University Hospitals of Leicester NHS Trust

LLR Transferring Care Safely Interface Guidance

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TRANSFERRING CARE SAFELY INTERFACE GUIDANCE 2023

V5

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Contents

Foreword

Integrated Care Systems were set up to improve outcomes in population health, tackle inequality in outcome, experience, and access and to join up the delivery of health and care services to improve the lives of our population. Working as a partnership of organisations across Leicester, Leicestershire and Rutland will enable us to do this most effectively.

We strive to support our patients to be seen in the right place, at the right time with the right health or care professional and we recognise the numerous interactions that are required between community and hospital providers to deliver care effectively for our patients.

At the heart of all of this, communication and collaborative working between colleagues across organisations is fundamental. A recognition of the key roles and contributions that we all play in improving the health, well-being and lives of our population is crucial.

On a daily basis, given the thousands of interactions we have with our population, our interaction across the various interfaces works incredibly well and our patients don't notice the work we do in the background to allow them to flow through the system.

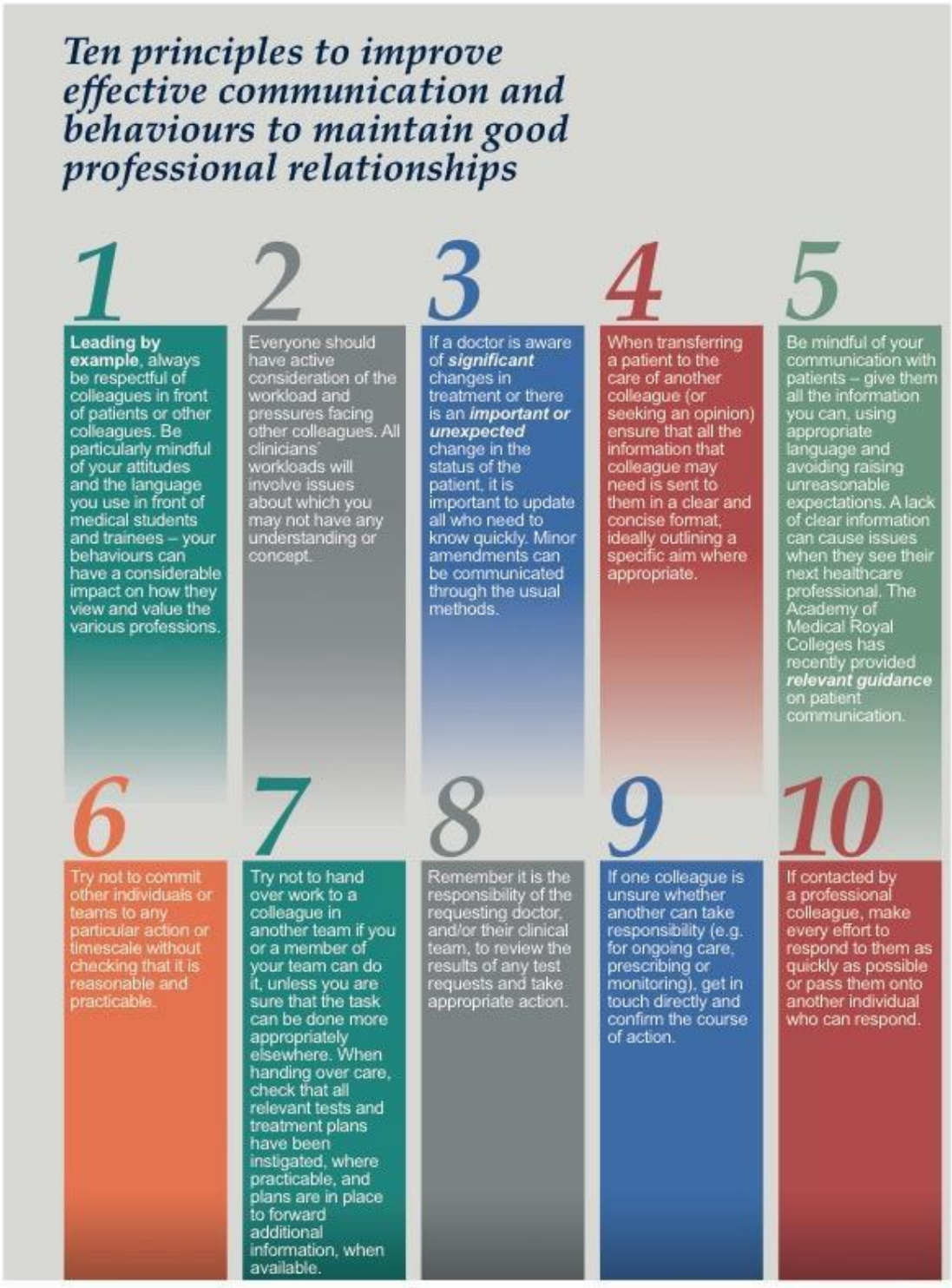
The realities of workload pressures, waiting lists, service delays and public expectation means that everyone is working at maximum capacity across the health service. It is easy for clinicians to become absorbed in our own pressures and to lose sight of the fact that colleagues in other specialties, departments or organisations are facing internal burdens and challenging circumstances of their own, that are not always apparent to others.

