

# Medical Reports and Information to Public Bodies

## **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 sets out to clarify what are a GP's responsibilities in respect of providing medical information on patients. Quotes in italics are extracts of our Terms and Conditions of Service.

## **Medical certificates**

*"A doctor shall issue free of charge to patient or his personal representatives any medical certificate of a description prescribed in column 1 of Schedule 9, which is reasonably required under or for the purposes of the enactments specified in relation to the certificate in column 2 of that Schedule..."*

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.

## **Reports to Benefits Agency**

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

*(a) supply in writing to a medical officer within such reasonable period as that officer, or an officer of the Department of Social Security on his behalf and at his direction, may specify, such clinical information as the medical officer considers relevant about a patient to whom the doctor under these terms of service has issued or has refused to issue a medical certificate; and*

*(b) answer any inquiries by a medical officer, or by an officer of the Department of Social Security on his behalf and at his direction, about a prescription form or medical certificate issued by a doctor under these terms of service or about any statement which the doctor has made in a report under these terms of service.*

*(2) For the purpose of satisfying himself that the patient has consented as required by sub-paragraph (1), the doctor may (unless he 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 of Social Security, that he holds the patient's written consent."*

Sometimes a fee is offered by the medical officer. The fee is 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 ToS requirements. 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 GMS. 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.

## **Requests from Local Authorities, Hospitals etc.**

*“The services which a doctor is required by sub-paragraph (1) to render shall include the following:*

- (e) giving advice, as appropriate, to enable patients to avail themselves of services provided by a local social services authority.”*

It is rare for a request to be made by a Local Authority Officer that clearly falls into this Term of Service. Our understanding is that the paragraph relates to giving advice to the patient. There are obviously instances where a doctor may wish to refer a patient for a specific service. In such cases no fee should be requested, since the doctor is initiating the service provision. The doctor should supply whatever medical information is needed to enable to 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. For example if the County OT Department has been approached to modify a house for a patient with MS, should a fee be requested for advising the department?

We suggest that if a request is clearly directed towards treating or supporting a sick patient, information is supplied as part of team working.

Other requests are often made for matters not connected with “team treatment”. Such requests are outside our Terms and Conditions of Service. Requests from such departments as Education, Courts, Citizens’ Advice Bureaux, 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 of CAB for a doctor to indicate 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.

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 be only an extract from the records as statements of fact, without the need to give an opinion or prognosis.

I am happy to advise on individual requests for reports. In such cases it is helpful to have a copy of the request form with the patient’s identity deleted.

John Peniket 17.8.04