

Data Provision Notice

eMed3 fit notes

Information Asset Owner: Dave Roberts

Version: 3.0

Published: 3 November 2022



Information and technology
for better health and care

Contents

Background	3
Purpose of the collection	3
Benefits of the collection	4
Legal basis for the collection, analysis, publication and dissemination	4
Persons consulted	6
Scope of the collection	6
Form of the collection	6
Manner of the collection	7
Period of the collection	7
Data quality	8
Burden of the collection	8
Steps taken by NHS Digital to minimise the burden of collection	8
Detailed burden assessment findings	9
Assessed costs	9
Annex A	10

Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as **NHS Digital** and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been Directed to establish an information system by the Department of Health and Social Care (**DHSC**) (on behalf of the Secretary of State for Health and Social Care) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, (**DPN**) is required to support Directions from DHSC to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

The purpose of this updated DPN is to enable NHS Digital to collect an additional data item under the **Statement of Fitness for Work Directions 2015 (the Directions)**, to reflect relevant legislative changes.¹ Further details of data items collected can found at [Annex A](#).

Purpose of the collection

This collection of data relates to fit notes issued in general practice. It forms the basis of a quarterly statistical publication produced by NHS Digital in collaboration with The Work and Health Unit. The Work and Health Unit is jointly sponsored by the Department for Work and Pensions (DWP) and DHSC. NHS Digital publish these data on a quarterly basis in October, January, April and July.

The Statement of Fitness for Work (the Med3 form or 'fit note') was introduced in April 2010 across England, Wales and Scotland. It enables healthcare professionals² to give advice to their patients about the impact of their health condition on their fitness for work and is used to provide medical evidence for employers or to support a claim to health-related benefits through the DWP.

A fit note is issued after the first seven days of sickness absence (when patients can self-certify) if the healthcare professional assesses that the patient's health affects their fitness for work. The healthcare professional can decide the patient is not fit for work' or 'may be fit for work subject to the following advice...' with accompanying notes on suggested adjustments or adaptations to the job role or workplace.

In 2012, DWP funded a project to provide GPs with the ability to produce computer-generated fit notes (eMed3) and this included the capability to collect the aggregated data generated.

The data collection is used by The Work and Health Unit to:

- undertake research analysis to inform policy relating to employment and sickness absence, and Employment Support Allowance and Universal Credit

¹ The Social Security Medical Evidence and Statutory Sick Pay Medical Evidence (Amendment) Regulations 2022, S.I. 2022/298 and the Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) (No. 2) Regulations 2022, S.I. 2022/630

² Healthcare professional" has the meaning given in regulation 1(2) of the Statutory Sick Pay (Medical Evidence) Regulations 1985. S.I. 1985/1604, as amended by S.I. 2022/630.

- identify geographic, Integrated Care Board (ICB) and general practice (GP) level differences in sickness absence management and outcomes, including by fit note issuer's profession, to inform policy development and continuous improvement, resulting in people returning to work sooner
- use fit note data to build an understanding of the drivers for benefit claiming.

Benefits of the collection

DHSC believes that it is in the public interest for aggregated data to be published and made available to DWP as this permits effective evaluation of the electronic fit note (eMed3) and its direct contribution to the health management of individuals. The fit note is the most readily available form of medical evidence providing individuals with access to support. 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 ICB level statistics will be of use to health agencies, including NHS England, to supplement public health data sets

Statistics at GP, ICB and geographic level have been available to authorised DWP users on a restricted access via an NHS Digital portal since January 2016.

Suppression of small numbers is in place for any view of the statistics. None of the statistics contain personal identifiable data.

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

Legal basis for the collection, analysis, publication and dissemination

Collection and Analysis

NHS Digital has been directed by DHSC under section 254 of the 2012 Act; to establish and operate a system for the collection and analysis of the information specified for this information.

A copy of the Directions and the Directions amendment letter is published here: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/statements-of-fitness-for-work-directions-2015>.

Appendix A provides a link to the Data Specification where details of each data item to be extract can be found.

The National Data Opt-Out will not apply to the extraction of data to NHS Digital for this eMED3 fit notes data collection as this DPN places a legal obligation on general practices to provide the data. In addition, the information to be collected does not include patient identifiers such as name, address or NHS Number.

The Type 1 Opt-Out allows patients to tell their GP if they do not want their confidential patient information held in their GP medical record to be used for purposes other than their individual care.

Regarding the eMED3 data collection, the date of the most recent Type 1 patient objection code i.e., the event data associated with the latest Type 1 Opt-Out, must be used to determine if the patient has dissented from their data being used or withdrawn this dissent.

This information is required by NHS Digital under section 259(1)(a) of the 2012 Act to comply with the Directions. In line with section 259(5) of the 2012 Act, all organisations in England that are within the scope of this DPN, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this DPN.

This DPN is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8) of the 2012 Act.

Publication

In accordance with its duty under section 260(1) of the 2012 Act, NHS Digital will publish relevant data from this collection.

The publications may be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices>.

All information that is published is published in accordance with [the Code of Practice for Statistics](#).

Dissemination

NHS Digital has been directed under section 262(3) of the 2012 Act to exercise its powers in section 261(4) of the 2012 Act to disseminate the information collected by complying with Directions to the organisations that provided the information, where it would be lawful for NHS Digital to do so.

NHS Digital may also disseminate information collected as a result of, or obtained by complying with, the Directions in accordance with its powers under sections 261(4) and (5) of the 2012 Act.

The data will be shared with DWP under a data sharing agreement with NHS Digital. The data will be shared using NHS Digital's dissemination powers in section 261(5)(d) (statutory functions) of the 2012 Act.

Transparency

The transparency notice for this collection can be found here: [Transparency notice: how we use your personal data - NHS Digital](#).

Persons consulted

Following receipt of the Directions to establish a system to collect eMed3 fit notes, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Department of Health and Social Care
- Department for Work and Pensions
- Co-chairs of the Joint General Practice Information Technology Committee (JGPITC)
- The National Data Guardian
- the Data Alliance Partnership Board (DAPB)³, which includes representatives from the Department of Health and Social Care, NICE, NHS England, Care Quality Commission (CQC), Local Government Association (LGA), Health Research Authority (HRA), Association of Directors of Adult Social Services (ADASS) and NHS Digital.

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- all General Practices in England.

Under section 259(5) of the 2012 Act, the organisation types specified in the above Scope must comply with the Form, Manner and Period of the data requirements.

Form of the collection

This collection is formed of anonymous data extracted from fit notes issued in GP practice systems. Data will be collected at patient record level, but this data will not contain any patient identifiable information.

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 NHS Digital before publication.

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

³ The Data Alliance Partnership Board (DAPB) was established in November 2020 as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

The specification for the data items included in the collection is shown in [Annex A](#).

Manner of the collection

GP system suppliers (GPSS) will continue to send data to NHS Digital under the existing arrangements. These arrangements have been agreed with GP practices and their GPSS.

As there is a Direction in place for this data collection and it is a legal requirement for General Practices to provide this data under section 259(1)(a) all General Practices, in England, are therefore mandated to comply with this data collection.

To comply with the DHSC Patient Objection Policy, data about patients who have dissented from secondary use of their data must not be included in the Fit Notes data extract, unless the patient has withdrawn their original dissent at a later date.

Dissent is recorded on the patient record currently using one of the following (Type 1) patient objection codes:

Read v2	CTv3	SNOMED CT	Rubric
9Nu0	XaZ89	827241000000103	<i>'Dissent from secondary use of GP patient identifiable data'</i>

Withdrawal of the dissent is recorded on the patient record currently using one of the following (Type 1) patient objection codes:

Read v2	CTv3	SNOMED CT	Rubric
9Nu1	XaZ8A	827261000000102	<i>'Withdraw dissent from secondary use of GP patient identifiable data'</i>

The date of the most recent (Type 1) patient objection code i.e., the event data associated with the (Type 1) patient objection code, must be used to determine if the patient has dissented from their data being used or withdrawn this dissent.

NHS Digital aims to have the participation element of the collection on the Calculating Quality Reporting Service (CQRS). Development work needs to be undertaken with suppliers to ensure that there is a solution for applying participation with suppliers.

The required data will be collected from GP system suppliers under the [GP IT futures programme](#) (previously General Practice Systems of Choice (GPSoC) framework contract). The suppliers will provide weekly extracts, conducted during a specific period each Sunday.

Once collected, the NHS Digital Data Transfer Service check and transform the data into the SQL databases where it is stored.

Period of the collection

The collection commenced at GP practices when their system supplier implemented the extract functionality, this was then assured and accepted by NHS Digital. Historical data backdating to 1 December 2014 was collected in the first extract, this commenced on the 24 April 2017. Subsequent extracts have been on a weekly schedule. This DPN advises the extract is an established weekly ongoing data collection.

The NHS Digital [data and information](#) webpage provides details of publications. Please note that the [Fit Notes Issued by GP Practices](#) webpage is edited to reflect when the quarterly publications are available; users are advised to check this regularly for updates.

Data quality

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

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

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital 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(2)(a) and 265(3) of the 2012 Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assurance is carried out by the Data Standards and Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching DAPB process. The DAPB, acting under authority of the Secretary of State for Health and Social Care, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Detailed burden assessment findings

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	£0	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£66k	Annual costs for GP System Suppliers and NHS Digital to extract and process the patient objections data.
Total costs	£66k	Overall total burden.

Annex A

The data that will be included in the Fitness for work extract version 2, or the latest amended version as agreed by DHSC, may be found on the data collections page on NHS Digital's website:

<https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/guide/extract-specification>

For further information

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

Under the Open Government Licence you are encouraged to use and re-use the publicly accessible information in this notice free of charge. Re-use includes copying, issuing copies to the public, publishing, broadcasting and translating into other languages and its subsequent use in commercial or non-commercial enterprise.