This document sets out what is essentially good practice and what, we feel, most of us expect of each other. The LLR Transferring Care Safely Group has decided to bring this together in a formal document that we can all subscribe to, to make our working lives easier and enable us to deliver great care to our population.

We hope you will find the principles a useful standard to which we could collectively hold ourselves to account. We request that you circulate this document within your organisations and your teams, and we continue to welcome feedback on examples of interface working that can still be improved via ongoing reporting through the Transferring Care Safely process.

We commend this document to you and hope that it fosters excellent working relationships across all our healthcare organisations in LLR.

Dr Nil Sanganee Chief Medical Officer LLR ICB	Mr Andrew Furlong Medical Director University Hospitals Leicester	Dr Mohammad Saquib Medical Director Leicestershire Partnership Trust



Source: *Royal College of General Practitioners*

Principles for Primary Care

- **When referring to secondary care please ensure you are clear in your 'ask'?**
  - Why are you referring this patient? Are you looking for advice, diagnosis, treatment?
  - Please describe the reason for referral, and don't just put "please see GP. summary/consultation". Please ensure you send it to the correct service on ERS so appropriate triage can take place and any delay in patient care can be avoided.
  - Ensure an up-to-date medication list is available along with investigations to date.
  - What are the patient expectations?
  - If referring looking for a diagnostic procedure, please check the most up to date list of LLR pathways for direct access opportunities (this could include endoscopy, ultrasound, MRI, CT scans, cardiology investigations or Paediatric blood tests)
  - Please avoid using abbreviations and acronyms. These may be commonplace within your team but may not be understood in Secondary Care.
  - Ensure that access to all community phlebotomy/diagnostics is understood by all clinicians.

When referring to secondary care please ensure appropriate Primary Care assessments have been made

- Check agreed LLR referral pathways for pre-referral criteria and potential investigations.
- Ensure you have looked at Low Value treatment policy and Approved referral pathway policy before considering referrals for certain conditions.
- Consider consultant advice and guidance prior to referral as it could add value by providing faster access to specialist knowledge and expertise and avoid long waiting times.
- Consider other sources of help and guidance.
- Face to face assessment may add value before referral (both elective and emergency) and be aware of clinical circumstances where this is mandated such as 2ww pathways.
- It can be helpful to have a face-to-face conversation with a patient who requires an urgent appointment or 2-week appointment to ensure understanding of the pathway, expectations and to record physical/frailty status of the patient.
- Please ensure the referral is made to the correct service on ERS to avoid unnecessary delay in patient care.

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)

- Please advise patient that waiting lists may be long and that a referral into secondary care may result in an agreed management plan without being seen, remote consultation or a traditional face to face appointment.
- Please highlight to patients that they can review all providers average waiting time for Outpatient appointment on 'My Planned Care' and this can also be used to consider where to refer the patient.
- Consider the use of Easy Read patient leaflets (where available) to inform about their condition.

