Sandwell and West Birmingham NHS Trust

Introduction to Contracts

May 2020

Contracts & Income Team

Sandwell and West Birmingham NHS Trust

Where EVERYONE Matters

Introduction

Content

0 About Sandwell

1 Structure of Commissioning

2 Types of Contracts

3 Elements within a Contract

4 Future Landscape of Contracts

5 Your Role

6 Meet the Team

7 Questions

Sandwell and West Birmingham NHS Trust

Delivering high quality, patient focused care to the residents of Sandwell and West Birmingham.

- Local population of 530,000 people
- 7,000 staff
- Income in access of £430 million
- Two Acute Hospitals, City Hospital and Sandwell General Hospital
- Intermediate care hubs at Rowley Regis and Leasowes
- Birmingham and Midland Eye Centre
- Community services across Sandwell in GP practices, patient homes, nursing homes and hospices

Aiming to become renowned as the best integrated care organisation in the NHS.

What Matters to You?

Keeping it relevant

Clinical

- Service Specification
- Quality Requirements
- Outcomes
- Performance
- Service Users
- Your Input

Service User Group

- Service Specification
- Quality Outcomes
- Performance
- Bench Marking
- The future
- Your Input

Non Clinical

- Funding
- Information Requirements
- Terms & Conditions
- Performance
- Service Users
- Your Input

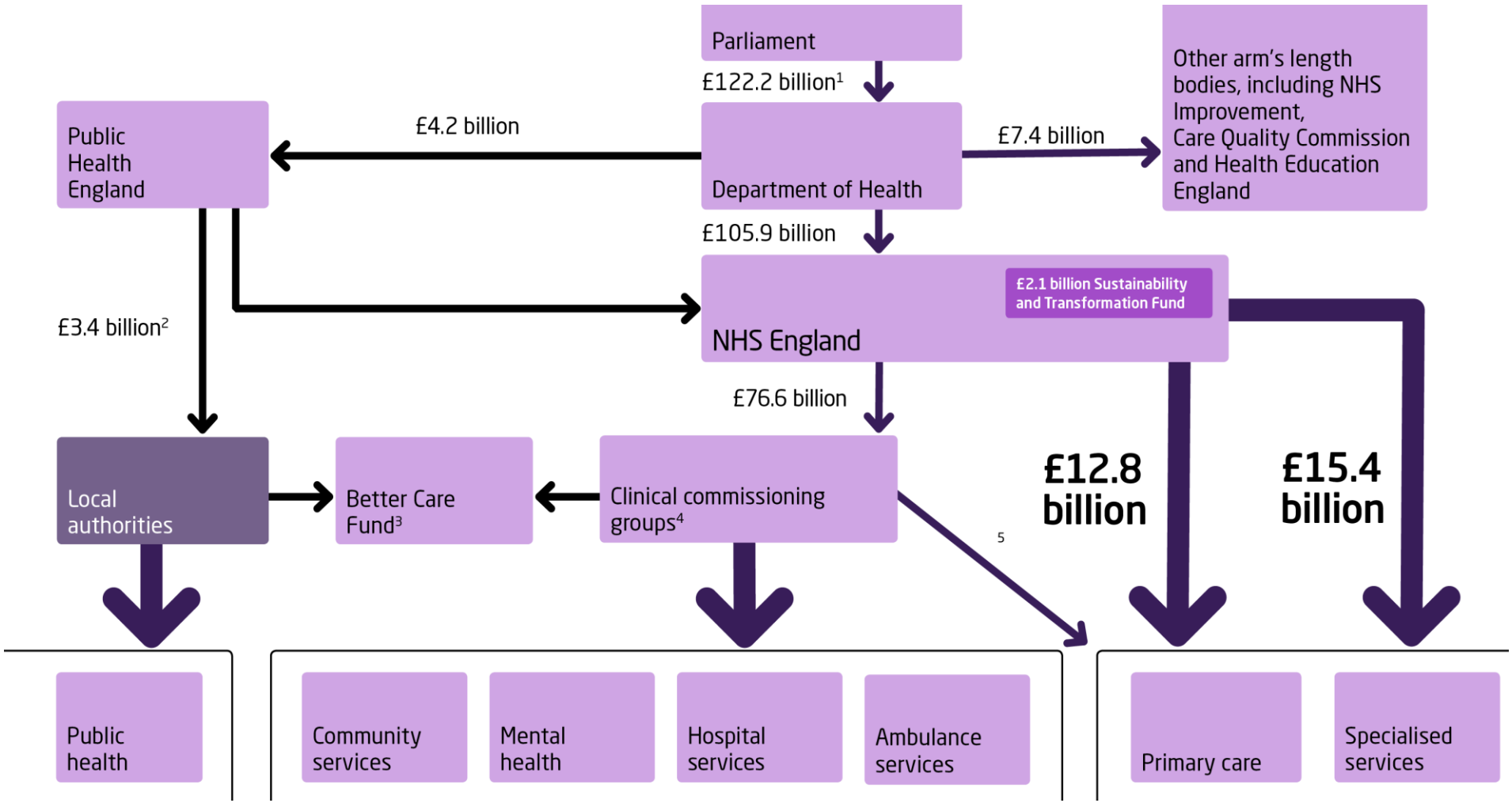
Structure of NHS Commissioning

Patient Hyacinth Brown takes one of the ponies for a walk.

Kam Dhami, Director of Governance, talks about Purple Points with patient Peter Broome and Alcohol misuse roadshow.

Funding the NHS

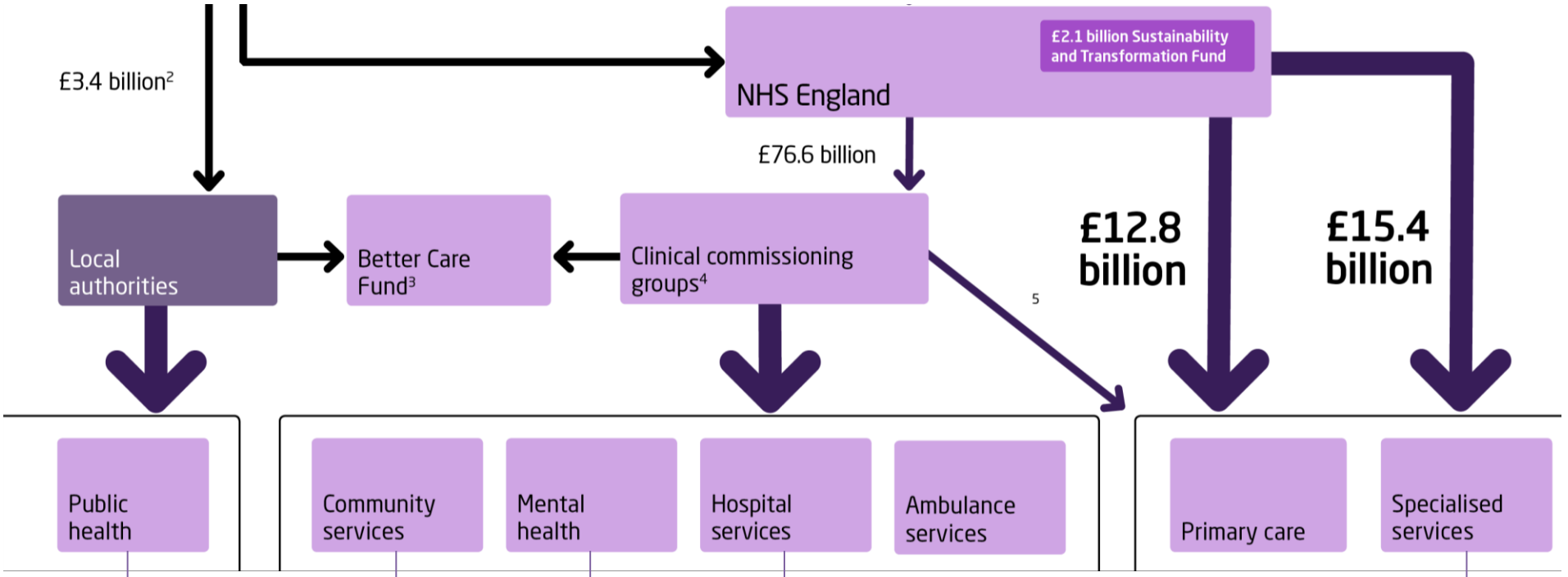
Structure of NHS Commissioning



Source: The Kings fund 2018/19

Sandwell & West Birmingham Services

Structure of NHS Commissioning



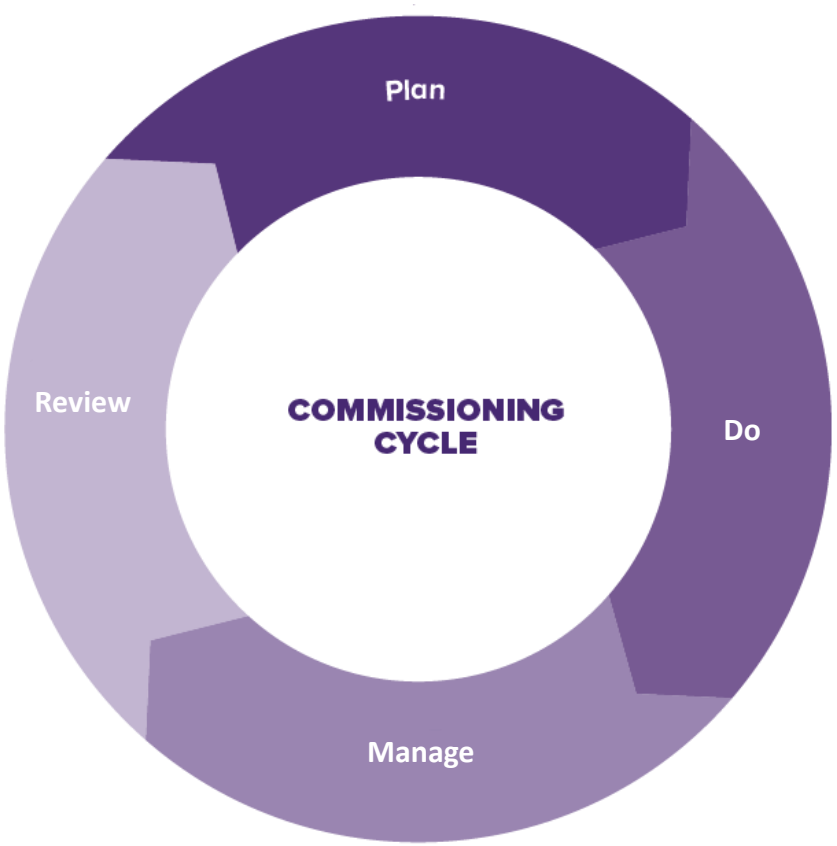
- School Nursing
- Stop Smoking
- Weight Management
- High Blood Pressure
- Sexual Health services

- Planned Hospital Care
- Rehabilitative Care
- Urgent and emergency Care
- District Nursing
- Maternity Care
- Mental Health and Learning Disabilities

- Cardiology
- Dermatology
- Cancer Screening
- Dental Services
- Immunisations

Commissioner Cycle

Structure of NHS Commissioning



Plan Planning involves assessing the needs of the population, the demand on services and capacity needed to provide these services. It is also reviewing the current service provision and deciding the priorities for the negotiation round.

Do Commencement of contract and services, implementing changes agreed through planning. Delivery of services to the population commissioned in line with service specifications within the contract. Processes of the contract; delivering activity, measuring outcomes etc.

Manage Managing and monitoring the services commissioned through feedback of the public and patients, reviewing performance measures, outcomes and the activity demand against what has been delivered.

Review Revising activity plans if the demand is greater or less than the planned activity. Reviewing and refreshing service specifications and performance measures if they are no longer fit for purpose.

Re-negotiations

Structure of NHS Commissioning

Planning Guidance Timescales

The negotiation process starts as early as September with commissioners and providers exchanging intentions for the next financial year in order to achieve the contracted requirements of 6 months for notification of changes.

