Contracts Transition
PCT Implementation Plan

November 2011

DH INFORMATION READER BOX

Policy	Estates
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Description	This document is one of the tools prepared to support Commissioners of NHS Funded Services in carrying out the activities described in the Dear Colleague letter (Gateway 16818) issued by David Flory NHS Deputy Chief Executive
Cross Ref	Dear Colleague letter 16818 Planning for Contract Transfer
Superseded Docs	N/A
Action Required	Commissioners to take the appropriate action to deliver the identified three phases of work to assure the smooth transfer of health care contracts
Timing	**N/A**
Contact Details	NHS Standard Contracts Development Lead Richmond House 79 Whitehall London SW1A 2NS 0207 210 5134
For Recipient's Use	

1. Introduction

Introduction

This document sets out a detailed implementation plan for PCT Clusters to prepare for the transition of NHS funded healthcare agreements. The transition of these agreements is a critical step in the implementation of the commissioning reforms described within 'Equity and Excellence: Liberating the NHS'.

The plan sets out a three stage process for contract transition:

•Stocktake

•Stabilise

•Shift

This implementation plan is predominantly concerned with the Stocktake phase of contract transition and also sets out proposed milestones for further stages of contract transition once the Stocktake has been completed.

The document should be read together with the following, which are published at the same time:

- **Dear Colleague letter 'Planning for Contract transfer'**
- **A self assessment readiness tool, to support self assessment of management controls including documentation management**
- **A tool to capture soft knowledge that is required to transfer to successor bodies**
- **Transition Controls Data Capture Tool.** This allows for the consistent capture of contract information, their objective profiling and quality/risk assessment, and the reporting up to PCT and SHA Clusters for transition assurance purposes. It includes a risk assessment framework that will be produced during the Stocktake phase. PCT Clusters are required to make use of this standard tool for all contracts and agreements.

Commissioners are advised to review supporting documents during the transition process, which include:

- Shared Operating Model for PCT Clusters, 22 July 2011
- Transition Manual Addendum *(October 2010)*
- Maintaining and improving quality during transition: safety, effectiveness, experience, National Quality Board (*March 2011)*
- Guidance issued in September 2011 for PCTs

Updated guidance on stabilisation and shift activities will be published in 2012

Principles for the transition of NHS funded healthcare agreements

The three phases of contract transition will be underpinned by a set of core principles:

- Continuity of clinical care should not be threatened during contract transition
- A consistent and objective approach is required
- There will be openness, transparency and visibility of progress
- Management action should be proportionate to the risks identified
- It is the responsibility of the current contracting authority to prepare contracts for transition and work to deliver no ‘net gain’ or ‘net loss’ due to the transfer process
- It is the responsibility of new contracting authorities to establish the management controls and operational processes to receive contracting responsibilities and maintain continuity of service with clinical, financial and legal risks addressed

2. National Implementation Plan for transition of NHS funded healthcare agreements

National Implementation Plan – Summary (1/2)

The National Implementation Plan is based on a three stage approach to contract transition commencing from **November 2011**:

1.Stocktake. NHS commissioners will need to consolidate their understanding and documentation about each of their contracts and agreements, secure the 'corporate memory' and undertake their own assessment of transition risk for each one. We recommend that the Stocktake commences by **November 2011** and ends **March 2012** and is conducted in **two phases** in order that prioritised or urgent remedial actions can be addressed within the 2012/13 contracting round and to align with NHS Commissioning Board (NHS CB) transition timelines:

- **Stocktake - Step 1 (November 2011 to 31 January 2012) will focus on:**
  - All primary medical care, dental services, pharmacy, primary ophthalmic, diagnostic services, continuing healthcare, individual patient agreements, grants to third sector for delivery of health services, public health, lifestyle contracts, drug misuse, prison health services, jointly funded healthcare service agreements with local authorities (sections 75,10 and 256), contracts transferred from National Offender Management Services, funding to networks providing healthcare services, personal health budgets, bespoke arrangements, and all other contracts not covered by the NHS Standard Contracts
  - Note Individual Patient Agreements (IPA) and services such as continuing health services which may or may not be underpinned by a written contract. The pilot work carried out in the NHS North West found that these represent the most significant transition risks which need to be mitigated against in the 2012/13 contracting round.
  - Acute, Mental Health and Community Health services contracts which are not based on NHS standard contracts
  - Specialised Acute and Mental Health/Learning Disabilities (LD) contracts where splitting may be required between those services which will be the future responsibility of NHS CB and Clinical Commissioning Groups (CCGs). The intention is to complete this process through in-year variation in 2012/13 and within the 2013/14 contracting round
- **Stocktake - Step 2 (January 2012 to March 2012) will focus on:**
  - All contracts covering acute, mental health/learning disabilities, community healthcare services and ambulance services which are commissioned using the NHS Standard Conracts

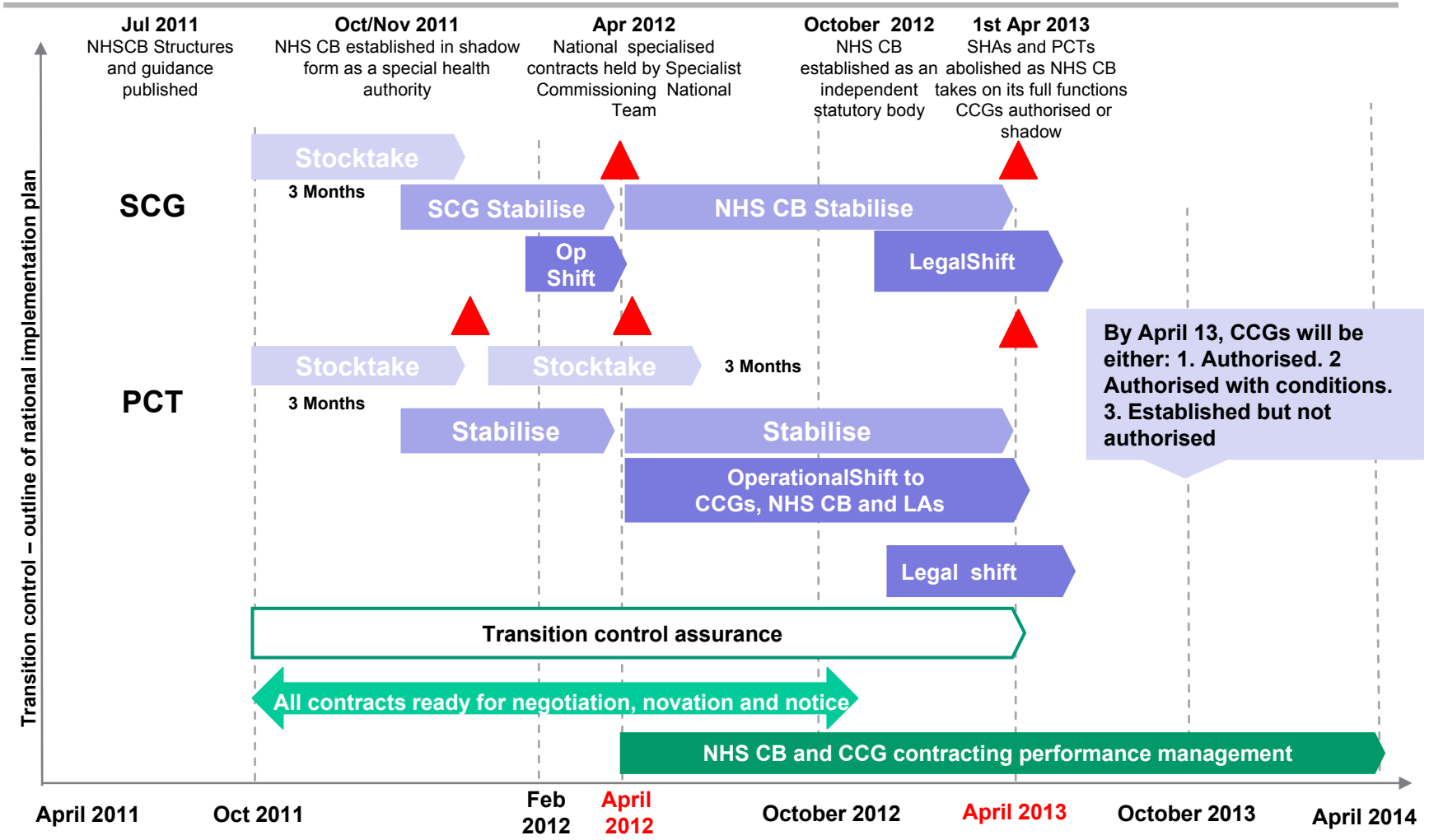
National Implementation Plan – Summary (2/2)

2. **Stabilise.** The need for a period of contract management 'housekeeping' and prioritised remedial actions to improve the controls, management and basic documentation necessary to complete preparation for the transfer of contracts. This requirement is incorporated in this implementation plan.

- Some of these improvement activities need to be carried out in the **2012/13 contracting round** to align with the transition timeline for NHS CB and to make sufficient progress to address the remaining issues through in-year variations and the final 2013/14 contracting round
- There will also need to be a controlled and managed process of splitting, where required, the services which will be the responsibility of NHS CB from contracts and the subsequent splitting by geographies of future local NHS commissioners
- These activities will need to be undertaken whilst ensuring a no 'net gain' or 'loss' (hereafter zero sum gain) with providers due to transfer
- Transparency of contracting relationships will be important in ensuing that parties have confidence in the reconciliation of 'before' and 'after' positions and proposals

3. **Shift.** The Shift phase will complete the operational and legal transfer of contracting responsibilities from current to future contracting authorities. The process of assignment of contracts or creation of the new contracting arrangements needs to maintain the integrity of integrated activity and financial plans and enable future statutory commissioning bodies, the NHS CB and Local Authorities (Las) to operate with as strong a healthcare contract management foundation as possible.

