The primary-secondary care interface – pushing back

UK LMC conference, Belfast, 2026

Dr. Toni Hazell – Haringey LMC chair
Dr. Farzana Vanat – Barnet LMC co-chair
Dr. Pippa Vincent – Enfield LMC co-chair

Declaration of interests

Toni

Current/recent

- Chair of Haringey LMC.
- Appraiser.
- Employed by RCGP as eLearning fellow and deputy MD of eLearning.
- Freelance medical writer and editor for Cogora, MIMS, Medscape, DNUK, Navigate Health and NAPS.
- Paid presenter and chair role at conferences and webinars for RCGP, PCWHS, Pulse, Best Practice and MIMS.
- Praktiki – freelance work and minority shareholder.
- Director of the Primary Care Women's Health Society.
- On medical advisory board for the website Babycentre.

Past

- Freelance medical writer and editor for iheed, BMJ Learning, Assura, PCM Scientific, emis, Healthwatch and Bluestream.
- Paid presenter and chair role at conferences and webinars for Livi, Nursing in Practice, Medscape and BMJ.
- Pharma/med tech funding from Bayer, MSD, Viatris, Hologic, ALK Abello, Exeltis and Thermo Fisher.
- Consultancy work for mgp and initiate consultancy.

Online declaration at https://www.whopaysthisdoctor.org/doctor/515/active

Farzana

- Co-chair of Barnet LMC.
- ICB age well clinical lead Place Barnet.
- Appraiser.
- Board member Londonwide LMC.

Pippa

- Co-chair of Enfield LMC.
- Freelance medical writer and editor for Navigate Health and Medscape.

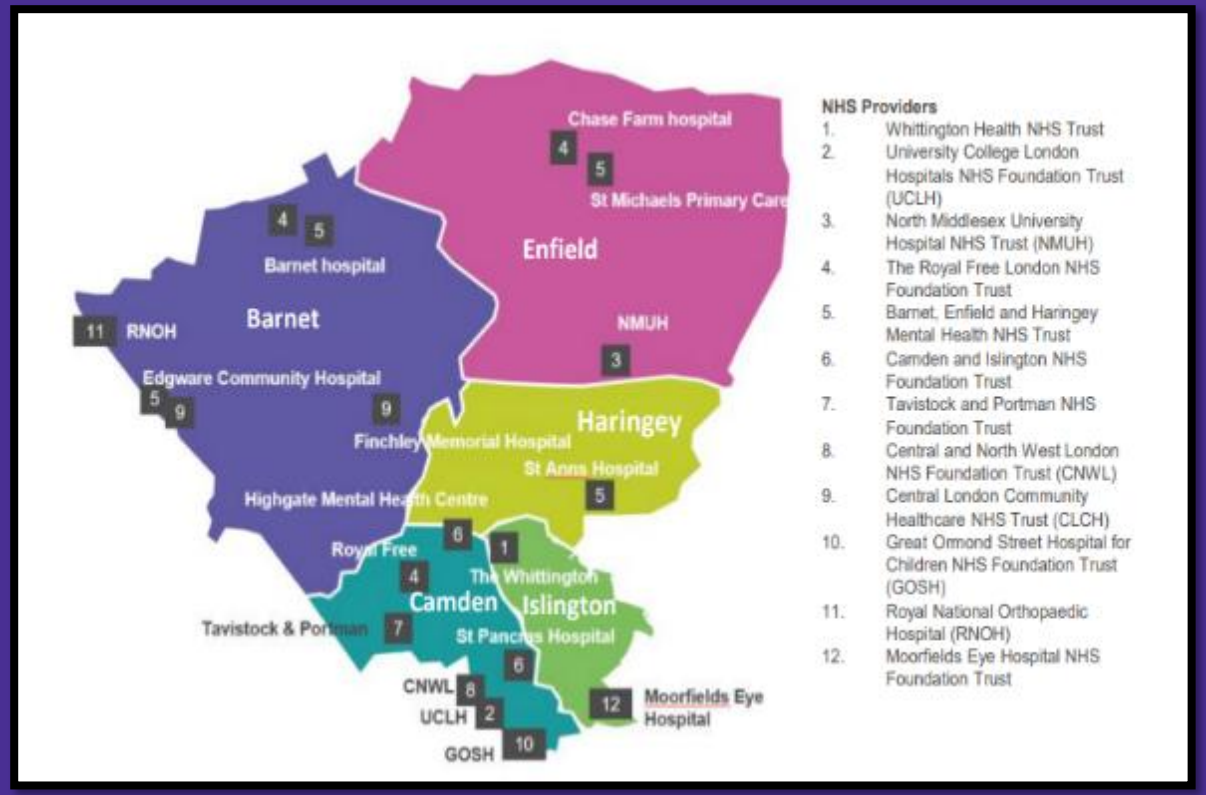
Session summary

- Introduction - the problem (Pippa).
- Our experience with a consensus interface document (Toni).
- How did we effect change in NCL – quality alerts (Farzana).
- Other LMC workstreams (Pippa).

Introduction

NCL ICS Geographical Complexity

- 1.8m residents.
- Spans 5 boroughs - Barnet, Camden, Enfield, Haringey, Enfield.
- Includes:
  - 12 NHS provider organisations.
  - 5 London councils.
  - 200 general practices with 33 Primary Care Networks (PCNs).
  - 300 pharmacies.
  - 200 care homes.
  - Multiple voluntary, community and social enterprise (VCSE) sector organisations and groups that provide care to our residents.



NCL ICS continued…

- One of the most complex integrated care systems in England.
- Multiple specialist providers(e.g. GOSH, Moorfields etc).
- Deprivation in all 5 boroughs, often close to areas of affluence.
- Around 50,000 children and young people across NCL live in poverty.
- Main causes of early death are cardiovascular disease, cancer and respiratory diseases.
- Activity in NCL monthly:
  - 750,000 GP appointments.
  - 60,000 primary to secondary care referrals.
  - 50,000 A&E attendances.
  - 7,872 2-week referrals.
- Primary – secondary care interface is critical and inter-provider interface challenges are also complex.

I would like this 12 year old girl to take sertraline 50mg daily – please give her a prescription and I will review her in six months.

There is no surgical treatment for this woman's back pain, please refer her to the pain clinic.

GP to chase……

GP to kindly…….

MSU culture not back at the time of discharge, GP to look up and action the result.

This woman will need eight weeks off work after her operation – GP to do fit note.

I will see this man in six months – please can you check his liver function in three months and send me the result.

GP to do daily U+Es for the first 10 days after discharge (in a letter that arrives three weeks after discharge).

This girl will turn 18 next month and therefore I am discharging her from my paediatric clinic – please refer her to an appropriate adult clinic to continue her care.

My patient has moved house and would rather have his care at his local hospital, so I have discharged him – GP to refer for ongoing care.

I have given this woman a prescription for her ADHD, but she cannot afford ongoing private care – please refer on the NHS and continue to prescribe and titrate until she is seen.

