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| |  | | --- | | Dear ,    Imagine if in our daily work as GPs:     * We no longer receive letters requesting a GP to re-refer a patient who misses an outpatient appointment, with hospitals instead directly liaising with patients to book another appointment.      * Results of investigations requested by hospital clinicians are communicated by the hospital directly to patients, including telephoning them where necessary. Patients would therefore no longer make appointments with GPs – for example, to find out the result of the scans they had two weeks ago in hospital – nor would we receive letters requesting us to chase up results for discharged patients.      * Hospitals make direct internal referrals to another department or clinician for a related medical problem; GPs would no longer, therefore, receive letters – for example, from a chest physician requesting a re-referral to a cardiologist because the patient’s shortness of breath is because of suspected heart failure.      * GPs always receive electronic discharge letters after an emergency department visit or inpatient episode within 24 hours. All outpatient clinic letters are received within 14 days, so that we no longer see patients without necessary information to manage them, nor do we have to ask them to come back again after receiving the relevant correspondence.      * Patients discharged from hospital are given full and adequate supplies of medication, and don’t need GPs to make up any shortfall.   All of the above requirements were added to the [**NHS England standard hospital contract**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX1-1/c.aspx) in April 2016, in response to the BMA GPs committee‘s lobbying as part of the [**UPGP**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX0-1/c.aspx) (Urgent Prescription for General Practice) campaign to end relentless inappropriate demands on GPs.  **Use our new templates to end inappropriate bureaucratic demands**  We have received feedback that, in many parts of the country, hospital providers have not yet implemented the above standards. As a result of a request from GPC, [**NHS England has written**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX2-1/c.aspx) to all CCGs (clinical commissioning groups) and chief executives of NHS trusts to remind them that this must be done promptly.    However, to make this a reality, GPs and practices should take control and push back on inappropriate hospital-initiated demands, which now constitute breaches in areas of the standard contract.    To make this easier for you, GPC has developed new [**standard hospital contract template letters**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX3-1/c.aspx) as part of our Quality First web resource. They can be adapted for practice use and embedded into GP clinical systems so letters to hospitals are pre-populated with patient details.    Please use [**these templates**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX4-1/c.aspx) on each occasion that a hospital makes an inappropriate request that breaches the standard contract, so the hospital can fulfil its obligations and take necessary action.    The following [**templates**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX4-1/c.aspx) are available:     * Situations where trusts are adopting blanket policies to discharge patients from their service back to their GPs for re-referral when they do not attend outpatient clinics      * Situations where a trust is not undertaking onward referral to other specialties internally, but is referring back to the GP for re-referral      * A failure of a trust to notify patients in a timely manner of the results of tests or investigations, or where they ask the GP to chase up the result      * A failure of a trust to send discharge summaries by direct electronic or email transmission for inpatient, day-case or emergency care within 24 hours      * A failure of a trust to communicate within 14 days after an outpatient clinic attendance appointment      * A failure of a trust to provide medications following discharge from inpatient or day-case care, where medication must be supplied for the period established in local practice or protocols.     **Notify your CCG and LMC of breaches**  We have produced a [**template proforma to send to your CCGs**](http://bma-mail.org.uk/t/JVX-4H9V6-JCJOU4-29YLX3-1/c.aspx) notifying them of a hospital breach, so they can be held to account as commissioners to ensure hospitals adhere to these new contract requirements.    We would also ask that you keep a record of the number and nature of breaches, and notify your local medical committee (no identifiable patient data necessary) so that we can build up a national picture of adherence to these new standards and take up any concerns with NHS England.    We have also provided LMCs with template letters to send to CCGs and hospital trusts to ensure local implementation is a priority. We recommend this is added as a regular agenda item at LMC/CCG liaison meetings. | |

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| Please take advantage of these template letters. As hard working GPs we should now be reaping the benefits of the contractual changes, which we have leveraged through our hard negotiations; we should not accept system failings that waste our time and appointments, and which take us away from meeting the core needs of our patients.  The above changes are just the first step in a wider range of measures in our UPGP campaign to end inappropriate demands on GP practices. I shall be attending the first NHS England GP Forward View primary/secondary care interface group this week. It is designed to address issues between hospitals and general practice. |

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| Chaand Nagpaul  BMA GPs committee chair  [**info.gpc@bma.org.uk**](mailto:info.gpc@bma.org.uk) |