

BMC Medical Reports Administration

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Contents

1. Purpose	3
2. Finding the invoice and spreadsheet.....	3
Heading 2	4
3. Prices & Invoices	5
4. Reports we receive & Non-chargeable Reports	6
5. Reports we never do.....	8
6. How to : UC113/ESA113 forms	9
7. How to : PIP Request for further medical evidence	14
8. How to : Bus Pass forms.....	16
9. How to : Shared Care Agreements (ADHD or Gender)	17
10. How to: DVLA Group 1/ 2 Medical Questionnaire (without examination)	18
11. How to: Taxi/Bus/Lorry Medicals with examination (DVLA/Bristol City Council)	19
12. MARAC Report(Safeguarding).....	21
13. Subject Access Request (SAR) on IGPR	23
14. How to: Letter Requests.....	27
Version Control.....	29

BMC Medical Reports Administration SOP – V1.0

Box C – Consent received – this is not always necessary. For example, no consent is needed for a form the patient has brought in, or for a letter requested by the patient. If this is the case – put in this box ‘n/a’

Box F – GP initials – this is not always necessary to be allocated to a GP. For example, a request for a patient’s medical records from a company. The admin team complete these requests, not a GP. If this is the case – put ‘n/a’ in this box.

Box H – Applicant address – this is who is paying for the request. If this is the patient, you will need to put the patient’s title, first letter of first name, surname and their full address. For example:

Miss M Mouse, 96 Mouse Lane,
Mouseville, Bristol, BS15 8NF

How to complete an invoice:

Our invoice is a saved template (see where to find above). This should **NEVER** be saved, as it is the master copy, you should only edit and print.

PAYEE Address

Date completing invoice

Reference number – this will be found on the form/request.

Unit Price and TOTAL will be the same. This is the price that needs to be paid.

Description will be what it is they are paying for (usually stated on the form)

These details stay the same as they are our bank details.

Quantity	Description	Unit Price	TOTAL
1	Request for Further Medical Evidence	£33.50	£33.50

Serco Ltd
 c/o DWP PIP (1)
 Mail Handling Site A
 Wolverhampton
 WV98 1AA

Broadmead
MEDICAL CENTRE
 Telephone: 0117 954 9828 Fax: 0117 954 9829
 Email: admin@bmc@nhs.net
 Website: www.broadmeadmedicalcentre.nhs.uk
 Address: 59 Broadmead
 Bristol
 BS1 3EA

18th March 2025

Re: Miss Minnie Mouse, D.o.B: 2nd December 1940

Ref: JP182869B

Payable to: Broadmead Medical Centre
 Account Number: 21471878 Sort Code: 56 00 05
 Remittance address: ~~Dixine Douis~~
 Broadmead Medical Centre
 59 Broadmead
 Bristol
 BS1 3EA

If you have any queries relating to this invoice, please telephone 0117 9549828 or contact dixine.douis@nhs.net

BMC Medical Reports Administration SOP – V1.0

3. Prices & Invoices

Some reports may have same prices, some may have different. Some companies may also state the fee they are willing to pay, which we will go by this.

Here is a list of our current prices:

Service	BMC Charge
Attendance Allowance	£33.50
ATOS - DS 1500 Form	£17.50
Bus Pass/Travelcard Form or Blue Badge Report Only	£30.00
Blue Badge Examination & Report	£50.00
Blood Pressure Machine Hire (2 weeks)	£10.00 returnable deposit
Case Conference Report & Opinion	no charge
Case Conference Attendance 2.5 hours	no charge
Certificates (Simple)	£17.50
Certificates (Complicated)	£50.00
Childminder Health Forms	£88.00
CICA Reports (Criminal Injuries Compensation Authority)	Max £50.00
Copy of records - Test results, imms & vaccs,	Free for patients
Copy of electronic + paper records (subject access form)	Free for patients
Copy of records (private company requests)	40p per sheet, Max £50.00
Cremation Certificates	£80.00
DNA Testing (referral by DNA Worldwide only - fee per pers	£40.00
Fit To Fly Certificate / Letter / DSA Evidence Form	£17.50
Hep B Vaccinations	Via Occupational Health
HPV Vaccinations	Via Private Clinic
Holiday Cancellation Form (simple)	£17.50
Holiday Cancellation Form (complicated)	£50.00
Insurance Report (on pro forma, no examination)	£88.00
Letter to Third Party / Private Medical Report	£30.00
Letter of Extenuating Circumstances (for	£20.00
Private Blood Test	£40.00
Private Medical (Taxi/Bus/Lorry) Examination Report	£80.00
Pregnancy Test	£5.00 (over 21, under 21 free)
Private GP Consultation (Patients who are not entitled to NHS care unless treatment is immediately necessary)	£50.00 per 10mins
Registration Confirmation Letter	Free for patients
Written report without examination, providing detailed opinion and statement on the condition of patient (Private)	£130.00
Written report with examination, providing detailed opinion and statement on the condition of patient (Private)	£170.00

Please note, some reports/forms/requests we receive, may not be on this list. You will need to match the request to a price on this list.

!!! ALL payments that are made, must be recorded onto the spreadsheet, and an invoice created. You **MUST** always create **3 invoices**. 1 for our keeping (pink folder), 1 for BrisDoc Finance Team (green folder) - These are kept in 2 folders in the Reports Drawer (please write the patient's emis number on each on these). Then another copy for the payee.

The 3rd copy does not need an emis number on it.

The payee invoice will go with the report being sent back to them (via email or post)/ being collected.

4. Reports we receive & Non-chargeable Reports

We will receive reports through:

- Third party companies – some may not be chargeable

^ Here are some examples of frequent companies we receive from:

- Personal Independence Payment (PIP)
- Bupa
- Driver and Vehicle Licensing Agency (DVLA)
- Bristol City Council
- AXA Health
- Universal Credit
- Legal and General
- Criminal Injuries Compensation Authority
- Scottish Widows
- ADHD companies for Shared Care Agreements – Psychiatry UK, ADHD 360, AWP, Clinical Partners, Dr J & Colleagues, Harley Psychiatrists, Problem Shared etc.
- Gender Clinics for Shared Care Agreements – Gender Care, Gender GP, Gender Identity Clinic etc.

- IGPR

^ This can be from Insurance companies for full or specific medical records, or SARs (Subject Access Request) we create ourselves.

Some examples of companies that send requests through IGPR are:

- Legal & General
- Scottish Widows
- Capita Business Services
- Vitality Health
- Aviva

- Patients

^ This can be forms brought into us/ emailed/ through triage or letter requests

Some examples of these forms are:

- Bupa forms
- Taxi/Bus/Lorry DVLA medical examination forms (these require a face-to-face appointment with their named GP)
- 'To whom it may concern' (TWIMC) letters
- Letter of extenuating circumstances (LEC) for UNI
- Requests for medical records via SAR form (Reports Team only do emailed and printed requests)

As above, some reports we process aren't always chargeable.

