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# NHS Standard Contract 2024/25

## Particulars (Full Length)

Contract title:	South East London Community Optometry and Triage Service 2025
Contract ref:	South East London Community Optometry and Triage Service 2025

Version 1, February 2024

Prepared by: NHS Standard Contract team, NHS England  
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<b>DATE OF CONTRACT</b>	01/01/2025
<b>SERVICE COMMENCEMENT DATE</b>	<b>01/01/2025</b>
<b>CONTRACT TERM</b>	<b>5 years commencing 1<sup>st</sup> January 2025</b>
<b>COMMISSIONERS</b>	<b>NHS South East London ICB (ODS 72Q / QKK)</b>
<b>CO-ORDINATING COMMISSIONER</b> <i>See GC10 and Schedule 5C</i>	<b>NHS South East London ICB (ODS 72Q / QKK)</b>
<b>PROVIDER</b>	<p><b>Primary Ophthalmic Solutions Limited (ODS T289)</b></p> <p><b>Principal and/or registered office address:</b></p> <p><b>Registered: 95 High Street, Beckenham, BR3 1AG</b></p> <p><b>Principal: Ground Floor Duncan House 1A Burnhill Road Beckenham, BR3 3LA</b></p> <p><b>[Company number: [10654683]</b></p>

<b>CONTRACT AWARD PROCESS</b> <i>See s15 of the Contract Technical Guidance</i>	<b>This contract is awarded under PSR Direct Award Process C</b>
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**CONTRACT**

**Contract title:** South East London Community Optometry and Triage Service 2025

**Contract ref:** South East London Community Optometry and Triage Service 2025

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: <https://www.england.nhs.uk/nhs-standard-contract/>;
3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: <https://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**

**Chief Executive Officer**

**Andrew Bland for  
and on behalf of  
NHS South East London ICB**

.....  
**Title**  
**12/03/25**

.....  
**Date**

**SIGNED by**



.....  
**Signature**

**COMPANY SECRETARY**

**CHARLES GREENWOOD for  
and on behalf of  
PRIMARY OPHTHALMIC SOLUTIONS  
LIMITED**

.....  
**Title**  
**11/03/2025**

.....  
**Date**



<b>SERVICE COMMENCEMENT AND CONTRACT TERM</b>	
<b>Effective Date</b> <i>See GC2.1</i>	<b>1<sup>st</sup> January 2025</b>
<b>Expected Service Commencement Date</b> <i>See GC3.1</i>	<b>1<sup>st</sup> January 2025</b>
<b>Longstop Date</b> <i>See GC4.1 and 17.10.1</i>	<b>NA</b>
<b>Contract Term</b>	<b>5 years commencing 1<sup>st</sup> January 2025</b>
<b>Commissioner option to extend Contract Term</b> <i>See Schedule 1C, which applies only if YES is indicated here</i>	<b>YES for 15 months</b>
<b>Commissioner Notice Period</b> (for termination under GC17.2)	<b>Minimum 6 months</b>
<b>Commissioner Earliest Termination Date</b> (for termination under GC17.2)	<b>6 months after the Service Commencement Date</b>
<b>Provider Notice Period</b> (for termination under GC17.3)	<b>Minimum 6 months</b>
<b>Provider Earliest Termination Date</b> (for termination under GC17.3)	<b>6 months after the Service Commencement Date</b>

<b>SERVICES</b>	
<b>Service Categories</b>	<b>Indicate all categories of service which the Provider is commissioned to provide under this Contract.</b> <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)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	✓
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
<b>Service Requirements</b>	
Prior Approval Response Time Standard <i>See SC29.21</i>	Within 30 Operational Days following the date of request
<b>GOVERNANCE AND REGULATORY</b>	
Nominated Mediation Body (where required – see GC14.4)	NHSE
Provider's Nominated Individual	Charles Greenwood Email: charles.greenwood@nhs.net
Provider's Information Governance Lead	Michelle Martins Email: Michellemartins@nhs.net
Provider's Data Protection Officer (if required by Data Protection Legislation)	James Samarasinghe Email: jsamara@gmail.com
Provider's Caldicott Guardian	Uma Patel Email: uma.patel1@nhs.net
Provider's Senior Information Risk Owner	Charles Greenwood Email: charles.greenwood@nhs.net




Provider's Accountable Emergency Officer	Michelle Martins Email: <a href="mailto:Michellemartins@nhs.net">Michellemartins@nhs.net</a>
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Child Sexual Abuse and Exploitation Lead	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Prevent Lead	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Freedom To Speak Up Guardian(s)	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's UEC DoS Contact	Charles Greenwood Email: <a href="mailto:charles.greenwood@nhs.net">charles.greenwood@nhs.net</a>
Commissioners' UEC DoS Leads	Kerry Lipsitz Director for Integrated Urgent & Emergency Care Pan London 111 Coordinating Commissioner Mobile: 0734 2072 652 Direct Dial: 020 8176 5691 Email: <a href="mailto:Kerry.Lipsitz@selondonics.nhs.uk">Kerry.Lipsitz@selondonics.nhs.uk</a>
Provider's Infection Prevention Lead	Jo Cashell Email: <a href="mailto:jo.cashell@nhs.net">jo.cashell@nhs.net</a>
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only)	NA
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only)	NA
Provider's 2018 Act Responsible Person	Pritesh Patel Email: <a href="mailto:pritesh.patel3@nhs.net">pritesh.patel3@nhs.net</a>
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only)	NA
<b>CONTRACT MANAGEMENT</b>	
Addresses for service of Notices  See GC36	Name: Andrew Bland – Chief Executive NHS South East London ICB Address: 160 Tooley Street, SE1 2QH Email: <a href="mailto:Andrew.bland@selondonics.nhs.uk">Andrew.bland@selondonics.nhs.uk</a>  Provider: Primary Ophthalmic Solutions Address: Ground Floor Duncan House 1A Burnhill Road Beckenham, BR3 3LA Email: <a href="mailto:charles.greenwood@nhs.net">charles.greenwood@nhs.net</a>
Frequency of Review Meetings	Ad Hoc

