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Royal College of Nursing response to Proposed changes to the NHS Standard Contract for 2022/23

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK. The RCN is the largest professional union of nursing staff in the world and represent members that work in a variety of hospital, community and care settings in the NHS and independent sector.

The RCN welcomes the opportunity to propose changes to the provisions set out in the draft NHS Standard Contract for 2022/23.

The questions and our corresponding answers are set out below:

6. Health and Care Bill. Service Conditions. General Conditions. Particulars. Definitions.

The Health and Care Bill not yet received Royal Assent. We have therefore sought, at this stage, to “future-proof” the wording of the draft Contract, so that its provisions can operate effectively whatever Parliament decides about enactment of the Bill and relevant provisions coming into effect. This results in a range of detailed changes to the wording of, and terminology used in the Contract, summarised in paragraphs 5.2-6 of the consultation document.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

7. Handovers between ambulance and A&E. E.B.S.7.

We propose to amend the zero tolerance 30-minute standard for delays in handover from ambulance to A&E. Instead, we propose to set the zero-tolerance standard at 60 minutes, with additional requirements that (at least) 95% of handovers must take place within 30 minutes and 65% within 15 minutes.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN is supportive of this as a short-term measure, because in our view a 15-minute target and 95% for 30 minutes is positive for clinical reasons. However, we recommend that this measure is reviewed regularly (at least every 3 months) due to the changing

landscape and current pandemic pressures. While the 30-minute target is clearly unattainable given the current pressures on the NHS, it is essential that this remains the primary target, with a 15-minute target for the majority.

8. Waits in A&E no longer than 12 hours. E.B.S.5.

We propose to amend the zero-tolerance standard for 12-hour waits in A&E, setting a requirement instead that (at least) 98% of patients must wait less than 12 hours.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

While we agree that due to current pressures on the system, the zero-tolerance should be amended, this should be carefully reviewed in the future. It is the view of the RCN that it will be expedient to differentiate between patients who are awaiting admission and those who can be treated in A&E and that consideration can be made to increase maximum number of waiting hours for patients who can be treated and discharged from A&E directly. This should be proportionate to the clinical pathway, for example, the 12-hour pressure may mean unnecessary admission to meet a target when they can be seen and treated if allowed to stay slightly longer.

9. Zero tolerance RTT. E.B.S.4.

We propose to amend the zero-tolerance standard for 52-week RTT waits, setting this instead at 104 weeks.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

It is the view of the RCN that changing this standard to 104 weeks from 52 weeks for people awaiting surgery/ treatment will have a significant impact on patients' quality of life and add to the significant pressure on primary care services and staff who will need to support these patients while they await treatment. There is also potential risk of this leading to drug dependence, for example in cases of opioid pain relief for a patient awaiting surgery, and it could potentially lead to deterioration in patients' condition leading to emergency admissions in some cases.

10. Two-hour urgent response time standard for community health services.

We propose to include this standard with effect from 1 January 2023, with a performance threshold set at 70%.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

In essence we support this proposal. However, the RCN is clear that this can only be delivered through a with the workforce required to facilitate two-hour urgent response time for community health services and ensure staffing for safe and effective care. Commissioners must recognize that meeting this standard will be challenging with current resource and staffing shortages and in our view, there is a high risk that the standard will not be met. Furthermore, this target could impact on essential work that may not be perceived as "urgent" by the provider - but is always considered urgent by patients and families, and therefore commissioners must be assured that this target does not incentivise this type of approach.

11. Access and waiting times for children and young people with an eating disorder.

The Contract has for some years contained, at SC3.15, a reference to the Access and Waiting Time Standard for Children and Young People with an eating disorder. We now propose to move this reference to that it sits with the other national standards at the rear of the Service Conditions, with a performance threshold set at 95% for children and young people in need to begin treatment within 1 week for urgent cases and 4 weeks for non-urgent cases.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN believes that there must also be consideration for ‘emergency cases’ where a young person may require medical attention sooner than the 1 week waiting time (for example in cases of extreme malnourishment and/or imbalanced sodium/potassium levels). It is the view of the RCN that crisis planning must be undertaken at the point of assessment/triage when determining whether a case is urgent or non-urgent, with recognition that non-urgent cases can rapidly become urgent. We also take the view that children and young people and their families/carers must have clear guidance on what to do if there is a deterioration in physical and/or mental health, and that crisis and/or liaison services must be available to undertake/co-ordinate a Mental Health Act (MHA) assessment, if there are any concerns about the child or young person’s capacity.

