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**NHS Standard Contract 2021/22**

**Particulars (Full Length)**

***Contract title / ref: PALLIATIVE CARE***

Prepared by: NHS Standard Contract Team, NHS England

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(please do not send contracts to this email address)

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| **Contract Reference** | PALLCARE 21/22 |
| --- | --- |

| **DATE OF CONTRACT** |  |
| --- | --- |
| **SERVICE COMMENCEMENT DATE** | **1ST APRIL 2021** |
| **CONTRACT TERM** | **One [1] year**  **(or as extended in accordance with Schedule 1C)** |
| **COMMISSIONERS** | NHS Hampshire Southampton & Isle of Wight CCG (Y01)  CommCen  Fort Southwick, James Callaghan Drive  Fareham  Hampshire  PO17 6AR  UK |
| **CO-ORDINATING COMMISSIONER** | NHS Hampshire Southampton & Isle of Wight CCG (Y01)  CommCen  Fort Southwick, James Callaghan Drive  Fareham  Hampshire  PO17 6AR  UK |
| **PROVIDER** | **[ ] (ODS [ ])**  **Principal and/or registered office address:**  **[ ]**  **[Company number: [ ]** |

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**CONTRACT**

**Contract title:** PALLIATIVE CARE SERVICES

**Contract ref:** PALLCARE 21/22

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

1. these **Particulars**;
2. the **Service** **Conditions (Full Length)**;
3. the **General Conditions (Full Length)**,

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

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

|  |  |
| --- | --- |
| **SIGNED by** | **……………………………………………………….**  **Signature** |
| **[DAVID BAILEY for**  **and on behalf of**  **NHS Hampshire Southampton & Isle of Wight CCG (Y01)** | **……………………………………………………….**  **Deputy Finance Director**  **……………………………………………………….**  **Date** |

**[INSERT AS ABOVE FOR EACH COMMISSIONER]**

|  |  |
| --- | --- |
| **SIGNED by** | **……………………………………………………….**  **Signature** |
| **[INSERT AUTHORISED**  **SIGNATORY’S**  **NAME] for**  **and on behalf of**  **[INSERT PROVIDER NAME]** | **……………………………………………………….**  **Title**  **……………………………………………………….**  **Date** |

|  |  |
| --- | --- |
| **SERVICE COMMENCEMENT AND CONTRACT TERM** | |
| **Effective Date** | **1ST APRIL 2021** |
| **Expected Service Commencement Date** | **1ST APRIL 2021** |
| **Longstop Date** | **Not applicable** |
| **Service Commencement Date** | **Date of contract** |
| **Contract Term** | **One [1] year commencing**  **1st April 2021** |
| **Option to extend Contract Term** | **NO** |
| **Commissioner Notice Period (for termination under GC17.2)** | **Three [3] months** |
| **Commissioner Earliest Termination Date** | **Three [3] months after the Service Commencement Date** |
| **Provider Notice Period (for termination under GC17.3)** | **Three [3] months** |
| **Provider Earliest Termination Date** | **Three [3] months after the Service Commencement Date** |

|  |  |
| --- | --- |
| **SERVICES** | |
| **Service Categories** | **Indicate all that apply** |
| **Accident and Emergency Services (Type 1 and Type 2 only) (A+E)** | No |
| **Acute Services (A)** | No |
| **Ambulance Services (AM)** | No |
| **Cancer Services (CR)** | No |
| **Continuing Healthcare Services (including continuing care for children) (CHC)** | No |
| **Community Services (CS)** | Yes |
| **Diagnostic, Screening and/or Pathology Services (D)** | No |
| **End of Life Care Services (ELC)** | No |
| **Mental Health and Learning Disability Services (MH)** | No |
| **Mental Health and Learning Disability Secure Services (MHSS)** | No |
| **NHS 111 Services (111)** | No |
| **Patient Transport Services (PT)** | No |
| **Radiotherapy Services (R)** | No |
| **Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)** | No |
| **Services commissioned by NHS England** | |
| **Services comprise or include Specialised Services and/or other services directly commissioned by NHS England** | **NO** |
| **Co-operation with PCN(s) in service models** | |
| **Enhanced Health in Care Homes** | **NO** |
| **Primary and Community Mental Health Services** | **NO** |
| **Service Requirements** | |
| **Indicative Activity Plan** | **NO** |
| **Activity Planning Assumptions** | **NO** |
| **Essential Services (NHS Trusts only)** | **NO** |
| **Services to which 18 Weeks applies** | **NO** |
| **Prior Approval Response Time Standard** | **Not applicable** |
| **Is the Provider acting as a Data Processor on behalf of one or more Commissioners for the purposes of this Contract?** | **NO** |
| **Is the Provider providing CCG-commissioned Services which are to be listed in the UEC DoS?** | **NO** |
| **PAYMENT** | |
| **Expected Annual Contract Value Agreed** | **Two payments of £150 paid at start and end of contract.** |
| **Must data be submitted to SUS for any of the Services?** | **NO** |
| **Under the Aligned Payment and Incentive Rules in the National Tariff, does CQUIN apply to payments made by any of the Commissioners under this Contract?** | **YES/NO** |
| **QUALITY** | |
| **Provider type** | **NHS Foundation Trust/NHS Trust**  **Other** |
| **GOVERNANCE AND REGULATORY** | |
| **Nominated Mediation Body (where required – see GC14.4)** | In accordance with clause GC14  TBC - A member of Chartered Institute of Arbitrators <http://www.ciarb.org/> |
| **Provider’s Nominated Individual** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Information Governance Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Data Protection Officer (if required by Data Protection Legislation)** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Caldicott Guardian** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Senior Information Risk Owner** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Accountable Emergency Officer** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Safeguarding Lead (children) / named professional for safeguarding children** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Safeguarding Lead (adults) / named professional for safeguarding adults** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Child Sexual Abuse and Exploitation Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Mental Capacity and Liberty Protection Safeguards Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Prevent Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Freedom To Speak Up Guardian(s)** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s UEC DoS Contact** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Commissioners’ UEC DoS Leads** | NHS Hampshire Southampton & Isle of Wight CCG (Y01)  **Sarah Malcolm**  **Email: sarah.malcolm1@nhs.net**  **Tel: 02392 282068** |
| **Provider’s Infection Prevention Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Health Inequalities Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Net Zero Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **CONTRACT MANAGEMENT** | |
| **Addresses for service of Notices** | **Co-ordinating Commissioner**  Jon Durand  Lead Pharmacist Fareham & Gosport  NHS Hampshire Southampton & Isle of Wight CCG (Y01)  CommCen  Fort Southwick, James Callaghan Drive  Fareham  Hampshire  PO17 6AR  Email: jdurand@nhs.net  **Provider: [ ]**  **Address: [ ]**  **Email: [ ]** |
| **Frequency of Review Meetings** | **Quarterly** |
| **Commissioner Representative(s)** | Jon Durand  Lead Pharmacist Fareham & Gosport  NHS Hampshire Southampton & Isle of Wight CCG (Y01)  CommCen  Fort Southwick, James Callaghan Drive  Fareham  Hampshire  PO17 6AR  Email: jdurand@nhs.net  Tel: 02392 282 077 |
| **Provider Representative** | **[ ]**  **Address: [ ]**  **Email: [ ]**  **Tel: [ ]** |

