

**Gateway Reference Number: 02290**

**To:**

Chief Executives of NHS Foundation Trusts and NHS Trusts  
CCG Clinical Leaders, CCG Accountable Officers  
Area Directors, NHS England

Dear Colleague

This letter builds on work on referral to treatment (RTT) activity to date and sets down the arrangements for securing the additional activity needed between now and 30 November 2014 to address the current waiting list backlog, ensuring that from December onwards, we are collectively in a position to meet the RTT targets with confidence. We also need to clearly demonstrate a reduction in the number of patients on the waiting list, and specifically those who wait more than 18 weeks.

To help achieve this, overseen by the Tripartite arrangements in each Region, we wish to see formal contract variations put in place with activity levels agreed between providers and commissioners, by close of play on Friday 3 October.

You will appreciate there should be absolute clarity about what is in the baseline and what additional activity as part of this initiative is, and all additional activity should be completed by the end of November. The additional activity undertaken between 1 October and 30 November will be paid at 115% tariff rate, with the appropriate market forces factor applied. Monitor and TDA are already working with Trusts and FTs to identify the additional activity which providers can deliver during this period ready for urgent discussions with commissioners. The baseline for calculating extra activity that will attract the 15% premium will be the original activity plan included in the contract at the beginning of the financial year. We expect that all this activity will be funded from the £250m allocated via NHS England Area Teams in June this year.

We are also asking that revised activity profiles for the remainder of this year be uploaded onto Unify by providers. Activity should be profiled weekly for October and November and monthly thereafter. A template will be provided on Unify, and should be completed by 3 October 2014. We are also seeking assurance through this template that arrangements are in place so that all patients who have already waited more than 52 weeks, or who are at risk of doing so, are offered a treatment date by the end of November, if necessary from an alternative provider.

It is essential that providers have a single lead CCG with whom the total volume of baseline and additional CCG activity will be agreed. NHS England will confirm the

lead CCG for each provider. Contract variations will also need to be in place with NHS England for specialised commissioning for both baseline and additional specialised activity which is to be delivered during this period. These contracts will be agreed with each provider's relevant Area Director.

We will issue a model contract variation template, with associated technical guidance, aligned to the NHS Standard Contract, for each lead CCG and Area Team to use with providers. Where agreed activity is delivered commissioners will not apply any contractual withholdings for RTT underperformance in October and November, but normal contractual arrangements will apply from 1 December 2014.

Once Regional Tripartites have confirmed the total levels of activity for each provider, NHS England will ensure that providers have clarity on the total volume of both baseline and additional activity which they are expected to deliver. Where this total volume of activity is delivered, full payment will follow in line with normal PBR arrangements. NHS England will take responsibility for any subsequent reallocation of this activity, either between CCGs or between CCGs and Area Teams should there be any need for this.

As we have previously noted, commissioners expect providers to share accurate PTLs, on a weekly basis. While these contracts are important, the emphasis is on a collective effort to realise what must be credible delivery plans owned by partners locally to reduce the current backlog and get back to standard. It is obvious that success will be measured on delivery of the standard, and not simply on contracts.

We recognise that there is considerable work to be done in order to ensure that comprehensive, clear and binding arrangements are in place by 3rd October. The Tripartite arrangement in each Region will be the focal point for oversight of this important work, which will give the confidence required to ensure that we soon return to a situation where patients waiting for planned care are treated in line with their rights under the NHS Constitution.

Yours faithfully

Regional Directors NHS England  
Regional Directors Monitor  
Directors of Development & Delivery, TDA

**North**



Richard Barker  
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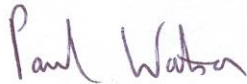


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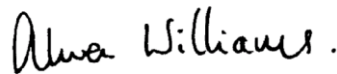


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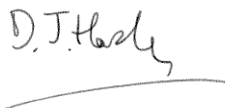


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