When referring with the expectation that an operative procedure may ultimately be required, please wherever possible optimise any Long-Term Conditions

- BP control for hypertensives, glycaemic control for those with diabetes etc.
- Please do empower patients to optimise their own health in the waiting period-smoking cessation advice, weight advice etc. Please consider referring patients to locally available services.
- This will reduce the impact of last-minute cancellations in pre-op clinic.

Principles for Secondary Care

Ensure clear and timely communication to the GP following patient contacts

- This applies to both Outpatient encounters as well as on discharge from admission and A&E.
- Please highlight any changes in medication and reasons for any changes
- Please avoid using abbreviations and acronyms. These may be commonplace within your team but may not be understood in Primary Care.
- Be clear about what follow up is required, how it will be provided and how any outstanding test results will be reviewed.
- If patient needs to be off work for certain period, please provide them with a Fit note at the clinic for the entire time you believe the patient needs to be off. This is not the responsibility of primary care to provide.

uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FFitness for Work - Signing UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

- Be explicitly clear about any requests/actions for the GP and ensure these are in line with the UHL Clinician to Clinician Referral Policy –

uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FClinician to Clinician %28C2C%29 Referral UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

- If you wish the GP to review non- urgent symptoms which do not relate to the episode of care, then make that clear and inform the patient of this.
- Do not request the GP to routinely carry out next steps on patients which relate to the primary indication for their secondary care episode.
- Do not ask primary care to consider or refer a patient to another specialty as this should be done by secondary care.
- If you want the GP to 'monitor' U&E for example, please say why, how often, for how long and what your expectations are if results are/remain abnormal
- If you need a repeat test within a short period of time e.g., <3 weeks, please arrange this to avoid potential delays. This could be by calling up the surgery and requesting them to do it and ensuring patients are provided with a blood form requesting the details of all the tests or booking them on site.

Avoid asking General Practice to organise specialist tests

- If you want the patient to have their blood test closer to home in <3 weeks, then provide the blood form and send task/call GP surgery requesting to see if they can accommodate it. It will be the responsibility of the clinician requesting the blood test to action it appropriately.
- Ensure all hospital colleagues are aware of the current system in place to access community diagnostics and phlebotomy.
- If a clinician wishes the patient to have further tests prior to next review, they should look to undertake these investigations themselves by handing the appropriate blood form to the patient who can then get the test done at their practice. Any other tests needed prior to review eg ultrasound, CT scan, ECHO must be booked by the clinician itself.

If patients need a fit note (sick note) then please provide one

- Please also ensure this is for an appropriate period (if you know they need 3 months off work
  don't issue a 2 week note).
- Please issue fit notes from Out-Patients if these are required rather than sending back to the GP. The Trust/Community Clinic should ensure fit notes are available for colleagues in Out- Patients.

If immediate prescribing is required from Outpatients, please prescribe at the Outpatient Clinic.

- When a new treatment or form is initiated and is for immediate use for the patient (i.e., the medication must be started within 14 days of the outpatient appointment) a treatment supply of 28 days or nearest whole pack (or as appropriate based on individual patient needs) will be provided.
- Written communication must be sent to the GP practice within 7-10 days of the outpatient appointment. Please see the attached link for the current service specification for prescribing in Outpatient Clinics and Discharges. Service Specification for Prescribing (areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk)
- Standards detailed above and in the service specification apply to LLRAPC traffic light - green and yellow (specialist recommendation) classifications unless there are specific criteria for the individual medicine to be initiated and supplied by the specialist. For Orange shared care medicines where the shared care protocol should be followed. This will be detailed the LLRAPC website. www.LMSG.nhs.uk

Discharge medications for longer term medications should cover an initial period of at least 14 days, or longer as locally agreed.