# SCHEDULE 1 – SERVICE COMMENCEMENT

**AND CONTRACT TERM**

1. **Conditions Precedent**

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

| 1. Evidence of appropriate Indemnity Arrangements |
| --- |

The Provider must complete the following actions:

|  |
| --- |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **Commissioner Documents**

| **Date** | **Document** | **Description** |
| --- | --- | --- |
| **Not Applicable** |  |  |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **Extension of Contract Term**

**NOT USED**

# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

|  |  |
| --- | --- |
| **Service Specification No.** | PALLCARE 21/22 |
| **Service** | On Demand availability of Drugs for Palliative Care Primary Care Service |
| **Commissioner Lead** | Jon Durand |
| **Period** | Contract Period – April 2021 to March 2022 |
| **Date of Review** | October –December 2021 |

|  |
| --- |
| **1. Population Needs** |
| * 1. **General Overview**   The End of Life Care Programme emphasizes that 'the care of all dying patients must improve to the best level in all healthcare settings’. In relation to medicines, there are a number of issues that require consideration to facilitate symptom control in those patients who choose to live and die in the place of their choice and to reduce inappropriate admissions in the last weeks of their life. These include:   * Out of Hours (OOH) access to medical help and drugs * Anticipatory prescribing - ability to access commonly used drugs in palliative care via Community Pharmacy   Delivering the Out-of-Hours Review - Securing Proper Access to Medicines in the Out-of-Hours Period also highlighted special problems relating to palliative care. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** |  | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** | **X** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **X** |   **2.2 Local defined outcomes**   * To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply. * To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  This service is aimed at the supply of specialist medicines for palliative care, the demand for which may be urgent and/or unpredictable.  The Provider will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with the Commissioners.  The pharmacy will provide information and advice to the user, carer and clinician, in line with locally agreed palliative care guidelines. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.  This will aim to provide an equitable service to all patients in all settings and to reduce the need for out of hours drugs, with the aim of providing the best level of End of Life care.  The service will provide comprehensive availability of palliative care drugs across Fareham & Gosport and South Eastern Hampshire via   * An Enhanced Service for Community Pharmacy based on the national template service specification for On Demand Availability of Palliative Care Drugs. * **Pharmacies across South East Hampshire and Fareham & Gosport, with extended opening hours and good accessibility / parking**   **Supply of emergency specialist drugs**  In rare circumstances more specialist palliative care drugs or parenteral anti-biotic might be required urgently to control complex symptoms in palliative care patients (e.g. with severe renal impairment, intractable neuropathic pain, gastric outflow obstruction).  Rapid access to these drugs in the community is essential to ensure patients’ comfort and avoid hospice or acute hospital admission for terminal care.  **To improve access to these drugs, the Commissioners have decided to have FOURTEEN designated pharmacies in South East Hampshire which will hold a list of drugs (see Appendix 2). The Majority of pharmacies can provide control drugs or fulfill a FP10 request within the day however where urgent access is required to specialist supplies designated pharmacies containing the stock will be signposted to via specialist teams or community pharmacies.**  **Planning and Communication**  For those Pharmacies involved in this service, it is vital for them to keep aware of any changes in prescribing patterns to allow them to monitor and get feedback on the service they are providing.  **Drugs Available**  The Community Pharmacies will guarantee to stock an agreed formulary of the commonly prescribed drugs (Appendix 2). These drugs have been agreed by the service providers and are considered to cover the majority of “urgent” requests. These drugs do not cover all eventualities but it is important to note that most Community Pharmacies can usually order supplies of a prescribed drug for the same day delivery if ordered before 11.30 am and for the following morning if ordered before 5.00pm. (Monday to Friday)  The palliative care drugs list will be circulated to all primary care prescribers, including the out of hours services, District Nurses, Palliative Care Nurses, Community Pharmacies, Hospital Pharmacists and Palliative Care Consultants so that all the appropriate health care professionals are aware of what is reasonable to expect to be available both in and out of hours. This list will be reviewed annually to ensure it reflects local needs.  **Access to the Service**  Details of the Pharmacies will be circulated to all community based Palliative Care Nurses and District Nurses and to other Community Pharmacies. During working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the “palliative care” Pharmacies used mainly in an emergency situation, where the drugs cannot be obtained by the local Community Pharmacy within an appropriate timescale.  **Service outline**   1. The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacist should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately). The pharmacist must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately). 2. If a participating Community Pharmacist is not able to fill the prescription in the time available then he/she needs to find another Community Pharmacy who is able to fill the prescription. This should be done by telephoning another Community Pharmacy, it should not be assumed that just because a Community Pharmacy is on the palliative care list they can supply on every occasion. 3. The pharmacist should co-ordinate with the prescriber to plan in advance for increased medication demand, particularly weekends and public holidays, when this is appropriate 4. The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. 5. The Provider should maintain appropriate records to ensure effective ongoing service delivery and audit. 