<p><i>See GC8.1</i></p>	
<p><b>Commissioner Representative(s)</b>  <i>See GC10.3</i></p>	<p><b>Carl Glenister</b>  <b>Associate Director – Cancer and Planned Care</b>  <b>Email:</b>  <b>Carl.Glenister@selondonics.nhs.uk</b></p>
<p><b>Provider Representative</b>  <i>See GC10.3</i></p>	<p><b>Charles Greenwood</b>  <b>Address: Ground Floor</b>  <b>Duncan House</b>  <b>1A Burnhill Road</b>  <b>Beckenham, BR3 3LA</b>  <b>Email: charles.greenwood@nhs.net</b>  <b>Tel: 020 8663 9014</b></p>

## SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

### A. Conditions Precedent

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

<p>1. Evidence of appropriate Indemnity Arrangements</p> <p>  </p> <p>Primary Ophthalmic - Primary Ophthalmic - Primary Ophthalmic - Policy Schedule and S EL Certificate.pdf PL Certificate.pdf</p> <p>2. Evidence of CQC registration in respect of Provider NA</p>
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The Provider must complete the following actions:

<p><b>Not Applicable</b></p>
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## SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

### B. Commissioner Documents

Date	Document	Description
Not Applicable		

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

### **C. Extension of Contract Term**

1. The Commissioners may opt to extend the Contract Term by 15 months
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than 3 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 all Commissioners; and
  - 3.3 only in respect of all Services.
4. If the Co-ordinating 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**



2025 Comm Optom  
Triage Service Spec\_D

## **SCHEDULE 2 – THE SERVICES**

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

**Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

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

**Not Applicable**

## SCHEDULE 2 – THE SERVICES

### B. Indicative Activity Plan



Proposed Tariffs  
2025 - MECS - Revised

## **SCHEDULE 2 – THE SERVICES**

### **C. Activity Planning Assumptions**

**Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

**D. Not used**

## **SCHEDULE 2 – THE SERVICES**

**E. Not used**





## **SCHEDULE 2 – THE SERVICES**

### **F. Clinical Networks**

Provider will engage with the South East London Ophthalmology Network.

## SCHEDULE 2 – THE SERVICES

### G. Other Local Agreements, Policies and Procedures

Policy	Embedded Document or Weblink
<b>South East London Treatment Access Policy</b>	 SEL-Treatment-Access-Policy-July-2022.pdf
<b>South East London Elective Access Policy</b>	 SEL ELECTIVE ACCESS POLICY_2212
<b>POS Policy Suite</b>	 POS POLICY SUITE.docx
<b>South East London Minor Eye Care Service: Pathways</b>	 SEL MECS Pathways 21_22.pdf

## **SCHEDULE 2 – THE SERVICES**

### **H. Transition Arrangements**

**Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

### **I. Exit Arrangements**

**Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

### **J. Transfer of and Discharge from Care Protocols**

As per service specification patient pathways set out in Appendix A.

## **SCHEDULE 2 – THE SERVICES**

### **K. Safeguarding Policies and Mental Capacity Act Policies**

As per Safeguarding, Mental Capacity Act and Deprivation of Liberties Policy set out in POS Policy Suite (Page 44 found in Schedule 2G)

## **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. Aligned Payment and Incentive Rules**

**Not Applicable.**

## **SCHEDULE 3 – PAYMENT**

### **B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices**

**Not Applicable**

## SCHEDULE 3 – PAYMENT

### C. Local Prices

Payments Will be made to the lead Provider based on monthly SLA invoices for 1/12<sup>th</sup> of the overall contract value. Once the month is over the usual billing process is carried out using actual monthly activity figures. The usual invoices are issued with an additional line subtracting the amount already paid out via the monthly SLA invoice. The balance then forms the additional invoice payable or credit note reclaimable.

Activity Type	Cost per case
MECS 1ST	<b>51.08</b>
MECS FUP	<b>28.60</b>
IMAGING SUPPLEMENT	<b>30.65</b>
CATARACT PRE EXT	<b>51.08</b>
CATARACT PRE INT	<b>35.76</b>
CATARACT POST	<b>45.97</b>
GLAUCOMA FULL	<b>51.08</b>
GLAUCOMA FIELDS & IOP	<b>40.86</b>
GLAUCOMA FIELDS	<b>30.65</b>
GLAUCOMA IOP	<b>25.54</b>
PAEDS 1ST	<b>49.04</b>
PAEDS TELE	<b>10.22</b>
PAEDS FUP	<b>28.60</b>
LD & AUTISM	<b>59.76</b>
NON MECS REFERRALS FEE	<b>3.00</b>
CLINICAL TRIAGE SEL	<b>3.50</b>
ADMIN TRIAGE SEL	<b>7.50</b>
CLINICAL TRIAGE BEXLEY	<b>3.50</b>
ADMIN TRIAGE BEXLEY	<b>7.50</b>
CLINICAL TRIAGE SELMECS	<b>3.50</b>
ADMIN TRIAGE SELMECS	<b>7.50</b>

For the avoidance of doubt, no payment will be made by the ICB in respect of DNAs.

## SCHEDULE 3 – PAYMENT

### D. Expected Annual Contract Values

COMMISSIONER:	EXPECTED ANNUAL CONTRACT VALUE:
NHS South East London ICB	£3,162,994

## **SCHEDULE 3 – PAYMENT**

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

Invoices will be raised post activity submission.

## **SCHEDULE 3 – PAYMENT**

### **F. CQUIN**

**Not Applicable**

### SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
1	Not Applicable				

## SCHEDULE 5 – GOVERNANCE

### A. Documents Relied On

#### Documents supplied by Provider

Date	Document
Not Applicable	

#### Documents supplied by Commissioners

Date	Document
Not Applicable	

## SCHEDULE 5 - GOVERNANCE

### B. Provider's Material Sub-Contracts

<b>Sub-Contractor</b> [Name] [Registered Office] [Company number]	<b>Service Description</b>	<b>Start date/expiry date</b>	<b>Processing Personal Data – Yes/No</b>	<b>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</b>
<b>Not Applicable</b>				

## SCHEDULE 5 - GOVERNANCE

### C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
NHS South East London ICB	<ul style="list-style-type: none"> <li>• The Host Commissioner will review service provision and raise any queries or concerns with the Provider directly.</li> <li>• Where required the Host Commissioner may implement contract management board processes.</li> </ul>

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

### A. Reporting Requirements

#### General Principles Applied Throughout Schedule 6A

The principles applied throughout this document are applicable to all Commissioners under the Contract. This includes both the Host Commissioner and all Associate Commissioners under the Contract. However, the delivery methods are specific to those NHS Local Commissioners who use the NECS DSCRO and Data Management services for the receipt and onward delivery of data, or for Direct Commissioning services using the AGEM DSCRO.

