

Londonwide LMCs' template letter and invoice to Local Authority regarding Collaborative Arrangement fees for medical reports in relation to Child or Adult at Risk Safeguarding Concerns

Practice Letterhead

To:
XXX [insert name of person requesting the report]
Child and Adult Safeguarding Department
XXX Local Authority [insert name of Local Authority]

Date [insert date]

Dear Sir/Madam,

Our practice has received a request from you/the Local Authority for a Medical Report regarding our patient: -

Name of patient

DOB.....

Address.....
.....
.....

As we understand that this patient is the subject of a Child/ Adult At Risk Safeguarding concern, the practice will of course be happy to respond urgently to your request.

The practice is aware that in the interests of the protection of a child or adult at risk, circumstances may override or make impractical the normal requirement for written consent from the patient (or the patient's representative) to enable us to furnish such a report. The practice therefore asks you to confirm urgently (if you have not already done so), that the circumstances are such that consent should not be or is not being sought or obtained in this case. Please would you kindly e-mail confirmation of this at your earliest convenience.

NB If consent is being sought by you, please let us know and we will hold the report until you have emailed the practice with a copy of the consent. Our email address is.....

The practice will not withhold a medical report in consideration of our patient's safety and wellbeing which is our primary concern. However, in preparing and sending it, we wish to clarify

that such a medical report is not part of the services GP practices are obliged to provide as part of their NHS contract and therefore falls under the Collaborative Arrangements referred to in the NHS Act 2006¹. As such, the practice is entitled to charge a fee for the work and administration involved.

Our charge to the Local Authority is: -

£.....

Kind regards,

[insert signature of Practice Manager]

Print name [insert printed name of Practice Manager]

Practice Manager **XXX Practice** [insert name of Practice]

¹ Part 3 Local Authorities and the NHS, sections 74 – 82, NHS Act 2006