

**NHS Standard Contract**

**Contract Variation Agreement**

Prepared by: NHS Standard Contract Team, NHS England

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 (please do not send variation agreements to this email address)

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**Contract/Variation Reference**: 99A-2223-RO-Provider CVXX Infant Feeding

**Proposed by**: NHS Cheshire & Merseyside ICB – Liverpool Place

**Date of Variation Agreement**: 23 February 2023

Capitalised words and phrases in this Variation Agreement have the meanings given to them in the Contract referred to above.

1. In consideration of their respective obligations under the Contract (as varied by this Variation Agreement) the Parties have agreed the Variation full details of which are set out below:

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| This Contract Variation relates to the introduction of a new commissioned service for Liverpool patients, relating to Infant Feed Provision. The Contract is updated as follows:**Schedule 2A – Service Specifications****Infant Feed Provision Service**The following Service Specification is added to the Contract:The Service will be offered at all Provider Premises listed in Schedule 2B of the overarching Contract.**Schedule 2B – Indicative Activity Plan**No specified activity levels as activity will be determined by demand for the service.**Schedule 3D – Expected Annual Contract Value**Contract prices are updated as follows:**Infant Feed Provision Service**Payment is subject to meeting the requirements of the service and comprises a Single Activity Fee payment (£3.31 at the time of writing).Payment will be determined by level of activity, with no cap.**Schedule 4 – Local Quality Requirements**PharmOutcomes will be used to manage activity reporting, this will form the basis of any audit that may be deemed appropriate.**There are no other changes to the signed Contract.** |

1. The Parties agree that the Contract is varied accordingly.
2. The Variation takes effect on 1 April 2023

**IN WITNESS OF WHICH the Parties named below have signed this Variation Agreement on the date(s) shown below**

| **Signed by** | MARK BAKEWELL |
| --- | --- |
| **for and on behalf of THE CO-ORDINATING COMMISSIONER** |
| **Signature** |  |
| **Title** | Deputy Director of Finance |
| **Date** |  |

| **Signed by** |  |
| --- | --- |
| **for and on behalf of** |  |
| **Signature** |  |
| **Title** |  |
| **Date** |  |