Northern Devon Healthcare NHS Trust

Document Control

Title			
Copying Letters to Patients Policy			
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1.0	Mar 10	Draft	
2.0	May 10	Revision	Changes made as a result of feedback from CSEC on 18/05/2010
2.1	Sept 10	Final	Amendments made as requested at CSEC
3.0	Mar 14	Final	Complete change of policy and process. Approval at CSEC 20.08.2013
4.0	May 18	Final	Updated policy as part of 3 yearly review. No change to process for patient or clinician, only change is in relation to how information is stored and updated in new EHR systems (trakCare and RiO)
5.0	May 18	Final	References to RiO included

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Superseded Documents
Copying Letters to Patients Policy V3.0

Issue Date	**Review Date**	**Review Cycle**
May 2018	May 2021	Three years

Consulted with the following stakeholders: (list all)
(When initial policy was launched)

- Medical Director
- Clinicians
- Clinical Services Executive Committee
- Medical Records staff
- Communications Team

Approval and Review Process

- Planning contracting and Performance Management (PCPM)

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Copying Letters to Patients Policy V5 16May18

Northern Devon Healthcare NHS Trust

Policy categories for Trust's internal website (Bob)	Tags for Trust's internal website (Bob)
Communications	Copying Letters

Northern Devon Healthcare NHS Trust

CONTENTS

1 Purpose

This document sets out Northern Devon Healthcare NHS Trust's system for Copying Letters to Patients. It provides a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution.

1. Purpose

The purpose of this document is to ensure adherence to The NHS Constitution for England which states that the NHS pledges "to share with you any correspondence sent between clinicians about your care" and the NHS Plan (paragraph 10.3) where it states a commitment that patients should be able to receive copies of clinicians' letters about them as of right.
The policy applies to all Trust staff involved in the production or distribution of any patient correspondence sent to other health professionals.

Implementation of this policy will ensure that:

- There is a transparent process in place which ensure that patients can obtain copies of letters between healthcare professionals and other agencies about the care and treatment they are receiving.
- There is a process for requesting copies of correspondence in place which maintains confidentiality.
- The staff has clear guidance which can be followed.

The Trust meets national requirements in respect of Copying Letters to Patients

2 Definitions (Only if Required)

A 'letter' includes communications between different health professionals, for instance those from and to GPs, hospital doctors, nurses, therapists and other healthcare professionals. Different types of letters include (among others):

- Letters or forms of referral (including hand-written two-week wait referral forms) from primary care health professionals to other NHS services.
- Letters from NHS health professionals to other agencies (such as social services or housing, employers or insurance companies).
- Letters to primary care from hospital consultants or other healthcare professionals following discharge or following an outpatient consultation or episode of treatment.
- Single test results are not normally included in this definition.

3 Responsibilities

3.1 The Chief Executive is responsible for:

- Ensuring that the policy is adhered to by all Trust staff

3.2 The Clinician is responsible for:

- Informing the patient that they will receive a copy of any letter sent as a result of the consultation and that they should inform the outpatient's receptionist if they do not wish to receive one.

3.3 The Medical Secretary is responsible for:

- Checking the patient's details on TrakCare/RiO to see whether they do not wish to receive a copy of the correspondence.
- Sending a copy of the correspondence to the patient, ensuring that it is sent to the preferred address and marked as "confidential".

3.4 The Receptionist is responsible for:

- Checking that the patient's demographics details are correct on the computer system.
- Updating TrakCare/RiO to say that a letter is not wanted if this is the patient's request.

3.5 Role of Patient Advice and Liaison Service (PALs)

PALs are responsible for:

- Successfully handling any enquires from patients regarding the format in which they wish to receive a copy of the letter.

4 Copying Letters to Patients Policy

As a general rule and where patients agree, letters written by one health professional to another about a patient should be copied to the patient or, where appropriate, parent or legal guardian. The general principle is that all letters that help to improve a patient's understanding of their health and the care they are receiving should be copied to them as of right. Where the patient is not legally responsible for their own care (for instance a young child, or a child in care), letters should be copied to the person with legal responsibility, for instance a parent or guardian.

