Royal College of General Practitioners

Primary-Secondary Care Interface Guidance

Published: April 2024
Review date: This guidance is under review and will be updated in line with the red tape challenge. For any feedback, please contact: policy@rcgp.org.uk

This document is based on the RCGP Council supported guidance developed by Cheshire and Merseyside Health and Care Partnership.

Primary-Secondary Care Interface Guidance

This set of guidelines is based on the consensus document developed by the Cheshire and Merseyside Health and Care Partnership, and can be adapted to fit local circumstances at ICS level.*

Background and aims of this document

There is significant and increasing demand across the NHS system at a time of limited resources. It is therefore important that health and care professionals across secondary and primary care work collaboratively and efficiently so that patient journeys and experience are optimised. By setting out these guidelines, based on those agreed between primary and secondary care in Cheshire and Merseyside, we hope to:

- Highlight the importance of trusting relationships and good communication between primary and secondary care in the new ICS structure, fostering a culture of collaboration and joint working
- Improve patient care, flow and experience
- Reduce inappropriate administrative work in both primary and secondary care ensuring work is completed efficiently and in the most appropriate place

Recommended Standards

Primary and Secondary Recommended Joint Standards

- Duty of care when test results and drugs are ordered by secondary care, as determined by best practice and in line with BMA guidance
- Patients being sent for further investigations should be informed at the time of request how and when they will receive their results
- Commissioners should ensure providers have 'waiting well' initiatives in place for those on waiting lists
- Clinicians recommending initiation of a new medication should undertake and document appropriate pre-treatment assessment and counselling, whether in primary or secondary care settings
- Domain 3 and Domain 4 of the GMC's Good Medical Practice

Primary Care Standards

Clinicians should:

- Include appropriate clinical information with a sentence stating a clear reason for the referral in all referral letters

*Please also see the RCGP Position Statement on Advice and Guidance.

- Ensure any appropriate pre-referral assessments have been completed, according to local pathways, provided access to diagnostics is available to primary care teams
- Inform patients who they are referring them to and why, with clear advice on the next steps of the referral process
- Continue to follow up with patients with known long-term conditions and work with them to optimise the management of these conditions, explaining the importance of optimisation prior to surgery for any patients on waiting surgical lists

Secondary Care Standards

Clinicians should:

- Ensure timely communication with primary care colleagues following patient assessments
- Avoid asking GPs to undertake any tests that are required by secondary care as part of their diagnostic and treatment pathway, unless locally agreed and part of a clear pathway of care that benefits the patient
- Provide fit notes to patients when required, and for appropriate duration of time
- Prescribe for immediately required medications from outpatients and wards rather than sending letters for primary care to action on their behalf
- Check the local formulary before prescribing or recommending prescribing of medications to ensure primary care is able to continue any prescription started
- Put in place clear plans for patients who self-discharge against medical advice
- Review local pathways ending the automatic discharge of patients who DNA their appointments
- Arrange onward referral, without referring back to the GP, where appropriate and locally agreed