NHS England provides planning guidance each year with a timetable for each milestone that will need to be achieved and the deadline by which it should happen.

The timetable details not only the date which contracts will need to be signed but also the deadlines that operational plans, system-led narrative and publications of national plans are to be provided.

There will be set dates that commissioners and providers will need to confirm if they will be requiring arbitration or mediation for disputes.

Re-negotiations Explained

Structure of NHS Commissioning

Sep Internal Planning Discussions

Discussions on performance and demand on services within the contract from the previous year and in year position for the current year to highlight needs for negotiation i.e. services with a higher demand that the previous year.

Sep Intentions shared by Commissioner

Commissioners will share their Commissioning intentions by the end of September for the new financial year which will be based upon the needs of the local area and in line with the long term plan. Providers also share contracting intentions at this time.

Dec Negotiations Commence

Initial offers will be made between the two parties including any business cases, new reporting requirements, specifications or KPIs. Meetings will be held to discuss and negotiate disputes or changes to currency, targets, etc.

Mar Negotiations end and Contracts signed

Each year there is a set date by NHSE at the end of March by which all contracts must be signed. Failure to do so could lead to mediation or arbitration between both parties.

Apr Contracts Commence

Contracts/services negotiated will commence on 01 April including implementation of additional services or reporting measures that were agreed through negotiation. New national measures will also start on 01 April.

May Management and Monitoring

Management of the contract will start from 01 April however monitoring of the contract in terms of activity, reporting requirements and KPIs will start in May to give a full months information to monitor.

Types of Contracts

Dr Nick Makwana our Consultant Paediatrician with patient Louise Malanaphy, who has been successfully treated by the Allergy Service for Severe grass allergy. One of our stroke clinicians within the neonatal service. Sandwell and West Birmingham Sickle Cell and Thalassemia Service.

Why do we have Contracts?

Type of Contracts

A contract in it's most simple form is a legally binding promise (written or oral) by one party to fulfil an **obligation** to another party in return for **consideration**.

A binding contract must comprise the four key elements:

- Offer
- Acceptance,
- Consideration
- and Intent to create legal relations

The **purpose** of the contract is to establish the agreement that the parties have made and to set out their rights and duties in accordance with that agreement.

A contract is formed when one party has made an offer and the other party has **accepted**.

Within the NHS there are different types of contracts, income generating contracts (commissioned services), expenditure contracts, Service Level Agreements, Memorandums of Understanding and Subcontracts:

- **Commissioned Healthcare contracts** are for the delivery of clinical services and within the portfolio managed by the Contracts and Income Team.
- **Expenditure** contracts in relation to goods such as consumables for a clinical service i.e. gloves, will be the responsibility of the procurement team.
- **Service Level Agreements** are agreements made at a service level and can be agreed, managed and provided within a service.
- **Memorandums of Understanding** are none legally binding agreements and can be managed by services directly
- **Subcontracts** can be managed inline with the Head Contract by the Contracts and Income Team

The Many Varying Forms

Types of Contracts

NHS Standard Contract

The NHS standard contract is mandated for all NHSE and CCG commissioners purchasing healthcare services from an NHS organisation with the exclusion of Primary Care.

Local Authority Contract

Local Authority services such as public health and school nursing services will be commissioned through a local authority agreement as they are not held to the terms and conditions of the NHS.

Primary Care Contract

Primary Care agreements with General Practices have a separate contract which is governed by NHS terms and conditions however is it a direct agreement and not with an organisation.

Service Level Agreement

A Service Level Agreement (SLA) is usually used when a provider organisation is purchasing a service from another organisation. i.e. purchasing a specialist consultants sessions

Memorandum of Understanding

A memorandum of understanding is used when there are terms and clauses to be agreed however there is not a legally binding agreement i.e. there is not a consideration for example running a new pilot within an existing service

Subcontract

A subcontract is used when an organisation purchases a service from another organisation in order to carry out its duties for their service. i.e. the commissioned service is End of life care however a Hospice's support is needed.

It's all about Relationships

Types of Contracts

The typical relationship between **two parties** would be a Commissioner purchases a service from a provider, the provider delivers the specified service as detailed within the contractual agreement between the two parties (*figure 1*).

However a Commissioner can also commission a provider to be the **lead provider** of a service and the provider can **subcontract** elements of this service to other providers to deliver part of the service, this is known as a **subcontract arrangement** (*figure 2*).

The lead provider may subcontract to one or more providers as long as they have **prior agreement** from the commissioner.

In some cases the Commissioner will specify the subcontractor. NHSE publish an NHS standard subcontract each year however this can only be used where the full length NHS standard contract is in place for the head contract.

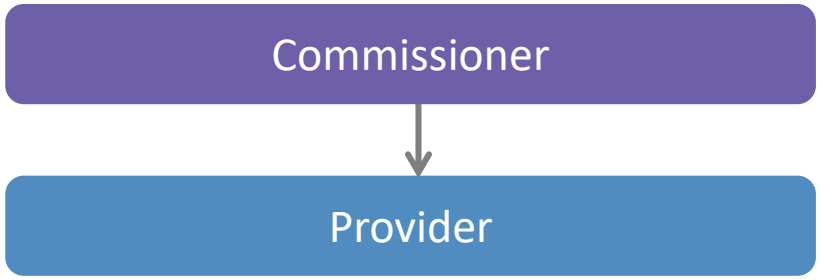


Figure 1

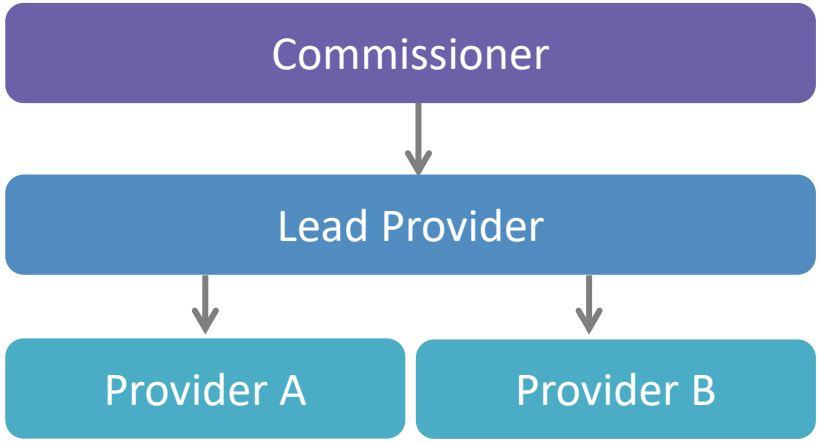


Figure 2

Elements of the NHS Standard Contract

One of the paediatric patients within one of the specialist paediatric beds across Sandwell General and City Hospitals.
The district nursing service in one of our patients homes.
The Palliative Care day hospice opening at Rowley Regis Hospital in 2017 by MP James Morris.

