

Gateway Reference 05593

To: CCG Accountable Officers, Chief  
Executives of NHS trusts and  
NHS foundation trusts

28 July 2016

Dear Colleague

**Improving how hospitals work with general practice – new requirements on hospitals in the NHS Standard Contract 2016/17**

Six new requirements for hospitals were introduced in the 2016/17 NHS Standard Contract to clarify the expectations across the hospital and general practice interface and reduce avoidable extra workload for GPs and help release time. These changes will help to address concerns raised in *Making Time in General Practice* and acknowledged in the *General Practice Forward View*. Ensuring that people are able to access GP services in a timely manner will also help relieve some of the pressures on hospitals.

One of the strongest themes that came out of the research for the *Making Time in General Practice* report was the unnecessary extra workload created by the lack of clear systems and processes for practices and their local hospitals to communicate with each other and their shared patients. Time taken in setting up and rearranging hospital appointments, as well as chasing up delays in discharge letters and details of changes in medication accounted for 4.5% of GP appointments that could have potentially been avoided. This amounts to around 13.5 million appointments a year. Freeing up this time will enable GPs the ability to see patients more quickly, thereby reducing the likelihood of A&E attendances and emergency admissions. Closer working relationships, with greater communication and sharing of information between GPs and consultants, and their respective teams, were identified as being crucial to reducing workload on both sides.

The new requirements (set out in Annex A) were introduced to enable exactly this. It is important that they are fully implemented in a robust and timely way and we urge you to do this.

A Working Group, which will include representatives from NHS England, NHS Improvement, the Royal College of GPs, the British Medical Association's General Practitioners Committee, and the Royal College of Physicians, will also be established from September 2016 to drive further action to improve the interface between primary and secondary care.

Yours faithfully



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**Annex A****Six new requirements in NHS Standard Contract for hospitals in relation to hospital/general practice interface****1. Local access policies**

Hospitals cannot adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral. Hospitals must publish local access policies and demonstrate evidence of having taken account of GP feedback when considering service development and redesign.

**2. Discharge summaries**

Hospitals are required to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours, with local standards being set for discharge summaries from other settings. Discharge summaries from inpatient or day case care must also use the Academy of Medical Colleges endorsed clinical headings, so GPs can find key information in the summary more easily. Commissioners are also required to provide all reasonable assistance to providers in implementing electronic submission.

**3. Clinic letters**

Hospitals to communicate clearly and promptly with GPs following outpatient clinic attendance, where there is information which the GP needs quickly in order to manage a patient's care (certainly no later than 14 days after the appointment). For 2017/18, the intention is to strengthen this by requiring electronic transmission of clinic letters within 24 hours.

**4. Onward referral of patients**

Unless a CCG requests otherwise, for a non-urgent condition directly related to the complaint or condition which caused the original referral, onward referral to and treatment by another professional within the same provider is permitted, and there is no need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.

**5. Medication on discharge**

Providers to supply patients with medication following discharge from inpatient or day case care. Medication must be supplied for the period established in local practice or protocols, but must be for a minimum of seven days (unless a shorter period is clinically necessary).

**6. Results and treatments**

Hospitals to organise the different steps in a care pathway promptly and to communicate clearly with patients and GPs. This specifically includes a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner, for example, telephoning the patient.