

## NHS Standard Contract letter templates for practice use

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## Appendix 1: Template response for failure to provide fit notes

Dear Provider

Re: <<Patient Identifier Label>>

The above patient was [discharged from your inpatient/day case care] [seen in your outpatient clinic] on [insert date]. However, you failed to supply the patient with appropriate certification to cover their anticipated need for time off work.

This failure breaches Section 11 of the new [hospital standard contract](#), which came into force on 1 April 2017, to which all NHS organisations have signed up. The contract sets new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

**11.11 Where a Service User either:**

**11.11.1 is admitted to hospital under the care of a member of the Provider's medical Staff; or**

**11.11.2 is discharged from such care; or**

**11.11.3 attends an outpatient clinic under the care of a member of the Provider's medical Staff, the Provider must, where appropriate under and in accordance with Fit Note Guidance, issue free of charge to the Service User or their Carer or Legal Guardian any necessary medical certificate to prove the Service User's fitness or otherwise to work, covering the period until the date by which it is anticipated that the Service User will have recovered or by which it will be appropriate for a further clinical review to be carried out.**

Failure to supply patients with appropriate certification following discharge from inpatient or day case care, or from an outpatient appointment waste millions of GP appointments annually and incurs unnecessary additional bureaucracy on hard pressed GP surgeries

**We would be grateful if in the future you could supply the patient with the appropriate certification for as long as required to anticipated date of recovery or follow up. [We have on this instance, supplied the patient with a fit note].**

While we appreciate that these contractual requirements are fairly new and may take some time to embed, we ask that you please act swiftly to implement these contractual obligations into your systems as they do in any case merely reflect what has been the DWP guidance on hospital responsibilities for issuing medical certificates.

We have notified [insert] CCG, as the commissioner, of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully,

## Appendix 2: Template response for clinic letters following outpatient attendance

Dear Provider

Re: <<Patient Identifier Label>>

The above patient attended your outpatient clinic on [insert date]. We have to date not received an outpatient letter and our patient has contacted us about that appointment requesting further input from ourselves. Delays in receiving hospital communication prevent GPs from obtaining the necessary information to manage patients, and also wastes millions of GP appointments annually.

This also breaches the [new hospital standard contract](#) which came into force on 1 April 2017, with requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

**Contract reference SC11.7 states a requirement on hospitals to communicate clearly and promptly with GPs following outpatient clinic attendance, where there is information which the GP needs quickly in order to manage a patient's care – 'The Provider must send the Clinic Letter as soon as reasonably practicable and in any event within 10 days (with effect from 1 April 2018, within 7 days)'**

**We would be grateful if you could provide us the appropriate clinic letter by return.**

While we appreciate that these contractual requirements are fairly new and may take some time to embed, we ask that you please act swiftly to implement these contractual obligations into your systems.

We have notified [insert] CCG as the commissioner of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully

### Appendix 3: Template response for patient queries

Dear Provider

Re: <<Patient Identifier Label>>

The above patient has been asked to contact their GP for a query [insert nature of the query here], that should be your responsibility as a provider to respond to, given it relates to care you are providing to the patient.

You should be aware that this responsibility is part of new contractual requirements in the [standard hospital contract](#) which came into force on 1 April 2017, to reduce inappropriate bureaucratic workload shift onto GP practices, and provide patients with timely responses to any concerns or questions that may have relating to their care under a hospital service.

**Contract reference SC12.2 states that the Provider must:**

**12.2.1 provide Service Users (in relation to their own care) and Referrers (in relation to the care of an individual Service User) with clear information in respect of each Service about who to contact if they have questions about their care and how to do so;**

**12.2.2 ensure that there are efficient arrangements in place in respect of each Service for responding promptly and effectively to such questions and that these are publicised to Service Users and Referrers using all appropriate means, including appointment and admission letters and on the Provider's website; and**

**12.2.3 wherever possible, deal with such questions from Service Users itself, and not by advising the Service User to speak to their Referrer.**

**In line with the national contract requirement, the hospital provider should publicise to patients contact arrangements for any queries they have.**

**We would be grateful if you would therefore contact the patient directly to respond their query; we have additionally advised the patient that they can contact your secretary.**

Inappropriately referring the patient back to contact the GP is frustrating to patients, causes delay in them receiving a response, and wastes GP and staff time, at a time when general practice is under unprecedented workload pressures. In fact several million GP appointments are wasted nationally due to patients seeing a GP for queries that should have been dealt with by other providers, and which could instead have been offered to other patients.

Thank you for dealing with this patient query, we would ask that you review your Trust's policy accordingly, to publicise how patients can contact the Trust directly for queries relating to their hospital care.

We have notified [insert] CCG as the commissioner of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully,

## Appendix 4: Template response for issuing medication following outpatient attendance

Dear Provider

Re: <<Patient Identifier Label>>

Your hospital has recently seen the above patient in the outpatient department and did not provide them with an adequate amount of medication for their immediate clinical need.

You should be aware that this breaches new requirements in the [standard hospital contract](#) which came into force on 1 April 2017, to reduce inappropriate bureaucratic workload shift onto GP practices.

