

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 colleagues or services to do this

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

This includes reviewing the results, informing the patient and where relevant, making a shared decision with them based on the results.

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.

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.

Referral to the private sector should not be undertaken to facilitate subsequent 'queue jumping' on the NHS.



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Chair, NHS Grampian's GP Sub-Committee



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PRINCIPLES FOR PRIMARY CARE

When referring 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.

When referring please clearly communicate to the patient the specialty you are referring them to and what to expect (if known).

Information on services available at the Albyn (and pricing) is available at Circle Health Group [website](#)

Post operative care at the Albyn e.g. wound checks or suture removal is offered as standard to all patients. However, there are occasions where travelling distance has made this challenging for patients to attend. In some circumstances, the option of having this undertaken by alternate private providers closer to home may be available. However, in the absence of this, some patients may approach their practice or HSCP to ask if that may be undertaken on the NHS.

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.

PRINCIPLES FOR THE PRIVATE SECTOR

COMMUNICATION

If further action by the GP/clinician is requested, please aim to highlight this clearly in bold on the first page of your correspondence.

Please consider writing to the patient directly, with a copy to the referring clinician.

Please highlight any changes in medication and the reasons behind this.

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

The use of personal emails to correspond with the patient's GP/clinician is discouraged.

If a patient needs a fit note (MED3), then please consider providing one.

REFERRALS

Where a patient has opted to self-refer online or via the national enquiry phone line, please do not ask for an additional referral letter from the patients practice. If you would prefer to have further background information, a summary sheet of PMHx/current medication can be requested from the practice if necessary

If an onward referral is required, whether to the private sector or NHS, please undertake this yourself. 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.

Forward referral to the NHS should not done to enable the patient to gain unfair advantage over other NHS patients. A uniform approach between private colleagues on this issue is welcome

PRESCRIBING

If your patient requires a prescription, please aim to provide this yourself rather than involve the patient's practice

If an NHS prescription is appropriate, please be mindful that the agreed standard turnaround time for NHS prescriptions is 5 working days. If an urgent prescription is required, this should therefore be provided privately. If short-term prescriptions are required for hospital procedures e.g anti-coagulation these should also be issued by the hospital clinician.

Please be considerate of locally agreed NHS Formularies when requesting practices to prescribe, with particular reference to Amber and Red classifications. Practices should not be asked to prescribe medication that is not usually available on the NHS or that is usually prescribed from secondary care

Please consider utilising existing community services for patient follow up where this is not available privately. For example, referral to the community heart failure service in newly diagnosed patients who require drug titration and monitoring