

Topic	Change	Contract Reference
Electronic prescribing for chemotherapy	As recommended by the National Cancer Taskforce, we have updated the national quality standards relating to e-prescribing for chemotherapy, so that these now relate to the completion of implementation, rather than simply to the production of an implementation plan.	Particulars Schedule 4B
Data security	We have revised the information governance provisions to require compliance, over time , with the new national data security standards recommended by the Caldicott review and to allow for the expected publication of a successor framework to the Information Governance Toolkit.	General Condition 21
Conflicts of interest and transparency on gifts and hospitality	We have updated the provisions of the Contract relating to the management of conflicts of interest and to transparency on the receipt of gifts and hospitality to require compliance with the new system-wide guidance for commissioners and providers (to be published shortly following the recent consultation).	General Condition 27

Changes affecting the interface between primary and secondary care

- 3.3 Building on the changes made in the 2016/17 Contract, we have introduced a number of changes which will clarify the expectations across the primary care / secondary care interface, improve experiences for patients, support better integration, and reduce avoidable extra workload for GPs.

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Fit notes	We have included a new requirement on providers to issue 'fit notes' (previously sick notes) to patients under their care, where required under existing guidance from the Department for Work and Pensions. (The expectation is that this is done where patients are seen as part of their normal pathway, not that specific clinic appointments are booked specifically for the purpose of fit note review.)	Service Condition 11
Outpatient clinic letters	To support care integration, as we signalled when we published the 2016/17 Contract, we have tightened the requirements for the production and transmission to GPs of letters (where clinically required) following clinic attendance. The current timescale for production (within 14 days of attendance) will reduce progressively to 10 days (from 1 April 2017) and 7 days (from 1 April 2018). A new requirement for electronic transmission of clinic letters, as structured messages using standardised clinical headings, will take effect from 1 October 2018.	Service Condition 11

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Patient queries	<p>We have further strengthened the requirements on providers to communicate properly with patients about their care, adding new obligations to</p> <ul style="list-style-type: none"> put in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs, on websites and appointment / admission letters; and ensure that they respond properly to patient queries themselves, rather than passing them to practices to deal with. 	Service Condition 12
Discharge summaries	<p>Discharge summaries following inpatient or daycase admission must already be sent electronically as structured messages using standardised clinical headings. From 1 October 2018, this requirement also applies to discharge summaries after A&E attendance.</p> <p>From 1 October 2018, transmission of both clinic letters and discharge summaries to general practices must be via direct electronic transmission, not via email.</p>	Definitions
Outpatient prescribing	<p>We have included a new requirement that providers must supply medication following a patient's attendance at clinic, where clinically indicated, for the period required in local protocols, but at least sufficient to meet the patient's immediate needs up to the point at which the clinic letter reaches the GP.</p>	Service Condition 11
Shared care protocols	<p>We have amended the Contract wording on shared care protocols, making clear that hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.</p>	Service Condition 11

Technical improvements to the Contract

3.4 We have made a number of technical changes, primarily as a result of external feedback, which we believe will make the Contract more effective in practice.

Topic	Detailed change	Contract Reference
Referral information	<p>We have set out a new responsibility for commissioners to ensure that referrals from primary care contain accurate patient contact details as well as the information required under local referral protocols.</p>	Service Condition 6