

Primary-Secondary Care Interface: Clinical Engagement Survey Report

	2026		2023	
	n	%	n	%
GP working in a practice	145	47.2%	159	45.4%
Consultant in an acute trust	122	39.7%	114	32.6%
Consultant in a tertiary trust	33	10.7%	55	15.7%
GP working in a hospital, community or mental health trust	3	1.0%	1	0.3%
GP working in urgent primary care including out-of-hours, enhanced access, urgent care centre	2	0.7%	1	0.3%
Clinician in a community trust	2	0.7%	4	1.1%
Consultant in a mental health trust	0	0.0%	16	4.6%

In total, there were **307 eligible respondents in 2026** and **351 in 2023**. In both 2026 and 2023, the highest proportion of respondents were GPs working in a practice, representing 47.2% and 45.4%, respectively. Lowest proportions in 2026 were seen among Consultants in a mental health trust (0.0%), while in 2023 the lowest were GPs in a hospital/community/mental health trust and GPs in urgent primary care (both 0.3%). Largest change between the two years occurred among Consultants in a mental health trust, decreasing from 4.6% in 2023 to 0.0% in 2026, marking the most substantial drop across all groups.

	2026		2023	
	n	%	n	%
Liverpool	43	28.1%	22	13.4%
Warrington	33	21.6%	19	11.6%
Halton	17	11.1%	12	7.3%
Cheshire East	14	9.2%	15	9.1%
Sefton	14	9.2%	15	9.1%
Wirral	11	7.2%	40	24.4%
Cheshire West	10	6.5%	29	17.7%
St Helens	6	3.9%	8	4.9%
Knowsley	5	3.3%	4	2.4%

In total, there were **153 eligible respondents in 2026** and **164 in 2023**. **Liverpool** recorded the **highest proportion in 2026 at 28.1%**, while **Wirral** had the **highest figure in 2023 at 24.4%**. **Knowsley** reported the **lowest percentages in both years, with 3.3% in 2026 and 2.4% in 2023**. The **most significant year-on-year change** was seen in **Wirral, which dropped sharply from 24.4% in 2023 to 7.2% in 2026**, representing the largest decrease across all areas.

	2026		2023	
	n	%	n	%
Physician	67	40.9%	44	23.0%
Other clinician (please specify)	23	14.0%	28	14.7%
Surgeon	21	12.8%	24	12.6%
Emergency Medicine Consultant	15	9.1%	15	7.9%
Pathologist / Haematologist / Biochemist	8	4.9%	9	4.7%
Obstetrician / Gynaecologist	7	4.3%	25	13.1%
Anaesthetist	6	3.7%	9	4.7%
Paediatrician	5	3.0%	7	3.7%
General Practitioner	4	2.4%	3	1.6%
Ophthalmologist	4	2.4%	3	1.6%
Radiologist	3	1.8%	4	2.1%
Pharmacist	1	0.6%	1	0.5%
Psychiatrist	0	0.0%	17	8.9%
Nurse	0	0.0%	1	0.5%
Paramedic	0	0.0%	1	0.5%

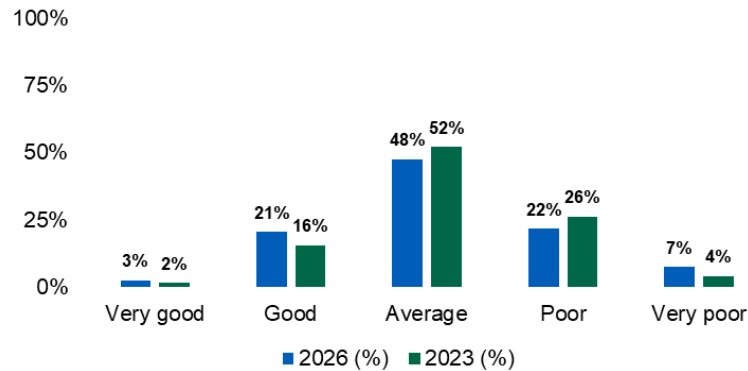
In total, there were **164 eligible respondents in 2026 and 191 in 2023**. In 2026, **Physicians** represented the **highest proportion (40.9%)**, while in 2023 they also held the **highest share at 23.0%**. The **lowest proportions in 2026** were seen among **Psychiatrists, Nurses, and Paramedics (all 0.0%)**, and in 2023 the lowest were **Nurses and Paramedics (both 0.5%)**. The **largest change** between the two years occurred among **Obstetricians/Gynaecologists**, dropping sharply from **13.1% in 2023 to 4.3% in 2026**, representing the most significant decline across all roles.

