

Quarry House
Quarry Hill
Leeds LS2 7UE

31 July 2001

**To: Chief Executives, NHS Trusts
Medical Directors, NHS Trusts
Chief Executives, Primary Care Trusts
Chairs, Primary Care Groups
Chairs, Local Medical Committees**

Dear Colleagues,

ACTION: Integrating Sickness Certification into Hospital Discharge and Outpatient Processes.

In March this year the Prime Minister announced the publication of the joint Cabinet Office/Department of Health report 'Making a Difference: Reducing General Practitioner Paperwork.' This included a number of outcomes to achieve a reduction in the burdens of paperwork on GPs to better utilise the time they spend with those who need their expertise the most.

In particular the report outlined, by July 2001, hospital trusts should integrate a simple sickness certification procedure into the hospital discharge and outpatient processes so that hospital doctors and consultants would not refer patients to a GP solely for the purpose of obtaining a sick certificate. The rationale for this is twofold. Firstly to reduce unnecessary burdens on GPs: it was estimated that this outcome alone would save some 518,000 appointments per year for GPs plus 42,000 hours, and secondly, to ensure a seamless service for patients upon discharge.

The report also outlined details of the intention to extend the power to certify sickness certification to nurse practitioners. Pilots are set to begin this year and subject to their success will provide for national application allowing more effective management of sickness certification at local level.

The procedure of hospital sickness certification should already be in place as hospital doctors are already responsible for issuing sickness certification (form Med 3) on discharge where they advise the patient to refrain from work. However, implementation has been patchy and largely focuses on in-patient care rather than re-deflecting peoples' needs once they are home. Such action results in unnecessary duplication and extra work for GPs.

I am therefore asking all NHS Trusts to review, if necessary, hospital discharge and outpatient processes to ensure that sickness certification is integrated fully,

covering those hospital episodes they see fit, so as to avoid unnecessary referrals to GPs solely for the purpose of sick certification. It is not necessary to be prescriptive on how this should be best achieved.

Local consideration will ensure that the sickness certification process is integrated into those areas of care, where it can be predictably anticipated, that the patient's medical condition will result in the need for a sick certificate. For example:

- a patient who presents themselves in A&E with a broken arm, it would be appropriate to issue a sick certificate, for a period consistent with the anticipated incapacity, where the injury prevents them from returning to work;
- Post operative patients upon discharge, the level of incapacity should be considered and where the recuperation prevents return to work a sick certificate should be issued; and,
- Mental Health patients under regular review by the mental health service could also have their sick certification integrated into this review.

On a practical point NHS Trusts will want to ensure that they have sufficient stocks of forms MED3. These are obtainable from Security Printing Systems Limited, Gorse Street, Chadderton, Oldham. Fax. 0161 6832450. Orders should be submitted by fax on headed paper.

I am copying this letter to Health Authorities and Local Medical Committees. I understand that in some parts of the country local interfaces/collaboratives have been set up between hospital trusts and PCTs. Such groups comprise of Trust Medical Directors, PCT Chief Executives, PCG chairs (or representatives of the LMC and the HA) with a remit to consider and resolve interface issues. This may provide a helpful forum for reviewing and implementing the integration of sickness certification into the hospital discharge process.

While there is universal agreement that it is crucial for all health care workers to work towards the reduction in bureaucracy it is necessary to change the culture in relation to sickness certification within all health organisations. This may be achieved by reinforcing the option for self-certification or seeking advice of other professionals such as occupation health specialists to advise on effects of medical conditions on a person's ability to work. The overriding aim of the review requested is to avoid unnecessary referrals to GPs solely for a sick certificate. It is clear that hospital doctors are responsible for the patients care whilst in hospital and upon discharge are equally responsible for issuing sick certificates.

Copies of the Cabinet Office/Department of Health report 'Making a Difference: Reducing General Practitioner Paperwork' are available by telephoning 020 7276 2170 or from the Cabinet Office website at: www.cabinet-office.gov.uk/regulation/PublicSector/Imdex.htm

Yours sincerely,

A handwritten signature in black ink that reads "Neil McKay". The signature is written in a cursive style with a large, sweeping loop at the end.

**NEIL MCKAY
CHIEF OPERATING OFFICER
DEPARTMENT OF HEALTH**