BMC Medical Reports Administration SOP – V1.0

Here is a list of companies that we would never charge:

WE DO NOT CHARGE:

- Police (any UK constabulary)
- HM Courts & Tribunals Service
- The Coroner's Court
- Safeguarding Teams Bristol City Council (Welsman)
- Solicitors (unless they offer to pay for copy notes, or notes are excessive)
- Citizen Advice Bureau
- Talking Money/Big Issue Charity
- Centre for Health and Disability Assessments (UC113 and ESA113 forms)
- Premex Services Ltd
- CICA (Criminal Injuries Compensation Authority)
- Welfare Rights & Money Support Advice
- Insurance Companies (additional info only after we've sent invoiced report)
- Premier Medical Group
- The Salvation Army
- Self Help Community Housing
- Shelter Bristol
- Tri Star Medicals
- Bristol Cty Council
- Next Link
- Bristol Law Centre
- Sapphire Clinics (some other healthcare centres)

***If company states GDPR (DPA 2018) in their request letter, we do not charge them. Otherwise if they're happy to pay, we will invoice them.

Some of these companies may also offer to pay for their request. If they do, they will offer a price, and we will go by that. If they do not offer, and they are on this

You can find a copy of this list via this link: <Y:\Broadmead Resource File\Non-Clinical, Administrative\Access to medical records\Non Chargeable companies - Reports.pdf>

5. Reports we never do

There are some report requests that may come in that we will never do as we do not offer that type of service.

Here is a list of requests we never do:

- ✧ Occupational Health requests – this must go through their workplace
- ✧ Diving Medical – they will need to take this to a private clinic
- ✧ Passport Applications/ Signing – patients cannot have passports signed by a GP ever. They must go to another professional – [see list below](#)
- ✧ Confirmation of identity – will need to go to another professional – [see list below](#)
- ✧ Foreign Visa applications – they must take this to a private clinic
- ✧ Insurance claim ‘if diagnosed and/or treated abroad’ – if a new illness, which was seen abroad for, we cannot confirm/give evidence of this.
 - ↓ if this was seen in UK – then is fine to process.
 - ↓ if it was seen abroad about a long-term condition they have been seen by us for prior to the holiday/travel – then is fine to process.

Accepted occupations for countersignatories

Your countersignatory must either:

- work in (or be retired from) a recognised profession
- be ‘a person of good standing in their community’

Recognised professions

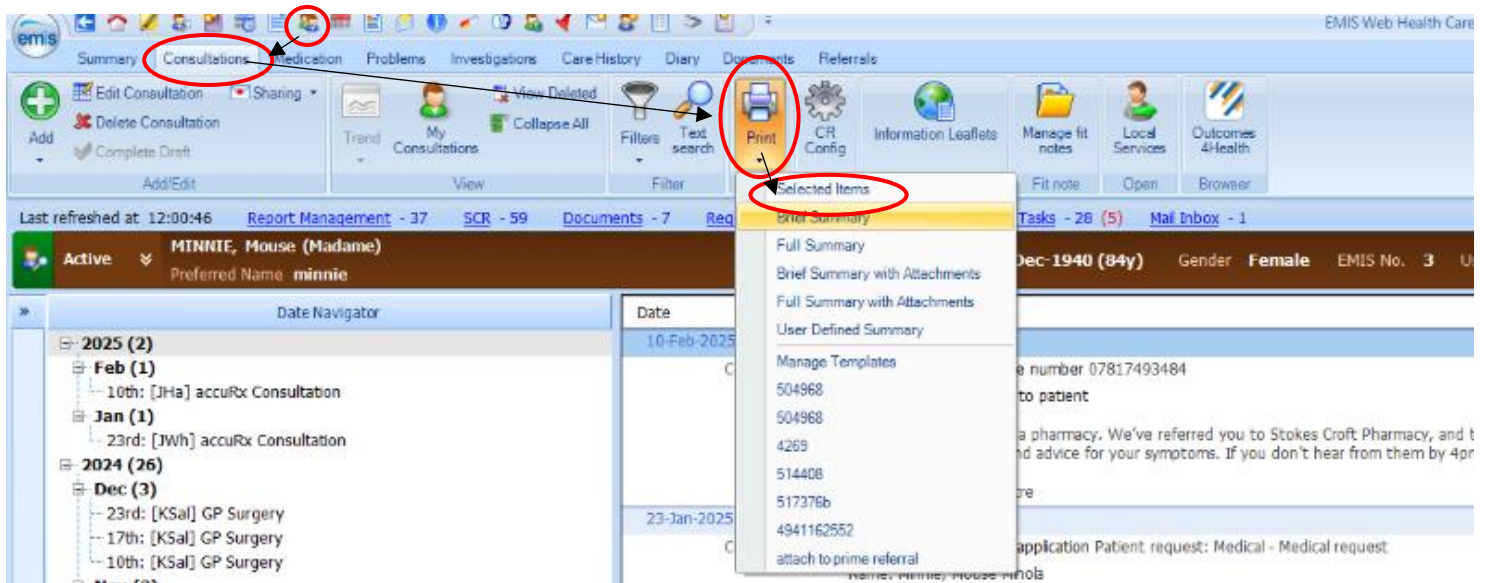
Examples of recognised professions include:

- accountant
- airline pilot
- articulated clerk of a limited company
- assurance agent of recognised company
- bank or building society official
- barrister
- chairman or director of a limited company
- chiropodist
- commissioner for oaths
- councillor, for example local or county
- civil servant (permanent)
- dentist
- director, manager or personnel officer of a VAT-registered company
- engineer with professional qualifications
- financial services intermediary, for example a stockbroker or insurance broker
- fire service official
- funeral director
- insurance agent (full time) of a recognised company
- journalist
- Justice of the Peace
- legal secretary (fellow or associate member of the Institute of Legal Secretaries and PAs)
- licensee of a public house
- local government officer
- manager or personnel officer of a limited company
- member, associate or fellow of a professional body
- Member of Parliament
- Merchant Navy officer
- minister of a recognised religion (including Christian Science)
- nurse (RGN or RMN)
- officer of the armed services
- optician
- paralegal (certified paralegal, qualified paralegal or associate member of the Institute of Paralegals)
- person with honours, for example an OBE or MBE
- pharmacist
- photographer (professional)
- police officer
- Post Office official
- president or secretary of a recognised organisation
- Salvation Army officer
- social worker
- solicitor
- surveyor
- teacher or lecturer
- trade union officer
- travel agent (qualified)
- valuer or auctioneer (fellow or associate members of the incorporated society)
- Warrant Officers and Chief Petty Officers

BMC Medical Reports Administration SOP – V1.0

On the front page of the form, it asks for a summary of the patients record. To do this, please follow below steps.

1. Open the patient's record and go to their consultations
2. Press the print button
3. Select 'Brief Summary'
4. Print the summary



The form will also include a freepost envelope, which looks like so:



You will then put the form, the summary and the envelope together with a paperclip.

