



## GP Charging Report

February 2022

### Background

In Barnet, Deaf and Disabled People's Organisation Inclusion Barnet (a Barnet Together partner) were hearing reports of people severely disadvantaged by GP charging for letters. After raising the issue at a Disability Benefits Consortium Steering Group meeting we were put in touch with the National Association of Welfare Rights Advisers (NAWRA).

In July 2021, NAWRA kindly posted the following message on Rightsnet.

"Inclusion Barnet is hearing reports of people finding GP charges for letters a real barrier at the moment, and is keen to hear if this is a current or substantial issue that people are hearing about in other parts of the UK. Also interested in hearing from anyone else doing any work on the issue at the moment."

Nine responses were received on the thread and a further 30 via email. This report presents the findings.

### Is GP charging an issue?

Respondents were not unanimous that it was an issue, however a majority said it was. As one explained:

"The issue I believe is that GP practices are basically businesses and the GP's are self-employed and their contract with health....does not include providing letters in relation to benefit claims. It also means that by charging they are providing a preferable and therefore discriminatory service based on finance to their patients."

This example came from Wales, but there does not appear to be much difference anywhere in Great Britain. (Responses were received from England, Scotland and Wales.)

### *Covid exacerbating issues*

Covid has perhaps exacerbated the situation, with one respondent reporting: "This is a borough wide problem here.....with GP's charges ranging from £30 to £50 per letter of support. This is a definite barrier to clients and also services who do not have the means to pay for medical evidence. It's very apparent GP receptionists are the gate-keepers for the majority of the surgeries and unfortunately since Covid this seems to have given them a further excuse to refuse."

This is echoed by another noting that: “even those we have a good relationship with have been reluctant to assist during the pandemic (perhaps understandably) - that includes providing the patient with a print out of their ‘summary’ or dealing with SAR’s [subject access requests].”

Another writes: “As a service we have faced issues for patients who are no longer under the care of specialist (in long term remission), but who still have ongoing health issues as a result of their cancer and treatments. For these patients, getting good quality, current evidence is more difficult. It has also become worse through the pandemic as few GP’s have seen any patients face to face so have little insight into how the condition may be affecting their patient on a daily basis.”

#### *Varying charges and access*

Charges were not uniform, and reports varied between £5 and £150 for a letter, with £20-£30 being cited most often as the amount requested.

As one respondent said: “We were finding that practices were attempting to charge anywhere between £50-£150 for a letter. Some practices just refused the request.”

Even with the lower range of charges, it was stressed that this is “a significant sum when you are on a low income.”

One respondent said that: “Most of the GPs here...charge £20-25 for a letter and we often have to pay for this out of our very limited Destitution Fund, as the client can’t possibly afford it.”

The higher charges are completely prohibitive. In a related issue, it was reported that: I looked into it when a GP wanted to charge £150 to sign a POA [Power of Attorney] form. There were two and he said he could do them both for £200, saving the person on benefits and no fee to pay for the POA a nice £100.”

Another writes: “I am dealing with a client at the present time who has now taken their case to Appeal Tribunal, the GP is charging £112 for the letter. The client is unable to afford this and we are awaiting confirmation if a grant can be provided from our local assistance scheme to cover this cost. This will be the only supporting evidence which could be sent off for the tribunal.”

Ability to access letters free of charge was possible sometimes but not uniform, according to one: “There are some exceptions but I would say only perhaps 1 in 20 GPs have not charged a fee.”

Another writes:

“I would say around 50% of the GP’s we work with are aware of our clients’ circumstances and do not charge. All GP’s will issue a patient summary. Around 25% will charge and are usually the most unhelpful.”

#### *Quality of information provided*

It is interesting that the charge seems to bear little relationship to the quality of the letter provided:

“We have had an issue with this for years and even when people pay for them they are of little of no use.”

“In the past clients have been charged anything from £10 to £50 for a letter which often will say little more than a confirmation of diagnoses.”

“For the most part GP’s state that they will only provide a factual report when requested by the DWP. If gently persuaded to write a letter rather than waiting for a factual report request that may

never arrive, they ask for payment and make it clear that the letter will not be provided until they are paid and unfortunately, the letter often falls short of providing what was requested. Requests seem to range from £25 up to £80.”

“It absolutely is an issue for our clients that GPs charge for letters. The majority if not indeed all local surgeries now charge for letters. The cost isn't usually that great (somewhere around £20 - £30) but obviously for some clients that's a significant financial barrier. We often find too that when clients do pay for letters the quality is extremely poor. I've seen one example which was basically two paragraphs one basically just giving a list of conditions and when they were first noted and the second a list of medications. Totally useless. That is an extreme example but usually the quality is poor offering little more than vague statements and positive noises that the client should be entitled.”

#### *Claimants without advisors*

It was further noted that this issue will affect those trying to pursue claims independently:

“Obviously for clients who are dealing with matters themselves however they'll be stuck forking out money which they may not have for a letter which adds little if anything to their claim. It's extremely disappointing.”

However, another writes that: “I do sometimes find that when clients request letters they sometimes get them for free; and they are sometimes useful. I suspect this is when clients have a good relationship with their GP or the client has particularly difficult health problems.”

#### *Other issues*

Another respondent put the situation in the context of issues other than Covid: “Charging has always been an issue. It became more of an issue with some practices following the ending of Legal Aid funding (we held a LA contract). We know from experience which GP practices always make a charge. We have built up a good working relationship with other practices.”

It is also important to note that whilst some advisors, as we shall see, are avoiding GP letters altogether, this is not always possible.

According to one respondent: “Was at a telephone appeal hearing with someone only yesterday. The judge adjourned stating that if we did not adjourn they would remove the entitlement our client already had. Told her she needs to go and get medical evidence including all letters from other professionals and they don't just want a copy of the GP records as this is not good enough. Unfortunately her mental health condition has meant that she struggles to get to appointments and engage so there is likely to be little evidence.”

#### *Other views where charging less of an issue*

Nonetheless, there were a smaller number of respondents who did not perceive charging as an issue.

As one says, “In our welfare rights team, we tell people that their GPs may charge for letters. However, since the major barrier of a fee being charged for medical records has been removed, this is less of an issue.”

Another writes:

“Not an issue for me - I don't ask GPs for letters.

“My advice is that surgeries may charge to write a bespoke letter, which is unlikely to address the DL [Daily Living] and Mob [Mobility] criteria of PIP. So therefore why bother getting a GP letter and paying \$\$\$? Patient records (including specialist reports and letters) may be obtained freely via GDPR via the GP surgery.

“On rare occasions where a specific professional will have direct observations that address the PIP criteria, I might see if they can write something very directly commenting on PIP criteria.”

However, the writer goes on to note that “NB - IAS do a dismal job of obtaining any relevant medical evidence where it would be helpful: e.g. client with limited insight, under the MH team and monthly administered anti-psychotics, twice weekly psych input (plus other phys health stuff) - PIP decision letter says “no evidence of a MH diagnosis or MH treatment”. Hmmm”

This speaks to the issue of relevance of letters, but there was also a more ideological objection:

“I think I’ve requested one GP letter in the last decade to no obvious detriment to my clients. The exact opposite in fact. Relying on anecdotal evidence hones your listening skills; refines the ability to pick holes in claimant evidence but equally lets you uncover stuff that no medical professional ever could. It also facilitates really accurate prediction of outcomes.

“I would say that medical evidence where the claimant lacks insight is almost always useful but otherwise we sit and moan about the medicalisation of such processes and then actively participate in the perpetuation of that. You either believe in the social model of disability and live that or... you don’t.

“So, yes, I’m sure it’s an issue for plenty of people but really, if a GP or consultant can talk about your budgeting, reading, toileting and cooking etc. then you’re likely in an inappropriate relationship with them.”

This last quote is particularly interesting, in that it both endorses the social model and implicitly accepts limitations with same, and does not by any means suggest that GP letters are always unnecessary.

