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In reply please quote: SR1-1636348752

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Dear Dr D Kelly and Dr S Ollerton

Thank you for your letter about your CCG asking doctors not to prescribe over the counter medicine, gluten free and soya milk infant formula products for patients

I thought it would be useful to start by clarifying that we are only able to advise on our expectations of doctors in relation to our guidance. We can't advise on the requirements of contracts set by other organisations and we don't provide clinical guidance on the appropriateness of prescribing particular medications. These issues fall outside our statutory remit and our areas of expertise. As you may know, NHS England is responsible for commissioning the contracts for GP services in England and for supporting CCGs.

We recognise that healthcare does not exist in a financial vacuum and that health systems in the UK have finite resources. Our core guidance Good medical practice (enclosed) says that doctors must make good use of the resources available to them (see paragraph 18) and, in a recent article, our Chief Executive said that doctors should use NHS funds efficiently and follow reasonable guidance from commissioners. In our Leadership and Management guidance (also enclosed), we recognise treatment options that can be offered to patients may be affected by resource limits (paragraph 84). It might be helpful to be aware that this guidance also sets out what we expect of all doctors and the additional duties of doctors who have extra responsibilities such as a role in commissioning services.

However, there are also other considerations relating to our guidance that we would expect doctors to take into account in the circumstances you describe.

In our Duties of a doctor (see page 2 of Good medical practice), we say that doctors must make the care of their patient their first concern. This guidance also makes it clear that doctors must provide a good standard of care, provide effective treatments based on the best available evidence and take all possible steps to alleviate pain and distress.

We also say that doctors must give priority to patients on the basis of their clinical need if these decisions are within their power. If inadequate resources or policies prevent doctors from doing this, and they feel that patient safety or comfort may be seriously compromised, they should put this right if possible and must raise their concern in line with our guidance and their workplace policy, making a record of the steps they've taken (paragraph 25b).

In his message to the profession in January, our Chair – Terence Stephenson recognised the pressures and challenges doctors are facing - by having to make difficult decisions about patient care. We expect those responsible for running services to listen and respond to what you tell them.

Our guidance on Raising and acting on concerns about patient safety provides further information on the steps we consider it reasonable for doctors to take if local developments are having an adverse impact on patient care. It would be for the doctor to make a professional judgement about whether this is the case and to act accordingly.

Complaints to the GMC

If we receive a complaint about a doctor, we use the guidance as a benchmark to assess whether a doctor's actions or decisions have fallen seriously or persistently below the standards we expect. We also consider whether taking action on the matters raised would be in the public interest – for example, to protect patients, maintain public confidence in doctors or uphold proper standards of conduct and behaviour.

If doctors follow the guidance in *Good medical practice* and its explanatory guidance and act in good faith then it is unlikely that a Fitness to practise panel would criticise their actions if a complaint made about them were to result in a hearing.

I hope this is helpful.

Yours sincerely



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