BMC Medical Reports Administration SOP – V1.0

As per the 'No-chargeable reports' list, we do not charge for UC113/ESA113. This means that no invoice will need to be completed, nor to be added to the spreadsheet.

You will then need to allocate this form to the patient's named GP to complete. To do this, follow the below steps + (see picture example below):

1. On the patient's information bar, look to see who their named GP is. (This will never be a locum doctor)
2. Once you have found which GP this is, you will need to find their next available admin slots on the appointment book.
3. Once found, you will 'add a comment after this slot' with the patients Emis number, initials, what the report is, then thanks + your name.
4. Then you will need to go to the patient's consultations and add a consultation as an administrative note. Then click comment - here you will write what was received and the GP you have allocated it to and on what date.
5. You will then need to send a task to the doctor you have allocated it to. The task type will be 'form to complete'.
6. You will need to write in this task what was received, what date you have allocated time in their admin time, where you have left the paperwork, and to let you know if there are any problems/delays.
7. Then on the paperwork you will need to write a post it note with the allocated doctors name and the date of allocation.
8. Then leave in the specified basket/tray.

MINNIE, Mouse (Madame) | born 02-Dec-1940 (84y) | Gender Female | EMIS No. 3 | Usual GP **STONES, Jonathan (Dr)**

B.

The screenshot displays the EMIS interface for patient MINNIE, Mouse (Madame). The patient's named GP is identified as STONES, Jonathan (Dr). The appointment book shows several slots, with the 16:35 slot highlighted as an available admin time. A comment '3 MM - UC113 - Thanks Rea' is added after this slot. The interface also shows the 'Add' button for consultations and the 'Add comment after this slot...' option.

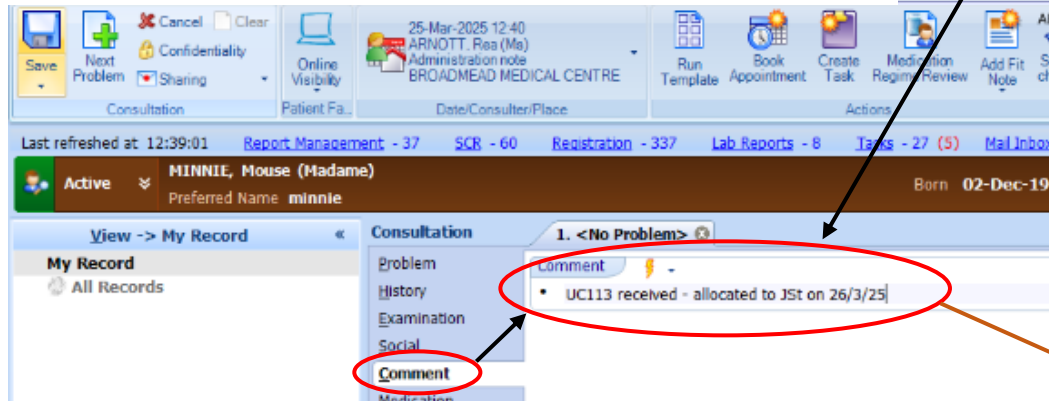
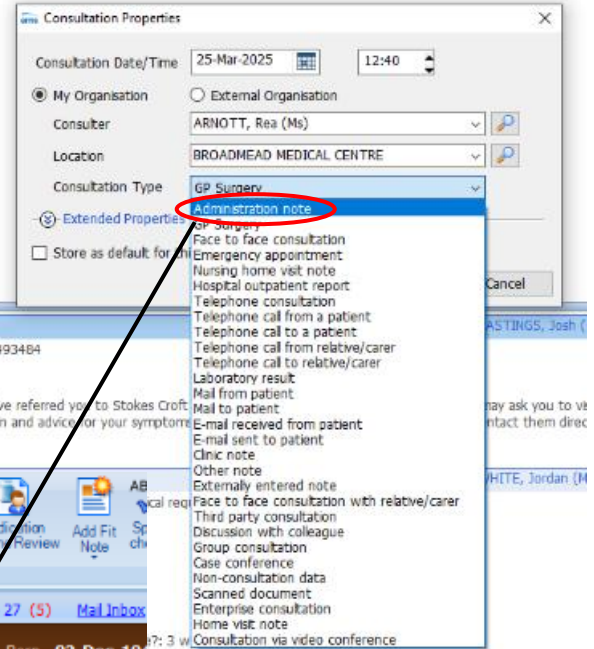
Step 1: named GP

Step 2: Find available admin time

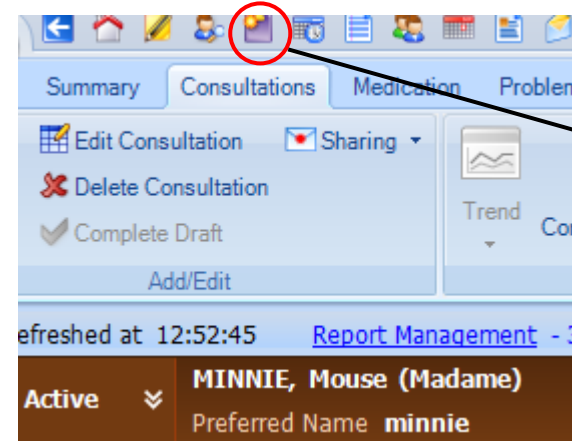
Step 3: add comment after slot

BMC Medical Reports Administration SOP – V1.0

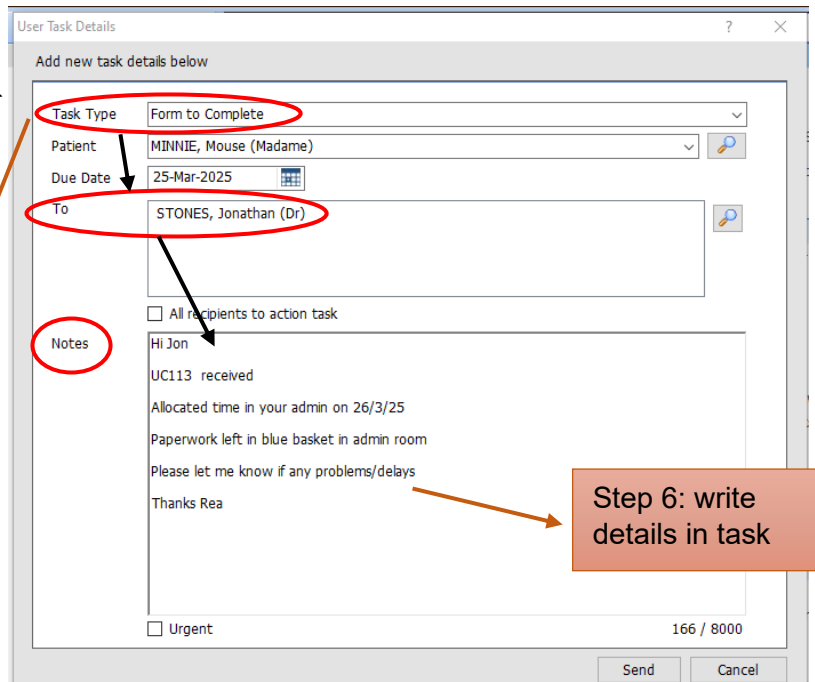
T.
U.
V.