It also seems that there are likely to be regional variations re charges, practices and ability to ‘work round’ with alternatives. Nonetheless, it seems that GP letter access is a significant issue for many claimants and the people trying to support them.

### **Tackling the issue**

Notwithstanding the issues mentioned above with relying on medical records, requesting them has become a standard workaround for perhaps a third of respondents.

### *GDPR*

This response is typical: “To be honest our approach has become to simply make subject access requests under Data Protection legislation for clients’ medical records normally asking for the last two or three years’ worth of records. That gets the notes from all GP consultations, it gets you clinical letters from any hospital visits/tests as well as full run of their recent medications. That is obviously a lot more paperwork to go through so does take up more time but it’s free and to be honest usually more likely to produce a useful result than asking for a letter even if the client is willing to pay.”

However, one person said that: “For clients who can request their own medical summary this seems to work best, and they are always free. Medical records are a whole new issue, GPs charging even when I send them stuff from BMA and Information Commissioner saying it should be free re GDPR”

It was added by another that “For the last couple of years we have relied instead on getting clients’ medical records free of charge. I agree though that this is not the same and often not very helpful. Where they include letters from specialists, x-ray reports etc they can be and where the particular surgery has taken care to record detail they can be. It’s always a problem though when people haven’t been to their doctors much and that seems to include a lot of the most vulnerable and ill clients.”

#### *Barriers to accessing medical records*

Another valuable perspective came from an advisor who had decided to do their own action research:

“I have had 2 issues where GPs have charged my clients for first time request for their medical records.

“To experience what my clients go through I decided to ask my GP for my records.

“Whilst free I discovered that my GP had their own form to request this, not the standard one I had been using for clients to use. Not only that but the form was ridiculously long so someone in ill health would struggle with that I thought.

“Further, the records took many weeks to be available and then I had to pick them up as they were not made available through my patient access app even though I asked for this.

“When I got my records, I noticed something was missing so I had to request this.”

#### *Other strategies*

Appealing to GPs’ better nature has also been tried by some:

“We do write to GP practices requesting supportive evidence / letters stating that we are unable to pay for any response; we draw their attention to the Marmot review in which it was found that income and health are inextricably linked and try to appeal to their better nature – but it is a bit hit and miss. We have met with the GP practices and explained the situation – but again this approach hasn’t always been received well, with some GP’s believing that increasing claimants’ income is actually having a negative impact on their health where substance misuse is an issue’ We have also tried to get them to complete the forms sent to them by the DWP for which they receive a fee to be completed better or more fully – but again it comes down to their time vs payment.”

“I have written to GPs myself to ask for information to be provided free or at a reduced rate. Sometimes this works.”

Others take the initiative on fee setting:

“As a charity we usually offer a nominal fee of £33.50 if we have to pay for medical evidence.”

Others take the initiative on the process:

“We have written to them over the years asking them to agree or disagree with statements for the descriptors and many have done this.”

An excellent example of this is Wolverhampton's form for evidence gathering (see separate attachment) which is being used successfully by many GPs.

A similar approach was taken by this respondent:

"we had no money to pay a GP fee, so either I would see if the client could pay the fee or sometimes ask the client to take my letter to their next GP appointment & ask that the GP make a quick response, handwritten during that appt – my letter made space for such a response. Otherwise, I would simply send the letter to the GP with an SAE & hope for a response."

Ultimately, this respondent managed to source a £500 pot for paying for letters. They also regularly wrote to hospital consultants, who they found did not charge. That said, this is not a uniform picture and other people report that hospital consultants sometimes don't respond at all.

### **The GP perspective**

Three responses were received from people who had discussed this issue with GPs.

One said that a GP contact had said the following:

"Sympathetic GPs (including her and her colleagues) would all, and do, waive any charges for providing this sort of information for someone with a learning disability (and I assume this would be the case for other disabled people too!)

"These GPs all suggested they would do that, and did do that sometimes and had not had negative repercussions with their practices.

"She warned caution about big campaigns due to the risk of it backfiring in case the flexibility to reduce/waive charges gets lost because someone like the BMA or practice manager puts their foot down.

