

KEY PRINCIPLES

The patient should be at the centre of everything that we do.

We should aim to undertake any actions ourselves without asking others to do this.

The clinician requesting the test is responsible for the results of that test including ensuring that person receives results of investigations.

Try not to commit other individuals or teams to any particular action or timescale.

Ensure people are kept informed and share any decision making regarding their care.

PRESCRIBING

The prescribing clinician should undertake appropriate pre-treatment assessment and counselling.

If urgent/immediate prescriptions (ie within 7 days) are required from out-patients this should be prescribed by the hospital clinician.

Please be considerate of the Grampian Formulary when requesting GPs to prescribe.

PRIMARY CARE

When referring to secondary care please clarify the 'ask' and inform the patient who you are referring them to, for what and what to expect.

Please try and adhere to referral protocols on [Grampian Guidance](#).

Please ensure appropriate pre-referral assessments have been made prior to referral.

Consider optimising any Long Term Conditions in patients referred for surgery signposting to [FITsurgery](#).

SECONDARY CARE

Ensure clear and timely communication to the GP following a patient contact. When requesting a 'GP action' in a clinic letter please state this clearly in **bold** at the beginning of the letter.

Please use the [secondary care community blood](#) or paediatric hubs for investigating any patient under your care¹.

Please aim to respond to Sci Advice enquiries within 7 days.

If a fit note (MED3) is required, then where available, please provide one.

People who DNA should be contacted directly by secondary care, with a copy going to the GP.

Please try and work in partnership with your colleagues if considering developing a new referral guidance or prior to adjusting any SCI gateway templates.

¹ Exceptions currently apply in some mental health departments.

FOREWORD

The consensus document is for use by all clinicians in NHS Grampian and is a set of guiding principles to help clinicians from both Primary and Secondary care to work collaboratively, in a professional and respectful manner, putting the person at the centre of the work we do.

It pulls together some of the work undertaken by the various Advisory Committees and Clinical Interface Group¹ and covers a range of situations including prescribing, results management and diagnostics. It follows the principles of Realistic Medicine and GMC Good Practice guidance, all of which have been locally agreed.

The document is not a list of rules that require to be followed and there will be exceptions. Its purpose is to improve relationships between colleagues, remove avoidable administrative burden and help keep the person at the forefront of our decision making.

We hope you will circulate this document amongst colleagues and consider using it in future staff inductions.



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¹ Local GP reps, Consultants and Professionals Allied to Medicine (PAM) also discuss interface issues in a variety of other settings including Area Clinical Forum, GP Clinical Leads, Primary Care Integrated Management Group (PCIMG), PCIMT, Grampian Area Drug and Therapeutic Committee (GADTC), Radiology Interface Group, Grampian Guidance Reference Group. No membership is required to attend the Clinical Interface Group and clinicians from across the spectrum of specialties are welcome to attend. It currently meets fortnightly on Teams on Thursdays at 1330-1430pm. For more information on how to attend please contact jennifer.maitland@nhs.scot

PRINCIPLES FOR ALL

The patient should be at the centre of what we do.

We should aim to undertake any required actions ourselves without asking other teams or services to do this.

We should aim to treat fellow clinicians and co-workers, regardless of their job title, level of experience, age, sex or race with professional courtesy and respect. We are all on the same team.

When speaking to another colleague on the phone, introduce yourself and your role or position. If your name may be difficult to spell, please help to get this right.

Whoever requests a test is responsible for the results of that test.

This includes 'chasing' the results, reviewing the results, informing the individual of the results and, where relevant, making a shared decision with them based on the results.

Incidental findings can raise questions such as the need for further investigation and if so, by whom. However, it is recommended that the requesting clinician takes responsibility for informing the person of the findings and managing any onward decisions.

Ensure people are aware of and understand the systems in place for them to receive the results of their investigations.

Secondary care colleagues should avoid directing patients to their GP for results. It is not uncommon for secondary care colleagues to write to the GP with the result, but no parallel effort is made to inform the patient. This often leads to unnecessary delays, patient anxiety and administrative/consulting burden at the GP practice.