Step 4: add comment



Step 5: send a task with task type



Step 6: write details in task

BMC Medical Reports Administration SOP – V1.0

7. How to : PIP Request for further medical evidence

A PIP form will always be received by us via the post.

A PIP- 'Personal Independence Payment – Request for Further Medical Evidence' form looks like this:

GPFR JM192407D: Miss JOCELYN S YAPP

Our address: Serco Ltd
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0800 008 3074
Our Ref: JM192407D
Date: 4th March 2025

PERSONAL INDEPENDENCE PAYMENT
Request for Further Medical Evidence

Dear Doctor,
I am writing to you regarding the Personal Independence Payment (PIP) for your patient. Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.

The General Medical Council's Confidentiality Guidelines state at paragraph 34(b): "you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented"

You should base your report on your knowledge of the patient and on their records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is

GP Factual Report Invoice

To: Serco Ltd
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report
GPFR serial no: 826308116
Date requested: 22nd December 2024
Our ref: JM192407D
Patient's name: JOCELYN S YAPP
Date of birth: 29/08/1988
GP/surgery invoice ref: 541365

Payee details:
Payee name: Broadmead Medical Centre
Payee name to be the same as the account holder
Surgery name and address: Broadmead Medical Centre
59 Broadmead
Bristol
Postcode: BS1 3EA

VAT status
 VAT registered: VAT no: [] [] [] [] [] [] [] [] [] []
 Not VAT registered: Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)
Sort code: []
Account no: 21471878

I hereby claim to be completing the above GP factual report

Print name: REA ARNOTT Tel no: 0117 954 9828
Signature: [Signature] Date: 17/1/25
GMC no. of the GP who completed the GPFR (must be completed): 7046921

Authorisation (OFFICE USE ONLY) WBS: 0 GL code: 0
Print name: []
Signature: []
GPFR received: []
Payment Approved: []

The form will include 5 pages. 4 which are double sided. 1 with the company's invoice blank copy.

This is a copy of the invoice they provide.

Here you will write the patient's emis number.

Payee name: Broadmead Medical Centre

Surgery name and address:
Broadmead Medical Centre, 59 Broadmead, Bristol, BS1 3EA

We are **NOT** VAT registered

Sort code: 56 00 05

Account no: 21471878

This will be your name (in capitals) and your signature.

GMC numbers can be found via this link:
<https://www.gmc-uk.org/registration-and-licensing/our-registers>

You will need to search the GP's full name

BMC Medical Reports Administration SOP – V1.0

Once you have filled out their invoice copy. You will then need to create our own invoice.



Broadmead Medical Centre
(Within Boots) 59 Broadmead
Bristol, BS1 3EA
Tel: 0117 954 9828
Email: bnssg.admin.bmc@nhs.net
PLEASE NOTE, WE NO LONGER RECEIVE INFORMATION VIA FAX MACHINE
www.broadmeadmedicalcentre.nhs.uk

Serco Ltd
c/o DWP PIP (1)
Mail Handling Site A
Wolverhampton
WV98 1AA

26th March 2025

Re: Miss Minnie Mouse, D.o.B: 29th August 1986

Ref: JP182869B

Quantity	Description	Unit Price	TOTAL
1	Request for Further Medical Evidence	£33.50	£33.50

Payable to: Broadmead Medical Centre
Account Number: 21471878 Sort Code: 56 00 05
Remittance address: ~~Dixine Douis~~
Broadmead Medical Centre
59 Broadmead
Bristol
BS1 3EA

If you have any queries relating to this invoice,
please telephone 0117 9549828 or contact dixine.douis@nhs.net

You will find the master copy of our invoice here:

<Y:\Broadmead Resource File\Non-Clinical, Administrative\Access to medical records\Invoice Master BMC.docx>

You will need to ensure the address is the same address on the request form. This is found on the front page

The description will be what it says on the front of the form.

The price will be what is stated on their invoice. For PIP, this is always £33.50.

These details will always be the same.



Managed by **BrisDoc** Healthcare Services Ltd
Registered Office: Bishop Fleming LLP - 10 Temple Back, Bristol, BS1 6FL
Company no: 5526203



Once this has been filled out. Ensure you add this onto the spreadsheet also. See page 3 on how to enter these details.

Once you have filled out their invoice, created our invoice (3 copies) and filled out the spreadsheet (*see page 3), you can then begin the allocation process:

*See page 11 and 12 for step-by-step process.

*Once completed and returned, follow the step-by-step process on page 13 for scanning onto the patient's record and sending off.

BMC Medical Reports Administration SOP – V1.0

8. How to : Bus Pass forms

There are 2 types of bus pass forms that can be submitted. These are always submitted by the patient directly

Disabled Adult Bus Pass Application



Who is eligible?

If you have an eligible disability that is long term or expected to last at least 12 months and resident in Bristol complete this form to apply for a concessionary bus pass.

Eligible disabled people are those specified in section 146 of the Transport Act 2000, as listed on the form below.

Your details

Title: Mr First name: DESMOND Surname: SMITH

Date of Birth: 12/12/1955

Address: 123 Main St, Bristol

Post code: BS1 1AA

Telephone: 0117 1234567

Email: desmond.smith@bristol.gov.uk

Proof of address

We need to see a copy of official proof that you live within the Bristol City Council Boundary.

This could be an official document with your current address, such as a bank statement, utility bill, council tax bill, valid photo driving licence, current TV licence or DWP award letter.

If you are liable for council tax or registered to vote in Bristol, with your permission we can confirm your address for you:

Please tick this box if you agree for us to check your council tax or electoral register in order to gain proof that you live in Bristol.

Concessionary Bus Pass Supporting Medical Evidence Form



Your details

Title: Mr First name: Abdurrahman Surname: ISSA

Date of Birth: 01/01/1996

Address: The Saw, Wadi, Bris

Post code: BS2

Telephone: 077

Email: abdu

Medical Professionals Evidence

To be filled in by a medical professional (e.g. General Practitioner, Hospital Consultant or Psychiatrist, Community Psychiatric Nurse, Paediatrician).

Name of health professional: General Practitioner

Job title: General Practitioner

Address: Broadmead Medical Cent (within Boots) 59 Broadmead Bristol BS1 3EA

Tel: 0117 9549828

I certify that (applicant's name).....

Has an injury / disability as detailed below:.....

Please Complete all applicable

- is registered / eligible for registration as blind or partially sighted
- is registered / eligible for registration as profoundly or severely deaf
- is registered / eligible for registration as a person without speech
- has a disability which will last at least 12 months and means that he/she cannot walk or is virtually unable to walk, due to:.....

