



North Central London
Health and Care
Integrated Care System

NCL Interface Improvement Programme update

12th February 2026

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New GP Feedback & Alert pathway

With thanks to all the contributors from the GPPA, LMC,
Providers and Quality & Safety teams

Why this matters to GPs?



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A single, improved way for GPs to raise concerns to secondary care without chasing.

- Quick/easy to flag inappropriate workload transfer
- Clear escalation when services don't respond
- You get feedback, tracking and reminders automatically

Key issues



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Two core system problems:

- Inappropriate transfer of care or tasks
- Difficult for GPs to contact services directly

Resulting system issues:

- GP queries lack clinical oversight and sit outside trust governance
- No formal escalation process → high workload for GP liaison teams
- Inconsistent feedback to GPs → low confidence in alerts
- GP alerts lose traceability in trust incident systems

Agreed areas to standardise



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- Single point of entry for queries
- Consistent turnaround times
- Ensure learning and prevention of recurrence
- Clear process for responding to GPs
- Standardising the reporting of themes

Updated process



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GP Feedback & Alerts are now submitted via a **single EMIS form**, saved automatically to the patient record.

The GP picks the level of escalation:

- **Feedback**
- **GP Alert**
- **Patient Safety Event**

GP Liaison is the central point of contact between General Practice and services, resolving and escalating interface issues.

Updated process



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SUBMIT ONCE → System handles the rest

- Send via single EMIS form
- Receipt automatically emailed back to you
- Automated outcome check
- Unresolved feedback/alerts automatically escalated

The EMIS Form



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Part 1: Pick the provider/service

Part 2: Explain the concern

Part 3: Pick the escalation pathway

6) HOW DO YOU WISH TO SUBMIT YOUR CONCERN(S)?*

Important: **Please select ONE option**

Part 3 of form

Generate a **Feedback letter** (response due within working 10 days)

Use when raising a concern about a one-off inappropriate or non-contractual request from secondary care. This generates a structured feedback letter back to the specialty/department.

Generate a **GP Alert** (response due within 10 working days)

Use when raising more serious concerns where there is a risk of patient harm/low level harm** such as repeated inappropriate requests from a specific service. This generates a formal alert to the provider.

Generate a **Patient Safety Event** (response due within 60 working days)

Use when there is actual moderate/severe patient harm**. This will trigger a review and formal investigation by the Risk & Safety team.

**Refer to [national definitions](#)



Feedback or GP Alert – Quick guide:

Default → Feedback

- One-off inappropriate requests (ie workload/task transfer)
- Likely awareness / training issue

Consider GP Alert if:

- Problem keeps happening
- Multiple patients affected
- Risk of harm

Giving feedback is always better than saying nothing

Escalation examples



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- GP asked to follow up hospital-initiated test results → **Feedback**
- Incorrect result/report sent for wrong patient → **GP Alert**
- Repeated failure to notify GP of patient deaths → **GP Alert**
- GP asked to re-refer for an investigation after 2 years → **GP Alert**
- GP asked to refer via urgent / suspected cancer pathway for problem identified in secondary care → **Patient Safety Event**

Timescales for response



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Agreed timescales for responding:

Feedback

10 working days

GP Alert

10 working
days

Patient Safety Event

60 working days to
investigate and ensure it
doesn't happen again *and*

any immediate action
required to ensure patient
safety

Benefits of new process



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For patients

- Faster, safer clinical journeys
- Better experience

For Primary Care

- One simple form
- No email ping-pong
- Automatic reminders and escalation tracking
- Copy saved to EMIS automatically
- Clear provider accountability

For trusts

- Stronger governance and system oversight
- Better clinical flow and productivity
- Fewer complaints and repeat issues

Timeline of rollout



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Jan & Feb: Testing automation

Feb: PCN3 pilot & GP comms

Mar: **Go live**

April: Full trust roll-out



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Update to NCL Onward Referral protocol (previously C2C policy)

GP webinar

12th February 2026



Background



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- NCL Consensus document (2023) included revised C2C referral policy.
- Increasing number of complaints/Quality Alerts about inappropriate transfer of tasks from secondary care to GPs
- Many clinical staff in acute trusts still unaware of change
- GP liaison teams report that they are currently receiving a high number of emails and Quality Alerts about inappropriate task transfer
- May 2025 - new Onward Referrals flowchart developed & agreed
- Onward Referrals policy now redrafted to support it

Onward referrals summary flowchart



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- Key purpose to support clinicians to make a judgement about onward referral
- Aims to reduce inappropriate task/work transfer from secondary care
- Clarifies responsibility for onward referral for:
 - time-critical problems
 - problems related to the condition for which they were referred
- Provides guidance on managing patient expectations if **do** need to be referred back to GP
- Applies to **all** clinicians requesting GP to action something that should be done in secondary care.
- Monitoring will be through the new GP feedback & alert pathway

Onward referrals policy & flowchart – next steps

- Submit to NCL CAG for sign off
- Comms for primary care re launch
- Trusts to:
 - **cascade** the policy to all clinical and operational staff, through a comprehensive, ongoing comms campaign – Mar 26
 - **embed** in induction - resident doctors /other staff – in progress
 - **Monitor** the number of GP alerts for inappropriate task transfer and address – Apr 26 onwards

MANAGEMENT OF ONWARD REFERRALS FOR NCL

Key principles:

1. This new guidance applies to **all** patients (including private) of **any** age requiring an **onward referral from any NCL provider** for further investigation or treatment
2. "Time critical" means any delay in clinical care that could result in significant harm to the patient (mental or physical)
3. Clinical accountability lies with the clinician who has identified the need for further investigation or treatment **and will rely on the individual clinician's judgement about what is best for the patient**

