

Primary secondary care interface dysfunction – major cause of workload pressure and reducing patient access to GP practices

- 27% GP appointments potentially avoidable, 15m GP appts on hospital admin issues (NHS England 2015) - probably much higher now with waiting list backlogs
- Access to GP appointments is a key political and ICB priority
- Tackling inappropriate and avoidable use of GP appts is key to improving GP access

Addressing primary - secondary care interface dysfunction is a contractual provider requirement

Do not discharge after a DNA appointment, internal clinician to clinician referrals for related condition, appropriate prescribing requests, hospital clinician to follow up requested investigations and respond to patient queries, timely discharge and outpatient letters

3.14 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September in each Contract Year, the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider's compliance with SC8.2-5, SC11.5-7, SC11.9-10, SC11.12 and SC12.2 of this Contract.

Involving the LMC in addressing primary/secondary care interface issues is a contractual requirement

NHS Standard Contract 2024/25

- 3.15 If the assessment undertaken under SC3.14 identifies any deficiencies, the Co-ordinating Commissioner and the Provider must:
- 3.15.1 agree, at the earliest opportunity, an action plan to address those deficiencies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;
 - 3.15.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and
 - 3.15.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.

NHS England 23-24 priorities & operational planning guidance re direct patient & self-referrals

- [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf \(england.nhs.uk\)](#)

- Expand direct access and self-referral where GP involvement is not clinically necessary. **By September 2023**, systems are asked to put in place:
 - **direct referral pathways from community optometrists to ophthalmology services** for all urgent and elective eye consultations
 - **self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.**

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

- **None of above have been addressed in NW London**

NHSE Delivery plan for recovering access to primary care May 2023

- *“Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care” “ICBs must address 4 areas”*
 - *onward referral*
 - *complete care (incl fit notes and discharge letters)*
 - *call and recall*
 - *clear points of contact*

“NHS England is asking ICB chief medical officers to ...to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report.

Addressing primary/secondary care interface dysfunction – clear NHS England priority for ICBs

- NHS Primary care access improvement plans – briefing note for system-level plans 31 July 2023
- **Integrated care board (ICB) actions**
- *Do plans set out the ICB's delivery approach for all aspects of the delivery plan for recovering access to primary care: empower patients; implement modern general practice; build capacity; cut bureaucracy?*
- *Has the ICB set out actions to improve the primary-secondary care interface, including on the four key areas set out in the recovery plan with clear leadership responsibility in the ICB Board?*
- *NHS England is asking ICB chief medical officers to establish the local mechanism, which will allow both general practice and consultant-led teams . . . to jointly prioritise working with LMCs.. to tackle the high-priority issues including those in the AoMRC report.*

NHSE directives 2024/25

- [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#)
- **Primary-secondary care interface:** *The delivery plan asked ICB chief medical officers (CMOs) to focus on and report their progress against 4 main recommendations on how to improve the interface from the [\(AoMRC\) report](#)*
- *We have already asked ICBs to report progress through their public board in April or May and will again ask ICBs to do this in October or November 2024. This will be a focus for 2024/25 and we are looking for significant progress on implementation, recognising the benefits for patients and staff alike.*
- *In 2023/24 we developed an assessment tool at the request of many ICBs. In 2024/25 we are asking all ICBs to use this across their secondary care NHS providers, to baseline, improve and report on progress as they implement the AoMRC recommendations and RCGP interface guidance.*
- [NHS England » 2024/25 priorities and operational planning guidance](#)
- *all trusts are expected to deliver on the 4 key areas set out in the access to primary care recovery plan:* • onward referrals • complete care (fit notes and discharge letters) • call and recall • clear points of contact
- *Every trust should have a designated lead for the primary–secondary care interface and we ask ICB boards to regularly review progress.*

NWL ICB system interface group; LMC input

- 2 LMC leads on ICB System Interface Group – Dr Kyla Cranmer and Dr Chaand Nagpaul, supported by Dr Suk Shergill (LMC medical director)
- Input from and feedback to all chairs and vice-chairs of NW London LMCs
- NWL LMC chairs collectively wrote to NWL ICB CEO Rob Hurd March 2024 regarding failure of ICB to implement any tangible on the ground changes - LMC produced constructive action plan with solutions, and a monitoring dashboard with SMART objectives
- Ongoing meetings with ICB chief medical officer for implementation

