

Dear colleagues.

We want to introduce your new cross-organisational workstream the Lincolnshire Interface Collaborative. This collaborative includes:

- Lincolnshire ICB
- United Lincolnshire Hospitals NHS Trust
- Lincolnshire Community Health Services
- Lincolnshire Partnership Foundation Trust
- Lincolnshire LMC

Our population in Lincolnshire is growing, is older and more medically complex. Our population want accessible, convenient, high-quality care be that for GP appointments, A&E visits or surgery and outpatient's reviews. National funding, initiatives and contracts do not support the increased demands and expectations on our services.

We all work in this increasingly pressured system, and all want to do the best for our population and our colleagues.

The May 2023 NHS England document "[Recovering Access to Primary Care](#)" outlines:

"Our commitment is to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care."

In Lincolnshire, we recognise that to achieve this, we need changes in our system.

As such, Lincolnshire Interface Collaborative has been formed to:

- Improve understanding, relationships, and communications between our organisations.
- Identify and address issues and inappropriate workload shift at the primary-secondary care interface.
- Improve quality of services we all provide to our population.

To help our system as outlined in the cited NHSE document, in Lincolnshire, we have agreed to "*Cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.*" This reduce will reduce workload shift into general practice.

To meet this national system requirement, the collaborative have identified workflow priorities for our system.

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 CCG 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).
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.
 - By 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments.
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: eg single outpatient department email for GP practices or primary care liaison officers in secondary care.

The collaborative, with your organisation being represented by your Medical Director and other senior members of the team are working together to address these 12 priorities.

We have attached the first example of the agreed Lincolnshire Fit note pathway which is the agreed policy each of us working in our organisations will now be expected to work.

The collaborative will continue to work on the 12 priorities, and you will start to see these agreement documents through your usual organisational communication channels.

As each priority area agreement is implemented, they will form the Lincolnshire wide policy for how work such as onward referrals, follow up of test results and patient recall should be processed by colleagues across all organisations.

Familiarise yourself with the Collaborative logo in documents so you are aware of the agreed processes and know how to follow them.

At a time of challenge for us all, sometimes we may communicate with other colleagues in a way we may not intend to. To help support each other and how we communicate, we also have attached the behavioural charter which outlines how all of us working in Lincolnshire NHS should communicate with one another to aid mutual support and understanding.

Working together, despite the challenges our Lincolnshire organisations face, will help us all in our roles and will improve patient experience and outcomes.

We look forward to you being onboard with this and future work we do for us all within our Lincolnshire organisations.

Dr Reid Baker, Medical Director Lincolnshire LMC

Please see the statements of shared commitment from the Medical Directors of your organisation.

Dr Sunil Hindocha - Medical Director, Lincolnshire ICB

“Primary-Secondary Care Interface

We are colleagues that learnt together in the same lecture rooms at medical school and now work together in the same system. We are ONE profession.

Over several years, we have become distant driven by our respective choices in career and a framework of service delivery.

The Interface work has the ambition of reversing that, bringing colleagues back to our ONE profession upholding our core values of integrity, respect and delivering evidence based, compassionate care to our mutual patients. In doing so, we make our jobs satisfying, meaningful and less onerous for all.

We have started the journey, I look forward to joining colleagues as we stride forward together.”

Dr Colin Farquharson – Medical Director, ULHT

“I am happy to be part of the Lincolnshire Primary - Secondary Care Interface initiative which aspires to serve as a critical bridge between primary and secondary care. This collaborative approach aims to enhance patient care, streamline communication, and optimise the utilisation of resources across the Lincolnshire system.

Our work within the Interface is guided by the following principles:

- Understanding Roles: It is important to recognise the distinct roles (and associated challenges) of primary and secondary care providers. By appreciating each other’s expertise and perspectives, we can then enhance patient outcomes.*
- High-trust Relationships: Trust is essential for effective collaboration, and we aim to build upon strong collaborative relationships based on mutual respect and shared goals.*
- Adherence to Agreed Principles: We aim to align actions across the system with agreed-upon standards, ensuring consistency and reliability in patient care.*
- Patient-Centeredness: It is important that every decision we make considers the patient’s best interests, in order to strive for personalised and compassionate care for the people of Lincolnshire.*

Ways in which we can enact the above will include:

- Enhanced Collaboration: By having effective collaboration between primary and secondary care interface, through understanding each other’s roles and responsibilities, we can create seamless pathways for patients, ensuring timely access to specialized services.*
- Patient-Centric Approach: Our focus should always be on patient well-being, so through the interface work, one aim is to minimise delays, reduce unnecessary referrals, and provide holistic care that spans both primary and secondary settings.*

· Shared Care Protocols: The interface work can improve shared care protocols that outline clear responsibilities for managing specific conditions. These protocols enable smooth transitions, ensuring continuity of care for patients.

· Effective Communication: Through standardised clinic letters, timely and informative discharge summaries, and direct communication channels, this can facilitate timely information exchange. This ensures that GPs and specialists stay informed about patient progress.

· Quality Improvement: The interface work can help focus on quality improvement initiatives, addressing challenges such as managing DNAs (Did Not Attend) appointments, re-referrals, and medication continuity.

The Lincolnshire Primary - Secondary Care Interface work will play a pivotal role in optimizing healthcare delivery. By working together, we aim to create a stronger, more responsive system that benefits patients, providers, and the entire community. If you have any further questions or need additional resources, feel free to reach out to us!"

Dr Girish Kunigiri – Medical Director, LPFT

"LPFT is committed to population health as we launch our new strategy. We value the interface in particular with general practice to improve patient safety, enable care closer to home, tackle health inequality and ensure sustainable care delivery"

Dr Anne-Louise Schokker – Medical Director, LCHS

"I am delighted to be part of the interface group representing community services. To have a clinically led group that discusses how we work together to support our population and teams more effectively across the county is fantastic for Lincolnshire. The relationships built are contributing to improving health care and communication between our organisations. It means we can share issues quickly, create solutions together and celebrate good practice. This leads to better patient care, improved clinician experience and more efficient management of our workloads and clinical handovers together."