Where linked guidance is no longer available throughout the year please contact the DSCRO Support Services identified as the Lead DSCRO for the data item via the methods outlined in **Appendix 2** who will work with the relevant stakeholders to update this information. Where no Lead DSCRO is identified this should be contacted to the NECS DSCRO Support Services as outlined in **Appendix 2a**.

The Provider and the Co-ordinating Commissioner agree to work together to identify and document any data definitions and/or rules to promote understanding and transparency about local approaches to billable activity and/or rules to promote understanding and transparency about local approaches to billable activity and the basis for payment of incentives or penalties with respect to the KPIs, clinical or quality indicators. This will include confirmation of the data quality parameters to be used in the datasets provided.

Should either party fail to achieve a deadline (including Reporting Requirements submission deadline), this will be flagged and escalated initially in writing via e-mail to the DSCRO, Business Intelligence or Contract Lead; the parties shall enter into joint dialogue to agree corrective action being taken.

Commissioners require all submissions made to the Host NHS Local Commissioner to contain patient and aggregate submissions as appropriate covering all patient treatment and Commissioners. Where all of these categories are not currently submitted all parties will work to include these wherever possible during the Contract Period.

This agreement is being implemented to allow Commissioners to review Provider wide data and assist in monitoring and coordinating delivery of healthcare to the population and health system covered by the Provider, as well as performance across all sources, datasets and submissions.

Commissioners expect that all data submissions where possible will be via a common Non-SUS Submission Portal submission standard. Currently this is the NHS England Data Landing Portal (formerly the NHS Digital Data Landing Portal). This is in line with new information NHS England has released that advises wherever possible to avoid submissions of bulk patient identifiable data via NHS.Net systems.

Where submission of PID in non PID fields occurs Commissioners, with the assistance of the DSCRO, will flag this as an Information Governance breach as Data Services for Commissioners Regional Offices will only be pseudonymising, anonymising and restricting data flows on fields identified as containing patient identifiable

**General Principles Applied Throughout Schedule 6A**

data going forward. The responsibility for resolving these breaches with NHS Digital and the Information Commissioner’s Office will then sit with the Provider to undertake, as the Provider is responsible for this data accuracy and compliance checking.

Commissioners expect that all submissions of data to SUS will be completed as net change submissions in the Message Exchange for Social Care and Health (MESH) mechanism as other submission types such as bulk submissions result in sub-optimal performance of SUS. In addition, the other submission mechanism of Electronic Data Transfer (EDT) file transfer mechanism is no longer supported by SUS+.

As the Commissioner and Provider landscape is continuing to change Commissioners expect that during the Contract Period report definitions and specifications may change. Therefore, it is expected that all parties will work collaboratively to discuss, change and implement alterations to reporting requirements during the Contract Period. This will be undertaken with Variation Agreements however Commissioners expect that changes to reporting may be agreed in writing (likely via emails) with formal Contract documentation and Local Variations being applied retrospectively so as not to hold up changes to the provision of data or reporting to ensure that Contract documentation is not a blocker to the rapid changes being undertaken across the Health Economy.

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>National Requirements Reported Centrally</b>						
<b>SCH6-ACU-NN-1:</b>	<b>Approved Collections:</b> As specified in the Schedule of Approved Collections published at <sup>1</sup> where mandated for and as applicable to the Provider and the Services.	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All	National <i>NECS</i>
<b>SCH6-ACU-NN-2:</b>	<b>Emergency Care Data Sets:</b> Without prejudice to SHC6-ACU-NC-001 above, daily submissions of timely emergency care Data Sets, in accordance with DCB0092-2062 and with detailed requirements to be published at <sup>2</sup> .	As set out in relevant Guidance	As set out in relevant Guidance	Daily	A+E, U	National <i>NECS</i>
<b>SCH6-ACU-NN-3:</b>	<b>Patient Reported Outcome Measures (PROMS)<sup>3</sup>.</b>	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All	National <i>NECS</i>

<sup>1</sup> Published by NHS England at <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/nhs-standard-contract-approved-collections>

<sup>2</sup> Published by NHS England at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds>.

<sup>3</sup> Published by NHS England at <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms>.

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Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>National Requirements Reported Locally</b>						
<b>SCH6-ACU-NL-1:</b>	<p><b>Activity and Finance Report<sup>4</sup> - Acute and Mental Health:</b> A single flat file is required to cover all NHS activity which must be submitted using the NHS Digital Data Landing Portal (DLP).</p> <p>Providers must ensure that, the data submitted in the Aggregate Contract Monitoring (ACM) Report reconciles to the sum of the Patient Level Contract Monitoring (PLCM) Report, the Drugs Patient Level Contract Monitoring (DrPLCM) Report and the Patient Level Contract Monitoring Report (DePLCM).</p>	Monthly	If and when mandated by NHS Digital or NHS England, in the format specified in the relevant Information Standards Notice (DCB2050)	See Appendix 1	A, MH	National <i>NECS</i>
<b>SCH6-ACU-NL-2:</b>	<p><b>Activity and Finance Report<sup>5</sup> - Non-Acute and Non-Mental Health:</b> A single flat file is required to cover all Associates to the Contract which must be submitted using the NHS Digital Data Landing Portal (DLP).</p>	Monthly	For Local Agreement	See Appendix 1	All except A, MH	National <i>NECS</i>

<sup>4</sup> Further Local Requirements and Specifications Relating to Non-SUS Datasets Can Be Found in Appendix 1a of This Schedule

<sup>5</sup> Further Local Requirements and Specifications Relating to Non-SUS Datasets Can Be Found in Appendix 1a of this Schedule

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>SCH6-ACU-NL-3:</b>	<p><b>Service Quality Performance Report:</b> detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation:</p> <ul style="list-style-type: none"> <li>• Details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;</li> <li>• Details of all requirements satisfied;</li> <li>• Details of, and any reasons for, any failure to meet requirements.</li> </ul>	Monthly	For Local Agreement	Within 15 Operational Days of the end of the Month to which it relates	All  All All	National  <i>NECS</i>
<b>SCH6-ACU-NL-4:</b>	<p><b>CQUIN Performance Report:</b> 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>	For Local Agreement	For Local Agreement	For Local Agreement	All	National  <i>NECS</i>
<b>SCH6-ACU-NL-5:</b>	<p><b>Complaints Monitoring Report:</b> setting out numbers of complaints received and including analysis of key themes in content of complaints.</p>	For Local Agreement	For Local Agreement	For Local Agreement	All	National  <i>NECS</i>
<b>SCH6-ACU-NL-6:</b>	<p><b>Service Development and Improvement Plan:</b> 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	National  <i>NECS</i>

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Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>SCH6-ACU-NL-7:</b>	<b>Patient Safety Incident Report:</b> Summary report setting out relevant information on Patient Safety Incidents and the progress of and outcomes from Patient Safety Investigations, as agreed with the Co-ordinating Commissioner.	Monthly	For Local Agreement	For Local Agreement	All	National <i>NECS</i>
<b>SCH6-ACU-NL-8:</b>	<b>Data Quality Improvement Plan:</b> Report of progress against milestones.	In accordance with the relevant DQIP	In accordance with the relevant DQIP	In accordance with the relevant DQIP	All	National <i>NECS</i>
<b>SCH6-ACU-NL-9:</b>	<b>GC5.2 Staffing Report:</b> Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 ( <i>Staff</i> ).	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	For Local Agreement	For Local Agreement	All	National <i>NECS</i>
<b>SCH6-ACU-NL-10:</b>	<b>Workforce Race Equality Standard Report:</b> Report on its performance against the National Workforce Race Equality Standard and action plan setting out the steps the Provider will take to improve performance.	Annually	For Local Agreement	By 31 October in each Contract Year; submission to Co-ordinating Commissioner	All	National <i>NECS</i>
<b>SCH6-ACU-NL-11:</b>	<b>National Workforce Disability Equality Report:</b> (If the Provider is an NHS Trust or an NHS Foundation Trust) report on its performance against the National Workforce Disability Equality Standard and action plan setting out the steps the Provider will take to improve performance.	Annually	For Local Agreement	By 31 October in each Contract Year; submission to Co-ordinating Commissioner	All	National <i>NECS</i>

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>SCH6-ACU-NL-12:</b>	<b>Specialised Services Activity:</b> Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services) specific reports as set out at <sup>6</sup> (where not otherwise required to be submitted as a national requirement reported centrally or locally).	As Set out at <sup>6</sup>	As Set out at <sup>6</sup>	As Set out at <sup>6</sup>	All	National <i>AGEM</i>
<b>SCH6-ACU-NL-13:</b>	<b>Green Plan Report:</b> Report on progress against Green Plan in accordance with SC18.2 (NHS Trust / FT only).	Annually	For Local Agreement	For Local Agreement	All	National <i>NECS</i>
<b>Local Requirements Reported Locally</b>						

<sup>6</sup> Published by NHS England at <https://www.england.nhs.uk/nhs-standardcontract/dc-reporting/>.

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
SCH6-ACU-LL-1:	<p><b>Best Practice Tariffs:</b> Providers must evidence that patients have been treated on a best practice pathway as described in the National Guidance in order to attract best practice tariff. Some BPT is output from the SUS grouper. Where BPT is not detailed via the grouper, adequate data should be available to justify best practice tariff payment as per National Tariff guidance.</p> <p>Where BPTs cannot be evidenced in data submissions or national reports, the Commissioner and Provider will undertake a joint audit to confirm achievement.</p>	Monthly	For Local Agreement	For Local Agreement	A	Region <i>NECS</i>
SCH6-ACU-LL-2:	<p><b>Directory of Services to support 111:</b> The Commissioners should be notified of any changes to demographic details which affect the DOS. Any significant service or clinical changes should be agreed with the Commissioners prior to implementation. The maintenance of the Provider's DoS profiles will be monitored by the Commissioners using the established contract monitoring process.</p>	As required	For Local Agreement	For Local Agreement	A, CS, U	Region <i>NECS</i>

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
SCH6-ACU-LL-3:	<p><b>Clinical and Data Audit</b> The Provider will grant nominated officers access to relevant information and the facilities used to enable services and data quality to be effectively monitored.</p> <ul style="list-style-type: none"> <li>• <b>Clinical Audits:</b> This could include review of non-anonymised data or records to confirm compliance to agreed contracted requirements and standards.</li> <li>• <b>Data Audits:</b> This is expected to be limited to anonymised data to confirm compliance to agreed contracted requirements and standards.</li> </ul> <p>The Caldicott Guardian and the Information Governance Manager for the Provider will be made aware of this reporting for their assurance that it meets the Healthcare Quality Improvement Partnership Standards: Guide to Ensuring Data Quality in Clinical Audits, in relation to using anonymised data for audit.</p>	<p>Not Applicable</p> <p>Wherever possible this will be based on an agreed audit and review program, however this is subject to change during the contract period.</p>	Not Applicable	Information will be provided and shared with Commissioners in line with the terms of the contract	All	Region  NECS

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Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>SCH6-ACU-LL-4:</b>	<p><b>Existing Commissioner Submissions:</b> Where there are existing arrangements in place to supply data to Commissioners which inform health need, these should continue unless explicitly agreed.</p> <p>The Provider is asked to note that a separate data request process may need to be agreed with NHS England, such as for any other local agreed data flows (e.g. SACT subset for the SW Region, Ambulance data to support ACC transfers SE region).</p>	For Local Agreement	For Local Agreement	For Local Agreement	All	Region  <i>NECS</i>

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
<b>SCH6-ACU-LL-5:</b>	<p><b>Ad Hoc Information</b>                      There may be occasions when the Commissioner wishes to request reasonable additional information not included in this schedule. It is expected that the providers will comply with these requests as per Service Condition 28.3 of the NHS Standard Contract.</p> <p>In accordance with Service Condition 28.4 the Co-ordinating Commissioner will demonstrate to the Provider what the reasonable purpose is, taking into consideration the burden this may place on the Trust.</p> <p>The process and timelines for provision of this data will be jointly agreed and should be raised through the formal process via the appropriate contract subgroup meeting. Requests should be reasonable and where appropriate this arrangement should be reciprocal.</p> <p>It is recognised that through the ICB's development of community services the reporting requirements at a service level will change. Providers are asked to work with Commissioners to refine the content of reporting.</p>	For Local Agreement	For Local Agreement	For Local Agreement	ALL	Region  NECS

Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
SCH6-ACU-LL-6:	<p><b>Reporting Requirements From Other Contract Schedules:</b> The Provider will be required to report on multiple areas highlighted within the Contract via various other schedules, where these are applicable during the Contract Period. The format and frequency will be agreed by stakeholders leading on other schedules. These may include:</p> <ul style="list-style-type: none"> <li>• Schedule 6C for areas such as Service Development and Improvement Plans.</li> <li>• Annex A for National Quality Requirements including but not limited to RTT, waiting times and safety.</li> </ul>	For Local Agreement	For Local Agreement	For Local Agreement	ALL	Region  NECS
SCH6-ACU-LL-7:	<p><b>NICE Compliance</b> As per the national requirement (Service Conditions 2.1.6). The Trust must comply with NICE recommendations and TAs and have regard to other Guidance issued by NICE from time to time.</p>	For Local Agreement			All	Sector
SCH6-ACU-LL-8:	<p><b>Demographic Reporting</b> As a result of the COVID-19 pandemic and the emphasis around recording of patient demographic information within the operating plan priorities, the SEL ICS will work towards data completeness levels of 100% for ethnicity (the same as NHS Number coverage). Details of this workstream are included in the DQIP.</p>				A	Sector

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Reference	Report Name	Reporting Period	Format of Report	Timing and Method for Delivery of Report	Service Category	Source / Lead DSCRO
SCH6-ACU-LL-9:	<u>Local specification</u>					
SCH6-ACU-LL-10:	<u>ERS reporting – PL to advise.</u>					

**Appendix 1: SUS, Non-SUS and Validation and Information Review Timetable**

Period No	Period	A	B	B2	C	D	D2	E	E2	F	F2	G	H	H2	I
		NTPS Reconciliation Inclusion Date Provider Submits SUS Reconciliation Data to NHS Digital	Provider Submits Non-SUS Reconciliation Data to Commissioners	WD A-B	NTPS Reconciliation Publication Date SUS Reconciliation Data Available to Commissioners	Commissioners Submits Relevant Packs to Provider	WD C-D	Provider Response to Relevant Packs	WD D-E	Commissioners Submits Updates to Packs Based on Provider Responses	WD E-F	NTPS Post-Reconciliation Inclusion Date Provider submits SUS Post-Reconciliation Data to NHS Digital	Provider submits Non-SUS Post-Reconciliation Data to Commissioners	WD G-H	NTPS Post-Reconciliation Publication Date SUS Post-Reconciliation Data Available to Commissioners
M01	Apr 2023	Thu 18 May 2023	Tue 23 May 2023	3	Wed 24 May 2023	Tue 06 Jun 2023	8	Fri 16 Jun 2023	8	Mon 26 Jun 2023	6	Mon 19 Jun 2023	Thu 22 Jun 2023	3	Thu 22 Jun 2023
M02	May 2023	Mon 19 Jun 2023	Thu 22 Jun 2023	3	Thu 22 Jun 2023	Tue 04 Jul 2023	8	Fri 14 Jul 2023	8	Mon 24 Jul 2023	6	Wed 19 Jul 2023	Mon 24 Jul 2023	3	Mon 24 Jul 2023
M03	Jun 2023	Wed 19 Jul 2023	Mon 24 Jul 2023	3	Mon 24 Jul 2023	Thu 03 Aug 2023	8	Tue 15 Aug 2023	8	Wed 23 Aug 2023	6	Thu 17 Aug 2023	Tue 22 Aug 2023	3	Tue 22 Aug 2023
M04	Jul 2023	Thu 17 Aug 2023	Tue 22 Aug 2023	3	Tue 22 Aug 2023	Mon 04 Sep 2023	8	Thu 14 Sep 2023	8	Fri 22 Sep 2023	6	Tue 19 Sep 2023	Fri 22 Sep 2023	3	Fri 22 Sep 2023
M05	Aug 2023	Tue 19 Sep 2023	Fri 22 Sep 2023	3	Fri 22 Sep 2023	Wed 04 Oct 2023	8	Mon 16 Oct 2023	8	Tue 24 Oct 2023	6	Wed 18 Oct 2023	Mon 23 Oct 2023	3	Mon 23 Oct 2023
M06	Sep 2023	Wed 18 Oct 2023	Mon 23 Oct 2023	3	Mon 23 Oct 2023	Thu 02 Nov 2023	8	Tue 14 Nov 2023	8	Wed 22 Nov 2023	6	Fri 17 Nov 2023	Wed 22 Nov 2023	3	Wed 22 Nov 2023
M07	Oct 2023	Fri 17 Nov 2023	Wed 22 Nov 2023	3	Wed 22 Nov 2023	Mon 04 Dec 2023	8	Thu 14 Dec 2023	8	Fri 22 Dec 2023	6	Mon 18 Dec 2023	Thu 21 Dec 2023	3	Thu 21 Dec 2023
M08	Nov 2023	Mon 18 Dec 2023	Thu 21 Dec 2023	3	Thu 21 Dec 2023	Fri 05 Jan 2024	8	Wed 17 Jan 2024	8	Thu 25 Jan 2024	6	Thu 18 Jan 2024	Tue 23 Jan 2024	3	Tue 23 Jan 2024
M09	Dec 2023	Thu 18 Jan 2024	Tue 23 Jan 2024	3	Tue 23 Jan 2024	Fri 02 Feb 2024	8	Wed 14 Feb 2024	8	Thu 22 Feb 2024	6	Mon 19 Feb 2024	Thu 22 Feb 2024	3	Thu 22 Feb 2024
M10	Jan 2024	Mon 19 Feb 2024	Thu 22 Feb 2024	3	Thu 22 Feb 2024	Tue 05 Mar 2024	8	Fri 15 Mar 2024	8	Mon 25 Mar 2024	6	Tue 19 Mar 2024	Fri 22 Mar 2024	3	Fri 22 Mar 2024
M11	Feb 2024	Tue 19 Mar 2024	Fri 22 Mar 2024	3	Fri 22 Mar 2024	Fri 05 Apr 2024	8	Wed 17 Apr 2024	8	Thu 25 Apr 2024	6	Thu 18 Apr 2024	Tue 23 Apr 2024	3	Tue 23 Apr 2024
M12	Mar 2024	Thu 18 Apr 2024	Tue 23 Apr 2024	3	Tue 23 Apr 2024	Fri 03 May 2024	8	Thu 16 May 2024	8	Fri 24 May 2024	6	Mon 20 May 2024	Thu 23 May 2024	3	Thu 23 May 2024