	2026		2023	
	n	%	n	%
Mersey and West Lancashire Teaching Hospitals - St Helens and Knowsley	37	19.4%	39	24.8%
Wirral University Teaching Hospital	29	15.2%	29	18.5%
Liverpool Women's Hospital	27	14.1%	0	0.0%
Mid Cheshire Hospitals	26	13.6%	0	0.0%
Mersey and West Lancashire Teaching Hospitals - Southport and Ormskirk	19	9.9%	16	10.2%
Mersey Care	17	8.9%	0	0.0%
The Clatterbridge Cancer Centre	16	8.4%	1	0.6%
The Walton Centre	14	7.3%	4	2.5%
East Cheshire Hospital	4	2.1%	0	0.0%
Bridgewater Community Healthcare	1	0.5%	0	0.0%
Countess of Chester Hospital	1	0.5%	1	0.6%
Liverpool Heart and Chest Hospital	0	0.0%	13	8.3%
Liverpool University Hospitals - Aintree	0	0.0%	17	10.8%
Liverpool University Hospitals - Broadgreen	0	0.0%	7	4.5%
Liverpool University Hospitals - Royal	0	0.0%	23	14.6%
Warrington and Halton Teaching Hospitals	0	0.0%	7	4.5%

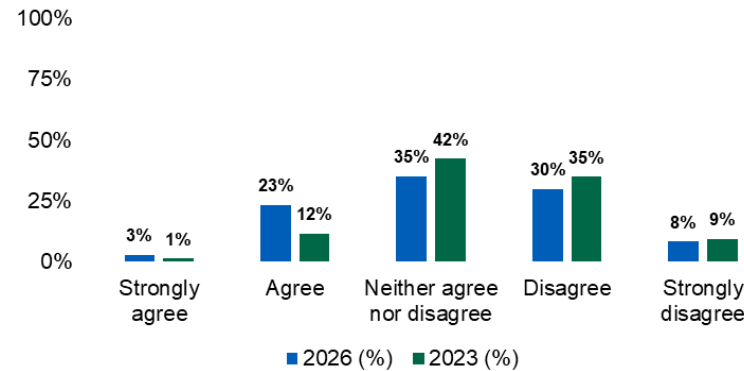
In total, there were **191 eligible respondents in 2026 and 157 in 2023**. In **2026, Mersey and West Lancashire Teaching Hospitals – St Helens and Knowsley** recorded the **highest proportion at 19.4%**, while in **2023 the same trust also held the highest share at 24.8%**. The **lowest proportions in 2026** came from **several providers with 0.0%**, including **Liverpool Heart and Chest Hospital, Liverpool University Hospitals (Aintree, Broadgreen, and Royal), and Warrington and Halton Teaching Hospitals**; in **2023** the lowest figures were also **0.0% across multiple trusts**. The **largest change** between the two years was seen at **Liverpool University Hospitals – Aintree, which dropped from 10.8% in 2023 to 0.0% in 2026**, representing the most significant decrease across all providers.