Ensure patients are kept fully informed regarding their care and 'what is going to happen next'.

This could include signposting to self-management resources and advising on how to raise concerns in the event of clinical deterioration.

Ideally this information should also be in a written format and referenced within the discharge summary.

When the shared decision is made to commence a treatment or medication, the clinician should undertake the appropriate pre-treatment discussion.

The clinician is responsible for communicating the rationale for any treatment, including benefits, risks, alternatives and the option of doing nothing. ([Shared Decision Making | Turas | Learn \(nhs.scot\)](#))

Please don't commit other individuals or teams to any particular action or timescale.

Working conditions can be challenging across the system, so please be realistic and don't rush to judge.

PRINCIPLES FOR PRIMARY CARE

When referring to secondary care please ensure you are clear in your 'ask.'

Are you looking for advice, diagnosis or treatment options? Please describe and outline the reason for referral. Where possible, reference any expectations or what matters to the person.

Ensure an up-to-date medication list is available along with any investigations undertaken.

If referring, please check local pathways for open access opportunities e.g. cardiology investigations, endoscopy etc.

Please avoid jargon and using abbreviations and acronyms. These may not be understood by all colleagues.

When referring to secondary care please ensure appropriate assessments have been made in primary care.

Please refer to [Grampian Guidance](#) for the agreed referral protocol for that condition and undertake any recommend pre-referral investigations e.g. *x-ray prior to Knee/Hip clinic, QFIT/bloods prior to GI urgent suspected cancer.*

If you lack experience with a particular condition or treatment, please consider asking a colleague in your practice for advice before opting to make a referral.

In urgent suspected cancer referrals (<2 weeks), ensure the person has an understanding of your concerns and what to expect. Please also reference the fitness/frailty of the person.

Consider when a face to face consultation may add value before referral.

When referring to secondary care please clearly communicate to the patient who you are referring them to, for what and what to expect (if known).

Local waiting time information on all specialties is available on the NHS Grampian [website](#).

Comprehensive information on surgical procedures (including waiting times) is accessible to people at the [fitforsurgery](#) website.

Remember a greater volume of consultations are now carried out remotely.

When referring with the expectation that an operative procedure may ultimately be required, please consider optimising any long-term conditions. This can help to reduce the risk of delay/future cancellations.

BP control for people with hypertension, glycaemic control for those with diabetes etc.

Please do empower people to optimise their own health in the waiting period e.g. smoking cessation advice, weight advice etc.

Be mindful of the stricter referral criteria for some surgical procedures. If in doubt, check on [Grampian Guidance](#).

PRINCIPLES FOR SECONDARY CARE

Ensure clear and timely communication to the GP following patient contacts.

Aim for clinical discharge documents (CDD) and clinical contact notes (CNN) to be undertaken at the time of discharge/clinic appointment.

Please highlight any changes in medication and the reasons for any changes, including stoppages.

Document what follow up is required and the time intervals for this.

If patients need a fit note (MED3) then were available, please try and provide one.

If any outstanding tests results are awaited, please explain how this will be reviewed and actioned. Please do not ask the GP to chase results or to arrange further out-patient tests on your behalf.

Try and avoid using abbreviations and acronyms, these may not be understood by all colleagues.

Please try to be clear in correspondence with the patients practice.

If further action by the clinician is requested, please consider highlighting this by stating it clearly in bold on the first page of your correspondence.

Where appropriate, please consider writing to the patient directly with a copy to the referring clinician.

Provide contact details for patients to call should they have any further queries.

DNAs - Please ensure any discharge from the service is communicated to the person with a copy being sent to the GP practice.

Please aim to respond to Sci Advice enquiries within 7 days.

Like secondary care, the primary care team has diversified hugely in recent years to meet the demands of an ever changing population – ANPs, DNAs, Pharmacists, Physiotherapists are just some of the primary care team that might contact you to make a referral.

When replying to a referral, please direct correspondence to the clinician who made the referral rather than the named GP.

Please use the secondary care blood hub network for patients currently under your care².

