

## Guidance on succession arrangements following expiry of Q4 contracts on 31 March 2021

The Q4 Contracts expire on 31 March 2021. The Directions under which NHS England has been exercising commissioning functions on behalf of CCGs for the purposes of those Contracts also expire on 31 March 2021.

This means that NHS England **cannot** commission services which are the responsibility of CCGs to commission after that date.

Funding for the purchase of services by CCGs 1 April 2021 onwards has been restored to CCG allocations.

In recognition of that, and in order to ensure both clinically appropriate care for patients following the expiry of the Q4 Contract and appropriate recompense for the IS Provider in respect of that care, the following succession arrangements will apply in respect of all Q4 Contracts:

- (a) No referral made to the IS Provider for first outpatient appointment after 31 March 2021 will be a referral made under the Q4 Contract, and the IS Provider will not be entitled to payment under the Q4 Contract for any services delivered in response to such a referral. It will be the responsibility of the responsible CCG to ensure that appropriate contractual arrangements are in place to allow the IS Provider to treat patients referred after 31 March 2021 and be paid by the CCG for doing so.
- (b) No other outpatient appointment (first or follow-up), day case appointment, rehabilitation follow-up appointment, diagnostic appointment, or chemotherapy appointment scheduled for 1 April 2021 or later will be an appointment under the Q4 Contract, and the IS Provider will not be entitled to payment under the Q4 Contract for that appointment or any services delivered in respect of it. If the appointment is to be fulfilled by the IS Provider, it will be the responsibility of the responsible CCG to ensure that appropriate contractual arrangements are in place to allow the IS Provider to provide services to the relevant patient and be paid by the CCG for doing so.
- (c) The general assumption should be that any follow-up outpatient appointment required after 31 March 2021 will be the responsibility of the employing Trust of the NHS consultant by whom the patient has been treated under the Q4 Contract. That appointment will be funded by the responsible CCG under the Trust's (implied) contract with that CCG, not by NHS England under the Q4 Contract. For eRS activity the responsibility for follow-up after 31 March 2021 may remain with the IS Provider and its treating consultant, but follow-up treatment will not be under the Q4 Contract and it will be the responsibility of the responsible CCG to ensure that appropriate arrangements are in place to allow the IS Provider to provide follow-up services to the relevant patient and be paid by the CCG for doing so.
- (d) Where a patient list has been transferred to the IS Provider for treatment under the Q4 Contract but has not been completed on or before 31 March 2021, the remaining list will revert to the relevant Trust, unless an appropriate sub-contract has been put in place by that Trust with the IS Provider to allow the IS Provider to treat the referred patient and be paid by the Trust for doing so.
- (e) The IS Provider and local NHS organisations (on NHS England's behalf) must work together to ensure the discharge or transfer of all admitted patients who are medically fit for discharge or transfer on or before 31 March 2021.

- (f) Before discharge or transfer of any admitted patient, the IS Provider must agree and implement a Care Transfer Plan in accordance with SC11.3 of its Q4 Contract.  
Where an admitted patient is not medically fit for discharge or transfer on or before 31 March 2021, a Care Transfer Plan should where possible provide for transfer to the care of a Trust or social care provider by no later than 7 April 2021.
- (g) NHS England will pay the IS Provider in respect of Services delivered to admitted patient who are not medically fit for discharge or transfer, and therefore remain in the relevant IS Provider's Premises after 31 March 2021, for excess bed days and other care delivered at the appropriate national price or local price, until the patient is discharged or transferred. But, given the commissioning and funding position set out above, NHS England cannot continue to fund such care indefinitely. So where any Service User cannot be safely discharged or transferred on or before 14 April 2021, responsibility for payment in respect of that Service User will, with effect from 14 April, be assumed by the responsible CCG, whose responsibility it will be to ensure that appropriate contractual arrangements are in place for any ongoing care and payment to the IS Provider for it.
- (h) The contractual indemnities given by NHS England and the Provider under GC11 of each Q4 Contract will, as stated in GC19 of each Contract, continue to apply after 31 March in accordance with their terms.