local Agreements, Policies and Procedures</u></p> <p>25.1 The Parties must comply with their respective obligations under the documents contained in or referred to in any Schedule 2G (Other Local Agreements, Policies and Procedures).</p>	
<p>SC26 – SC27 Intentionally Omitted</p>	
<p>SC28 Information Requirements</p> <p>28.1 The Provider must:</p> <ul style="list-style-type: none"> 28.1.1 provide the information specified in and in accordance with this SC28 and Schedule 6A (<i>Reporting Requirements</i>); 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. 	
<p>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.</p>	<p>All</p>

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. The Parties must have regard to Commissioner Assignment Methodology Guidance and Who Pays? Guidance when determining the correct Commissioner code in activity datasets.	All
28.6	The Parties must comply with Guidance relating to clinical coding published by NHS Digital 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).	All
29.4	The Provider must submit an Activity and Finance Report to the Co-ordinating Commissioner in accordance with Schedule 6A (<i>Reporting Requirements</i>).	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
29.7	The Parties must meet to discuss any notice given under SC29.6 as soon as reasonably practicable and must seek to agree any actions required of any Party in response to the circumstances identified.	All
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

<p>30.2 The Provider must notify the Co-ordinating Commissioner as soon as reasonably practicable and in any event no later than 5 Operational Days following:</p> <p>30.2.1 the activation of its Incident Response Plan and/or Business Continuity Plan; or</p> <p>30.2.2 any risk or any actual disruption to CRS or Essential Services.</p>	<p>All</p>
<p>30.3 The Provider must provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and NHS Improvement and/or Public Health England the UK Health Security Agency in response to any national, regional or local public health emergency or incident.</p>	<p>All</p>
<p>SC31 Intentionally Omitted</p>	
<p>SC32 Safeguarding Children and Adults</p>	
<p>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.</p>	<p>All</p>
<p>32.2 The Provider must nominate:</p> <p>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;</p> <p>32.2.2 a Child Sexual Abuse and Exploitation Lead; and</p> <p>32.2.3 a Mental Capacity and Liberty Protection Safeguards Lead; and</p> <p>and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.</p>	<p>All</p>
<p>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)).</p>	<p>All</p>
<p>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:</p> <p>32.4.1 Law and Guidance; and</p> <p>32.4.2 the local multi-agency policies and any Commissioner safeguarding and MCA requirements.</p>	<p>All</p>
<p>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.</p>	<p>All</p>

SC33 Incidents Requiring Reporting		
33.1	The Provider must 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.	All
33.2	The Provider must comply with the NHS Serious Incident Framework and the Never Events Policy Framework, and must report all Serious Incidents and Never Events in accordance with the requirements of those Frameworks (or any successor frameworks as applicable).	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 6C (<i>Incidents Requiring Reporting Procedure</i>) and under Schedule 6A (<i>Reporting Requirements</i>).	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, in accordance with the timescales set out in Schedule 6C (<i>Incidents Requiring Reporting Procedure</i>) and in Schedule 6A (<i>Reporting Requirements</i>).	All
33.5	The Commissioners may (subject to Law) use any information provided by the Provider under this SC33, Schedule 6C (<i>Incidents Requiring Reporting Procedure</i>) and Schedule 6A (<i>Reporting Requirements</i>) 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 Care of Dying People		
34.1	The Provider must have regard to Guidance on Care of Dying People and must, where applicable, comply with SCCI 1580 (Palliative Care Co-ordination: Core Content) and the associated EPACCS IT System Requirements to ensure implementation of interoperable solutions.	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, each Commissioner must pay the Provider in accordance with the National Tariff, to the extent applicable, for all Services that the Provider delivers to it in accordance with this Contract.	All

<p>Prices</p> <p>36.2 The Prices payable by the Commissioners under this Contract will be:</p> <p>36.2.1 for any Service for which the National Tariff mandates a National Price:</p> <p>36.2.1.1 the National Price; or</p> <p>36.2.1.2 the National Price as modified by a Local Variation; or</p> <p>36.2.1.3 (subject to SC36.15 to 36.19 (<i>Local Modifications</i>)) the National Price as modified by a Local Modification approved or granted by NHS Improvement NHS England,</p> <p>for the relevant Contract Year; or</p> <p>36.2.2 for any Service for which the National Tariff does not mandate a National Price, the Local Price for the relevant Contract Year.</p>	<p>All</p>
<p>Local Prices</p> <p>36.3 The Co-ordinating Commissioner and the Provider have agreed and set out in Schedule 3A (<i>Local Prices</i>) the mechanism by which that Local Price is to be adjusted with effect from the start of each Contract Year. The Parties must in any event have regard to the efficiency and cost adjustments set out in the National Tariff where applicable.</p>	<p>Local Price All</p>
<p>36.4 Any Local Price must be determined and agreed in accordance with the rules set out in the National Tariff.</p>	<p>Local Price All</p>
<p>36.5 The Co-ordinating Commissioner and the Provider must apply annually any adjustment mechanism agreed and documented in Schedule 3A (<i>Local Prices</i>). 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 and cost adjustments set out in the National Tariff where applicable. In either case the Local Price as adjusted or agreed will apply to the following Contract Year.</p>	<p>Local Price All</p>
<p>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.</p>	<p>Local Price All</p>
<p>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.</p>	<p>Local Price All</p>
<p>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 and cost adjustments set out in the National Tariff. 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.</p>	<p>Local Price All</p>

