|  |  |
| --- | --- |
| Date | GP Practice NameSurgery AddressContact Details |
| Trust Consultant Name Trust Details Contact detailsCc: Trust Medical Director PatientEnc: Original Trust request to GP |

Dear Dr

|  |  |
| --- | --- |
| **Patient full name:** |  |
| **Patient DOB:** |  |
| **Patient NHS number:** |  |
| **Patient home address:** |  |
| **Patient phone contact/email:** |  |

**RE: unable to fulfil request – returned to trust to action**

We refer to your request (attached) to: (Please tick box)

[ ]  Prescribe Medication [ ]  Arrange Investigations

[ ]  Follow-Up Results [ ]  Undertake Monitoring/ post-operative checks

[ ]  Issue MED3 Certificate [ ]  Refer Patient Back

|  |
| --- |
|  |

As per the standard hospital contract, this activity should be provided by secondary care. Due to extreme workforce pressures we need to prioritise access and primary medical care to our patients and we are therefore unable to undertake unresourced secondary care work.

General Practice is struggling to match staffing levels to demand, and very much appreciate your collaborative approach in making every patient contact count, without overburdening other system partners across our local NHS. We shall endeavour to do the same.

A copy of this letter has also been sent to our patient, who will be aware that you as their specialist team will now be contacting them directly, to manage this request.

With thanks,

Name of Surgery

*Further supporting details set out overleaf:*

**RE: unable to fulfil request – returned to trust to action**

**Medication**

**[ ]  Shared care declined** *Reason: e.g. patient safety,**not satisfied by monitoring arrangements*

**[ ]  Unable to prescribe** Reason: *eg: hospital formulary drug/specialist indication only/not in gp formulary*

**[ ]  Failure to initiate/titrate/prescribe sufficient medication from specialist team**

**[ ]  Inappropriate request** *this service is not commissioned from London general practice and is delivered within the contract between the trust and the commissioner.*

**Investigations**

**[ ]  Please arrange the necessary investigations directly on your trust’s clinical systems** *this will be in the best interests of our patient in terms of accessing care as soon as possible.*

**[ ]  This is a specialist investigation which is not accessible to general practice on our clinical systems.**

**Results**

**[ ]  As per GMC** [**Good**](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice) **Medical Practice, the responsibility to follow-up and take appropriate action on a result, rests with the requesting clinician.**

**Monitoring**

**[ ]  Monitoring declined for safety reasons/ requires specialist input**

**[ ]  Post-operative checks declined as this is the responsibility of the original provider**

**[ ]  Monitoring request declined as not commissioned from general practice locally**

**Med 3/other certification**

**[ ]  Please issue an electronic Med 3 for the full duration of the patient’s absence, as per DWP guidance for patients seen by secondary care clinicians**

**Referrals**

**[ ]  Please refer onwards to consultant within the same trust N.B.** The Standard Hospital Contract states that 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 can be enacted by the specialist. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.

**[ ]  Please action as a recall & send the patient a new outpatient appointment**

Free text comments if required: