

NHS Standard Contract 2023/24 Particulars (Full Length)

***Contract title / ref:* The North West London
Primary Care Enhanced Services Single Offer
2023/24**

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Contract Reference	The North West London Primary Care Enhanced Service Single Offer 2023/24
DATE OF CONTRACT	1st April 2023
SERVICE COMMENCEMENT DATE	1st April 2023
CONTRACT TERM	3 years commencing 1 April 2023 [(or as extended in accordance with Schedule 1C)]
COMMISSIONERS	NHS North West London Integrated Care Board (ODS W2U3Z)
CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i>	NHS North West London Integrated Care Board 15 Marylebone Rd London NW1 5JD
PROVIDER	[XXXX] (ODS [XXXX]) Principal and/or registered office address: [XXXX] [Company number: [XXXX]]

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CONTRACT

Contract title: The North West London Primary Care Enhanced Service Single Offer 2023/24

Contract ref: The North West London Primary Care Enhanced Service Single Offer 2023/24

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

1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations*);
2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: www.england.nhs.uk/nhs-standard-contract
3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: www.england.nhs.uk/nhs-standard-contract

Each Party acknowledges and agrees

- (i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and
- (ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under Regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (*Responsibilities and Standing Rules*) Regulations 2012, with effect from the date of such publication.

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

SIGNED by
Signature

XXXX for
and on behalf of **Title**
NHS North West London Integrated Care
board
Date

[INSERT AUTHORISED
SIGNATORY'S **Title**
NAME] for
and on behalf of
[INSERT PROVIDER NAME] **Date**

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	1st April 2023
Expected Service Commencement Date <i>See GC3.1</i>	1st April 2023
Longstop Date <i>See GC4.1 and 17.10.1</i>	1st July 2023
Contract Term	3 years commencing 1 April 2023 [(or as extended in accordance with Schedule 1C)]
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	YES by two (2) years
Commissioner Notice Period (for termination under GC17.2)	6 months
Commissioner Earliest Termination Date (for termination under GC17.2)	6 months after the Service Commencement Date
Provider Notice Period (for termination under GC17.3)	6 months
Provider Earliest Termination Date (for termination under GC17.3)	6 months after the Service Commencement Date

SERVICES	
Service Categories	Indicate all categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	Not applicable
Acute Services (A)	Not applicable
Ambulance Services (AM)	Not applicable
Cancer Services (CR)	Not applicable
Continuing Healthcare Services (including continuing care for children) (CHC)	Not applicable
Community Services (CS)	Yes
Diagnostic, Screening and/or Pathology Services (D)	Yes
End of Life Care Services (ELC)	Not applicable
Mental Health and Learning Disability Services (MH)	Yes
Mental Health and Learning Disability Secure Services (MHSS)	Not applicable
NHS 111 Services (111)	Not applicable
Patient Transport Services (PT)	Not applicable
Radiotherapy Services (R)	Not applicable
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	Not applicable
Service Requirements	
Indicative Activity Plan	Yes
Activity Planning Assumptions	Yes
Essential Services (NHS Trusts only)	No
Services to which 18 Weeks applies	No
Prior Approval Response Time Standard <i>See SC29.25</i>	Not applicable
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	Centre for Effective Dispute Resolution (CEDR)
Provider's Nominated Individual	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Information Governance Lead	[XXXX] Email: [XXXX] Tel: [XXXX]

Provider's Data Protection Officer (if required by Data Protection Legislation)	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Caldicott Guardian	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Senior Information Risk Owner	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Accountable Emergency Officer	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Safeguarding Lead (children) / named professional for safeguarding children	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Child Sexual Abuse and Exploitation Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Prevent Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Freedom To Speak Up Guardian(s)	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's UEC Directory of Services Contact	[XXXX] Email: [XXXX] Tel: [XXXX]
Commissioners' UEC Directory of Services Leads	NHS North West London Integrated Care Board XXXX Email: XXXX Tel: XXXX
Provider's Infection Prevention Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Health Inequalities Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's Net Zero Lead	[XXXX] Email: [XXXX] Tel: [XXXX]
Provider's 2018 Act Responsible Person	[XXXX] Email: [XXXX] Tel: [XXXX]
CONTRACT MANAGEMENT	
Addresses for service of Notices <i>See GC36</i>	Commissioner: NHS North West London Integrated Care Board (ODS W2U3Z) Address: 15 Marylebone Rd London

	<p>NW1 5JD Email: nhsnw1.localservices@nhs.net Provider: [XXXX] Address: [XXXX] Email: [XXXX]</p>
<p>Frequency of Review Meetings <i>See GC8.1</i></p>	<p>The local borough teams (on behalf of the ICB) will meet with each Primary Care Network a minimum of once a quarter (and more frequently if capacity allows or is requested by the practice) by a member of the local borough primary care team. The purpose of these meetings will be to discuss delivery against plans, review population coverage and collaborative working across the network. The meeting will also enable the network and/ or the ICB to raise any concerns or issues so that they can be managed in a timely way.</p>
<p>Commissioner Representative(s) <i>See GC10.3</i></p>	<p>Local Borough Team Address: XXXX Email: XXXX Tel: XXXX</p>
<p>Provider Representative <i>See GC10.3</i></p>	<p>[XXXX] Address: [XXXX] Email: [XXXX] Tel: [XXXX]</p>

**SCHEDULE 1 – SERVICE COMMENCEMENT
AND CONTRACT TERM**

A. Conditions Precedent

The Provider must provide the Coordinating Commissioner with the following documents:

1. Evidence of appropriate Indemnity Arrangements
2. Evidence that any provider which will be providing clinical services under this contract is CQC registered with no enforcement conditions and/or rating as 'inadequate'.
3. Copies of all Mandatory Material Sub-Contracts, with Finance and Activity schedules, signed and dated and in a form approved by the Commissioner
4. Letter of assurance from the Provider to confirm that should there be any VAT costs incurred under the arrangements that the Provider has with its supply chain, the Provider shall be responsible for those VAT costs

The Provider must complete the following actions:

1. Any outstanding Conditions Precedent
2. Where appropriate deliver a Service Delivery Improvement Plan (SDIP) as agreed with the Commissioner
3. The form, frequency and reporting of Surveys and Audits to be agreed and a timetable to be agreed with the ICB and complied with.
4. Submit signed MOU that outlines the pathway for inter practice referrals (Schedule 5 A: Documents Relied On)
5. Submit an indicative activity plan for 2023/24 (Schedule 5 A: Documents Relied On)
6. Submit Service Delivery Points 2023/24 (Schedule 5 A: Documents Relied On)
7. Submit an completed annual Primary Care Network Declaration in agreement with local borough teams (Schedule 5 A: Documents Relied On)

**SCHEDULE 1 – SERVICE COMMENCEMENT
AND CONTRACT TERM**

B. Commissioner Documents

Date	Document	Description
Not Applicable	Not Applicable	Not Applicable

**SCHEDULE 1 – SERVICE COMMENCEMENT
AND CONTRACT TERM**

C. Extension of Contract Term

1. As advertised to the provider before the award of this Contract, the Commissioners may opt to extend the Contract Term by up to 2 years
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Commissioner must give written notice to that effect to the Provider no later than 6 months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 only once, and only on or before the date referred to in paragraph 2 above;
 - 3.2 only by the Commissioners; and
 - 3.3 only in respect of Services agreed
4. If the Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This contract sets out arrangements for the delivery of enhanced services to patients in the community. It describes the services to be delivered and how these services will be delivered, monitored and paid for. It also describes the steps the Commissioner will take in respect of the provision of services where issues arise.

This contract distinguishes between four main roles required to deliver the services included within it. These are as follows:

1. **The Provider** is the [Primary Care Network] / [lead practice nominated for PCN] signatory to this contract and takes overall responsibility and accountability for the services delivered within it. The Provider is responsible for delivering the full range of services covered by this contract to 100% of the population registered to membership practices within the network.
2. **GP Practices** providing primary medical services who have entered into a subcontracting arrangement with the Provider to deliver some or all of the services covered by this contract. The main responsibilities of the GP Practices referred to in this contract are the safe and effective discharge of clinical functions as set out in the service specifications. How GP Practices will work with the Provider is set out in their own subcontracting arrangement which will require approval from the commissioner.
3. **Other parties to this contract** include those organisations which, under separate terms, have entered into an arrangement with the Provider to provide services to it. These include, for example, services to facilitate the recording and reporting of performance and/or the provision of workforce capability in GP Practice settings. These arrangements are set out in separate contractual documentation but the role of other parties to this contract is recognised in this document.
4. **The role and responsibilities of the patient's own GP** are unaffected by this contract. However, in the service specifications included within this contract the role of the patient's GP is referenced where this adds greater clarity and helps to describe the overall model of care being commissioned.

It follows from the above that the role of the Provider is the main focus of this contract since it is with the Provider that this arrangement has been made. The Provider is responsible for providing full coverage of all services detailed in the Service Specifications for the patient cohort. To deliver this effectively, the Provider will need to work with GP Practices and other parties to the contract. Full population coverage must be achieved by the Provider within 3 months of the mobilisation of the specifications for the respective services as detailed in Schedule 3A, Appendix 1 and Appendix 2.

As there are multiple Primary Care Network Providers within the geographical boundaries of the ICB, the Providers will operate collectively to ensure equitable access and quality of service to the entire registered population group. The Provider will also work with GP Practices outside of their borough area to ensure effective and joined up care to patients.

The Provider must agree the delivery model including points of delivery for each service with North West London ICB.

The Services will be provided in line with all related guidelines and standards detailed in the main body of the service specifications and as guidelines and standards are updated locally or nationally.



To facilitate full population coverage and support patient choice, the Provider will ensure there is capacity for referrals to be accepted by member practices for their own registered patients as well as patients from other member practices.

Services associated with this contract are included below, please note.








- These services will be reviewed on annual basis to ensure there is no duplication with any national commissioning arrangements and changes in clinical guidance
- Other service lines and funding will be included in this contract as they are developed over the lifetime of the contract

- Each borough will have additional local services commissioned under this contract, these are listed below where appropriate




The following standard are applicable to all services delivered under this contract

No.	Services	Specification
#	Applicable Service Standards	 Applicable Service Standards
#	Business Rules ¹	 NWL Business Rules

Below are the North West London service Specifications for 2023/24

No.	Services	Specification
1	Spirometry	 1. Spirometry
2	Medicines Management	 2. Medicines Management
3	Mental Health (SMI/CCMI)	XXXX
4	Phlebotomy	 4. Phlebotomy
5	Wound Care	 5. Wound Care
6	ABPM	 6. ABPM
7	ECG	 7. ECG
8	REWIND	XXXX
9	Diabetes (Level 1)	
10	NDH (Diabetes)	
11	Warfarin Initiation	 11-12. Anticoagulation
12	Warfarin Monitoring	

¹ Activity reports will be made in accordance with the reporting cycle included within the Schedule 5A "Documents relied upon" section of this contract

13	Latent TB Testing	 13. LTBI
14	Ring Pessary	 14. Ring Pessary
15	Near Patient Testing	 15. Near Patient Testing

Borough Based Services

Alongside the consistent North West London standards, each borough will be commissioning locally based services to ensure the current value of investment is maintained.

No.	Services	Specification
#	Local Service Specifications	XXXX

Audit Programme

The Commissioner will audit on a regular basis the Provider’s delivery against the Service specifications, including but not limited to:

- Population coverage
- Quality (as outlined in the Service Specifications)
- Workforce competency

The Provider must comply with the Commissioner requirements to undertake these audits in a timely manner.

A clinical audit programme for the Provider to undertake will be agreed between the Commissioner and the Provider, this will not exceed 4 audits per annum.

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Practices will be asked to use the templates on SystmOne (or EMIS Web) so that the ICB can monitor activity. The ICB will provide dashboards that summarise the data at practice level, Network level and ICB level. Primary Care Networks should be able to run their own searches on the system (via practice members) to monitor performance against the contract.

Primary Care Networks will provide an updated indicative activity plan for the delivery of the activity based standards. This is provided in Schedule 5A of this document, a final agreed plan will be provided here prior to contract signature.

INSERT AGREED IAC

Activity for the contract is required to be recorded within GP clinical systems under the terms and clinical coding of each service specification. Activity data is extracted from clinical systems on a monthly basis by NWL Business Intelligence team this will be reported to the provider under the reporting cycle included in Schedule 5A “Documents relied upon” schedule of this contract.

To ensure that activity is recorded correctly the provider is expected to:

- Code in accordance with service specification
- Review data on a regular basis to ensure errors are rectified in year (April-March)
- Utilise data quality reporting within Clinical Systems

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

All activity planning assumptions are documented in the Indicative Activity Plan in Schedule 2B.

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

<p>Not Applicable</p>

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Where services delivered at practice or network level under this agreement, the provider will be expected to demonstrate its participation in the development of protocols, audits and educational activities and comply with all clinical standards where these are established.

In addition, the Provider will be encouraged by the commissioner to actively participate in any relevant clinical networks that are constituted during the duration of this contract and are appropriate to the services delivered under this Agreement during the Contract Term and adhere to policies, procedures and guidelines associated with such relevant networks. Where relevant and known, appropriate clinical networks for each service will be identified in the relevant Individual Standard.

SCHEDULE 2 – THE SERVICES**G. Other Local Agreements, Policies and Procedures**

1. The ICB reserves the right to vary the contract where necessary, to reflect quality improvement, changes to clinical practice and the financial envelope. The ICB reserves the right to flexibly respond to changes in the wider healthcare landscape. Where whole/ portions of the specifications become incorrect or duplicate what is in other contracts, the ICB will revise its service offering accordingly
2. Inter-Practice Referrals: Memorandum of Understanding (“MOU”)
3. Where any Primary Care Network Provider has an issue with the commissioner relating to the amounts payable, the issue shall be resolved in accordance with a local Challenge Process as included in Schedule 5A “Documents relied upon” section of this contract
4. The provider shall not make any public announcements without agreement of the ICB
5. The scope of the North West London Standard might be extended to include the identification of new clinical pathways for consideration through the Out of Hospital Commissioning framework during the duration of the contract. The addition of other services will be determined and agreed at a local level in accordance with GC 13
6. The Primary Care Network Provider is expected to support the ICB in delivering initiatives that are linked to services provided under this contract.
7. Clinical audits relevant to the services commissioned under this Agreement will be undertaken in accordance with clause GC15
8. The Provider will be required to make a self-declaration once a year in agreement with local borough teams - see annual self-declaration form (Schedule 5 Section A Documents Relied On)
9. If practices with the Primary Care Network are subject to a formal breach or remedial notice under their associated GMS, PMS or APMS contract, or if the practice is subject to a CQC rating of Inadequate or Special Measures, then the Commissioner reserves the right to appropriately suspend individual practice from delivering services under this contract. Should this occur the Primary Care Network provider should put in place plans to meet this gap in activity.
10. If the GMS/PMS/APMS contract of a practice within the network is terminated, then this contract then the delivery of services at that practice will also terminate on the same day. Should this occur the Primary Care Network provider should put in place plans to meet this gap in activity.
11. The providers acknowledge that the Commissioner is subject to the provisions of the Freedom of Information Act 2000 (FOIA) and will facilitate the Commissioner’s compliance with its information disclose request and FOIA in connection with this contract.
12. Issues between the Primary Care Network Provider and the Commissioner in connection with this contract, shall be resolved by a meeting between both parties The Commissioner and the Provider shall convene a meeting within ten (10) Working Days of being notified of the issue in writing. Where there is a failure to resolve the issue, the matter shall be resolved in accordance with General Condition 14 (Dispute Resolution). this includes a process of escalated negotiation, then mediation and expert determination
13. For the avoidance of doubt this contract is subject to financial penalties for information breach as outlined in the general and service conditions: SC23.4 (Service User Health Records), SC28 (Information Requirements) and Schedule 6A (Reporting Requirements).
14. For the avoidance of doubt Inter-Practice Referrals: Memorandum of Understanding (“MOU”) shall replace any other terms set out in the Service Conditions relating to referrals into the provider who delivers services provided under this Agreement

