

## Gloucestershire Local Medical Committee Guidance

### Medical Reports and Information about Patients to Others

#### INTRODUCTION

GPs are frequently asked for information about their patients. Often there is no mention of a fee and it is not always clear that the patient has given informed consent for information to be released.

This paper clarifies a GP's responsibilities in respect of providing medical information on patients.

#### MEDICAL CERTIFICATES FOR THE PATIENT TO THE PATIENT BY OWN DOCTOR

##### Free of Charge.

*471 A doctor shall issue free of charge to a patient or his personal representatives any medical certificate of a description prescribed in column 1 of [the table entitled 'List of Prescribed Medical Certificates'], which is reasonably required under or for the purposes of the enactments specified in relation to the certificate in column 2 of that [table]...<sup>1</sup>*

The table is reproduced at Annex A for ease of reference. The relevant enactments relate to such matters as statutory sick pay or maternity benefit, (Certificates that help patients to get some money from the state.) This is one of the very few instances where a doctor is required to give an opinion (as opposed to statement of fact) without receiving a fee. The opinion should be confined to a view on a patient's ability to carry out their usual occupation.

##### Chargeable<sup>2</sup>.

Certificates without examination. Certificates without examination other than those above, if straightforward certificates of fact can attract a fee of ... £15.00 More complex certificates can be charged between .....£25.00 and £53.00 Examples are:

- Private sick note (incapacity certificate), required by patient for presentation to an employer (except those that the doctor is obliged to provide for statutory sick pay (SSP) purposes).
- Accident/sickness insurance certificate – short certificate of incapacity without examination for patient to claim under accident/sickness insurance.
- Freedom from infection certificate, e.g. for school, travel or employment.
- Validation of private medical insurance (PMI) claim form, to support a claim for benefit in connection with private medical insurance, or completion of a 'pre-treatment' form.
- School fees and holiday insurance certificates.
- Health club – brief written report to certify that a patient is fit for exercise

##### Work in Surgery.

- Extract from Records..... £56.50
- Report on a proforma, no examination (e.g. 20 mins) ..... £75.75
- Written report without examination, providing a detailed opinion and statement on the condition of the patient (e.g. 30 mins) .....£113.00

<sup>1</sup> GMS Contract (Part 16 – Certificates) clauses 471 et seq

<sup>2</sup> Fees Guidance Schedule Apr 08 'Where no agreement applies'

[http://www.bma.org.uk/images/Fees11\\_tcm41-180670.pdf](http://www.bma.org.uk/images/Fees11_tcm41-180670.pdf) BMA confirm (May 2010) that this advice is still accurate.

- Comprehensive clinical examination including report, certificate, or completion of necessary forms (e.g. 45 mins).....£169.50

Examples include:

- Accident/sickness insurance – to support a claim for payment of benefit under accident/sickness insurance policy.
- Employment – for pre-employment or on an employee, requested by an employer. But note the exception is for local authority employees which are covered by *BMA Fees guidance schedule 2* and NHS employees which are covered by *BMA Fees guidance schedule 3*.
- Fitness for education – to attend university, college, teacher and nurses training and, for dentists, completion of the form of *Application for first registration of a dentist* issued by the GDC.
- Pharmaceutical trials – report on suitability of patient to take part as non-patient volunteer.
- Private medical insurance – report on prospective subscriber to a private medical insurance (PMI) scheme (eg BUPA, PPP, WPA, etc)

**WORK THAT CAN BE UNDERTAKEN BY ANY DOCTOR, WHERE NO SUGGESTED FEES ARE MADE<sup>3</sup>**

1. Reports and examinations.

- Assessment of mining injury – counter certificate required by branches when a miners’ union is considering contesting the decision of an industrial injuries tribunal.
- Court exemption – from attending as a witness, on medical grounds.
- Drivers/pilots
  - Full medical examination and completion of forms for vocational drivers licence (large goods vehicles and passenger carrying vehicles, taxi etc).
  - Fitness to drive for insurance purposes (elderly driver, racing driver etc).
  - Aviation licence (pilots)<sup>4</sup>
- Fitness for sport.
- Report for patients for self-referral overseas.
- Seat belt exemption.