For this type of form, you will not need to complete an invoice, as the patient will be paying via cash or card.

The 'Disabled Adult/Child Bus Pass Application' is the original form that we receive from the patient who is applying for a bus pass.

The form is very similar, there is just slightly more detail we provide through the questions on the form.

This form is usually 6 pages long.

You will need to fill out any admin details, e.g. stamp, address.

Both forms are processed the same way.

The 'Concessionary Bus Pass' is where we provide supporting medical evidence towards the application the patient has already given to Bristol City Council.

This is usually to verify the medical condition the patient has stated.

This form is usually 3 pages long.

BMC Medical Reports Administration SOP – V1.0

You will then need to fill out the spreadsheet ('H - company address' will be the patient's address' – see example below).

H
Miss M Mouse, 96 Mouse Lane, Mouseville, Bristol, BS15 8NF

Then complete the allocation process *see page 11 + 12.

Once completed and returned by GP, you will need to scan it to the patient's notes. Please follow page 13 steps.

Please note you will need to **hide this from the patient's online record** (so they cannot access the completed form until they have paid) and text the patient to confirm completion, the form is ready to collect from the filing cabinet and £30.00 to be paid on collection.

9. How to : Shared Care Agreements (ADHD or Gender)

We receive requests for a 'shared care agreement' to be reviewed and signed by one of our GPs. This will need to be allocated to the patient's named GP to review and sign.

There is never a charge for a shared care agreement, as these are an agreement for care to be shared between the clinic and the GP, usually for medication/ treatment purposes. This means that an invoice will not need to be done, nor added to the spreadsheet.

We can receive these types of requests from ADHD or Gender Clinics. Some examples of popular clinics we receive from are:

- ADHD clinics – Psychiatry UK, ADHD 360, AWP, MyPace, Clinical Partners, Dr J & Colleagues, Harley Psychiatrists, Problem Shared etc.
- Gender Clinics– Gender Care, Gender GP, Gender Identity Clinic etc.

A shared care agreement will usually be multiple pages of information, and a page to be completed by the GP and a signature box. Usually, this will look like this (or similar):

To be completed by GP		Please tick one box	
I ACCEPT the proposed shared care arrangement for this patient			
I ACCEPT the proposed shared care arrangement with the caveats below			
I DO NOT ACCEPT the proposed shared care arrangement for this patient			
My caveats/reason(s) for not accepting include:			
Signed		Name (print)	Date

BMC Medical Reports Administration SOP – V1.0

You will need to allocate this to the patient's named GP, *follow steps on page 11 + 12 for this process.

Once this has been completed and returned by the GP, we will return it via email to the clinic, who has requested it and scan a copy to the patient's notes. *See page 13

10. How to: DVLA Group 1/ 2 Medical Questionnaire (without examination)

Group 1 – Cars or motorcycles

Group 2 – Bus/Lorry

We can receive these types of forms either directly from the DVLA (via post or email) or from the patient.

This is how this type of form will look like (you will need to ensure you read it properly to know if it needs an examination):


Driver & Vehicle
Licensing
Agency

Dr D McRear
Broadmead Medical Centre
59 Broadmead
BRISTOL
BS1 3EA

39679

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806
Website:
www.gov.uk/dvla/fitnesstodrive

Our Reference: M50288752/Tm63vpot
Date: 17 March 2025

Dear Dr McRear,

RE:

ADDRESS:

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patient's fitness to hold a Group 2, lorry and/or bus driving licence.

We have been notified that your patient is experiencing/ has experienced mental health condition with acute stress reaction.

We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at www.gov.uk/dvla/fitnesstodrive

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 07 April 2025 using the envelope provided.

Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

Here is where you will see there is no examination needed.

It will clearly state on this page if an examination is required.

BMC Medical Reports Administration SOP – V1.0

On page 2 – the DVLA will have stated a price they will pay, usually, this is £40.00.

Payment - Please ensure all persons requesting payment are aware of these changes

We will pay £40.00 to a GP or registered healthcare professional when we receive the completed questionnaire and invoice. Payment can only be made in the name of the GMC registered doctor or registered healthcare professional who has completed the medical questionnaire or the GP practice or hospital that employs the doctor or registered healthcare professional. If you are VAT registered we will pay the fee plus VAT at the standard rate when we receive a VAT invoice.

You will then need to go through the form and fill in the admin details. This will be our address on page 5. The GP will need to fill the rest of this box with their signature etc once they have completed the whole questionnaire. (See below image)

The medical professional completing this form, please provide full details below:	
Full name	_____
Job title	_____
Surgery/dept name	_____
Full work address with postcode	_____
Tel no	_____
Signature	_____
Regulatory body	_____
Email	_____
Date	_____
Body number	_____
Payment will not be made, unless a fully completed invoice is enclosed.	

You will then need to create 3 copies of our invoice and complete the spreadsheet
*see pages 3 & 4

Once this has been completed, you should begin the allocation process
*see pages 11 & 12

Once this has been completed and returned by the GP, you will need to scan the document to the patient's notes, follow steps on page 13.


Then you will need to return the form via email/post (whichever way it came through) ensuring that you include the invoice and update the spreadsheet.

11. How to: Taxi/Bus/Lorry Medicals with examination (DVLA/Bristol City Council)

We will usually receive these forms from the patient directly.

They will look like the below, or similar:

BMC Medical Reports Administration SOP – V1.0



Medical Examination Report

To be filled in by the Doctor. The Patient must fill in sections 11, 12 and 13 in the doctor's presence (please use black ink)

Patients weight (kg) Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

Details of type of specialist(s) / consultants, including address

Date of last appointment

List of medications

Medication	Dosage	Reason Taken
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Vision

Please tick ✓ the appropriate box(es)

1. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other? (corrective lenses may be worn) as measured with the full size 6m Snellen chart YES NO

(a) Please provide uncorrected visual acuities for each eye Right Left

(b) Are corrective lenses worn for driving? If no go to Q2
If Yes, please provide the visual acuities using the correction worn for driving Right Left

(c) What kind of corrective lenses are worn to meet this standard?
Glasses Contact Lenses Both together

(d) If glasses are worn for driving is the corrective power greater than plus (+) 8 dioptres in any meridian of either lens?

(e) If correction is worn for driving is it well tolerated? If no please give full details in Section 9

2. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central or peripheral)? If yes give full details at Section 9

3. Is there diplopia?
(a) Is it controlled?
Please indicate below and give full details in Section 9
Patch or glasses with frosted glass Glasses with/without prism Other (provide details in S9)

4. Does the applicant on questioning report symptoms of any of the following that impairs their ability to drive?
Please indicate below and give full details in Section 9.
(a) Intolerance to glare (causing incapacity rather than discomfort) and/or
(b) In

Print Name: MUSAFA DOL

The vision assessment **must always** be done **before** the GP appointment, the GP will not examine and complete the form without the vision assessment part of the form being completed first. Please ensure the patient has had this done first, or has it done prior to the appointment booked.

English (United Kingdom) Text Predictions: On Accessibility: Investigate

For the examination, the patient will need to be **booked in a double appointment** with their named GP. Once this has been booked you will need to:

1. Add a note under the appointment saying 'Paperwork left in your drawer – to be completed in or after appointment – please let pt know if will be done after'
2. Add another note to say 'RECEPTION – please take £80.00/£85.00 payment from patient + take photocopies of paperwork if brings out with them.'
3. You will then need to leave the allocated form in the doctor's tray with a label to say 'GP's name, date of the appointment'

Example:

Taxi Medical paperwork in your drawer in reception - if...
RECEPTION - pt must pay £80.00 for form + photoco...

BMC Medical Reports Administration SOP – V1.0

You **must** ensure that the paperwork has been completed and then scanned to the patient's notes, so we have a copy. Payment must always be taken before patient leaves with the form.

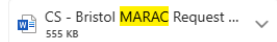
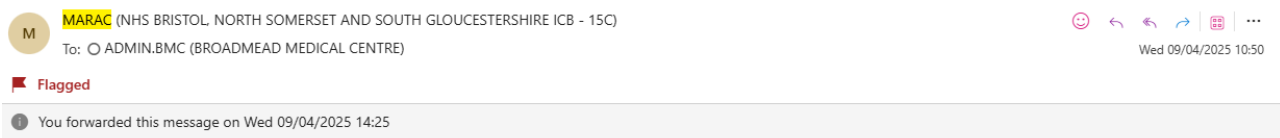
Remember to record the payment on the spreadsheet. *Step by step for this process on page 3.

12. MARAC Report(Safeguarding)

When a MARAC report or Case Conference report comes through, this must always be prioritised as URGENT. Usually, the emailed request will have a date they require it to be completed and sent back to them by, this is usually within a week or less. Even if the request does not include a date for submission, we should still process urgently.

These types of requests will always come via email.

A MARAC report request will look like:



Good Morning

Please find attached Request for Information for your patients who will be discussed at MARAC (Multi Agency Risk Assessment Conference) on 17/04/2025

Can you please share any relevant information that may assist in the decision making and planning process to safeguard your patients? **Consent from the patient is not needed to pass on relevant and appropriate information to MARAC.** Often contact with your patient may lead to serious repercussions for victims of Domestic Abuse. If you have any questions, please discuss with your GP Safeguarding Lead, or contact the MARAC team.

Please can you share the information by 14/04/2025 and if you would like to attend the meeting email the MARAC coordinator at the address below.

Once template completed, please send via secure email to: bnssg.marac@nhs.net and ensure the subject title is copied so we are aware of the meeting date and case. The information you provide will be shared at the MARAC meeting.

After this date, please email the information directly to the MARAC Coordinator at: Bristol MARAC Coordinator, DVMARACBristol@avonandsomerset.police.uk

There is a GP read code of 13Hm for Multi Agency Risk Assessment Conference. MARAC documents must be coded and entries marked as safeguarding relevant and hidden from

Please review your GP records and share proportionate and relevant information as per the NICE Consider has your patients consulted you with any of the following symptoms or conditions which
* symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
* suicidal tendencies or self-harming



Ref: BRISTOL MARAC

Date requested:	09/04/2025
MARAC date:	17/04/2025
Please return by:	14/04/2025
Return to:	bnssg.marac@nhs.net

CONFIDENTIALITY STATEMENT

Information contained in this schedule is confidential and should not be disclosed without consent or robust justification to any other party. MARAC information should be kept in the confidential section of files. In particular it is paramount that the information is not disclosed to any identified 'Perpetrator' as they are not aware of the MARAC arrangements and disclosure could cause harm or distress to others involved in the situation. There will be occasions when the victim has also not consented to referral to MARAC. Therefore it is not appropriate for professionals to mention or include information in relation to MARAC in any reports, unless they are able to do so in an appropriately restricted manner.

Please review your GP records as per the NICE 116 guideline: [Domestic violence and abuse \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG116)

There is a GP read code of 13Hm for Multi Agency Risk Assessment Conference. MARAC docs must be coded + entries marked as safeguarding relevant / hidden from online view.

Please refer to guidance on how to manage this confidential information:

[Multi-Agency Risk Assessment Conference Guidance for GPs_0.pdf \(safelives.org.uk\)](#)

[Guidance-on-recording-of-domestic-violence-June-2017.pdf \(rcgp.org.uk\)](#)

The emailed request with attached document.
The document will have 3 pages.

BMC Medical Reports Administration SOP – V1.0

If the patient's named GP is not in within the timeframe, then allocate this to the GP Safeguarding Lead.

This does not always need to be printed. If the GP you are allocating the report to is working remotely during the time frame, you can email it across to them and they can complete this electronically. We do this because of the urgency.

You will still need to allocate in the usual way (just without the paperwork) - *please see pages 10 & 11. In the task make it clear that you have emailed it to them, and it must be submitted by the specified date. Also, mark the task as urgent, and on the appointment clinic state URGENT in the note.

Once the form has been completed by the GP, either the GP, or you will need to email it back to the MARAC team, you can do this by responding to their email, just attaching the now completed form. Sometimes the GP may do this directly, but please ensure that you scan a copy of the completed form onto the patients record – **this must be hidden from online access.**

The Case Conference form is similar to the MARAC, but slightly different. We still process this the exact same way as the above. However, there is another form attached, and this is for the admin team to fill out.

The form is the payment claim form; please see below copy, fill this form out and complete one of our invoices to send with this, and the completed form.

COLLABORATIVE ARRANGEMENTS

**NORTH BRISTOL NHS TRUST, UNITED BRISTOL HEALTH CARE TRUST
AND CHILDREN & YOUNG PEOPLE'S SERVICES**

CLAIM FOR PAYMENT BY DOCTOR

DOCTOR
Name: Dr Rachel Hardaker
Address or Practice Stamp
Broadmead Medical Centre
(within Boots)
59 Broadmead
Bristol BS1 3EA
Tel: 0117 9549828
Signature of Doctor

PATIENT
Name/Initials: S. Borhanzahi
Date of Birth: 23/12/02
Address: Bristol tower 2A
Victoria Street, Bristol,
BS1 6DT
Date of Assessment: 10/04/25

Type of Service Performed - Please Tick Relevant Box and Specify Where Necessary

MENTAL HEALTH ACT 1993

By GP Examined at: Home Hospital Police Station Surgery Other (Specify)

By Approved Practitioner/Consultant

Mental Health Action Section IMPLEMENTED (tick relevant box)

2	3	4	5	7	(3)	(Other (Specify))

CHILD CARE (Children Act 1989 & Associated Regulations)

