

Principles for the Primary and Secondary Care Interface

Agreement for effective working across the
Calderdale and Huddersfield footprint

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Introduction

Across the Calderdale and Huddersfield NHS Foundation Trust (CHFT) footprint, working in conjunction with Primary Care in Calderdale and Greater Huddersfield, we will do all that we can to optimise a patients access to the right care and “pathways” to ensure they have the very best outcomes. It is essential that we embed excellent communication channels between our health and care professionals and eliminate gaps in the services we provide. Siloed working is sadly a reality, and we must grasp the opportunities within our System to address this.

This consensus document represents a strong set of clinically led principles to guide reviews of pathways which have a common architecture of good quality, patient-centred communication. The consensus provides a number of guiding principles which we should all commit to when interacting with colleagues. Abiding by these principles will encourage us to keep the patient at the centre of our decision making and ensure that actions taken are completed in a timely way, by the most appropriate individual or team and understood by all.

These key principles of working with an effective interface are based on both national and local documents that help describe intended functions for both primary and secondary care in the patient journey. The recently published ‘Delivery Plan for Recovering Access to Primary Care’ by NHSe clearly details expectations to support the principles in this agreement. These are also supported in the NHS Standard Contract 2023/24.

The document covers a wide range of situations including prescribing, Fit/Medical notes, diagnostics and more. It is important these are read and understood by all clinicians, and to discuss this further in your teams.

We intend for this consensus to provide a platform for providers to consider their response. More detailed work will need to be done to bring the consensus to life locally and articulate what this means for specific pathways. As an interface we will support this and promote discussion about the principles at future events for clinicians.

The Covid-19 pandemic has led to significant excess demand across the entire NHS system. It is imperative we work together while tackling increasing presentations and lengthening waiting lists.

The following principles are supported by clinical leaders in both Primary and Secondary Care. They are not rules to follow and there will be exceptions. Clinicians are trusted to make appropriate decisions based on the individual circumstances they face. The underlying intent of this document is to improve relationships between colleagues, remove unnecessary administrative burdens and bring about a more efficient system for the benefit of all of the patients we serve.

Please note: any examples given are not intended to be exhaustive.

This document should be used as a starting point for us to consider our own behaviours and initiate conversations across the system. This is not intended to be a contractual style process list for challenging every individual situation, this must be read as a guiding set of principles that encourages integrated working and ensures the most effective patient pathway.

Integrated Working Principles

As 'places' within the West Yorkshire Integrated Care Board, both primary and secondary care are committed to upholding key principles of the wider partnership, these include:

- Reduce health inequalities.
- Manage unwarranted variations in care.
- Use our resources wisely.
- Ultimately, ensuring the most effective care pathways for our patients.
- Treat all colleagues with respect.
- Remember to keep the patient at the core of all we do.
- Clinicians will, of course, need to operate within the limits of their professional competency and are only able to undertake actions if they have access to the relevant investigations or treatments.

There is a generally recognised principle that whoever requests a test is responsible for the results of that test. It is also accepted that there may be exceptions to this principle.

- There is an underlying principle that clinicians should seek to undertake any required actions themselves without asking other teams or services to do this.
- This includes 'chasing' the results, receiving the results, actioning the results/determining management plan, and informing the patient of the results.
- We recognise that there may be areas of potential difference and would suggest that where local solutions are put in place, these should only be done so with the full consultation of both Primary and Secondary Care clinicians, and ensure they reflect RCEM/BMA guidance.
- Incidental findings, if urgent, should be actioned by the clinician who requested the test. This includes informing the patient and onward referrals. If the finding is non-urgent, then the GP should be informed in writing of the result including any appropriate advice.
- Ensure robust systems are in place for patients to receive results of investigations, and that they understand what is going to happen.
- Secondary Care colleagues should avoid directing patients to the GP for results and vice versa.

Ensure patients are kept fully informed regarding their care and 'what is going to happen next'.

- This includes how they should raise concerns about clinical deterioration within agreed clinical pathways.
- Ideally this should be in a written format and referenced within the discharge summary.
- Consider picking up the phone to speak to colleagues if in doubt.
- Agreed two-way procedures between Primary and Secondary Care will be established to ensure effective patient management.

Consider a process of 'Waiting Well' for patients referred to secondary care.

