

Primary and Secondary Care in York and Scarborough

How we work together: An Interface Agreement

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Introduction

For patients to receive good outcomes and have good experiences from the NHS, they need high quality services in primary and secondary care. All patients will have times during their care when they are reliant on good communication and coordination between primary and secondary care. We all know there are times when communication and coordination between parts of the system fail. This is more common when there is high demand on services and limited capacity to meet patient needs.

When we all work collectively in partnership, we improve patient care and make the most efficient use of time and resources.

This agreement outlines the principles of working together in the best interests of patients. By following these principles, we can encourage collaboration, remove unnecessary administrative burdens and enable a more efficient system for the patients we serve.

There are also specific situations where we need common understanding of the roles and responsibilities between primary and secondary care and the processes involved. Explained in this document are situations including referrals, blood tests, communications and appointments.

This agreement has been developed by clinicians in Primary and Secondary Care. They are not rules to follow and there will be exceptions. Clinicians are trusted to make decisions based on the individual circumstances they face.

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Principles

Principles for all

As clinicians working in primary and secondary care we:

- Treat all colleagues with respect.
- Keep the patient at the centre of all we do.
- Are responsible for the results of the investigations we request and ensure the patient (and responsible carers where appropriate) receives results of those investigations.
- Ensure the patient 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

Principles for Primary Care

- Ensure you are clear in the referral letter the reason for specialty review.
- Describe the clinical scenario in sufficient detail to allow acuity and urgency of problem to allow appropriate prioritisation for action in Secondary Care.
- Clearly communicate to the patient who they are being referred to, for what reason, and what they may expect.
- Ensure appropriate Primary Care assessments have been made before referral, where local pathways have been agreed between partner organisations and endorsed by LMC as general practice representative.
- When referring for assessment for surgery, include details of any optimisation actions regarding long term conditions.
- Use local (within practice) expertise for advice if available, prior to seeking advice or making referral to Secondary Care.
- Be responsible for routine prescribing of medications within clinical expertise and adhere to shared care guidelines where agreed.

Principles for Secondary Care

- Respond promptly to advice and guidance (target <48hrs) and referral requests from Primary Care.
- Ensure clear and timely communication to the GP and patient following patient contacts, to include any recommended management plans and investigations in Primary Care, any medications prescribed, any continued plans for treatment and diagnosis in Secondary Care and any actions for the patient.
- Ensure specialist requested tests are interpreted as necessary in Secondary Care and results communicated to patients with an action plan.
- Prescribe any immediately necessary or urgent medication (required within 28 days of outpatient assessment). Supply medication for 28-days or the complete course as necessary. Initiate and monitor all red drugs and amber drugs according to shared care protocols after appropriate counselling.
- Prescribe medication following hospital admission or treatment to cover a minimum of 28 days or to complete treatment course.
- Ensure when new medications are being recommended, that appropriate pre-treatment assessment and counselling has occurred and communicated to Primary Care.
- Where necessary provide patients with a Fit Note for the duration of their illness or recovery.
- Arrange onward referrals to appropriate specialties when necessary for related conditions or clinical urgency.

Scenarios and Questions

Prescribing

Who should prescribe what and when?

Prescriptions for medication which the patient needs to commence within 28 days of an outpatient appointment should be prescribed by treating clinician in Secondary Care. This is because it is not possible for GPs to receive instructions to prescribe, issue a prescription and for the community pharmacy to dispense medication in the clinically required time frame.

Traffic light status of medicines is agreed by the Area Prescribing Committee. This clarifies which medicines should be prescribed by which prescriber:

- **Red** - Hospital only prescribing
- **Green** - GPs may prescribe
- **Amber specialist recommendation** - Hospital clinician can recommend a GP to initiate non-urgent therapy but do not have to supply the initial prescription.
- **Amber specialist initiation** - Hospital specialist must issue the initial prescription before referring to the GP.
- **Amber shared care** - Hospital specialist would request the GP shares care in accordance with the protocol.
- **Black** - do not prescribe.

The North Yorkshire and York formulary is available here: [North Yorkshire and York Formulary](#).

What time periods should prescribing in secondary care cover?

The secondary care clinician should prescribe any immediately necessary or urgent medication (required within 28 days of outpatient assessment). Medication should be supplied for 28-days or the complete course as necessary.

Non-prescribers in secondary care should escalate within their immediate team to ensure a prescription can be provided in secondary care rather than requesting this from the patient's GP.

How do I prescribe a medication in a clinic?

YSTHFT clinicians should write the prescription on the white hospital Pharmacy prescription. The patient can take this to Outpatient Pharmacy at York Hospital from 8am to 8pm. Outside these hours, or for clinics in Malton, Selby, and Bridlington a green FP10 prescription pad will be required available from Pharmacy. These can be taken to any Community Pharmacy (but not the Outpatient Pharmacy).

At Scarborough Hospital, FP10s should be used unless it is for a hospital only medicine which can be supplied from Scarborough Hospital Pharmacy.

How do I prescribe a required medication from a virtual clinic? (non-System One teams)

If during a virtual clinic consultation, you wish to prescribe a medication please write this on a white hospital Pharmacy prescription and arrange for it to be sent down to the OPD Pharmacy (York). Please ask the patient to arrange for their medication to be collected from the OPD Pharmacy, where it will be dispensed within normal weekday hours after the prescription is received. For patients having to travel long distances it is acceptable to post out an FP10 that the patient can get dispensed by a local community Pharmacy.

Referrals

How do I know which assessments to complete before referral?

Some referrals are informed by agreed pathways and may require investigations or a level of intervention prior to referral (e.g. FIT test in the case of lower GI referral). Agreed local pathways are available via the [Referral Support Service website](#).

Should GP Trainees, Nurse Practitioners, Allied Health Professionals, Pharmacists and Medical Associate Professionals make referrals or ask for advice and guidance?

Yes this is possible, non-medical clinicians and clinicians in training grades can refer. They should work within their personal competencies and professional scope of practice, and where needed should seek clinical advice from more experienced clinicians within their primary care team. When this has been necessary, please name the responsible GP in the referral and include details of the discussion.

Who should be identified on the referral letter?

The referrer must identify themselves in the referral correspondence. Good practice is to include the name and title of the referrer. This is important to be clear on who the referrer is.

Actions for a patient's care

What should I do if I identify actions which primary care may need to undertake for the ongoing care of the patient?

Occasionally patients present with symptoms which are not related to the specialty or the original referral. e.g. a rash in an orthopaedic assessment.

When this happens it may be reasonable to advise the patient to seek advice from their GP Practice. Secondary care clinicians should not tell patients what primary care will do as a result. If a patient asks secondary care for advice about symptoms unrelated to the condition under review, it is usually best to advise the patient to contact the GP practice who can advise on next steps.

If requests are made for primary care, ensure they are clear and comply with the timescales and responsibilities outlined in this interface agreement. All correspondence received in Primary Care is processed by a non-clinician and may only be passed to a GP or practice Pharmacist if their input or action is, or may be, required. It is important that follow-up actions for the GP Practice are clearly highlighted.

Why do patients who have been to the Emergency Department need General Practice to act on some results?

Patients who have been discharged from an ED visit without onward Secondary Care referral are no longer under the care of YSTHFT. Within ED there may have been an incidental finding or something which requires routine review or follow up. These should be communicated to primary care in writing and the patient with advice to contact the practice if required.

Appointments

Why has my adult patient been discharged after missing a hospital appointment?

All DNAs (new and follow-up) will be reviewed by the Consultant/Senior Clinician at the end of clinic in order for a clinical decision to be made as to whether the appointment should be rebooked, or the patient returned to the care of their GP/Referrer in line with the Trust Access Policy.¹ Any outcome is communicated directly with the patient and copied to the GP.

Some patients may contact the department themselves and can have appointments rebooked without a new referral in accordance with the Access Policy and Trust departmental standard operating procedures.

If a patient who is discharged is deemed by the GP to need reviewing for clinical reasons, the GP should write to the clinician responsible for the clinic. They should explain the clinical reason why the appointment is still necessary or any necessary mitigating circumstances if applicable. The appointment should then be remade without requiring a new referral.

What if a patient thinks their hospital appointment needs to be expedited?

Generally, this will not be possible, unless there has been a significant change in the severity of their condition, usually determined by the referrer. Patients should not be advised to request expedite letters from their GP.

¹ York and Scarborough NHS Foundation Trust Referral to Treatment Access Policy:
valeofyorkccg.nhs.uk/seecmsfile/?id=6972&inline=1

Blood Tests

Why shouldn't GPs be asked to undertake follow up blood tests required within 28 days?

It is not usually practically possible to achieve the necessary communication, action and interpretation within 28 days and this request therefore risks patient safety. It is safer and more efficient for patients to be given a blood test form by the clinic/ward area with instructions to get their blood taken at a location most convenient for them. The results should then be returned to the original requesting clinician who will know how best to proceed and can inform the patient and decide next steps within the required safe timeframe.

Why shouldn't GPs be asked to follow up bloods tests I have deemed essential and ordered?

Please don't ask general practice to request results from tests you have ordered. If you have requested the test, you are responsible for the result. Please do not routinely add "copy to GP" as this generates communications about results without clear ownership. If you do copy the results to the GP please apply clinical discretion; it may be better for the patient and clinicians involved in their care if there is a shared care agreement for example, or the patient is due review in primary care.

What if my patient prefers to have their blood test taken closer to home?

Phlebotomy clinics are available at York Stadium, Clinical Diagnostic Centres and at other locations. When it is not practical or preferable for phlebotomy to be carried out when the patient is attending the hospital, a request for routine phlebotomy will be made by a hospital specialist, accompanied by a completed request form. The requestor must be clearly identified on this form. If a patient's GP practice can offer Phlebotomy for hospital bloods, it is at the practice's discretion whether to undertake the phlebotomy and claim under the locally enhanced service or to direct the patient to a CDC or other phlebotomy service, according to local provision.

Communications

How do I contact a GP Surgery?

Primary Care Surgeries in York and surrounding areas can be contacted either by email or by telephone. Direct dial numbers (bypassing the queue) and email addresses can be found below (for NHS staff use only – do not share with patients):

Scarborough District

Practice Name	Practice Number	Direct number	Generic Surgery Email
Ampleforth Surgery	01439 788215 opt 3 (9am - 1pm) Ampleforth		ampleforthsurgery@nhs.net

	01653 628203 opt 3 (9am - 1pm Hovingham)		
Brook Square Surgery	01723 380651		hnyicb-ny.dqt-B82088@nhs.net
Castle Health Centre	01723 500599	Option 4 for admin	hnyicb-ny.admin-castlehealthcentre@nhs.net
Haxby Group Scarborough	01723 360835 opt 6	01723 339067	hnyicb-ny.adminb82038@nhs.net
Derwent Practice	01653 602184		hnyicb-ny.derwentb82025-secrateries@nhs.net
Eastfield Medical Centre	01723 582297	Option 1 for healthcare professionals	hnyicb-ny.eastfield-rss@nhs.net
Filey Surgery	01723 515666 opt 1		hnyicb-ny.filey-RSS@nhs.net , hnyicb-ny.fileysecrateries@nhs.net
Hackness Road Surgery	01723 380921	01723 506706	hnyicb-ny.hacknessroadsurgery@nhs.net
Hunmanby Surgery	01723 890280	Option 3	hunmanby.general@nhs.net
Scarborough Medical Group	01723 501610	01723 506831	hnyicb-ny.smg-rss@nhs.net
Sherburn Surgery	01944 712827	01944 710226 option 3	hnyicb-ny.sherburnanddrillington@nhs.net
Ayton and Snainton	01723 859302, 01723 864578	01723 864578	hnyicb-ny.westayton-rss@nhs.net

York District

Practice Name	Practice Number	Direct number	Generic Surgery Email
Beech Tree Surgery	01757 703933	01757 244905	hnyicb-voy.beechtreeadmin@nhs.net
Dalton Terrace Surgery	01904 658542	0303 3340964, 0303 3340973	dalton.surgery@nhs.net
Elvington Medical Practice	01904 608224	01904 608224 - option 2, Secretary line available 2pm-5pm	hnyicb-voy.empsecretary@nhs.net
Escrick Surgery	01904 728243	01904 928858, No secretaries available on Fridays	hnyicb-voy.escrickadmin@nhs.net
Front Street Surgery	01904 794141	0333 332 3245, 01904 237996	nyy.b82100@nhs.net
Haxby Group Practice	01904 928008 (opt 6), 01904 928111 (to jump queue)	01904 928079, 01904 928031, 01904 928035 (not Wed), 01904 928078 (not Thu)	hnyicb-voy.b82026@nhs.net (for Choice) haxbysurgery.york@nhs.net (for reports) haxbygroup.york@nhs.net (for general queries)
Helmsley Surgery	01439 770288	01439 770288 - no direct line available. Can also call Terrington Surgery	helmsley.online@nhs.net
Jorvik Medical Group	01904 405487	0303 3340898, 0303 3340901, 0303 3340896	hnyicb-voy.jorvikmedicalpractice@nhs.net
Kirbymoorside Surgery (see Priory Med)		01751 431254 - option 4	hnyicb-voy.b82077-kirbymoorsidesurgery@nhs.net
Millfield Surgery	01347 821557	01347 812360	hnyicb-voy.millfieldsecretaries@nhs.net
MyHealth	01904 490532 (opt 3)	01904 928812	hnyicb-voy.myhealthadmin@nhs.net

Old School Medical Practice	01904 706455	01904 706455 - option 3	oldschoolmedicalpractice@nhs.net
Pickering Medical Practice	01751 471296	01751 471291	hnyicb-voy.pickeringmedicalpractice@nhs.net
Pocklington Group Practice	01759 302500	01759 321068	hnyicb-voy.secretaries.pgp@nhs.net
Posterngate Surgery	01757 702561	01757 244228, 01757 244229, 01757 244230	hnyicb-voy.secretariesposterngate@nhs.net
Priory Medical Group (and Kirkbymoorside)		01904 928841 9:30am - 4:30pm	hnyicb-voy.pmgreferrals@nhs.net
Scott Road Medical Centre	01757 211750	01757 211750, option 3 (open 8:30am-4:30pm, apart from Thu 12-2pm)	b82097.admin@nhs.net
Sherburn Group Practice	01977 682208	01977 526367, 01977 526374	nyy.b82031@nhs.net
South Milford Surgery	01977 682202	01977 689543, (1pm-2pm for emergencies only)	AdminSouthMilford@nhs.net
Stillington Surgery	01347 810332	01347 810332 option 4 (12:30pm-1:30pm for emergencies only)	hnyicb-voy.stillingtonreferrals@nhs.net
Tadcaster Medical Centre	01937 530082	01937 530082 - option 6, 01937 534888 [Mon-Wed only]	hnyicb-voy.admintadcaster@nhs.net
Tollerton Surgery	01347 838231	01347 838231 - option 3, 01347 820311	admin.tollerton@nhs.net
Terrington Surgery	01653 648260	01653 648260 - no direct line available, Can also call Helmsley Surgery	terrington.online@nhs.net
Unity Health	01904 754900	01904 754929	admin.unityhealth@nhs.net
York Medical Group	01904 439100	01904 437927	hnyicb-voy.ymgsecretaries@nhs.net

East Riding

Practice Name	Practice Number	Generic Surgery Email
Bridlington		
Drs Reddy & Nunn	01262 670686	practice3.bridlington@nhs.net
Humber Primary Care	01262 425888	manorhouse.surgery2@nhs.net
Driffield		
Park Surgery	01377 272747	theparkreception@nhs.net
Driffield Medical Centre	01377 243055	cranwell.medical@nhs.net

How do I contact a Service in York and Scarborough Teaching Hospitals NHS Foundation Trust?

Clinical Services in YSTHFT can best be contacted via the service's contact details on the Trust website ([York and Scarborough Teaching Hospitals NHS Foundation Trust - A-Z of services](#)) or via the switchboard on 01904 631313.

Interface Contacts

If you have comments about this document, questions or escalations about specific scenarios or other queries, please contact:

York and Scarborough Teaching Hospitals NHS Foundation Trust: yhs-tr.primarysecondaryinterface@nhs.net

Primary Care: info@yorlmc.co.uk

Useful and Related Documents

- Area Prescribing Committee approved documents
[Area Prescribing Committee \(APC\) approved documents - Humber and North Yorkshire Health and Care Partnership](#)
- Shared Care Principles
https://humberandnorthyorkshire.org.uk/wp-content/uploads/2025/04/HNY-APC-What-Good-Looks-Like_Principles-for-Sharing-of-Care-Relating-to-Prescribing-of-Medication-V1.0.-Approved-April-2025.docx
- GMC Good Medical Practice
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>
- AoMRC General Practice and secondary care working together better
https://www.aomrc.org.uk/wp-content/uploads/2023/05/GPSC_Working_better_together_0323.pdf
- Humber and North Yorkshire ICB Health and Care Strategy
<https://humberandnorthyorkshire.org.uk/wp-content/uploads/2024/08/Strategy-New-June-30.7.24-FINAL-PowerPoint-slides-.pdf>
- BMA guidance on Primary and Secondary Care working together
<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/primary-and-secondary-care/primary-and-secondary-care-working-together>
- NHS England guidance on Improving how Secondary Care and General Practice work together
<https://www.england.nhs.uk/publication/improving-how-secondary-care-and-general-practice-work-together/>