

GPC England Statement re Elective Care High Impact Interventions: Clinical Peer Review

GPC England has written to NHS England calling on it to withdraw the above document and wishes to remind GPs that they have no contractual obligation to undertake this activity, and also that they have a duty to refer patients to services when clinically required.

We recognise that reflective practice and peer review are important elements in modern general practice, and when appropriate GPs would discuss these matters in appraisals as part of their ongoing professional learning and development.

Proposals requiring universal review before referral are not supported by the evidence based on years of experience in general practice. They are likely to undermine rather than enhance patient care by removing GPs from patient contact and could make access to GPs worse rather than better. They risk undermining professionalism and damaging the trust that must exist between doctors and patients. Furthermore, such a scheme would be contrary to existing NHSE access and patient choice policies.

The GPC has offered to work with NHSE to identify a more supportive, evidence-based and patient-centred approach to the issue of variation in referral patterns, providing the primary aim is to improve patient care and not to reduce activity.

Rather than trying to implement universal peer review of referrals, we would encourage CCGs to ensure that

- Alternatives to traditional referral are well advertised, of high quality and convenient for patients
- Alternatives to traditional referral are easy to refer to, and are properly commissioned so as not to place additional and unresourced workload onto general practitioners either pre or post referral.
- Practices are provided with high quality data about their referrals.
- Practices are provided with support to allow them to analyse and understand the reasons for variations in referral rates.
- Secondary care providers should be obligated to write clinical letters to the referring doctor (unless an alternative is requested by the patient) in order that the educational opportunities provided by professional communications are not loss.



• Effective mechanisms are in place to allow GPs to obtain advice from specialists to allow management of patients in the community where appropriate.