Complete the form on Trak and direct the patient to the secondary care [community blood hub network](#). Exceptions may apply for urgent, time critical bloods e.g. repeating abnormal chemotherapy bloods.

In paediatric out-patients, please utilise the paediatric phlebotomy hub.

Please refer to Grampian Guidance for locally agreed shared care protocols.

² With the current exception of some mental health departments.

If urgent/immediate prescriptions are required from out-patients, then please prescribe for that person.

Urgent prescriptions are anything that is required within 7 days. Please do not direct the person to the GP practice to for an urgent prescription (*see appendix*). This can be done through the hospital pharmacy or by handwritten prescription given to the person for their local pharmacy.³

Electronic prescribing through Coppr is also available in a growing number of departments. The majority of prescriptions should be for a minimum of 7 days.

If short-term prescriptions are required for hospital procedures, these should be issued by the hospital clinician.

For people experiencing difficulties with an investigation e.g. anxiety at MRI scan, it is the requestors' responsibility for prescribing any anxiolytic/sedative should this be necessary. Non pharmaceutical alternatives are preferable in most situations.

Please be considerate of the Grampian Formulary when requesting GPs to prescribe.

If you feel this is indicated, please provide clear justification for this.

If patients need a fit note (MED3) then were available, please provide one.

If onward referral is required, please arrange this without referring back to the GP.

This includes incidental findings on imaging where a serious/urgent issue is found e.g. CT abdomen shows a renal tumour, GI consultant should arrange urgent urology referral.

Exceptions might apply when a problem arises unrelated to the original reason for referral e.g. patient in cardiology clinic describes abdominal symptoms, it would be reasonable to ask the patient to contact their GP practice to consider in the first instance.

For patients being assessed in the pre-op assessment clinics, it is the requesting clinician's responsibility to inform patients of abnormal results and coordinate any further follow-up testing or onward referral.

Please try and work in partnership with your primary care colleagues if considering developing a new referral guidance or prior to adjusting any SCI gateway templates.

Consider making contact with the Clinical Interface Group early on to facilitate primary care clinician feedback into the process.

³ other prescribing arrangements may currently exist with mental health.

Appendix 1

Responsibilities When Requesting a Transfer of Prescribing from Secondary Care to Primary Care within NHS Grampian

TASK REQUIRED FOR TRANSFER OF CARE	TIMESCALE
Hospital Action: Completion, dissemination and processing of Clinical Discharge Document (CDD) from secondary to primary care.	Up to 48 hours / 2 days
Hospital Action: Request to prescribe new medication following clinic.	Up to 48 hours / 2 days
Primary Care Action: GP practice to review CDD / Clinical Note (CN) and undertake requested prescribing	5 working days (where no queries)
Primary Care Action: Community pharmacy to receive prescription, order and dispense medication	3 working days (where no queries)

Reference documents

Grampian Guidance home page

[Grampian Guidance Home Page - Home \(scot.nhs.uk\)](http://scot.nhs.uk)

Secondary Care Community bloods hubs

[Secondary Care Hubs - Referral Information \(scot.nhs.uk\)](http://scot.nhs.uk)

NHSG Waiting time information

[Waiting Times Information \(nhsgrampian.org\)](http://nhsgrampian.org)

Fitness for surgery information

[FitSurgery \(nhsgrampian.org\)](http://nhsgrampian.org)

NHSG Prescribing guidance between Primary and Secondary Care

http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGroup/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policies/Guide_PrescRespSecPrimaryCare.pdf

GMC Good Medical Practice

[Good medical practice - ethical guidance - GMC \(gmc-uk.org\)](http://gmc-uk.org)

GMC Good Practice in Prescribing and Managing Medicines and Devices

[Good practice in prescribing and managing medicines and devices - ethical guidance summary - GMC \(gmc-uk.org\)](http://gmc-uk.org)

GMC Good Practice in Delegation and referral

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/delegation-and-referral/>

BMA guidance in Primary and Secondary Care working together

[Primary and secondary care interface \(bma.org.uk\)](http://bma.org.uk)