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12. Midwifery services – continuity of carer. Service Condition 3.13 and Definitions.

We have now published new implementation guidance relating to midwifery continuity of carer. This moves away from setting, at national level, a specific target for the proportion of women who should receive continuity of carer. Rather, the focus has now shifted to the agreement of local action plans and trajectories, based on local circumstances and resources, for providing midwifery continuity of carer as the default model of care in maternity services. We propose to amend the Contract requirement at SC3.13 accordingly.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

We are supportive of this proposal. However, our members often raise concerns about the variation in provision at local and national levels and the RCN believes that robust monitoring is needed to identify and prevent any potential gaps in provision of care in maternity services.

13. Interface with primary care. Service Condition 3.17.

Detailed requirements for secondary care providers relating to their interface with local primary care services have been included in the Contract since 2017. They cover onward referral mechanisms, management of DNAs, discharge summaries and clinic letters, provision of medication, fit notes and dealing with patient queries. Implementation of these requirements remains patchy, resulting in sub-optimal services for patients and wasted resource in practices. We therefore included, in the 2021/22 Contract, a requirement for the provider and the Co-ordinating Commissioner to undertake, by 30 September 2021 (and then annually), an assessment of the effectiveness of their interface working arrangements, with a specific focus on the provider's compliance with the Contract interface requirements – and to agree and implement an action plan to address any deficiencies, reporting this to their Boards. For 2022/23, we propose to amend the Contract wording slightly, to remove the specific 30th September 2021 deadline and, instead, refer to an ongoing annual requirement for assessment and action planning that builds on the progress made this year.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments: see/ add in HR comments

The RCN perceives significant risk in removing the specific 30th September deadline as it may result in failures to conduct assessments and develop action plans across board completely. It is the view of the RCN that these methods are important in ensuring that referrals are appropriate and to determine if pre-testing can help speed up referrals, as,

these assessments very often identify training gaps and have proved to be a valuable process for practices – most are already used to doing this every September.

14. Medical Practitioners Assurance Framework. Service Condition 3.18.

The Government's response to the Paterson Inquiry has now been published. As part of the national response to recommendation 15, DHSC has asked us to consult on the inclusion in the Contract of a new requirement for providers other than Trusts to have regard to the Medical Practitioners Assurance Framework published by the Independent Healthcare Providers Network. The Framework aims to improve consistency in effective clinical governance for medical practitioners across the independent sector.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

It is the RCN's view that, clinical governance is not just a medical practitioner requirement, but a clinical team requirement, and that there should be a clinical lead and service manager responsible for the governance of the service, engaging with all clinicians within the service. It is also the view of the RCN that, in practice, there is no requirement that the clinical lead be a medic, it is only essential to ensure that the service lead has the appropriate clinical expertise. The RCN believes that the language used in drafting the requirement for providers to have regard to the Medical Practitioners Assurance Framework must be inclusive and should not be restricted to medical practitioners alone.

15. Mental Health Units (Use of Force) Act 2018. Service Condition 3.19.

Regulations have been laid before Parliament to bring the Mental Health Units (Use of Force) Act 2018 into effect from 31 March 2022; final statutory guidance on implementation of the Act has also been published. The Act requires each provider of inpatient mental health and learning disability services to publish a policy on the use of force in restraining patients, to provide staff training on the appropriate use of force and to identify a senior "responsible person" to oversee its compliance with the Act. We propose to add a new obligation on providers to comply with these requirements.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

We recommend that this new obligation to comply should also be extended to NHS commissioned social care that is commissioned. As articulated in our response to, Mental Health Units (Use of Force) Act 2018 statutory guidance consultation[i] and in RCN

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Workforce Standards[ii], provider policies on the use of force must include the principals of staffing for safe and effective care: having the right number of registered nurses and nursing support workers with the right knowledge, skills and experience in the right place at the right time is critical to the delivery of safe and effective care for all those who use health and care services. The RCN clinical resource on Reducing Restrictive Practices[iii], also states that all nurses, support workers and managers working within mental health units must be fully aware of and compliant with this new legislation.