6. The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists. 7. The pharmacy provides details of on-call contacts who will meet the commitment to have prompt access to the agreed list of medicines always agreed with the Commissioner. 8. In the event of long-term availability problems, the pharmacy should liaise with their local palliative care team to arrange for suitable alternatives to be kept in stock. 9. The Commissioner will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The Commissioner will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines. 10. If it is brought to the Commissioners attention that a Community Pharmacy is failing to hold a complete list of formulary items, without a valid reason, then the Community Pharmacy may be asked to withdraw from the scheme. 11. The Commissioner will reimburse the Provider to compensate for date expired medicines in the formulary. The Provider is requested to submit a list of expired stock quarterly within the contract period. An annual participation fee will be agreed annually. 12. The Commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment. 13. The Commissioner & Local Pharmacy Committee will disseminate information on the service to other pharmacy Providers and health care professionals in order that they can signpost patients to the service.   **3.3 Interdependence with other services/providers**   * The Provider shall ensure that effective and clear communication is maintained with Patients and GP surgeries   **3.4 Eligibility**  Extended hours pharmacy, enough storage facilities and parking facilities.  **3.5 Exclusion**   * Patients not registered with a GP within the South East Hampshire area   **3.6 Population covered/geographical boundaries**  **.**  This service is accessible to patients registered to a GP practice within South East Hampshire.  This service should be commissioned to community pharmacy providers, where the service can be provided within the existing skillset of the community pharmacy to meet the needs of the population, improve health and wellbeing, reduce health inequalities and support the provision of care closer to home. Therefore there are no procurement considerations for this option. |
|  |
| **4.1 Applicable national standards (eg NICE)**  As applicable to the provision of community pharmacy services.  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  As applicable to the provision of community pharmacy services.  **4.3 Applicable local standards**  As applicable to the provision of community pharmacy services. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable quality requirements (The table below forms part of Schedule 4 of the NHS Standard Contract)**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Quality**  **Indicator** | **Indicator** | **Threshold** | **Method of**  **measurement** | **Frequency of**  **monitoring** | | **Complaints**  Strengthen where appropriate complaints process to include:   * Acknowledgement letter within 3 working days * Final response within 25 working days | Complaints records | 100% | Audit | Quarterly | | **Incidents**  The Provider will notify the Commissioner of the number of incidents, organisational learning and direct action taken in response to any incidents. | By exception | 100% | Report | Monthly (by exception) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Performance**  **Indicator** | **Indicator** | **Threshold** | **Method of**  **measurement** | **Frequency of**  **Monitoring** | | Reporting of process as specified in service outline | By stock audit | 100% | Audit of stock | Yearly |   The service will be evaluated by periodic audit of stock holding, run by the Commissioner. Documentation of evaluation will be made available to contractor.   * 1. **Applicable CQUIN goals (See Schedule 4 Part E)**   Not applicable |
| **6. Location of Provider Premises** |
| The Provider’s Premises are located at:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **STORE Name** | **Address** | **ODS Codes** | |  |  |  | |  |  |  | |  |  |  | |  | |  |  | |
| **7. Prices and costs** |
| Payments  Invoice raised (with claim form in Appendix 2 attached), authorized and paid by the Commissioners Finance to pharmacy account.  Payment Schedules:  Cost   * Annual participation honorarium per pharmacy: two payments of £150 the first on receipt of signed contract and second at end of contract period (March 2022). (no claim/invoice required) * Cost and payment for expired Drugs detailed in Appendix 2, including any drugs added or removed from the schedule during the course of the contract and for three months after end of contract |

Service Specification: Service On Demand availability of Drugs for Palliative Care Primary Care Service

**Appendix 1:** **Palliative Care Emergency Drug List\***

**Minimum range and stock level of medicines to be held:**

|  |  |  |
| --- | --- | --- |
| **Medicine** | **Strength** | **Quantity** |
| Alfentanil injection\* | 5mg in 1ml | 3 x 10 |
| Atropine eye drops | 1% | 1 x 20 unit dose vials |
| Buprenorphine transdermal patch (Bunov or Butec) | 10microgram per hour and  15microgram per hour | 1 x 4 of each strength |
| Cyclizine injection | 50mg in 1ml | 4 x 5 x 1ml |
| Dexamethasone injection | 3.3mg in 1ml | 2 x 10 x 1ml |
| Diazepam rectal solution | 5mg in 2.5ml | 1 x 5 |
| Glycopyrronium bromide injection | 200microgram in 1ml | 1 x 10 x 1ml  1 x 10 x 3ml |
| Haloperidol injection | 5mg in 1ml | 2 x 10 x 1ml |
| Hyoscine butylbromide injection | 20mg in 1ml | 3 x 10 x 1ml |
| Levomepromazine tablets | 25mg | 1 x 84 |
| Levomepromazine injection | 25mg in 1ml | 3 x 10 x 1ml |
| Lorazepam tablets  (for sublingual use) | 1mg | 1 x 28 |
| Metoclopramide injection | 10mg in 2ml | 1 x 10 x 2ml |
| Midazolam oromucosal solution (Buccolam) | 10mg in 2ml  pre-filled oral syringe | 1 x 4 x 2ml |
| Midazolam injection | 10mg in 2ml | 3 x 10 x 2ml |
| Morphine sulfate tablets (immediate release). | 10mg | 1 x 56 |
| Morphine sulfate **MR** **tablets** | 10mg | 1 x 60 |
| Morphine sulfate SR capsules (Zomorph) | 10mg and 30mg | 1 x 60 of each strength |
| Morphine sulphate solution | 10mg in 5ml | 2 x 100ml |
| Morphine sulphate injection | 10mg in 1ml  30mg in 1ml | 3 x 10 x 1ml 10mg  1 x 10 x1ml 30mg |
| Olanzapine orodispersible tablets (sugar-free) | 5mg | 1 x 28 |
| Oxycodone injection | 20mg in 2ml | 2 x 5 x 2ml |
| Oxycodone liquid (sugar-free) | 5ml in 5ml  10mg in 1ml | 1 x 250ml  1 x 120ml |
| Sodium chloride injection | 0.9% | 2 x 10 x 10ml |
| Tranexamic acid tablets | 500mg | 1 x 60 |
| Water for injection |  | 4 x 10 x 10ml |

\*Not generally required. This item to be held in stock by:

Boots Bosmere Medical Centre,

Lloyds ASDA Precinct Totton,

Milford Pharmacy, War Memorial Hospital

*\*In the event of long-term availability problems, the pharmacy should liaise with their local palliative care team to arrange for suitable alternatives to be kept in stock.*

**Appendix 2**

**Claim Form for Expired Stock**

|  |  |
| --- | --- |
| Please complete for expired stock as soon as possible after expiry and return to:  Jenni Morton ([jenni.morton@nhs.net](mailto:jenni.morton@nhs.net))  Medicines Management Team Administrator  NHS Hampshire Southampton & Isle of Wight CCG, CommCen, Fort Southwick, James Callaghan Drive, Fareham, Hampshire, PO17 6AR | Pharmacy address or stamp |

|  |  |  |
| --- | --- | --- |
| **Drug** | **Quantity** | **Cost + Vat** |
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|  |  |  |
|  | **TOTAL** |  |

**SCHEDULE 2 – THE SERVICES**

**Ai. Service Specifications – Enhanced Health in Care Homes**

**Section Not Applicable**

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

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

|  |
| --- |
| **1.0** **Enhanced Health in Care Homes Requirements** |
| **1.1** **Primary Care Networks and other providers with which the Provider must**  **cooperate**  [ ] PCN (acting through lead practice [ ]/other)  [ ] PCN (acting through lead practice [ ]/other)  [other providers]  **1.2** **Indicative requirements**   |  |  | | --- | --- | | Have in place, by the start of the 2021/22 Contract Year, a list of the care homes for which it is to have responsibility during the 2021/22 Contract Year, agreed with the relevant CCG. | YES | | Have in place, by the start of the 2021/22 Contract Year, a plan for how the service will operate, agreed with the relevant CCG(s), PCN(s), care homes and other providers [listed above], and abide on an ongoing basis by its responsibilities under this plan. | YES | | Have in place, by the start of the 2021/22 Contract Year, and maintain in operation on an ongoing basis, in agreement with the relevant PCN(s) and other providers [listed above] a multidisciplinary team (MDT) to deliver relevant services to the care homes. | YES | | Have in place, by the start of the 2021/22 Contract Year, and maintain in operation on an ongoing basis, protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance. | YES | | On an ongoing basis from the start of the 2021/22 Contract Year, participate in and support ‘home rounds’ as agreed with the PCN as part of an MDT. | YES/NO | | On an ongoing basis from the start of the 2021/22 Contract Year, operate, as agreed with the relevant PCNs, arrangements for the MDT to develop and refresh as required a Personalised Care and Support Plan with people living in care homes, with the expectation that all Personalised Care and Support Plans will be in digital form with effect from no later than 31 March 2022.  Through these arrangements, the MDT will:   * aim for the plan to be developed and agreed with each new resident within seven Operational Days of admission to the home and within seven Operational Days of readmission following a hospital episode (unless there is good reason for a different timescale); * develop plans with the person and/or their carer; * base plans on the principles and domains of a Comprehensive Geriatric Assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate * draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and * make all reasonable efforts to support delivery of the plan. | YES/NO | | On an ongoing basis from the start of the 2021/22 Contract Year, work with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows. | YES/NO | | On an ongoing basis from the start of the 2021/22 Contract Year, work with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27. | YES/NO |   **1.3** **Specific obligations**  [*To include details of care homes to be served*] |

**SCHEDULE 2 – THE SERVICES**

**Section Not Applicable**

**Aii. Service Specifications – Primary and Community Mental Health Services**

*This Schedule will be applicable, and should be included in full, where the Provider is the main provider of secondary community-based mental health services in the local area. For other providers, delete the text below and insert Not Used.*

*NHS England and NHS Improvement will shortly publish specific guidance on implementation of the new arrangements below. In the interim, please note the following.*

* [*Supporting General Practice in 2021/22*](https://www.england.nhs.uk/publication/supporting-general-practice-in-2021-22/) *makes clear that the entitlement for PCNs to claim 50% reimbursement for Mental Health Practitioners (up to a maximum reimbursable amount), under the Network Contract DES Additional Roles Reimbursement Scheme, applies from 1 April 2021. Where PCNs wish to take up this entitlement, CCGs, Trust and PCNs should therefore take forward introduction of this new arrangement as soon as possible, based on local discussions and collective agreement between the relevant parties.*
* *A number of sites around the country have received national funding to become ‘early implementers’ of the NHS Long Term Plan commitment to create new and integrated models of primary and community mental health services programme across England, and have been making good progress. In those circumstances, where a new integrated service model has already been put in place and is proving effective, a PCN may not need to use its ARRS funding to take up the mental health practitioner entitlement through the ARRS. Where a PCN does wish to take up the ARRS entitlement, local partners should work together to ensure alignment with these models so that adoption of the scheme builds on and complements the new models and does not destabilise progress made to date.*

*As part of the arrangements described below, the Provider must put in place a separate written provision of service agreement with the PCN, setting out the detail of the local arrangements. In developing these agreements, providers may find the* [*ARRS employment models materials*](https://future.nhs.uk/P_C_N/view?objectID=92029765) *produced by NHS England helpful.*

|  |
| --- |
| Primary Care Networks in respect of which the requirements of this Schedule apply to the Provider:  PCNs with a registered population of 100,000 patients or fewer:  [ ] PCN (acting through lead practice [ ]/other)  [ ] PCN (acting through lead practice [ ]/other)  PCNs with a registered population of more than 100,000 patients:  [ ] PCN (acting through lead practice [ ]/other)  [ ] PCN (acting through lead practice [ ]/other) |
| Specific requirements in respect of any PCN with a registered population of 100,000 patients or fewer  Where requested by the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least one Additional whole-time-equivalent adult / older adult Mental Health Practitioner, employed by the Provider, to work from 1 April 2021 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team.  Where agreed with the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least one whole-time-equivalent children / young people’s Mental Health Practitioner, employed by the Provider, to work from 1 April 2021 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s children and young people’s primary care mental health / community mental health team. |
| Specific requirements in respect of any PCN with a registered population of more than 100,000 patients  Where requested by the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least two Additional whole-time-equivalent adult / older adult Mental Health Practitioners, employed by the Provider, to work from 1 April 2021 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team.  Where agreed with the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least two whole-time-equivalent children / young people’s Mental Health Practitioners, employed by the Provider, to work from 1 April 2021 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as an part of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s local children and young people’s primary care mental health / community mental health team. |
| Requirements to support the role of a Mental Health Practitioner in any PCN  Agree with the PCN appropriate triage and appointment booking arrangements so that Mental Health Practitioners have the flexibility to undertake their role without the need for formal referral of patients from GPs and that the PCN continues to have access to the Provider’s wider multidisciplinary community mental health team  Work with the PCN to define and implement an effective role for Mental Health Practitioners, so that each Practitioner   1. is able to provide a combined consultation, advice, triage and liaison function, with the aim of: 2. supporting shared decision-making about self-management 3. facilitating onward access to evidence-based treatment services; 4. providing some brief psychological interventions, where qualified to do so and where appropriate; and 5. works in a multidisciplinary manner with other PCN-based clinical staff, including PCN clinical pharmacists and social prescribing link workers, to help address the potential range of biopsychosocial needs of patients with mental health problems.   Ensure that each Mental Health Practitioner is provided with appropriate support, including in relation to training, professional development and supervision, in accordance with the Provider’s general arrangements for supporting Staff as required under General Condition 5.5. |

**SCHEDULE 2 – THE SERVICES**

1. **Indicative Activity Plan**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Activity Planning Assumptions**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Essential Services (NHS Trusts only)**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Essential Services Continuity Plan (NHS Trusts only)**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Clinical Networks**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Other Local Agreements, Policies and Procedures**

|  |
| --- |
| **Not Applicable** |

**\* ie details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

**SCHEDULE 2 – THE SERVICES**

1. **Transition Arrangements**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Exit Arrangements**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Transfer of and Discharge from Care Protocols**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Safeguarding Policies and Mental Capacity Act Policies**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Provisions Applicable to Primary Medical Services**

| **Not Applicable** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Development Plan for Personalised Care**

|  |
| --- |
| **Not Applicable** |

**SCHEDULE 2 – THE SERVICES**

1. **Health Inequalities Action Plan**

|  |
| --- |
| **Not Applicable** |

# SCHEDULE 3 – PAYMENT

1. **Local Prices**

*Enter text below which, for each separately priced Service:*

* *identifies the Service*
* *describes any agreement to depart from an applicable national currency (in respect of which the appropriate summary template (available at:*[*www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices*](http://www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices)*) should be copied or attached)*
* *describes any currencies (including national currencies) to be used to measure activity*
* *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
* *sets out prices for the first Contract Year*
* *sets out prices and/or any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s)*.

|  |  |  |  |
| --- | --- | --- | --- |
| Specification | Title | Payment | Mechanism |
| PALLCARE 21/22 | On Demand availability of Drugs for Palliative Care Primary Care Service | An initial payment of £150, on return of signed contract, to each pharmacy providing the service described, subject to provision of audit and review of service, followed by a payment of £150 at the end of the contract.  Payment against claims (made at any time during the contract) for out of date stock from the current drug list using the claim form for expired stock (page 22)  Claims for expired stock for items discontinued from previous contract and current list, using the claim form on page 23, will be considered valid until  June 30th 2022. | Direct payment via Finance Team within one month of signed contract and within one month of end of contract period.  Direct payment via Finance Team within one month of receipt of claim form.  Direct payment via Finance Team within one month of receipt of claim form. |

**SCHEDULE 3 – PAYMENT**

1. **Local Variations**

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

| **Not Applicable** |
| --- |

**SCHEDULE 3 – PAYMENT**

1. **Local Modifications**

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

| **Not Applicable** |
| --- |

**SCHEDULE 3 – PAYMENT**

1. **Aligned Payment and Incentive Rules**

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| --- |
| **Not Applicable** |

**SCHEDULE 3 – PAYMENT**

1. **CQUIN**

| **Not Applicable** |
| --- |

**SCHEDULE 3 – PAYMENT**

1. **Expected Annual Contract Values**

| **Commissioner** | **Expected Annual Contract Value (include separate values for each of one or more Contract Years, as required)**  *(Specify the proportion of the Expected Annual Contract Value to be invoiced each month, in accordance with SC36.25.)*  *(In order to be able to demonstrate compliance with the Mental Health Investment Standard and with national requirements for increased investment in Primary Medical and Community Services, ensure that the indicative values for the relevant services are identified separately below. For guidance on the definitions which apply in relation to the* *Mental Health Investment Standard, see* [*Categories of Mental Health Expenditure*](https://www.england.nhs.uk/publication/mental-health-investment-standard-mhis-categories-of-mental-health-expenditure/)*. Guidance in relation to primary medical and community services will be published as part of the NHS Operational Planning Guidance for 2021/22 in due course.)* |
| --- | --- |
| **Not Applicable** |  |
|  |  |
|  |  |
| **Total** |  |

