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**Non-NHS Work Policy**

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# Introduction

## Policy statement

While NHS services are provided free of charge to patients, there are some services that command a fee as they are not available or funded by the NHS; these services are referred to as non-NHS services. All staff must be aware that GPs do not have to carry out non-NHS work on behalf of their patients; their priority will always be the provision of safe and effective care to their patients, funded by the NHS.

This organisation will comply with the [Care Quality Commission (CQC) (Registration) Regulations 2009: Regulation 19](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fees#full-regulation) and ensure that patients are provided with written information about any fees, contracts and terms and conditions when people are paying either in full or in part for the cost of their care, treatment and support. Additional guidance for patients is available from the BMA in [Why does my doctor charge fees?](https://www.bma.org.uk/pay-and-contracts/fees/why-doctors-charge-fees/why-does-my-doctor-charge-fees)

## Status

In accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

# Triage: Assessing Request Appropriateness

When a Non-NHS request is received, **triage it for appropriateness** before accepting it for GP completion:

* **Verify the Request Type:** Determine if the letter/report is something GPs normally provide. Some requests (e.g. medical evidence for housing, fitness certificates, insurance forms) can be done, while others (e.g. character references, legal letters unrelated to health) are outside a GP’s role. Use practice policy or GP guidance to decide.
* **Medical Relevance:** Ensure the request pertains to medical information the GP can verify from the patient’s records. GPs should not endorse non-medical opinions or information they cannot substantiate. If the letter is about a medical condition or its impact (e.g. housing due to health, fitness to travel), proceed; if not, it may be inappropriate.
* **Guidelines Compliance:** Check if any official guidance advises against GP involvement. For example, benefits appeals or school sick notes often do not require GP letters (and GPs have no NHS obligation to provide these). If the request is for something like a benefit support letter or short-term school illness note, consider refusing and direct the requester to the proper process (DWP or school policies).
* **Consult a GP if Unsure:** If reception/administration staff are uncertain about appropriateness, refer the request to a GP or practice manager for a quick decision. Document this triage decision.

If the request is deemed inappropriate for GP completion, follow the***Refusal***process (see “Handling Refusals” below). If appropriate, continue with the steps below.

# Fee Handling & Patient Communication – before work starts

Non-NHS letters and reports incur a fee. Clear communication about fees is essential, **ideally before any work is done**.

* **Fees:** Non-NHS letters incur a fee. Refer to the fee schedule (Annex A). Fees are based on complexity and time required. If unsure, consult a GP before quoting.
* **Patient Communication:** Patients must be informed of the fee at the time of request or inquiry. Confirm agreement before any work begins.
* **Upfront Payment:** Payment is required in advance. Reception can take payment when the request has been accepted by the Medical PA team.
* **Receipts and Records:** Issue a receipt for all payments. Record in SystmOne using a clinical code or admin note to maintain an audit trail.
* **Urgent Requests:** The practice does not offer a fast-track service. Standard timeframes apply, though efforts will be made to meet reasonable deadlines without impacting NHS work.
* **Consent for Disclosure:** No report involving medical information will be completed without patient consent. Check for signed consent forms or obtain written consent where needed.

# Turnaround Times and Prioritisation

Set realistic expectations for how long the GP will take to complete the letter:

* **Standard Turnaround**: Inform patients that non-NHS letters are usually completed within 4–6 weeks, aiming for 28 days.
* **Complex Requests**: For complex or multiple documents, timelines may extend—up to 2 months if needed. Communicate any delays early.
* **Urgent Requests**: Clarify that faster turnaround is not guaranteed and depends on GP availability. Any agreed deadline must be documented.
* **Timeline Communication**: Provide a clear estimated completion date (e.g. “within 4 weeks, by [date]”) and record this internally.
* **Delays**: If delays occur, notify the patient promptly with a revised timeframe to help manage expectations and reduce follow-ups.

# Administrative Workflow: Logging & Processing Requests

Once a request is accepted and the fee agreed, the Medical PA team will track it through to completion.

1. **Log Request**: Record the request in SystmOne using the appropriate SNOMED code (e.g. “Medical report requested”) with details such as type, date, and urgency.
2. **Check Documentation**: Confirm patient details, completed forms, consent (if required), and that all paperwork is in order.
3. **Confirm Fee**: Ensure payment is made before work begins. For third-party payers, send a formal fee quote and obtain agreement.
4. **Outstanding Items**: Do not proceed if any information, forms, consent, or payment is missing. Request these from the patient. Hold incomplete requests for 28 days, then scan into the patient record if not followed up.
5. **Create Cover Sheet**: Include patient and request details, fee status, deadline, allocated GP, and a section for updates or changes.
6. **Create Paper File**: Include the cover sheet, fee agreement, forms, and related documents.
7. **Attach Medical Info**: Prepare relevant clinical summaries or notes to assist the GP. Flag any patient request to preview the letter before release.
8. **Duty Doctor Review**: Confirm GP allocation, assess complexity, and note any deadline extensions or fee changes. Communicate these to the patient.
9. **Forward to GP & Track**:
	* File paperwork in GP pigeon hole and log placement date.
	* Add a care-related entry in SystmOne: “Report/Due: Paperwork in pigeon hole.”
	* File a copy of the cover sheet in the PA tracking folder by due date.
	* Check the tracking folder weekly and follow up any items due within 2 weeks.