Three Key Parts

Elements of the Standard NHS Contract

General Conditions

This section contains the **fixed standard conditions** which apply to all services and all types of provider, including mechanisms for contract management, generic legal requirements and defined terms. These are not open to variation.

Service Conditions

This section contains the generic, **system-wide clauses** which relate to the delivery of services. Some of these will be applicable only to particular services or types of provider. The applicable conditions may not be varied by any commissioner or provider.

Particulars

The particulars contain all the sections which require **local input**, including details of the parties to the contract, the service specifications and schedules relating to payment, quality and information requirements.

All three of these documents form a single contract. If there is any conflict or inconsistency between the provisions of this Contract, that conflict or inconsistency must be resolved according to the following order of priority:

- the General Conditions;
- the Service Conditions;
- the Particulars.

All Components

Elements of the Standard NHS Contract

Governance & Regulatory

Overview of the contract, setting out the parties involved, the contact details, the type of services and terms such as notice period.

Schedule 1

Service Commencement

Details any actions that of either party as conditions precedent, documents provided by the commissioner for inclusion, details of terms for extension.

Schedule 2

The Services

Details of the services to be provided under the specific contractual agreement. Schedule 2 provides information on what the organisation is being commissioned to deliver.

Schedule 3

Payment

Details of the payment of the contract, i.e. the funding of the services being provided (the consideration). Setting out terms for payments and incentives.

Schedule 4

Quality Requirements

Details of the national and local quality standards by which the contract is held to. This is where KPIs and CQUINs are listed.

Schedule 5

Governance

Details of any document to be relied upon, any material subcontractors and the roles and responsibility of each party

Schedule 6

Contract Management, Reporting, Information Requirements

Details of contractual monitoring submissions to be made under the contract

Schedule 7

Pensions

Details of any pension agreements made locally and any templates agreed.

Schedule 8

Local Plan Obligation

Details of the system wide plan and obligation that the contract will work towards STP/ICS

Schedule 9

System Collaboration & financial management Agreement

For inclusion of any SCFMAs that either party are involved in.

Highlights of the Main Schedules

Elements of the Standard NHS Contract

Schedule 2

Details the services to be provided under the contract this includes:

a) Service Specifications
b) Enhanced Health in Care Homes
c) Indicative Activity Plan
d) Activity Planning Assumptions
e) Essential Services
f) Continuity Plans
g) Clinical Networks
h) Local Agreements, Policies and procedures
i) Transition Arrangements
j) Exit Arrangements
k) Transfer and Discharge Protocols
l) Safeguarding & MCA Policies
m) Applicable Primary Medical services
n) Development Plan for Personalised Care

Schedule 3

Details the payment details and any payment terms under this contract this includes:

a) Local Prices
b) Local Variations
c) Local Modifications
d) Emergency Care Rule: Agreed Blended Payment Arrangements
e) Intentionally omitted
f) Expected Annual Contract Values
g) Timing and Amounts of payments in first and/or Final Contract Year

Schedule 4

Details the quality requirements within the contract that the services should be adhering to this includes:

a) Operational Standards
b) National Quality Requirements
c) Local Quality Requirements
d) Commissioning for Quality and Innovation (CQUIN)
e) Local Incentive Scheme

Schedule 6

Details the way in which the contract will be monitored and the reporting and information requirements that are to be submitted to the commissioner this schedule includes:

a) Reporting Requirements
b) Data Quality Improvement Plans (DQIP)
c) Incidents Requiring reporting
d) Service Development and Improvement Plans (SDIP)
e) Surveys
f) Provider Data Processing Agreement

Schedule 2 – The Services

Elements of the Standard NHS Contract

The Service Specification within the contract should detail the service being purchased. It should be fit for purpose, meaningful and accurate.

It should detail :

1. Population Needs
2. Outcomes
3. Scope
4. Applicable Standards
5. Applicable Quality Requirements
6. Location of the Service
7. Individual Service User Placement
8. Applicable Personalised Care Requirements

The **outcomes** should detail the NHS outcomes framework domains that the service will contribute to and also locally defined outcomes. i.e. reducing readmissions to acute care.

The **scope** of the service should detail the:

a) Aims and Objectives

b) Service Description /Care Pathway

c) Population Covered

d) Acceptance/exclusion criteria

e) Interdependences of other services

Important!

A service should not change the way in which it delivers a service, i.e. changing face to face contacts to non-face to face contacts or changing a element in the service pathway **without the prior agreement** from the Commissioner and a variation to the contract to reflect this change.

Schedule 2 – Indicative Activity Plan

Elements of the Standard NHS Contract

The indicative activity plan can be captured in the **Price Activity Matrix** (PAM).

The purpose for this is to get a plan for the volume of activity to be provided within the financial year and provide an estimated contractual value for services that operate outside of a block arrangement, it will also give an idea as to how much each activity costs.

There are many things to be considered when costing a service to ensure all costs are covered and the service is sustainable.

These include:

- What type of payment mechanism is in place
- What type of contact will the service provide i.e. will it be inpatients, outpatients or block – POD Description
- In light of the above, will a clinical room be needed
- How many members of staff are needed to meet planned activity, what skill mix is required
- What equipment, consumables will be needed

All of which should be captured within the tariff.