National Implementation Plan - Timetable



Approach for PCT Clusters (1/2)

1. **Planning** - The deadline for the Stocktake phase is driven by the need to stabilise prioritised contracts by April 2012. PCT Clusters are required to perform a readiness risk assessment and submit Stocktake activity and resource plans to SHA Clusters. As part of the planning exercise a review of contracts in two PCTs within the NHS NW the following estimates as an aid with resource planning.

– An average sized PCT (340k population and 500 contracts) may require up to three people during a three month stocktake, in addition to existing contract management activities

– An average sized PCT Cluster (1m population and 1,500 contracts) may require up to nine people during a three month stocktake, in addition to existing contract management activities.

2. **Mapping to expenditure** – It is critical that PCT Clusters identify all contracts that need to be transitioned. The process of identifying all NHS funded health care service agreements is to be carried out by mapping them to financial budgets. The goal is to map 100 per cent of planned expenditure to identify every agreement. See *Appendix A* for the approach that was used to identify all agreements that need to be transitioned in the North West pilot

3. **Document management** – PCTs will consolidate all relevant documentation, including the capture of 'soft' knowledge from contract managers, to enable operational transfer to successor bodies. See the related tool on knowledge capture, published with this document alongside further guidance to be issued by DH on legacy documents.

4. **Contract profiling** – PCT Clusters will collect key risk and contract information for each agreement within the transition controls data capture tool . PCT Clusters are expected to use this information to prioritise risks and provide comprehensive and consistent information on which stabilisation and transfer activities will be carried out. A subset of the contract 'meta data' collected for profiling will be the basis for future assurance monitoring.

Approach for PCT Clusters (2/2)

5. **Stabilisation** - The stabilisation steps will use the risk assessment of each agreement to guide improvement activities . DH will publish further guidance early next year in relation to the stabilisation activities required during the 2012/13 contract discussion period. These are likely to relate to:

- Primary medical care
- Dental
- Pharmacy
- Primary ophthalmic,
- Continuing healthcare
- Grants to third sector for delivery of healthcare services
- Public health
- Lifestyle contracts
- Drug/alcohol services
- Prison health services
- Jointly funded agreements with local authorities (section 75 and 256)
- Individual patient agreements
- Contracts transferred from National Offender Management Services,
- Funding to networks providing healthcare services
- Personal health budgets
- Bespoke arrangements, and
- Specialised Commissioning services

It is important to use consistent vocabulary and agreement definitions as part of the identification process

Before performing any identification and analysis, it is necessary to agree standard vocabulary and definitions

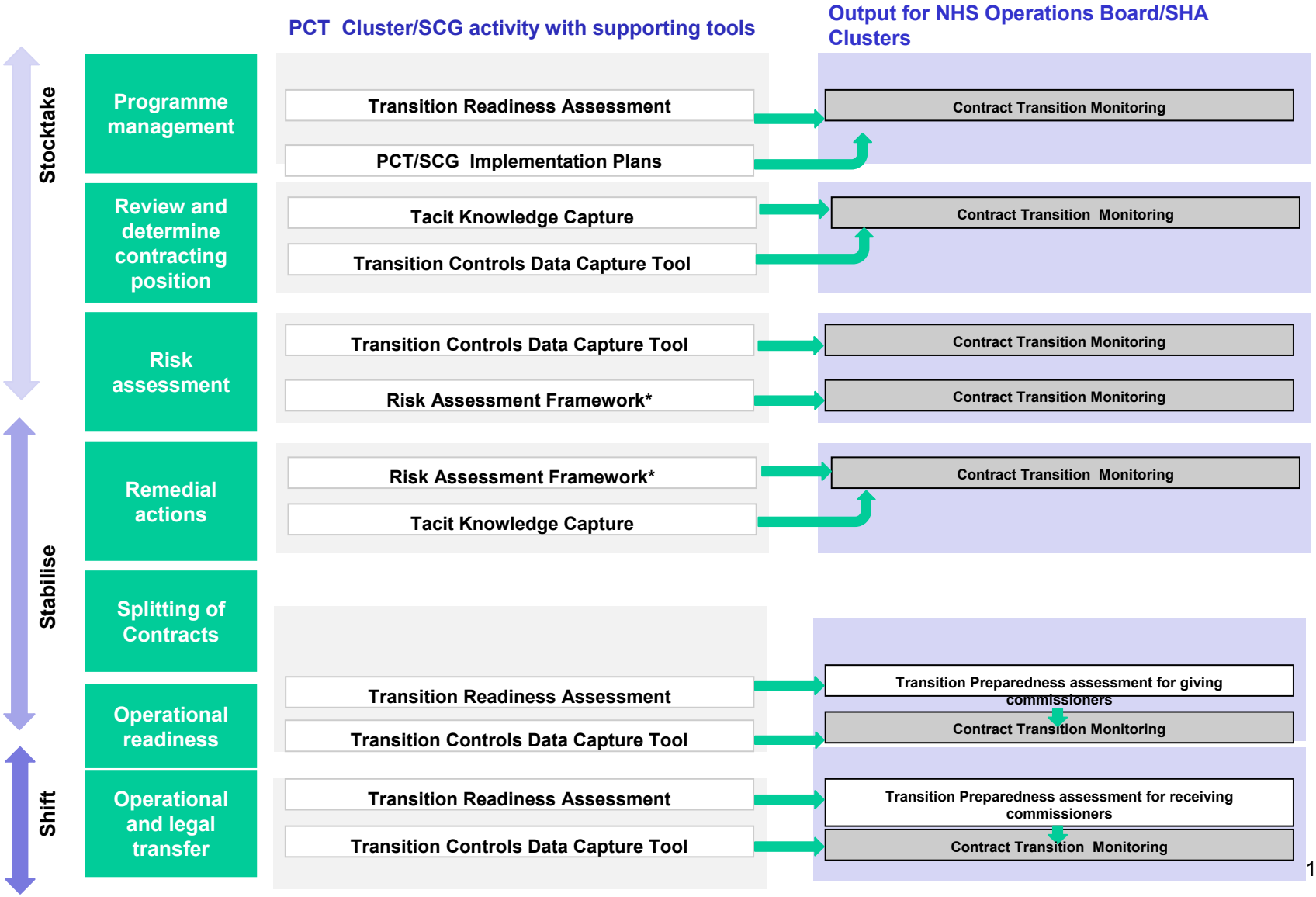
- Identify agreements- If a PCT is spending money for health care service provision, there is an explicit or implicit 'agreement' between two contracting parties. The first step is to analyse the NHS funded health care services spend and determine – what services are being contracted, who provides theses services, and how much is being spent
- Identify contracts – Once a line item from the PCT accounts has been defined as an agreement , the next step is to identify the physical contractual documentation that governs that agreement, in other words 'the contract'

National naming conventions for Primary Care contract documentation are expected to be available from at the end of the year

Given some of the complexities in contracting, we recommend the following rules for the purpose of contract identification:

- **Associates** – If a PCT is an associate to a multilateral NHS standard contract, the associate agreement, together with the lead agreement are to be considered separate contracts to be individually and separately assessed by both parties
- **SCG duplicates-** Specialised Commissioning Groups (SCG) could hold a range of contracts for PCTs across and between Clusters. Regional Specialist Commissioning Teams need to ensure viability of their contract portfolio to avoid duplication
- **National Agreements** – Where national agreements are locally signed (GMS, GDS, GOS and Pharmacy, they are deemed to be individual contracts.
- **Local arrangements-** where local arrangements for National agreements exist, they are deemed to be individual contracts Note- for the purpose of transition analysis and management GMS LES should be counted as separate line items
- **Independent Patient Agreements** (IPA)- the majority of IPAs are not covered by a contractual framework, so IPAs need to be identified separately
- **National Spend-** Budgets for expenditure on items such as prescribing do not need to be assessed

A range of operational and monitoring tools have been developed to support all phases



* Risk assessed through transition controls data capture tool queries and separate tool

Estimate number of clinical services contracts held by PCTs (based on the contract review process in NHS NW)

Service segment	Contracts mapped	PCT £ mapped (£m)	Average value (£m)	% budget mapped	Est. contracts per 100k pop	Value per 100k pop	England market est total # PCT contracts	England PCT est value (£m)
Acute	73	£ 510.9	£ 7.00	53.7%	9.5	£ 66.61	5,000- 5,500	£ 34,791
Primary Care	113	£ 93.5	£ 0.83	9.8%	14.7	£ 12.19	7,700- 8,500	£ 6,368
Community Health	53	£ 85.1	£ 1.61	8.9%	6.9	£ 11.09	3,600 -4,000	£ 5,795
Mental Health	55	£ 78.3	£ 1.42	8.2%	7.2	£ 10.21	3,800 – 4,200	£ 5,333
Continuing Care	94	£ 50.	£ 0.53	5.3%	12.3	£ 6.53	6,400 – 7,100	£ 3,410
Dental Care	144	£ 36.7	£ 0.26	3.9%	18.8	£ 4.79	9,800 – 10,800	£ 2,502
Other	72	£ 36.2	£ 0.50	3.8%	9.4	£ 4.72	4,900 – 5,400	£ 2,467
Ambulance	6	£ 18.9	£ 3.15	2.0%	0.8	£ 2.47	410 – 450	£ 1,289
Ophthalmology	266	£ 6.8	£ 0.02	0.7%	33	£ 0.90	17,000	£ 469
Prescribing & Pharmacy	180	£ 6.7	£ 0.04	0.7%	23.5	£ 0.88	12,300- 13,500	£ 459
IPA	1824	£ 28.1	£ 0.015	3.0%	237	£ 3.67	*124,000 – 135,000*	£ 1 ,917
Totals*	**1056***	**£ 951.2**	**£ 0.82**	**100%**	**136**	**£120.39**	**70,000 – 77,000**	**£62,883**

- The average contract value (ex IPA) is £0.8m
- There are circa 136 contracts per 100k population
- Circa 48,000 contracts will pass to the NHS CB
- There is an estimated circa £10.5Bn of prescribing and pharmacy that is not contracted locally, and excluded from the table above

Assumptions based on the sampling exercise: * Totals do not include IPA and National Spend. Pop CEC: 468,965, Pop Stockport: 298,127, Sum PCT Pop: 767,092, England Pop: 52,234,000, # SCT National:10, # PCT National:150, That the PCTs are indicative of the NW and that the NW SHA is indicative of national trends. Socio-economic data has not been used to weight any national estimates as the relationship between this and number/nature of contracts is not fully known.

"Other" category includes: BMI Avastin;, Complex Spines; specialist GP services such as Vasectomies; Sexual Health Network; Tobacco Alliance; Cataract screening and some other clinical support spends; Section 75 arrangements; Grants; Public Health; Personal Health Budgets; Specialised; Bespoke (e.g. special arrangements for individual cases)

Total spend has been adjusted down by removing money spent through national agreements and includes,, GP and Community Prescribing Spend - national agreement, Pharmacy Services - national agreement, also NWSCT coordinated contracts

3. Stocktake activities

Stocktake will be undertaken in two steps

Stocktake is designed to discover the full set of agreements held by contracting bodies and involves undertaking a risk assessment on each agreement, assigning prioritised and targeted actions so that they can be stabilised and transferred

Step 1 – Risk Prioritised and NHS CB Contracts SCG Stocktake (Nov 2011 – 31 Jan 2012)

Activities in Step 1 will concentrate on prioritised contracts (the contracts that carry the most risk where remedial action will be required as part of 2012/13 contract discussion period). This aligns with the timeline for splitting specialist services which will be the responsibility of NHS CB

Contracts within Step 1:

- Individual Patient Agreements (IPAs)
- Continuing Health Care
- Locally agreed Primary Care contracts and SLAs including Locally Enhanced Services (LES)
- Specialist Acute and Mental Health contracts where splitting may be required between those services which will be the future responsibility of NHS CB and CCGs
- Others, including; grants to third sector for delivery of health services, public health, lifestyle contracts, prison health services, jointly funded healthcare service agreements with local authorities (sections 75,10 and 256), transferred National Offender Management Services contracts, drug misuse services, funding to networks providing healthcare services, personal health budgets, bespoke arrangements

Step 2 All other contracts (Jan 2012 – April 2012)

Activities in Phase 2 will begin in Jan 2012 and will involve Stocktake for all other contracts

Contracts within Step 2:

- All contracts covering acute, mental health/learning disabilities, community healthcare services and ambulance services which are covered using the NHS Standard Contract

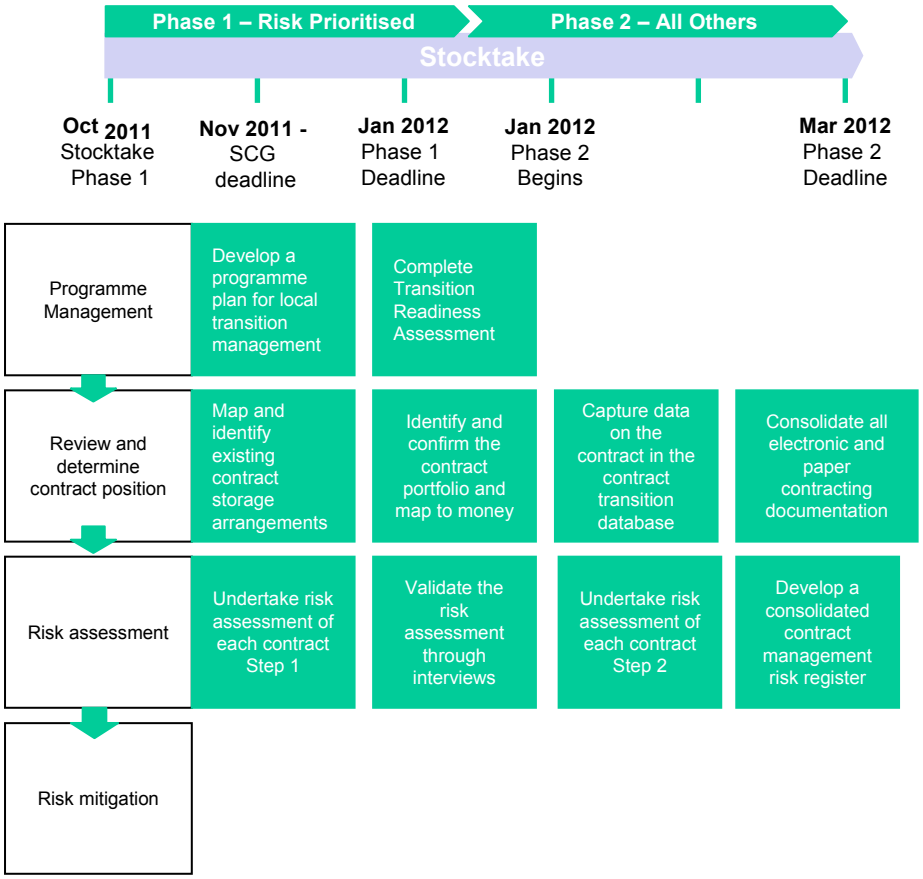
During the Stocktake PCT Clusters and SCGs will undertake three distinct phases of activities

Stocktake

Programme management	Review and determine contracting position	Risk Assessment
	Step 1 Complete Jan 2012	
	Step 2 – Complete Apr 2012	
• Develop contract transition programme plan setting out the activities, resources, stakeholder mapping, communications and governance arrangements • Undertake a Transition Readiness Assessment with the SHA to determine capability and capacity to execute the programme plan	• Map and identify existing contract storage and archiving arrangements to facilitate retrieval of contract documentation • Identify and confirm the contract portfolio and map to spend • Capture essential and sufficient data on the contract in the transition controls data capture tool to undertake a risk assessment • Consolidate all paper and electronic contracting documentation	• Undertake risk assessment of each contract held by the PCT using Risk Assessment Framework (RAF) within the Transition controls data capture tool • Validate the risk assessment through a structured review with contract managers • Develop a risk register (as part of the overall transition risk register) for the transfer of contracts and map risks back to individual contracts
Related to activities: 1 and 2 specifically and all others Tools: Transition Readiness Assessment	Related to activities: 3,4, 5, 6, 7 Tools: Tacit Knowledge Capture, transition controls data capture tool	Related to activities: 8, 9, and 10 Tools: Risk assessment Framework within the transition controls data capture tool

Throughout the Stocktake process PCT Clusters and SCGs need to ensure business as usual and service continuity

There are 11 key Stocktake activities



Stocktake Activities

The prime responsibility for the stocktake rests with PCT Clusters and SCGs as they are the transferring contracting authorities and includes the undertaking of the following key activities:

1. Develop a programme plan for local transition management and agree governance arrangements including Cluster Executive Sponsorship
2. Complete Transition Readiness Assessment
3. Map and identify existing contract storage and archiving arrangements to facilitate retrieval of contract documentation
4. Identify and confirm the contract portfolio ensuring that this is mapped to 2011/12 budgeted spend and checked against 2010/11 audited expenditure to capture all liabilities via a control spreadsheet so that all health and care expenditure is aligned to a contract or agreement
5. Capture data on the contract in the transition controls data capture tool
6. Consolidate the electronic documentation relating to each of these contracts in a single and secure electronic location
7. Consolidate the paper documentation relating to these contracts in a secure physical location with appropriate cross referencing to connect electronic and paper-based filing
8. Undertake risk assessment of each contract held by the PCT Cluster as per Phase 1 and Phase 2 specifications
9. Validate the risk assessment through a structured review with contract managers
10. Develop a risk register (as part of the overall transition risk register) for the transfer of contracts and map risks back to individual contracts
11. PCT Cluster chief executives formally sign-off the transition controls data capture tool and risk assessment

PCT Cluster Stocktake Milestones (1/2) (Indicative Dates)

	Activity	Start	End
1	Develop a programme plan for local transition management and agree governance arrangements including Executive Sponsorship	11/11/11	16/11/11
2	Complete Transition Readiness Assessment	11/10/11	16/11/11
3	Map and identify existing contract storage and archiving arrangements to facilitate retrieval of contract documentation	14/11/11	17/11/11
4	Identify and confirm the contract portfolio ensuring that this is mapped to 2011/12 budgeted spend and checked against 2010/11 audited expenditure to capture all liabilities via a control spreadsheet	17/11/11	23/12/11
5	Capture data on the contract in the national transition controls data capture tool	17/11/11	23/12/11
6	Consolidate the electronic documentation relating to each of these contracts in a single and secure electronic contract master folder within the commissioner	24/11/11	23/12/11
7	Consolidate the paper documentation relating to all contracts in a secure physical location with appropriate cross referencing to connect electronic and paper-based filing	24/11/11	23/12/11
8	Undertake a risk assessment of each all non National Standard agreements held by the PCT Cluster (Step 1)	17/11/11	23/12/11
9	Validate the risk assessment through a structured review with contract managers (Step 1)	6/12/11	09/01/12
10	Develop a risk register (as part of the overall transition risk register) for the transition of contracts and map risks back to individual contracts (Step 1)	10/01/12	16/1/12

PCT Cluster Stocktake Milestones (2/2)

	Activity	Start	End
11	PCT Cluster Chief Executives formally sign-off the transition controls data capture tool and risk assessment for non National Standard Contracts (Step 1)	09/01/12	16/01/12
12	Undertake a risk assessment of each all National Standard Contracts held by the PCT Cluster (Step 2)	16/01/12	24/02/12
13	Validate the risk assessment through a structured review with contract managers (Step 2)	27/02/12	12/03/12
14	Update risk register and consolidate (Step 2)	12/03/12	28/03/12
15	PCT Cluster Chief Executives formally sign-off the transition controls data capture tool and risk assessment for all agreements (Step 2)	29/03/12	30/03/12

Stocktake – Activity 1

Programme management

Develop a programme plan for local transition management and agree governance arrangements including Cluster Executive Sponsorship:

- Each PCT Cluster develops their individual programme plan setting out the activities, resources, stakeholder mapping, communications and governance arrangements
- For assurance purposes, each programme plan will be required to be signed off by a PCT Cluster Executive Director and then assessed by SHAs to ensure fitness for purpose and to confirm any further resources which may be required to ensure objective completion of the Stocktake
- PCT Clusters will also be required to undertake a Transition Readiness Assessment using the provided self-assessment tool prior to an assessment by the SHA in relation to determining Cluster capability and capacity to execute the programme plan.

	Milestone deadline:
PCT Cluster	16/11/11

Stocktake – Activity 2

Programme management

Complete Transition Readiness Assessment:

- Each PCT Cluster will undertake a Transition Readiness Assessment with the SHA Cluster to determine capability and capacity to execute the programme plan
- The Transition Readiness assessment will be undertaken using the tool provided as part of the contract transition toolkit
- The SHA Cluster will review assessments and agree the final result with the PCT Cluster

	Milestone deadline:
PCT Cluster	16/11/11

Stocktake – Activity 3

Review and determine contracting position

Map and identify existing contract storage and archiving arrangements to facilitate retrieval of contract documentation:

- Identify, map and create an inventory of all shared drives and folders where all contract documentation (actual contract, SLAs, IPAs, variations, side letters, performance management reports) is known to be stored, or could be stored
- Identify and map all lap-top or stand alone PCs where contract documentation is either known to be or could be stored

	Milestone deadline:
PCT Cluster	17/11/11

Stocktake – Activity 4

Review and determine contracting position

Identify and confirm the contract portfolio ensuring that this is mapped to 2011/12 budgeted spend and checked against 2010/11 audited expenditure to capture all liabilities via a control spreadsheet so that all NHS funded health care service expenditure is aligned to a contract:

- Within PCT Clusters, the first step is to undertake structured interviews with each contract manager using the knowledge capture tool to collate corporate knowledge on identifying the entire contract portfolio
- Obtain 2011/12 budgeted spend and 2010/11 expenditure data and prepare a control sheet to allow mapping of contracts to money.
- Separate from the transfer of all NHS funded health care service agreements, find and plan for the transfer of all non health care related contracts, for example LIFT schemes or GP IT Systems

	Milestone deadline:
PCT Cluster	23/12/11

Stocktake – Activity 5

Review and determine contracting position

Capture data on the contract in the transition controls data capture tool :

- The next step is to undertake a meta-data collection of each contract by contract category. For each contract there is a requirement to collect essential information. This is the basic information that defines the agreement /contract. This information is the same for all types of agreements, and is listed in detail overleaf
- For other categories of contracts, the Department of Health may define additional operational informational regarding specific categories of contracts, such as primary care, to ensure a smooth transition process. This could include detailed and tailored information. The transition controls data capture tool will be the single repository of all relevant information about contracts.
- It is a standing principle for the duration of the contract transition process that any new contracts signed by Clusters, or material changes to existing contracts, should be updated in the transition controls data capture tool .

	Milestone deadline:
PCT Cluster	23/12/11

Categories of essential information for the transition controls data capture tool (1/2)

Review and determine contracting position

Funding and contracting arrangements	1.1	Name of individual completing this form:
	1.2	Is this a payment to a Specialised Commissioning Group (SCG) for provision of specialised services?
	1.2.1	If 'yes', are you the lead SCG-contracting PCT?
	1.2.2	Which PCT hosts your SCG arrangements?
	1.2.3	How much is funded by your PCT?
	1.3	How much is funded by your PCT?
	1.3.1	If 'yes', are you the lead or associate commissioner?
	1.3.2	If you are an associate, name the lead:
	1.3.3	If 'other', please specify:
Core information	1.4	What is the name of the NHS provider **as stated within the contract** (legal entity)?
	1.4.1	If 'other', please specify:
	1.5	What type of contract is used?
	1.6	What service is provided?
	1.6.1	If 'other', please specify:
	1.7	What is the estimated annual value, under this contract **directly funded by your PCT** as a commissioner? (signed-off financial forecast 2011/12)
	1.8	Which of the following payment types are stated in the contract?
	1.8.1	National Tariff
	1.8.2	Local Tariff, e.g. cost and volume
	1.8.3	Block
	1.8.4	One-off payment
	1.8.5	Upfront payment
	1.8.6	Pass-through
	1.9	Is there a service specification included in the contract?

Categories of essential information for the transition controls data capture tool (2/2)

Review and determine contracting position

Date and location	1.1	What was the contract start date?
	1.11	Is there an expiry date in the contract?
	1.11.1	If 'yes', please specify the contract expiry date:
	1.12	Is there a specified notice period in the contract?
	1.12.1	If 'yes', how many months?
	1.13	Where is the contract file physically located? Please describe location.
	1.14	Where is the contract file stored electronically? Please describe location/server name and file path.

Stocktake – Activity 6

Review and determine contracting position

Consolidate the electronic documentation relating to each agreement in a single and secure electronic location:

- Extract and move all contract documentation into a single and secure electronic location (i.e. identified master folder on an identified server).
- Once this step is complete, remove all contract documentation and files from all stand alone laptops and PCs.
- Ensure that within the master contract folder, there is a single complete folder for each contract file by contract category
- Ensure that the master contract folder is password protected and that there is an appointed administrator and agreed levels of access

	Milestone deadline:
PCT Cluster	23/12/11

Stocktake – Activity 7

Review and determine contracting position

Consolidate the paper documentation relating to each agreement in a secure physical location with appropriate cross referencing to electronic repository:

- Consolidate all contract documentation for individual contract files, where stored separately
- Label all filing cabinets, cupboards, storage facilities clearly detailing the contractual documentation stored and cross reference to documents stored electronically
- Ensure all filing cabinets, cupboards and storage facilities containing contract documentation have working locks and are locked at all times other then when access is required
- Ensure all filing cabinets, cupboards and storage facilities are in a locked room/facility
- Ensure policy and controls are in place for key holders and storage of keys , both for the room and each filing cabinet/cupboard

	Milestone deadline:
PCT Cluster	23/12/11

Stocktake – Activities 8 and 12

Risk Assessment

Undertake risk assessment of each agreement held by the PCT Cluster in a stepped approach:

- Using the Risk Assessment Framework (RAF) within the transition controls data capture tool, agree prioritisation of agreement categories to assess
- Undertake structured interviews with contract managers for each contract category to assess potential systemic risks for that contract category
- **Step 1** - Review contract documentation using the RAF taking account for each prioritised category to identify risks for each agreement. The list of agreements to be reviewed are:
  - Individual Patient Agreements (IPAs)
  - Continuing Health Care
  - Locally agreed Primary Care contracts and SLAs including Locally Enhanced Services (LES)
  - Specialised Acute and Mental Health contracts where splitting may be required between those services which will be the future responsibility of NHS CB and CCGs
  - Other contracts, including; grants to third sector for delivery of health services, public health, lifestyle contracts, drug misuse, prison health services, jointly funded healthcare service agreements with local authorities (sections 75,10 and 256), transferred National Offender Management Services Contracts, drug misuse services, funding to networks providing healthcare services, personal health budgets, bespoke arrangements
- **Step 2** - All contracts covering acute, mental health/learning disabilities, community healthcare services and ambulance services which are commissioned using the NHS Standard Contracts
- Risk assessment profile is detailed overleaf

	Milestone deadline Step 1	Milestone deadline Step 2
PCT Cluster	23/12/11	24/02/12

Information on contract risks for the transition controls data capture tool

Risk Assessment

Clinical	2.1	Does the contract include terms to be able to monitor and manage the quality and safety of service(s)?
	2.2	Have there been any significant quality, safety and performance issues resulting in intervention by the commissioner during the last 12 months?
	2.3	Is there a significant risk that the contract transition process will affect service continuity, particularly with regards to vulnerable patients (e.g. Risk of payment cessation)?
	2.4	Has the statutory regulator (e.g. CQC or Monitor) intervened with the provider over the last 12 months?
Legal / Contractual	2.5	Has the contract been signed and dated by both parties?
	2.6	Has the commissioner made payment for services that were delivered after the expiry of the contract?
	2.7	Can the contract be assigned to another commissioner?
	2.8	For contracts based on national standard templates, are there any additional clauses or deviations from the core terms and conditions of the original agreement?
	2.9	Are there disputes, appeals, investigations or legal actions underway or pending (within the next 6 months)?
	2.1	Is the contract file incomplete or missing key documents, such as agreed variances and performance management reports?
	2.11	Is the contract file information, such as the contract papers, agreed variances and performance management reports, in a form that can be handed over in a complete package?
	2.12.1	What is the name of the Contract Manager? If there is no name of a Contract Manager, please explain:
	2.12.2	Please record email and/or telephone number of the Contract Manager:
Financial	2.13	In your judgment, is there a significant risk of financial over-performance against the 2011/12 financial forecast?
	2.14	In your judgment, could the transition of contracts negatively impact provider cash-flow?

Stocktake – Activities 9 and 13

Risk Assessment

Validate the risk assessment through a structured review with contract managers:

- Undertake interviews with contract managers to ensure internal sign-off of assessed risks for their contract category on all Step 1 agreements
- Undertake interviews with contract managers to ensure internal sign-off of assessed risks for their contract category on all Step 2 agreements
- Obtain additional clinical (Clinical Director) or legal advice (legal advisors) as required to validate risks

	Milestone deadline Step 1	Milestone deadline Step 2
PCT Cluster	09/01/12	12/03/12

Stocktake – Activities 10 and 14

Risk Assessment

Develop a risk register for the transfer of contracts and map risks back to individual contracts:

- The transition controls data capture tool produces a risk register based on risks for individual agreements by category for Step 1 agreements
- This should form part of the overall transition risk register as opposed to developing a separate register
- For all non National Standard contracts for NHS funded health care services that do not expire until after 31st March 2013, an appropriate form of notice will be needed to assign the contracts to the new commissioning authority. assignment notice will be needed.
- The transition controls data capture tool produces a risk register based on risks for individual agreements by category for Step 2 agreements
- Step 1 and 2 Risk registers are consolidated into a Cluster register

	Milestone deadline Step 1	Milestone deadline Step 2
PCT Cluster	16/01/12	28/03/12

Stocktake – Activities 11 and 15

Risk Assessment

Sign off on transition controls data capture tool and risk register

- PCT Cluster Chief Executives formally sign-off the transition controls data capture tool and risk assessment for non National Standard Contracts covered in Step 1
- PCT Cluster Chief executives formally sign-off updated and consolidated transition controls data capture tool and risk assessment for all contracts following Step 2 update

	Milestone deadline Step 1	Milestone deadline Step 2
PCT Cluster	09/01/12	30/03/12

4. Stabilise activities

Stabilise will be undertaken in two steps

The Stabilise phase will use the risk assessment, produced during the Stocktake, and address any deficiency of documentation and management controls so that agreements can be transferred to the new contracting bodies

Step 1 – Risk Prioritised and NHS CB Contracts (Jan 2012 – Mar 2012)

Activities in Step 1 will concentrate on remedial actions based on the risk assessment undertaken in Phase 1 Stocktake i.e. (i) the contracts that carry the most risk which will require remedial actions in the 2012/13 contracting discussion and (ii) to align with the timeline for splitting specialist and mandatory services which will be the responsibility of NHS CB

Contracts to be included in the scope of Step 1:

- Individual Patient Agreements (IPAs)
- Continuing Health Care
- Locally agreed Primary Care contracts and SLAs including Locally Enhanced Services (LES)
- Specialist Acute and Mental Health contracts where splitting may be required between those services which will be the future responsibility of NHS CB and CCGs
- Other, including; grants to third sector for delivery of health services, public health, lifestyle contracts, drug misuse, prison health services, jointly funded healthcare service agreements with local authorities (sections 75,10 and 256), transferred National Offender Management Services contracts, drug misuse services, funding to networks providing healthcare services, personal health budgets, bespoke arrangements

Step 2 All other contracts (Apr 2012 – Mar 2013)

Phase 2 will involve any remedial or required actions for all other contracts from the risk assessment undertaken in Phase 2 Stocktake which can be undertaken in-year in 2012/13 to facilitate transfer in 2013/14

Contracts to be included in the scope of Step 2:

- All contracts covering acute, mental health/learning disabilities, community healthcare services and ambulance services which are commissioned using the NHS Standard Contracts

During the Stabilise phase there will be three distinct stages

Stocktake results

Stabilise

Remedial Action

Step 1 Complete Mar 2012

- Remedial actions, i.e. those rated red in the risk assessment, must be prioritised and addressed through the 2012/13 contract discussions.
- All remaining remedial actions should be completed by March 2013

Related to activities: 1, 2, 3, and 7

Tools: Risk Assessment Framework, Tacit Knowledge Capture

Splitting of contracts

Step 2 Complete Mar 2013

- On a contract-by-contract basis, agree the basis for splitting the financial and activity schedules so specialist/mandatory services are allocated to future responsible commissioning bodies
- Test the split of activity and finance across each contract and model at an aggregate level with NHS CB, CCGs and providers to ensure zero sum gain
- Agree and confirm primary care contracts (national) which will become the responsibility of NHS CB and any locally agreed elements *[DN]*

Related to activities: 4,5 and 6

Operational Readiness

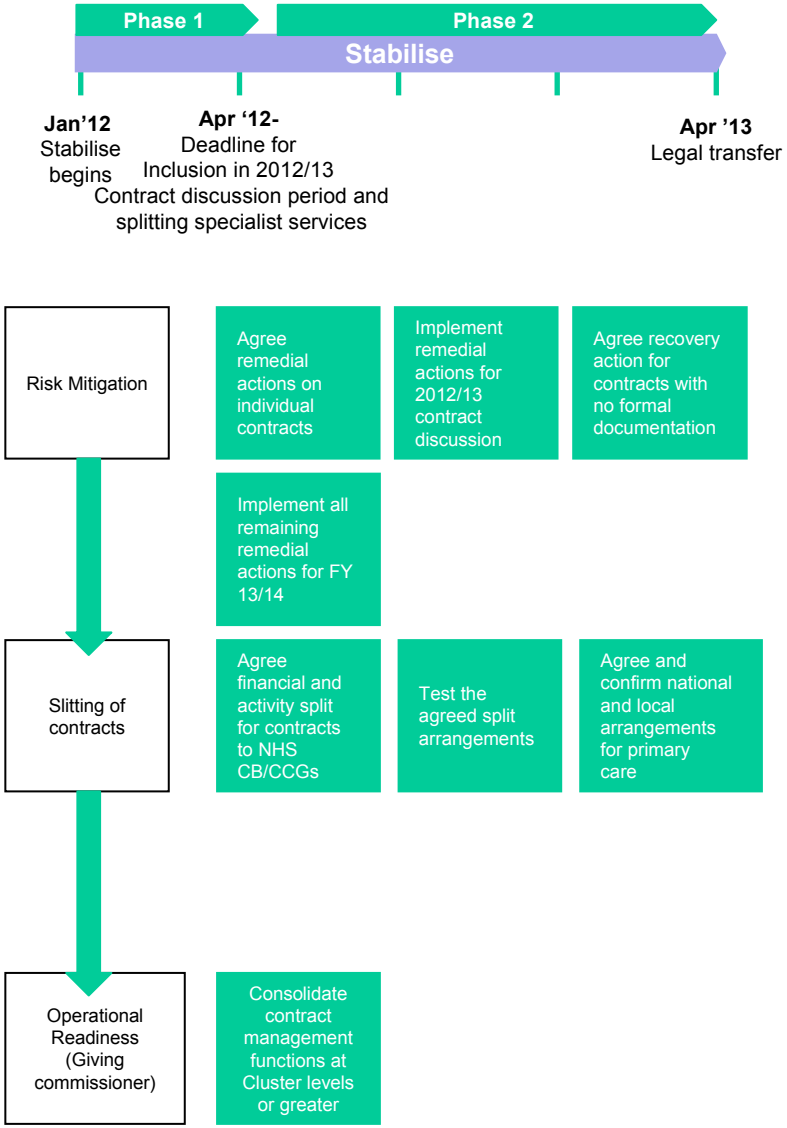
- Consolidate contract management functions at Cluster levels or greater
- Contract documentation needs to be appropriately stored and archived if necessary , with effective systems of information governance in place

Related to activities: 8

Tools: Transition Readiness Assessment, Contract Transition Controls Data Capture Tool

Throughout the stabilise processes PCT Clusters and SCGs need to ensure business as usual and service continuity

Stabilise phase will address risk and split activity for all contracts



Stabilise activities

The prime responsibility for the stabilise phase rests with PCT Clusters and SCG as they are the transferring contracting authorities. Responsibility for contact management only changes when the contract has transferred to the new contracting authority. The receiving contracting authorities have key actions to establish management controls for the future and agree and sign-off transition actions:

