

## **Primary-Secondary care interface guidance launched**

As we know, general practice is facing unprecedented and mounting pressure from rising patient demand and widespread staff shortages. A significant extra burden is resulting from inappropriate and unnecessary work being transferred to general practice from secondary care settings. Doctors and patients alike are frustrated that old fashioned systems prevent patients from being able to contact the hospital directly to rebook a missed appointment or to receive a fit note from a hospital doctor when they are unable to work. Instead 15 million unnecessary appointments are made with GPs to deal with these and other issues when they could easily be dealt with in other parts of the NHS. At a time when GP services are struggling to provide enough appointments to the public this out of date bureaucracy is unacceptable.

In order to effectively address this inappropriate shift in workload improvements across the interface between general practice and secondary care providers are crucial to ensure that patients receive high-quality care and make the best use of clinical time and NHS resources in both settings.

GPC (England) has therefore worked closely with NHS England, NHS Improvement, NHS Clinical Commissioners, Royal College of General Practitioners, Royal College of Nursing, the wider British Medical Association and the Academy of Royal Medical Colleges to produce a [guidance document](#) that describes the key national requirements which clinicians and managers across the NHS need to be aware of aimed at improving the interface.

This [guidance document](#), which has been produced following significant pressure from GPC, provides clear national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and by doing so deliver a better service to our patients. It's now imperative that NHS managers stick to their obligations which are laid out here and also in recent changes to hospital contracts. Improving patient care is at the centre of this work as when implemented these measures will make the delivery of appointments and care much smoother for the patient.

As a direct result of GPC's [Urgent Prescription for General Practice](#), this document builds on the contractual changes secured from NHS England, which for the first time introduced contractual levers to specifically stem inappropriate workload transfer into general practice. These requirements are set out in the new [NHS Standard Contract for 2017-19](#), under which clinical commissioning groups (CCGs) commission health services from providers, which came into effect on 1 April 2017. The guidance also includes the measures previously introduced from April 2016.

These changes are significant and symbolic, as they represent a new and unprecedented national policy to end the damaging impact of unnecessary workload shift onto GPs when we should be treating patients instead.

These changes won't happen overnight or automatically: we need to reverse a culture spanning decades which has been ingrained into the mind-sets of hospital secretaries to appointment clerks.

That's why GPC England provided practices with [template letters](#) to push back on breaches and report these to both the provider and their CCG, and has been working to produce resources for you through our [Quality First](#) web pages to help you manage inappropriate workload.

We are currently working together with NHS England and The National Association of Patient Participation, on a similar document for patients so they know what they can expect (which reflects the new measures) when they are referred to see a specialist and/or discharged from hospital. For specific queries relating to [Quality First](#), please email [gpworkload@bma.org.uk](mailto:gpworkload@bma.org.uk)

Please share this guidance as widely as possible with your colleagues so that it can be utilised fully in discussions with hospital providers.

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