At this point, the request is in the GP’s queue to be completed. The next steps outline the GP’s responsibilities and the subsequent administrative actions once the letter is drafted.

# GP Review and Letter Preparation

The GP (or other designated clinician) is responsible for reviewing the request and preparing the content of the letter or report:

* **Review Request**: Read the request or form thoroughly. Identify what information is needed and whether specific questions must be answered.
* **Check Records**: Review the patient’s record to confirm medical history and ensure all information is accurate. Confirm consent exists before proceeding, especially for third-party requests.
* **Assess Appropriateness**: If the request is inappropriate or outside your remit, decline it. Notify the admin team promptly and record the reason in the notes.
* **Draft the Letter or Complete the Form**:
	+ Use approved templates in SystmOne or complete forms clearly and factually.
	+ Provide only objective, medically supported information. Avoid speculation or non-medical opinions.
	+ Use appropriate phrasing and structure. For example: “I am writing regarding [Patient Name, DOB] ...”
* **Check and Sign**: Proofread the letter, cross-check facts, and sign it (digitally or by hand). If patient preview is required, inform the admin team instead of sending it.
* **Return to Admin**:
	+ Save the letter to the patient record with a clear title.
	+ Hand over signed documents and any original forms to the Medical PA team.
	+ Add a brief clinical note or SNOMED code indicating completion (e.g. “Medical report completed – non-NHS”).

# Completion, Collection, and Record-Keeping

After the GP has prepared and signed the letter, the administrative team finalises the process by arranging delivery to the patient or third party and recording the outcome:

1. **Patient Review (if applicable):** If the patient has the right and requested to preview the report (e.g. an insurance medical report), contact them as soon as the GP has signed off the draft.
	* **Notify Patient:** Send an SMS or call to inform them: e.g. “Your medical report is ready for you to review at the surgery.”.
	* When the patient comes in, allow them to read the report privately. Have them sign a confirmation (if required) that they have viewed it and are satisfied. If they dispute something, refer back to the GP for amendments or clarifications. (This may rarely happen, but is part of the Access to Medical Reports Act compliance.)
	* If the patient does not come to review within 21 days of notification, you can proceed to send it out to the requesting party (the law typically allows 21 days for review in insurance cases). Note in the record if the patient failed to review in that time.
2. **Issue the Letter/Report:** Whether after patient review or immediately if no review needed, arrange to get the letter to its intended destination:
	* If the letter is **to be collected by the patient**, inform them when it’s ready for pickup. On collection, have them pay any remaining fee (if not already paid) before handing over the letter. Ask for a signature to acknowledge receipt of the document.
	* If the letter is to be **sent directly** to a third party (e.g. posted to an insurance company or emailed to a solicitor), follow the instructions:
		+ Post: Use a secure method (recorded delivery or courier for important documents). Make a note of the postage date and reference number.
		+ Email or Portal: If sending electronically (some insurers use secure portals), ensure it’s via an approved secure channel. Attach the document (PDF format if possible) and send. Note the date sent and recipient details.
	* For internal records, update the cover sheet and document in the patients record that the report has been collected by the patient.
3. **Record Storage and Closing the loop:** Verify that a **copy of the final letter/report is saved in the patient’s electronic record** and the paper file should be reviewed – any forms or supporting documents including the cover sheet should be scanned into the patients record as a record attachment.

# Handling Refusals (Inappropriate Requests)

There will be situations where the practice decides **not to complete a requested letter or report**. This could be due to the request being outside the GP’s remit, lacking medical justification, or the patient not agreeing to fees. The following outlines how to handle such refusals professionally:

* **Policy on Non-obligation:** Patients are made aware via our website that GPs are **not obligated** to provide letters outside of NHS work. If a request is against policy or guidance, the practice can decline. (For instance, GPs are not required to write letters for housing priority or benefit appeals for patients – these are done at the GP’s discretion and may be refused.) Emphasise this politely when communicating the refusal.
* **Timely Decision:** Ideally, determine the refusal at the **triage stage** or as soon as the GP reviews the request. Do not string the patient along. If it’s obviously something the practice won’t do (e.g. a letter to excuse a non-medical issue), inform the patient within a day or two of the request.
* **Communication with Patient:** Contact the patient (or requester) to inform them of the decision.
	+ **Be Empathetic but Clear:** Explain that “we’re sorry, but Dr. X is unable to provide the requested letter. Provide a brief reason if it can be given. For example: “This type of certification is not something GPs can issue,” or “The GP’s assessment is that such a letter would not be appropriate in this case.”
	+ **Alternative Steps:** If applicable, guide the patient on what they can do next. E.g., “For housing issues, the council will assess your medical needs through their own process – we can provide you with a printout of your medical summary if that helps.” In fact, offering a **free summary of medical records** is a helpful alternative in many cases. Patients have a right to their medical information, so you can give them a printout of relevant records which sometimes suffices for the third party.
	+ **Refund Fees:** If the patient had already paid for the letter, ensure you **refund any fee** collected, since the service will not be provided. Document that a refund was given.
	+ **Document the Refusal:** In the patient’s record, note that the request was made and that the practice declined, including the reason (e.g. “Patient requested letter for X; deemed not appropriate – patient advised to use medical records instead”). This provides clarity in case of future queries or complaints.
* **Staff Guidance:** Reception and admin staff should have a list of common **non-NHS requests the practice will NOT do** (based on GP or partnership policy). This might include things like letters to avoid library fines, non-medical character references, or certain travel cancellations letters where travel insurance should handle it. Having this list helps staff confidently triage out inappropriate requests immediately.
* **Consistency:** Apply refusal reasons consistently to all patients to avoid any perception of unfairness. If one person is refused a type of letter, generally others should be as well, unless unique circumstances apply. Ensure all staff are aware of these policies.
* **Escalation:** If a patient is unhappy with a refusal, handle it as a feedback or complaint. A GP or manager can reiterate the policy. Always remain professional and explain that the decision is in line with medical guidelines or contractual obligations.