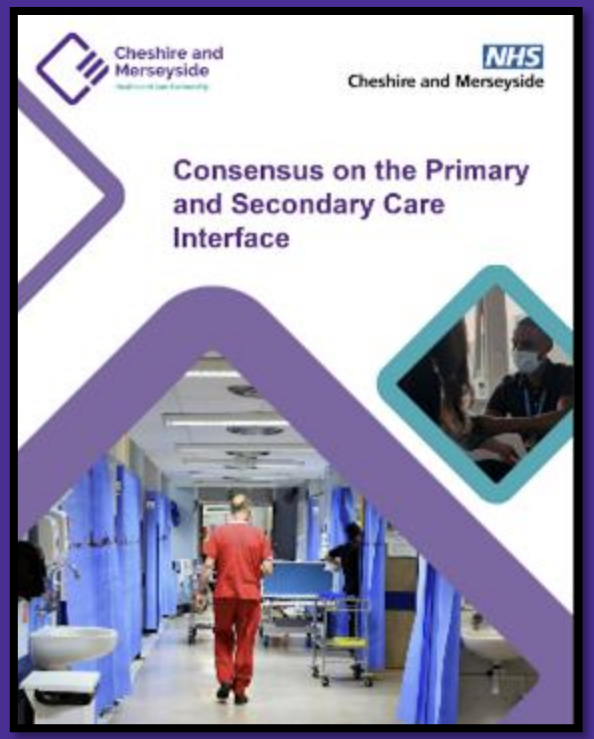
Causes of the issues

- Good intentions to make life easier for the patient, particularly when they live far from the hospital.
- Poor transport links (even in London!), particularly with high levels of poverty.
- Increasing numbers of “virtual” clinics resulting in patients not being on the hospital site to access pharmacies etc.
- Lack of awareness of the pressures on general practice.
- A wish to improve their own productivity.
- An increasing use of non-doctors to run clinics with quite complex clinical conditions without internal support.

Our experience with a consensus interface document

How does a consensus document happen?

- Cheshire and Merseyside was (we think) the first one – launched in 2022 and presented at RCGP conference to great interest.
- They now exist in many places - North-Central and South-East London, Coventry, Derbyshire, Humberside, Wessex and more…….
- Ours took over a year of negotiation before it got published and implementation has been a slow and ongoing process – but going in the right direction.
- Based on standard hospital contract and other guidelines.



Key principles

- Treat all colleagues with respect and keep the patient at the centre of all we do.
- Clinicians should seek to undertake any required actions themselves without asking other teams or services to do this.
- Whoever requests a test is responsible for the results of that test.
- The clinician who wishes to prescribe medication for the patient should undertake appropriate pre-treatment assessment and counselling.
- Try not to commit other individuals or teams to any particular action or timescale.

https://nclhealthandcare.org.uk/wp-content/uploads/2024/10/Interface-consensus-full-guideline.pdf

Principles for primary care

- When referring to secondary care:
  - Clear letter including patient expectation, not just copy of last consultation.
  - Up-to-date medication list.
  - Carry out appropriate primary care assessments and where possible optimise long-term conditions if surgery is likely to be needed.
  - Avoid abbreviations and acronyms.
  - Advise the patient that waiting times are long and appointments may be remote.
  - Consider the use of Easy Read patient leaflets (where available) to inform patients about their condition.

https://www.england.nhs.uk/publication/the-interface-between-primary-and-secondary-care-key-messages-for-nhs-clinicians-and-managers / https://nclhealthandcare.org.uk/wp-content/uploads/2024/10/Interface-consensus-full-guideline.pdf

Principles for secondary care

- Clear and timely communication to the GP.
- Don’t ask GP to do tests for you – arrange community phlebotomy if needed close to home.
- Give a fit note if needed.
- Prescribe from outpatients if needed immediately.
- Discharge medications to cover at least 14 days.
- Do not ask GPs to prescribe medications on the red list/not on formulary.
- Don’t automatically refuse a referral if it does not appear to fit the pathway – not all patients fit pathways.
- Put follow up plans in place for patients who self-discharge.
- DNAs not to be automatically discharged without clinical review.
- Arrange onward referral without referring back to the GP where appropriate.

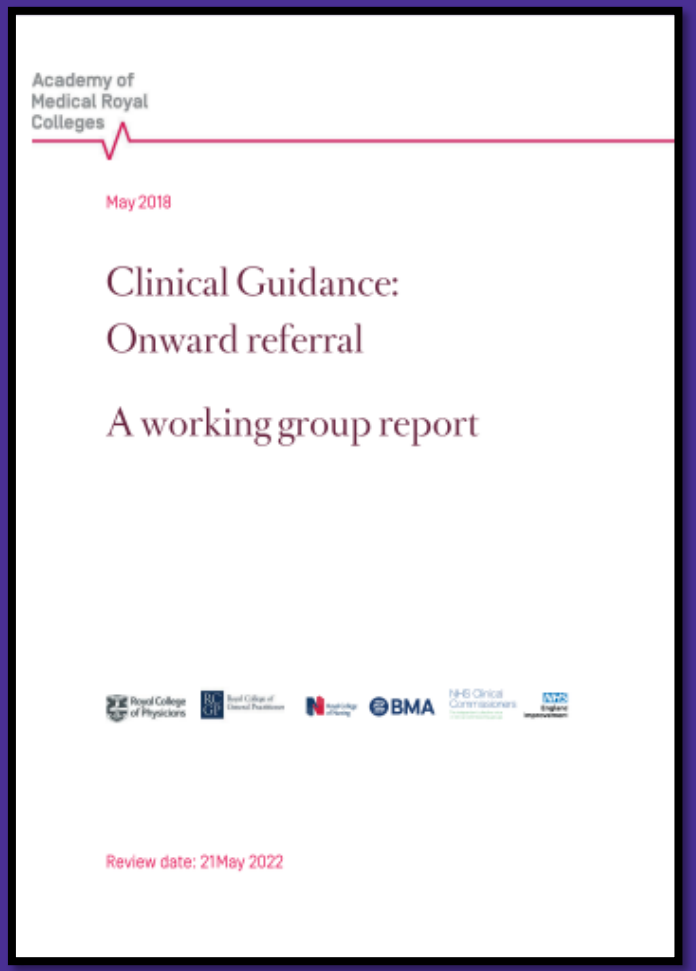
https://nclhealthandcare.org.uk/wp-content/uploads/2024/10/Interface-consensus-full-guideline.pdf

https://www.england.nhs.uk/publication/the-interface-between-primary-and-secondary-care-key-messages-for-nhs-clinicians-and-managers/

What is the interface document based on?

Academy of Medical Royal Colleges guidance on onward referral

- Consultant to consultant referral:
  - The reason for the referral is related to the original condition for which the consultant is seeing the patient.
  - The onward referral is due to a complication of the presenting condition, or an adverse effect of a treatment used for the presenting condition.
  - The reason for the referral is related to the presenting condition, but in a different body system.
  - There is an ‘immediate need’ for the onward referral.
- Back to the GP to refer on if none of the above apply (but don’t commit the GP to a particular action).



https://www.aomrc.org.uk/wp-content/uploads/2018/05/AOMRC-Guidance-on-onward-referral_210518-v3.pdf

Royal College of Emergency Medicine

Best Practice Guideline

Discharge to General Practice

Royal College of General Practitioners

October 2022 (revised)

The interface between primary and secondary care

Key messages for NHS clinicians and managers

In partnership with

Academy of Medical Royal Colleges · BMA · NHS Clinical Commissioners

NHS · NHS England and NHS Improvement · Royal College of General Practitioners · Royal College of Nursing

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NHS England

Responsibility for prescribing between Primary & Secondary/Tertiary Care

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New Guide

Bridging the interface between primary and secondary care, mental health and community services

GIRFT

Full-length NHS Standard Contract 2026/27 (Particulars, Service Conditions, General Conditions)

Document first published: 28 January 2026
Page updated: 2 April 2026
Topic: NHS Standard Contract
Publication type: NHS Standard Contract

The full-length NHS Standard Contract 2026/27 is comprised of the Particulars, Service Conditions and the General Conditions.