**SCHEDULE 3 – PAYMENT**

1. **Timing and Amounts of Payments in First and/or Final Contract Year**

| **Not Applicable** |
| --- |

# SCHEDULE 4 – QUALITY REQUIREMENTS

1. **Operational Standards**

| **~~Ref~~** | **~~Operational Standards~~** | **~~Threshold~~** | **~~Guidance on definition~~** | **~~Period over which the Standard is to be achieved~~** | **~~Application~~** |
| --- | --- | --- | --- | --- | --- |
|  | **~~RTT waiting times for non-urgent consultant-led treatment~~** |  |  |  |  |
| ~~E.B.3~~ | ~~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 Digital)~~ | ~~See RTT Rules Suite and Recording and Reporting FAQs at:~~  [~~https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/) | ~~Month~~ | ~~Services to which 18 Weeks applies~~ |
|  | **~~Diagnostic test waiting times~~** |  |  |  |  |
| ~~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/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/) | ~~Month~~ | ~~A~~  ~~CS~~  ~~CR~~  ~~D~~ |
|  | **~~A+E waits~~** |  |  |  |  |
| ~~E.B.5~~ | ~~Percentage of A+E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A+E department~~ | ~~Operating standard of 95%~~ | ~~See A+E Attendances and Emergency Admissions Monthly Return Definitions at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/) | ~~Month~~ | ~~A+E~~  ~~U~~ |
|  | **~~Cancer waits - 2 week wait~~** |  |  |  |  |
| ~~E.B.6~~ | ~~Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment~~ | ~~Operating standard of 93%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.7~~ | ~~Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment~~ | ~~Operating standard of 93%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
|  | **~~Cancer waits – 28 / 31 days~~** |  |  |  |  |
| ~~E.B.27~~ | ~~Percentage of Service Users waiting no more than 28 days from urgent referral to receiving a communication of diagnosis for cancer or a ruling out of cancer~~ | ~~Operating standard of 75%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.8~~ | ~~Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers~~ | ~~Operating standard of 96%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.9~~ | ~~Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery~~ | ~~Operating standard of 94%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.10~~ | ~~Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen~~ | ~~Operating standard of 98%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.11~~ | ~~Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy~~ | ~~Operating standard of 94%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
|  | **~~Cancer waits – 62 days~~** |  |  |  |  |
| ~~E.B.12~~ | ~~Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer~~ | ~~Operating standard of 85%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
| ~~E.B.13~~ | ~~Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers~~ | ~~Operating standard of 90%~~ | ~~See National Cancer Waiting Times Monitoring Dataset Guidance, available at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/) | ~~Quarter~~ | ~~A~~  ~~CR~~  ~~R~~ |
|  | **~~Ambulance Service Response Times~~** |  |  |  |  |
|  | ~~Category 1 (life-threatening) incidents – proportion of incidents resulting in a response arriving within 15 minutes~~ | ~~Operating standard that 90~~~~th~~ ~~centile is no greater than 15 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | ~~Category 1 (life-threatening) incidents – mean time taken for a response to arrive~~ | ~~Mean is no greater than 7 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | ~~Category 2 (emergency) incidents – proportion of incidents resulting in an appropriate response arriving within 40 minutes~~ | ~~Operating standard that 90~~~~th~~ ~~centile is no greater than 40 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | ~~Category 2 (emergency) incidents – mean time taken for an appropriate response to arrive~~ | ~~Mean is no greater than 18 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | ~~Category 3 (urgent) incidents – proportion of incidents resulting in an appropriate response arriving within 120 minutes~~ | ~~Operating standard that 90~~~~th~~ ~~centile is no greater than 120 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | ~~Category 4 (less urgent “assess, treat, transport” incidents only) – proportion of incidents resulting in an appropriate response arriving within 180 minutes~~ | ~~Operating standard that 90~~~~th~~ ~~centile is no greater than 180 minutes~~ | ~~See AQI System Indicator Specification at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/) | ~~Quarter~~ | ~~AM~~ |
|  | **~~Mixed-sex accommodation breaches~~** |  |  |  |  |
| ~~E.B.S.1~~ | ~~Mixed-sex accommodation breach~~ | ~~>0~~ | ~~See Mixed-Sex Accommodation Guidance, Mixed-Sex Accommodation FAQ and Professional Letter at:~~  [~~https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/) | ~~Ongoing~~ | ~~A~~  ~~CR~~  ~~MH~~ |
|  | **~~Cancelled operations~~** |  |  |  |  |
| ~~E.B.S.2~~ | ~~All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User’s treatment to be funded at the time and hospital of the Service User’s choice~~ | ~~Number of Service Users who are not offered another binding date within 28 days >0~~ | ~~See Cancelled Operations Guidance and Cancelled Operations FAQ at:~~  [~~https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/) | ~~Ongoing~~ | ~~A~~  ~~CR~~ |
|  | **~~Mental health~~** |  |  |  |  |
| ~~E.B.S.3~~ | ~~The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care~~ | ~~Operating standard of 80%~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Quarter~~ | ~~MH~~  ~~Except MH (Specialised Services)~~ |