# Access to medical records

Patients requesting copies of their medical records must complete a subject access request (SAR) in accordance with the organisation’s Access to Medical Records Policy.

# Payment methods

Payments are to be made using the card reader in reception.

# Statement of costs

Patients who require non-NHS services will be given a statement of costs pro forma, shown at [Annex A](#_Annex_A_–).

# Recommended fees

The BMA no longer provides a table of suggested fees but one can be found at [Annex B](#_Annex_B_–). It is recommended that when calculating fees, the [BMA fees calculator](https://www.bma.org.uk/pay-and-contracts/fees/fees-calculator/bma-fees-calculator) is used (login required) as this determines how much organisations need to charge to be financially viable.

## Annex A – Statement of costs pro forma

|  |
| --- |
| **Section 1: Patient details** |
| **Surname** |  | **NHS number** |  |
| **Forename** |  |

|  |
| --- |
| **Title**  |
| **(Mr, Mrs, Ms, Dr)**  |

 |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone no.** |  | **Postcode** |  |
| **Section 2: Services requested** |
| **Services requested** |  |
| **Fees applicable** |  |
| **Total cost** |  |
| **Terms and conditions of the service** | Insert specifics here: |
| **Additional costs** | The following are potential additional costs: |
| **Refund information** |  |
| **Section 3: Payment** (advise patient about payment terms) |
| **Payment by card (ensure receipt is issued)** |  |
| **Section 4: Patient declaration and signature:**I understand that the service(s) I have requested is/are not funded by the NHS and I accept the fee(s). I have been advised of any potential additional costs, the terms and conditions of the service and the circumstances in which a refund may be applicable. |
| **Staff signature and date** |  |
| **Print name** |  |
| **Patient signature and date** |  |
| **Print name** |  |

***A copy of this completed pro forma is to be scanned and saved in the individual’s healthcare record and a copy passed to the patient.***

## Annex B – Table of suggested fees

|  |
| --- |
| **Statement of Costs**  |

|  |
| --- |
| **The services detailed in the table below are NOT funded by the NHS and therefore have an associated cost.** |

|  |  |
| --- | --- |
| **Non-NHS service** | **Fee** |
| **Driving** |  |
| * Emergency treatment (Road Traffic Act)
 | £40.00 |
| * Seat belt exemption letter
 | £40.00 |
| * Report for DVLA with full medical
 | £80.00 |
| * Report for DVLA without full medical
 | £40.00 |
| * Driving Medicals (Taxi, HGV & PSV)
 | £80.00 |
| * PCV company application form
 | £28.00 |
| **Certificates, forms and reports** |  |
| * Childminder health forms (OFSTED)
 | £96.00 |
| * To Whom It May Concern
 | £30.00 to £80.00 (dependent on amount of work) |
| * Sickness or accident claim form
 | £40.00 |
| * Cancellation of holiday form
 | £40.00 |
| * Private sick notes
 | £30.00 |
| * Doctors signature on insurance forms
 | £40.00 to £80.00 |
| * Adoption form AH
 | £80.00 |
| * Fostering form AH2
 | £30.00 |
| * Private health insurance claim forms
 | £80.00 |
| * Medical report (extract from medical record)
 | £80.00 |
| * Firearms (certificate only)
 | £40.00 |
| * Police enforcement report
 | £40.00 |
| **Photograph verification*** Driving licence
* Passports
 | **Not Available** |
| **Miscellaneous*** Firearms (certificate only)
* DSA
* Mental Capacity Assessment

 **(limited availability of doctors who are able to**  **complete)** | £40.00£40.00£80.00 (face to face)£120.00 (home visit) |
| **Not Chargeable*** Patient medical Summary
* Copies of individual clinic letter, hospital letters or test results
* Council tax exemption
 | **Not Chargeable** |

**There are some other non-NHS services that will require payment. If you require a service not detailed on this statement, please enquire at reception.**