

NHS standard contract letter templates for practice use

Use the [hyperlinks](#) to quickly reach each appendix.

[Appendix 1](#) – Template response for missed appointment

Letter to Trust requesting that the hospital liaises directly with a patient who has missed an outpatient appointment, in order to book another one.

[Appendix 2](#) – Template response for delayed discharge summaries

Letter to trust notifying of a delay of more than 24 hours in electronically receiving a discharge letter of from A&E, inpatient or day case attendance, and to action this.

[Appendix 3](#) – Template response for delayed clinic letters

Letter to Trust notifying of a delay of more than 14 days in receiving a clinic outpatient attendance letter, and to action this.

[Appendix 4](#) – Template response for onward referral

Letter to Trust to directly internally refer a patient to a related specialty or service.

[Appendix 5](#) – Template response for provision of medication following discharge

Letter to trust to provide medications following discharge from inpatient or day case care, where medication must be supplied for a minimum of seven days (unless a shorter period is clinically necessary).

[Appendix 6](#) – Template response for follow-up of results and investigations

Letter to Trust requesting that the relevant clinician or department chases up the result of a hospital initiated investigation, including contacting the patient as necessary.

[Appendix 7](#) – Template letter from practices to CCG, informing them of the breach by the provider.

[Appendix 8](#) – Template letter from LMC to Trusts asking them for a report on what arrangements have been made to implement the changes set out in the new standard hospital contract.

[Appendix 9](#) – Template letter from LMCs to CCGs reminding them of the changes to the standard hospital contract and asking them what measures they have put in place to ensure that Trusts implement these, and to hold CCGs to account for their commissioning responsibilities.

Appendix 1

Template response for missed appointment

Dear x,

Re: <<Patient Identifier Label>>

Your department has automatically discharged this patient from your service following missing an appointment. You have requested that we make a new GP referral for the patient to be seen.

You should be aware that this breaches new requirements in the [standard hospital contract](#) which came into force on 1 April 2016, to reduce inappropriate bureaucratic workload shift onto GP practices.

Contract reference SC6 states hospitals cannot adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral.

This was reiterated in a recent letter from [NHS England](#) to all Trusts.

In line with the national contract requirement, please liaise directly with the patient to organise another appointment as appropriate.

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 re-refer patients after a single missed appointment. Additionally, several million GP appointments are wasted nationally due to patients seeing a GP for the sole administrative purpose of a re-referral, and which could instead have been offered to other patients.

Thank you for reviewing your Trust's policy accordingly, and liaising directly with patients who miss a clinic appointment.

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 delayed discharge summaries

Dear Provider,

Re: <<Patient Identifier Label>>

The above patient was discharged from your [inpatient/day case/A&E care] on [insert date]. We have to date not received a discharge letter. Delays in receiving hospital communication prevent GPs from having 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 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

Contract reference SC11 and definitions requires hospitals to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours, with local standards being set for discharge summaries from other settings.

This was reiterated in a recent [letter from NHS England](#) to all Trusts.

We would be grateful if you could provide us with 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 delayed clinic letters

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. Delays in receiving hospital communication prevent GPs from obtaining the necessary information to manage patients, and also waste millions of GP appointments annually.

This also breaches the [new hospital standard contract](#) which came into force on 1 April 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

Contract reference SC11 introduces a new 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 (certainly no later than 14 days after the appointment). For 2017/18, the intention is to strengthen this by requiring electronic transmission of clinic letters within 24 hours.

This was reiterated in a recent [letter from NHS England](#) to all Trusts.

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 4

Template response for onward referral

Dear x

Re: <<Patient Identifier Label>>

We write with reference to your request to make an onward referral regarding the above patient to [insert work requested].

You will be aware that [changes to the standard hospital contract](#) came into force on 1 April 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices. This permits hospital clinicians to make an onward referral to another professional for a related condition as follows:

Contract reference SC8 specifies that unless a CCG requests otherwise, for a non-urgent condition directly related to the complaint or condition which caused the original referral, onward referral to and treatment by another professional within the same provider is permitted, and there is no need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.

This was reiterated in the [recent letter from NHS England](#) to all hospital providers

We would be grateful if you would now make the onward referral accordingly for the above patient as you feel clinically necessary, without further delay.

You will be aware that general practice is under unprecedented workload pressures. In order to not incur unnecessary additional bureaucracy on hard pressed GP surgeries, please organise to review your policy accordingly and ensure this is communicated to your team.

This arrangement will also have the added benefit of reducing unnecessary referral delay and waiting times for patients.

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 letter for provision of medication following discharge

Dear Provider,

Re: <<Patient Identifier Label>>

The above patient was discharged from your [inpatient/day case care/outpatient clinic] on [insert date]. However, you failed to supply the patient with medication for a minimum of seven days (unless a shorter period is clinically necessary).

This breaches the [new hospital standard contract](#) which came into force on 1 April 2016, which sets new requirements to reduce inappropriate bureaucratic workload shift onto GP practices, and was also reiterated in a recent [letter from NHS England to all NHS Trusts](#).

Contract reference SC11 introduces a new requirement on providers to supply patients with medication following discharge from inpatient or day case care. Medication must now be supplied for the period established in local practice or protocols, but must be for a minimum of seven days (unless a shorter period is clinically appropriate or where a repeat prescription is already in place).

