PROVIDER INTERFACE GUIDANCE

This document is based on the RCGP guidance issued in April 2023 and adapted to support local implementation in Leeds.

We will adopt these as our provisional working set of principles which we wish to test, adapt and where possible implement through a prioritised pathway workplan.

BACKGROUND AND AIMS OF THIS DOCUMENT

There is significant and increasing demand across the NHS system at a time of limited resources. It is therefore important that health and care professionals across providers work *collaboratively* and efficiently so that patient journeys and experience are optimised.

By setting out these guidelines, we intend to:

- Highlight the importance of trusting relationships and good communication between providers in the new ICS structure, fostering a culture of collaboration, joint working and mutual respect.
- Improve patient care, flow and experience.
- Reduce inappropriate administrative work across providers, ensuring work is completed efficiently and in the most appropriate place.
- Improve the personal and professional wellbeing of our teams.

SHARED STANDARDS – ALL PROVIDERS

- Clinicians or teams initiating investigations should follow up the results themselves, where possible, as determined by best practice and in line with BMA guidance.
- Patients in need of further investigations should be informed at the time of request how and when they will receive their results.
- Systems should ensure providers have ‘waiting well’ initiatives in place for those on waiting lists.
- Clinicians recommending initiation of a new medication should undertake and document appropriate pre-treatment assessment and counselling, regardless of care setting.
- Provide fit notes to patients when required, and for appropriate duration of time.

PRIMARY CARE STANDARDS

Clinicians should:

- Include appropriate clinical information with a sentence stating a clear reason for the referral in all referral letters.

- Ensure any appropriate pre-referral assessments have been completed, according to local pathways, provided access to diagnostics is available to primary care teams.

- Inform patients who they are referring them to and why, with clear advice on the next steps of the referral process.

- Continue to follow up with patients with known long-term conditions and work with them to optimise the management of these conditions, explaining the importance of optimisation prior to surgery for any patients on waiting surgical lists.

COMMUNITY AND SECONDARY CARE STANDARDS

Clinicians should:

- Ensure timely communication with primary care colleagues following patient assessments.

- Avoid asking GPs to undertake any tests that are required by secondary care as part of their diagnostic and treatment pathway, unless locally agreed and part of a clear pathway of care that benefits the patient.

- Prescribe for immediately required medications from outpatients and wards rather than sending letters for primary care to action on their behalf.

- Check the local formulary before prescribing or recommending prescribing of medications to ensure primary care is able to continue any prescription started.

- Put in place clear plans for patients who self-discharge against medical advice.

- Review local pathways that automatically discharge patients who DNA their appointments.

- If a need for a new or onward referral is identified, this should be carried out by the clinician that has seen the patient, rather than send a request to the GP to make a referral (this includes referral from Emergency Departments and following an acute admission).

- Ensure timely communication with patients about waiting times for appointments and procedures.