36.9	All Local Prices and any annual adjustment mechanism agreed in respect of them must be recorded in Schedule 3A (<i>Local Prices</i>). Where the Co-ordinating Commissioner and the Provider have agreed to depart from an applicable national currency that agreement must be submitted by the Co-ordinating Commissioner to NHS Improvement NHS England in accordance with the National Tariff.	Local PriceAll
National Price - Local Variations		
36.10	The Co-ordinating Commissioner and the Provider may agree a Local Variation for one or more Contract Years or for the duration of this Contract.	National PriceAll
36.11	The agreement of any Local Variation must be in accordance with the rules set out in the National Tariff.	National PriceAll
36.12	If the Co-ordinating Commissioner and the Provider agree any Local Variation for a period less than the duration (or remaining duration) of this Contract, the relevant Price must be reviewed before the expiry of the last Contract Year to which the Local Variation applies.	National PriceAll
36.13	If the Co-ordinating Commissioner and the Provider fail to review or agree any Local Variation to apply to the following Contract Year, the Price payable for the relevant Service for the following Contract Year will be the National Price.	National PriceAll
36.14	Each Local Variation must be recorded in Schedule 3B (<i>Local Variations</i>), submitted by the Co-ordinating Commissioner to NHS Improvement NHS England in accordance with the National Tariff and published in accordance with section 116(3) of the 2012 Act.	National PriceAll
National Price - Local Modifications		
36.15	The Co-ordinating Commissioner and the Provider may agree (or NHS Improvement NHS England may determine) a Local Modification in accordance with the National Tariff.	National PriceAll
36.16	Any Local Modification agreed and proposed by the Co-ordinating Commissioner and the Provider must be submitted for approval by NHS Improvement NHS England in accordance with the National Tariff. If NHS Improvement NHS England approves the application, the Price payable for the relevant Service will be the National Price as modified in accordance with the Local Modification specified in NHS Improvement's NHS England's notice of approval. The date on which that Local Modification takes effect and its duration will be as specified in that notice. Pending NHS Improvement's NHS England's approval of an agreed and proposed Local Modification, the Price payable for the relevant Service will be the National Price as modified by the Local Modification submitted to NHS Improvement NHS England .	National PriceAll
36.17	If the Co-ordinating Commissioner and the Provider have failed to agree and propose a Local Modification, the Provider may apply to NHS Improvement to determine a Local Modification. If NHS Improvement NHS England determines a Local Modification, the Price payable for the relevant Service will be the National Price as modified in accordance with the Local Modification specified in NHS Improvement's NHS England's notice of decision. The date on which that Local Modification takes effect and its duration will be as specified in that notice. Pending NHS Improvement's NHS England's determination of a Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.10 to 36.14).	National PriceAll

36.18 If NHS Improvement NHS England has refused to approve an agreed and proposed Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may be agreed in accordance with SC36.10 to 36.14), and the Co-ordinating Commissioner and the Provider must agree an appropriate mechanism for the adjustment and reconciliation of the relevant Price to effect the reversion to the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.10 to 36.14). If NHS Improvement NHS England has refused an application by the Provider for a Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.10 to 36.14).	National Price All
36.19 Each Local Modification agreement and each application for determination of a Local Modification must be submitted to NHS Improvement NHS England in accordance with section 124 or section 125 of the 2012 Act (as appropriate) and the National Tariff. Each Local Modification agreement and each Local Modification approved or determined by NHS Improvement NHS England must be recorded in Schedule 3C (<i>Local Modifications</i>).	National Price All
Payment where the Parties have agreed an Expected Annual Contract Value	
36.20 Each Commissioner must make payments on account to the Provider in accordance with the provisions of SC36.21 or if applicable SC36.22 and 36.23.	EACV agreed All
36.21 The Provider 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 (<i>Expected Annual Contract Values</i>)) of the individual Expected Annual Contract Value for the 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.	EACV agreed All
36.22 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 (<i>Information Requirements</i>) 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.	EACV agreed All
36.23 For the avoidance of doubt, there will be no reconciliation in relation to Block Arrangements.	EACV agreed All
36.24 Each Commissioner must either agree the reconciliation account produced in accordance with SC36.22 or wholly or partially contest the reconciliation account in accordance with SC36.34. No Commissioner may unreasonably withhold or delay its agreement to a reconciliation account.	EACV agreed All