2026 n = 307, 2023 n = 351

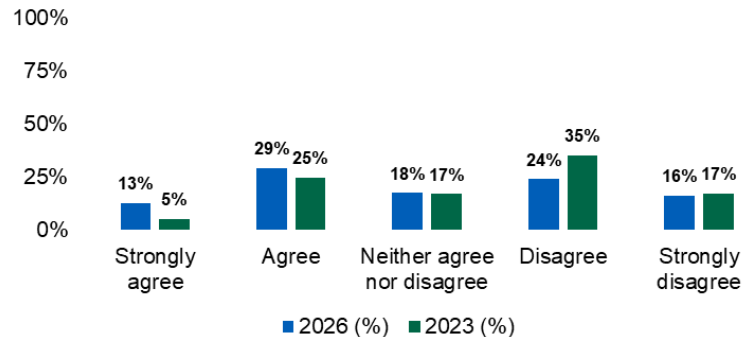
The Primary Secondary Care Interface in my area of work is



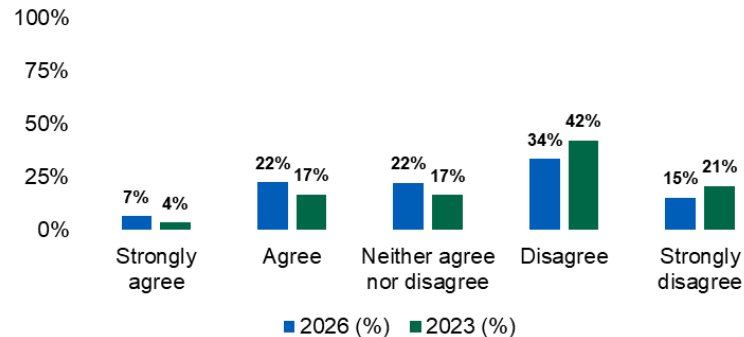
Over the last year, the Primary Secondary Care Interface in my area of work has improved



I am aware of the Cheshire and Merseyside Primary Secondary Care Interface Consensus agreement and how it affects my work



I am confident in how to escalate concerns about the Primary Secondary Care interface (patient, process, system)

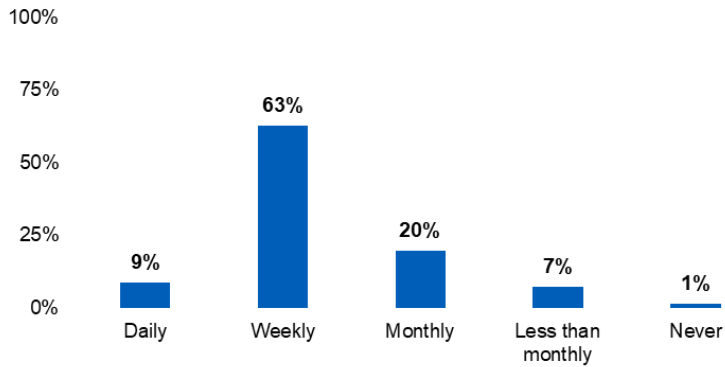


- Overall, views of the Primary–Secondary Care Interface remain largely average, with little change between years, and only a small minority rating it good or very good.
- Perceptions of improvement over the past year are mixed, with most respondents neither agreeing nor disagreeing, while a sizeable proportion continue to disagree that things have improved.
- Awareness of the Cheshire and Merseyside Consensus Agreement is moderate, with respondents split evenly between agreement, neutrality, and disagreement.
- Confidence in escalating concerns is similarly divided, with most respondents falling into neutral or negative categories rather than feeling fully confident.

GP Perspectives on the Advice and Guidance System

n= 148

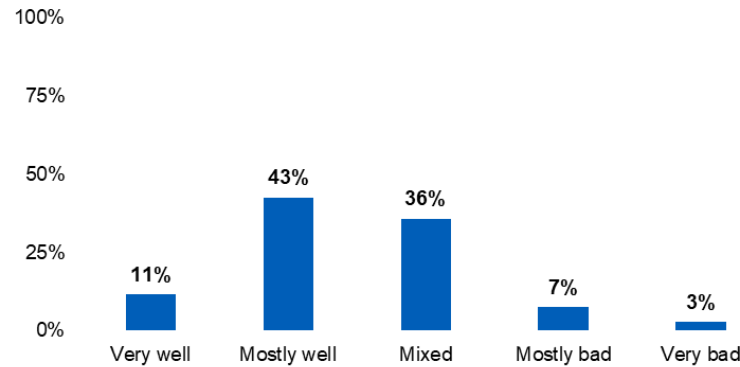
If you are a GP, how often do you use Advice and Guidance?