5 When Letters Should Not be Copied

Where letters contain abnormal results or significant information that has not been addressed with the patient, a copy of the letter should only be sent out following discussion with the patient. The content of the letter should reflect the discussion in the consultation.

Situations where letters should not be copied include:

- Where the patient does not want a copy.
- If the clinician feels that it may cause harm to the patient. Bad news is not in itself enough to justify not copying a letter.
- Where the letter includes information about a third party who has not given consent.

- Where special safeguards for confidentiality may be needed, e.g. child protection or vulnerable adult protection.

The patient still has a right of access to the medical records under the Data Protection Act 1998.

6 No Surprises

As a general rule the contents of the copied letters should reflect the discussion in the consultation with the sending healthcare professional, and there should be no new information in the letter that might surprise or distress the patient.

7 Patients Who Do Not Want a Copy

Examples of why people may not want a letter could include:-

- They feel they already have the information.
- There are problems of privacy at home (for example, for young people).
- There is domestic violence or information not known to a partner or other members of the household.
- They do not feel able to accept the diagnosis.

8 Harm to Patient

Giving of “bad news” is not in itself enough to justify not copying a letter. The pilot studies showed that it is sometimes the case that health professionals are anxious to protect patients, who themselves often wish to have as much information as possible, even if it may be “bad news” or uncertainty.

In some cases involving particularly sensitive areas, however, such as child protection or mental health problems, it may not be appropriate to copy a letter to the patient, although the patient has the right to request access under the Data Protection Act 1998. Unless the health professional’s judgement is that there might be a serious possibility of harm to the patients, it is up to the patient to decide whether they wish to receive a copy of a letter.

9 Confidentiality and Safe Have Procedures

To maintain the confidentiality of patient information it is important that hospital staff check the accuracy of the patient information including the mechanism of delivery and the desired address or location prior to the letter being dispatched.

Good practice examples include:

- Marking envelopes as “confidential”.
- Patient’s full name rather than initials should be used.

- Check whether two people with the same name live at one address.

If patients wish to collect letters by hand then this can be facilitated using PALs as a central collection point.

10 Carers

Some adults have carers, family members or others who are actively involved in their care. As carers, they need information and support from professionals involved in the treatment of the person they care for. Frequently patients want information shared with their carers. With the patient's consent, a copy of letters can be sent to the carer.

Occasionally, however, the patients may not want a letter copied or shown to the carer. In such circumstances, unless there is an over-riding reason to breach confidentiality, the wishes of the patient must be respected.

11 Children and Young People

Young people aged 16 and 17 are able to make health care decisions for themselves, and should, therefore, be asked for their agreement to receive copies of letters about them. It is up to healthcare professionals to assess the competence of younger children to understand and make a decision.

The issue may arise as to whether a letter should be copied to the young person or their parents, and this should be discussed with the family. Often adolescents appreciate the letter being sent to them. Where parents are separated, it is important to discuss who should receive the copy of letters.

12 Writing Style and Standard Letters

Letters should be written clearly, it is advisable to avoid unnecessarily complex language, and subjective statements about the patient. However, clinical accuracy and ensuring the professional receiving the letter has all the information he/she needs is the main purpose of the letter and it is important not to compromise this in order to make the letter easier to understand.

Templates and standard letters can make it easier for healthcare professionals and patients to achieve this balance of technical excellence and correctness, and ease of understanding.

Issues to be considered in drafting letters include:

- Use of plain English to improve readability
- avoiding giving offence unintentionally or generating misunderstandings
- explaining a technical term in a short additional sentence or phrase
- Setting out the facts and avoiding unnecessary speculation

- Reinforcing and confirming the information given in discussion with the patient in the consultation

Some healthcare professionals prefer to write letters directly to patients, with a copy to the GP or other healthcare professionals. Evidence shows that patients appreciate such practices, which give the clinician the option of adding additional information and advice about life style and management of the illness or condition.

13 Requesting a Copy Letter

The process will assume that a copy is wanted unless otherwise stated.

The person responsible for generating a letter is responsible for ensuring that the patient is aware that they will automatically receive a copy unless they have opted out of doing so. Consideration must be given to the appropriateness of any third party consent to protect vulnerable groups but not disadvantage those with limited mental capacity, carers, children and young people.