- Consider communicating with patients on waiting lists to ensure they know their referral has been received, how long the wait may be and what to do in the event of deterioration in their condition.
- This will likely require work at Place level across Primary and Secondary Care so that this process can start at the point of referral with the Primary Care clinician empowered with up-to-date knowledge around what the patient should expect.

The clinician who wishes to prescribe medication for the patient should undertake appropriate pre-treatment assessment and counselling.

- They are responsible for communicating the rationale for treatment, including benefits, risks & alternatives, arranging any follow-up requirements that might be necessary, and documenting all of this in any related correspondence.

Principles for General Practice

- 1) When referring a patient to secondary care please ensure you are clear in your 'ask':
 - a) Specifically state why are you referring this patient? Are you looking for advice, diagnosis, or treatment.
 - b) Ensure an up-to-date medication list is available, along with results of investigations to date. Additionally, all relevant clinical information, as agreed through local pathways, is clearly detailed.
 - c) Detail what the patient's expectations are.
 - d) If referring to a diagnostic procedure, please check local pathways for availability - as this may vary and set the patient's expectations accordingly.

- 2) When referring to secondary care please ensure appropriate Primary Care assessments have been made:
 - a) Check local pathways for pre-referral criteria and potential investigations.
 - b) Consider asking for consultant Advice and Guidance first.
 - c) Consider when F2F assessment may add value before referring (both elective and emergency) especially when considering 2WW.
 - d) The referral is made at the correct point in their clinical pathway as per national and locally agreed guidance.

- 3) When referring to secondary care please clearly communicate to the patient who you are referring them to, for what reason and what to expect (if known):
 - a) At this current time advise the patient that waiting lists may be long and that first contact may be a remote consultation.
 - b) In the meantime, please consider the use of Easy Read patient leaflets (where available) to inform them about their condition.

- 4) When referring with an expectation of a future operation, please optimise any Long-Term Conditions:
 - a) BP control for hypertensives, glycaemic control for those with diabetes etc.
 - b) Empower patients to optimize their own health in the waiting period e.g. smoking cessation advice, weight advice etc. This will reduce the impact of last-minute cancellations in pre-op clinic.

Principles for Secondary Care

- 1) Please ensure clear and timely communication to the GP following patient contact, be it in an outpatient appointment, in ED, or an inpatient stay - and be clear about any requests/actions for the GP team
 - a) Highlighted any changes to your patient's medication and the reasons for these.
 - b) Be clear about what follow-up is required, how it will be provided, and how any outstanding test results will be reviewed actioned and communicated with the patient, following System Principles for all.
 - c) If you have requested any monitoring from general practice, be clear as to why, how often, for how long, and what your expectations are if results are or remain, abnormal.
 - d) If you need a repeat test within a short period of time e.g., 2 weeks, please arrange this to avoid potential delays.

- 2) Avoid asking General Practice to organise tests for Specialist indications:
 - a) If you want your patient to have their blood test closer to home, then provide your patient with the relevant blood forms that then enables them to attend either community phlebotomy services, or their GP surgery.
 - b) If you need your patient to have further tests prior to their next review, please organise these investigations yourself, and explain the process to your patient.
 - c) If patients need a fit note (MED3 sick note) then please provide one for the required duration of absence (e.g., if it is 12 weeks, please do not issue a fortnight). Please issue MED3s from outpatients – do not send back to the GP to action.)
 - d) If immediate prescribing is required from Outpatients, please prescribe using the Outpatient hospital process.
 - e) Discharge meds for ongoing medication should cover an initial period of at least 28 days. except where 28-day blister packs have already been initiated whilst an inpatient. In the latter case, the patient will be discharged with the remainder of the blister pack (minimum of 14 days).
 - f) When recommending changes to ongoing medications from the GP please check the WY Area Prescribing Committee classifications first ([Home - South West Yorkshire Area Prescribing Committee \(SWYAPC\)](#)[South West Yorkshire Area Prescribing Committee \(SWYAPC\)](#)) – check whether the suggested medication is appropriate for the GP to prescribe. Any exception will be resolved through discussion between clinicians in the context of locally agreed procedures. Further clarity on these “shared care” drugs will continue to be part of a working group between primary and secondary care.
 - g) If your patient self-discharges, please put in place appropriate discharge care, medication, and follow up, remembering to inform the patient's GP.
 - h) Please do not automatically discharge DNAs without a clinical review, and ensure any discharge is communicated to both your patient and their GP with a reason why.
 - i) If patients are transferred to patient-initiated follow-up (PIFU), or seen on a symptom pathway, ensure they know how to access a further appointment (SOS).

