

Data Provision Notice

eMED3 (fit notes)

For General Practices in England

Notified 16/12/2015



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Executive Summary

Appropriate provision of support services for people to be able to return to work is an important priority for both the NHS and the Department for Work and Pensions.

The anonymised data is being collected on behalf of the Department of Health and the Department for Work and Pensions to undertake research analysis to inform policy relating to employment and sickness absence, including evaluation of the Fit for Work programme. The data is also important to help identify geographic level differences in return to work so that national and local providers can respond to provide appropriate services.

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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre (HSCIC) statutory powers, under section 259(1), to require data from health or social care bodies or organisations who provide health or adult social care in England, where it has been Directed to establish an information system by the Department of Health (DH) (on behalf of the Secretary of State) or NHS England.

When a direction is received, the HSCIC can issue a Data Provision Notice to the appropriate providers of the required data who are then legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the Collection

The purpose of the anonymised data collection is to provide the Department for Work and Pensions with information derived from computer generated 'Med3' forms, known as fit notes, to:

- a) undertake research analysis to inform policy relating to employment and sickness absence, including evaluation of the new Fit for Work service, which provides an occupational health assessment, and Employment Support Allowance and Universal Credit;
- b) identify geographic, Clinical Commissioning Group (CCG) and GP practice level differences in sickness absence management to inform policy development and continuous improvement, resulting people returning to work sooner;
- c) enable baseline comparisons for the Fit for Work service;
- d) use fit note data to build an understanding of the drivers for benefit claiming;
- e) enable CCGs to self audit their fit note to inform their own policy and commissioning decisions.

Benefits of the collection

The Department of Health believes that it is in the public interest for aggregated data to be made available to the Department for Work and Pensions as this permits effective evaluation of a major new programme, the Fit for Work service, which contributes directly to the health management of the individuals referred to it. An early return to work helps to prevent short-term sickness absence from progressing to long-term absence and ultimately worklessness. This is a benefit for the patient, as well as a benefit to the economy.

It is also important to understand geographical differences in fit note prescribing as this contributes to the wider debate on the efficient use of health service resources, and to the broader identification of public health geographical differences.

The health service and public health have an interest because evidence shows that being able to work is an important part of health and wellbeing, and supporting people to return to work can form part of their recovery from ill health. The published CCG level statistics will be of use to health agencies, including Public Health England, to supplement public health datasets. CCGs will be able to self-audit their fit note data against comparable data to help inform their own policy development and commissioning decisions.

Legal basis for the collection, handling, publication and dissemination

The HSCIC has been directed by the Secretary of State under section 254 of the Health and Social Care Act 2012 to establish and operate an information system for the collection and

analysis of information relating to statements of fitness for work for the purposes of improving the monitoring of public health and commissioning and quality of health services.

In accordance with section 254(5) of the Health and Social Care Act 2012, the Secretary of State has [consulted the Health and Social Care Information Centre at its meeting of 23 September 2015](#), before giving these [Directions](#).

The HSCIC Board considers the proposed uses of the disseminated information to be for the monitoring of public health and commissioning and quality of health services.

This information is required by the HSCIC under section 259(1) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all general practices in England must comply with the requirement and provide information to the HSCIC in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of the HSCIC duty under section 259(8).

Persons consulted

Following receipt of a direction to establish a system to collect fit note data the HSCIC has, as required under section 258 of the Health and Social Care Act 2012, ensured that the following persons have been consulted with respect to this data collection:

- Co-chairs of the Joint General Practice Information Technology Committee (JGPITC), who were content with this collection, on behalf of their members.
- The National Data Guardian, Dame Fiona Caldicott.

Scope of the collection

All general practices in England are in scope.

The data collected is anonymous, however the Direction requires patient objections by patients who do not wish their personal data to leave the general practice to be respected for the fit note data collection.

Form of the collection

This collection is formed of anonymous data extracted from fit notes issued in GP practice systems.

The data includes: the type and duration of the fit note; any recommendations for adjustments to enable a return to work; gender; and diagnostic codes. Diagnostic codes are collected in the native code entered on the practice system, then mapped and aggregated to the [International Classification of Diseases \(version 10\) coding system](#) at the HSCIC before publication.

An Information Standards Notice for the data collection, [SCCI2118 Amd 62/2015](#), has been published.

The fields extracted are the minimum required for the purposes, and the collection meets the [Anonymisation Standard for Publishing Health and Social Care Data](#).

The specification for the data items included in the collection is shown in Annex A.

Manner of the collection

The collection will be made using the services of the four main primary care practice system suppliers, under the General Practice Systems of Choice (GPSoC) framework contract. The suppliers will provide weekly extracts, conducted during a specific period each Sunday. Suppliers have been instructed to respect patient objections, where registered in GP systems. The suppliers extracts are designed and assured such that no data for such patients can be extracted.

The extracts are landed in the HSCIC Data Transfer Service, and are checked and transformed to the final databases which provide the statistics for the iView reporting tool. No data is sent to the Department for Work and Pensions. All processes are automated.

Further details on GPSoC can be found at: <http://hscic.gov.uk/systems/GPSoC>.

Period of the collection

The collection will commence at GP practices only when their system supplier has implemented the extract functionality and this has been assured and accepted by HSCIC. This will not be before 27 January 2016. Historical data backdating to 1 December 2014 will be collected in the first extract, subsequent extracts are on a weekly schedule, until the end of August 2018, at which time the continuation of the extract will be reviewed. A new Data Provision Notice may be issued following this review.

Dissemination

The fit note statistics, aggregated to at least Clinical Commissioning Group level, will be available for public view on the HSCIC iView portal on a quarterly basis starting April 2016, in accordance with a Department for Work and Pensions publication schedule. Anyone may register for access to these statistics.

Statistics at GP practice, CCG and geographic level will be available to authorised Department for Work and Pensions users on a restricted-access HSCIC iView portal from January 2016.

Suppression of small numbers is in place for any view of the statistics. None of the statistics is at person level.

Data Quality

When patients are issued with a fit note, the quality of the data collected by the HSCIC depends on the general practice maintaining accurate, and coded, clinical records and using the 'eMED3' form as provided by all principal clinical practice systems.

The HSCIC will investigate unexpected variations in data between weekly submissions, and monthly reports, prior to publication.

Further information

- Acceptance of the SCCI2118 Amd 65/2015 data collection was agreed at the August 2015 Standardisation Committee for Care Information meeting. Minutes of the meeting can be found at: <http://www.hscic.gov.uk/isce/scci-secretariat/meetings>
- Acceptance of the Draft Direction was agreed at the HSCIC Board Meeting on 23 September 2015. Minutes of the meeting can be found at: <https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance>

- The Direction from the Department of Health to the HSCIC, and can be found at: <https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance>
- HSCIC GP Collections service for more information on the data collection dates: <http://systems.hscic.gov.uk/gpcollections/bulletins>

Support

If you have a query about the purpose of the collection and how the collected data will be used, please see the Department for Work and Pensions website <https://www.gov.uk/dwp/fit-note-data>

If you have any queries in relation to the Data Provision Notice or the process of collecting the data, please contact the HSCIC contact centre via enquiries@hscic.gov.uk with 'eMED3 data collection' in the subject line, or telephone 0300 303 5678.

Burden of the collection

The HSCIC has sought to minimise the burden on general practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In seeking to minimise the burden it imposes on others, in line with sections 253(2a) and 265(3) of the Health and Social Care Act 2012, the HSCIC has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Burden Advice and Assessment Service (BAAS) who carry out a Detailed Burden Assessment (DBA) and report findings and recommendations, as part of the overarching Standardisation Committee for Care Information process. The Committee oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

Detailed burden assessment findings

There is minimal burden on practices as the extract is automatically effected by the GP practice system suppliers. Information required is routinely collected and recorded in GP systems as part of the ongoing interaction between GPs and their patients.

A survey of subject matter experts was considered sufficient to assess the burden for providers of data.

No concerns were raised by the BAAS survey.

BAAS maintain and publish a [central register of assessed data collections and extractions](#), including [burden assessment detail](#) relating to all national collections. Further information about the collection and estimated costs can be viewed from this register.

Burden Advice and Assessment Service recommendations

The burden of this collection should be reviewed again if this extract is to continue beyond August 2018.

Assessed costs

The associated burden of the data collection is:

Burden on providers	£0	There is no burden on GP practices.
Set up costs for the data collection	£355k	Includes HSCIC and supplier costs, representing a maximum estimate.
Other costs of the data collection	£178k	Are on a per annum basis and include ongoing costs for GP System Suppliers and the HSCIC to extract and process the patient objections data.

Help us to identify inappropriate collections

The HSCIC Burden Advice and Assessment Service (BAAS) offer a Data Collections Burden Reduction Service (DCBR) which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

Visit the [Burden Advice and Assessment Service website](#) for more details and information on how to [refer a collection](#).