Bank Holidays:	2023	2024	Bank Holiday Additional Information
	Mon 02 Jan 2023 Fri 07 Apr 2023 Mon 10 Apr 2023 Mon 01 May 2023 Mon 08 May 2023 Mon 29 May 2023 Mon 28 Aug 2023 Mon 25 Dec 2023 Tue 26 Dec 2023	Mon 01 Jan 2024 Fri 29 Mar 2024 Mon 01 Apr 2024 Mon 06 May 2024 Mon 27 May 2024 Mon 26 Aug 2024 Wed 25 Dec 2024 Thu 26 Dec 2024	Indicates a Bank Holiday during the calendar year that falls outside of the Contract Period and will have no impact on the timetable outlined above

Column	Action By	Additional Information
A	Provider	<b>NTPS Reconciliation Inclusion Date:</b> The date by which all submissions for the Contract Period covered by this Reconciliation Date must be submitted by the Provider and received to the NHS Digital SUS for inclusion in the SUS NTPS Managed Service Extract, this must be received by NHS Digital SUS before 5pm on this date.
B	Provider	<b>Provider Submits Non-SUS Reconciliation Data to Commissioners:</b> The date by which all submissions for the Contract Period covered by this Reconciliation Date must be submitted by the Provider and received to Commissioners for inclusion in Contract Monitoring Process. This must include all datasets including where applicable Aggregate Level, Patient Level and Supplementary datasets as outlined within the Contract for Financial Monitoring purposes.
B2	None	<i>Calculated Field of number of working days between Column A and Column B</i>
C	Other	<b>NTPS Reconciliation Publication Date:</b> The date by which all Provider data submitted to SUS inline with the NTPS Reconciliation Inclusion Date (Column A) will be made available to Commissioners from NHS Digital SUS for the purpose of Contract Monitoring and Claims Management purposes.
D	Commissioner	<b>Commissioner Submits Relevant Packs to Provider:</b> The date by which Commissioners will formally submit any data items to a Provider. Where the Data Acquisition, Benchmarking and Completeness services from NECS are relied upon for NHS Local Commissioners this will form either a Financial Activity and Finance Validation Pack or a Data Quality Activity and Finance Information Pack. Alternative names may be used for NHS England Commissioned services.
D2	None	<i>Calculated Field of number of working days between Column C and Column D</i>
E	Provider	<b>Provider Response to Relevant Packs:</b> The date by which the Provider will formally submit its response to any data items raised with the Provider that require a response to attempt to resolve the issues raised. <i>This period is commonly known or referred to as the 'Provider Response Period'.</i>
E2	None	<i>Calculated Field of number of working days between Column D and Column E</i>
F	Commissioner	<b>Commissioner Submits Updates to Packs Based on Provider Responses:</b> The date by which Commissioners will formally respond to Providers in respect of the responses provided to the item.
F2	None	<i>Calculated Field of number of working days between Column E and Column F</i>
G	Provider	<b>NTPS Post-Reconciliation Inclusion Date:</b> The date by which all submissions for the Contract Period covered by this Post-Reconciliation Date must be submitted by the Provider and received to the NHS Digital SUS for inclusion in the SUS NTPS Managed Service Extract, this must be received by NHS Digital SUS before 5pm on this date.
H	Provider	<b>Provider Submits Non-SUS Post-Reconciliation Data to Commissioners:</b> The date by which all submissions for the Contract Period covered by this Post-Reconciliation Date must be submitted by the Provider and received to Commissioners for inclusion in Contract Monitoring Process. This must include all datasets including where applicable Aggregate Level, Patient Level and Supplementary datasets as outlined within the Contract for Financial Monitoring purposes.
H2	None	<i>Calculated Field of number of working days between Column G and Column H</i>
I	Other	<b>NTPS Post-Reconciliation Publication Date:</b> The date by which all Provider data submitted to SUS inline with the NTPS Post-Reconciliation Inclusion Date (Column G) will be made available to Commissioners from NHS Digital SUS for the purpose of Contract Monitoring and Reconciliation purposes.

**Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents**

**01. Requirements on Timetables for Submission of SUS and Non-SUS Datasets**

**Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents**

The timetable for submitting data to SUS and for the Provider to issue Non-SUS returns, including backing data, is as per **Appendix 1**. The dates for submission of data are as outlined below:

Dataset	Period	
	Reconciliation Data	Post-Reconciliation Data
SUS	As per Column A	As per Column G
Non-SUS	As per Column B	As per Column H

Where a Provider is unable to adhere to the agreed data submission dates for a given month, they are required to inform the Contract Management Teams and the DSCRO Support Services via the methods outlined in **Appendix 2** in advance of the submission date, as soon as the issue becomes apparent.

Where Providers, having submitted their data on time, are contacted by the Commissioners to inform them of anomalies found in their SUS and / or Non-SUS datasets, Providers are required to inform Commissioners of their remedial actions being taken and the timeframes for this to be completed.

Occasionally events outside the Trust’s direct control may affect uploads of data to SUS or processing within SUS. Where third-party software suppliers or national adverse events within SUS have affected data, the Co-ordinating Commissioner will work with the Trust to agree a process of completing the submissions.

Where data submissions are delayed or re-submissions are required due to anomalies in the format or content of Provider submitted SUS or Non-SUS datasets, parties will need to determine a mutually agreeable way forward with regard to revised timetables for contract monitoring submissions and any other items that are impacted by the revised SUS and or Non-SUS datasets.

**02. Data Assurance Framework**

Commissioners note that the 2023/24 Contract Period remains one of significant change for Commissioners, Providers and Supporting Services. As such the historic NECS Claims Management Service will be changing significantly, and some existing elements will be replaced by Data Assurance Framework processes led by the Co-ordinating Commissioner.