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Where appropriate The Provider will work with current or previous providers to ensure safe and efficient transition of services.

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

A reasonable exit plan will be developed and implemented by the Provider within the last three months prior to contract expiry. The Provider and the Commissioner shall agree the exit plan prior to its implementation as below:

- a)** Manage the transfer of patients currently in care and on the waiting list for services
- b)** Consult with/inform service users of the exit/termination/expiry of the service
- c)** Assure referrals that have been initiated under this contract are safely and appropriately transferred to a new provider
- d)** Ensure secure handover to any new provider in a manner that addresses clinical risks
- e)** Ensure that equipment is recovered and returned to the ICB if appropriate
- f)** Calculate the last date that any payment is due and ensure any funds to be recovered by the Commissioner are set aside and returned to the commissioner as agreed
- g)** Deal with communication regarding exit, prepare a suitable risk register, handover any relevant IT systems and/ or Information systems and vacate where appropriate facilities.

The Primary Care Network Provider shall provide all reasonable assistance and co-operation to the Commissioner in order to facilitate a smooth handover and continuity of care

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

The Provider should pay due regard to the protocols for the transfer of and discharge from care settings as defined in the Service Specifications referenced in Schedule 2A.

The Provider should note the following services that involve significant levels of transfer of and discharge from care settings, notwithstanding transfer of and discharge from care settings in the remaining services:

- Anticoagulation Warfarin Monitoring
- Warfarin Advanced Monitoring
- Diabetes, where insulin initiation is being delivered
- Near Patient Monitoring

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

Assurance provided through the submission of the annual declaration and through the requirements of the Provider's member practices associated GMS/PMS/APMS contract insofar as they relate to the Services provided under this Agreement

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Not Applicable

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Not Applicable

SCHEDULE 3 – PAYMENT**A. Local Prices**

The North West London Primary Care Enhanced Service Single Offer will be payment will be based on Capitation/Prevalence-based, outcome and activity based services.

- **Payment on a capitation basis means:** Payment will be based on the weighted number of patients registered with the Provider, under the Provider's Associated GMS, PMS or APMS contract. (Normalised Carr-Hill Weighted List) based on the list size for each practice on the first day of each quarter.
- **Payment on an activity basis means:** Payment will be based on the actual level of service activity provided by the Provider in the relevant period.
- **Payment on a prevalence basis means:** Payment will be based on the number of patients on the relevant disease register or in the relevant patient cohort of patients registered with the Provider under the Provider's Associated GMS, PMS or APMS contract or as determined through the specification if applicable.

Relevant prices for the services is included below.

No.	Services	Activity Basis	Tariff Price
1	Spirometry	Per activity	£82.27
1a	Spirometry (Equipment)	Per activity	£0.56
2	Medicines Management	Per weighted patient	£1.00
3a	Mental Health (SMI)	Per patient per annum subject to KPIs	£218.29
3b	Mental Health (CCMI)	Per patient per annum subject to KPIs	£218.29
4	Phlebotomy	Per bleed	£3.80
4a	Phlebotomy (Home Visits)	Per visit (capped at one visit per day per patient)	£10.06
5	Wound Care	Per appointment	£15.76
6	ABPM	Per activity	£20.30
6a	ABPM (Home Visits)	Per visit (capped at one visit per day per patient)	£10.06
6b	ABPM (Equipment)	Per activity	£9.59
7	ECG	Per activity	£47.28
7a	ECG (Home Visits)	Per visit	£10.06
7b	ECG (Equipment)	Per activity	£1.87
8a	REWIND (Referral)	Per activity	£8.00
8b	REWIND (Starter)	Per activity	£30.41
8c	REWIND (1st Check)	Per activity	£10.13
8d	REWIND (2nd Check)	Per activity	£10.13
9	Diabetes (Level 1)	Per patient on diabetes register per annum subject to KPIs	£45.75
10	Non Diabetic Hyperglycaemia (At Risk)	Per patient on diabetes high risk register subject to KPIs	£22.93
11	Warfarin Initiation	Per patient per annum (Split quarterly)	£203.84
11a	Home Visits (Warfarin Initiation)	Per visit (capped at one visit per day per patient)	£10.06
11b	Warfarin Initiation (Equipment)	Per activity	£6.44
12	Warfarin Monitoring	Per patient per annum (Split quarterly)	£109.88

12a	Home Visits (Warfarin Monitoring)	Per visit (capped at one visit per day per patient)	£10.06
12b	Warfarin Monitoring (Equipment)	Per activity	£6.44
13	Latent TB Testing (Call & Recall)	Per activity	£4.84
13a	Initial Nurse Appointment	Per activity	£18.75
13b	GP Follow-up	Per activity	£41.13
14	Ring Pessary	Per patient per annum (Split per six months)	£58.50
15	Near Patient Testing	Per patient per annum (Split quarterly)	£59.08

Where payment is by weighted patient it will be set at the begin of each financial year, performance for 2023/24 will be paid on the basis of 1st April 2023 list sizes.

Borough Based Services

Relevant pricing and tariffs for local borough services are included below.

No.	Services	Activity Basis	Tariff Price
#	Local Service	Per XXXX	£XX.XX
#	Local Service	Per XXXX	£XX.XX
#	Local Service	Per XXXX	£XX.XX
#	Local Service	Per XXXX	£XX.XX
#	Local Service	Per XXXX	£XX.XX

SCHEDULE 3 – PAYMENT

B. Local Variations

Not Applicable

SCHEDULE 3 - PAYMENT

C. Local Modifications

Not Applicable

SCHEDULE 3 – PAYMENT

D. Aligned Payment and Incentive Rules

Where appropriate these are detailed within the individual service specifications.

SCHEDULE 3 – PAYMENT

E. CQUIN

Not Applicable

SCHEDULE 3 – PAYMENT

F. Expected Annual Contract Values

No.	Service	Year 1	Year 2	Year 3
		2023/24	2024/25	2025/26
1	Spirometry	XXXX	XXXX	XXXX
1a	Spirometry (Equipment)	XXXX	XXXX	XXXX
2	Medicines Management	XXXX	XXXX	XXXX
3a	Mental Health (SMI)	XXXX	XXXX	XXXX
3b	Mental Health (CCMI)	XXXX	XXXX	XXXX
4	Phlebotomy	XXXX	XXXX	XXXX
4a	Phlebotomy (Home Visits)	XXXX	XXXX	XXXX
5	Wound Care	XXXX	XXXX	XXXX
6	ABPM	XXXX	XXXX	XXXX
6a	ABPM (Home Visits)	XXXX	XXXX	XXXX
6b	ABPM (Equipment)	XXXX	XXXX	XXXX
7	ECG	XXXX	XXXX	XXXX
7a	ECG (Home Visits)	XXXX	XXXX	XXXX
7b	ECG (Equipment)	XXXX	XXXX	XXXX
8a	REWIND (Referral)	XXXX	XXXX	XXXX
8b	REWIND (Starter)	XXXX	XXXX	XXXX
8c	REWIND (1st Check)	XXXX	XXXX	XXXX
8d	REWIND (2nd Check)	XXXX	XXXX	XXXX
9	Diabetes (Level 1)	XXXX	XXXX	XXXX
10	Non Diabetic Hyperglycaemia (At Risk)	XXXX	XXXX	XXXX
11	Warfarin Initiation	XXXX	XXXX	XXXX
11a	Home Visits (Warfarin Initiation)	XXXX	XXXX	XXXX
11b	Warfarin Initiation (Equipment)	XXXX	XXXX	XXXX
12	Warfarin Monitoring	XXXX	XXXX	XXXX
12a	Home Visits (Warfarin Monitoring)	XXXX	XXXX	XXXX
12b	Warfarin Monitoring (Equipment)	XXXX	XXXX	XXXX
13	Latent TB Testing (Call & Recall)	XXXX	XXXX	XXXX
13a	Initial Nurse Appointment	XXXX	XXXX	XXXX
13b	GP Follow-up	XXXX	XXXX	XXXX
14	Ring Pessary	XXXX	XXXX	XXXX
15	Near Patient Testing	XXXX	XXXX	XXXX
#	Local Borough Services	XXXX	XXXX	XXXX
TOTAL		XXXX	XXXX	XXXX

SCHEDULE 3 – PAYMENT

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

NWL ICB will make payments directly to the Primary Care Network.

Primary Care Networks shall receive **80%** of the monthly value of their indicative activity plan each calendar month. This upfront payment is to ensure PCNs are able to provide services from the beginning of the contract. These upfront payments will be claw backed if the provider does not meet the required amount of activity to meet the value of the upfront payments.

To avoid potential back this percentage can be adjusted in agreement with the local borough teams at one point in the year.

At year end the activity and performance data will be used to make reconciled payments (or claw back where appropriate) to the provider based on actual year end performance. Data Collection for each year will end at midnight on 31st March each year and will be available to providers 14 working days after this date. The provider will then have 12 working days to correct any data issues identified in the activity reports.

Following this a final report will be issued and payment made on this an in the July payment schedule.

SCHEDULE 4 - LOCAL QUALITY REQUIREMENTS

Core Quality Requirements - North West London as applied to this contract as per service conditions.

In respect of the quality requirements listed below, these are the standards that NWL ICB require of all providers of NHS commissioned care. In the event that the Provider does not achieve any of the standards listed below the Provider will be required to work with the Commissioner to raise its performance to the required threshold. For the avoidance of doubt, the Commissioner does not expect the Provider to report any additional information to what is already being collected through established contract monitoring mechanisms to support this assurance process.

Ref	NWL Quality Requirement	Threshold	Method of Measurement	Period over which standard to be monitored	Service Category
NWL ICS Core Schedule					
1	Providers will engage with and meet the requirements set out in the NWL ICS Partnership Board	Providers will attend a minimum of 83% of meetings that have occurred within the year	Quarterly review via board minutes of attendance and engagement	Quarterly	All
2	Providers will engage with and meet the requirements of the NWL ICS Programme Boards which are relevant to the patient groups and services provided by their organisation	Providers will attend a minimum of 83% of meetings that have occurred within the year	Quarterly review via board minutes of attendance and engagement	Quarterly	All
3	Providers with Maternity Services will attend the Local Maternity and Neonatal System Board and its subgroups and meet the standards set out in the LMNS Dashboard	Providers will attend a minimum of 83% of meetings that have occurred within the year	Quarterly review via board minutes of attendance and engagement	Quarterly	Maternity
4	<ul style="list-style-type: none"> • Providers will work to implement the objectives set out in the NHS England Patient Safety Strategy • Local systems to set out how they will embed the principles of a safety culture on an ongoing basis. • Deliver key enablers of patient safety improvement • Use the Learn from Patient Safety Events (LFPSE) - the replacement for the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) • Implement the new Patient Safety Incident Response Framework (PSIRF) • Implement the medical examiner system (Acute Trusts) 	N/A	Monitoring as set out by the NHS England timeframes and this will be monitored by the CCG/ICS Patient Safety Team working collaboratively with providers	Quarterly	All

	<ul style="list-style-type: none"> Local systems and regions aim to include two patient safety partners on their safety-related clinical governance committees (or equivalents) by the national target date. Deliver a patient safety curriculum and syllabus 				
Safeguarding					
5	Providers will report Safeguarding Children and Adult Quality Requirements according to the Quarterly SHOF return	N/A	Quarterly report submitted to the ICS for review by the ICS Safeguarding Leads	Quarterly	All
Infection Prevention and Control					
6	Providers will comply with national and local Infection Prevention and Control requirements to include reviewing of HCAI's to ascertain cause, harm, transmission, prescribing and risk factors. Providers to ensure all staff and sub contracts are compliant with Infection Prevention & Control requirements and trained appropriately to keep themselves and patients safe. Providers will provide a quarterly and annual IPC Report to the CCG/ICS and maintain regular communication in addition to attendance to the IPC ICS group.	N/A	Quarterly report (Provider IPC report) submitted to the ICS for review by the ICS Infection Control Team	Quarterly	All
Patient Safety					
7a	Compliance with the National Serious Incident Framework (2015) and any subsequent versions To report an SI on STEIS/LPSE within 2 working days of identification	90%	Monthly monitoring by CCG/ICS Patient Safety Team using the CCG/ICS database (Datix) for Serious Incidents	Monthly	All
7b	Compliance with the National Serious Incident Framework (2015) and any subsequent versions; to complete RCA investigations in a timely manner (within agreed with CCG/ICB)	90%	Monthly monitoring by CCG/ICB Patient Safety Team using the CCG/ICS database (Datix) for Serious Incidents	Monthly	All
Patient Experience Reporting					

8	NHS Friends and Family Test - Patients response to Question 1 - how was your experience of our service? Percentage of responses who responded very good or good.	To meet or exceed the England average listed below (data August 2 -Jan 22). Where NWL Providers are not meeting the national average currently, an improvement trajectory will be agreed between the Provider and Commissioner. A&E - 80% Community - 94% Inpatient - 95% Maternity Q1 - 90% Maternity Q2 - 94% Maternity Q3 - 92% Maternity Q4 - 91% Mental Health - 86% Outpatients - 93%	Quarterly monitoring by the CCG/ICS Quality Team via the FFT website	Quarterly	All
9a	Complaints - shall be acknowledged within in 3 working days	>90%	Quarterly submission to the CCG of complaints performance rates	Quarterly	All
9b	Complaints - shall be responded to within agreed timeframes, as per local policy and agreed with patient / carer. Allowance for agreed timescale to be modified based on agreement with the patient/carers	>90%	Quarterly submission to the CCG of complaints performance rates	Quarterly	All

The North West London Primary Care Enhanced Services Single Offer Key Performance Indicators

For the first year of the contract (2023/24) the Key Performance Indicators listed below are not related to payment, except where referenced within the service specification or payment terms.²

² Including but not exclusive to Prescribing, Mental Health and Diabetes Services

No.	Service	Quality and Performance Indicators	Threshold	Method of measurement	Reporting Frequency	Consequence of breach
1	Spirometry	Percentage of referrals accepted or rejected within 5 working days and communication sent to eligible patients and GP	95%	<ul style="list-style-type: none"> The number of referrals actioned within 5 working days The number of referrals received 	Quarterly	Internal Review
2	Spirometry	Average wait time per month from referrals received date to assessment date	Should not exceed 30 working days	<ul style="list-style-type: none"> The number of patients offered an appointment within 20 working days of referral received The number of patient offered an appointment 	Quarterly	Internal Review
3	Spirometry	Monthly DNA rate	Should not exceed 15% average	<ul style="list-style-type: none"> The number of patients who do not attend an appointment The total number of patients booked for an appointment 	Quarterly	Internal Review
4	ECG	% of ECGs conducted within 10 working days of referral to the provider	85%	<ul style="list-style-type: none"> The number of referrals actioned within 10 working days The number of referrals received 	Annually	Internal Review
5	ECG	% of ECG Interpretation conducted within 3 days of ECG	80%	<ul style="list-style-type: none"> The number of interpretations within 3 working days of ECG The number of ECGs undertaken 	Annually	Internal Review

6	Anticoagulation	A patient questionnaire, specific to anticoagulation therapy monitoring service, which will be given to all patients attending a session on a specific week to gain patient views on service provision.	35% return rate 80% patient satisfaction	<ul style="list-style-type: none"> • Provider to submit a report of the responses from a questionnaire. • The report will cover on calendar week of the Commissioners choosing and will be requested retrospectively. This will occur after the first 3 and 9 months of commencement of the service and annually thereafter. • The provider will also submit an action plan to address any issues identified through the survey. 	Annually	Internal Review
7	Anticoagulation	Improving Productivity All patients to be seen within 15 minutes of their appointment.	85% of patients are seen with 15 minutes of their appointment time	<ul style="list-style-type: none"> • Provider to submit an audit, including time of appointment and time seen. The audit will cover one week of the Commissioners choosing and will be requested retrospectively. • The provider must also supply an exceptions report for the relevant week, highlighting where the 15-minute target was not met and explaining why. • This will occur after the first 6 months from commencement of the service and annually thereafter. 	Annually	Internal Review
8	Anticoagulation	The waiting time for the anticoagulation therapy monitoring service must be within 2 working days from the referral or as clinically	95% of patients to be offered an appointment with anticoagulation nurse within 2 working days of:	<ul style="list-style-type: none"> • Provider to audit times between patient request for an appointment and time and date of appointment. The audit will cover one week of the 	Annually	Internal Review





		indicated.	<ul style="list-style-type: none"> Referral Clinical need 	<p>Commissioners choosing and will be requested retrospectively.</p> <ul style="list-style-type: none"> Provider to submit this information after first 6 months from commencement of the service and annually thereafter. This report to be accompanied by an exception report. 		
9	Anticoagulation	<ul style="list-style-type: none"> Service time in therapeutic range Proportion of people with a high INR Proportion of people with a low INR Minimum number of INR tests per patients per year 	<ul style="list-style-type: none"> Minimum of 60% of people under the anticoagulation service should be within therapeutic range at any given point of time. Proportion of people with INR values 3.0 or more Proportion of people with low INR values >1.0 INR A patient should have a minimum 10 INR tests per year (95% threshold) 	<ul style="list-style-type: none"> Report from providers of the service 	Annually	Quality Team Review
10	Latent TB Testing	<ul style="list-style-type: none"> NHS England Target of eligible patients tested 	26%	<ul style="list-style-type: none"> Patients Eligible for testing Patients tested 	Annually	Internal Review

11	Latent TB Testing	<ul style="list-style-type: none"> Patients testing positive should be referred to secondary care 	100%	<ul style="list-style-type: none"> Patients receiving a positive result Referrals to secondary care 	Annually	Internal Review
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SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
 Inter Practice Referral MoU	MOU for Inter-practice Referrals
 PCN Delivery Points	PCN Service Delivery Points
 PCN Indicative Activity Plan	Indicative activity plan for 2023/24
 In agreement with Local borough teams	Local Annual Declaration 2023/24

Documents supplied by Commissioners

Date	Document
 NWL Challenge Process	North West London Challenge Process
 Enhanced Services Reporting Timetable	2023/24 Enhanced Services Timetable External
February 2023	Template Subcontract for use by Primary Care Networks ³
February 2023	2023/24 Service Specification for Diabetes services

³ Primary Care Networks do not have to use this agreement and instead rely upon existing arrangements within the network so long as they are suitably robust to manage the contract appropriately

Date	Document
March 2023	2023/24 Service Specification for Mental Health (CCMI/SMI)

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
Practice 1 E-Code Address	Services provides under this contract	April 2023-March 2026	XXXX	XXXX
Practice 1 E-Code Address	Services provides under this contract	April 2023-March 2026	XXXX	XXXX
Practice 1 E-Code Address	Services provides under this contract	April 2023-March 2026	XXXX	XXXX
Practice 1 E-Code Address	Services provides under this contract	April 2023-March 2026	XXXX	XXXX