Most GPs use Advice and Guidance regularly, with nearly two-thirds (63%) relying on it weekly. A smaller proportion, around one in ten (9%), use it daily, while one in five (20%) turn to it monthly. A minority (7%) use the service less than monthly, and only 1% report never using it at all.

n= 148

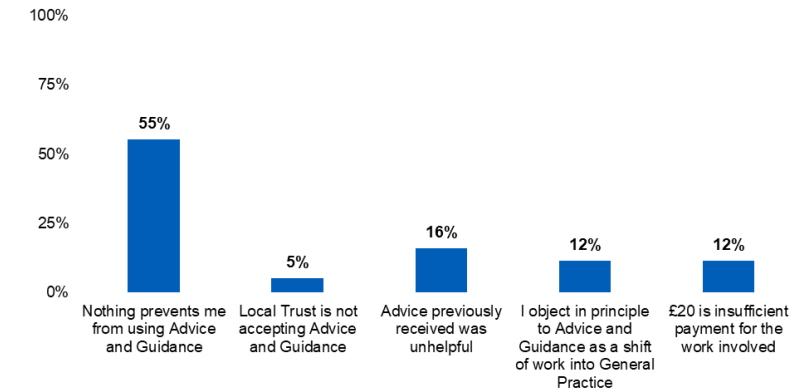
If you are a GP, how do you find the Advice and Guidance system works for you?



Majority of GPs feel the Advice and Guidance system is working for them, with over half (54%) rating it positively. However, more than a third (36%) report a mixed experience, highlighting room for improvement. Only a small minority, 10% view the system negatively.

n= 146

If you are a GP, what is the primary reason that prevents you from using Advice and Guidance?

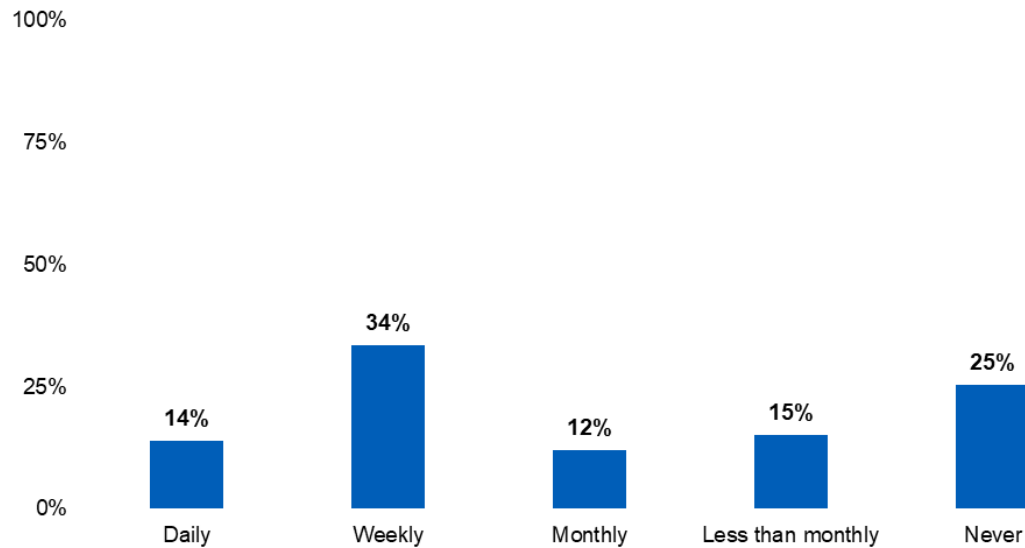


Over half of GPs (55%) report nothing prevents them from using Advice and Guidance. However, a notable minority (16%) say past advice was unhelpful, suggesting concerns for some users. Additionally, 12% object to the service in principle, and another 12% feel the £20 payment is insufficient, highlighting cultural and financial barriers. Only 5% cite their local trust not accepting Advice and Guidance as a limiting factor, indicating this is a relatively rare issue.

