Date GP Practice Name

Trust Consultant Name Surgery Address

Trust Details Contact Details

Contact Details

Cc:

Trust Medical Director

Patient

Dear Dr

|  |  |
| --- | --- |
| Patient full name |  |
| Patient DOB |  |
| Patient NHS number |  |
| Patient home address |  |
| Patient phone contact/ email |  |

**RE: UNABLE TO FULFIL REQUEST – RETURNED TO TRUST TO ACTION**

We refer to your request (attached) too: (please tick box)

[ ]  Prescribe Medication [ ]  Arrange Investigations

[ ]  Follow- Up Results [ ]  Undertake Monitoring

[ ]  Issue MED3 Certificate [ ]  Refer Patient Back

Due to extreme workforce pressures, we are unable to undertake secondary care work for the foreseeable future, due to our need to prioritise access and primary medical care to our patients.

The 35 GP Surgeries in Cumbria are currently delivering around 180,000 appointments per month, with only 9% of the Cumbria NHS Workforce.

We are struggling with unsafe staffing levels, and very much appreciate your collaborative approach in making every patient contact count, without overburdening other system partners across our local NHS. We shall endeavour to do the same.

A copy of this letter has also been sent to our patient, who will be aware that you as their specialist team will now be contacting them directly, to manage this request.

With thanks,

Name of Surgery

Further supporting details set out overleaf

**RE: UNABLE TO FULFIL REQUEST – RETURNED TO TRUST TO ACTION**

**Medication**

[ ]  SHARED CARE DECLINE

[ ]  UNABLE TO PRESCRIBE e.g., *hospital formulary drug/ specialist indication only/ not in GP formulary*

[ ]  FAILURE TO INITIATE/ TITRATE/ PRESCRIBE SUFFICIENT MEDICATION FROM SPECIAIST TEAM

[ ]  INAPPROPIRATE REQUEST *This service is not commissioned and is delivered within the contract between the Trust and the Commissioner.*

**Investigations**

[ ]  PLEASE ARRANGE THE NECESSARY INVESTIGATIONS DIRECRLY ON YOUR TRUST’S CLINICAL SYSTEMS *This will be in the best interest of our patient in terms of accessing care as soon as possible.*

[ ]  THIS IS A SPECIALIST INVESTIFATION WHICH IS NOT ACCESSIBLE TO GENERAL PRACTICE ON OUR CLINICAL SYSTEMS

**Results**

[ ]  AS PER GMC [GOOD MEDICAL PRACTICE](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice), THE RESPONSIBILITY TO FOLLOW UP & TAKE APPROPRIATE ACTION ON A RESULT, RESTS WITH THE REQUESTING CLINICIAN.

**Monitoring**

[ ]  MONITORING DECLINED FOR SAFETY REASONS

[ ]  MONITORING DECLINED AS REQUIRES SPECIALIST INPUT

[ ]  MONITORING REQUEST NOT COMISSIONED FROM GENERAL PRACTICE

**Med 3/ Other Certification**

[ ]  PLEASE ISSUE AN ELECTRONIC MED 3 FOR THE FULL DURATION OF THE PATIENT’S ABSENCE, AS PER DWP GUIDANCE FOR WHEN SEEN BY SECONDARY CARE CLINICIANS.

**Referrals**

[ ]  PLEASE REFER TO CONSULTANT WITHIN THE SAME TRUST

[ ]  PLEASE ACTION AS A RECALL & SEND THE PATIENT A NEW OUTPATIENT APPOINTMENT

Free text comments if required: