



## 1. Purpose

This policy defines the practice approach to requests for medical letters relating to:

- expedited appointments or prioritisation (NHS or private)
- employment, housing, education, or insurance matters
- other third-party administrative or non-clinical processes

The policy ensures that:

- clinical information provided is **accurate, evidence-based, and defensible**
- patient prioritisation remains **safe, fair, and clinically led**
- clinicians do not issue statements beyond the **documented medical record**
- medico-legal, regulatory, and operational risks are appropriately managed

This policy supports compliance with **CQC requirements for safe, effective, and well-led services.**

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## 2. Core Principle

The practice provides **objective clinical information derived from the factual medical record.**

The practice does not:

- endorse, advocate, or support requests to third parties
  - provide statements that are not supported by **documented clinical evidence**
  - allow administrative or external pressure to influence clinical prioritisation
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## 3. Scope

This policy applies to:

- all clinical staff (GPs, ANPs, paramedics, PAs under supervision)
  - administrative and reception staff
  - all requests for written medical information outside standard NHS contractual requirements
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## 4. Policy Position

### 4.1 General Approach

Where appropriate, the practice may provide:

- a **factual summary of the medical record**
- confirmation of diagnoses, symptoms, treatment, or attendance

Any information provided will:

- reflect **documented clinical evidence only**
- **avoid interpretation beyond the record**
- **not include recommendations to third parties**

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### 4.2 Requests for Expedited Access

The practice will not provide letters requesting expedited access or prioritisation unless:

- there is a **clear and documented clinical indication**, and
- urgency has been established through **clinical assessment and triage**

All patients are prioritised through established clinical systems to ensure **equity and safety**.

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### 4.3 Third-Party Requests

The practice does not:

- act as an advocate in administrative or legal processes
- provide letters intended to influence decisions made by:
  - employers
  - housing providers
  - educational institutions
  - insurers or financial bodies

Where appropriate, a **factual medical summary** may be offered instead.

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### 4.4 Private (Non-NHS) Work

Where a letter is provided:

- it is classified as **private work** and may incur a fee
  - content is limited to **factual, record-based information**
  - payment does not alter the content, scope, or level of endorsement
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## 5. Exception – Clinical Risk

An exception applies where:

- there is a **clear, documented clinical risk**, and
- action is required to **prevent deterioration or harm**

In such cases, clinicians may:

- communicate directly with relevant services
- provide appropriate clinical information to support safe care

This is a **clinical decision** and not an administrative endorsement.

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## 6. Process

1. **Request received**
  - Logged and categorised by administrative staff
2. **Initial screening**
  - NHS vs private request
  - Nature and purpose of request
3. **Clinical review (if required)**
  - Assessment of whether request is supported by documented evidence
4. **Outcome**
  - Factual summary issued, or
  - Request declined in line with policy

Decisions should be applied **consistently and proportionately**.

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## 7. Standard Wording

### 7.1 Factual Letter Statement

This letter is a factual summary based on the patient's medical record. It does not make recommendations regarding prioritisation or decision-making by third parties.

## 7.2 No Evidence of Urgency

Based on the available clinical record, there is no documented evidence to support a request for expedited access outside standard clinical prioritisation processes.

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## 7.3 Decline Response

The practice is unable to provide a letter supporting this request.

Our policy is to provide factual information from the medical record only and not to endorse or advocate for requests to third parties.

A factual summary of the medical record can be provided as a private service if required.

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## 8. Governance and Risk Management

This policy is designed to:

- preserve **safe and equitable patient prioritisation**
- ensure **consistency in clinical communication**
- reduce **risk arising from unsupported or non-evidenced statements**
- prevent **inappropriate demand escalation and workload pressure**
- maintain **regulatory compliance and auditability**

It aligns with the practice's governance framework, including:

- evidence-led decision-making
- proportionate and consistent processes
- avoidance of pressure-driven variation

(see Service Capacity & Workforce Risk Assessment )

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## 9. Monitoring and Review

The practice will:

- periodically review the volume and type of requests

- monitor consistency of responses across clinicians
- review complaints or challenges arising from this policy

This policy will be reviewed:

- annually, or
  - earlier if operational or regulatory requirements change
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## 10. Summary Statement

The practice provides **clinical evidence, not administrative advocacy.**

Requests are managed through:

- documented clinical assessment
- established triage systems
- consistent governance processes

This ensures that care remains:

- **safe**
- **equitable**
- **defensible**
- **sustainable**



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