- Please refer to locally agreed guidelines on Service Specification for Prescribing (areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk)

Make use of the Discharge Medicines Service, nationally commissioned from community pharmacy

- This should be used for all appropriate patients to ensure they benefit from this essential service and that safety improvements are realised upon transfer of care**.** Please see national guidance available at NHS England » NHS Discharge Medicines Service

When recommending ongoing prescribing from the GP please check locally agreed Prescribing Formulary first

- Important to check that the suggested medication is appropriate for the GP to prescribe based on LLR APC Formulary and traffic light status
- Drugs covered by Shared Care status (orange traffic light) should follow the shared care principles for the particular medication this can be found at Shared Care: Listed Alphabetically - Leicester, Leicestershire and Rutland Area Prescribing Committee (areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk)

Refer all patients discharged on a smoking cessation pathway from secondary care to the community pharmacy Smoking Cessation Advanced Service once available

Please put follow up plans in place for patients who self-discharge

- By definition these patients are thought to be unwell and vulnerable. They may have chosen to decline in-patient treatment, but they are still in need of our care; which may mean appropriate follow up in clinic is arranged. Please ensure the GP is informed immediately (using urgent task where available or calling up the practice).
- This also includes providing appropriate discharge care and medication.

Please ensure any DNAs are not automatically discharged without clinical review

- Also please ensure any discharge is communicated to patient and GP with reason why.
- If patients are transferred to patient initiated follow up (PIFU) or seen on symptoms pathways, please ensure you clearly reference the criteria to access a further appointment (SOS)

Please arrange onward referral *without* referring back to the GP where appropriate. Full detailed guidance on this is available on the UHL Clinician to Clinician policy-

uhltrnhsuk.sharepoint.com/teams/PAGL/pagdocuments/Forms/Default1.aspx?id=%2Fteams%2FPAGL%2Fpagdocuments%2FClinician to Clinician %28C2C%29 Referral UHL Policy%2Epdf&parent=%2Fteams%2FPAGL%2Fpagdocuments

- A hospital clinician should be expected to arrange an onward referral if:
  - The problem relates to the original reason for referral. E.g., patient referred to respiratory with breathlessness and respiratory consultant thinks it is a cardiac problem, the respiratory consultant should do the referral to cardiology.
  - A serious and very urgent problem comes to light. E.g., CT chest shows a renal tumour. Respiratory consultant should arrange the urgent referral to renal.

- If the problem is unrelated to the original reason for referral, this can be passed back to the GP. The patient should be informed to contact their GP practice and the symptoms of concern should be mentioned in the formal communication to the GP to assess but the patient should **NOT** be given specific advice on further referral as this may, again, inhibit the GP managing the patient in the primary care setting if deemed appropriate.

Process for monitoring compliance

The audit criteria for this policy and the process to be used for monitoring compliance are given in the Policy Monitoring table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Consistent application of this policy	CMG/ Directorate Senior Leadership Teams	Number of TCS concerns received into UHL Themes of TCS concerns received into UHL	Monthly Quarterly	LLR TCS Group Patient Safety Committee LLR TCS Group Patient Safety Committee

Reference documents used to inform these principles.

- Consensus on Primary and Secondary Care Interface document Cheshire and Merseyside Health and Care Partnership - https://www.cheshireandmerseyside.nhs.uk/latest/publications/plans-and-strategies/primary-and-secondary-care-interface/

- GMC Good Medical Practice - https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice

- GMC Good Practice in Prescribing and Managing Medicines and Devices - https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices

- GMC Good Practice in Delegation and referral - https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/delegation-and-referral/delegation-and-referral#:~:text=You%20should%20explain%20to%20the,and%20explain%20the%20reasons%20why.&text=You%20must%20pass%20on%20to,the%20patient's%20condition%20and%20history

- BMA guidance on Primary and Secondary Care working together - https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/primary-and-secondary-care/primary-and-secondary-care-working-together

- NHS England guidance on Improving how Secondary Care and General Practice work together - https://www.england.nhs.uk/publication/improving-how-secondary-care-and-general-practice-work-together/

- Professional Behaviours & Communication Principles for working across Primary and

Secondary Care Interfaces in Northern Ireland - https://www.qub.ac.uk/sites/qubgp/News/ProfessionalBehavioursCommunicationPrinciplesforworkingacrossPrimaryan.html

- Royal College of Emergency medicine www.rcem.ac.uk

- General practice and secondary care - Working better together https://www.aomrc.org.uk/wp-content/uploads/2023/05/GPSC_Working_better_together_0323.pdf