

## FOI sent to our acute hospital trusts: Barts Health NHS Trust, BHRUT, Homerton Hospital Trust

### **RE: Freedom of Information Request**

We note the report in The Daily Telegraph [5 March 2024: <https://archive.ph/xrbAk>] which reveals that NHS England has ordered hospitals to stop using physician associates (PAs) on doctors' rotas.

In light of the increasing concerns about the use of these non-medics, we wish to ask the following questions.

1. How many PAs are currently employed by [NAME OF TRUST]?
2. How many anaesthetist associates (AAs) are currently employed by [NAME OF TRUST]?
3. Which departments and hospitals are the PAs and AAs based at?
4. Has the Trust ever used non-medics on doctors' rotas? If so, was this routine, or in a particular circumstance?
5. Have the Trust's PAs or AAs ever been counted towards the minimum safe number of medics on shift?
6. Have the Trust's PAs or AAs ever independently prescribed medications or ordered tests involving ionising radiation?
7. Do the Trust's PAs or AAs ever work unsupervised, see undifferentiated patients, act as on-call medics, or hold emergency bleeps?
8. How does the Trust ensure that PAs and AAs identify themselves correctly to patients, making it clear they are not doctors?
9. What steps has the Trust taken to prioritise the training needs of junior doctors over the in-work experience offered to PAs and AAs?

## FOI sent to our mental health+ trusts: East London Foundation Trust (ELFT) and NE London Foundation Trust (NELFT)

### **RE: Freedom of Information Request**

We note the report in The Daily Telegraph [5 March 2024: <https://archive.ph/xrbAk>] which reveals that NHS England has ordered hospitals to stop using physician associates (PAs) on doctors' rotas.

We also note that NHSE issued similar guidance to general practice on 27 March 2024.

In light of the increasing concerns about the use of these non-medics, we wish to ask the following questions.

1. How many, if any, PAs are currently employed by [NAME OF TRUST]?
2. In which [NAME OF TRUST] inpatient and outpatient settings are they based?
3. Has [NAME OF TRUST] ever used PAs to substitute for psychiatrists?
4. Has [NAME OF TRUST] ever used PAs on on-call doctor rotas?
5. Has [NAME OF TRUST] allowed PAs independently to diagnose undifferentiated patients?
6. Has [NAME OF TRUST] allowed PAs independently to prescribe medications or order tests involving ionising radiation?
7. How does [NAME OF TRUST] ensure that any PAs identify themselves correctly to patients, making it clear they are not doctors?
8. What steps has [NAME OF TRUST] taken to prioritise the training needs of psychiatric trainees over the in-work experience offered to any PAs?

FOI sent to NE London ICB

*Note that they did not answer these questions, stating that Primary Care Networks are not their area of responsibility.*

*Tracking down every PCN/practice was a job in itself – until I discovered that community pharmacy owners keep their own lists!*

### **RE: Freedom of Information Request**

We note the guidance issued on 27 March 2024 to general practices and the clinical directors of Primary Care Networks, on the topic of Ensuring safe and effective integration of physician associates into general practice teams through good practice.

We understand that this was also copied to the CEOs of Integrated Care Boards.

We wish to ask the following questions.

1. Does NEL ICB track the number of PAs being employed in general practice in NE London? If so, what was the latest headcount, with a breakdown by borough?
2. In light of the new guidance from NHSE, how will the ICB monitor existing general practice contracts to ensure the following:
  - All work undertaken by PAs is supervised and debriefed with their supervising GP.

- PAs are not being used in any NE London primary care settings to substitute for general practitioners or doctors in training.
  - PAs are not being allowed to prescribe medications – and that there are mechanisms in place to prevent this.
  - PAs only have appropriate access to results, referrals, and patient clinical notes.
  - Receptionists and other staff are clear about the role of a PA, and communicate clearly with patients when they are seeing a PA not a doctor.
  - PAs are introducing themselves appropriately, so the patients know they are not doctors.
3. In light of widespread concerns being expressed by doctors and in the media about dangerously inappropriate use of PAs already at work in primary care, what steps will the ICB also take to ensure:
- There is always a supervising GP on the premises.
  - PAs are not seeing and diagnosing undifferentiated patients.
  - Full-time and locum GP roles are not being replaced by PAs.
  - Each practice can provide an appropriate number of appointments with fully qualified GPs.