1. On a contract-by-contract basis across each contract category, agree the remedial actions required to mitigate against identified risks and enable contract transfer
2. Implement remedial actions which need be addressed as part of 2012/13 contract discussion period from Step 1 stocktake
3. For each contract where no formal documentation exists, contracting authorities should communicate with providers and agree recovery action. This could include sourcing documentation from providers and formally agreeing the status of this documentation.
4. On a contract-by-contract basis, agree the basis for splitting the financial and activity schedules so specialist/mandatory services are split out and future responsibility of CCGs and the NHS Commissioning Board are established
5. Test the split of activity and finance across each contract and model at an aggregate level with NHS CB CCGs and Providers to ensure zero sum gain
6. Agree and confirm primary care contracts (national) which will become the responsibility of NHS CB and any locally agreed arrangements which will become the responsibility of CCGs
7. Implement all remaining remedial action by end March 2013, and update the risks and actions in line with any changes to the contract over this period
8. Consolidate contract management functions at Cluster levels or greater

PCT Cluster Stabilise – Proposed Milestones

	Stabilise Activity	Start	End
1	On a contract-by-contract basis across each category review in Step 1, agree the remedial actions required to mitigate against identified risks and enable contract transfer	09/01/12	16/01/12
2	Implement remedial actions which need be addressed as part of 2012/13 contract discussion period from step one Stocktake	16/01/12	15/03/12
3	For each contract where no formal documentation exists, contracting authorities should communicate with providers and agree recovery action	03/02/12	15/03/12
4	On a contract-by-contract basis, identify the basis for splitting the financial and activity schedules for specialised services and the respective responsibilities of CCGs and the NHS Commissioning Board.	17/02/12	29/03/12
5	Test the split of activity and finance across each contract and model at an aggregate level with NHS CB CCGs and Providers to ensure zero sum gain	17/02/12	15/03/12
6	Agree and confirm primary care contracts (national) which will become the responsibility of NHS CB and any locally agreed arrangements which will become the responsibility of CCGs	16/03/12	12/04/12
7	On a contract-by-contract basis across acute, mental health/LD, community health services and ambulance services (Step 2), agree the remedial actions required to mitigate against identified risks and enable contract transfer	12/04/12	01/08/12
8	Implement all remaining remedial action by end March 2013 and update the risks and actions in line with any changes to the contract over this period	12/04/12	31/03/13
9	Secure future contract management arrangements and functions	12/04/12	20/06/12

5. Shift activities

Shift

- The purpose of the ‘Shift’ Phase is to securely transfer contracts and obligations for contract management from existing contracting authorities to the relevant future contracting authorities.

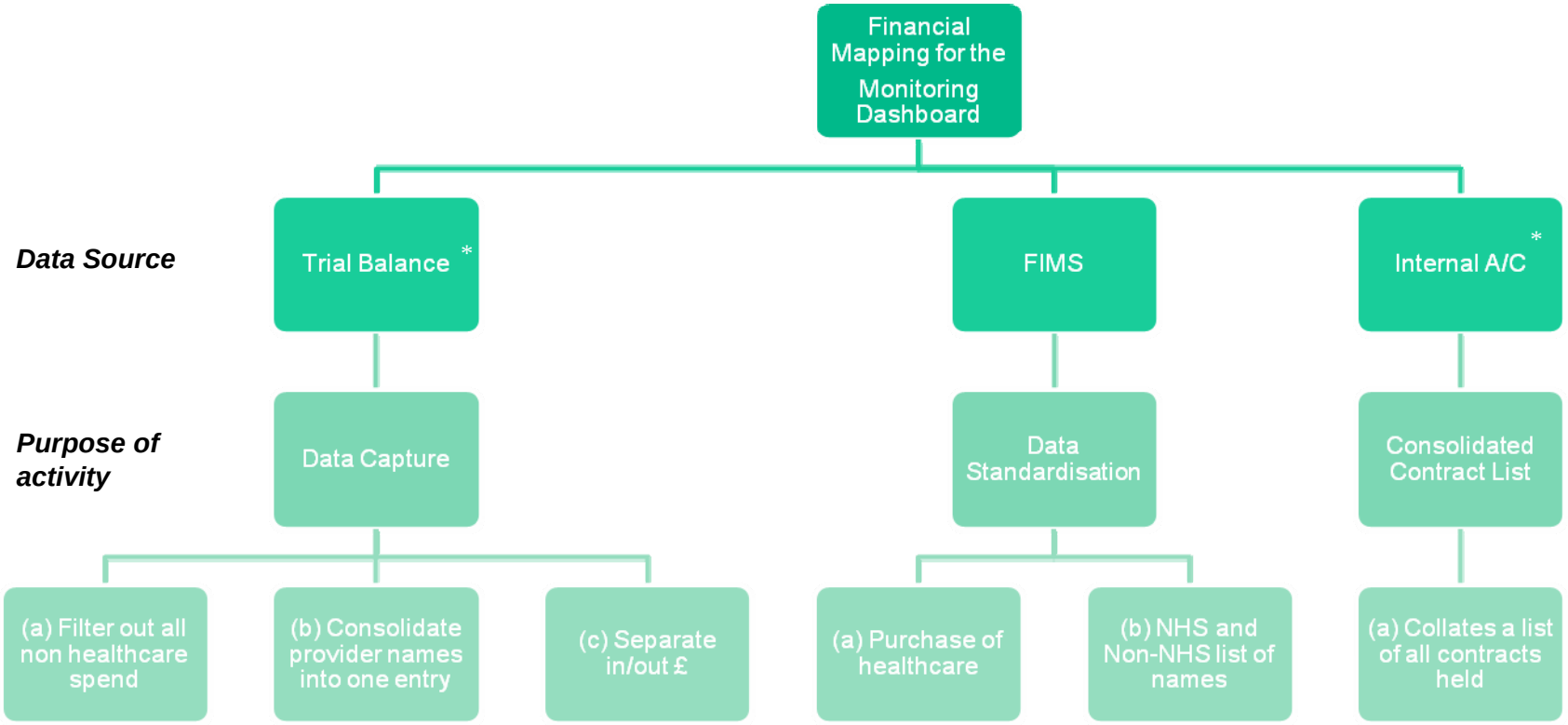
- It is the responsibility of current contracting authorities to prepare the handover packs of paper and electronic documentation and archives for the new contracting authorities

- It is the responsibility of new contracting authorities to secure the management arrangements to enable them to receive the handover packs and assume responsibilities for contract management

- Further guidance will be published, in due course, on the expectations during the transfer phase.

Appendix A – Approach to mapping spend to agreements

Mapping spend to agreements – overview



* Note: This methodology would typically be undertaken as an end-of-year process. However the use of the trial balance and internal accounts as financial mapping tools is also possible on an interim basis for in-year mapping purposes.

Mapping agreements to spend – definitions

- Internal accounts – any internal reporting system (management accounting system), which tracks cost objects (i.e. contracts). These can be under a variety of formats (Oracle, Cost Centre, Excel spreadsheets, etc). The information contained would usually include cost codes, providers, budgeted and actual YTD spend.

- Trial balance – statement which aggregates all financial transactions taken by the entity during the financial year. It is a consolidated output of the general ledger.

- FIMS – NHS-wide reporting system also referred to as FMA, which will include clinical expenditure specifications by NHS body. Key tabs will include the notes on expenditure in tabs ‘A’, ‘B’, ‘C’, ’D’, ‘E’ and ‘F’.

Critical steps (1/2)

INTERNAL ACCOUNTS

1. List all contracts sorted by provider name from management accounts
   - List of provider must be consolidated (multiple entries not allowed – subgroups to be created in case of multiple contracts)

TRIAL BALANCE

2. Remove all non-clinical care spend (Admin, Pay, Overheads, etc)
3. Filter out income, keep ALL expenditure transactions ensuring that NHS Finance Manual overarching principles are adhered to: Where an organisation acts solely as an agent and does not gain any economic benefit form a transaction , it may be appropriate to treat the items as a recharge and net off the income against the expenditure. Items which may be classed as a recharge include staff secondments, shared Consultants, shared invoices and incorrect invoicing.
4. Consolidate by provider name
   - This means going line by line and grouping transactions under one provider name (in other words, remove duplications)
   - Subgroups for multiple contracts
   - If the provider has multiple contracts, create sub totals for each contract under that provider
   - Associate actual (budgeted a plus) spend to each line item (transaction)
5. Every transaction linked to provider contract

Critical steps (2/2)

FIMS (& working papers)

1. List all contracts by FT, Trusts, SHA, PCT (tabs ‘‘A’, ‘B’, ‘C’, ’D’, ‘E’ and ‘F’)

2. Breakdown of each line item in tabs by provider
   - Actual contractual spend
   - One-offs and non contractual

3. Breakdown of Non-NHS providers
   - Actual contractual spend
   - One-offs and Non-contractual spend

Validation

TRIAL BALANCE v INTERNAL ACCOUNTS

TB provider spend Σ must equal management accounts contract spend entry

- Adjustments must be tracked back to specific contract
- Prior years/Accruals
- Once this done, should be left with non-contractual spend, including non-recurrent spend
- No spend left out. Every pound allocated to one of the categories.

TRIAL BALANCE v FIMS

TB provider spend Σ must equal breakdown entries of FIMS – Same exercise as above

Final Control

Check Σ TB = Σ Internal A/C = Σ FIMS

Explain any differences

- Back to specific contract or,
- As non-contractual spend (with ad-hoc description)

Assurance in the accuracy of these values will be provided via CEO signoff at PCT Cluster level and validation at SHA level.