It is envisaged that this revised approach will:

- Ensure further collaboration on data principles between Commissioners and Providers.
- Reduce restrictive, resource intensive and time sensitive transactional processes for Commissioners and Providers.
- Allow the limited data-based resources to focus on data quality, completeness and assurance.
- Improve the richness of datasets and data collections to enable effective Population Health Management and data informed decision making.

This increased focus on Data Quality and Completeness will enable a consistent approach to be applied to all Commissioners of the Contract and allow for enrichment of data to assist with wider system-wide data driven priorities, and support with sharing best practice approaches across Providers.

## Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents

The specific details of the Data Assurance Framework will be discussed and agreed jointly between the Co-ordinating Commissioner and Providers during Quarter 1 of the Contract Period, with the aim of adopting a consistent approach across the London region. However for elements of the Contract that are Cost and Volume, as well as for any areas where this is still appropriate and required (e.g. attribution checks), the expectation is that the Provider will continue to receive Validation Packs routinely requiring regular responses and financial adjustments to reported positions as outlined within the timeframes of **Appendix 1**.

For NHS Local Commissioned Activity, all non automated queries will be discussed and raised to the Trust via the Co-ordinating Commissioner to the Provider. Where Associates to the Contract identify areas of uncertainty these can initially be raised with the Co-ordinating Commissioner who will either respond to the issue or discuss the issue and raise this to the Provider where warranted.

Similar approaches are expected for NHS England Commissioned activity, with the exception of drugs related queries issued directly by NHS England Specialised Commissioning Services, which will continue to follow the rationale outlined in **Appendix 6**.

### 03. Opt-Out Patients

The Provider must ensure it complies with Information Governance rules, specifically in relation to the rights of patients to opt-out of having their identifiable data shared. This applies to both SUS and Non-SUS datasets.

For this group of patients, the Trust must anonymise its respective records in the Non-SUS patient level datasets but ensure these lines are still included in reporting, by flagging them as pertaining to “Opt-Out Patients”, and instead supplement the records with Primary and Secondary Diagnosis and Procedure details using the available Fields, since the linkage between SUS and Non-SUS Patient Level Datasets will no longer be possible.

### 04. Information Breach

In accordance with Service Condition 28.18 of this Contract any information breach discovered by the Co-ordinating Commissioner will be notified to the provider specifying details of the breach. For Breaches not being managed via the DQIP or where Providers are not engaging with Commissioners or the process, and where the breach is not resolved within 5 working days then the commissioners may withhold up to 1% of the Actual Monthly Value payable by them under Service Condition 36 in respect of the current month and thereafter for each and every month that the information breach continues.

### 05. Existing Commissioner Submissions

In line with Information Governance guidelines, where there are existing arrangements in place to supply data to Commissioners which informs health need; these should continue unless explicitly agreed with the relevant Commissioner. As an example this will include vaccination information for babies and children.

### 06. Overseas Patient Reporting

## Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents

The reporting of charges relating Overseas Visitors should be specifically agreed in advance and, where a separate report is required, this should be captured via a specific requirement in the main Body of this Schedule 6A. Where overseas patients activity is reported in the main Non-SUS Submission the means of flagging this activity to Commissioners within both Aggregate and Patient Level should be agreed with the Co-ordinating Commissioner and any affected associate Commissioners. Providers are reminded of the contents of the Overseas Visitor Charging Category Information Standards notice (DCB3017 Amd 72/2017) which requires the population of the OVERSEAS VISITOR CHARGING CATEGORY which is available here<sup>7</sup>.

### 07. Data Quality

The Provider shall ensure that all mandatory fields are correctly populated within the SUS minimum data sets. The national requirement is that 99% of valid NHS Number fields in mental health and acute commissioning data sets are submitted via SUS, as defined in Contract Technical Guidance. For Emergency Medicine datasets the threshold for valid NHS numbers submitted to SUS is 95%

The Provider will ensure that 98% of all of these mandatory fields in all the records are completed with reliable information, and will inform Commissioners as early as possible, prior to Commissioner SUS Extracts being downloaded, whenever data quality issues are identified. Where Providers do not attain 95% or 98% for the defined datasets, they will produce an action plan detailing steps and dates and this will be managed through the Finance and Information Group (FIG).

The list of exceptions to NHS number compliance requirements are:

1. National sensitive conditions
2. Private Patients
3. Overseas Visitors
4. Student with leave to study in UK
5. Patients with No fixed abode

RTT Pathway ID and/or UBRN should be populated in the relevant field(s) in SUS wherever possible

#### UBRN and/or Pathway ID

RTT Pathway ID and/or UBRN or equivalent identifier allowing different activity under the same patient pathway to be linked from the referral point onwards should be populated in the relevant field(s) in SUS wherever applicable, or submitted via SLAM patient level backing data monthly files These details will also be reported under the Referrals monthly reports. Any data quality issues will be addressed through the Finance and Information Group (FIG) or equivalent forum.

As a result of the COVID-19 pandemic and the high priority around recording of patient demographic information, Providers are expected to have data completeness levels of 100% for ethnicity. Where a Provider cannot achieve this then details on plans to improve coverage must be included in Trust specific DQIPs.

<sup>7</sup> Published by NHS Digital at <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3017-overseas-visitor-charging-category-ovcc>

## Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents

Under DSCN 41/98/P26 there are certain infertility treatments (e.g. IVF, GIFT, etc.) and diseases (such as HIV/GUM) where patient identifiable information should be omitted from the CDS. For the specific OPCS4 and ICD10 codes listed in DSCN 41/98/P26 patient identifiable information will not be required and it is expected that the Trust will adhere to this guidance and not flow such sensitive data.

### 08. Non-NTPS Local Rules and Definitions

Providers will identify activity that is to be charged at a locally agreed tariff by setting the last character of the Commissioning Serial Number to '=' as defined in the SUS NTPS technical guidance.

Providers are requested to use one or both of the following fields in SUS to identify and define locally priced activity and to share any additional data items as agreed:

- Provider Reference Number
- Commissioner Reference Number

Please note that the NHS Service Agreement Line Number field is reserved for NHSE specialised services codes.

Documentation outlining the details of how these fields are used will be required. Where providers have zero cost activity, a local price of zero will be detailed in the local tariff documentation.