Inappropriate secondary care demand: What should GPs and practices do

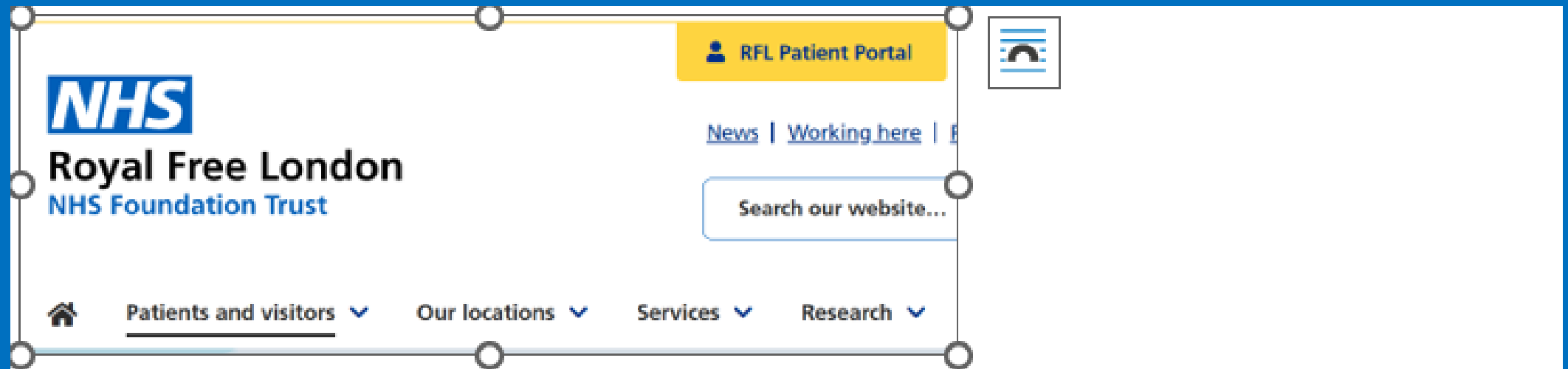
- **Don't just accept status quo!**
- Develop practice policy -train staff & clinical team
- **Provide patient info to contact secondary care** re hospital queries– **at signposting level** - PALS e.g. AccuRx template
- **STANDARDISED SERVICE ALERT FORMS** - **Write back to hospital specialist** (Template “service alert” letter) regarding inappropriate workload requests– copy to **NWL GP liaison officer** and patient
- **Inform ICB commissioner anonymised data** – remember an ICB responsibility – GP recovery plan
- **Inform LMC anonymised data** → to hold ICB to account
- **Will liberate time and cost of GP & staff and improve access** (in effect we are paying for GPs and staff to be mediators/administrators of hospital issues)

Imagine a day at work in general practice where..

- No patient queries regarding hospital appointments, follow up or their hospital delivered care
- No requests to inform patients for results of hospital-initiated investigations
- No requests to carry out hospital-initiated diagnostics and blood tests
- No requests to refer to another specialist for related condition
- No requests for re-referral for non-attendance hospital appointment
- No requests for fit notes post hospital discharge
- No inappropriate prescriptions that could and should have been prescribed by specialist

The above is already specified by NHSE as ICB commissioner requirements

Change is happening elsewhere....patient message



Queries about your outpatient referrals/appointments

If you have any questions about your outpatient referral or appointment, please contact the outpatient appointment call centre: [020 7443 9757](tel:02074439757), Monday to Friday, 8am-5pm (excluding bank holidays).

You can contact the call centre if you have any queries about your care, including first appointments, follow-up appointments and test results.

If the team is unable to answer your question, they'll forward your call to the relevant service.

When contacting the call centre, please have your NHS number or hospital number to hand.

Royal Free Hospital message to GPs

Patient referral and appointment queries

Patients should contact our outpatient appointments call centre if they have any questions about their care. This includes information about referrals, appointments, and test results.

If the team is unable to answer a patient's question, they will forward the call to the relevant service.

The call centre can be contacted by calling: 020 7443 9757. It is open Monday to Friday (excluding bank holidays), 8am to 5pm. [S](#)

[Information about outpatient appointments](#)

What good looks like – clear point of contact – for GP practice and patient

NEUROSURGERY DEPARTMENT
Email: neurosurgeryadmin@gosh.nhs.uk
Telephone: 0207 405 9200 Ext. 8862

Neurosurgery	Secretary
Prof. Owase JEELANI	X5198
Mr Greg JAMES	X5198
Mr Dulanka SILVA	X5198
Mr Kristian AQUILINA	X1149
Mr Martin TISDALL	X1149
Mr Dominic THOMPSON	X5425
Mr Zubair TAHIR	X5425
Ms Jody O'CONNOR	X1532



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Great Ormond Street
London, WC1N 3JH
Tel: 020 7405 9200

COMPARED TO NPH

Gastroenterology Clinic Letter

Letter creation date: 01-FEB-2024



Gender: Female

Consultant:

Location:

Clinic date:

Standardised service alert letters

- **REMEMBER:**
- Providers' contractual obligations
- ICB commissioning responsibilities
- **Pushing back as individual practices will not achieve systemic change**
- **Service alerts are the norm in many other London LMC regions and nationally**
- **Need administrative light system** – automated service alert templates on EMIS/SystemOne
- Templates updated to reflect current NHS directives
- NWL LMC service alert to relevant clinician/department – **copy patient** so that they are aware
- **Modified copy letter to Trust patient liaison officer** calling on them to monitor issue has been actioned (responsibility becomes clear with Trust)
- **Keep anonymised data to send to ICB and LMC**