

Please note, these are suggested actions. There will always be situations where clinical urgency justifies intervention despite a contract breach by a provider. If you have questions or queries about a particular interface situation, please contact the LMC for advice

Activity Type	Recommended Actions
Results of Investigations	
Finding/reviewing results of tests and investigations ordered by other professionals	Decline. Redirect patient to the provider, if needed.
Communicating the results of tests/investigations, ordered by other professionals, to patients	Decline. Redirect patient to the provider, if needed.
Actioning tests and investigations ordered by other professionals	Decline. Redirect patient to the provider, if needed.
Redirecting results of investigations correctly ordered by another GP colleague, but sent to you in error by a provider.	Report to the incident to the team who sent the results and advise them to re-send the results to the correct person. Report GDPR breach if one has occurred.

Arranging Investigations	
Requests to undertake work funded by a LES contract that your practice has not signed up to.	Decline
Requests to undertake blood tests shortly after hospital discharge.	Decline. Advise the provider that they are responsible for arranging phlebotomy.
Paediatric phlebotomy	Decline
Request to arrange routine investigations for patients where the request is related to the condition or complaint they were referred for/presented with.	Decline
Requests to arrange urgent imaging on behalf of a provider.	Decline unless clinical urgency justifies intervention.
Booking repeat investigations following an episode of care with a provider e.g. chest x-ray or swabs	Decline
Fitness to drive advice unless felt to be within the scope of the GP role	Decline

Prescribing	
Request to prescribe medication after discharge from a service	Decline (mark correspondence as urgent)
Request to prescribe when <7 days medication was provided after discharge from a service (unless otherwise clinically indicated)	Decline (mark correspondence as urgent)
Request to prescribe medication needed immediately after outpatient appointment (we recommend that 'immediate' means medication clinically required within 28 days of outpatient appointment)	Decline (mark correspondence as urgent)
Requests to prescribe for patients in crisis	Decline unless clinical urgency justifies intervention.
Requests to prescribe for pre-operative care needs e.g. irradiation treatment	Decline
Requests to prescribe medication 'off-label'	Decline
Request to prescribe and monitor red drugs	Decline
Request to prescribe where there is insufficient clinical rationale	Decline
Requests to prescribe medication for a patient prior to an investigation you have not ordered (e.g. sedation)	Decline
Requests to prescribe medication because the provider does not have access to electronic prescribing	Decline
Requests to prescribe on behalf of a provider because a patient lives 'out of area'	Decline
Request from patients to follow-up missing medications that should have been issued by providers	Decline. Redirect patient to the provider.
Urgent medication requests made using 'tasks' in clinical systems (e.g. SystemOne Task)	Decline. Advise person sending the task to use appropriate methods of communicating.

Referral	
Use of referral forms	Decline. Write an appropriately worded clinic letter. Use these email addresses to send referrals if you are opting not to use the usual referral documents/proformas: HUTH: hyp-tr.huthreferrals@nhs.net NLAG: nlg-tr.referrals@nhs.net
Requests to use referral platforms other than ERS	Decline. Use ERS and/or provide an appropriately worded clinic letter
Providing information beyond what is needed for a provider to assess a patient's clinical suitability for a service	Decline. Provide the minimum information needed for the provider to establish clinically suitability of the referral
Requests to expedite referrals	Decline. Only provide further information if it is clinically indicated.
Requests to complete IFRs that could/should be undertaken by specialist departments	Decline
Onward referral requests from providers (related to the condition/complaint the patient was referred for/presented with)	Decline
Making referrals for providers because a pathway does not exist for them to do this themselves (including out of area providers)	Decline
Requests to 'authorise' a referral a provider wishes to make to another provider	Decline
Onward referral requests for urgent care needs	Decline
Activities that deviate from agreed referral process ('Agreed' means any referral process approved by Humberside LMCs. Pathways that have not been approved by Humberside LMCs can be considered invalid and need not be followed)	Decline

Requests for tests and investigations prior to referral that are not part of an agreed pathway (‘Agreed’ means approved by Humberside LMCs. Processes that have not been approved by Humberside LMCs can be considered invalid and need not be undertaken)	Decline
Requests for images taken using dermatoscopes prior to patient referral	Decline

Providing additional information	
Providing additional information to providers once the patient is under their care or if they have self-referred	Decline
Providing additional information to national screening services	Decline
Re-writing MAR charts	Decline
Contact departments to discuss patient prior to admission	Attempt to contact department once. If no contact is made, advise patient to attend hospital. Do not attempt to contact again.

Shared Care	
Requests to commence shared care	Decline
Return existing shared care agreements	Communicate your decision to stop shared care to the specialist team in line with the shared care agreement.
Requests to undertake investigations and tests that should be undertaken by providers as part of shared care	Decline
Requests to initiate amber 2 drugs	Decline
Requests to initiate amber 1 drugs	Decline

Fit Notes	
Requests to provide a fit note for a patient, by another healthcare professional	Decline
Requests to extend a fit note for a patient, by another healthcare professional	Decline

Request from a patient to provide a fit note because another health professional has failed to do so.

Decline. Redirect the patient to the provider.

Request from a patient to extent a fit note because another health professional has not provided one for a sufficient length of time.

Decline. Redirect the patient to the provider.

Clinical Communications

Locating delayed discharge letters

Advise patient if it has taken longer than 24 hours to arrive then to speak to the provider. Explain the requirement of the provider to send the communication within the specified timeframe. Consider providing a template letter reporting the delay to the ICB, the provider, and cc the patient into the letter.

Locating delayed clinic letters

Advise patient if it has taken longer than 7 days to arrive then to speak to the provider. Explain the requirement of the provider to send the communication within the specified timeframe. Consider providing a template letter reporting the delay to the ICB, the provider, and cc the patient into the letter.

Most common Interface issues by provider from June 2023-24

HUTH

1. Onward referral requests
2. Inappropriate treatment/management requests
3. Poor communication – discharge
4. Poor communication – results
5. Difficulty making referrals to services

Humber NHS Foundation Trust

1. Difficulty making referrals to services.
2. Shared care
3. Inappropriate treatment/management requests
4. Poor communication – clinic letter
5. Onward referral requests

NLaG

1. Difficulty making referrals to services.
2. Onward referral requests
3. Med3 requests
4. Poor communication – clinic letter
5. Poor communication - results

CHCP

1. Difficulty making referrals to services.
2. Inappropriate treatment/management requests
3. Onward referral requests
4. Med3 requests
5. Other

This data is from queries raised directly with the LMC by GP practices:

Not all local providers are included above where the total number of queries received is small.

However, we are aware that interface issues exist across almost all provider organisation in the Humberside region, including private providers.

[Please see our interface pages for more information.](#)