

## **NHS Standard Contract changes**

### **2017-19 changes**

1. Providers to issue 'fit notes' (previously sick notes) to patients under their care, where required.
2. 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).
3. 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.
4. 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.
5. Hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.

### **2016-17 changes**

#### **1. Local access policies**

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. Hospitals must publish local access policies and demonstrate evidence of having taken account of GP feedback when considering service development and redesign.

#### **2. Discharge summaries**

Hospitals are required 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. Discharge summaries from inpatient or day case care must also use the Academy of Medical Colleges endorsed clinical headings, so GPs can find key information in the summary more easily. Commissioners are also required to provide all reasonable assistance to providers in implementing electronic submission.

#### **3. Clinic letters**

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.

#### **4. Onward referral of patients**

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.

#### **5. Medication on discharge**

Providers to supply patients with medication following discharge from inpatient or day case care. Medication must 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 necessary).

#### **6. Results and treatments**

Hospitals to organise the different steps in a care pathway promptly and to communicate clearly with patients and GPs. This specifically includes 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.