NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Summary of Primary and Secondary Care Interface responsibilities 2026

Contents

Foreword

Humber and North Yorkshire Integrated Care Board (HNY ICB) has developed this summary to summarise its expectations, as commissioner, relating to the responsibilities of primary and secondary care providers and individual clinicians that will produce the most effective interface working, and the ICB's own responsibilities to enable that. Effective interface working will minimise disruption to patients' care, improve their experience and outcomes and maximise productivity of clinical services by reducing delay, duplication, and waste.

In developing this summary, HNY ICB has taken account of the Consensus statements already developed in several parts of the Humber and North Yorkshire Integrated Care System, by local secondary and primary care providers, detailing the interface responsibilities they have agreed on. Local primary and secondary care partners may adopt this document or revise their existing interface agreements to ensure consistency with these requirements. Where differences exist, this summary reflects the ICB’s commissioning position.

Responsibilities of all clinicians

- Treat all colleagues with respect.
- Keep the patient at the centre of all interactions.
- Take responsibility for reviewing and acting on the results of the investigations you request and ensure that results and recommended actions are shared with the patient (and responsible carers where appropriate).
- Ensure the patient (and responsible carers where appropriate) is kept fully informed regarding their care and what is likely to happen next.
- Avoid committing other individuals or teams to any particular action or timescale.
- Communicate directly with other services, not via the patient.

Responsibilities of primary care clinicians

Before referring to secondary care:

- Use in-practice (or Primary Care Network (PCN)), according to local arrangements) expertise of senior colleagues for advice prior to deciding whether to seek advice from or make referral to secondary care (N.B. review and approval from a GP is a contractual requirement in the enhanced service specification for A&G requests).
- Ensure appropriate primary care assessments have been made, in accordance with ICB approved pathways, including open access investigations.
- Consider whether a community-based service, where available, is suitable for the patient's need e.g. Musculoskeletal (MSK), Ear, Nose and Throat (ENT), Frailty services, or another primary care service e.g. Optometry.
- Consider whether using advice and guidance is a suitable alternative to outpatient referral for your patient's situation.

- Use the ICB provided portal to review commissioning policies and clinical pathways, including those being used for A&G, elective and acute referrals.
- Consider whether criteria in any relevant commissioning policy have been met if referring with expectation of a specific intervention and include such details in your referral.
- If referring for assessment for surgery, consider whether optimising any long-term condition(s) and overall health prior to referral is:
    - possible
    - safer for the patient.
- Before referring with a view to surgical management, confirm that the patient is willing to consider surgery, if that is subsequently recommended by the specialist.
- If considering emergency referral to hospital, consider alternatives, where available e.g.
    - 'Hot clinic'
    - Same Day Emergency Care (SDEC)
    - Urgent Treatment Centre (UTC)
    - Hotline
    - Urgent response community services.

Responsibilities of primary care clinicians (contd.)

When referring to secondary care:

- Confirm the patient's choice of provider, in line with their legal rights.
  (NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK)
- If making a referral for suspected cancer, confirm that the patient will be available in the next two weeks and only send the referral when they can be.
- In a referral letter/form:
  - Ensure you are clear why you are requesting specialist input
  - Describe the clinical scenario in sufficient detail to allow acuity and urgency of problem to allow appropriate prioritisation
  - Include details of any optimisation efforts and outcomes of those undertaken
  - Avoid using abbreviations and acronyms which may not be universally used or understood.
- Ensure referrals are sent in a timely manner
  - Urgent or suspected cancer referrals should usually be sent no later than the next working day from the decision to refer.
  - Routine referrals should usually be sent no later than 3 working days from the decision to refer.
- Ensure the patient (and responsible carers where appropriate) understands who they are being referred to, for what reason, and signpost them to available information regarding:
  - The latest known waiting times
  - The locally agreed patient information about what happens following referral (and provide in print form if the patient is unable to access/use the digital version).

Responsibilities of primary care clinicians (contd.)

