

Freedom of Information Act 2000 Internal Review Findings.

FOI Reference

22-23397/2

Date findings sent

10/03/23

Subject

GIC: Background to Self-Medication Letter

Original enquiry and response:

1. Previous editions of this letter which were sent (and as such published), or letters/documents with the same purpose or filling the same role.

The Trust does not hold any previous versions of this standard leaflet.

The leaflet serves to provide standard safety advice for patients on the waiting list – it is not a public document and is only sent out to named patients on our waiting list.

2. The names of the authors of the letter, which seems to be in the public interest, given this is essentially a clinical policy document

We do not hold this information. This standard leaflet has been in use for many years.

Please kindly note that the self-medication leaflet, to which you refer, is a clinical advice document and not a Trust policy document

3. Reasons for changes to the letter (or switching from one letter/document to another), as recorded in a document management system or in emails, minutes, etc regarding the letter (I would note this does not require a full email or minutes search- asking the authors for copies of the relevant emails, minutes, or other documents)

Not applicable. See our response to Q1 above.

4. -Any evidence basis for the letter, (references to studies, or for example MHRA announcements as presumably it's advice on cyproterone is based on) which is documented to have influenced the letter (obviously, subject matter experts such as the presumed authors may not record every influence- I'm asking for the ones which are recorded, and used in the final document- those rejected or used in drafts are obviously exempt.)

a) <https://www.gov.uk/drug-safety-update/cyproterone-acetate-new-advice-to-minimise-risk-of-meningioma>

b) Weill BMJ 2021; 372:n37 <http://dx.doi.org/10.1136/bmj.n37>

c) Nota BRAIN 2018: 141; 2047-2054 <https://doi.org/10.1093/brain/awy108>

d) Seal JECM 2012 97: 4422-4428 <https://doi.org/10.1210/jc.2012-2030>

Internal Review:

I myself have in my possession multiple copies of this letter which differ in content, dispatched by email, from your system.

Either your response to my first question is incorrect or your email system does not keep copies of attachments it sends.

Would you mind checking which of those is true, and if your email system does keep these records, please disclose them.

Please consider this a request for an internal review.

Question 1

Previous editions of this letter which were sent (and as such published), or letters/documents with the same purpose or filling the same role.

The Trust does not hold alternative versions of these leaflets, so we cannot answer further. Within the context of this internal review, we would be willing to review the versions held in your possession, if the applicant wishes us to do so, then they should send these to foi@tavi-port.nhs.uk.

The self-medication leaflet is typically sent:

- a) to the GP/referrer and not directly to patient (although patient is copied into correspondence we send to their GP) which accounts for the way in which it is worded.
- b) as soon as we are informed the patient is self-medicating – this could be
 - i. at time of referral or
 - ii. whilst patient is on waiting list and decides to self-medicate and GP writes in for advice on that, or
 - iii. if patient has been seen at GIC and not yet endorsed for HRT, but is self-medicating.

Question 2

The names of the authors of the letter, which seems to be in the public interest, given this is essentially a clinical policy document

The leaflet is Trust owned, and different individual staff members may originally have contributed to it. It is not a Trust policy document, and we do not hold data on any original authors.

Elements of the leaflet are included within this document [FRAMEWORK - SHARED CARE \(gic.nhs.uk\)](#) which also indicates where overall responsibilities are held within the Trust.”

Question 3

Reasons for changes to the letter (or switching from one letter/document to another), as recorded in a document management system or in emails, minutes, etc regarding the letter (I would note this does not require a full email or minutes search- asking the authors for copies of the relevant emails, minutes, or other documents)

The Trust continues to maintain its position that this information is not held.

The Trust maintains that only one version of the self-medication advice leaflet is and has been in use. It is adapted for transfeminine and transmasculine respectively, and serves as a clinical advice document.

Question 4

Any evidence basis for the letter, (references to studies, or for example MHRA announcements as presumably it's advice on cyproterone is based on) which is

documented to have influenced the letter (obviously, subject matter experts such as the presumed authors may not record every influence- I'm asking for the ones which are recorded, and used in the final document- those rejected or used in drafts are obviously exempt.)

The information has now been provided but it should be noted that the fact the Trust can provide this information reinforces that the use of the leaflet forms part of a framework for provision of these services.

Internal Review Findings

The alternative documentation which the applicant allegedly holds in their possession has not been submitted to the Trust for consideration, and therefore this Internal review was based on documentary evidence held.

The findings of this internal review are that the original responses are upheld, and that the Trust answered correctly and honestly to all the questions.