Costing Type	speccode	specdesc	hrgcode	hrgdesc	pod	poddesc	tariff	ActivityPlan	PricePlan
Cost & Volume	503	Gynaecolc	MB05D	Malignant Gynaecolo	NEL	Non-Elective	£6,567	1	£6,567
Cost & Volume	503	Gynaecolc	MB05D	Malignant Gynaecolo	NELXBD	Excess bed day	£298	11	£3,278
Cost & Volume	503	Gynaecolc	WF01B	First Attendance - Sin	OPFASPCL	Outpatient FA S	£148	386	£57,128
Cost & Volume	503	Gynaecolc	WF01A	Follow Up Attendanc	OPFUPSPCL	Outpatient FUP	£92	1,354	£124,568
Cost & Volume	503	Gynaecolc	MA23Z	Minimal Lower Genita	OPPROCFUP	Outpatient Pro	£122	174	£21,228
BLOCK	GyOncInte	Gynae On	NULL	HRG Code Not Applic	BLOCK	Block	NULL	0	£2,252,263
Pass-through	NICE HCD	NICE High	NULL	HRG Code Not Applic	DRUG	High Cost Natio	NULL	32,496	£14,675,423

Schedule 3 – Payment

Elements of the Standard NHS Contract

Within the NHS there are many different payment mechanisms. These will vary depending on the service, the organisation and the agreement between the commissioner and provider.

Schedule 3 is split into 7 sections namely:

a) Local Prices

b) Local Variations

c) Local Modifications

d) Emergency Care Rule: Agreed Blended Payment Arrangements

e) Intentionally omitted

f) Expected Annual Contract Values

g) Timing and Amounts of Payments

National Prices

National prices are set national tariffs for services that are provided on a National Service Specification.

Local Prices

Local Prices are those agreed locally between the commissioner and the provider. These link to Service Specification that are written locally and activity for which no national price exists.

Expected Annual Values

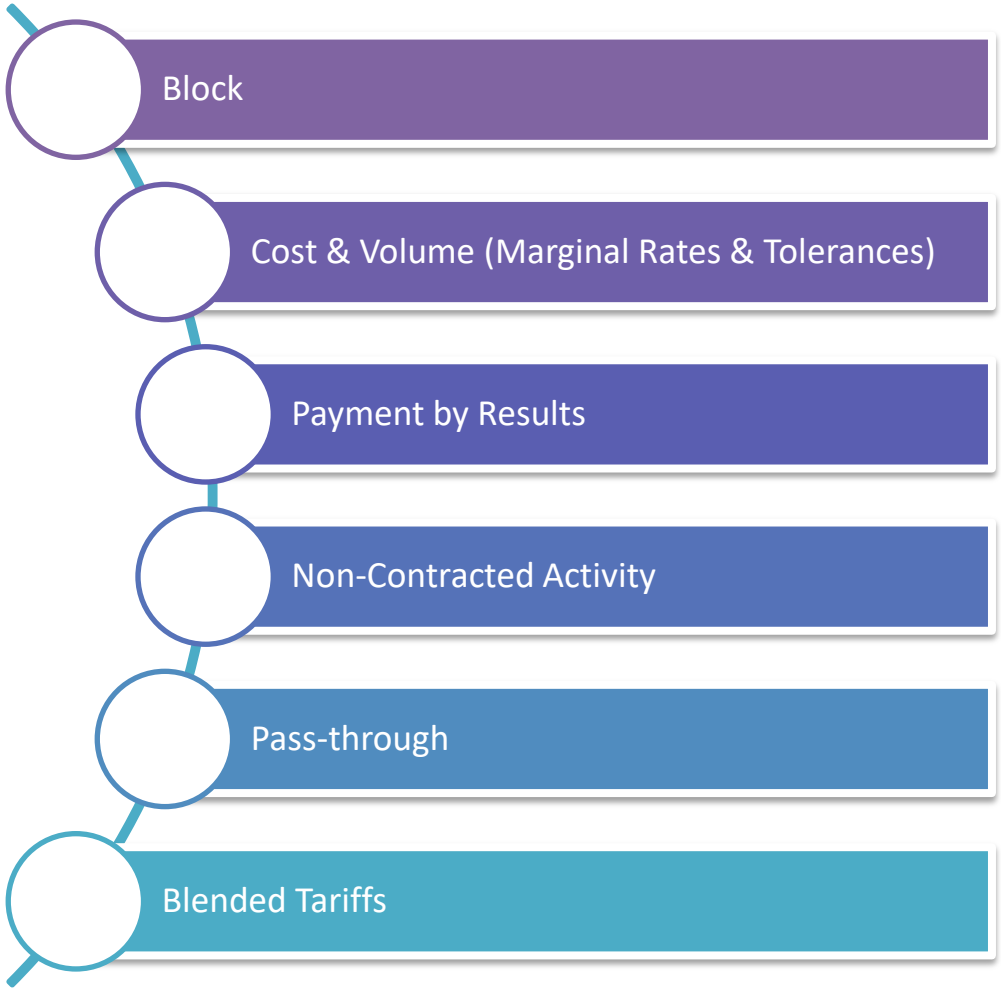
Expected annual values are as it says a estimated value of what each Commissioner should be funding the provider for the entire year. This can be subject to change through different payment mechanisms or contract variations.

Important!

Schedule 3 should detail the tariff for each service for each **different type of activity** provided i.e. MSK Physio face to face, MSK Physio Non-face to face and the tariff price for each.

NHS Payment Mechanisms

Elements of the Standard NHS Contract



There are many different payment mechanisms that can be applied to services within the NHS, the application of each mechanism will be decided considering the type of service, commissioner and activity recording. Each mechanism has its own advantages and disadvantages.

The eight principles of NHS Payment:

- Clear Purpose
- Realistic Expectations
- National Consistency with local flex
- Appropriate aligned incentives
- High quality data
- Balance of Complex design and ease of use
- Independent oversight and support
- Time to embed and evaluate systems

NHS Payment Mechanisms Explained

Elements of the Standard NHS Contract

Block

A block agreement is when a commissioner pays a fixed amount for the service provided.