16. Strategic objectives. Service Condition 4.6 and Schedule 8.

We propose to amend SC4.6 and Schedule 8 so that the language used will be consistent with "triple aim" duties on ICBs and Trusts described in the Bill and with the four strategic objectives set out for the NHS in the 2022/23 Priorities and Planning Guidance – that is, improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and supporting broader social and economic development.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

We support the 'triple aim' of the Bill, and therefore alignment of the NHS Standard Contract with this. Meeting the triple aim duties will require nurse leadership and expertise. [iv]Around the world, nurses are safety critical professionals who lead, design, and deliver care. In 2021, in recognition of the role nursing plays within health systems and population health, the World Health Organization launched a new vision for nursing with a clear policy commitment calling on all nations "…to increase the proportion and authority of nurses…in senior health…positions…and continually develop the next generation of leaders."[v]

17. Community pharmacy smoking cessation service. Service Condition 8.7.

The Contract includes a requirement to screen inpatients for alcohol and tobacco use and to refer them, on discharge, to the relevant local authority alcohol advisory and smoking cessation services. A new smoking cessation service, provided by community pharmacies, comes on stream in the New Year, and we propose to broaden the requirement to include referrals to this new service, where available.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN supports the integration of smoking cessation services and believe that services should be able to provide support at the point of care (including in hospitals), as it is our view that this provides the most likely opportunity for engagement and a quit attempt.

18. NHS Discharge Medicines Service. Condition 11.13.

To ensure better communication of changes to a patient's medication following discharge from hospital and to reduce incidences of avoidable harm caused by medicines, community pharmacies are now operating the NHS Discharge Medicines Service. We propose to include a new requirement on relevant providers to refer clinically appropriate patients into this Service, on discharge from inpatient care.

Yes – your organisation supports the proposal

No – your organisation does not support the proposal

N/A – the proposal is not applicable to your organisation

Comments:

It is the RCN's position that, there must be a clear process for communicating changes to a patient's medication. To facilitate this, we recommend that pharmacies have an accurate record of previous medication and must have access to patient records to update them. This will help ease systemic pressures and prevent a duplication of efforts at General Practitioner Level.

19. Health literacy. Service Condition 12.4.

We propose to add a new provision to require providers, when communicating with patients, to have regard to patients' levels of health literacy. It is important that information which providers make available to patients, in whatever format and through whatever means, is always clear and functional.

Yes – your organisation supports the proposal

No – your organisation does not support the proposal

N/A – the proposal is not applicable to your organisation

Comments:

It is the view of the RCN that there must be a range of adjustments made to ensure that information to patients is clear and functional and that the patient understands the information and the impact on their health and wellbeing. This includes, for example, increasing time, offering verbal explanations, and consideration of the use of adaptive and augmented communication methods. We also believe that, in developing health education material, it is also important for providers to have regard for current social media influence as recommended in Royal Society report: *Royal Society cautions against censorship of scientific misinformation online*.[vi]

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20. National Quarterly Pulse Survey. Service Condition 12.6 and Definitions.

The NHS People Plan made a commitment to introduce a new quarterly survey for NHS staff. In April 2021, the Staff Friends and Family Test was replaced by the National Quarterly Pulse Survey, and we have added a new requirement for Trusts to implement the National Quarterly Pulse Survey.

Yes – your organisation supports the proposal

No – your organisation does not support the proposal

N/A – the proposal is not applicable to your organisation

Comments:

It is the view of the RCN that requiring all NHS providers to use the same evaluation metrics is essential for ensuring consistency in monitoring and reporting of staff wellbeing. It is important that there is publicly available data on the health and wellbeing of professionals in all NHS commissioned services, as recruitment and retention of staff is a national issue. During the Covid-19 pandemic, we have seen an increase in RCN Counselling referrals for workplace traumatic incidents and for the intensity of these incidents. This corresponds with evidence of increased work-related stress, burnout, and mental health problems in the pre-pandemic period. Additionally, in an RCN member survey during the pandemic[vii], three quarters of nursing staff told us their stress levels were higher than before the pandemic and that this is a major reason for now considering leaving the profession. Overall, 44% said that the way nursing staff have been treated during the pandemic has made them consider leaving the profession and those aged under 24 are most likely to cite staffing levels as a reason for wanting to leave. We therefore support having universal metrics that measure staff satisfaction and experience. It is also important that this data is shared in an anonymised manner to enable national government to take appropriate action in supporting the retention of NHS staff.

