

Templates for practice use

The following template letters have been drawn up to help practices manage workload.

How to use this document:

1. select the appendix of your interest
2. press and hold the Ctrl key down while you click the mouse
3. edit as appropriate and then copy and paste your words into a new local document to use.

Appendix 1	<u>Template response to secondary care work transfer</u>
Appendix 2	<u>Template response to inappropriate prescribing requests</u>
Appendix 3	<u>Template response to requests to follow up investigations performed in other settings</u>
Appendix 4	<u>Template response to requests for post-operative checks</u>
Appendix 5a	<u>Letter to hospital provider regarding discharge of patients after missed appointment</u>
Appendix 5b	<u>Template letter to local ICB regarding discharge of patients after missed appointment</u>
Appendix 6	<u>Template letter to ICB regarding inappropriate workload transfer</u>
Appendix 7	<u>Template letter for request to complete non-contractual administrative task</u>
Appendix 8	<u>Template response to requests for work absence sick notes for less than seven days</u>
Appendix 9	<u>Template letter to Area Team regarding delay to information request or payment</u>
Appendix 10	<u>Template letter to hospital provider regarding follow up of diagnostic test results following a patient's discharge from hospital</u>
Appendix 11	<u>Template letter to ICB in response to requests to follow up investigations performed in other settings and diagnostic test results following a patient's discharge from hospital</u>

Appendix 1

Template response to secondary care work transfer

Patient details: Dear X

I refer to your request for this practice to undertake (insert work requested). I enclose a copy of your request (optional).

I am sorry that we are unable undertake this work for the following reason (s): (Use as appropriate)

- The task(s) is not an [essential service](#) as per our GMS/PMS contract
- This work has not been commissioned by our ICB
- This work has not been funded as a national or local enhanced service
- This work is more appropriately provided by yourself as a specialist

You will be aware of the current pressures on general practice, and we are unable to undertake unresourced **or inappropriate work that is outside our contractual responsibility, and which will as a result adversely affect our core contracted duty of care to patients.**

We are aware that your concern will be to do with direct patient care. This letter is written following authoritative legal advice and should you have operational difficulties in arranging care then you should direct your concerns to your trust Medical Director/ Chief Executive Officer

We have informed the patient that this work is not the responsibility of the practice and would be grateful if you would contact them directly to provide the service.

Thank you for your understanding.

Appendix 2

Template letter to decline transfer of prescribing responsibility to General Practice

Dear X

Re: [Medication recommended]

Thank you for your request for the GP to take over prescribing for this patient.

We are unable to take on responsibility due to the following:

1. The medicine has not been initiated and optimised appropriately: (delete as appropriate) – There is urgent clinical need for the medication and the provider must supply as per SC 11.10 of the 2025/26 standard hospital contract – It has been initiated by a non-prescribing clinician – It requires specialist dose titration/monitoring prior to being transferred following stabilisation – There is no documented shared decision-making dialogue to articulate informed consent	X which apply
2. The medicine is AMBER: [X] months on the formulary traffic light system so responsibility should remain with the specialist for the required amount of time This includes specialist responsibility for any dose changes when monitoring returns to baseline frequency	
3. The medicine requires monitoring as part of a shared care agreement and our practice declines this Shared care prescribing is voluntary and the principles for this can be found here	
4. This is a non-formulary medication, and we are not willing to prescribe this in general practice Please consider applying for a new drug request to the ICB medicines optimisation team if you would like inclusion within the formulary	
5. The medicine is RED on the formulary traffic light system and is for specialist prescribing only	
6. Other reasons why prescribing responsibility has not been accepted: (delete as appropriate) – Patient safety reasons: – Drug interactions: – Not enough information has been provided in the letter: – We do not support the indication for this medication: – Other:	

We have written to our patient to explain that prescribing responsibility has not been accepted by our service and advised them to contact you directly if they have not heard from you within a reasonable time frame.

Thank you for your understanding in this matter, and please contact us if you wish to discuss further.