"She added a bit more perspective on where GPs are at just now - many are feeling very stressed and many are close to burn-out. The workforce crisis in general practice doesn't help. And Covid has been absolutely exhausting especially for those GPs with school age children. They are now (in England) trying to run the vaccination programme, deal with a surge in Covid cases and try to manage the huge backlog. Suggests that the mood/reality for GPs is such that it would be more welcomed to try to find a solution working with the GPs, rather than anything against the GPs themselves."

Another respondent sent the following "from a very helpful GP friend of ours, with a special interest in disability:

"This is the guidance for GPs about DWP work <https://www.bma.org.uk/pay-and-contracts/fees/fees-for-doctors-services/fees-for-benefits-certification>. It is the BMA that sets the recommended fees for GPs to charge. As you can see GPs only have a statutory duty to complete certification at request of DWP. The second section explains any duties that the GP has to perform. As you can see - legally there is no requirement for a GP to provide letters of support for benefits claims unless requested to do so by the tribunals service. SO this does all make it difficult. Essentially GPs are independent contractors and this is not medical work that is part of their GMC terms of service. Hence the payment question. As you can see from this <https://www.bma.org.uk/pay-and-contracts/fees>, GPs are endlessly asked to provide reports and letters for non-medical issues - hence the great concerns about workload.

“So I think my question is - how much of a problem is this? Why are people needing to have supportive letters for benefits? should this not be a problem that we take elsewhere if benefits are being refused for ridiculous reasons? Is the appeals process too onerous for people and is that part of the problem? Something like 80% of people who appeal their benefits decisions are successful. So if the appeals process is too complex is that something we should be fighting for?”

Another respondent states; “One of our volunteers who is a retired GP told us she used to offer to provide these letters free to refugees and asylum seekers, but she would then get ‘told off’ by her practice manager, who would point out that it costs the practice quite a bit to type the letter, print it, get it signed and have it ready for the patient to collect. Even with those costs, the practice still seems to be making profit.”

## **Discussion and recommendations**

It seems that the current situation is variable and often unsatisfactory for claimants. In the context of a National Health Service, it is unfortunate that support needed to claim basic entitlements is not consistently free at the point of delivery.

As we have seen, opinions vary as to whether medical evidence should be needed to support claims, but we have also seen that it can be required by tribunals and it can often provide valuable evidence to support claims.

The main issues appear to be:

- Variable charges – and only free due to generosity of some GPs
- Outright refusals reported
- Some practices apparently unaware of their obligations under GDPR
- Letters of uneven quality, with some reported to be little or no use to claimants
- GPs are obliged to send information to the DWP when requested, but not to the claimant themselves.
- Covid and its associated pressures have exacerbated an already unsatisfactory situation.

It is particularly striking that the BMA guidance ([link above](#)) advises that refusal to provide information will not disadvantage the claimant, when in fact it is a widely held perception that it can. This is underlined by a tribunal putting the onus on a claimant to obtain a letter, without which the claim cannot succeed.

My understanding is that attempts to address this have been made previously. A DBC colleague wrote: “We.... reached the conclusion that the answer lay in amendment of the GPs' NHS contract. I think we got as far as talking to the DH and possibly the BMA, but clearly it didn't get anywhere. I suspect that the current GP workload environment would make such an initiative even less likely to succeed today, unless there were a surprising injection of extra remuneration.”

A counterpoint might be that due to covid the situation needs addressing even more urgently. As the health service continues to experience significant pressures, it increases the danger of work which is at the periphery of the core demands being sidelined.

Therefore, this report makes the following recommendations:

- GP letters to support benefit claims should be covered by the GPs' NHS contract.

- Until this comes into effect, local systems should create a small pot to cover these expenses, and there should be an agreed, consistent fee (at least within local areas) for providing this.
- GPs should have access to training about how to write an accurate and helpful letter.
- All GPs should be reminded of their obligations under GDPR.
- Correspondence from GPs to the DWP should be copied to claimants and their advisors.

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