21. Antibiotic prescribing. Service Condition 21.3 and Definitions.

The Contract has, since 2019, contained a requirement on Trusts to make 1% year-on-year reductions in their rate of total antibiotic usage. We propose to make two changes to this requirement.

- The first is to limit its scope to the antibiotics in the World Health Organisation's (WHO) "Watch" and "Reserve" categories – no longer, therefore, including those from the "Access" category.
- The second change, consequent on the first, is to re-set the reduction targets required in the Contract. The Contract requirement is set against the 2018 baseline, and now requires a cumulative reduction of 4% from the 2018 baseline by March 2023 and 6.5% by March 2024.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

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Comments:

The RCN supports the UK Government's 20-year Antimicrobial Resistance strategy[viii] and incentives for all providers of regulated care to reduce antibiotic usage. Therefore, we believe the success of antibiotic use reduction strategies is dependent on tackling the key causes of poor health, specifically inequalities and deprivation. Antibiotic use needs to be based on the clinical necessity for using antibiotics rather than any financial based motive.

22. Vaccination of staff against coronavirus and influenza. Service Condition 21.4.

SC21.4 already includes a requirement on providers to use all reasonable endeavours to ensure that all frontline Staff in contact with Service Users are vaccinated against influenza. We propose to strengthen this for 2022/23 by:

- expanding the coverage of the existing "reasonable endeavours" requirement so that it also covers vaccination for frontline Staff against coronavirus; and
- including a new requirement to comply with any applicable law and guidance relating to the deployment of Staff who have not been vaccinated against coronavirus.

This will mean that the Contract supports implementation of the existing regulations and guidance which apply to staff deployment in care homes, as well as to any further regulations and guidance which the Government intends, following its recent announcement, to introduce in relation to staff working in NHS services more generally.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN supports staff having easy access to vaccines and occupational health services to support vaccine hesitant staff. The RCN strongly recommends all members are vaccinated as soon as they can be with all vaccines recommended in Chapter 12 of The Green Book on Immunisation against Infectious Disease[ix]. The RCN would also support a requirement for organisations to use all reasonable endeavours such as having vaccines easily accessible to staff during the working day and for staff to have access to support and information to address any concerns they have as individuals in a supportive environment. We note UK Government committed on 31 January 2022 to move to repeal the requirement for healthcare staff to be vaccinated against COVID-19 as a condition of deployment, and that should any legal requirement be introduced, providers would be required to comply with this, and should be required by the NHS Standard Contract to take reasonable steps to support staff to choose and access vaccination.

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23. Assessment and treatment for acute illness. Service Condition 22.1 and Schedule 6A.

We propose to remove the requirement on providers to have regard to guidance relating to venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers and provide an annual report to the Co-ordinating Commissioner on their performance in this area. This provision was introduced when the national Patient Safety Thermometer (which addressed the same clinical issues) was discontinued some years ago; but the advice of the NHSE/I Patient Safety team is that continuing to encourage a focus on these four specific "harms" to patients could result in an unhelpful "skewing" of what is reported to commissioners, detracting attention from what might be other more pressing local issues.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments: need to check any previous wording/ position we have

While the RCN supports the removal of the annual performance reporting requirement relating to venous thromboembolism, falls and pressure ulcers, we do not support this removal for catheter-acquired urinary tract infections. The reason for this is that those with a long-term catheter are of increased risk of antimicrobial resistance, a key issue and public health priority for NHS England. As such we would suggest that the current reporting provisions remain in place for those with a long-term catheter while those who have a UTI with short term use (such as post operatively) are able to fall under this new provision.

24. Safeguarding. Service Condition 32.3.

We propose amending the provisions relating to safeguarding to include specific reference to compliance with the Domestic Abuse Act 2020.

The Government has been consulting on draft statutory guidance to support implementation of the Act. If the final guidance is published in time, we plan also to include a reference to it in the final version of the Contract.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

25. National Standards of Healthcare Cleanliness. Service Condition 17 and Definitions.

We propose to add a requirement to comply with the National Standards of Healthcare Cleanliness published in April 2021. These standards apply to providers of all NHS-funded services. Separate guidance sets out timescales for implementation.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comment:

This addition does not go far enough to address our concerns on the standards. The RCN would like to see a broader condition on the patient care environment to include the need to assess and improve ventilation. Cleanliness whilst important must be balanced with clean air to protect patients and staff.