Yours,

Appendix 3

Template response to requests to follow up investigations performed in other settings

Dear X,

Re: <<Patient Identifier Label>>

We write in response to your letter regarding the above patient requesting that we chase up the investigations undertaken by your department.

A copy of your request is enclosed.

The result of this investigation will automatically be sent to you or your department as the requesting clinician. Please note that as per GMC guidance, and NHS England guidance [Standards for the communication of patient diagnostic test results on discharge from hospital](#), it is the responsibility of the doctor requesting a test to take clinical responsibility to follow up and take appropriate action on the result.

We would therefore respectfully request that you follow up the result and take any action accordingly. You will be aware of the pressure general practice is under, resulting from an ever-increasing workload. We would ask that you review your hospital policy on this issue, to avoid practices incurring inappropriate bureaucratic workload by chasing up results which are already in your possession, and which fall under your responsibility.

We will be proceeding on the assumption that you will be taking responsibility for reviewing and taking any action on the above investigation result(s).

Yours faithfully

Appendix 4

Template response to requests for post-operative checks

Dear x,

Re: <<Patient Identifier Label>>

We write further to your letter of (insert date) requesting that we undertake a post-operative review on the above patient.

This work falls outside the remit of the General Medical Services [contract](#) and has not been commissioned from us as an enhanced service. The best person to undertake such a review is the surgeon who knows what procedure was performed, any difficulties or complications that occurred during surgery, and what post operative complications would be expected, if any. We therefore do not believe it is in the best interests of this patient for us to do this review and are unable to comply with your request.

Pressure on general practice means that we cannot take on inappropriate or unresourced work outside our contract, since this would detract from our core duty of care to patients.

Appendix 5a

Letter to hospital provider regarding discharge of patients after missed appointment (a similar adapted letter could be sent to the ICB to change commissioning specifications)

Dear x,

Your department has discharged this patient from your service following missing an appointment.

You have requested that we make a new GP referral for the patient to be seen. We are not making this new referral and instead request that the patient is reinstated on the waiting list, and that it is communicated to them by you.

You will be aware that general practice is under unprecedented workload pressures. It is not appropriate for GPs and staff to incur the additional bureaucracy and workload to re-refer patients after a single missed appointment. Additionally, many GP appointments are wasted due to patients seeing a GP for the sole administrative purpose of a re-referral, and which could instead have been offered to other patients.

We are asking you to review your policy to either routinely send patients a further appointment, or to allow patients to reinstate their missed appointment within a specified time directly with your appointment department, in order to not incur unnecessary additional bureaucracy on hard pressed GP surgeries.

We have copied our ICB to inform them of this. We look forward to hearing from you.

Appendix 5b

Template letter to local ICB regarding discharge of patients after missed appointment

Dear ICB Chair/CEO

Request to enable patients to directly rebook missed hospital appointments.
We are currently receiving (a high number of/multiple) requests from our local hospital X to re-refer patients who have missed their hospital appointment with a new referral letter.

Patients miss hospital appointments due to a variety of reasons, some due to human error or due to extenuating circumstances. Patients also report to us that missed appointments can be related to administrative issues on the part of the hospital.

The automatic process of providers discharging a patient from a clinic after missing an outpatient appointment is punitive to patients, results in needless bureaucracy, and is wasting considerable time for both patients and GPs. It raises clinical governance concerns around delays to care or loss of follow up, and can indeed result in critical patient safety issues. Further, those patients who have contacted the hospital directly to reinstate their appointment are still told to see their GP for a new referral.

The NHS England commissioned report from [NHS Alliance and the Primary Care Foundation 'Making Time in General Practice'](#) estimates that 4.5% of GP appointments are utilized for this pure bureaucratic purpose, equating to 15m wasted appointments annually which instead could have been available to ill patients.