**Contract reference SC11.10 states:**

**‘where a Service User has an immediate clinical need for medication to be supplied following outpatient clinic attendance, the Provider must itself supply to the Service User an adequate quantity of that medication to last for the period required by local practice, in accordance with any requirements set out in the Transfer of and Discharge from Care Protocols (but at least sufficient to meet the Service User’s immediate clinical needs until the Service User’s GP receives the relevant Clinic Letter and can prescribe accordingly)’**

**In line with the national contract requirement above, please liaise directly with the patient to organise the prescribing of this medication.**

You will be aware that general practice is under unprecedented workload pressures. It is not appropriate for GPs and staff to incur the additional bureaucracy and workload to immediately issue the medication necessary from the outpatient consultation.

Thank you for reviewing your Trust’s policy accordingly, and liaising directly with patients over this issue. If you could amend your policies to ensure medications are issued when the patient is seen in clinic this will reduce unnecessary workload on ourselves and allow us to focus on direct patient care.

We have notified [insert] CCG as the commissioner of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully

## Appendix 5: Template response for shared care

Dear Provider,

Re: <<Patient Identifier Label>>

The above patient was [discharged from your inpatient/day case care] [seen in your outpatient clinic] on [insert date]. You have initiated a shared care arrangement without seeking the essential agreement and consent from the patient's GP.

This failure breaches Section 11 of the new [hospital standard contract](#), which came into force on 1 April 2017, to which all NHS organisations have signed up. The contract sets new requirements to reduce inappropriate and bureaucratic workload shift onto GP practices.

Section 11 states:

- 11.3** Before the transfer of a Service User to another Service under this Contract and/or before a Transfer of Care or discharge of a Service User, the Provider must liaise as appropriate with any relevant third party health or social care provider, and with the Service User and any Legal Guardian and/or Carer, to prepare and agree a Care Transfer Plan. The Provider must implement the Care Transfer Plan when delivering the further Service, or transferring and/or discharging the Service User, unless (in exceptional circumstances) to do so would not be in accordance with Good Practice.
- 11.4** A Commissioner may agree a Shared Care Protocol in respect of any clinical pathway with the Provider and representatives of local primary care and other providers. Where there is a proposed Transfer of Care and a Shared Care Protocol is applicable, the Provider must, where the Service User's GP has confirmed willingness to accept the Transfer of Care, initiate and comply with the Shared Care Protocol.

Failure to liaise with and/or seek appropriate agreement from primary care following discharge of a patient from inpatient or day case care, or from an outpatient appointment wastes millions of GP appointments annually and incurs unnecessary additional bureaucracy on hard pressed GP surgeries. It also creates a great deal of confusion and stress for patients. It can also put GPs in a position of prescribing outside their competence and can cause clinical safety risks.

- We are unable to take on this request for shared care, since we do not feel we have the necessary expertise and skills to take clinical responsibility for the prescribing and monitoring of this specialist medication.
- We are unable to prescribe this medication under shared care arrangements, since the prescribing of this medication has not been commissioned as a shared care enhanced service from this GP practice

For the avoidance of doubt, shared care arrangements have not been agreed or accepted for this patient by this practice, and we ask you to make necessary arrangements to provide this care to this patient.

While we appreciate that these contractual requirements are fairly new and may take some time to embed, the arrangements around shared care prescribing merely reflect what should be standard good practice and in keeping with GMC guidelines.

**We would be grateful if you could review your Trust policy to ensure it complies with these contractual obligations, and that whenever a shared care protocol is considered appropriate, that you must first seek agreement with the patient's general practitioner, and in the absence of this agreement, that it remains the Trust's responsibility to continue to prescribe for the patient.**

We have notified [insert] CCG, as the commissioner, of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully,

## Appendix 6: Template letter from Practice to CCG regarding new standard contract breaches

Do not insert any patient identifiable information in communications to the CCG without patient consent

Dear CCG Chair/Chief executive

### Implementation of changes to the standard hospital contract

As you are aware, a [new standard hospital contract](#) came into force on 1 April 2017, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

I am writing to advise you that [insert trust] has breached the following requirement:

[Please tick as appropriate]

- Providers to issue 'fit notes' (previously sick notes) to patients under their care, where required.
- Timely production and transmission of clinic letters (where clinically required) following clinic attendance, to GP practices, no later than 10 days (from 1 April 2017) and 7 days (from 1 April 2018).
- A requirement for hospitals to put in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs, on websites and appointment / admission letters; and ensure that they respond properly to patient queries themselves, rather than passing them to practices to deal with.
- Providers to supply patients with medication following attendance at OPD for the period established in local practice or protocols, but at least sufficient to meet the patient's immediate needs up to the point at which the clinic letter reaches the GP.
- Hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.

I attach a copy of the letter which we sent to the trust on [insert date] in relation to this matter.

**(Only include patient identifiable information if you have patient consent for this, otherwise please anonymise the letter before including a copy)**

I would be grateful if you would advise what measures you will take in relation to this specific breach, as well as the measures which you, as the commissioner, are taking to ensure these new contract requirements are implemented to cease inappropriate bureaucratic burdens on GPs, at a time when most practices are struggling to cope with unsustainable demands.

I look forward to your response.

Yours faithfully