

THE HOSPITALS RESPONSIBILITIES NHS ENGLAND CHANGES TO THE CONTRACT 2017 / 2018

NHS England has accepted a number of changes for the new NHS Standard Contract, most notably:

- Results of investigations requested by hospital clinicians should be communicated by the hospital directly to patients.
- Hospitals should directly liaise with patients should they miss an outpatient appointment rather than ask GPs to re-refer.
- 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.

The changes 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.
2. Hospital Trusts to respond to patient queries for matters relating to their care rather than asking the patient to contact their GP. This is intended to stop patients being told to “see your GP” for a host of issues that should be the responsibility of secondary care - such as queries regarding hospital test results, treatment and investigations, or administrative issues regarding follow up, or delays in appointments etc. The new contract requires that the provider must 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 if s/he feels 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 7 days from 1 April 2018. This is designed to reduce significant wasted appointments when patients specifically see a GP following an outpatient clinic appointment, but without having the relevant clinical information to manage the patient so requiring the patient to book another appointment.
5. Hospitals to issue 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 is to address of patients turning up at a GP surgery after a hospital appointment for an outpatient initiated prescription with the GP lacking relevant clinical information.