We therefore request that you amend local commissioning specifications to require that providers put in place an automatic re-referral system to enable patients to directly rebook a missed appointment, provided they do so within an agreed timeframe eg four weeks, from the date of the non-attendance. This is in line with the recommendations in 'Making Time in General Practice', and also with the [BMA's guidance on safe working](#).

At a time when GPs are under overwhelming pressure, which is adversely impacting on access and quality, it is vital that commissioners take action to reduce inappropriate workload in general practice, so that GPs can spend their time attending to the medical needs of their patients.

This step will save money, reducing the unnecessary costs of administration and staff time in hospitals and general practice, by ending the duplication of re-referring and re-processing referrals.

We have written to hospital X separately to request that they review their policy on this matter and have copied this letter to our Local Medical Committee.

We look forward to hearing from you.

Appendix 6

Template letter to ICB regarding inappropriate workload transfer

Dear x,

INAPPROPRIATE TRANSFER OF WORK TO THIS PRACTICE

We are writing to inform you that the following inappropriate work has been requested from our practice.

Source of inappropriate workload request: Details of request (include copy of letter):

This work is not part of our [contractual requirement](#), nor has it been resourced as an enhanced service. Given the extreme pressures that general practices are under, we are not able to take on this additional and inappropriate work, which will detract from and adversely affect our ability to provide core GP services to patients. The requested work will not be carried out at the practice and responsibility for it remains with your service.

We would ask you to review the service specification with the provider for this particular service to ensure that such work is not inappropriately transferred to general practice in the future.

With many thanks

Cc LMC

Appendix 7

Template letter for request to complete non-contractual administrative task

Dear x,

We recently received a request from you to carry out (insert description of work, eg questionnaire, or information request requested).

This work is not part of our [contractual requirements](#). The GMS contract sets out that essential services are mandatory for a practice to deliver to registered patients and temporary residents in its practice area. They include the identification and management of illnesses, providing health advice and referral to other services. GPs are required to provide their essential services during core hours.

You will be aware that general practice is under unprecedented pressure, and therefore we are unable to carry out your request, since this would detract from our ability to provide core contracted services to our patients.

Appendix 8

Template response to requests for work absence sick notes for less than seven days

Dear x (employer name) (patient details)

We are writing to remind you that it is the responsibility of employees to self-certificate for any absence from work through illness of less than seven days' duration.

Unfortunately, pressures on general practice mean that we are reviewing our work to ensure that we are able to focus on our key duty of care for patients. We are therefore unable to provide sick notes for absences of less than a week, and to do so is an inappropriate use of the Med 3 system

Appendix 9

Template letter to area team regarding delay to information request or payment

Dear x,

We are writing to inform you that we have been attempting to

- obtain information regarding (provide details)
- chase payments for (provide details):

We have contacted your department since: (details) and have yet to receive a response.

You will be aware that GP practices are under unprecedented workload pressures. It is not acceptable that practices should incur such delays in receiving responses to such requests, and for busy staff to be diverted into the bureaucracy and workload of chasing this up, rather than providing their core services for patients.

Please can we receive a response to our request by...

We have copied the Local Medical Committee to assist us if the information is not forthcoming

Appendix 10

Template letter to hospital provider regarding follow up of diagnostic test results following a patient's discharge from hospital

Dear X

We received a copy of patient X's results on

You will be aware of published NHS England guidance setting out **Standards for the communication of patient diagnostic test results on discharge from hospital**. We therefore assume that this is for information only, and that a relevant clinician in your department has actioned this, in keeping with that guidance.

In future, can we suggest that you refrain from sending copies of results to this practice, unless it is of direct clinical relevance, and clearly marked '**for information only**'.

We have copied our ICB to inform them of this. We thank you for your understanding.

Yours faithfully

Appendix 11

Template letter to ICB in response to requests to follow up investigations performed in other settings and diagnostic test results following a patient's discharge from hospital

Dear X,

FOLLOW UP OF DIAGNOSTIC TEST RESULTS FOLLOWING A PATIENT'S DISCHARGE FROM HOSPITAL

We are writing to inform you that we (delete option as appropriate)

- a) have received a copy investigation result from the **X** Department of Hospital **Y**, without confirmation of being actioned by the requesting hospital clinician.
- b) have been requested to chase up a result of an investigation requested by a hospital clinician

A copy of the above is attached.