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

**~~SCHEDULE 4 – QUALITY REQUIREMENTS~~**

1. **~~National Quality Requirements~~**

|  | **~~National Quality Requirement~~** | **~~Threshold~~** | **~~Guidance on definition~~** | **~~Period over which the requirement is to be achieved~~** | **~~Application~~** |
| --- | --- | --- | --- | --- | --- |
| ~~E.A.S.4~~ | ~~Zero tolerance methicillin-resistant~~ *~~Staphylococcus aureus~~* | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~A~~ |
| ~~E.A.S.5~~ | ~~Minimise rates of Clostridioides difficile~~ | ~~As published by NHS England and NHS Improvement~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Year~~ | ~~A (NHS Trust/FT)~~ |
|  | ~~Minimise rates of gram-negative bloodstream infections~~ | ~~As published by NHS England and NHS Improvement~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Year~~ | ~~A (NHS Trust/FT)~~ |
| ~~E.B.S.4~~ | ~~Zero~~~~tolerance RTT waits over 52 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/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/) | ~~Ongoing~~ | ~~Services to which 18 Weeks applies~~ |
| ~~E.B.S.7a~~ | ~~All handovers between ambulance and A+E must take place within 15 minutes with none waiting more than 30 minutes~~ | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~A+E~~ |
| ~~E.B.S.7b~~ | ~~All handovers between ambulance and A+E must take place within 15 minutes with none waiting more than 60 minutes~~ | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~A+E~~ |
| ~~E.B.S.8a~~ | ~~Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes~~ | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~AM~~ |
| ~~E.B.S.8b~~ | ~~Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes~~ | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~AM~~ |
| ~~E.B.S.5~~ | ~~Waits in A+E not longer than 12 hours~~ | ~~>0~~ | ~~See A+E Attendances and Emergency Admissions Monthly Return Definitions at:~~ [~~https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/~~](https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/) | ~~Ongoing~~ | ~~A+E~~ |
| ~~E.B.S.6~~ | ~~No urgent operation should be cancelled for a second time~~ | ~~>0~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Ongoing~~ | ~~A~~  ~~CR~~ |
|  | ~~VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE~~ | ~~95%~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Quarter~~ | ~~A~~ |
|  | ~~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~~](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour) | ~~Ongoing~~ | ~~All~~ |
| ~~E.H.4~~ | ~~Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care~~ | ~~Operating standard of 60%~~ | ~~See Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at:~~ [~~https://www.england.nhs.uk/mental-health/resources/access-waiting-time/~~](https://www.england.nhs.uk/mental-health/resources/access-waiting-time/) | ~~Quarter~~ | ~~MH~~ |
| ~~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/~~](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/~~](https://www.england.nhs.uk/operational-planning-and-contracting/) | ~~Quarter~~ | ~~MH~~ |
|  | ~~Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and young adults) across all tumour sites~~ | ~~Failure to achieve full implementation as described under Service Specification B15/S/a Cancer: Chemotherapy (Adult)~~ | ~~Service Specification at:~~  [~~https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/~~](https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/) | ~~Ongoing~~ | ~~Where both Specialised Services and Cancer apply~~ |
|  | ~~Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites~~ | ~~Failure to achieve full implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults)~~ | ~~Service Specification at:~~  [~~https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/~~](https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/) | ~~Ongoing~~ | ~~Where both Specialised Services and Cancer apply~~ |
|  | ~~Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis~~ | ~~Operating standard of 90% (based on a sample of 50 Service Users each Quarter)~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Quarter~~ | ~~A, A+E~~ |
|  | ~~Proportion of Service User inpatients who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis~~ | ~~Operating standard of 90% (based on a sample of 50 Service Users each Quarter)~~ | ~~See~~ [~~Contract Technical Guidance~~](https://www.england.nhs.uk/nhs-standard-contract/) ~~Appendix 2~~ | ~~Quarter~~ | ~~A~~ |

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

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Quality Requirements**

| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Period over which the Requirement is to be achieved** | **Applicable Service Specification** |
| --- | --- | --- | --- | --- |
| **Complaints**  Strengthen where appropriate complaints process to include:   * Acknowledgement letter within 3 working days.   Final response within 25 working days. | 100% | Audit of stock and review issues | Reduction in quarterly fees to the value of £25 per month of breach | 1st day of next quarter |
| **Incident Reporting**  The Provider will notify the Commissioner of the number of incidents, organisational learning and direct action taken in response to any incidents. | 100% | By exception report. | Reduction in quarterly fees to the value of £25 per month of breach | 1st day of next quarer |
|  |  |  |  |  |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Incentive Scheme**

| **Not Applicable** |
| --- |

# SCHEDULE 5 – GOVERNANCE

1. **Documents Relied On**

**Documents supplied by Provider**

| **Date** | **Document** |
| --- | --- |
| **Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**Documents supplied by Commissioners**

| **Date** | **Document** |
| --- | --- |
| **Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**SCHEDULE 5 - GOVERNANCE**

**B. Provider’s Material Sub-Contracts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub-Contractor**  **[Name]**  **[Registered Office]**  **[Company number]** | **Service Description** | **Start date/expiry date** | **Processing Personal Data – Yes/No** | **If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller** |
| **Not Applicable** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SCHEDULE 5 - GOVERNANCE**

1. **Commissioner Roles and Responsibilities**

| **Co-ordinating Commissioner/Commissioner** | **Role/Responsibility** |
| --- | --- |
| **Not applicable** |  |
|  |  |
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# SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