The Provider will receive the same amount of funding even if they do more or less that the agreed planned activity. There will be terms and clauses to ensure that activity remains within the plan to match the financial envelope.

Example:

The dietetic service is block funded for £1.2m to deliver 9952 contacts for 2019/20.

In 2019 the dietetic service delivered 9005 contacts however the service still received £1.2m.

Cost & Volume (C&V)

C&V arrangement is when the commissioner will pay an amount for an agreed level of service. It is a payment that links costs and activity. If the service deliver more contact they will receive more income however Marginal rates and tolerances apply.

Example:

The Podiatry service is paid £100k for 1000 face to face contacts (£100 per contact).

The tolerance is set at 5%, the marginal rate at 40%.

If the podiatry service deliver between 950 – 1050 contact they will receive £100k.

If the service deliver less than 950 or more than 1050 contacts the commissioner will apply a payment/clawback of £40 per contact.

NHS Payment Mechanisms Explained

Elements of the Standard NHS Contract

Payment by results

PbR has two fundamental factors, it must have nationally determined currencies and nationally published tariffs. PbR covers the majority of acute healthcare provided in hospitals with tariffs for admitted patient care, outpatients and A&E that reflect both the type of activity undertaken and the level of care required (based on factors such as diagnosis, procedure, age and complications and comorbidities). *Example:*

The Ophthalmology first attendance is commissioned £122 per new consultant led outpatient attendance.

In 2019/20 the Ophthalmology service provided 9945 consultant led first attendance contacts.

£122 x 9945 = £1,213,290

Total income for first attendance outpatient activity: ***£1,213,290***

Non-Contracted Activity (NCA)

NCA is activity that is not commissioned within a contract, usually applying to patients that live outside the area and have been treated by the organisation. Standard PbR traiffs and contracted local tariffs are applied to charge the appropriate commissioner for that patient's care. It is important to know what is commissioned and what is NCA to ensure that the organisation charges and is paid for activity provided by the appropriate CCG in the correct manner.

Example:

A Leeds Resident is treated at Sandwell therefore Leeds CCG will need to be charged for that episode of care.

NHS Payment Mechanisms Explained

Elements of the Standard NHS Contract

Pass-through

Pass-through costs are when the direct cost to the organisation are passed through to the commissioner with no additional charges such as overheads or indirect charges etc. These are usually applied to the charges of drugs etc.

Example:

Sandwell & West Birmingham Trust prescribed a patient with a high cost drug excluded from tariff as part of their package of care.

The cost of the drug was £2,200

The prescribed drug will be submitted within the information sent to the commissioner and the commissioner will pay £2,200 to the Trust to cover the costs of the drug.

Blended Tariffs

A blended payment in it's simplest form is a risk share agreement between a Commissioner and a provider. The payment will be based on a fixed payment and at least one of the following:

- A quality or outcome based element
- A risk share element
- A variable payment

Example:

Emergency care (excluding births) has a blended tariff based on a fixed price of actual activity x the HRG or local price. If this is higher than the value of planned activity, the provider received 20% of the difference between fully priced value and the agreed amount.

Agreed Price = £200,000

Actual Activity x HRG = £280,000

20% of the difference (£80,000) = £16,000

Total income for provider= £216,000

Schedule 4 – Quality Requirements

Elements of the Standard NHS Contract

Schedule 4 has 5 (five) sections as detailed below:

a) Operational Standards

b) National Quality Requirements

c) Local Quality Requirements

d) Commissioning for Quality & Innovation

e) Local Incentive Schemes

The Key difference between quality and reporting requirements is that quality requirements have **set targets** either set nationally or locally. If these targets are not met on an on-going basis a **Contractual Performance Notice (CPN)** can be issued by the Commissioner. When a CPN is issued the quality requirement will be monitored with more scurrility to try to get back on target. Continued failure to do so can lead to a financial penalty for the provider.

Key Performance Indicator (KPI)

KPIs are the Operating and Quality requirements of a contract. The Indicator details the conditions that the provider must meet, setting the target i.e. 95%, the timescale of reporting, the method and the consequence of breach.

Example: 92% compliance of RTT pathways

Commissioning for Quality & Innovation (CQUIN)

CQUINs are schemes designed to improve specific clinical/service outcomes, to transform, develop or improve a service, and in doing so generates additional payments for each evidenced milestone met.

Remedial Action Plan (RAP)

A RAP is put in place following the issuing of a CPN. The RAP will help to monitor the progress made to get back on target.

Schedule 6 – Contract Management

Elements of the Standard NHS Contract

Schedule 6 details the way in which the contract will be managed through different reporting requirements. The schedule is made up of 6 sections:

a) Reporting Requirements

b) Data Quality Improvement Plans

c) Incidents Requiring Reporting Procedure

d) Service Development Improvement Plans

e) Surveys

f) Provider Data Processing Agreement

Schedule 6 details reports that will need to be submitted, **how frequent, the method and consequence** of not reporting where consequences apply. Whereas Schedule 4 is regarding quality, facts and figures, Schedule 6 relates to information reporting, organisation reports and national submissions.

Reporting Requirement

A reporting requirement is a national or local requirement to submit information in the form of figures, reports or uploads to national systems.

Example: Report on performance in reducing Antibiotic Usage in accordance with SC21.4, reported Annually.

Data Quality Improvement Plan (DQIP)

A DQIP will have milestones by which specifically identified service will work to improve data quality and valid data to ensure robust and accurate reporting.

Service Development Improvement Plan (SDIP)

An SDIP is a joint plan between commissioners and providers to improve a service within the current financial envelopment with no additional funding.

Important!

A Commissioner should not ask a service directly to submit routine information on an on-going basis without prior agreement of contractual leads and a signed contract variation for inclusion in the contract.

What do the Future look like?

Michael Willis, aged 60 was given 6 months to live suffering from a rare lung condition, the great grandad underwent double lung transplant and was cared for by consultant respiratory physician Dr Arvind Rajaskaran. One of our Patient from the Paediatrics Service. Patients and staff joining together to celebrate World Arthritis day.