In keeping with published NHS England [guidance](#) setting out *Standards for the communication of patient diagnostic test results on discharge from hospital*, '**the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged.**' This is also in keeping with BMA [joint guidance](#) between the BMA general practitioners committee and consultants committee

We therefore request that as the commissioner you require that hospitals adhere to this important standard, and to require that hospital initiated investigations are reviewed and acted on by the requesting clinician or relevant hospital department. Additionally, we request that you require hospitals to stop sending copies of test results to local GP practices, unless specifically for clinical information in which case they should be clearly marked '**for information only**'.

With many thanks

cc. Local medical committee

Appendix 11

Template: Shared care agreements

Workload control template letter – Shared care

Dear X

We are writing following the request to take on shared care arrangements, as per your enclosed letter. We are unable to take on the requested shared care arrangements.

This is for the following reason(s) (delete as appropriate):

- The prescriber does not feel clinically confident in managing this individual patient's condition, and there is a sound clinical basis for refusing to accept shared care
- The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement
- We are unable to take on this request for shared care, since we do not feel we have the necessary expertise and skills to take clinical responsibility for the prescribing and monitoring of this medication
- We are unable to prescribe this medication under shared care arrangements, since the prescribing of this medication has not been commissioned as a shared care enhanced service from this GP practice
- Other (Complete if there are other reasons why shared care cannot be accepted)

The following excerpt regarding Shared Care is from the BMA's Prescribing in General Practice, published April 2018:

"Sometimes the care of a patient is shared between the two doctors, usually a GP and a specialist. There should be a formalised written agreement/protocol setting out the position of each, to which both parties have willingly agreed, which is known as a 'shared care agreement'.

It is important that patients are involved in decisions to share care and are clear about what arrangements are in place to ensure safe prescribing. In some cases, a GP may decline to participate in a shared care agreement if he or she considers it to be inappropriate. In such circumstances the consultant would take full responsibility for prescribing and any necessary monitoring. Guidance covering these issues (Responsibility for prescribing between primary and secondary/tertiary care) was published in 2018 on the NHS England website" (click here to access NHS England's website).

You will be aware of the current pressures on general practice, and we are unable to undertake unresourced or inappropriate work that is outside our contractual responsibility, and which will as a result jeopardise our core duty of care to patients.

We have informed the patient that this work is not the responsibility of the practice and would be grateful if you would contact them directly to provide the service.

Thank you for your understanding.

Yours sincerely,

Appendix 11

Template to push back on fit notes from hospitals:

Dear x

We are writing to remind you that Doctors, nurses, occupational therapists, pharmacists, and physiotherapists can all provide fitness for work advice to patients, using the fit note to help patients return to employment and aid their recovery. This can be based on a written report by another healthcare professional, including those that are not eligible to certify fit notes.

It is important that patients are not signposted to other healthcare professionals when discharged from a hospital setting purely for the purposes of certifying a fit note. Patients who request a repeat fit note should be encouraged to see the healthcare professional responsible for their care to have a work and health conversation.

It is also possible for a fit note to be based on consideration of a written report by another healthcare professional involved with the diagnosis or care planning of the patient. This does not need to be one of the five professions listed in regulations.

Unfortunately, pressures on general practice mean that we are reviewing our work to ensure that we are able to focus on our key duty of care for patients. We are therefore unable to provide sick notes for absences of less than a week.

Yours sincerely

Further guidance is available at:

<https://www.gov.uk/government/publications/fit-note-guidance-for-healthcare-professionals/getting-the-most-out-of-the-fit-note-guidance-for-healthcare-professionals#the-role-of-healthcare-professionals-to-certify-fit-notes>

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