

## 12 Interface Areas

- 1 DNAs and discharges: The Contract requires that a provider's local access policy must not involve blanket administrative policies under which all DNAs are automatically discharged; rather, any decisions to discharge are to be made by providers on the basis of clinical advice about the individual patient's circumstances.
- 2 Onward referral: Where a patient has been referred to one service within a provider by the GP, or has presented as an emergency, the contract allows the provider clinician to make an onward outpatient referral to any other service, without the need for referral back to the GP, where:
  - either the onward referral is directly related to the condition for which the original referral was made, or which caused the emergency presentation (unless there is a specific local ICB policy in place requiring a specific approach for a particular care pathway);
  - or the patient has an immediate need for investigation or treatment (suspected cancer, for instance).
  - if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice.
- 3 Patient care and investigations: Within the context of the elements of the service which it has been commissioned to provide, a secondary care provider must itself arrange and carry out all the necessary steps in a patient's care and treatment rather than, for instance, requesting the patient's GP to undertake particular tests within the practice.
- 4 Communicating test results: Communicate the results of investigations and tests carried out by the provider to patients directly, rather than relying on the practice to do so.
- 5 Communicating with patients: Put in place efficient arrangements for handling patient queries promptly and publicise these arrangements to patients and GPs.
- 6 Discharge summaries: A discharge summary must be sent to the GP within 24 hours after every discharge from inpatient, day case or A&E care. Discharge letters should highlight clear actions for general practice (including prescribing medications required).

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- 7 Clinic letters: Where required, providers must send clinic letters within 10 days of the patient's attendance.
  - 8 Medication: The period for which the provider must supply medication to be determined in a local policy, but this must at least cover a minimum period:
    - For medication on discharge following hospital admission, the minimum period is seven days (unless a shorter period is clinically appropriate).
    - Where a patient has an immediate need for medication as a result of clinic attendance, the provider must supply sufficient medication to last at least up to the point at which the clinic letter can reasonably be expected to have reached the GP and the GP can prescribe accordingly.
  - 9 Shared care: The hospital must only initiate care for a particular patient under a shared care protocol where the individual GP has confirmed willingness to accept clinical responsibility for the patient in question. Where this is not the case, the ongoing prescribing and related monitoring will remain the responsibility of the secondary care team.
  - 10 Fit notes: On discharge from hospital, from A&E, or at clinic, provider clinicians must issue fit notes to appropriate patients, and their organisations must enable this, rather than expecting patients to make a separate appointment to see their GP simply for this purpose:
    - Fit notes should cover an appropriate period, that is, until the patient is expected to be fit for work (following surgery, for example) or until a further clinic review takes place. The contract includes a requirement to this effect.
    - Where patients need them, fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice.
  - 11 Call and recall: for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf.
  - 12 Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g. single outpatient department email for GP practices or primary care liaison officers in secondary care.
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