Failure to supply patients with medication following discharge from inpatient or daycase care for a minimum of seven days, waste millions of GP appointments annually and incur unnecessary additional bureaucracy on hard pressed GP surgeries.

We would be grateful if you could supply the patient with the appropriate medication for a minimum of seven days (unless a shorter period is clinically appropriate or a repeat prescription is already in place).

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 6

Template response for follow-up of results and investigations

Dear x

Re: <<Patient Identifier Label>>

We write in response to your letter regarding the above patient requesting that we chase up the results of [insert type of investigations] undertaken by your department.

A copy of your request is enclosed.

This is in breach of the [new standard hospital contract](#) which came into force on 1 April 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

Contract reference SC12 places a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner, for example, telephoning the patient.

This was reiterated in a recent letter from [NHS England](#) to all Trusts.

The result of this investigation will automatically be sent to you or your department as the requesting clinician. **We would therefore request that you follow up the result and take any appropriate action, including contacting the patient if necessary.**

This is also in keeping with GMC guidance which states that it is the responsibility of the doctor requesting a test to take clinical responsibility to follow up and take appropriate action on the result.

We will be proceeding on the assumption that you will be taking responsibility for reviewing and taking any action on the above investigation result(s).

We are also informing [please insert as appropriate] CCG of this breach given their responsibility as a commissioner to ensure implementation of the hospital standard contract

Yours faithfully,

Appendix 7

Template letter from practice to CCG regarding new standard contract breaches

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 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices. You will also have received a [letter from NHS England](#) reiterating the need for hospital providers to implement these new requirements.

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

[Please tick as appropriate]

- Stopping hospitals adopting blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral (this wastes an estimated 15 million GP appointments per year).
- Enabling hospital onward referral to and treatment by another professional within the same provider for a related condition, without the need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.
- A requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner; for example, telephoning the patient. Therefore, GPs should not be inappropriately used to relay to patients results of tests generated by hospital clinicians.
- Timely clinic letters to GP practices, no later than 14 days after the appointment, and with the intention of electronic transmission of clinic letters within 24 hours in the future.
- A requirement to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours.
- Providers to supply patients with medication following discharge from inpatient or day case care for the period established in local practice or protocols.

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

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,

Appendix 8

Template letter from LMC to Trusts regarding implementation of new contract

Dear Provider,

Implementation of new hospital standard contract requirements

As you are aware a [new hospital standard contract](#) came into force on 1 April 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

However, it is clear that despite these contractual changes, GP practices have continued to be burdened by the above bureaucracy, with many CCGs and hospital trusts seemingly unaware of these new requirements.

As a result, you will now have received a [letter from NHS England](#) reiterating the need for hospital providers to implement these new contractual requirements; the key ones of which are:

- Stopping hospitals adopting blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral (this wastes an estimated 15 million GP appointments per year).
- Enabling hospital onward referral to and treatment by another professional within the same provider for a related condition, without the need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.
- A requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner; for example, telephoning the patient. Therefore GPs should not be inappropriately used to relay to patients results of tests generated by hospital clinicians.
- Timely clinic letters to GP practices, no later than 14 days after the appointment, and with the intention of electronic transmission of clinic letters within 24 hours in the future.
- A requirement to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours.
- Providers to supply patients with medication following discharge from inpatient or day case care for the period established in local practice or protocols.

We are asking practices to report breaches of the above contractual requirements to both the CCG and yourself. This will give you, as a provider, feedback on adherence to these requirements, which will help you to take necessary action accordingly. We would be grateful if you could please confirm to whom such breach reports should be sent.

We look forward to an early response, with the aim of reducing inappropriate demands on GP practices, at a time when most are struggling to cope with escalating pressures. We believe that these measures will have the added benefit of reducing hospital bureaucracy as they should end the current duplication of administrative workload.

Yours faithfully,

Appendix 9

Template letter from LMCs to CCGs regarding implementation of new contract

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 2016, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices.

You will also have received a [letter from NHS England](#) reiterating the need for hospital providers to implement these new requirements, the key ones of which are:

- Stopping hospitals adopting blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral (this wastes an estimated 15 million GP appointments per year).
- Enabling hospital onward referral to and treatment by another professional within the same provider for a related condition, without the need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.
 - A requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner; for example, telephoning the patient. Therefore GPs should not be inappropriately used to relay to patients results of tests generated by hospital clinicians.
 - Following outpatient clinic attendance, timely clinic letters to GP practices, no later than 14 days after the appointment, and with the intention of electronic transmission of clinic letters within 24 hours in the future.
 - A requirement for hospitals to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours.
 - Providers to supply patients with medication following discharge from inpatient or day case care for the period established in local practice or protocols, for a minimum of seven days (unless a shorter period is clinically necessary).

The LMC is advising practices to feedback breaches to both the provider and to the CCG, so that appropriate action can be taken to ensure delivery against these requirements.

I would be grateful if you would advise the LMC what measures you, as the commissioner, are taking to ensure implementation of the above, and how you plan to action and resolve breaches to these contractual requirements.

Could I additionally suggest adding this as a rolling item to the agenda of each CCG/LMC liaison meeting, with feedback on provider performance against these requirements?

I look forward to your response 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.

Yours faithfully,