



NHS Standard Contract

Below is a summary of the requirements that are set out in the 2016/17 and 2017/18 NHS Standard Contract, which is mandated by NHS England for use by commissioners for **all contracts for healthcare services other than primary care**.

- **Local access policies/missed appointments**

Hospitals cannot adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for rereferral. Hospitals must publish local access policies and demonstrate evidence of having taken account of GP feedback when considering service development and redesign.

- **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.

- **Outpatient 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. The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days (with effect from April 2017). This will change to within 7 days from April 2018.

- **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.

- **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).

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- **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.

- **Fit notes**

Where a patient:

- is admitted to hospital under the care of a member of the Provider's medical Staff; or
- is discharged from such care; or
- attends an outpatient clinic under the care of a member of the Provider's medical Staff

The Provider must issue (free of charge) any necessary medical certificate to prove the patient's fitness, or otherwise, to work. The certificate should cover the period until the date by which it is anticipated that the patient will have recovered, or by which it will be appropriate for a further clinical review to be carried out.

- **Medication following outpatient attendance**

Following an outpatient attendance where the patient has an immediate clinical need for medication, Providers must supply patients with an adequate quantity of that medication, at least sufficient to meet the patient's needs until the patient's GP receives the relevant clinic letter and can prescribe accordingly.

- **Patient queries**

Providers must:

- provide patients and referrers with clear information about who to contact if they have questions about their care and how to do so;
- ensure that there are efficient arrangements in place for responding promptly and effectively to such questions and that these are publicised to patients and referrers using all appropriate means, including appointment and admission letters and on the Provider's website; and
- wherever possible, deal with such questions from patients itself, and not by advising the patient to speak to their referrer.

- **Shared care**

Before the transfer of a patient to another service and/or before a transfer of care or discharge of a patient, the Provider must liaise with any relevant third party health or social care provider, and with the patient, to prepare and agree a care transfer plan. The Provider must implement the care transfer plan when transferring and/or discharging the patient, unless to do so would not be in accordance with Good Practice.

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 patient's GP has confirmed willingness to accept the transfer of care, initiate and comply with the shared care protocol.

Full details of the NHS standard contract can be found here: <https://www.england.nhs.uk/nhs-standard-contract/17-18/>

BMA template letters for reporting breaches of the NHS standard contract can be found here: <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance-2017-2019>

and

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance>