Procedure for Copying Letters to Patients
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<thead>
<tr>
<th>Policy Title:</th>
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<tr>
<td>Executive Summary:</td>
<td>This procedure covers the actions required to ensure that clinical information is appropriately communicated to patients following consultation or treatment in hospital.</td>
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<tr>
<td>Supersedes:</td>
<td>V3.0 Policy for Copying Patient Letters</td>
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<tr>
<td>Description of Amendment(s):</td>
<td>Review only</td>
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<tr>
<td>This policy will impact on:</td>
<td>Clinical practices, administrative practices.</td>
</tr>
<tr>
<td>Financial Implications:</td>
<td>None identified</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Corporate</td>
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<tr>
<td>Version Number:</td>
<td>3.0</td>
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<tr>
<td>Issued By:</td>
<td>Legal Services Manager</td>
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<td>Author:</td>
<td>Legal Services Manager</td>
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**APPROVAL RECORD**

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<tr>
<th>Committees / Group</th>
<th>Date</th>
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<tr>
<td>Consultation:</td>
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<tr>
<td>Reviewed by Corporate Affairs &amp; Governance Managers.</td>
<td>January 2014</td>
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<tr>
<td>Deputy Director of Corporate Affairs and Governance</td>
<td>January 2014</td>
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<tr>
<td>Approved by Medical Director:</td>
<td>1st May 2014</td>
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<td>Received for Information:</td>
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</table>
Contents

1.0 Introduction

2.0 What constitutes a ‘letter’?

3.0 Benefits of copying letters to patients

4.0 Procedure details:

   4.1 Notification to Patients
   4.2 Recording of patient requests for a copy letter
   4.3 When should letters not be copied?
   4.4 Style and Content
   4.5 People with special communication or language needs
   4.6 Further information for patients
   4.7 Children and young people
   4.8 Correcting inaccurate records
   4.9 Protecting confidentiality

5.0 Audit and Evaluation

Appendix 1 – Equality impact assessment
1. Introduction

The NHS Plan, published in July 2000, made a commitment that patients should be able to receive copies of clinical letters written about them.

“As a general rule and where patients agree, letters written by one healthcare 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.”

This would also apply to patients with learning disabilities and/or lacking mental capacity when letters should be copied to the person with legal responsibility, for instance a carer or a person holding Lasting Power of Attorney/a Court Appointed Deputy.

2. What constitutes a ‘letter’?

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

Different types of letter include (among others):

- Letters or forms of referral from primary care health professionals to other NHS services
- Letters from NHS health professionals to other agencies (such as social services, 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

3. Benefits of copying letters to patients

The Copying Letters to Patients Good Practice Guidelines outline a number of potential benefits, these include:

- Increased level of trust between patients and professionals.
- Better informed patients: patients and carers have a better understanding of their condition and how they can help themselves.
- Better decisions: patients are better informed and make informed decisions about treatment options.
- Improved compliance with treatment.
- More accurate records: errors can be identified and actioned accordingly.
- Better consultations: patients should be less anxious, professionals will be prompted to explain fully all aspects of diagnosis and treatment.
- Health promotion: letters reinforce advice on lifestyle and self-care.
• Better communication between professionals: letters written in plain English, which avoid jargon.
• Very popular with patients.

However, it is recognised that not all patients wish to receive copies of correspondence and not necessarily for each and every consultation.

4. Procedure details:

4.1 Notification to Patients

Appointment letters to patients will include a statement to the effect that if the patient wishes to receive a copy of the letter relating to a particular outpatient visit, then during the consultation they should ask the consultant, or other clinician undertaking the consultation, to send them one. If the patient does not raise the issue the clinician may nevertheless wish to discuss copying the letter with the patient.

The appointment letter will include the following statement:

“If you would like a copy of the letter that will be sent to your GP please ask the doctor or specialist when you are being seen”

4.2 Recording of patient requests for a copy letter

The notes for each visit will be stamped with a box to be marked by the clinician to confirm whether a copy letter has been requested by the patient for that consultation.