26. NHS Premises Assurance Model (PAM) Service. Condition 17.9.

We included, in the 2021/22 Contract, a new requirement on Trusts to complete the safety and patient experience domains of the NHS PAM. As part of the planned roll-out of the PAM, we now propose to expand this requirement to cover all five PAM domains – safety, patient experience, efficiency, effectiveness and organisational governance.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

We support a requirement for all NHS commissioned services to complete safety and patient experience domains of the PAM. The RCN is clear that staffing for safe and effective care is fundamental component of service and finance planning. This inclusion would support clear decision making by service leaders to ensure that any service being delivered must have staffing levels to support safe and effective care, including adherence to the RCN Nursing Workforce Standards.

27. Ultra-low and zero emission fleet vehicles. Service Condition 18.3.1.1.

Providers have already met the target of 90% of their fleet being “low-emission”. Accordingly, in line with the NHS Long Term Plan commitment, we propose to change the Contract to require transition to “ultra-low and zero emission” vehicles as quickly as reasonably practicable.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN supports this amendment but would expect to see the inclusion of more specific language concerning timeframe for achieving 'ultra-low to zero emission target' to properly monitor compliance.

28. Charging infrastructure for electric vehicles. Service Condition 18.3.1.5.

We propose to add a new requirement on providers to develop plans to install electric vehicle charging infrastructure for fleet vehicles at their premises.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

We support this proposal as our members are committed to supporting action within health and care systems to reduce carbon emissions. The contract should be clear on whether commissioners or providers will be expected to bear the cost of installing electric vehicle charging infrastructure.

29. Staff car leasing schemes. Service Condition 18.3.1.4.

We propose a new requirement on providers to ensure that any car leasing schemes for staff (including salary sacrifice schemes) do not allow use of high-emission vehicles.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

30. Use of desflurane. Service Condition 18.3.2.2.

Providers have met the target of reducing the proportion of desflurane to volatile gases used in surgery to 10%. As set out in Delivering a 'Net Zero' National Health Service, we now propose to reduce the Contract target for desflurane use to 5% or less.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

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31. Taking Account of Social Value. Service Condition 18.5.2.

We propose to add a requirement on Trusts to adhere to the requirements set out in Taking Account of Social Value (Cabinet Office Procurement Policy Note 06/20). This will mean that, in any tender evaluation a Trust undertakes, it will need to place a minimum 10% weighting on criteria related to social value.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

32. Car parking. Definitions.

We have updated the definition of NHS Car Parking Guidance to reflect the latest national position published.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN position on car parking aligns with UK Government car parking guidance for NHS trusts and foundation trusts as it is a helpful measure in supporting recruitment and retention.

33. Listing of services on the NHS e-Referral Service (e-RS). Service Condition 6.2 and Definitions.

We have become aware of instances where providers are listing their services on the wrong "menu" within e-RS. Under e-RS, there are two options:

- the "secondary care menu", for services to which the legal right of choice applies under the NHS Choice Framework and which must be made available to referrals from all CCGs/ICBs in England; and
- the "primary care menu" for services outside the scope of the legal right of choice, which have been commissioned specifically by one or more CCGs/ICBs and which must be made available to referrals from those CCGs/ICBs only.

It is essential that services are made available on the correct menu, and we propose to add a specific requirement on providers to ensure this, in consultation with the relevant CCGs/ICBs.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

While the RCN is supportive of this approach, it is our view that this must be coupled with communication about, and therefore understanding of, the issues leading to this confusion. The requirement on providers alone to ensure the correct categorisations on e-RS may not actually resolve the issue and could cause further similar errors in the future. There is also no provision in the contract indicating how this will be monitored and demonstrated by the provider.

34. Use of e-RS for mental health services. Service Condition 6.4.

The Contract has, since 2019, included an obligation on providers of elective mental health services to list their services on e-RS. We recognise that – while moving towards use of e-RS for mental health services remains the national direction of travel – many providers have not been able to make significant progress on this during the pandemic. We therefore propose to soften the contractual requirement slightly, so that the provider must use "reasonable endeavours" to list its services on e-RS.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments: is this softening of target in the short term.

35. Legal right of choice of provider. Service Condition 6.13.

The Contract includes provisions at SC6.8 which require that providers must accept all referrals/presentations which give effect to a patient's legal right of choice or which are for emergency treatment – even where the patient's responsible commissioner is not a direct party to the provider's contract. SC6.13 then makes clear that, in other circumstances, a provider has no entitlement to be paid for providing services to patients whose responsible commissioner is not a party to the contract.