Initial Medical Child Looked after by C&YPS
Subsequent Medical Child Looked after by C&YPS
Report to CP Case Conference
Attendance at CP Case Conference
Specify Time Spent 30 mins
Examination & Report on Child for Adoption
Report on Potential Adopter

Ref - Childminder
Ref - Day Care Provider
Ref - Foster Carer
Ref - Private Foster Carer
Ref - Other (Specify)

HOUSING / BLUE BADGE / OTHER (tick relevant box)

Housing Application
Disabled Parking Permit (Blue Badge)
Blind or Partially Sighted Persons (Ref from DB8) - Examination
- Re-Examination
Other (Specify)

MILEAGE (Mental Health & Child Care Only)

Make of Car Cubic Capacity

Car Reg No. Number of Miles

GP will tell you how long spent - usually 30 mins

COLLABORATIVE ARRANGEMENTS

**NORTH BRISTOL NHS TRUST, UNITED BRISTOL HEALTH CARE TRUST
AND CHILDREN & YOUNG PEOPLE'S SERVICES**

CLAIM FOR PAYMENT BY DOCTOR

Dix/Meg to sign
Team Manager Signature

Date

Address: Broadmead Medical
Centre 59 Broadmead
Bristol, BS1 3EA
Telephone Number: 0117 954 9828

Broadmead Medical Centre
(within Boots)
59 Broadmead
Bristol BS1 3EA
Tel: 0117 9549828

STAMP

(EDT Please indicate if acting for S GLOS / B&NES / N SOMERSET / BRISTOL)

Council Children and Young People's Services / Housing Department: Please send this form to your local PCT for payment after certifying (Children & Young People's Services EDT please send to the PCT for the local Children & Young People's Services area for which EDT is acting).

Bath & North East Somerset PCT
Finance Department
St Martins Hospital, Midford Road
Bath, BA2 5RP
Tel: 01225 831 874

North Somerset PCT
Waverley House
Old Church Road, Clevedon
North Somerset, BS21 6NN
Tel: 01275 546 698

South Gloucestershire PCT
Finance Department
1 Monarch Court, Emerald Park
Emerson's Green, Bristol
Tel: 0117 330 2412

Bristol PCT's
Finance Department
5th Floor, South Plaza
Marlborough Street
Bristol, BS1 3NX

PCT USE ONLY

FEE	<u>£30.00</u>
MILEAGE	<u>/</u>
TOTAL AMOUNT	<u>£30.00</u>
SIGNED	<u>Reamst</u>
DATE	<u>10/4/25</u>

← you sign + date.

BMC Medical Reports Administration SOP – V1.0

13. Subject Access Request (SAR) on IGPR

A subject access request (SAR) is a request for a patient’s medical records. This can come directly from a patient, or this can come from third parties; via email, post or IGPR.

If a patient is to request their medical records, they **must** complete our SAR form.



Subject Access Request form

Have you positively identified the patient? YES / NO

Name of patient	
DOB	
NHS Number	
Date of request	
Was the request made on behalf of another individual?	YES / NO If yes – what is the name and contact details of the requester? Please make the requester aware that the practice will need to contact them to verify the basis of making a request on behalf of a patient.
How was request made?	Verbally By email Face to Face Other
Details of request	If not the entire record, then what exactly? e.g., records between two dates, records about a medical condition, only hospital letters, etc.
How does patient want the information to be provided? This can only be provided in <u>one</u> way.	Email – email address: Printed Online Access

Remind the patient that they might be contacted by the practice for further information, identity verification or clarification about the request, if needed.

Please note these types of requests can take up to 30 days to process.

Identify verified by (Staff initials)	Date	Method	Personal vouching Vouching with information in record Photo ID and proof of residence
Authorised by	Date		
Date account created			
Level of record access enabled	Notes / explanation		
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>	Patient's Signature: _____ Date: _____		

You **must always** ensure the patient has included their signature on the form. Without the patient’s signature, we cannot process the request.

You can find this form here: <Y:\Broadmead Resource File\Non-Clinical, Administrative\Access to medical records\Subject Access Request form.pdf>

If someone on behalf of the patient is requesting their records, in this case a family member/friend (not a company), they will need to fill out this form: <Y:\Broadmead Resource File\Non-Clinical, Administrative\Access to medical records\Subject Access Request form - on behalf of an individual.pdf>

Subject Access Request form where a request is made on behalf of an individual

I am the representative of the following individual and would like to make a Subject Access Request for their personal information.

Name of patient	
Date of Birth	
NHS Number (if known)	
Date of request	
Name of person making the request	
Signature of requester	

Please provide the basis for applying on behalf of another individual:

Authorisation from the patient
 I hold Lasting Power of Attorney for the patient
 I am appointed as an independent Mental Capacity Advocate on behalf of the patient
 I have parental responsibility and the patient is under 18, and lacks capacity to understand the request
 I have parental responsibility and the patient is under 18, and has consented to the request

Please note that the practice may have to contact you for further information and verification of the above.

Are you requesting a copy of the *entire* GP record? YES / NO

Details of request:	If not the entire GP record, then please detail exactly what information you are requesting. For example, between two dates, or relating to a particular medical condition, or hospital letters only.
How would you like the information to be provided, if possible?	Please indicate your preferred option: <input type="checkbox"/> Email – please supply an up to date secure email address Email address: <input type="checkbox"/> Printed <input type="checkbox"/> Online access to the medical record Please note, it may not always be possible to supply the information in your preferred format.

This can only be provided in one way.

Please note that you might be contacted by the practice for further information, or clarification about the request, if needed. Any questions? Please contact the Practice Manager

Identify verified by (Staff initials)	Date	Method	Personal Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by	Date		
Date account created			
Level of record access enabled	Notes / explanation		
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>	Requester's Signature: _____ Date: _____		

BMC Medical Reports Administration SOP – V1.0

If the request for medical records is from a third-party private provider/company, this will always need to have consent from the patient before releasing any records.

Sometimes the third-party will include a consent, this is usually an electronic or printed signature. This will always need to be verified. To verify a patient's consent, you will need to phone them and gain recorded verbal consent over the recorded phone call.

If the patient is not happy for the records to be released and revoke their consent, you will need to respond to the third-party informing them of the patient's wishes.

Paying for Medical Records:

- Requests from a patient for their medical records, will never be chargeable.
 - Requests from third-party which include the wording 'GDPR (DPA 2018)' in their request letter – then we do not charge them.
 - Requests from certain third parties, we never charge – see page 7.
-
- ✓ If a third-party states a price they are willing to pay, then we charge them this stated price.
 - ✓ If a third-party states they are willing to pay for the records, but do not state a price, then you must follow the price sheet guide – *see page 5..

Once the request and verification of consent (if required) is received, you will need to create a SAR on IGPR. Please ask Josh to download IGPR, if you do not already have it.