Those Three Letter Initialisms

Future Landscape of Contracts

STP (Sustainability & Transformation Partnerships)

An STP a collaboration of organisations such as primary care, community services, social care, mental health, acute and specialised services. STPs can focus on delivering health and care services defined by local area boundaries, not by local organisational boundaries. to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.

ICS (Integrated Care System)

In an ICS NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. By working alongside councils, the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

ICP (Integrated Care Partnership)

ICPs are alliances of NHS providers that work together to deliver care by agreeing to collaborate. Include hospitals, community services, mental health services and GPs. Social care and third sector providers may also be involved. There are two ICPs within the Trust's footprint which are the Sandwell ICP (13 organisations) and the Ladywood and Perry Bar ICP (12 organisations).

PCN (Primary Care Network)

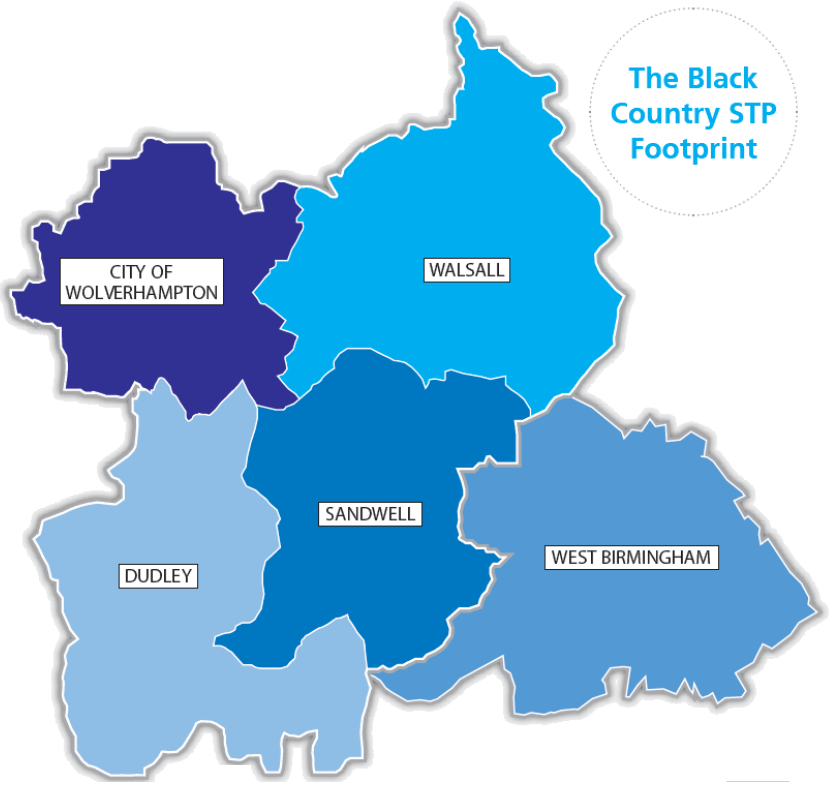
GP practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in PCNs. PCNs build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactive care for the people and communities they serve.

Black Country STP – Integrated Care

Future Landscape of Contracts

The Future model for delivering integrated care:

- **Networks** – Services wrapped around and delivered by GP Primary Care Networks (PCNs)
- **Place** – Our fives places support the integration of health and care services focussed around the patient. This includes acute, community mental health, local authority and voluntary sector services. If the level of **demand** has increased or decreased
- **System** – the STP Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working supported by STP Health Partnership Board, Black Country Joint Commissioning Collaborative and STP Clinical Leadership Group.
- **Region** – NHS England will continue to directly commission some services at a national and regional level, including most specialised services.



Population: 1.4 Million

STP Clinical Strategy

Future Landscape of Contracts

Black Country and West Birmingham clinical strategy has been developed by clinical leaders. Making a difference to local patients by:

- **Reducing unwarranted variation** and duplication across health and care services
- **Helping to address the triple aim:** improving people's health, improve the quality of services and deliver financial stability.
- Ensuring the services we deliver are of the **highest quality and are sustainable.**
- Ensuring clinical service are deliver with a **workforce equipped to deliver.**

Keeping in mind the three **main ambitions** of the NHS LTP:

- Making Sure everyone gets the **best start** in life
- Delivering world class care for major **health problems**
- Supporting people to **age well**

We want to:

- Transform mental health and learning disabilities services
- Improve maternity and infant health
- Create a place where people want to work
- Provide the highest quality buildings to deliver health and care
- Increase patient satisfaction
- Get patients and people who use the services to the right place at the right time
- Support people to self-care

Your Role

One of our stroke patients enjoys Pet Therapy, one of the many new initiatives that we carry out at our Trust. Chief Pharmacist Puneet Sharma and Chief Pharmacy Technician Divna Young and one of our clinical teams.

Everyone Matters

Your Role

Good contracting begins and ends with those who impacted the most by it, remembering the basics, that:

- Every **patient** matters, and that their family and friends matter too.
- Every **role** is important and makes a contribution.
- From Consultants to Nurses, to Receptionist, Cleaners, Healthcare Assistants and Corporate Colleagues.
- Everyone has a role to play in delivering high quality, effective, sustainable and patient focused care.

Simply put, **everyone matters**.

Through knowledge of each other's roles, understanding of different services and how each of them contribute to healthcare, we can have the meaningful conversations of the pressures being faced by clinical services.

It will also aid the understanding of how contractual performance and contract management isn't just there to highlight areas for improvement but it is also there to help understand services better and how they can be developed through negotiations, through meaningful conversations with Commissioners and also to highlight the positives within each service, to show how far services have progressed.

Activity

Your Role

Timely Data

Ensuring data is captured on the patients record within a timely manner and as per the clinical records policy to ensure that activity at the end of each month can be counted and charged for appropriately.

Meaningful Data

Ensuring patient notes and records have a high level of detail, completing as many of the fields within clinical systems as possible and being consistent in the way in which activity is recorded within each service.