1. **Reporting Requirements**

|  | **~~Reporting Period~~** | **~~Format of Report~~** | **~~Timing and Method for delivery of Report~~** | **~~Application~~** |
| --- | --- | --- | --- | --- |
| **~~National Requirements Reported Centrally~~** |  |  |  |  |
| 1. ~~As specified in the DCB Schedule of Approved Collections published on the NHS Digital website at~~ [~~https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections~~](https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections)   ~~where mandated for and as applicable to the Provider and the Services~~ | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | **~~All~~** |
| ~~1a. Without prejudice to 1 above, daily submissions of timely Emergency Care Data Sets, in accordance with DCB0092-2062 and with detailed requirements published by NHS Digital at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update~~ | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | ~~Daily~~ | **~~A+E, U~~** |
| 1. ~~Patient Reported Outcome Measures (PROMS)~~   [~~https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms~~](https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms) | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | **~~All~~** |
| **~~National Requirements Reported Locally~~** |  |  |  |  |
| ~~1a. Activity and Finance Report~~ | ~~Monthly~~ | ~~If and when mandated by NHS Digital, in the format specified in the relevant Information Standards Notice (DCB2050)~~ | ~~[For local agreement]~~ | **~~A, MH~~** |
| ~~1b.~~ ~~Activity and Finance Report~~ | ~~Monthly~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All except A, MH~~** |
| 1. ~~Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation:~~ 2. ~~details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred;~~ 3. ~~details of all requirements satisfied;~~ 4. ~~details of, and reasons for, any failure to meet requirements.~~ | ~~Monthly~~ | ~~[For local agreement]~~ | ~~Within 15 Operational Days of the end of the month to which it relates.~~ | **~~All~~**  **~~All~~**  **~~All~~** |
| 1. ~~a. CQUIN Performance Report and details~~   ~~of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied~~  ~~b. Local Incentive Scheme Performance~~  ~~Report and details of progress towards satisfying any Local Incentive Scheme Indicators, including details of all Local Incentive Scheme Indicators satisfied or not satisfied~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~CQUIN applies~~**  **~~All~~** |
| 1. ~~Report on performance in respect of venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers, in accordance with SC22.1.~~ | ~~Annual~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~A~~** |
| 1. ~~Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All~~** |
| 1. ~~Report against performance of Service Development and Improvement Plan (SDIP)~~ | ~~In accordance with relevant SDIP~~ | ~~In accordance with relevant SDIP~~ | ~~In accordance with relevant SDIP~~ | **~~All~~** |
| 1. ~~Summary report of all incidents requiring reporting~~ | ~~Monthly~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All~~** |
| 1. ~~Data Quality Improvement Plan: report of progress against milestones~~ | ~~In accordance with relevant DQIP~~ | ~~In accordance with relevant DQIP~~ | ~~In accordance with relevant DQIP~~ | **~~All~~** |
| 1. ~~Report and provide monthly data and detailed information relating to violence-related injury resulting in treatment being sought from Staff in A+E departments, urgent care and walk-in centres to the local community safety partnership and the relevant police force, in accordance with applicable Guidance (Information Sharing to Tackle Violence (ISTV)) Initial Standard Specification~~   [~~https://digital.nhs.uk/isce/publication/isb1594~~](https://digital.nhs.uk/isce/publication/isb1594) | ~~Monthly~~ | ~~As set out in relevant Guidance~~ | ~~As set out in relevant Guidance~~ | **~~A~~**  **~~A+E~~**  **~~U~~** |
| 1. ~~Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (~~*~~Staff~~*~~)~~ | ~~Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All~~** |
| 1. ~~Report on compliance with the National Workforce Race Equality Standard.~~ | ~~Annually~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All~~** |
| 1. ~~Report on compliance with the National Workforce Disability Equality Standard.~~ | ~~Annually~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~NHS Trust/FT~~** |
| 1. ~~Specific reports required by NHS England in relation to Specialised Services and other services directly commissioned by NHS England, as set out at~~   [~~http://www.england.nhs.uk/nhs-standard-contract/ss-reporting~~](http://www.england.nhs.uk/nhs-standard-contract/ss-reporting)  ~~(where not otherwise required to be submitted as a national requirement reported centrally or locally)~~ | ~~As set out at~~ [~~http://www.england.nhs.uk/nhs-standard-contract/ss-reporting~~](http://www.england.nhs.uk/nhs-standard-contract/ss-reporting) | ~~As set out at~~ [~~http://www.england.nhs.uk/nhs-standard-contract/ss-reporting~~](http://www.england.nhs.uk/nhs-standard-contract/ss-reporting) | ~~As set out at~~  [~~http://www.england.nhs.uk/nhs-standard-contract/ss-reporting~~](http://www.england.nhs.uk/nhs-standard-contract/ss-reporting) | **~~Specialised Services~~** |
| 1. ~~Report on performance in reducing Antibiotic Usage in accordance with SC21.3 (~~*~~Infection Prevention and Control and Influenza Vaccination~~*~~)~~ | ~~Annually~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~A (NHS Trust/FT only)~~** |
| 1. ~~Report on progress against Green Plan in accordance with SC18.2~~ | ~~Annually~~ | ~~[For local agreement]~~ | ~~[For local agreement]~~ | **~~All~~** |
| **~~Local Requirements Reported Locally~~** |  |  |  |  |
| **~~Insert as agreed locally~~** |  |  | ~~The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement.~~  ~~[Otherwise, for local agreement]~~ |  |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Data Quality Improvement Plans**

*This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance, which requires commissioners and providers to agree DQIPs in the areas below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Quality Indicator** | **Data Quality Threshold** | **Method of Measurement** | **Milestone Date** |
| **Not applicable** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Incidents Requiring Reporting Procedure**

|  |
| --- |
| **Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) other Patient Safety Incidents** |
| **Use NRLS reporting system for all incidents.**  **Link:-** [http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/](https://web.nhs.net/OWA/redir.aspx?SURL=oMfHcWxTTu8x8b1d1UDsXSFvh4DSu55Ayd09pdkGjAp39Y1rDlLSCGgAdAB0AHAAOgAvAC8AdwB3AHcALgBuAHIAbABzAC4AbgBwAHMAYQAuAG4AaABzAC4AdQBrAC8AcgBlAHAAbwByAHQALQBhAC0AcABhAHQAaQBlAG4AdAAtAHMAYQBmAGUAdAB5AC0AaQBuAGMAaQBkAGUAbgB0AC8A&URL=http%3a%2f%2fwww.nrls.npsa.nhs.uk%2freport-a-patient-safety-incident%2f) |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Service Development and Improvement Plans**

*This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance, which requires commissioners and providers to agree SDIPs in the areas below.*

**Not applicable**

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Surveys**

**Not applicable**

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

**Not applicable**

# SCHEDULE 7 – PENSIONS

**Not Applicable**

# SCHEDULE 8 – LOCAL SYSTEM PLAN OBLIGATIONS

|  |
| --- |
| **Not applicable** |

# SCHEDULE 9 – SYSTEM COLLABORATION AND FINANCIAL MANAGEMENT AGREEMENT

|  |
| --- |
| **Not applicable** |

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