14 Information for Patients

Posters will be displayed in clinic areas informing patients that they will receive a copy of letters written about them unless they specifically request not to. (Appendix A).

Patients are able to state the location where they would like to receive a copy letter. People with special communication and language needs should be able to specify how they would like to receive this information. Most people will want a printed copy of the letter. This will normally be sent to their main place of residence. Some patients, however, may be concerned about privacy and may wish to receive the copy letter at another address such as their GP practice or to collect by hand from the hospital.

The provision of Copying Letters to Patients will need to comply with Equal Opportunities Legislation, including provision for the Disability Discrimination Act(s), the Race Relations (Amendment) Act and the Human Rights Act.

In practice this means that patients may require the information in a variety of formats other than the standard letter. This may include large print, audio tape, or translated letters. Patients who request information in an alternative format should be directed to the Patient Advice & Liaison Service.

Some patients may want further information about the content of the letter or an explanation of terms, though every effort should be made to avoid technical information where possible. The Patient Information Leaflet suggests that patients can seek further information from their GPs who will receive a copy or by contacting the consultant's secretary. If consultants wish to make alternative contact points for patients via Nurse Specialists this should be indicated within the letter.

15 Monitoring Compliance with and the Effectiveness of the Policy

6.1 Standards/ Key Performance Indicators

Key performance indicators comprise:

- Lack of complaints to Trust around receipt of copies of letters.
- Audit results
- Feedback of results from patient survey

6.2 Process for Implementation and Monitoring Compliance and Effectiveness

After final approval by the Planning, Contracting and Performance Management Group, the author will provide a copy of the policy or procedure to the Head of Compliance to have it placed on the Trust's intranet. The policy or procedure will be referenced on the home page as a latest news release.

Information will also be included in the weekly Chief Executive's Bulletin which is circulated electronically to all staff.

An email will be sent to senior management to make them aware of the policy or procedure and they will be responsible for cascading the information to their staff.

In addition, staff will be informed that this policy replaces any previous versions.

- **Process for Monitoring Compliance and Effectiveness**

Monitoring compliance with this policy will be the responsibility of each clinical directorate. Where outpatients' surveys are undertaken the question of whether patients have received a copy of the clinic letter will be asked.

Where non-compliance is identified, support and advice will be provided to improve practice. The Performance and Access Manager will provide this support to the directorate.

16 Equality Impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age	X			
Disability	X			
Gender	X			
Gender Reassignment	X			

Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership	X			
Pregnancy	X			
Maternity and Breastfeeding	X			
Race (ethnic origin)	X			
Religion (or belief)	X			
Sexual Orientation	X			

17 References

- NHS Constitution
- NHS Plan
- Data Protection Act (1998)
- Disability Discrimination Act (1995)
- Race Relations (Amendment) Act (2000)
- Human Rights Act (1998)

18 Associated Documentation

- Copying Letter to Patients Patient Information Poster
- Copying Letters to Patients Process Document
- Copying Letters to Patients Guidelines