Appendix C – Primary care contracts checklist

Introduction

- To assist PCT Clusters with undertaking Stocktake and to provide further assurance on the robustness of their primary care contracts, an “aide memoire” has been produced for each of the four contracted services

- The checklists highlight additional questions PCTs will wish to ask to provide this assurance to them as well as to the NHS CB when it takes responsibility for the contracts in April 2013

Checklist for GMS contracts (1/4)

- Name and title of person checking
- PCT
- Practice Code
- Signatories to the Contract and GMC Number (where relevant)
- Health Service Body Status
- Signatories to contract correct as at (date)
- Practice name
- Location
- Contact details e.g. telephone number, fax number, email address (secure or not) and contact details for correspondence (written authorisation for anyone other than the contractor).
- Clinical Commissioning Group
- Branch Surgery (Y/N)
- Location/s
- Paper contract present (Y/N)
- Where stored?
- DH standard GMS contract in use (Y/N)
- If not to the above, which contract?
- All paper schedules present (Y/N)
- Electronic contract present (Y/N)
- File path
- All electronic schedules present (Y/N)

Checklist for GMS contracts (2/4)

- Electronic Copy Read Protected (Y/N)
- Confirmed Enhanced Services List as at (date)
- Confirmed that all enhanced services have contract documentation in place (either as schedules to the GMS or separate contracts)
- Confirmed Additional services as at (date)
- Details of Practitioners with a Special Interest e.g. Diabetes
- Temporary opt-out of additional services (Y/N)
- Date temporary opt-out ends
- Extended Opening Hrs & documentation present? (Y/N)
- Signed Boundary Map (paper- schedule to the Contract) as at (date) (Y/N)
- Compliant Practice Leaflet [as at] & copy on contract folder (Y/N)
- 2011/12 Finance Schedule Electronic (Y/N)
- 2011/12 Finance Schedule Paper (Y/N)
- Premises Improvement Plans & documentation present (Y/N/).
- All Paper national contract Variations present (Y/N)
- Does the practice provide its own Out of Hours service? (Y/N)
- If yes to above, signed Out Of Hours Variation 2011 returned (Y/N)
- National QOF (Y/N)
- Agreed local QOF variation (Y/N)
- Fairer Funding variation (electronic [not signed] & paper) (where applicable)
- Fairer Funding Action Plan Received (where applicable)

Checklist for GMS contracts (3/4)

- Practice list Open/Closed?
- Copies of Performance Monitoring reports & Action Plans (electronic & paper) (Y/N)
- Date of last QOF Visit (enter date from 09-10 or 10-11 or N/A)
- Year of last QOF Practice Evidence Submission
- Annual Practice and Quality Review Visit 2010/11 (Y/N)
- Written record available(Y/N)
- Annual Infection control visit 2010/11(Y/N)
- Written record available(Y/N
- Dispensing Practice? (Y/N)
- How many premises does the practice have premises approval to dispense from?
- Address(es) of premises for which the practice has premises approval to dispense from
- Does the PCT have a list of all the areas for which the practice has historic rights or outline consent (Y/N),
- Has the practice undertaken to meet the requirements of the DSQS in 2011/12 (Y/N)
- Training Practice? (Y/N)
- PPG established? (Y/N)
- Notified clinical sub-contracting (add details) e.g. has the Practice sought approval for example, their Minor Surgery to be provided by another practice?
- Remedial Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice

Checklist for GMS contracts (4/4)

- Breach Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice
- Any existing or planned arbitration or legal action underway or pending (Y/N
- Any current investigations into financial irregularities (Y/N)
- Link to details of above
- Is the practice subject to Annex 8 proceedings (Y/N)
- At what stage?
- Dispute resolution and mechanisms for recourse in place (Y/N)
- A paper copy of any general correspondence relating to the agreement/contract (Y/N). NOTE: This relates to ensuring there is a robust recorded audit trail between the PCT and the contractor about any issues relating to the contract.
- Any current quality or performance issues (Y/N)
- What are these issues i.e. do they relate to the practice as a whole or to an individual performer?
- Have any referrals been made to professional bodies (Y/N)
- If so, when?
- File completed (date & initials)

Checklist for PMS contracts (1/4)

- Name and title of person checking
- PCT
- Practice Code
- Provider name
- Provider address
- Practice name (if different from above)
- Practice main surgery address (if different from above)
- Who were the authors of the PMS Contract e.g. PCT staff; procurement hub?
- Was it legally approved (Y/N)
- Health Service Body Status
- Signatories to contract correct as at (date)
- Practice name
- Clinical Commissioning Group
- Branch Surgery (location Y/N)
- Paper contract present (Y/N)
- All paper schedules present (Y/N)
- Electronic contract present (Y/N)
- All electronic schedules present (Y/N)
- Electronic Copy Read Protected (Y/N)
- Extended Opening Hrs & documentation present? (Y/N)
- Signed Boundary Map (paper- schedule to the Contract) as at (date)

Checklist for PMS contracts (2/4)

- Compliant Practice Leaflet [as at] & copy on contract folder (Y/N)
- Commencement date of contract/agreement
- Notice Period?
- Local PMS Agreements, documentation present? (Y/N)
- Does the PMS agreement comply with the regulations?
- Are the regulations clearly translated into the agreement?
- Do they include clear service specifications?
- Details of Practitioners with a Special Interest e.g. Diabetes
- Premises Improvement Plans & documentation present (Y/N/).
- All Paper national contract Variations present (Y/N)
- Does the practice provide its own Out of Hours service? (Y/N)
- Practice list Open/Closed?
- Copies of Performance Monitoring reports & Action Plans (electronic & paper) (Y/N)
- Date of last QOF Visit (enter date from 09-10 or 10-11 or N/A)
- Annual Practice and Quality Review Visit 2010/11 (Y/N)
- Written record available (Y/N)
- Dispensing Practice? (Y/N)
- How many premises does the practice have premises approval to dispense from?

Checklist for PMS contracts (3/4)

- Address(es) of premises for which the practice has premises approval to dispense
- Does the PCT have a list of all the areas for which the practice has historic rights or outline consent for (Y/N),
- Has the practice undertaken to meet the requirements of the DSQS in 2011/12 (Y/N)
- Detailed monitoring and performance management requirements (including annual review and annual reports)? (Y/N)
- Transparent financial arrangements/systems in place e.g. to evidence how funding is linked to agreed KPIs?
- Details of annual reviews and findings (including any actions) are well documented? (Y/N)
- Details behind the original growth applications for individual PMS practices recorded? (Y/N)
- Growth policy documented and the use of growth monies monitored? (Y/N)
- Local changes formally recorded in the agreement e.g. changes in partnerships, financial arrangements, opt outs, list closures, changes to practice boundaries etc (Y/N)
- Notified clinical sub-contracting (add details)
- Remedial Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice
- Breach Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice
- Any existing or planned arbitration or legal action underway or pending (Y/N)

Checklist for PMS contracts (4/4)

- Dispute resolution and mechanisms for recourse in place (Y/N)
- A paper copy of any general correspondence relating to the agreement/contract (Y/N). NOTE: This relates to ensuring there is a robust recorded audit trail between the PCT and the contractor about any issues relating to the contract.
- Any current quality or performance issues (Y/N)
- What are these issues?
- Have any referrals been made to professional bodies (Y/N), If so, when and for what reason?
- File completed (date & initials)

Checklist for APMS contracts (1/3)

- Name and title of person checking
- PCT
- Practice Code
  Provider name
- Provider address
- Practice name (if different from above)
- Practice address (if different from above)
- NHS contract (Y/N?)
- Do they include clear service specifications?
- Signatories to the Contract and GMC Number (where relevant)
- Signatories to contract correct as at (date)
- Commencement date of Contract
- End date of Contract
- Notice Period
- Local APMS Agreements, documentation present? (Y/N)
- Clinical Commissioning Group
- Branch Surgery (location Y/N)
- Paper contract present (Y/N)
- All paper schedules present (Y/N)
- Electronic contract present (Y/N)

Checklist for APMS contracts (2/3)

- All electronic schedules present (Y/N)
- Electronic Copy Read Protected (Y/N)
- Extended Opening Hrs & documentation present? (Y/N)
- Signed Boundary Map (paper- schedule to the Contract) as at (date)
- Compliant Practice Leaflet [as at] & copy on contract folder (Y/N)
- Premises Improvement Plans & documentation present (Y/N/).
- All Paper national contract Variations present (Y/N)
- Does the practice provide its own Out of Hours service? (Y/N)
- Practice list Open/Closed?
- Copies of Performance Monitoring reports & Action Plans (electronic & paper) (Y/N)
- Date of last QOF Visit (enter date from 09-10 or 10-11 or N/A)
- Annual Practice and Quality Review Visit 2010/11 (Y/N)
- Written record available (Y/N)
- Dispensing Practice? (Y/N)
- How many premises does the practice have premises approval to dispense from?
- Address(es) of premises for which the practice has premises approval to dispense
- Does the PCT have a list of all the areas for which the practice has historic rights or outline consent for – (Y/N),
- Has the practice undertaken to meet the requirements of the DSQS in 2011/12 (Y/N)
- Do they have detailed monitoring and performance management requirements (including annual review and annual reports)?
- Do they have transparent financial arrangements?