After referring to secondary care:

- Recognise that a referring clinician (who has made an outpatient referral or sought advice from a providing clinician in a Trust) retains a duty of care towards the patient, and this includes taking appropriate action if their symptoms change and/or if new symptoms arise.
- Update secondary care on any significant change in a patient's condition that might affect prioritisation of their initial or review appointment, if you become aware of that during ongoing management of the patient.
- Retain responsibility for managing and optimising any long-term condition(s) that is managed in primary care.
- Be responsible for routine prescribing of medications (within your clinical expertise) and adhere to shared care guidelines (where agreed).
- Following emergency referral to hospital,
    - Retain responsibility for the care of patient until the patient is received in hospital or, when applicable, in the care of Ambulance service staff before then.
    - Administer time-critical medicines in the acutely ill whilst awaiting transfer to an Emergency Department (ED).

Responsibilities of secondary care clinicians

Following Advice and Guidance (A&G) requests:

- Recognise that at the point a specialist clinician receives a request for advice, a duty of care is engaged, so specialist advice requests are assessed and responded to in a timely way, in line with national guidance e.g. within 10 working days for routine requests, to minimise the risk of delaying patient care. The duty of care ends when a response with advice has been sent, unless there is a decision to convert to referral, in which case it continues.

Following A&G, outpatient or inpatient contacts:

- Ensure clear and timely (in accordance with nationally defined standards) communication to primary care including:
    - Any new diagnosis
    - Recommended management plans
    - Details and explanation of any medication changes
    - Any planned follow up in secondary care
    - Any actions advised for primary care
    - Any actions advised for the patient
- Prescribe medication for 28 (or 30 days, according to the default pack size of the medication) or the complete treatment course (if shorter), as clinically appropriate, on discharge and refer patients to the pharmacy discharge medicines scheme. N.B. Patients may be discharged with less than a full pack of medication that has already been opened while an inpatient, providing that no more than one week of the pack has already been used.
- Prescribe medication for 28 (or 30 days, according to the default pack size of the medication) or the complete treatment course (if shorter), as clinically appropriate, when commencing new medication in outpatients.

Responsibilities of secondary care clinicians (contd.)

- Before recommending ongoing prescribing from the GP, ensure the recommendation is consistent with the ICB Area Prescribing Committee (APC) Formulary status, including items restricted to specialist-only prescribing and items subject to shared care arrangements.
- When new medications are recommended, ensure that appropriate pre-treatment assessment and counselling have occurred, and that those details are communicated to the GP, to avoid uncertainty and/or unnecessary repetition.
- Request and organise any further tests or tests considered necessary either within 28 days or prior to the patient's next review (unless providing A&G advice for tests that can be directly accessed from primary care).
- Provide patients with a Med 3 form ('Fit note') for the full duration of the time you expect them to be off work due to their illness or recovery on discharge or in outpatients.
- Non-consultant staff should seek advice from more senior colleagues prior to deciding whether to make referral to another speciality in secondary care
- Arrange onward referrals to appropriate specialties and other services e.g. home care support, when necessary for anything related to the original reason for referral or for clinical urgency (N.B. in accordance with the ICB *Intra- and inter-provider referral* policy)
- If the intervention you have decided to recommend is subject to an ICB commissioning policy, submit an Individual Funding Request (IFR) if the policy criteria for the intervention are not met but you regard there as being exceptional circumstances that justify using the intervention.
- Communicate follow up recommendations for patients who self-discharge.
- Undertake review of the records of people who Do Not Attend (DNA) or (in the case of children or vulnerable adults who are dependent on others) are not brought to appointments and:
    - Taking into account clinical and/or safeguarding (where applicable) risks, consider telephone contact and/or transferring to patient initiated follow up (PIFU) where clinically appropriate.

- Ensure any decision to discharge is communicated to the patient and the GP, with reason(s) why.

Responsibilities of System Partners

Primary Care

Primary care should regularly review care home residents and make sure there is an up-to-date advance care plan. Where appropriate, primary care along with the care home multidisciplinary team should be the first point of contact in response to deterioration. Primary care working with ambulance and community services should generally be able to support residents in their care home.