	Hospital contract	GIRFT	NHSE interface	NHSE prescribing	RCEM on discharge to GP
No blanket DNA policy asking for new referral.	x		x		
Onward referral to be done directly if urgent or related.	x	x	x		x
Providers to have and publicise arrangements for handling patient queries.	x	x	x		
Send discharge summaries quickly.	x	x	x	x	x
Issue medicine after hospital discharge.	x	x	x	x	
Do fit notes for the appropriate period.	x	x	x		x
Clear routes for primary/secondary care to contact each other.		x			
A&G conversion to referral to be done directly (whether same team or a different one).		x			
Secondary care to order their own tests.		x	x		
Each trust to have a GP liaison role.		x			
ICBs to support local interface forums.		x			
Shared care can only start if GP has explicitly agreed.			x	x	
Shared care must be appropriately resourced; patients have route of return to specialist without a new referral.				x	
Don’t routinely ask patients to see GP after ED attendance, ask GP to chase results of tests done in ED or set unrealistic expectations of what the GP can do.					x

Standard hospital contract

- National requirements of the standard contract:
  - Do not ask GPs to re-refer when a patient DNAs.
  - Onward referrals done directly if related to the condition for which the patient is being seen, or urgent.
  - Providers to put in place and publicise arrangements for handling patient queries.
  - Providers should communicate the results of investigations to patients directly.
  - Discharge summaries sent to the GP within 24 hours after discharge from inpatient, day case or emergency department care.
  - Providers to issue medication following discharge from hospital for a minimum period of seven days (unless a shorter period is clinically appropriate).
  - Fit note to be done directly and for the appropriate period.


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https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2026-27-particulars-service-conditions-general-conditions/

https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/primary-and-secondary-care/primary-and-secondary-care-working-together

Londonwide LMCs
The professional voice of London general practice

GIRFT

- Clear routes for primary care to contact secondary care and vice versa.
- A&G which results in a referral should be converted directly, whether the patient is to be seen by the team that handled the A&G, or referred on to a different team.
- If a patient needs to be referred to a different specialist within the hospital or to other organisations like home care support teams, that will be managed by secondary care.
- Secondary care must have a reliable/interactive way to answer patient admin/clinical queries directly with a clear route for escalation (voicemail isn't enough).
- Secondary care to do fit note for full length of time off work, at time of discharge.
- Secondary care to order follow up diagnostics for patients under their care.
- Secondary care to prescribe for 28 days where appropriate on discharge or from an outpatient appointment.
- Discharge summaries and clinic letters to come in a timely fashion.
- GP liaison roles should be present in each trust.
- ICBs to support local interface forums.

https://gettingitrightfirsttime.co.uk/wp-content/uploads/2025/07/GIRFT-Bridging-the-interface-July-2025-FINAL-1-1.pdf

NHSE guidance on interface

- No blanket ‘DNA discharge’ – individual decisions based on clinical review.
- Direct onward referrals if related/urgent.
- Providers to have in place efficient arrangements to handle patients’ queries and publicise these to patients and GPs – not to pass queries to the GP to handle.
- Providers to communicate the results of tests directly to patient.
- Discharge summary electronically within 24 hours (inpatient/day-case/ED) or 7 days (outpatients).
- Minimum of 7 days medication from admission, and enough until the GP can reasonably prescribe from outpatients.
- Shared care can only start if GP has explicitly agreed – if not then ongoing prescribing and monitoring rests with secondary care.
- Providers to issue fit notes for an appropriate period.

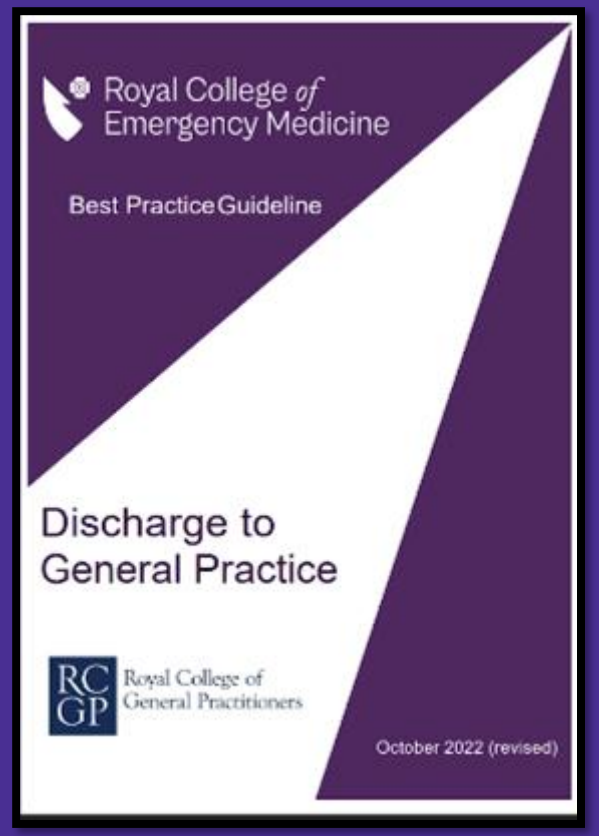
https://www.england.nhs.uk/wp-content/uploads/2017/07/interface-between-primary-secondary-care.pdf

NHSE guidance on prescribing

- At least 7 days of medication to be given on discharge from inpatient/day-case admission.
- Discharge summaries to be sent within 24 hours.
- When medicine from outpatients is immediately needed, must be supplied – ideally for at least 7 days.
- ED should also give at least 7 days medicine (unless that amount isn't needed).
- Shared care:
  - Cannot start without explicit agreement from the GP.
  - Patient must have a route of return to specialist that doesn't necessarily need a new referral.
  - Can only start if appropriately resourced.

RCEM guidance

- Do not tell patients to routinely see their GP after discharge.
- In general, GPs should not be asked to chase up the results of investigations requested by the emergency department (though gives exceptions which we may not agree with e.g. MSU).
- ED discharge letter should be sent in a timely manner, preferably electronically.
- Fit note should be issued by the ED for patients who will clearly not be fit for work after the 7 day 'self-certification' period.
- GPs are usually highly experienced practitioners who know their patients better than the ED, if it is felt a patient requires a further non-urgent test (which it would not be appropriate for the ED to perform) or a referral after discharge, it is advisable to suggest this rather than demand it.
- Refrain from setting unrealistic expectations e.g., '...go and see your GP they will arrange an urgent MRI scan for you…'.
- Direct referrals (after discharge from the ED) to specialists should be used for patients with a firm diagnosis that will clearly require urgent assessment (e.g., TIA, fractures, first fit, ureteric stones, recurrent epistaxis etc.) or where there is significant concern of an urgent nature e.g. suspicion of cancer (2 week wait).



https://res.cloudinary.com/studio-republic/images/v1665407344/Discharge_to_General_Practice_Updated_Oct22/Discharge_to_General_Practice_Updated_Oct22.pdf

Who will back me up?

- LMC resources.
- GP alert system.
- BMA template letters:
- Good Medical Practice can be quoted:
  - If you assess, diagnose or treat patients, you must…refer a patient to another practitioner when this serves that patient's needs.
  - Work with colleagues in the ways that best serve patients' interests.
  - You must treat colleagues fairly and with respect…work collaboratively with colleagues.

https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice/external-un-resourced-workload
https://londonwidelmcslearning.org.uk/
https://bma-mail.org.uk/t/JVX-4VZUM-1BJCJOU46E/cr.aspx

How did we effect change in NCL?

NCL Interface timeline

- 2024:
  - January Interface consensus published.
  - June Interface workshop with system leads.
  - July Agreement of 4 priority areas- inc GP QUERIES
  - November GIRFT visit from Prof Briggs and Dr Fuller.
  - December Red Tape Challenge pre-Christmas audit

Red tape challenge and GIFRT

- Pre-Christmas audit - early findings. PCNs report up to:
  - 25% of primary care workload came from secondary care.
  - 5-25% of primary care contacts related to fit notes
  - 11% of discharge letters included tasks that could have been carried out in secondary care
  - 15% of requests to GP from secondary care related to onward referrals and 30% related to medication changes

- August 25 – GIRFT guidelines published
  - Bridging the interface between primary and secondary care, mental health and community services.
  - Clinical operational standards supporting emergency care pathways.

GP Liaison Services workstream

- ICB looked at current GP reporting systems:
  - GP liaison services.
  - GP quality alert system.
- Single patients and almost exclusively clinical.
- No clinical oversight of queries to non-clinical team.
- Sat outside trust governance.
- No formal routes for liaison teams to escalate.
- Struggling with volume.
- GPs had little confidence.

GP Feedback & Alert Form

- A single access point for GPs for all concerns.
- Tracks patterns and supports system change.

GP Feedback & Alert form (v1.4- test)

This form is to be used for raising any concerns with a provider, by generating a **feedback letter** sent directly to the relevant specialty/department, a **GP alert** or a **patient safety event**.

Important: Please email the completed form (ideally via Accumail) to **93capp.clinicalalerts@nhs.net** (a secure email). Any supporting documents, including any with patient identifiable data, **must be attached**

Date: 07-Dec-2025

Patient name: Eighteen Editestpatient	**DOB:** 21-Jul-1960	**NHS number:** 999 999 9654
GP's name: Dr Farzana Vanat		**GP's email:** farzanavanat@nhs.net
GP GMC number: 6149400		**GP practice:** PHGH DOCTORS
Practice code: E83009		**Practice email:**
Reporter name (if not GP):		

1) PROVIDER (please select one only):

NCL Hospitals
- ☐ Barnet Hospital
- ☐ Chase Farm Hospital
- ☐ Great Ormond Street Hospital
- ☐ Moorfields Eye Hospital
- ☐ North Middlesex Hospital
- ☐ Royal Free Hospital
- ☐ Royal National Orthopaedic Hospital
- ☐ University College London Hospitals
- ☐ Whittington Health NHS Trust

NCL Community organisations
- ☐ Central London Community Healthcare Trust
- ☐ Central & North West London Foundation Trust
- ☐ Enfield Community Gynaecology
- ☐ Gynaecology Community Service
- ☐ Islington Community Ear, Nose & Throat

Mental health trusts
- ☐ East London NHS Foundation trust
- ☐ North London NHS Foundation Trust (previously BEHMT and CIFT)
- ☐ South London & Maudsley NHS Trust
- ☐ Tavistock & Portman Foundation Trust

Other non-NHS organisations
- ☐ BMI Hendon
- ☐ BMI Kings Oak
- ☐ Consultant Connect
- ☐ DALS Interpreting Service
- ☐ Highgate Hospital
- ☐ InHealth

Outside NCL
- ☐ Charing Cross Hospital
- ☐ Chelsea & Westminster Hospital
- ☐ Ealing Hospital
- ☐ Guys' Hospital
- ☐ Hammersmith Hospital
- ☐ Harefield Hospital
- ☐ Homerton University Hospital
- ☐ King's College Hospital
- ☐ Newham Hospital
- ☐ Northwick Park Hospital
- ☐ Royal Brompton Hospital
- ☐ Royal Papworth Hospital
- ☐ St Bartholomew's Hospital
- ☐ St Mary's Hospital
- ☐ St Thomas's Hospital
- ☐ The Royal London Hospital
- ☐ West Middlesex University Hospital
- ☐ Whipps Cross Hospital

Urgent Care Providers
- ☐ LCW (London Central West) & NHS111
- ☐ London Ambulance Service

☐ **Other provider** (please specify):

NB: For Community Pharmacists, Dentists and Optometrists please email the provider directly

2) SPECIALTY / DEPARTMENT:
Specialty/Department Email (if known): *If not known, **please leave blank** and your alert will be forwarded to the appropriate team*

3) CONCERNS:
Select all the concerns below that apply

Advice & guidance		**Medication / Prescribing**	
Guidance delayed / not received / refused or directed to use Consultant Connect instead	☐	Prescription illegible / unclear / incorrect medication	☐
Guidance not helpful / unclear	☐	First prescription not given	☐
Appointments		Request for medication without patient discussion recorded	☐
Long wait / no appointment / lost to follow up	☐	Drug not on hospital or NCL formulary	☐
Requested face-to-face but not given	☐	Patient asked to take OP prescription to GP	☐
Clinical care		No shared care agreement in place	☐
Suspected error in clinical care	☐	Asked to prescribe for secondary care condition	☐
Unable to contact team / no response	☐	Request to prescribe on behalf of non-prescriber	☐
Request to act outside scope of practice/clinical competence	☐	**Referrals / Transfer of care**	
Request to provide clinical care not approved by NICE / unlicensed	☐	Can't find service / not available on eRS	☐
Request to treat urgent problem identified in secondary care	☐	Wrongly triaged / downgraded (includes Urgent Suspected Cancer)	☐
Clinic letters / Discharge summaries		Missing / lost / returned after long wait	☐
Not received / delayed	☐	Reason for return unclear / not given / inappropriate	☐
Unclear / incomplete / too long	☐	Asked to onward refer for a related / urgent condition identified by secondary care	☐
Inappropriate request for action by GP	☐	Refer to service GPs cannot access	☐
Investigations / Tests		Asked to refer a private patient to an NHS clinic	☐
Order investigations with unrealistic timeframes	☐	**Other**	
Request to repeat/chase investigations or results as part of secondary care management	☐	Fit note not provided/inadequate timescale	☐
Request to manage condition not covered by GMS contract / no locally commissioned service	☐	IG / GDPR breach	☐
Missing/delayed results or reports	☐	IT / interoperability issues	☐

4) ACTIONS REQUIRED OF THE SPECIALTY/DEPARTMENT? (Please select one if relevant):

☐ **Request not actioned by GP** – specialty/department needs to contact patient directly
☐ **Request has been actioned by GP this time for patient safety** – specialty/department needs to confirm what changes have been made to prevent recurrence

5) PLEASE GIVE DETAILS:

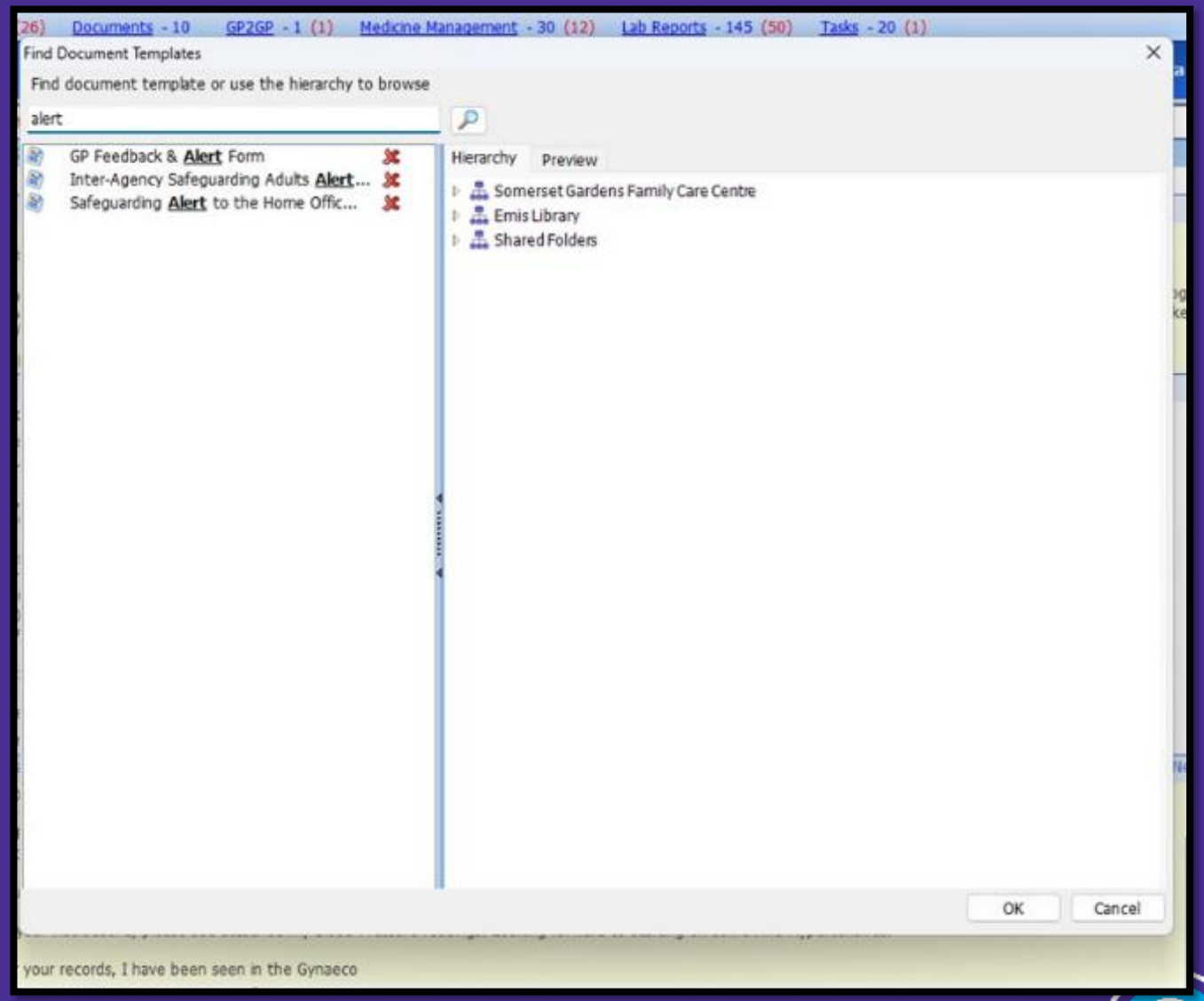
6) HOW DO YOU WISH TO SUBMIT YOUR CONCERN(S)?
Important: The option chosen will determine how your feedback is managed by the provider. **You must select ONE option otherwise this form will be returned asking for this information.**

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

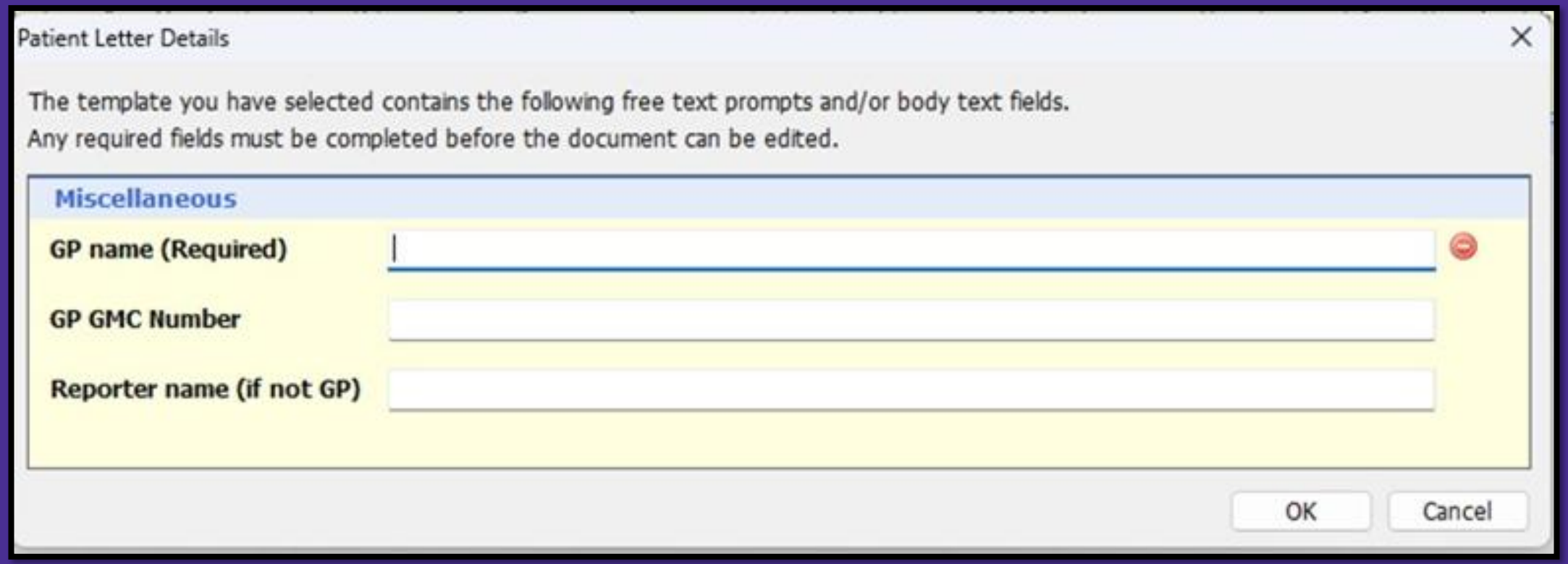
Embedded into EMIS



The EMIS form

- **Part 1: Add your details (including GMC number).**
- Part 2: Pick the provider/service.
- Part 3: Describe the concern.
- Part 4: Action required by the service.
- Part 5: Pick the escalation pathway.

NCL quality alert system



The EMIS form

- Part 1: Add your details (including GMC number).
- **Part 2: Pick the provider/service.**
- Part 3: Describe the concern.
- Part 4: Action required by the service
- Part 5: Pick the escalation pathway.

List of providers

Please complete all sections marked * or the form will be returned requesting this information

1) PROVIDER (please select **one** only)*:

NCL Hospitals
- ☐ Barnet
- ☐ Chase Farm
- ☐ Great Ormond Street
- ☐ Moorfields Eye
- ☐ North Middlesex
- ☐ Royal Free
- ☐ Royal National Orthopaedic
- ☐ University College London
- ☐ Whittington Health

NCL Community providers
- ☐ Central London Community Healthcare (CLCH)
- ☐ Central & North West London (CNWL)
- ☐ Enfield Community Gynae
- ☐ Islington Community Gynae
- ☐ Islington Community ENT

Hospitals outside NCL
- ☐ Charing Cross
- ☐ Chelsea & Westminster
- ☐ Ealing
- ☐ Guy's
- ☐ Hammersmith
- ☐ Harefield
- ☐ Homerton
- ☐ King's College
- ☐ Newham
- ☐ Northwick Park
- ☐ Royal London
- ☐ St Bartholomew's
- ☐ St Mary's
- ☐ St Thomas's
- ☐ West Hertfordshire
- ☐ West Middlesex University
- ☐ Whipps Cross

Mental health trusts
- ☐ East London Foundation Trust
- ☐ North London Foundation Trust (previously BEHMT & CIFT)
- ☐ South London & Maudsley
- ☐ Tavistock & Portman

Urgent Care providers
- ☐ NHS111
- ☐ London Ambulance Service

Non-NHS providers
- ☐ DALS Interpreting Service
- ☐ InHealth

☐ **Other** (specify):

NB: For Community Pharmacists, Dentists & Optometrists please email the provider directly

2) SPECIALTY / SERVICE (required)*:

The EMIS form

- Part 1: Add your details (including GMC number).
- Part 2: Pick the provider/service.
- **Part 3: Describe the concern.**
- Part 4: Action required by the service.
- Part 5: Pick the escalation pathway.

What the GP alert covers

- Advice & Guidance.
- Appointments.
- Clinical care.
- Clinical letters and discharge summaries.
- Investigations and tests.
- Medication and prescribing.
- Referrals and transfer of care.
- Other.

Nature of concerns

3) NATURE OF CONCERN* (Select **all** that apply):

Advice & guidance
- ☐ Advice unclear / not clinically helpful
- ☐ No / long delay in response
- ☐ Refused or directed to consultant connect

Appointments / Access
- ☐ Inappropriate discharge after DNA
- ☐ No appointment / long wait / lost to follow-up
- ☐ Requested face-to-face but no given

Clinical Care / Safety
- ☐ Conflicting clinical advice
- ☐ Discharged without clear follow-up plan
- ☐ Suspected diagnostic or treatment error
- ☐ Unable to contact team / no response
- ☐ Urgent issue not acted on by secondary care
- ☐ Unsafe discharge

Investigations / Tests
- ☐ Asked to order / chase hospital tests or results
- ☐ Investigation result available but no follow-up
- ☐ Results missing / delayed
- ☐ Unrealistic timescale to order investigations

Letters / Discharge Summaries
- ☐ Letter not received / delayed
- ☐ Letter unclear / not helpful

Medication / Prescribing
- ☐ Asked to prescribe / monitor specialist drug
- ☐ Drug not on NCL formulary
- ☐ First prescription not given / Patient asked to take outpatient prescription to GP
- ☐ Medication request but no patient discussion recorded
- ☐ No shared care agreement
- ☐ GP asked to prescribe on behalf of non-prescriber
- ☐ Prescription error

Referrals / Transfer of Care
- ☐ Asked to refer inappropriately / GP can't access service
- ☐ Asked to *refer* related / urgent condition identified in secondary care
- ☐ Asked to *treat* related / urgent condition identified in secondary care
- ☐ Referral rejected – reason unclear / not given
- ☐ Referral wrongly triaged / downgraded
- ☐ Request to treat outside scope of practice / not NICE approved / outside GP contract

- ☐ **Fit note** not provided / inadequate timescale
- ☐ **Other**

The EMIS form

- Part 1: Add your details (including GMC number).
- Part 2: Pick the provider/service.
- Part 3: Describe the concern.
- **Part 4: Action required by the service.**
- Part 5: Pick the escalation pathway.

Action required

5) ACTIONS REQUIRED OF THE SPECIALTY / SERVICE (please select **one** only)*:

- ☐ **Request NOT actioned by GP** – specialty / service needs to action for patient
- ☐ **Request actioned by GP this time for patient safety** – specialty / service asked to confirm how they will prevent recurrence
- ☐ **Feedback only**

The EMIS form

- Part 1: Add your details (including GMC number).
- Part 2: Pick the provider/service.
- Part 3: Describe the concern.
- Part 4: Action required by the service
- **Part 5: Pick the escalation pathway.**

How it works

You choose the escalation level:

- **Feedback (exp. 10 working day response).**
  - For inappropriate / non-contractual requests (eg. onward referral, transfer of care) and no immediate risk of harm.

- **GP Alert (exp. 10 working day response)**
  - Recurring issue, multiple patients or more serious concern / risk of harm.

- **Patient Safety Event (exp. 60 working day response)**
  - Serious safety concern – triggers formal review.

GP Feedback & Alert form (v1.4- test)

This form is to be used for raising any concerns with a provider, by generating a **feedback letter** sent directly to the relevant specialty/department, a **GP alert** or a **patient safety event**.

Important: Please email the completed form (ideally via Accumail) to **93capp.clinicalalerts@nhs.net** (a secure email). Any supporting documents, including any with patient identifiable data, **must be attached**

Date: 07-Dec-2025

Patient name: Eighteen Editestpatient	**DOB:** 21-Jul-1960	**NHS number:** 999 999 9654
GP's name: Dr Farzana Vanat		**GP's email:** farzanavanat@nhs.net
GP GMC number: 6149400		**GP practice:** PHGH DOCTORS
Practice code: E83009		**Practice email:**
Reporter name (if not GP):		

1) PROVIDER (please select one only):

NCL Hospitals
- ☐ Barnet Hospital
- ☐ Chase Farm Hospital
- ☐ Great Ormond Street Hospital
- ☐ Moorfields Eye Hospital
- ☐ North Middlesex Hospital
- ☐ Royal Free Hospital
- ☐ Royal National Orthopaedic Hospital
- ☐ University College London Hospitals
- ☐ Whittington Health NHS Trust

NCL Community organisations
- ☐ Central London Community Healthcare Trust
- ☐ Central & North West London Foundation Trust
- ☐ Enfield Community Gynaecology
- ☐ Gynaecology Community Service
- ☐ Islington Community Ear, Nose & Throat

Mental health trusts
- ☐ East London NHS Foundation trust
- ☐ North London NHS Foundation Trust (previously BEHMT and CIFT)
- ☐ South London & Maudsley NHS Trust
- ☐ Tavistock & Portman Foundation Trust

Other non-NHS organisations
- ☐ BMI Hendon
- ☐ BMI Kings Oak
- ☐ Consultant Connect
- ☐ DALS Interpreting Service
- ☐ Highgate Hospital
- ☐ InHealth

Outside NCL
- ☐ Charing Cross Hospital
- ☐ Chelsea & Westminster Hospital
- ☐ Ealing Hospital
- ☐ Guys' Hospital
- ☐ Hammersmith Hospital
- ☐ Harefield Hospital
- ☐ Homerton University Hospital
- ☐ King's College Hospital
- ☐ Newham Hospital
- ☐ Northwick Park Hospital
- ☐ Royal Brompton Hospital
- ☐ Royal Papworth Hospital
- ☐ St Bartholomew's Hospital
- ☐ St Mary's Hospital
- ☐ St Thomas's Hospital
- ☐ The Royal London Hospital
- ☐ West Middlesex University Hospital
- ☐ Whipps Cross Hospital

Urgent Care Providers
- ☐ LCW (London Central West) & NHS111
- ☐ London Ambulance Service