### 09. Identification of special Contracting arrangements

Providers must comply with identification rules for activity covered by special contracting arrangements outside the main Contract Monitoring submissions (ACM/PLCM) contract, e.g. Prime Contracting, AQP, etc.

In SUS, this activity should be recorded with the respective patient's Commissioner Code as Copy Recipient if the Responsible Commissioner is set to a code other than that of an NHS Local Commissioner, and a reference code must be present in either the Commissioner Reference Number, Provider Reference Number or Commissioning Serial Number fields to flag the activity as being covered by those special contracting arrangements. A mapping list must be supplied to Commissioners at the beginning of the financial year listing the all the reference codes used, respective description and identifying the specific SUS field being used.

This activity should still be reported on a monthly basis to Commissioners and if there is an agreement that some or all of this activity should be reported together with the main Non-SUS contract patient level backing data, it is imperative that this is flagged as such in one of the Spare fields so it can be easily identified as not pertaining to the main contract and subject to special paying and contracting rules. The Provider will confirm to Commissioners when M1 Reconciliation reports are issued how and where this activity is being reported and flagged.

### 10. Local adjustments and monthly reporting

Unless otherwise agreed, all adjustments must be included in the Activity and Finance reports and be broken down by Commissioner. Examples of Local adjustments are as follows:

- *Marginal Rates*  
The details of any agreed marginal rate adjustment must be documented and submitted to commissioners and included in monthly activity reports. This must include the YTD and annual threshold levels if applicable.

## Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents

- *Local Adjustments*  
The details of any locally agreed activity and/or cost adjustments must be documented and submitted to Commissioners. This will include any locally agreed exclusions and how these should be identified in SUS and Contract Monitoring Reports (ACM/PLCM etc). Local adjustments must be submitted and clearly identified in the monthly Contract Monitoring reports by Commissioner
- *Activity Planning Assumptions (APAs)*  
These are set out in Schedule 2 Part C: Providers will be expected to report against agreed APAs in the contract.

### 11. Financial reporting and invoicing principles

#### Variations between Reconciliation and Post-Reconciliation

Commissioners expect variances between Reconciliation and Post-Reconciliation to be confined to coding of previously reported but uncoded activity and expects variances outside of this not to exceed 3%. Providers will alert Commissioners at the point the Reconciliation report is issued of any potential problems with completeness and accuracy in reporting with an estimate of value and volume of any under reported areas, detailed explanation of the root causes for the reporting problems and action plan to resolve the issues and avoid recurrence.

### 12. SUS/Non SUS reconciliation report coverage and format

This report must highlight areas of variance between the two datasets, an explanation for the differences and an outline of the plan of action and associated timescales for the Trust to take action to rectify areas where SUS or non-SUS reporting mechanisms can be further refined.

Providers are also requested to ensure that a document is produced and shared alongside other M1 Flex reporting that clearly identifies how SUS data can be mapped to non-SUS datasets and vice-versa. Typically this will be a list of identification rules with any specific inclusion or exclusion criteria, SUS reference number codes and respective description, mapping to Operating Plan categories where relevant, and which also identifies activity not currently submitted to SUS but present in Non-SUS datasets or vice-versa.

This document must also list areas of known issues for specific datasets/PODs for which a match between the two datasets is not possible due to irreconcilable technical differences in how data is processed, stating what these are. The Provider must ensure this list is kept up to date.

SUS/Non-SUS reconciliation will be based on the 'raw post reconciliation' file downloaded from SUS by the Trust.

Commissioners will apply these identification rules with the appropriate inclusions and exclusions to their SUS extracts to validate the provider reconciliation with Non-SUS datasets at aggregate (HRG and POD) and record level and flag and resolve any potential discrepancies from the Provider produced reports via the Finance and Information Group meetings.

For SUS tariff and non-tariff activity volumes, Commissioners will apply a tolerance of 1% variance between SUS and Non-SUS for the month being reported and YTD with the exception of locally agreed provider exclusions stated in the above mentioned list of irreconcilable technical differences.

Where reconciliation falls outside of acceptable tolerance, the DQIP will address underlying causes and the Provider will produce an action plan detailing actions with dates to deliver reconciliation within tolerance. Significant variances in activity cost for NTPS included activity, in addition to known and


**Appendix 1a: Contract Documentation: Schedule 6A NHS Acute Hospital Provider Reporting Requirements – Additional Supporting Narrative and Documents**

identified issues will also need to be investigated and rectified by the Provider.

Commissioners reserve the right to request detailed explanations of potential variances for specific high cost records where the value and or coding in Non-SUS datasets varies substantially from that recorded in SUS.

All these requirements will be reviewed by the Finance and Information Group for the contract. Initial meetings will review M1 Freeze reconciliation and agree a baseline position in terms of tolerance for each service line with milestones to be implemented.



Appendix No	Appendix Name and Supporting Information	Appendix Documents
<b>Appendix 2:</b>	<b>Contact Details of the DSCRO Support Services</b>	N/A
<b>Appendix 2A:</b>	To contact the NECS DSCRO Support Services and Intelligence Solutions for London Support Service Desk please use one of the following methods: <b>Email:</b> <a href="mailto:ISL.Support@nhs.net">ISL.Support@nhs.net</a>	N/A
<b>Appendix 2B:</b>	To contact the AGEM DSCRO Support Services please use one of the following methods: <b>Email:</b> <a href="mailto:DPRUSupport@nhs.net">DPRUSupport@nhs.net</a>	N/A
<b>Appendix 3:</b>	<b>Local Standard Referrals Dataset</b>	 Appendix_3_Local_Standard_Referrals_Data:

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

### B. Data Quality Improvement Plans

	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
1	Local dataset included in schedule 6A. POS to continue manual submissions of individual datasets whilst working on ability to report local dataset via DLP.		Full submission of local dataset via DLP.	1 <sup>st</sup> September 2025

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

### C. Service Development and Improvement Plans

	Milestones	Timescales	Expected Benefit
<p><b>Agreement of independent prescribing model and tariffs including work around setting up POS as the IHSP.</b></p> <p><b>Service hasn't commenced in line with contract start / signature date</b></p>		September 2025	

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

### D. 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

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

**Not Applicable**

## SCHEDULE 7 – PENSIONS

**Not Applicable**

NHS England  
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This publication can be made available in a number of alternative formats on request