- 3) Please arrange onward referral without referring to the GP where appropriate, for example:
- a) Consultant to consultant referrals E.g., patient referred to respiratory with breathlessness, and the respiratory consultant thinks it is a cardiac problem, the respiratory consultant should do the referral to cardiology.
 - b) Serious and very urgent problems E.g., safeguarding concerns, or imaging picking up sinister findings - arrange the referral to the relevant specialty.
 - c) If the problem is unrelated to the original reason for the referral, this can be safely passed back to the GP to raise a new referral number. E.g., patient in respiratory outpatient clinic describing abdominal symptoms.

Communication

Core to the delivery of this agreement is the importance of communication. This document establishes expectations around establishing the right culture and sets of behaviours. The areas of responsibility detailed must all be seen within these expectations. To demonstrate commitment to these principles, communication itself must operate with an agreed framework, as outlined:

- Both primary and secondary care will ensure that in all forms of communication, the language and style will be consistent with the principles of the partnership, this includes full respect and ensuring the best interests of the patient remain central.
- All partners will agree, through a local operational protocol, access for relevant clinicians. This will include the most appropriate form of communication depending on the circumstance. This may include letter, email or phone/video contact.
- This protocol will also include agreement on situations where communication should be general e.g. summary patient information for medical records, or specific e.g. focused clinical information to support referral/discharge etc.

Effective communication will be supported by the development of template documents that should be proposed and agreed to by all partners. These should include all key documents required as part of the patient's journey, both into secondary care and on discharge back to primary care. In addition, agreed templates should be established for occasions where referrals/requests are not able to be undertaken by the receiving provider.

When communicating with colleagues, maintain professional standards and avoid using patients to channel information between each other.

There will be bi-monthly Interface meetings attended by LMC Chairs for Kirklees and Calderdale, Divisional Directors and Management from CHFT.

- Concerns by Primary Care about issues with secondary care clinicians/pathways should be sent to the LMC Chairs to review the themes, to present and agree solutions at the Interface Meetings.
- Concerns by Secondary Care clinicians about Primary Care should be sent to their CD (Secondary Care) and DD to review the themes, to present and agree solutions at the Interface Meetings.
- Urgent issues only should be raised by either party directly with the managing clinicians ensuring that these are also copied to the LMC Chairs/CDs (Secondary Care) as indicated above.

Reference Documents

GMC Good Medical Practice - [Good medical practice - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/good_medical_practice_professional_standards)

GMC Good Practice in Prescribing and Managing Medicines and Devices - [Good practice in prescribing and managing medicines and devices - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/good_practice_in_prescribing_and_managing_medicines_and_devices_professional_standards)

GMC Good Practice in Delegation and referral - [Delegation and referral - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/delegation_and_referral_professional_standards)

BMA guidance on Primary and Secondary Care working together - [Primary and secondary care interface \(bma.org.uk\)](https://www.bma.org.uk/primary-and-secondary-care-interface)

NHS England guidance on Improving how Secondary Care and General Practice work together - [NHS England » Improving how secondary care and general practice work together](https://www.nhs.uk/improving-how-secondary-care-and-general-practice-work-together)

Royal College of Emergency Medicine guidance for management of investigation results in the Emergency Department - [RCEM BPC InvestigationResults 200520.pdf](https://www.rcem.ac.uk/wp-content/uploads/2015/05/RCEM_BPC_InvestigationResults_200520.pdf)

West Yorkshire Integrated Care Board mission, values and behaviours - [Our mission, values and behaviours :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/our-mission-values-and-behaviours)

NHSe 'Delivery Plan for Recovering Access to Primary Care' - [NHS England » Delivery plan for recovering access to primary care](https://www.nhs.uk/delivery-plan-for-recovering-access-to-primary-care)

NHSe Standard Contract 2023/24 - [03-nhs-standard-contract-fl-scs-2324.pdf \(england.nhs.uk\)](https://www.nhs.uk/standard-contract-fl-scs-2324.pdf)

Agreement Signatories

CHFT



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Calderdale and Huddersfield NHS Foundation Trust

Calderdale LMC



Dr Sajid Khan – Calderdale LMC Chair



Marcus Beacham – Director of Operations

Greater Huddersfield LMC



Dr Sajid Nazir - Greater Huddersfield LMC Chair

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