Primary care should be the first port of call for most patients (including 111, urgent treatment centres (UTCs), late opening pharmacies, etc). Ongoing care for long term conditions should be primary care-led, involving the wider MDT to support the patient.

When patients are discharged from an acute admission, primary care should review and action discharge summary recommendations within two working days of receipt.

Responsibilities of System Partners (contd.)

Secondary Care

Providing information to patients about waiting lists is the responsibility of secondary care providers. Secondary care services need to deliver a reliable and interactive method to answer patient queries directly, including responding to enquiries about changes in urgency when waiting for an appointment or procedure, which should not be redirected to GP practices with a request to submit an 'expedite letter'.

Trusts should provide frequently updated and easily accessible waiting time information to primary care referrers.

Trusts should use simplified and standardised A&G referral forms, including any nationally mandated ones.

Trusts should, as far as possible, use a standardised discharge letter template to enable consistency and aid GP practices to clearly see diagnosis and actions required. Individual specialties may prefer variations in subheadings within the template to include specific details, but these should be minor modifications of the standardised template rather than completely different in overall layout.

Trusts should ensure that there are arrangements for issuing prescriptions, when clinically indicated, to patients seen by non-prescribing staff in outpatient settings, as opposed to sending requests for GPs to issue these.

Where urgent patient concerns are identified preoperatively, through uncontrolled or acute medical health conditions, that may result in cancellation or postponement of surgery, secondary care teams will arrange urgent referral for the treatment required to the most clinically appropriate provider, to avoid unnecessary cancellations of elective patients, working collaboratively with primary care and keeping primary care informed, to get the most appropriate and timely care for patients.

Liaison roles between primary and secondary care make communication, escalation and resolution easier and arrangements including a single point of contact for such matters should be in place in each Trust.

Primary and Secondary Care

Primary and secondary care should participate in local interface forums to enable both strategic evolution, including development and review of interface clinical pathways, and the “unblocking” of local, more operational issues.

Responsibilities of System Partners (contd.)

Humber and North Yorkshire ICB

Provide clarity on how:

- Secondary care can contact primary care at each practice to discuss acute patients.
- Primary care can contact secondary care to discuss patients for potential urgent referral or who have just been discharged.
- All primary care and secondary care clinical staff can easily access commissioning policies and clinical pathways, including those being used for Advice and Guidance (A&G), elective and acute referrals (NB see below)

Humber and North Yorkshire ICB Commissioning Policies

Commissioning Policies - Humber and North Yorkshire Integrated Care Board (ICB)

Humber and North Yorkshire ICB Policy and Pathway Repository (PPR)

Home - HNY Policy and Pathway Repository

Links to related guidance

Academy of Medical Royal Colleges Guidance on Onward Referral
AOMRC-Guidance-on-onward-referral_210518-v3.pdf

BMA guidance on Primary and Secondary Care working together.
Primary and secondary care interface (bma.org.uk)

General Practice Requests for Advice and Guidance Enhanced Service 2025/26
NHS England » General Practice Requests for Advice and Guidance Enhanced Service 2025/26

GIRFT interface guidance
GIRFT Bridging the gap between primary and secondary care FINAL Mar 2025 v1.3

GMC Good Medical Practice.
Good medical practice - professional standards - GMC (gmc-uk.org)

GMC Good Practice in Delegation and referral.
Delegation and referral - professional standards - GMC (gmc-uk.org)

GMC Good Practice in Prescribing and Managing Medicines and Devices.
Good practice in prescribing and managing medicines and devices - professional standards - GMC (gmc-uk.org)

NHS England guidance on Clinical Responsibility
NHSE Specialist Advice Clinical Responsibility FAQs.pdf

NHS England guidance on Improving how Secondary Care and General Practice work together.
NHS England » Improving how secondary care and general practice work together

NHS Standard Contract
NHS England » 2023/24 NHS Standard Contract