Links within the document

Health and Social Care Information Centre <http://www.hscic.gov.uk>

GP Systems of Choice <http://hscic.gov.uk/systems/GPSoC>

Burden Advice and Assessment Service <http://www.hscic.gov.uk/baas>

GOV.UK The Department for Work and Pensions fit note information <http://www.gov.uk/dwp/fit-note-data>

Burden Advice and Assessment Service Submission of fit note collection
https://rocrsubmissions.ic.nhs.uk/Pages/search.aspx?k=R*

Burden Advice and Assessment Service fit note consultation
<https://consultations.infostandards.org/rocr/copy-of-r01110-15a>

Standardisation Committee for Care Information, Anonymisation Standard
<http://www.hscic.gov.uk/isce/publication/isb1523>

Standardisation Committee for Care Information, Information Standard for fit note (eMED3) collection <http://www.hscic.gov.uk/isce/publication/isn>

Standardisation Committee for Care Information, minutes of meetings
<http://www.hscic.gov.uk/isce/scci-secretariat/meetings>

GOV.UK HSCIC Our Governance and Minutes of Board Meetings
<https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance>

GOV.UK HSCIC Directions issued to HSCIC
<https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/our-governance#directions>

HSCIC information on ICD-10 classification
<http://systems.hscic.gov.uk/data/clinicalcoding/codingstandards/icd10>

Data Collections Burden Reductions Referral Service <http://www.hscic.gov.uk/3939>

HSCIC GP Collections bulletin <http://systems.hscic.gov.uk/gpcollections/bulletins>

Annex A

Statement of Fitness for Work information included in the extraction

Notes for information: The fit note (known as a Med 3 form) template is issued by a doctor following an assessment of a patient's fitness for work. A template is embedded in GP IT systems from which the doctor can computer generate a form which is printed for the patient.

Suppliers have been instructed to respect patient objections, where registered in GP systems, relating to the flow of data from the GP practice. No data for such patients will be extracted.

<i>Description of data item</i>	<i>Explanation of field</i>
Admin.Code	Code which captures the action taken by clinician in issuing fit note e.g 'Med 3 issued to patient'.
Admin.text	This is system generated text which corresponds to the above Admin Code
Coding.System	Name of coding system used (READ, CTV3 or SNOMED) These are coding systems used by the IT suppliers (recognised within NHS)
Date patient assessed by doctor	The date the doctor judges the patient to be sick from. Can be current or past date. If > 6 months triggers the Six months assessment question and flag as per line below.
<Assessment.sixmonth.flag>	Linked to line above - identification that the patient was assessed more than 6 months before the statement date
Diagnosis.Code (number)	Doctor's diagnosis using system based coding system
Diagnosis.Code text	System turns code into written format
Not fit for work - marker ticked	Doctor indicates that patient is unfit for work
Maybe fit for work - marker ticked	Doctor indicates that patient may be fit for work
Maybe fit for work – phased return ticked	Doctor recommends a phased return to work
Maybe fit for work.- altered.hours ticked	Doctor recommends altered hours
Maybe fit for work - amended.duties ticked	Doctor recommends amended duties
Maybe fit for work - workplace adaptations ticked	Doctor recommends workplace adaptations
Valid.period.- days	Doctor determines period advice applies to
Valid.period.- weeks	Doctor determines period advice applies to

Valid.period.- months	Doctor determines period advice applies to
Valid.period. - indefinite	Doctor determines period advice applies to
Valid.Period.-start.date	Doctor determines period advice applies to
Valid.Period.- end.date	Doctor determines period advice applies to
<NFW.Six.Month.flag>	This flag confirms that the GP review confirms a patient has been unfit for work for 26 weeks or more. ONLY if this is the case can a certificate be created with a duration of more than 13 weeks, 3 months or an 'indefinite' period.
Follow.up.assessment	Doctor indicates whether he needs to see the patient at the end of the period
MED3 Printed	System confirms that the form has been printed
MED3.Duplicate Printed	System captures whether the form printed is a duplicate
MED3.Statement.date	System captures date the form is completed
MED3 Statement.Time	System captures the time form is printed
Practice.postcode	Postcode of the issuing GP Practice
Practice.code	Code which identifies the issuing GP Practice
Patient.sex	Patient's gender
MED3 Linking.ID	A machine generated identifier which allows Med 3 forms relating to the same patient to be linked without identifying him/her. It allows period of sickness to be added together to get the total period of absence.
MED3.Unique.ID	The unique ID is a machine generated code assigned to every printed form. The unique ID does not hold any linking or identifiable information but enables HSCIC's system to check that the fit note's data hasn't been duplicated. It cannot be traced back to an individual fit note.

For further information

www.hscic.gov.uk

0300 303 5678

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