2. Certificates.

- Private prescription for private patient, or drugs required for travel abroad (private or NHS patient).
- Abortion (confirmatory) certificate – second certificate under the Abortion Act 1967 in cases where the patient is not on the GP’s NHS list

3. Vaccination and immunisation for travel abroad.

- A fee per course of injections (excluding cost of vaccines) if no remuneration is payable by the PCT or health board. Note: This is subject to the following conditions under the new 2003 GMS contract:
  - i) Travel vaccines that are not provided anywhere under the NHS for public health reasons can be privately provided by practices
  - ii) A limited number of travel vaccines are provided on the NHS for public health reasons, and the general practitioners committee has

<sup>3</sup> The main BMA guidance note *Fees for part-time medical services*, to which this is a supplement, provides advice to members on some of the factors they might find it helpful to consider when setting their own professional rates in the absence of BMA suggested fees

<sup>4</sup> A National Private Pilot’s Licence requires the applicant’s own GP to countersign a self-declaration of fitness by reference to the individual’s past medical history that is held in the medical records. For the majority of other pilot licences, the only doctors that can undertake the regulatory medical examinations are those approved as Aeromedical Examiners by the UK Civil Aviation Authority.

produced a document entitled *Focus on vaccinations and immunisations*, which can be obtained via the BMA website

iii) Some practices will have opted out of providing additional service for vaccinations and immunisations, therefore they cannot provide any vaccine available on the NHS to their patients. They could privately provide vaccines not available on the NHS.

Further information on this area may be sought from the General Practitioners Committee of the BMA.

4. Family Planning. For patients not on a GP's list, a fee for prescribing and fitting a contraceptive appliance, and a fee for prescribing and fitting an intra-uterine device
5. Minor Surgery. Where the patient is not on an NHS list, a fee for the procedure, excluding the cost of drugs and dressings
6. Diagnostic Tests.
  - For venesection or urine testing not undertaken as part of treatment and not involving disputed paternity, including notifying the result to the patient (but excluding laboratory costs).
  - For a saliva test not involving HIV testing (i.e. nicotine).
  - For a cervical smear taken at the request of a patient not on the GP's NHS list, including notifying the result to the patient (excluding processing costs).
  - For a simple X-ray, e.g. chest (inclusive of charges payable to hospital if performed in an NHS X-ray department).
  - For a recording of ECG.
  - Per report (opinion) on previous recording of ECG.
7. HIV testing, at the request of an insurance company.
  - Medical examination, counselling and taking blood
  - Counselling and taking blood only.
  - Counselling and saliva test only.
  - Certificate of negative result for travel abroad.
  - For pathology (including proportion payable to the hospital if NHS facilities used)
8. Attendance at airports.
9. Attendance at a patient's request at a police station.
10. Professional attendance at private events (including sporting events).  
Note: In January 2001 the BMA's board of science launched a pamphlet entitled *Doctors' assistance to sports clubs and sporting events*. Copies can be requested from askBMA.
11. Lectures. e.g. for a college of further education
12. Removal of a pacemaker prior to disposal of a body.
13. Medico-legal work. For reports and qualifying work, and attendance in court, by doctors engaged as expert or professional witnesses by solicitors acting in cases not covered by the rates issued by the Crown Prosecution Service and the Lord Chancellor's Department (the Procurator Fiscal and the Crown Office in Scotland) (see *Fees guidance schedules 10, 10a and 10b*)
14. Non-medical services.
  - Statements of fact.
  - Signing photocard driving licences.

