

Focus on Proformas and Referral Forms in General Practice

This guidance has been written as part of a suite of resources to support LMCs, Practices and GPs in taking back control of workload and reducing bureaucracy. GPC England is focusing on any supposed requirement to use referral forms or proforma where there is no advantage for either the GP or the patient in doing so.

Acute, Community and Mental Health Trusts, together with local commissioners frequently request the completion of referral form or proforma before accepting a patient referral or transfer of care. Whilst it is best practice to co-produce such forms with the local medical committee, GPC England is aware that in recent years there has been a steady proliferation of such forms, often without any wider discussion with GP stakeholders. Such forms create an additional workload and unnecessary bureaucracy for GPs and their Practice Teams, when a relevant, factual referral letter would suffice. Often the information requested is not relevant to the decision to refer or the patient's medical condition but is instead an extensive list of additional "background" information. This represents, multiplied by each referral, a significant and inappropriate transfer of work to local GP practices.

- **The use of referral forms is not a contractual requirement.**

The NHS standard contract (section 7.9) dictates the use of the e-RS referral system but does not require the use of a form to accompany such a referral. The GMC's good medical practice requires GPs to refer when it is necessary to do so in the best interests of the patient, and when doing so, to ensure a safe transfer of care. This requires any referral letter should include relevant information about the patient's medical condition, background PMH, current medication and any allergies. Template referral letters are available, for example at: https://www.aomrc.org.uk/wp-content/uploads/2018/05/AOMRC-Guidance-on-onward-referral_210518-v3.pdf

Under the NHS constitution, patients are entitled to request a referral, and the GP should agree to this where it is 'clinically appropriate'. [Referrals for specialist care - NHS \(www.nhs.uk\)](http://www.nhs.uk)

- **Fast-Track Referral Proforma in Referrals for Suspected Cancer ('Two Week Waits')**

Given the clinical urgency of fast-track referrals for suspected cancer, GPC England recommends GPs should take a pragmatic approach and continue to use such referral forms so as not to risk any form of delay in the transfer of care.

- **Frequently Asked Questions**

What if I want to continue to use a referral form or proforma?

You can! There may be examples where an individual GP may continue using a local referral form or proforma. Examples may be in 'two-week waits'; when a GP is new to clinical practice, new to the surgery setting and systems; where English is not their first language; or where its use is

helpful and aids the referral process for all parties. This may also be appropriate for certain specialty referrals.

Isn't it compulsory?

No, it isn't! The completion of a local referral form or proforma is neither a contractual nor a professional obligation. A referral letter providing relevant information to ensure a safe transfer of care is required for an appropriate request for a secondary care service,

What about Advice & Guidance?

Engaging with Advice and Guidance is a choice, unless the practice has signed up to deliver a locally commissioned service which resources practices to use Advice & Guidance as a precursor to a referral. A GP practice may wish to serve notice to such a service following consultation with their LMC, especially if associated with inadequate resourcing for the workload involved. GPC England recommends practices use Advice and Guidance only if this provides a timely and helpful resource with which to manage patients.

Won't trusts just reject our referrals?

To assist secondary care colleagues who may be placed under pressure to reject referrals from trust management when referrals not accompanied by a completed local referral form or proforma, GPC England recommends the following appendix added as standard text beneath each referral letter:

NB: The completion of a local referral form or proforma is neither a contractual nor a professional obligation. A referral letter providing the necessary and relevant information for an appropriate request for a secondary care service is in line with the NHS Standard Contract 2023/24 Service Conditions:

Acceptance and Rejection of Referrals 6.8 Subject to SC6.3 and to SC7 (Withholding and/or Discontinuation of Service), the Provider must:

6.8.1 accept any Referral of a Service User made in accordance with the Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties and/or as specified in any Prior Approval Scheme, and in any event where necessary for a Service User to exercise their legal right to choice as set out in the NHS Choice Framework"

<https://www.england.nhs.uk/nhs-standard-contract/24-25/>

In relation to Essential Services provided under a Primary Medical Services Contract, General Practitioners will note:

8.1.2. The Contractor must provide:

(a) services required for the management of the Contractor's registered patients and temporary residents who are, or believe themselves to be:

(i) ill with conditions from which recovery is generally expected;

(ii) terminally ill; or

(iii) suffering from chronic disease, which are delivered in the manner determined by the Contractor's practice in discussion with the patient;

(b) appropriate ongoing treatment and care to all of the Contractor's registered patients and temporary residents taking account of their specific needs including:

(i) advice in connection with the patient's health and relevant health promotion advice;

(ii) the referral of a patient for other services under the 2006 Act

To further support local trusts and collaborative working across a system, GPC England would support practices or an LMC formally writing to a trust to provide advance notice of a local change in approach to referral administration on behalf of a practice(s). This may well already be part of local commissioners risk register as part of their preparation for GP Action 2024

What should we do if the referral is rejected despite this?

Should any referral be rejected on the grounds that it is not accompanied by a completed local referral form or proforma, GPC England recommends that the template GP practice letter is below.

GPC England also recommends that a copy of this correspondence is saved onto the patient's medical record, and in this way is visible to the patient via the NHS App. This provides transparency to the patient and accountability for the GP practice should the patient later decide to escalate their concerns to the ICB, NHS England, or their MP.

Date
Trust Consultant Name
Trust Details
Contact Details
Cc:Trust Medical Director
Patient

GP Practice Name
Surgery Address
Contact Details

Dear Dr

Patient full name	
Patient DOB	
Patient NHS number	
Patient home address	
Patient phone/contact email	

RE: PATIENT REFERRAL REJECTION

We have been advised that our recent referral has been rejected on the basis that a proforma was not enclosed or completed in full.

Having reviewed the referral letter and reflected on both our contract and our GMC obligations, we are satisfied that the referral was clinically appropriate, details the required information to ensure a safe transfer of care to yourselves, and is in line with both the NHS Standard Contract 2023/24 Service Conditions: Acceptance and Rejection of Referrals 6.8 Subject to SC6.3 and to SC7 (Withholding and/or Discontinuation of Service), and the Primary Medical Services Contract, It therefore meets the required contractual and professional obligations for referral. Such professional regulations make no mention of the use of referral forms or proforma,

The GMC requires a GP to refer when clinically necessary to do so (link here - <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/delegation-and-referral/delegation-and-referral#communicating-with-patients-and-colleagues-D86E82BAE4BD4E5396648D50D72460CB>). All necessary information has been provided in my referral letter, detailing past medical history, current medications and known drug allergies. Please also consult this guidance on the matter from the Academy of Medical Royal Colleges: https://www.aomrc.org.uk/wp-content/uploads/2018/05/AOMRC-Guidance-on-onward-referral_210518-v3.pdf

We are committed to putting the needs of our patients first, using limited NHS resources efficiently, and working in positive collaboration across our local integrated care system. We would advise your trust medical directorate to discuss the use of referral forms directly with our local medical committee.

In the meantime, we request that you accept this referral in its current form, assess the patient in line with your normal process, and send our patient an appointment without delay. Any failure to do so may cause delay to our patients care and could cause potential harm.

Yours sincerely,