Home page of IGPR:



BMC Medical Reports Administration SOP – V1.0

1. To create a new SAR, you will need to click through to 'SARs'
2. Then you will need to click 'create new SAR'
3. You will then need to fill out the necessary information, first by searching for the patient via name, date of birth or NHS number
4. Then click on the patient's name, once it has been found, and continue to fill out the rest of the details – if it is a request from the patient, you will need to click on the selection of 'patient' instead of 'third party'
5. If a third party has requested the records, you will need to put the name of the requester and the reference number (if included – leave blank if not)
6. If a date-range of records is required, instead of 'full record', you will need to click at the top 'date-range' and enter the required dates
7. Always include attachments

The screenshots illustrate the following steps:

- Step 1:** Home page showing 'Welcome to iGPR Version 3.3.0.36' and a navigation menu with 'SARs' highlighted.
- Step 2:** 'iGPR Inbox' page with a prominent 'Create new SAR' button.
- Step 3:** 'Create SAR' form with tabs for 'Full record', 'Date-range', and 'Summary'. A search bar is present.
- Step 4:** 'Who is this request from?' section with radio buttons for 'Third Party' (selected) and 'Patient'.
- Step 5:** 'Date-range' tab selected in the form.
- Step 6:** 'From' and 'To' date input fields.
- Step 7:** 'Who is this request from?' section with radio buttons for 'Include attachments' (selected) and 'Exclude attachments'.

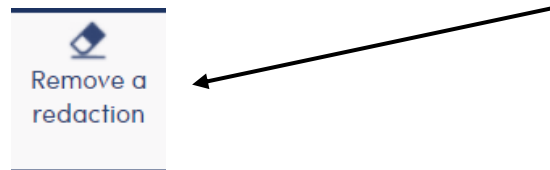
BMC Medical Reports Administration SOP – V1.0

Once you have created the SAR, you will need to go through the patient's records via IGPR, and you must redact any third-party information, including emails and phone numbers. All patient information needs to be included in the report.

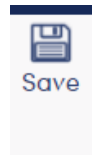
To redact information, you will need to click this:



The loaded record will usually have redactions pre added onto it, most of these will need to be removed, as they are automatically added. To remove a redaction, you will need to click this:

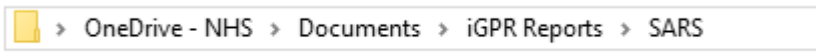


Once you have gone through the record and removed/added redactions, you will then need to save this to your computer, this will save as a document, by clicking this:



If in a patient's notes there is a lot of sensitive information, and you are unsure if this will be damaging for the patient to read, you can always check with their named or a GP who knows them well and ask them to review the document of their notes and let you know if there is anything you need to take out or if it is appropriate to release to the patient, or if it is not. If it is not, usually the GP will call and speak to the patient if this is the case.

This will save here:



There will always be 2 saved documents for the patient, see below, one will be the main document with your added redactions (the larger file size), and one will be the list of redactions. Always choose the larger file size:

!-21.pdf		07/04/2025 16:47	Adobe Acrobat D...	4,026 KB
!-21-Re...		07/04/2025 16:47	Adobe Acrobat D...	673 KB

You can then email or print this, as requested. The SAR form or the third-party request will make this clear how they want it provided.

14. How to: Letter Requests

Letter requests come through from patients and also third parties.

From a patient:

These can come through email or triage. If the patient requests this via triage, the triage team will allocate this through accurx to you and should send a task also. You must keep an eye on your tasks and accurx inbox.

An example of a triage letter request:

Patient Triage: Admin - Doctor's letter

What is the letter for?: I need a letter from my doctor to certify that due to my mental health I should be suspended from my PhD studies for three months. My mental health is very poor currently and I do not feel I have the headspace to focus on myself and also work towards completing my PhD. As I am entering a very taxing time of my studies I feel that having time to focus on myself will support me best in the long run.

When do you need the letter by?: Preferably by the end of the month, although sooner would also be good!

Remember these are requests, and therefore the GP may not always be happy and able to verify and complete their request. We also cannot process requests urgently.

You must respond to the patient informing them of our 30-day policy, example:

You must then follow the steps of allocation, *see pages 12 & 13.

In your task to the GP, please make it clear that there is no paperwork, as the patient has completed the request via a triage form.

This does not require an invoice; however, it is required to be added on the spreadsheet, *please see page 3.

- ✘ If the GP responds and says they are unable to complete this letter as requested, you must let the patient know this and the reasoning why. They may be able to contact a private medical clinic for this, but we cannot guarantee this will be done by them either.

Thank you for your triage form. We have received your request. Please allow us up to 30 days from receipt of your request, to action your request.

Please note these types of requests can incur a fee. Once the request has been completed, we will let you know the exact charge.

We may be in contact during this time.

BMC Medical Reports Administration SOP – V1.0

Once the letter has been written by the GP, you must hide this from the patient's online record. To hide a document added by another staff member, follow the steps shown below:

The screenshot shows a list of documents in a table. The first row is highlighted in blue and contains the date '22-Apr-2025', a document icon, the title 'Clinical letter', and the recipient 'BMC To Whom it May Concern'. A red circle highlights the 'Clinical letter' title, with an arrow pointing to a text box that says 'Highlight (click on) the specific document you wish to hide.' A right-click context menu is open over the 'Clinical letter' row. The menu items are: Edit, Delete, Confidentiality, Online visibility, View Document, Send Document, Export Document, Audit Trail, Information Leaflets, and View Original Document. The 'Online visibility' option is highlighted in blue, with an arrow pointing to a sub-menu. The sub-menu contains two options: 'Display on the patient's online care record' and 'Do not display on the patient's online care record'. The second option is highlighted in blue, with an arrow pointing to a text box that says 'Right click on the document. Click 'online visibility' and choose 'do not display on the patient's online care record''.

This will then ensure that the patient cannot access the private letter without paying first.

Once this has been done, you can contact the patient to let them know the letter has now been written by the GP and they can come to collect and pay £... amount.

Example:

Your letter has now been written by the GP. Please come to level 1/2 reception to collect the letter.

Please note there will be a £... charge on collection, this can be paid with cash or card.

*See page 5 for prices list.

BMC Medical Reports Administration SOP – V1.0

If a company/ third party is requesting the letter, this usually will come via email.

You will need to respond to their email with the same message, letting them know our 30-day policy.

You will need to allocate in the exact same way, as above. However, you will need to scan the emailed request onto the patient's record, to ensure that the GP can see the request prior to writing the letter. *Follow steps on page 12 and name the document 'Request for letter from ...'

You will, again, need to make this clear in your task, that there is no paperwork, but the request has been scanned onto the patient's notes for the GP to see.

Please remember some companies do not have to pay. See page 6 for this list.



If this is the case, you do not need to add it to the spreadsheet, create an invoice, or hide it from their record.

Once the letter has been written, you can email this across to the third party. If a payment is required, you will need to send an invoice in the same email.

Version Control

Date	Version	Author	Change Details
28/04/2025	1.0	Rea Arnott	Authorised by Megan Joscelyne