Accurate Data

Data relating to patient treatment needs to be recorded accurately against the correct team, treatment, ward, clinician etc. which will ensure that not only the patient record is correct but also that it is coded correctly for charging purposes. If activity is recorded incorrectly it may affect both the volume and type of activity recorded against contract plans and therefore income for the service.

Future NHS

The activity provided to patients today, how it is recorded, calculated, where trends are and how this benchmarks against other organisations will inform future NHS changes, what services need additional investment, what services can be provided differently and how to improve efficiency and effectiveness to make services better. Your role is vital, not only in patient care but also in how you record it.

Uses of Data

- Performance Measures
- Payment for Services
- National Returns
- Bench marking
- Research and Development
- Contractual reporting
- Safer Staffing
- Waiting Times
- Local Management
- Service Developments and Transformation
- Business Cases and investment
- Patient pathway changes

Performance Measures

Your Role

Performance measures and reporting requirements help key stakeholders to understand:

- How a service is performing against set **targets**
- What **pressures** are being faced
- If the level of **demand** has increased or decreased
- **Waiting times** for patients, have they increased if so why
- **Improvements** and developments that can be made to patients pathways
- How services can be standardised across the NHS to provide consistent and **equal** services
- Areas in which services provide care in line with **Best Practice** and how other services can learn from them
- **Patient Satisfaction**, keeping patients at the heart of all decisions

Each member of staff has their role to play in contributing to the performance of the organisation, it could be completing your mandatory training on time or having your Flu vaccination.

You may be identified as a lead for a CQUIN within your service to provide evidence on a monthly or quarterly basis to be submitted to Commissioners.

Your service might be part of an SDIP in which development will need to be made without additional funding.

You could have to write a monthly or quarterly report on trends and themes within a specific area for submission.

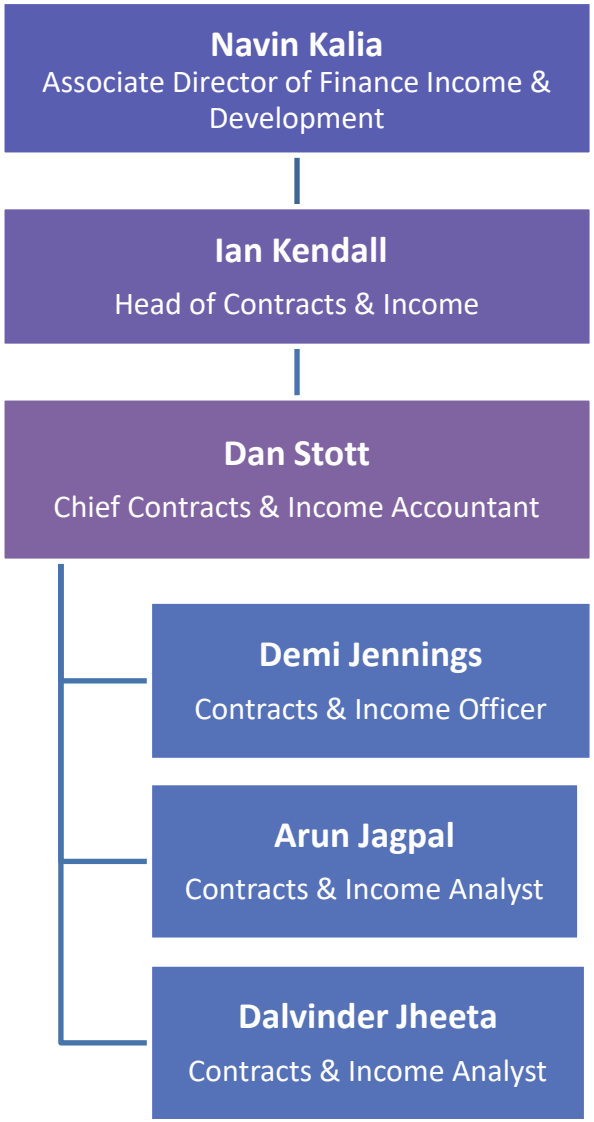
No matter your role, you are contributing by providing the information by the deadline and helping other understand.

Meet the Team

The Cardiac Gym services at City Hospital with patients making use of group exercises sessions together. The familiar face of Valerie our receptionist at the Lyng Health Centre. The Connected Palliative Care Team.

Contracts & Income Team

Meet the Team



The Contracts & Income Team consists of 6 experienced finance and contracting colleagues responsible for the management and delivery of all income generating contracts and additional clinical services agreements across the organisation.

The Team's key roles include:

- Producing the monthly Service Line Activity Monitoring report (SLAM) and Power BI reporting
- Acting as the contracts gateway between Commissioners and the Trust's services
- Producing pricing of activity based contracts, Non Contracted Activity (NCA) and overseas visitor payments
- Advice, support and guidance for contractual documents, terms of agreement and income and activity queries
- Informing and developing services in line with changes to the NHS Commissioning Landscape
- Supporting and co-ordination of contractual reporting processes, deadlines, information request and information reporting

Contracts & Income Team

Meet the Team

Contact the team for support with:

- Contractual advice and queries
- Pricing and understanding of costs for contractual services and Overseas visitors
- Validation of commissioner charges
- Understanding of contractual variances for under or over performing services and support for corrective action
- A gatekeeper for contract conversations between services and commissioners
- Negotiation support for financial, quality or information contract schedules
- Support to ensure timely and accurate reporting requirements including CQUINs and SDIPs
- Reviewing and refreshing documentation for activity based contracts or other clinical service agreements
- Understanding contract payment rules, mechanisms and tariffs for each service.

The contracts and income team are here to support clinical and non-clinical colleagues to provide high quality, patient focused care through the active negotiation, management and delivery of healthcare contracts.

Through understanding the link between service delivery, quality outcomes, financial management and building good relationships within the organisation and wider, we are able to work together to deliver best practice to the residents of Sandwell and West Birmingham and the surrounding areas in which we service.

Over to You…

Questions?

Get in touch

Contact us

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With a special thanks to Sandwell and West Birmingham NHS Trust Colleagues and Birmingham Community Healthcare NHS Foundation Trust Colleagues for the development of these slides.

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