For the legal right of choice to apply to a particular service, the provider must have been commissioned to provide that service by at least one CCG/ICB. And the provider can then offer the service to other CCGs/ICBs only as commissioned – that is, on the basis specified in the provider's contract with the first CCG/ICB. We have become aware of instances where providers believe, incorrectly, that the fact that they have a contract for a service provided in location A allows them, automatically, to offer that service in location B. That is not the case, and we have proposed amendments to SC6.13 to make this explicit.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

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N/A - the proposal is not applicable to your organisation

Comments:

36. Standards for Inpatient Mental Health Services. Service Condition 8.9.

We propose to add a requirement on providers of mental health and learning disability services to have regard to the Standards for Inpatient Mental Health Services published by the Royal College of Psychiatrists.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

37. Use of the Lester Tool. Service Condition 8.9.

The Contract already includes a requirement on providers of mental health services to monitor the cardiovascular and metabolic health of Service Users with severe mental illness, in accordance with the Lester Tool. We propose to amend the Contract wording to make it clear that this also applies to service users who also have a learning disability, autism or both and who are receiving anti-psychotic medication.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN perceives significant risk with the proposed amendment to the Contract wording as it is our view that the provision should go even further to state that all patients who are prescribed neuroleptic medication, regardless of the reason, should have their cardiovascular and metabolic health monitored in accordance with the Lester Tool. Some people without a diagnosis of serious mental illness or learning disability/autistic spectrum condition may take low regular doses of neuroleptics for the treatment of agitation (such as risperidone in older adults with dementia, or Olanzapine for a young adult with ADHD) and are still at risk of developing cardiovascular issues and metabolic syndrome. While this is a step forward, the contract could go further by focusing on the medication itself rather than the reason it is being prescribed.

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38. Local Incentive Scheme. Service Condition 38 and Schedule 4D.

We propose to remove the separate arrangements for Local Incentive Schemes in SC38 and Schedule 4D, which we believe are redundant. The national financial incentive scheme, CQUIN, applies to those contractual relationships which fall within scope of the Aligned Payment and Incentive rules in the National Tariff Payment System and is documented in Schedule 5E. Any other agreed arrangements for financial incentives should be recorded in Schedule 5A (Local Prices).

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN supports national funding schemes as a vehicle for enabling innovation and clinical pathway development. This will also reduce regional variances in service delivery and a facilitate consistency with national guidance.

39. VTE risk assessment. Service Conditions Annex A.

We propose a change to how the standard for venous thromboembolism (VTE) risk assessment for inpatients is measured. Rather than the provider being required to report on its performance across all inpatients, as currently, we propose that this should in future be quarterly and sample based.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

The RCN is supportive of this provision if the sample-base being used in the quarterly report is sufficient to detect variance and is representative of all populations.

40. Service Specifications. Schedule 2A.

We propose to streamline the current Contract template for service specifications. In many cases, specifications in contracts should be less restrictive and input-driven in future than is often the case currently, allowing the provider more leeway to adapt and refine over time how services are best delivered to meet the commissioner's long-term objectives and desired outcomes.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

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Comments:

The RCN is supportive of the principle of this approach and would expect long-term objectives of service specifications to be co-produced with patients and the public, and must be based on evidence based clinical interventions, to ensure they meet the needs of the local population. Any changes to the template should ensure this is not sacrificed.

41. Aligned Payment and Incentive Rules. Schedule 3D and Definitions.

We propose to make minor changes to Schedule 3D to reflect updates to the Aligned Payment and Incentive Rules set out in the proposed 2022/23 National Tariff Payment System and in particular, the additional requirement to record the expected value and level of advice and guidance activity.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

42. Online presentation of the Contract. Particulars. Service Conditions. General Conditions. Definitions.

We are proposing a set of changes so that the General Conditions and Service Conditions would exist solely in their up-to-date online form, as published by NHS England from time to time; they would be incorporated into, and would apply automatically as part of, each local contract by reference only. The only element of the Contract exchanged between the parties locally would be the Particulars, which set out the locally agreed elements.

The move to online presentation described above would mean that National Variations would no longer be required, and that NHS England would no longer make available the current eContract system. See section 6 of our consultation document for full detail.