## **REPORTS TO THE DEPARTMENT OF WORK AND PENSIONS (DWP)**

449. *A doctor shall, if he is satisfied that the patient consents-*

*449.1 supply in writing to a medical officer within such reasonable period as that officer, or an officer of the Department for Work and Pensions on his behalf and at his direction, may specify, such clinical information as the medical officer considers relevant about a patient to whom the Contractor or a person acting on the Contractor's behalf has issued or has refused to issue a medical certificate; and*

*449.2 answer any inquiries by a medical officer, or by an officer of the Department for Work and Pensions on his behalf and at his direction, about a prescription form or medical certificate issued or created by the Contractor or a person acting on the Contractor's behalf or about any statement which the Contractor or a person acting on the Contractor's behalf has made in a report.*

*450. For the purpose of satisfying himself that the patient has consented as required by clause 449, the Contractor may (unless it has reason to believe the patient does not consent) rely on an assurance in writing from the medical officer, or any officer of the Department for Work and Pensions, that he holds the patient's written consent.<sup>5</sup>*

Sometimes a fee is offered. The fee has traditionally been below acceptable rates for the work required. However the issue of whether any fee can be charged is not clear in view of the wording of the contract. Efforts by the GPC to clarify the rules or increase the fee have not been successful in the past. Hopes that the new Contract would clarify matters have not been fulfilled: the situation is exactly the same now as it was under the old GMS arrangements. Reports should be based on what is known and can be easily extracted from the records. Expressions of opinion, even on such matters as ability to rise from a chair or handle hot pans, should normally attract a fee.

### **COLLABORATIVE ARRANGEMENTS WITH LOCAL AUTHORITIES**

Collaborative arrangements cover provision of services in the fields of education, social services and public health to local authorities (but note that GPs should be approached for such information only when no other professional can provide it):

- Those in relation to children in care or being considered for adoption and fostering, together with certificates and reports on prospective adoptive or foster parents;
- Psychiatric examinations for the sectioning of patients (under the Mental Health Acts);
- Blue Badge (disabled parking) permits;
- Priority housing reports requested by local authorities;
- Attendance at case conferences and other meetings arranged by Social Services;
- Certificates to enable chronically disabled or blind persons to obtain telephones
- Sessional work commissioned by family planning clinics under local authorities or PCOs.

(We are seeking a definitive list of locally agreed services that come under this heading, but in the meantime we suggest you work on the above list.)

It has been agreed with the BMA that basic health information provided by GPs for community care purposes should not attract a fee. Any community care work undertaken by GPs that goes beyond the provision of basic health data does, however, attract a fee. Since the DDRB no longer fixes such fees and those fixed are long out of date, the BMA therefore advises GP practices to establish and agree their own fees in advance of undertaking the work. Publication of your fees in your practice leaflet will be sufficient.

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<sup>5</sup> Ibid. Clauses 449 and 450

## **OTHER INFORMATION FOR LOCAL AUTHORITIES, AND OTHERS**

There are obviously instances where a doctor may wish to refer a patient for a specific service. In such cases a fee would not be right, since the doctor is initiating the service provision. The doctor should supply whatever medical information is needed to enable the service to be provided, e.g. if it is a request for a wheelchair it would be reasonable to supply such details as height, weight, ability to use upper limbs etc.

If the doctor has not initiated the approach for a service the question of a fee for information is more difficult. We suggest that if a request is clearly directed towards treating or supporting a sick patient, information should be supplied as part of team working.

Other requests are often made for matters not connected with "team treatment". Such requests are outside our contract. Requests from such bodies as the Department for Education, the courts, Citizens' Advice Bureaux (CABs), and law centres etc are virtually all on matters outside our Terms of Service.

Examples are:

- A request for a doctor to verify the facts contained in a patient's application.
- A request by a Law Centre or CAB for a doctor to give a view on a patient's appeal against disallowance of benefit.
- Information on the health status of a proposed employee, childminder, foster-worker or adopter.
- Information to support an application for housing priority, parking or driving privileges.
- A request from a nursing home to approve a protocol for managing a specific medical condition.
- A request by the British Parachute Association for an opinion that a patient is medically safe to parachute.

