

Dr Martyn Diaper
Head of Patient Safety (Primary Care)
NHS England

29 March 2016

Standards for the communication of patient diagnostic test results on discharge from hospital

Dear Dr Diaper

I am writing with regards to the recently published document¹ above, which was discussed at the recent meeting of the BMA GPs committee. We thank you for having considered the BMA's input as a stakeholder in this work.

We are pleased that this guidance is explicit in the first principle that *"the clinician who orders a 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 in keeping with joint BMA guidance between the general practitioners committee and the consultants committee².

However, the committee felt that there is ambiguity and incongruity in the second principle *"that every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test"*.

This is in the context of hospitals not infrequently copying test results to GPs, and with no information regarding whether these results have already been actioned.

Given the explicit responsibility in the first principle, it would seem a contradiction for GPs to be reviewing "every test result" ordered by other clinicians, and in fact negates the whole purpose of principle one. This will add considerable bureaucracy (let alone the logistical challenge) for

¹ <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/discharge-standards-march-16.pdf>

² <http://www.bma.org.uk/support-at-work/gp-practices/service-provision/duty-of-care-to-patients-regarding-test-results>

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GPs to spend time ascertaining whether or not investigation results requested by hospital doctors have been actioned or not, and worse will divert GP time away from direct patient care. This comes at a time when 9 in 10 GPs state that excessive workload pressures are affecting the quality of care they can provide to patients³. Principle two is also at odds with NHS England's recent GMS contract agreement commitment to reduce bureaucracy in general practice. As a corollary it would be equally inappropriate to expect hospital clinicians to review test results requested by GPs (and which are now commonly visible on hospital pathology databases), and we note the guidance does not make mention of this reciprocal situation.

We believe that principle one should mean that GPs should reasonably assume that investigations carried out by secondary care clinicians (with results copied in correspondence to GPs) have been seen and acted on by the requesting clinician/department.

We request that your guidance relating to principle two is appropriately amended. We believe that this should be complemented with an NHS England directive to all commissioners and providers to ensure that principle one is adhered to, and to direct that there should be no routine copying of test results from hospitals to GPs, especially given that current technology allows GPs to access hospital pathology databases through secure electronic links. Communications should be limited to those test results that have clinical significance, and these should be accompanied by a clear explanation that the result has been seen and actioned to fulfil the investigators' responsibilities as stated in principle one of the guidance.

I will additionally myself be writing to all CCGs and LMCs, requesting that there is local implementation of the first principle through commissioning specifications, to obviate GP practices incurring any inappropriate workload shift, and to ensure clinically safe care for patients.

I hope you are in agreement with the above, and I look forward to your response.

Best wishes

Handwritten signature of Dr Chaand Nagpaul in black ink.

Dr Chaand Nagpaul CBE
Chair, BMA General Practitioners Committee

Cc. Ros Roughton, NHS England

³ <http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-vision-2015>