Yes - your organisation supports the proposal

No - your organisation does not support the proposal

N/A - the proposal is not applicable to your organisation

Comments:

43. We also propose to make some other smaller changes to the Contract, set out under section 5.18 of the consultation paper. If you have any comments on these, please add them below.

Comments:

Royal College of Nursing

44. NHS England would welcome further suggestions for improving the Contract. Please add any ideas you may have below.

In general, the RCN thinks that the language in the contract and service specification should be more inclusive of nursing, and of the complexities of pathways. For example, there are instances where 'clinician' would be a better use than 'physician,' and 'referrer' would be better than specifying GP or doctor. Nurses refer, prescribe, and coordinate the care of service users so to use language that isolates them from their colleagues could cause confusion and misinterpretation. Our RCN Nursing Workforce Standards[x], published in 2021, outline the health, safety, dignity, equality, and respect values of the nursing workforce to enable them to provide the highest quality of care. As such, to improve the contract, we would want to see the following changes.

Firstly, paragraph 5.4 in the standard contract general conditions, and section SC2 in the service conditions, should be amended to refer to the actions the Provider should be required to demonstrate in carrying out their legal responsibility to ensure the health and wellbeing of their staff. This includes but is not limited to the need for providers to have robust procedures for prevention of and dealing with violence and aggression, workplace injuries, work-related stress and infection prevention. The Contract should also require assure assurance of how the Provider is meeting the legal requirement to supply adequate welfare and safety facilities, for example, breaks, changing facilities and personal lockers as well as access to sufficient, well maintained, and high-quality resources such as Personal Protective Equipment. The RCN also expects the standard contract would also require providers to plan their rostering patterns for the nursing workforce to consider best practice on safe shift working, including ensuring staffing levels for safe and effective care, and taking decisive action about service provision when staffing levels are not sufficient.

Secondly, paragraph 5.5. in the standard contract general conditions and point 3.4 and section SC33 in the service conditions, should be amended to ensure that Providers give their workforce appropriate avenues to raise concerns without fear of detriment, and to have these concerns responded to. Providers must proactively make provisions to ensure this can happen so that their nursing workforce are able to fulfil their duties fully and safely. The RCN notes that the standard contract does not define "professional leadership appropriate to the services" as referenced in 5.5.3 in the general conditions. Any clinical team or service which has nurses working within it must have a registered nurse as part of the leadership team. Nurse leaders are well placed to understand the health and care needs of their populations and identify opportunities for joining up relevant parts of the patient pathway. The RCN therefore expects that, provisions of the standard contract could be enhanced by drafting in clauses to ensure that, clinically experienced leaders are included in decision-making within services and commissioning structures alike.

The RCN also believes that section 5.2 of the standard contract should be strengthened to clarify and add further requirements to the provision that providers should "ensure that there are sufficient…nursing and other clinical and non-clinical staff to enable the services to be provided in all respects and at all times" We expect the standard contract to be amended to support the ongoing national efforts on workforce planning. As such

the RCN would also expect section 5 of the standard contract to be amended to mandate all NHS funded services to report the same level of workforce data required for nursing workforce as NHS providers are required to report. This data is essential to ensure that workforce planning remains a key consideration at every decision-making level in a bid to improve service delivery and clear backlog caused by the pandemic.

For further information, please contact:

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Policy and Public Affairs (UK & International)
Royal College of Nursing
January 2022

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[i] Mental Health Units (Use of Force) Act 2018 statutory guidance | Royal College of Nursing (rcn.org.uk)
[ii] NHS England » Stopping over medication of people with a learning disability, autism or both (STOMP)
[iii] Reducing restrictive practices | Mental Health | Royal College of Nursing (rcn.org.uk)

[v] World Health Organisation (April 2021) The WHO Global Strategic Directions for Nursing and Midwifery (2021–2025)
[vi] Royal Society cautions against censorship of scientific misinformation online | Royal Society
[vii] Royal College of Nursing (2020), Building a better future for nursing: RCN members have their say, https://www.rcn.org.uk/professional-development/publications/rcn-builiding-a-better-future-covid-pub-009366
[viii] UK_AMR_5_year_national_action_plan.pdf (publishing.service.gov.uk)
[ix] Green Book: Chapter 12 Immunisation of healthcare and laboratory staff (publishing.service.gov.uk)
[x] RCN Workforce Standards | Publications | Royal College of Nursing