36.25	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. The Provider 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.	EACV agreed All
Payment where the Parties have not agreed an Expected Annual Contract Value in relation to any Services		No EACV agreed All
36.26	Where the Provider is an NHS Trust or an NHS Foundation Trust and in respect of Services for which the Parties have not agreed an Expected Annual Contract Value, the Provider 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 SC36.34 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.	No EACV agreed All
36.27	Where the Provider is not an NHS Trust or an NHS Foundation Trust and in respect of Services for which the Parties have not agreed an Expected Annual Contract Value, the Provider 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 SC36.34 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.	No EACV agreed All
36.28	Not used.	
Statutory and Other Charges		All
36.29	Where applicable, the Provider must administer all statutory benefits to which the Service User is entitled and within a maximum of 20 Operational Days following receipt of an appropriate invoice the relevant Commissioner must reimburse the Provider any statutory benefits correctly administered.	All
36.30	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

<p>36.31 The Parties acknowledge the requirements and intent of the Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance, and accordingly:</p> <p>36.31.1 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;</p> <p>36.31.2 if the Provider has failed to take all reasonable steps to:</p> <p style="padding-left: 40px;">36.31.2.1 identify a Chargeable Overseas Visitor; or</p> <p style="padding-left: 40px;">36.31.2.2 recover charges from the Chargeable Overseas Visitor or other person liable to pay charges in respect of that Chargeable Overseas Visitor under the Overseas Visitor Charging Regulations,</p> <p>no Commissioner will be liable to make any payment to the Provider in respect of any Services delivered to that Chargeable Overseas Visitor and where such a payment has been made the Provider must refund it to the relevant Commissioner;</p> <p>36.31.3 (subject to SC36.31.2) each Commissioner must pay the Provider, in accordance with all applicable Law and Guidance (including the Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance), the appropriate contribution on account for all Services delivered by the Provider in accordance with this Contract to any Chargeable Overseas Visitor in respect of whom that Commissioner is the Responsible Commissioner;</p> <p>36.31.4 the Provider must refund to the relevant Commissioner any such contribution on account if and to the extent that charges are collected from a Chargeable Overseas Visitor or other person liable to pay charges in respect of that Chargeable Overseas Visitor, in accordance with all applicable Law and Guidance (including Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance);</p> <p>36.31.5 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</p> <p>36.31.6 each Commissioner must pay the Provider, in accordance with all applicable Law and Guidance (including Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance), 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.</p>	All
<p>36.32 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.</p>	All
<p>VAT</p> <p>36.33 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.</p>	All

<p>Contested Payments</p> <p>36.34 If a Party contests all or any part of any payment calculated in accordance with this SC36:</p> <p>36.34.1 the contesting Party must (as appropriate):</p> <p>36.34.1.1 within 5 Operational Days of the receipt of a reconciliation account in accordance with SC36.22; or</p> <p>36.34.1.2 within 5 Operational Days of the receipt by that Party of an invoice in accordance with SC36.26,</p> <p>notify the other Party or Parties, 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</p> <p>36.34.2 any uncontested amount must be paid in accordance with this Contract by the Party from whom it is due; and</p> <p>36.34.3 if the matter has not been resolved within 20 Operational Days of the date of notification under SC36.34.1, the contesting Party must refer the matter to Dispute Resolution,</p> <p>and following the resolution of any Dispute referred to Dispute Resolution in accordance with this SC36.34, insofar as any amount shall be 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 SC36.35. For the purposes of SC36.35 the date the amount was due will be the date it would have been due had the amount not been disputed.</p>	<p>All</p>
<p>Interest on Late Payments</p> <p>36.35 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.</p>	<p>All</p>
<p>Set Off</p> <p>36.36 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.</p>	<p>All</p>
<p>Invoice Validation</p> <p>36.37 The Parties must comply with Law and Guidance (including Who Pays? Guidance and Invoice Validation Guidance) in respect of the use of data in the preparation and validation of invoices.</p>	<p>All</p>
<p>Submission of Invoices</p> <p>36.38 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.</p>	<p>All</p>

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 NHS Improvement's 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

Consultation note: Schedule 4A (Operational Standards and National Quality Requirements) from the 2021/22 Contract Particulars has been moved to Annex A (National Quality Requirements) below. This move is not shown as tracked changes.

Where a change has been made to the Schedule content, this is shown in tracked changes.

ANNEX A National Quality Requirements

Ref	<u>Operational Standards/National Quality Requirements</u>	Threshold	Guidance on definition	Period over which the Standard / Requirement is to be achieved	<u>Applicable Service Category</u>
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 <u>(note – this standard does not apply to specialised mental health services commissioned by NHS England)</u>	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	Operating standard of 60%	See Guidance for Reporting Against Access and Waiting Time Standards	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
	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		and FAQs Document at: 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
	Community health services two-hour urgent response standard	Operating standard of 70% from 1 January 2023	See: Community health services two-hour crisis response standard guidance, available at https://www.england.nhs.uk/publication/community-health-services-two-hour-crisis-response-standard-guidance/; and Urgent community response – two-hour and two-day response standards: 2020/21 technical data guidance available at	Quarterly	CS

Ref	Operational Standards/National Quality Requirements	Threshold	Guidance on definition	Period over which the Standard / Requirement is to be achieved	Applicable Service Category
			https://www.england.nhs.uk/coronaviruses/publication/urgent-community-response-two-hour-and-two-day-response-standards-2020-21-technical-data-guidance/		

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.

Draft

Draft