☐ **Other provider** (please specify):

NB: For Community Pharmacists, Dentists and Optometrists please email the provider directly

2) SPECIALTY / DEPARTMENT:
Specialty/Department Email (if known): *If not known, **please leave blank** and your alert will be forwarded to the appropriate team*

3) CONCERNS:
Select all the concerns below that apply

Advice & guidance		**Medication / Prescribing**	
Guidance delayed / not received / refused or directed to use Consultant Connect instead	☐	Prescription illegible / unclear / incorrect medication	☐
Guidance not helpful / unclear	☐	First prescription not given	☐
Appointments		Request for medication without patient discussion recorded	☐
Long wait / no appointment / lost to follow up	☐	Drug not on hospital or NCL formulary	☐
Requested face-to-face but not given	☐	Patient asked to take OP prescription to GP	☐
Clinical care		No shared care agreement in place	☐
Suspected error in clinical care	☐	Asked to prescribe for secondary care condition	☐
Unable to contact team / no response	☐	Request to prescribe on behalf of non-prescriber	☐
Request to act outside scope of practice/clinical competence	☐	**Referrals / Transfer of care**	
Request to provide clinical care not approved by NICE / unlicensed	☐	Can't find service / not available on eRS	☐
Request to treat urgent problem identified in secondary care	☐	Wrongly triaged / downgraded (includes Urgent Suspected Cancer)	☐
Clinic letters / Discharge summaries		Missing / lost / returned after long wait	☐
Not received / delayed	☐	Reason for return unclear / not given / inappropriate	☐
Unclear / incomplete / too long	☐	Asked to onward refer for a related / urgent condition identified by secondary care	☐
Inappropriate request for action by GP	☐	Refer to service GPs cannot access	☐
Investigations / Tests		Asked to refer a private patient to an NHS clinic	☐
Order investigations with unrealistic timeframes	☐	**Other**	
Request to repeat/chase investigations or results as part of secondary care management	☐	Fit note not provided/inadequate timescale	☐
Request to manage condition not covered by GMS contract / no locally commissioned service	☐	IG / GDPR breach	☐
Missing/delayed results or reports	☐	IT / interoperability issues	☐

4) ACTIONS REQUIRED OF THE SPECIALTY/DEPARTMENT? (Please select one if relevant):

☐ **Request not actioned by GP** – specialty/department needs to contact patient directly
☐ **Request has been actioned by GP this time for patient safety** – specialty/department needs to confirm what changes have been made to prevent recurrence

5) PLEASE GIVE DETAILS:

6) HOW DO YOU WISH TO SUBMIT YOUR CONCERN(S)?
Important: The option chosen will determine how your feedback is managed by the provider. **You must select ONE option otherwise this form will be returned asking for this information.**

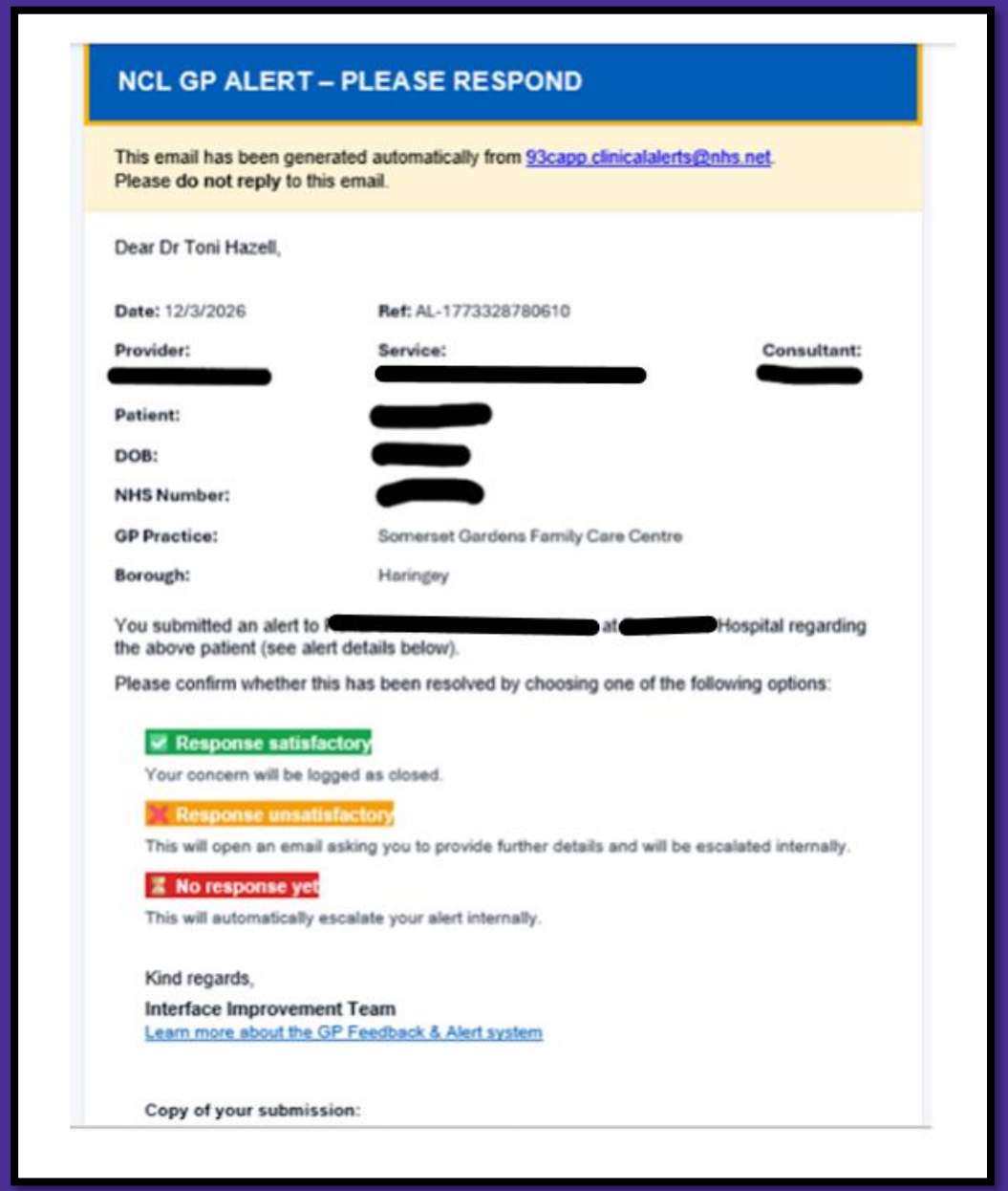
☐ Generate a **Feedback letter** (response due within working 10 days)
Use when raising a concern about a one-off inappropriate or non-contractual request from secondary care. This generates a structured feedback letter back to the specialty/department.

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

What happens next?

- Email via Accurx Mail
- Automatic alert – no chasing
- GP liaison teams are fully supported:
  - Themes to be collated and monitored to identify areas that may need improvement
- Reports
  - Medical directors
  - Clinical interface groups



NCL GP ALERT – PLEASE RESPOND

This email has been generated automatically from 93capp.clinicalalerts@nhs.net.
Please do not reply to this email.

Dear Dr Toni Hazell,

Date: 12/3/2026 **Ref:** AL-1773328780610

Provider: [redacted] **Service:** [redacted] **Consultant:** [redacted]

Patient: [redacted]
DOB: [redacted]
NHS Number: [redacted]
GP Practice: Somerset Gardens Family Care Centre
Borough: Haringey

You submitted an alert to [redacted] at [redacted] Hospital regarding the above patient (see alert details below).