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
<p>NHS North West London ICB (ODS W2U3Z) 15 Marylebone Rd London NW1 5JD</p>	<p>Responsible for Provider contract management, performance monitoring, conducting monthly contract review meetings and activity validation as required.</p> <p>The Commissioner shall endeavour to obtain a service that meets the needs of the population of North West London, that provides value for money and delivers above average outcomes for the level of investment.</p> <p>In order to do this, Commissioning staff shall:</p> <ul style="list-style-type: none"> ▪ Set appropriate quality and clinical performance indicators and monitor these closely ▪ Provide support and assistance to providers to meet their delivery objectives ▪ Maintain appropriate audit and other contract records to ensure that the contract meets its delivery requirements ▪ Publish appropriate information to the community to demonstrate that they are meeting their defined responsibilities on a regular basis. ▪ Meet with the provider on a regular basis to review contract performance. Any materials to be reviewed at these meetings shall be circulated a minimum one week in advance of the meeting date.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

National Requirements Reported Centrally	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
<p>1. As specified in the Data Alliance Partnership Board Schedule of Approved Collections published on the NHS Digital website at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services</p>	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
<p>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</p>	As set out in relevant Guidance	As set out in relevant Guidance	Daily	A+E, U
<p>2. Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms</p>	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)	By no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS, where applicable	A, MH
1b. Activity and Finance Report	Monthly	Finance & Activity Implementation Plans	By no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS, where applicable	All except A, MH
2. Service Quality Performance Report, detailing performance	Monthly	Self-Certification	Within 15 Operational	

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

<p>against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation:</p> <p>a. details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;</p> <p>b. details of all requirements satisfied;</p> <p>c. details of, and reasons for, any failure to meet requirements</p>			Days of the end of the month to which it relates	<p>All</p> <p>All</p> <p>All</p>
<p>3. Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied</p>	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<p>4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints</p>	Monthly	Self-certification	Monthly review	All
<p>5. Report against performance of Service Development and Improvement Plan (SDIP)</p>	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	All
<p>6. Summary report of all incidents requiring reporting</p>	Monthly	[For local agreement]	[For local agreement]	All
<p>7. Data Quality Improvement Plan: report of progress against milestones</p>	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP	All
<p>8. 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</p>	Monthly	As set out in relevant Guidance	As set out in relevant Guidance	A A+E U
<p>9. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (Staff)</p>	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	Not Applicable	Not Applicable	Not Applicable
<p>10. Report on compliance with the National Workforce Race Equality Standard</p>	Annually	Declaration	Annual	All
<p>11. Report on compliance with the National Workforce Disability Equality Standard (NHS Trust/FT only)</p>	Annually	Declaration	Annual	All
<p>12. Where the Services include Specialised Services and/or other services directly commissioned by NHS England,</p>	As set out at www.england.nhs.uk/nhs-	As set out at www.england.nhs.uk/nhs	As set out at www.england.nhs.uk/nhs-	Not Applicable

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

specific reports as set out at www.england.nhs.uk/nhs-standard-contract/dc-reporting (where not otherwise required to be submitted as a national requirement reported centrally or locally)	standard-contract/dc-reporting/	-standard-contract/dc-reporting/	standard-contract/dc-reporting/	
13. Report on performance in reducing Antibiotic Usage in accordance with SC21.3 (<i>Infection Prevention and Control and Staff Vaccination</i>) (NHS Trust/FT only)	Annually	In line with NWL ICB policies	In line with NWL ICB policies	A
14. Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	Not Applicable	Not Applicable	Not Applicable
Local Requirements Reported Locally				
<p>In order to support the local requirement Practices will be asked to use the templates on SystemOne (or EMIS Web) so that the ICB can monitor activity.</p> <p>The ICB will provide dashboards and reports that summarise the data at practice level, Network level and ICB level.</p> <p>Practices should be able to run their own searches on the system to monitor performance against the contract. Practices will be required to confirm the accuracy with the ICB</p>	As required	SystemOne/EMIS searches and dashboards	Monthly, quarterly or annually as appropriate	All

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

Not Applicable

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and acting on insight derived from: (1) Serious Incidents (where applicable) (2) Notifiable Safety Incidents (3) other Patient Safety Incidents

Where there is a significant event as a result of services delivered under this contract, it should be reported to the Primary Care network lead for this contract and onwards to the NWL ICB local borough team. Learning as a result of events may be shared across all North West London PCNs and Practices.

The below form is provided for use in these instances and practices should refer to the latest national and local guidance regarding the reporting of incidents



Significant Event
Reporting Form

All providers under this contract will adhere to North West London Systems and processes put in place to report on serious incidents as they are developed over time.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Service Development and Improvement Plans

As there are some services included within this contract which may be new to providers or services where activity and performance is not currently optimal. A Service Development and Improvement Plan (SDIP) will be agreed between the Provider and borough team in these cases.

A copy the Service Development and Improvement Plan should be included here.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**E. Surveys**

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance
An annual locally-administered survey of patients using a survey approved by the Commissioner	Annual	As per Patient Experience Service Specification	As per Patient Experience Service Specification

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Data Processing Services

These are the Data Processing Services to be performed by the Provider, as referred to in the Provider Data Processing Agreement set out in Annex B to the Service Conditions.

Processing, Personal Data and Data Subjects

- 1.** The Provider must comply with any further written instructions with respect to processing by the Co-ordinating Commissioner.
- 2.** Any such further instructions will be deemed to be incorporated into this Schedule.

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – JOINT SYSTEM PLAN OBLIGATIONS

Not Applicable

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