Checklist for APMS contracts (3/3)

- Details of annual reviews and findings (including any actions) are well documented?
- Local changes formally recorded in the agreement e.g. changes in partnerships, financial arrangements, opt outs, list closures, changes to practice boundaries etc
- Notified clinical sub-contracting (add details)
- Remedial Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice
- Breach Notice issued (electronic & paper) (Y/N)
- Date issued
- Reasons for Notice
- Any existing or planned arbitration or legal action underway or pending (Y/N
- Dispute resolution and mechanisms for recourse in place (Y/N)
- A paper copy of any general correspondence relating to the agreement/contract (Y/N). NOTE: This relates to ensuring there is a robust recorded audit trail between the PCT and the contractor about any issues relating to the contract.
- Any current quality or performance issues (Y/N)
- What are these issues?
- Have any referrals been made to professional bodies (Y/N), If so, when and for what reason?
- File completed (date & initials)

Checklist for Dental contracts (1/4)

- Name and title of person checking
- Contract Number
- Provider name
- Provider address
- Practice name (if different from above)
- Practice address (if different from above)
- Type of Contract GDS/PDS/PDS+/Sedation
- Contract restrictions Y/N
- If yes to above is contract
- Children only Y/N
- Children and exempts only Y/N
- Exempts only Y/N
- Commencement date of Contract
- Expiry date of contract (non GDS).
- Notice Period
- Contract value 2011/12
- Number of UDAs and value
- Number of UOAs and value
- Details of other contracted services with prices e.g. domiciliary services only; IMOS contracts that provide assessments, assess and treatment and sedation

Checklist for Dental contracts (2/4)

- Signatories to the contract
- Are signatories to contract correct as at (date)
- Date signed
- Independent/Partnership/Body Corporate/LLP
- If partnership, copy of agreement on file Y/N
- Contractor Status Contract Variation (Y/N) – (Please record if this is in process but yet auctioned).
- Sub contracting arrangements Y/N
- Details of the above.
- Services Mandatory/Domiciliary/Ortho
- Paper Contract Present (Y/N)
- Is the Paper Signature Sheet Present? (Y/N)
- Electronic Contract Present (Y/N)
- Electronic Copy Read Protected (Y/N)
- Training practice (Y/N)
- Dentist with a Special Interest (Y/N)
- Accreditation Local/Deanery (Y/N)
- Specialism
- Clinical Lead (for corporate body) (Y/N)
- Opening hours Registered with CQC (Y/N)
- Number of patient complaints for 2010/11
- Capacity – open to new patients/waiting list (Y/N)

Checklist for Dental contracts (3/4)

- Superannuation declaration signed (Y/N)
- Year end declaration signed (Y/N) (year end agreement on outturn and follow up action required for over/under performance)
- Outstanding debt (Y/N)
- Details of the above
- Local dental QOF package (Y/N)
- Separate Schemes i.e. Extended Opening Hours in locality folders electronic only (Y/N)
- Compliant Practice Leaflet [as at] & copy on contract folder (Y/N)
- Paper POL Front Sheet POL Forms
- All Paper & Electronic Variations present (P, E or PE)
- Copies of performance monitoring reports/details of complaints & Action Plans (electronic & paper) (Type i.e. complaint action plan)
- Date of last Contract Review
- Date of last Dental Reference Officer Report
- Legal advice sought (Y/N)
- Details of the above
- Remedial Notice (electronic & paper) (Date or n/a)
- Reason for Notice
- Breach Notice (electronic & paper) (Date or n/a)
- Reason for Notice

Checklist for Dental contracts (4/4)

- Is there a history of over/under performance (Y/N?)
- If yes, by how much for 2009/10 and 2010/11?
- A paper copy of any general correspondence relating to the agreement/contract (Y/N). NOTE: This relates to ensuring there is a robust recorded audit trail between the PCT and the contractor about any issues relating to the contract.
- Registered with CQC (Y/N)
- HTM0105 Compliant (Y/N)
- Dispute resolution & mechanisms for recourse in place (Y/N)
- Any existing or planned arbitration or legal action underway or pending (Y/N)
- Any current quality or performance issues (Y/N)
- What are these issues?
- Have any referrals been made to professional bodies (Y/N)
- If so, when?
- File completed (date & initials)

Checklist for Pharmacy contracts (1/5)

- Name and title of person checking
- PCT
- Name of provider
- Address of provider
- Name and address of pharmacy (if different from the above)
- Type of pharmacy – standard 40 hour, EPSLPS, LPS, 100 hour, out of town retail area, one-stop primary care centre, distance selling premises
- Superintendent Pharmacist (correct at point of application – date). (Details of the responsible pharmacist need to be recorded at regular intervals as it is recognized this may change quite often).
- NHS PS contractor code
- Type of contractor – sole trader, partnership, local multiple, national multiple
- Type of contract – national terms of service, LPS, ESPLPS
- Date included in the pharmaceutical list
- Copy of ESPLPS/LPS contract – hard copy, electronic copy, both, no
- Copy of all variation notices for ESPLPS/LPS contract – hard copy, electronic copy, both
- End date of LPS contract (if there is one)
- Core opening hours
- Supplementary opening hours
- EPS operated – release 1, release 2, neither
- Providing all essential services and meeting clinical governance scheme requirements – yes/no

Checklist for Pharmacy contracts (2/5)

- If no, provide details and whether action plan in place to address the issue(s)
- Providing advanced services – yes, no
- List advanced services providing – e.g. MUR, AUR, stoma appliance customisation..
- Depending on timescale may need to add NMS
- Approved to provide MURs off-site – yes, no
- Has approval been given on a patient by patient basis or general approval given?
- Approved to provide MURs over the telephone – yes, no
- Written arrangements to provide advanced services – yes, no
- Required information for all pharmacists/staff who are providing advanced services available – yes, no
- Please give details of any CRBs that have been undertaken on pharmacists
- Copy of SLA for all enhanced services – hard copy, electronic copy, both, mixture, no
- Please list those that are missing
- Date of last monitoring visit
- Date of next planned monitoring visit
- Contractual framework compliance report available – yes, no
- Balanced scorecard available – yes, no
- Controlled drugs audit review done – yes, no
- Any fitness to practice issues – yes, no
- If yes, please give details

Checklist for Pharmacy contracts (3/5)

- Are there any areas of risk to patient safety or the public purse – yes, no
- If yes, please give details
- Has a referral been made to the GPhC regarding any performance/professional concerns – yes, no
- If yes, please give details
- File completed (date & initials)
- Are they up-to-date?

Checklist for Pharmacy contracts (4/5)

- Dispensing appliance contractors
- Name and address of DAC
- NHS PS contractor code
- Name and address of contractor (where address is different to DAC premises)
- Type of contractor – sole trader, partnership, local multiple, national multiple
- Date included in the pharmaceutical list
- Core opening hours
- Supplementary opening hours
- EPS operated – release 1, release 2, neither
- Providing all terms of services and meeting clinical governance scheme requirements – yes/no
- If no, provide details and whether action plan in place to address the issue(s)
- Providing advanced services – yes, no
- List advanced services providing – AUR, stoma appliance customisation, both
- Written arrangements to provide advanced services – yes, no
- Required information for all pharmacists/staff who are providing advanced services available – yes, no
- Please give details of any CRBs that have been undertaken on DAC staff
- Providing enhanced services – yes, no
- If yes, list them
- Copy of SLA for all enhanced services – hard copy, electronic copy, both, mixture, no
- List missing ones

Checklist for Pharmacy contracts (5/5)

- Date of last monitoring visit
- Date of next planned monitoring visit
- Contractual framework compliance report available – yes, no
- Balanced scorecard available – yes, no
- Any fitness to practice issues – yes, no
- If yes, please give details
- Are there any areas of risk to patient safety or the public purse – yes, no
- If yes, please give details

Rurality

- Does the PCT have maps for all the areas that have been determined to be controlled localities – yes, no, some
- In what format are they – hard copy, electronic copy, both, mixture?

Checklist for Ophthalmology contracts (1/2)

- Name and title of person checking
- PCT
- Open Exeter OPS Account Number
- Type of Contract (Mandatory, Additional or Enhanced – please list each contract separately).
- Name of person who holds the Contract
- Trading as Name
- Signatories to the Contract
- Status of partnership (General, Limited liability partnership)
- Address of each premises where services delivered
- Address for correspondence/notices
- NHS Body/Non Body NHS Contract
- Contract commencement date
- Contract end date
- Paper contract present (Y/N)
- All paper schedules present (Y/N)
- Signatories to contract last updated on (date)
- Electronic contract present (Y/N)
- All electronic schedules present (Y/N)
- Electronic Copy write Protected (Y/N)
- Hours at which GOS are normally provided at each Practice. All paper variations present and signed (Y/N)

Checklist for Ophthalmology contracts (2/2)

- Premises compliant (Y/N)
- If no – Remedial Notice issued requiring premises improvement and documentation present (Y/N).
- (Domiciliary) Equipment check made (Y/N)
- Infection control and decontamination compliant (Y/N)
- Practice leaflet on file (domiciliary contractors) (Y/N)
- Performance Monitoring & Action Plans (electronic & paper) (Y/N)
- Date of last review visit
- Remedial Notice (electronic & paper) (Y/N)
- Breach Notice (electronic & paper) (Y/N)
- Details of any contract sanctions applied:
- A paper copy of any general correspondence relating to the agreement/contract NOTE: This relates to ensuring there is a robust recorded audit trail between the PCT and the contractor about any issues relating to the contract.
- File Completed (Date & initials)

Primary Care Contracts
Suggested RAG Rating

RAG RATING

- RED - denotes that there is a gap in documentation/information
- AMBER - denotes something is in progress or needs following up to confirm completion date.
- GREEN - denotes documentation is on file etc. No further action needed.
- This traffic light system would be used to populate an “exception report” for each Contract type to be followed up by the Head of Primary Care to take remedial action.