



Consensus on Primary & Secondary Care Interface Summary (2026)

GENERAL PRINCIPLES

- Treat all colleagues with respect and keep the patient at the centre of everything we do
- Ensure patients are fully informed about their care and what to expect
- Avoid committing colleagues to specific actions or timescales
- Undertake any required clinical actions and do not ask another team to do so (unless outside professional competence).
- Whoever requests a test or investigation is responsible for managing the results (including any incidental findings)
- EDs should **not** ask GPs to chase acute investigation results or to onward-refer urgent suspected cancer or time-critical problems. For non-acute abnormal findings ED clinicians should advise patients to book a routine appointment with their GP for assessment and further investigation or treatment. They should **avoid** asking the GP to contact the patient (unless vulnerable) for follow-up or for specific investigations or management.
- Where there are concerns regarding a vulnerable or frail patient, then proactive steps must be taken by the ED clinician to ensure that the patient has follow-up planned with primary care.
- When referring a patient to the Emergency Department, they should be expected by or have at least been signposted to a specialty team.
- Refer to the [NCL EBICS policy](#) when considering treatment or onward referral
- Clinicians initiating the prescribing of a new medication should undertake and document pre-treatment assessment and counselling
- Use standard referral forms where possible

PRIMARY CARE

- Be clear in your “ask” when referring a patient to secondary care.
- Ensure all relevant primary care assessments have been completed
- Inform the patient who they are being referred to, why and what to expect
- If referring for potential surgery, consider optimisation of any long-term conditions and direct patients to waiting well resources

SECONDARY CARE

- Refer to the [NCL Onward Referral policy](#) for guidance on when to refer directly and when it is more appropriate to ask the GP to do so
- **ANY suspected cancer or time critical problem** requiring further investigation or treatment, whether **RELATED OR UNRELATED** to the original condition **should be onward referred** and not sent back to the GP
- Ensure timely and clear communication to both GPs and patients following patient contact
- Do not ask GPs to organise tests needed for ongoing hospital management
- If needed, please provide new, acute fit notes (sick notes) for the full anticipated timescale and do not ask patients to request from their GP
- If immediate treatment is required from Outpatients, please prescribe
- Discharge medications and outpatient prescriptions should cover the minimum duration (currently 14 days but for review in 26/27) specified in the [NCL Interface Prescribing Guidance](#)
- Use the nationally commissioned Discharge Medicines Service from community pharmacy
- When requesting ongoing prescribing from the GP please check this is in line with [NCL Interface Prescribing Guidance](#) first
- Consider arranging follow up plans for inpatients who self-discharge (particularly vulnerable patients)

