Transfer of Care

v1.2, September 2024

**Sefton Local Medical Committee (LMC) is the elected representative of GPs and their practices in the Borough of Sefton.**

The following principles have been included in the *Sefton Local Quality Contract (LQC) for General Practice*, which GP practices in Sefton are contractually required to follow:

* The clinician who wishes to **prescribe medication** for the patient should arrange **all appropriate tests** prior to initiating the treatment. They are also responsible for **communicating the rationale** for treatment *[\*including benefits, risks & alternatives]* & **arranging any follow-up** requirements that might be necessary for the patient.
* The clinician who **initiates a medication** should prescribe **sufficient medication to meet the service user’s immediate clinical needs** until the service user’s GP receives the relevant clinic letter & can prescribe accordingly. Additionally, with regard to transfer & discharge from acute services the provider shall give to the service user provision of **14 days’ supply** of the service user’s medicines as taken on discharge.
* The clinician who **arranges a test** for a patient is responsible for ensuring that the **results are looked at &** **any action required is taken**. This may be delegated to another provider but **only** with the *[\*prior]* consent/ agreement of that provider.
* Clinicians should **not recommend treatments for patients that need to be delivered by another service**, unless they are sure the other service is prepared to provide the treatment. Clinicians who are not trained to prescribe should **discuss any requests for medication with a prescriber** *[\*from within their own organisation]* & document who that prescriber is.
* Secondary care consultants are usually asked to address a specific issue for a patient. The *[\*ICB]* understands that sometimes this issue may require onward referral to another specialist, & in such cases, approve that referral to be made. However, should an **unrelated & non-urgent issue** arise in the course of the consultation, the *[\*ICB]* would prefer it be referred back to the GP for assessment in primary care rather than referred immediately for a secondary care opinion.

*[\* = added by Sefton LMC for additional clarity]*

Sefton LMC has recommended that its member GP practices provide this document at the time of any onward referral, to ensure that other clinical teams are fully aware of these **contractual principles that GP practices in Sefton have been asked to abide by**.

The **Cheshire & Merseyside Consensus on the Primary Care Interface** has been approved by NHS Cheshire & Merseyside ICB, along with all the LMCs & NHS trusts in Cheshire & Merseyside, & it builds on the above principles:

<https://www.cheshireandmerseyside.nhs.uk/media/qzpll3jp/consensus-on-the-primary-secondary-care-interface-full-version.pdf>

Furthermore, **GP practices are not professionally or contractually required to use referral proformas**, apart from the Cheshire and Merseyside urgent suspected cancer referral forms. GP practice clinicians will endeavour to provide all the clinical information that they feel is necessary at the time of referral, with due regard for any approved & resourced guidance. **If you require any further information to triage the referral, please contact the patient**.

This referral is not a request for clinical advice so **please** **do not reject this referral & offer clinical advice in its place** as it may result in unnecessary delay or harm to the patient.