In these cases, before supplying information for this kind of request a doctor should:

1. Be satisfied that the patient has given informed consent. "Informed consent" implies that the patient knows and understands the kind of information likely to be provided. For example applicants for housing may sign a form authorising a housing officer to obtain information in connection with the application without being aware that medical information is covered.
2. Be satisfied in advance that fee arrangements are acceptable. It is wise to establish the fact of a fee and its amount before releasing any information.
3. Provide only what medical information is necessary for the purposes of the activity. In most cases the information need only be an extract from the records as statements of fact, without the need to give an opinion or prognosis.

Before agreeing to give the information, you should bear in mind that the Labour Government under Tony Blair published a really useful Cabinet Office paper in June 2002, which is still extant, entitled 'Making a Difference'. That was aimed at reducing the amount of paper that beset GPs at the time. The general precept it followed was that only if the GP was the only person who could give the required information should the GP be asked for it, and then it should be for factual information only, not an opinion. Better still, why not use self-certification?

Good Medical Practice. Remember, too:

'63 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.'

## LIST OF PRESCRIBED MEDICAL CERTIFICATES<sup>6</sup>

<i>Description of medical certificate</i>	<i>Enactment under or for the purpose of which certificate required</i>
<p>1. To support a claim or to obtain payment either personally or by proxy; to prove inability to work or incapacity for self-support for the purposes of an award by the Secretary of State; or to enable proxy to draw pensions etc.</p> <p><b>Statutory sick pay and state incapacity benefits:</b>  <b>Med 3, Med 4, Med 5, Med 6</b>  <b>Statutory maternity pay and state maternity benefits:</b>  <b>MAT B1</b>  <b>Disability living allowance:</b>  <b>DLA 1, DLA 1A, DLA 1 Welsh, DLA 1</b></p>	<p>Naval and Marine Pay and Pensions Act 1865  Air Force (Constitution) Act 1917  Pensions (Navy, Army, Air Force and Mercantile Marine) Act 1939  Personal Injuries (Emergency Provisions) Act 1939  Pensions (Mercantile Marine) Act 1942  Polish Resettlement Act 1947  Social Security Administration Act 1992  Social Security Contributions and Benefits Act 1992  Social Security Act 1998</p>
<p>2. To establish pregnancy for the purpose of obtaining welfare foods</p>	<p>Section 13 of the Social Security Act 1988 (schemes for distribution etc of welfare foods)</p>
<p>3. To secure registration of still-birth  <b>Medical certificate of stillbirth – 34</b></p>	<p>Section 11 of the Births and Deaths Registration Act 1953 (special provision as to registration of still-birth)</p>
<p>4. To enable payment to be made to an institution or other person in case of mental disorder of persons entitled to payment from public funds.</p> <p><b>No prescribed certificate; this is usually produced as a letter with no fixed format</b></p>	<p>Section 142 of the Mental Health Act 1983 (pay, pensions etc of mentally disordered persons)</p>
<p>5. To establish unfitness for jury service</p>	<p>Juries Act 1974</p>
<p>6. To support late application for reinstatement in civil employment or notification of non-availability to take up employment owing to sickness.</p>	<p>Reserve Forces (Safeguarding of Employment) Act 1985.</p>
<p>7. To enable a person to be registered as an absent voter on grounds of physical incapacity</p>	<p>Representation of the People Act 1983</p>
<p>8. To support applications for certificates conferring exemption from charges in respect of drugs, medicines and appliances.  <b>FW8 and FP92A</b></p>	<p>National Health Service Act 1977</p>
<p>9. To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the Council Tax or eligibility for a discount in respect of the amount of Council Tax payable.</p>	<p>Local Government Finance Act 1992.</p>

<sup>6</sup> Extract from GMS Contract 2004 updated as at November 2009