4.3 When should letters not be copied?

a) When the patient does not want a copy
b) Where the letter contains abnormal results or significant information that has not been discussed with the patient. A copy letter should only be sent following discussion with the patient
c) Where the letter includes information about a third party (such as a neighbour or family member) who has not consented to their information being provided to the patient

In addition, there are some services where confidentiality is particularly important and where it may not be prudent to send copy letters to the patient’s home. In such cases, concerns and alternative methods should be discussed with the patient. Sexual Health is an example of such a service, but this point may be applicable in any service dependent on the content of the letter, see b) above.
4.4 **Style and Content**

Letters between healthcare professionals contain ‘personal data’ that form part of the patient’s medical record and are therefore subject to the requirements of the Data Protection Act 1998. It is important that all letters are:

- Accurate and adequate for their purpose
- Written clearly
- Avoid unnecessarily complex language and subjective statements
- 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

A balance is required between simplification for the patient’s understanding and what is needed for the primary purpose of the letter between healthcare professionals discussing symptoms, test results and possible diagnoses and treatment. 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 favour of making it easier to understand.

The letter must clearly annotate when a copy has been sent to the patient.

4.5 **People with special communication or language needs**

Patients who choose to receive copy letters should be able to receive these communications in a form they can understand and use to ensure compliance with:

- The Equality Act 2010
- The Data Protection Act 1998

4.6 **Further information for patients**

Some patients may want further information about the content of their letter or an explanation of terms. This may generate an increase in telephone calls to both the clinician and the GP - patients may contact the person named on the letterhead of the copy letter.

4.7 **Children and young people**

Young people aged 16 and over are legally able to make decisions about their own healthcare and should be asked directly if they wish to receive copy letters.

During consultations with younger children an assessment needs to be made as to whether the child concerned is able to make an informed decision about whether to receive a copy letter or whether a parent or carer would be more appropriate.

4.8 **Correcting inaccurate records**

Evidence suggests that healthcare professionals who routinely share records with patients report that patients and carers often identify inaccuracies and mistakes. Where errors are identified the records will be annotated and dated to ensure they are correct and an amended copy of any letter sent to the patient.
4.9 Protecting confidentiality

Procedures are in place to minimise the risk of breaches in confidentiality. Personal details are checked with patients when they visit the hospital and information about them receiving copy letters will be included in both appointment and admission letters and on posters within local departments. Copy letters to patients will be marked ‘Private and confidential’.

5. Audit and Evaluation

Adherence to procedure will be evaluated and this will be undertaken via the Medisec system.
Appendix 1

Equality Analysis (Impact assessment)

1. What is being assessed?

Procedure for copying letters to patients

Details of person responsible for completing the assessment:

- Name: John Glynn
- Job title: Legal Services Manager
- Team: Governance

State main purpose or aim of the policy, procedure, proposal, strategy or service:

(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This policy covers the actions required to ensure that clinical information is appropriately communicated to patients following consultation or treatment in hospital.

2. Assessment of Impact

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes □ No x

Explain your response: For patients whose first language is not English, staff will follow the Trust’s interpretation and translation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes □ No x

Explain your response: No impacts identified, apart from for transgender patients where staff should take care to refer to a transgendered patient by their appropriate gender within the letter.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes x No □

Explain your response: Staff need to ensure that the information is provided in the most appropriate format for the patient by clarifying any issues with them or their carer, and should follow the Trust’s interpretation and translation policy. Information can be made available in large print, Braille, easy read, audio etc.
AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes x No □
Explain your response: Young people aged 16 and over are legally able to make decisions about their own healthcare and should be asked directly if they wish to receive copy letters. During consultations with younger children an assessment needs to be made as to whether the child concerned is able to make an informed decision about whether to receive a copy letter or whether a parent or carer would be more appropriate. It is not enough that they understand the nature of the advice which is being given, they must also have a sufficient maturity to understand what is involved.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? No x
Explain your response: No impact identified.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? No x
Explain your response: No impact identified.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes x No □
Explain your response: There is an expectation that carers will assist the patient, where required, in their care with any matters relating to copy letters.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No x
Explain your response: No other impacts identified.

3. Safeguarding Assessment - CHILDREN
a. Is there a direct or indirect impact upon children? No x

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

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<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
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<td>This has no adverse impact on children in terms of Safeguarding – there is provision in the procedure whereby when the child is not legally responsible for their own care letters will be copied to the person with legal responsibility. During consultations with children under 16 years of age an assessment will be made as to whether the child concerned is able to make an informed decision about whether to receive a copy letter or whether a parent or carer would be more appropriate.</td>
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4. Relevant consultation
Having identified key groups, how have you consulted with them to find out their views and that they have made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

The original document which has been updated and has been subject only to minimal changes was consulted with Clinical Leads, Medical Staff Committee, and Clinical Business Units. The updated document has been reviewed by Corporate Affairs & Governance Managers.

5. Date completed:           Review Date:

6. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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7. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 13.2.14