Appendix A

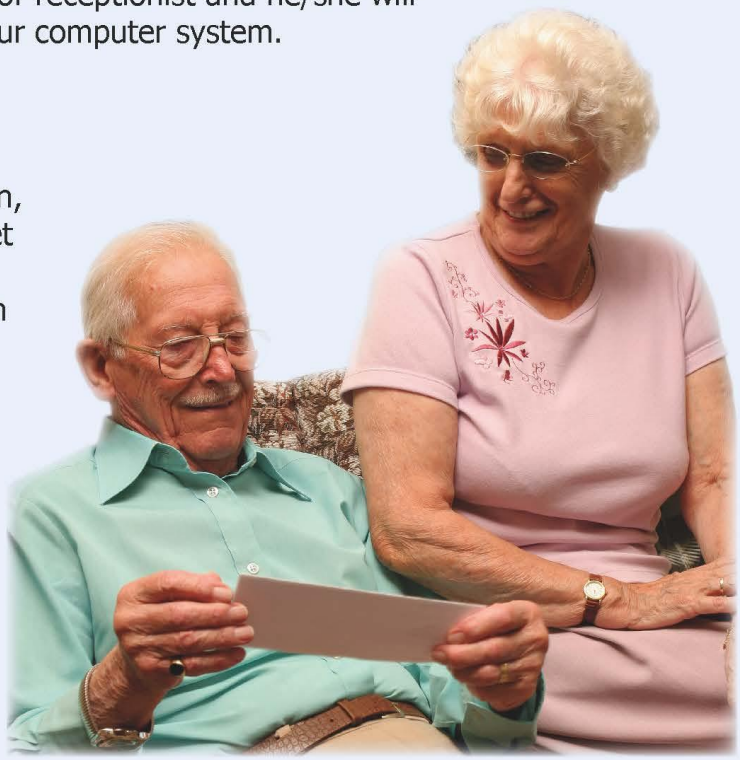
NHS
Northern Devon Healthcare
NHS Trust

Receiving letters about your care with us

Patients will receive a copy of all letters sent between their clinician here and other healthcare professionals.

- If you are happy to receive copies of letters, you do not need to do anything.
- If you do **NOT** wish to receive a copy, please tell your clinician or receptionist and he/she will put a record on our computer system.

For more information, please see the leaflet "Receiving letters about your care with us" (if you cannot see a leaflet, please ask for one at reception).



APPENDIX B

Summary of Department of Health Good Practice Guidelines

Guidance to Staff – Copying Letters to Patients

The NHS Plan made a commitment that patients should receive copies of clinicians' letters about them as of right

What constitutes a 'letter'?

A 'letter' includes communications between different health professionals, for instance those from and to GPs, hospital doctors, nurses, therapists and other healthcare professionals.

Different types of letters include (among others):

- Letters or forms of referral (including hand written)
- Letters from NHS health professionals to other agencies.
- Letters to primary care from hospital following discharge / OPD appointment / treatment

Single test results should not normally be sent.

No surprises!

Where letters contain abnormal results or significant information that has not been discussed with the patient, a copy of the letter should only be sent after discussion with the patient. The content of the letter should reflect the discussion in the consultation.

When letters should not be copied

This includes:

- where patient does not want a copy
- where clinician feels that it may cause harm to the patient ('bad news' is not in itself enough to justify not copying a letter)
- where the letter includes information about a third party who has not given consent
- where special safeguards for confidentiality may be needed

Remember the patient has a right of access to their medical record under the Data Protection Act 1998

Safe haven procedures

For some medical services (STD clinics etc.) where there are special arrangements for protecting confidentiality, the possibility of someone else seeing the letter and/or the implications of sending a letter should be discussed with the patient.

Consent

The process assumes that a copy is wanted unless otherwise stated; as such there is assumed consent. The person responsible for generating a letter is responsible for ensuring that the patient is aware that they will automatically receive a copy unless they have opted out of doing so.

Other considerations

- third party consent
- mental capacity
- carers
- children and young people

How is it to be done?

The person who writes the letter should be responsible for arranging that a copy is made and provided to the patient, after it is confirmed:

- that the patient wishes to receive a copy
- how the patient wishes to receive it; and
- what the preferred format is.

Writing style and standard letters

Letters between healthcare professionals are technically 'personal data' which forms part of the patient's record therefore it is important that they:

- are adequate for their purpose and accurate
- are written clearly
- avoid unnecessarily complex language, and subjective statements about the patient
- use plain English to improve readability
- avoid (where possible) technical terminology and acronyms
- set out facts and avoid unnecessary speculation
- confirm information given in discussion with the patient

From time to time check with patients how they feel about copied letters.

How copies are provided

Options for providing copies of letters include:

- a printed copy of a letter
- copies in large print or on audio-tape

Patients who choose to do so should be able to receive copies of communications in a form they can understand and use. Staff will need to ensure they comply with equal opportunities legislation including:

- Disability Discrimination Act 1995 and 2005
- Race Relations (Amendment) Act 2000
- Human Rights Act 2000
- Data Protection Act 1998

All NHS Trusts should have arrangements in place for security and confidentiality, and ensuring the fair and lawful handling of patient data.