Consultant Perspectives on the Advice and Guidance System

n= 158

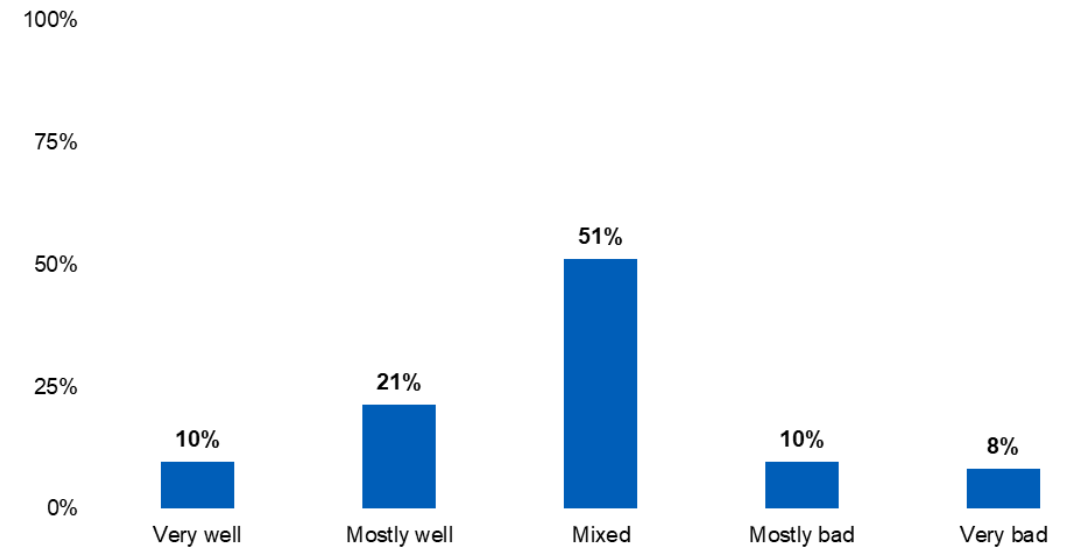
If you are a consultant, how often are you responding to Advice and Guidance queries?



Most consultants engage with Advice and Guidance at least occasionally, **with over a third (34%) responding to queries weekly**. A smaller proportion, **14%, handle queries daily**, while **12% do so monthly**. **15% respond less than monthly**. However, **25% never respond** to Advice and Guidance queries, highlighting varying levels of engagement across consultant groups.

n= 145

If you are a consultant, how do you find the Advice and Guidance system works for you?



51% of Consultants report a mixed experience with the Advice and Guidance system, suggesting inconsistency in how well it supports their work. Around **one in five (21%) say the system works mostly well** for them, with a further **10% feeling it works very well**. However, nearly **one in five report negative experiences**, highlighting notable areas for improvement in usability and satisfaction.

2026

Feedback highlights a mix of **excellent examples** (notably **lipid services, MDTs, some SDEC teams, haematology and cardiology**) and significant ongoing **challenges at the primary–secondary care interface**.

The most common issues include **inappropriate workload being shifted to GPs**, inconsistent or **poor-quality referrals** and **discharge summaries, referral rejections, and lack of consultant-to-consultant referrals**.

Many report **poor communication**, limited direct access to services, and **inefficient or unclear pathways**. **Digital systems often don't integrate well**, causing **duplication and delays**.

Despite frustrations, many **clinicians are keen to collaborate** and want **clearer pathways, shared forums, better triage, and improved communication between sectors**.

2023

Feedback highlights a need for **clearer, more consistent processes between primary and secondary care**, particularly around **referrals, shared care, and ongoing follow-up for complex or rare conditions**.

Many describe **fragmented pathways, variable GP engagement, and heavy workload transfer from secondary to primary care**, leading to **delays and risks for patients**.

Communication is inconsistent, with **limited access to timely specialist advice and no clear escalation routes**. **Digital systems** help but **remain poorly integrated**. **Clinicians** want more **collaborative working, equitable pathways, improved adherence to interface agreements, and better clarity on responsibilities, especially around test follow-up, prescribing and urgent queries**.

There is **strong appetite to improve relationships** and rebuild a more coordinated, patient-centred interface.

Positives

Quick, helpful clinical advice

Many clinicians report fast, high-quality responses that support timely decision-making. Several specialties provide consistently excellent, pragmatic advice — including endocrinology, dermatology, haematology, cardiology, paediatrics and gynaecology.

Reduces unnecessary referrals

A&G helps avoid outpatient appointments, start investigations earlier, and manage more cases in primary care — keeping patients out of hospital while maintaining specialist oversight.

Improves patient flow and safety

Timely plans reassure patients during long waits and clarify what needs monitoring. Consultants who convert A&G directly to a referral are especially valued.

Supports learning and GP confidence

GPs say A&G strengthens their clinical knowledge, enabling them to manage similar future cases independently and improving triage and efficiency.

Works well when properly resourced

Where A&G is job-planned and embedded, responses are more consistent and effective. Standout models include women's and children's at Warrington, Southport endocrine, and Whiston gynaecology, all noted for rapid, well-organised A&G.

Negatives

Workload shifted to primary care

A&G often transfers specialist tasks to GPs — arranging tests, follow-up, interpreting specialist investigations, and making multiple patient contacts. Many feel the £20 payment does not reflect the workload or medico-legal responsibility.

Variable quality of responses

Replies can be brief, contradictory, dismissive, or written by non-consultants, with some specialties slow or unresponsive.

IT and system issues

eRS is widely described as clunky, slow, and hard to navigate, requiring repeated downloads and lacking visibility of previous threads. Limited access to results across trusts creates delays and safety risks.

Difficulty converting to referrals

Consultants may advise referral but cannot convert A&G directly, forcing GPs to re-refer — sometimes only to be rejected again, creating duplication and patient frustration.

Inappropriate use

A&G is sometimes used by AHPs, trainees, and PAs for queries that should go via a GP first. Many requests lack adequate history or a clear clinical question.

Not available across all specialties

Key gaps remain (e.g., neurology, radiology, orthopaedics, vascular surgery, dermatology in some areas), leading to inconsistent application across the system.

Extra secondary-care workload without support

Consultants report no job-planned time, growing volumes, limited admin support, and difficulty accessing GP records — leaving A&G under-resourced and adding to existing backlogs.

2026 n = 307, 2023 n = 351

	0		1		2		3	
	2023	2026	2023	2026	2023	2026	2023	2026
Improving electronic communication	7.4%	7.5%	18.0%	17.3%	28.5%	32.6%	46.2%	42.7%
Improving prescribing practice and processes	15.7%	14.7%	19.1%	24.8%	22.5%	21.2%	42.7%	39.4%
Improving discharge processes	13.4%	13.4%	21.4%	19.2%	28.8%	24.4%	36.5%	43.0%
Improving referral quality and processes	6.8%	4.2%	14.0%	12.4%	25.9%	30.6%	53.3%	52.8%
Strengthening relationships between primary and secondary care clinicians	2.6%	3.6%	11.7%	10.4%	34.5%	33.9%	51.3%	52.1%
Increasing access of community provision to hospitals	22.2%	16.9%	31.1%	25.4%	24.8%	27.0%	21.9%	30.6%
Increasing data sharing and access to electronic records	8.0%	7.2%	20.2%	20.9%	28.8%	24.4%	43.0%	47.6%
Developing effective escalation processes when things go wrong	8.3%	9.1%	29.3%	30.0%	33.3%	32.9%	29.1%	28.0%
Developing new clinical pathways for patients	12.3%	13.0%	37.0%	30.3%	32.8%	33.6%	18.0%	23.1%
Clarifying responsibilities	6.6%	7.8%	16.5%	18.9%	18.5%	22.2%	58.4%	51.1%

In **Priority 3**, the largest increases from 2023 to 2026 are seen in **discharge processes** (36.5% to 43.0%), **new clinical pathways** (18.3% to 23.1%), and **data sharing and access to electronic records** (43.0% to 47.6%), showing opportunities for improvement.. Over the same period, three areas show declines: **clarifying responsibilities** dropped from 58.4% to 51.1%, **electronic communication** reduced from 46.2% to 42.7%, and **escalation processes** slightly decreases from 29.1% to 28.0%.