

BMA advice on
Duty of care regarding communication of investigation results/ drugs recommended from outpatients
(08/07/2015)

Dear all

The joint GPC and Consultant Committee statement on hospital test results has been updated and a statement on *Duty of care regarding drugs recommended from out-patient clinics* has also been published – as per below and on the [BMA website](#).

Duty of care regarding communication of investigation results

We are aware that in some areas, some hospital doctors have been instructing GPs to find out the test results which the hospital had ordered.

Both the General Practitioner Committee and the Consultants Committee of the BMA agree this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon, rests with the person requesting the test.

That responsibility can only be delegated to someone else if they accept by prior agreement. Handover of responsibility has to be a joint consensual decision between hospital team and GP. If the GP hasn't accepted that role, the person requesting the test must retain responsibility.

This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations

Duty of care regarding drugs recommended from outpatients

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised. We would strongly recommend that LMCs and Hospital Trusts agree policies that are publicised and adhered to by all parties. These policies should include the following general principles:

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient, there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.
- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

Regards

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