BMA

From your BMA GPs committee chair

Important changes to the hospital contract to stop inappropriate workload shift onto GPs

Dear Dr Bray,

Last year NHS England accepted taking forward GPC's **urgent prescription for general practice**. This was followed by setting up a dedicated primary/secondary care interface group, to develop our proposals to reduce bureaucracy and the continued shift of inappropriate workload onto GP practices.

I am pleased to announce that as a result, we have secured important changes to the hospital contract in England for 2017/18. These build on last year's changes to the 2016/17 hospital contract following pressure from GPC, which include:

- That the results of investigations requested by hospital clinicians should be communicated by the hospital directly to patients.
- That hospitals should directly liaise with patients should they miss an outpatient appointment rather than ask GPs to re-refer.
- That hospitals should make direct internal referrals to another department or clinician for a related medical problem rather than send the patient back to the GP for a new referral.

Don't forget to continue to use our **practice templates for the hospital 2016/17 contract changes** to push back on instances where these standards are not being met.

Further changes to the hospital contract 2017-19

The new changes to the 2017-19 hospital contract are designed to further reduce inappropriate workload on GP practices, and also improve patient care across the primary/secondary care interface as follows:

1. **Hospitals to issue fit notes, covering the full period until the date by which it is anticipated that the patient will have recovered.** It is a waste of GP time, and appointments, for patients to be given (for instance) an interim fit note from a hospital discharge for two weeks and to be told to see a GP for a continuation, when it was clear from the outset that they needed two months off work after major surgery – this contract change requires that the patient receives a fit note

covering the full period.

2. **Hospitals to respond to patient queries for matters relating to their care rather than asking the patient to contact their GP.** This would put an end to a culture spanning decades, of patients being told to 'see your GP' for a host of issues that should clearly be the responsibility of secondary care – such as queries regarding hospital test results, treatment and investigations, administrative issues regarding follow up, or delays in appointments. The new contract requires that the provider respond to patients (as well as GP queries) 'promptly and effectively to such questions and that these are publicised using all appropriate means, including in appointment and admission letters and on the provider's website; and deal with such questions themselves, not by advising the patient to speak to their referrer'.

3. **Hospitals must not transfer management under shared care unless with prior agreement with the GP.** GPs should not therefore be asked to prescribe specialist medications by virtue of a hospital letter or instruction alone. Any such shared care arrangement must be explicitly agreed first by the GP based on whether they feel competent to do so, and which may include being resourced to do this as a locally commissioned service.

4. **Hospital clinic letters to be received by the GP within 10 days** from 1 April 2017, and **within seven days** from 1 April 2018. This will significantly reduce wasted appointments when patients specifically arrange to see a GP following an outpatient clinic appointment, but without us having the relevant clinical information to manage the patient, often requiring the patient to book another appointment.

5. **Issuing medication following outpatient attendance** at least sufficient to meet the patient's immediate clinical needs until their GP receives the relevant clinic letter and can prescribe accordingly. This addresses the growing phenomenon of patients turning up at a GP surgery sometimes almost immediately after a hospital appointment for an outpatient initiated prescription, with the GP pressurised to prescribe without relevant clinical information, and with accompanying clinical governance risks.

Remember, these changes are not recommendations but contractual requirements, and therefore if hospitals do not abide by these standards they are in breach of their contract.

Making these changes take effect

These changes won't simply happen by themselves overnight, as they represent changes to ingrained longstanding behaviour. Change requires hospitals to become aware of and implement these contractual changes, and for CCGs as commissioners to hold providers to account. CCGs also have the ability to act on hospital breaches, including giving notice of remedial action which could include financial sanctions. Remember that practices are members of CCGs – I urge you to hold your CCG board itself to account to deliver on its responsibility to ensure hospitals adhere to their obligations.

I have today written to LMCs with template letters which they can send to their local CCG and hospitals, requiring them to detail how they will ensure these contract requirements are implemented.

Playing your part – use our new templates

Practices will be key to enabling this change, since it is GPs and our staff who will be directly aware when these standards are not met. It is vital that we push back on inappropriate demands rather than allow them to continue unchallenged, and report breaches to both the provider and CCG. To make this easier, we have devised **practice templates** for each of these five contractual requirements. Please use them – they have been adapted to be uploaded onto clinical systems – so that you can produce a pre-populated template letter at a keystroke.

Let us please ensure that this is a case of 'deeds not words' through each of us playing our part to hold trusts and CCGs to account for abiding by these requirements. It is so important that we must not waste the opportunity to deliver on our negotiated changes to end much of the bureaucratic burden which we all work under.

Practice checklist for hospital contract changes

1. Make all staff in the practice aware of these contractual requirements.
2. Develop a practice policy for how to act on breaches to these contract changes.
3. Use our practice templates for both the **2016/17** and **2017-19** hospital contract changes to report breaches to both the provider and CCG (the latter should not include patient identifiable details without patient consent).
4. Hold your CCG to account to deliver on its responsibility to ensure hospitals abide by these standards.
5. Notify your LMC of the type and numbers of breaches each month.

Finally, I would like to take this opportunity to thank Farah Jameel, GPC lead and her team of GPC members Mark Corcoran, Peter Horvath-Howard, David Wrigley, Robert Morley, and Andrew Green, who have helped to drive through this programme of work.

With best wishes,

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