Please confirm whether this has been resolved by choosing one of the following options:

Response satisfactory
Your concern will be logged as closed.

Response unsatisfactory
This will open an email asking you to provide further details and will be escalated internally.

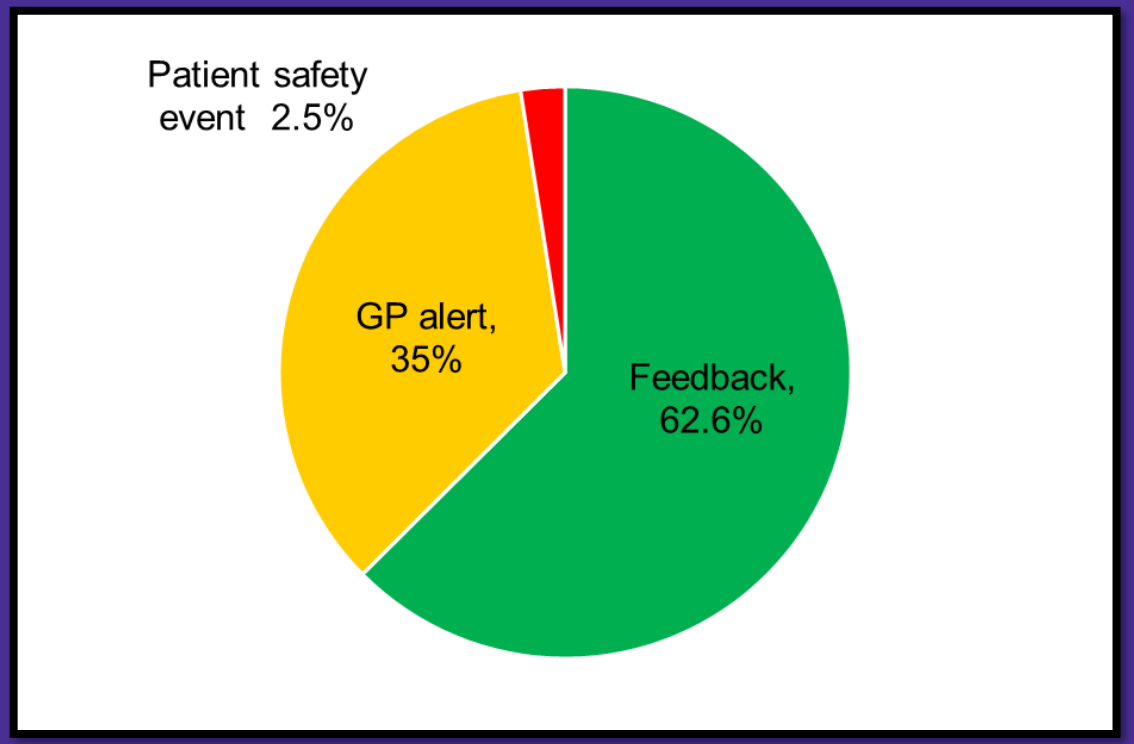
No response yet
This will automatically escalate your alert internally.

Kind regards,
Interface Improvement Team
Learn more about the GP Feedback & Alert system

Copy of your submission:

Analysis: The first 5 weeks

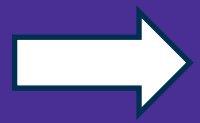
- Total alerts: 570 (5 weeks)
  - > 100 / week.
  - ~6–7x increase vs previous process.
  - (~60–70/month).
- Levels:
  - Feedback : 356 (~63%).
  - GP Alerts : 199 (~35%).
  - Patient Safety Events : 14 (2%, all open).
- Adoption:
  - Currently used by 1/3 of GP practices across NCL.



Why is it working?

- JOINT EFFORT:
  - ICB.
  - Significant engagement and support from trusts and trust liaison officers, other providers.
  - LMC.
- Easy, embedded form to raise a concern.
- Clear comms to practices across NCL.
- Quicker and more helpful responses from services.
- Automated process.
- Alerts tracked and visible.

Achievement and the future

- Individual frustrations  system-level accountability.
- Structured insight into system issues.
- Use insights to drive targeted quality improvement processes.
- Education from themes.
- System wide culture change.
- Need two-way process so trusts can feedback to primary care.
- Improved patient safety and experience.

Ongoing challenges

Ongoing challenges

- Lack of urgency from secondary care.
- Lack of understanding of the impact on primary care of pathway change.
- Needing the “right people” at each meeting.
- Individual buy-in vs corporate understanding.
- New issues (e.g. virtual consultations) leading to new problems.
- Discrepancy between perceptions of success.
- Isn’t this part of neighbourhood work?
- ICB merger (NCL and NWL became WNL).
- ICB moving to becoming a strategic commissioner reduces potential leverage further.
- Who will be leading on pathway redevelopment? Or medicines management? Or oversight of interface issues?

Addressing these challenges

- Attending primary secondary care interface meetings with each of the 3 acute trusts in our ICB, as well as the mental health trust.
- Attending pathway meetings to ensure each pathway is compliant with the consensus document.
- Attending task and finish groups looking at specific issues.
- Sitting on the GP provider collaborative board.

Other ongoing interface workstreams

- Onward referrals (C2C).
- Department contact details.
- Reducing referral rejection rates.
- Discharge summary redesign.
- EPS rollout from hospitals.
- Continuing concerns regarding SDEC follow-up.

Referral Interface Workstream update

- Referral Interface Group (primary and secondary care clinical/managerial leads, GPPA,LMC).
- Group reports to CIGs on the following:
  - Current standards on referral policies (inc eRS, A&G, CAS, RAS) - agree standardisation and ways to improve patient safety and experience.
  - Development/review of specialties with highest rejection rates (cardiology, dermatology, rheumatology).
  - Prioritisation framework for agreeing order of future specialities for redesign.
  - Agree required resource for redesign and reviews with CIGs.
  - Fully embed the consensus document principles including delivery of national interface priorities for complete care, onward referral, call and recall.
  - Fully embed the consultant to consultant referral policy.

Example of speciality review (cardiology):

- NCL-wide suspected stable angina referral form piloted and revised after feedback. Stable chest pain pathway revised after feedback.
- Draft palpitations and AF pathways underway.
- Holter guidance added to GP website and standard sentence agreed for reassurance if all abnormal findings are minor. GP education session on Holter interpretation booked.
- Work to ensure consistency of naming on directory of services for every trust.
- Lipid management pathway being drafted, which will not include GPs giving inclisiran without funding!

Key messages for each meeting

- If work shifts left, resources must follow.
- We won't accept 'something' because it is better than 'nothing' e.g. £15 for inclisiran.
- Educating our secondary care colleagues and encouraging culture change.

- We also listen! We feed back to our constituents where there are common themes about poor referrals or inadequate records.

Communication with our consituents

- Plan to present at PCN forums and then seek slot at practice meeting for those practices not at the forums.
- Slide deck written for these meetings, which practices can then use to cascade the information.
- Supporting practices to bounce things back and education to those who work in multiple practices e.g. pharmacists to know not to add a medication just because told to by a consultant.
- Getting information out to GPs:
  - Newsletters.
  - Specific information re particular issues e.g. inclisiran.
  - Via PCN CDs (for now).
  - Via GPPC.