

STANDARD OPERATING PROCEDURE

Sharing Letters with Patients

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Author/Lead Job Title	Karen Robinson, Information Governance Officer
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Name of Trust Strategy/Policy/Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
<i>P024 Sharing letters with Patients Policy</i>		
1.0	September 2009	<i>Policy ratified by the Governance Committee and implemented June 2010.</i>
1.5	May 2012	<i>References to SystemOne added. Approved at IG Committee 9-May-12</i>
<i>Policy updated to Standard Operating Procedure (SOP16-006)</i>		
1.0	September 2016	<i>Reviewed and updated to a Standard Operating Procedure</i>
2.0	September 2016	<i>New Trust format and name.</i>
3.0	September 2019	<i>Update 3.1 to record preferences in electronic records. Update 3.6 to include the CIO stamp on letters to patients. Approved IG Group 2-Sept-2019</i>
4.0	May-22	<i>SOP reviewed and 3.6 updated to include a disclaimer for patient letters. Document amended to correct Trust SOP template (Policy Management) Approved IG Group 11-May-2022</i>

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1. INTRODUCTION

The NHS Plan (Department of Health, 2000) says that, although people have the right to see their medical records, “*in practice, much communication between professionals is not available to the patient concerned. Patients often do not know why they are being referred or what is being said about them*”.

It therefore requires that “*letters between clinicians about an individual patient’s care will be copied to the patient as of right*” (p89). The Department of Health convened a working party on this issue which reported in March 2002, and a series of pilots were conducted before full implementation in April 2004.

The NHS Constitution for England 2015 also pledges “*to share with you any correspondence sent between clinicians about your care*”.

The Department of Health suggests the following potential benefits of copying letters to patients (Copying letters to patients 2003):

- **More 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 more informed and better able to make decisions about treatment options
- **Better compliance:** Patients who understand the reasons for taking medication or treatment are more likely to follow advice
- **More accurate records:** Errors can be spotted and corrected by the patient
- **Better consultations:** Professionals can confirm that patients understand what is being said during the consultation. Patients are better prepared and less anxious
- **Health promotion:** The letters can be used to reinforce advice on self-care and lifestyles
- **Clearer letters between professionals:** Letters written between professionals are clear and understandable to both professionals and lay people.

This procedure is based on the guidance published by the Department of Health on copying letters to patients.

2. SCOPE

This procedure relates to clinicians’ letters, therapeutic letters, referral letters, discharge letters etc. Care Plans are also documents that should be copied for patients. Where clinicians provide the care plan in a letter format, this should be copied to the patient in accordance with the above policy.

This SOP does not relate to copying “raw data” such as test results or reports. These should not be sent to patients unless you already do so. In due course the outcome of such tests/reports may need to be included in a letter copied to the patient. Where no such letter is needed some other means of communicating the results will be necessary.

In many cases, healthcare professionals may write directly to patients copying the letter to the general practitioner or other professionals as necessary. There is no implication in this procedure that this practice should stop; indeed healthcare professionals should be encouraged to increase such practices.

3. PROCEDURES

3.1. Obtaining and recording consent

At each consultation which generates a letter, the clinician should ask the patient if they wish to receive a copy of that letter. The patient's decision should be recorded in their electronic health record as part of the consultation note and communicated to the person transcribing the letter. To assist this process, patient should be given the leaflet in Appendix 1 at first contact.

In Lorenzo, this decision will also be recorded in the General Details screen, under Manage Summary. The "Copy Letter" box should be ticked for those wishing to receive a copy of letters.

In SystemOne, a read code is available to alert staff that the patient would like a copy of clinical correspondence. SystemOne units requiring this should contact the IT Service Desk.

3.2. Address and format for letters

Patients should be able to say where they would like to receive a copied letter and in what format. People with special communication or language needs (most often people with disabilities such as sight impairment, learning disabilities, illiteracy or dementia) should be able to specify how they would like to receive the information. Please see section 3.3 if the person does not have capacity to consent to receiving copies of letters.

The guidance gives the following options for providing copies of letters:

- A printed copy of the letter
- Copies in large print, or some other format such as audio
- Viewing letters on a computer screen
- Sending by post or by arranged collection point (for example when they next attend for an appointment) where there are concerns about privacy at home
- Copies dictated in the presence of the patient.

Other formats may be considered appropriate for certain individuals, for example Braille, symbols for learning disabilities, written translation or letters being verbally interpreted for people whose first language is not English.

3.3. Consent for carers

Some adults have carers, family members or others who are actively involved in their care. Frequently patients want information to be shared with their carers. With the patient's consent, copies of letters can be sent to the carer.

In the majority of situations, patients will agree to involving and informing the carer in all areas of their contact with services. Trust staff will positively emphasise to the patient the benefits of open communication with carers, outlining the positives that can be added to the care package by everybody involved in their care being fully involved in working together.

For further information please see "Sharing information with carers and significant others Standard Operating Procedure" on the Trust's intranet.

3.4. Patients who lack capacity

In cases where the patient does not have the capacity to consent to receiving copies, health professionals will have to exercise judgement in deciding where it is in the patient's best interests to share information with a carer in order to support the patient's care. The Mental Capacity Act 2005 Policy, Procedure and Guidance must be followed. This is available on the Intranet under [Mental Capacity Act Guidance](#). The assessment of capacity must be recorded on the [Capacity Form](#) and the best interest decision on the [Best Interests Decision Form](#). The documents must be stored in the health record.

3.5. Children and young people

Young people aged 16 or 17 should be asked for their agreement to receive copies of letters. It is up to healthcare professionals to assess the competence of younger children (“Fraser Guidelines”) as to whether consent is sought.

Where the parents are separated, it is important to discuss who should receive the copy of letters (please note the term parent can apply to legal guardians and carers of “looked after children”).

Patient consent for carers, children and young people to receive copies of letters should be reviewed on an annual basis.

3.6. The process

The clinician is responsible for ensuring that a copy of the letter is provided to the patient after confirming:

- that the patient wishes to receive a copy
- how the patient wishes to receive it
- the preferred format

This information must be passed on to the person transcribing the letter.

Letters should avoid jargon and be written in language that is clear and in everyday use. Where medical/professional terminology is a necessity, an explanation of this should be given either in the letter itself or at the consultation.

All letters and correspondence must clearly show the NHS number of the patient.

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

The letter must include the following disclaimer:

If you are not the intended recipient of this letter or any of its contents, please notify the sender asap who will arrange collection. Please be notified that any use, disclosure, copying or distribution of the information is prohibited.

The envelope in which the copy of the letter is sent should be marked “Private and Confidential” and stamped with the Chief Information Officer return address.

3.7. Exceptions to the process

All letters written by professionals to other professionals within or outside the Trust should be copied to the person to whom they refer except:

- Where the letter contains personal data which relates to and identifies another person (for example, that a relative had provided certain information in confidence) unless the person has consented to the disclosure, or can be fully anonymised in the letter, or it is reasonable to provide the information without consent.
- Where a health professional decides that permitting access to the information contained in the letter would be likely to cause serious harm to the physical or mental health or condition of the person to whom the letter relates or any other person (including a health professional), or
- Where the person indicates that they do not wish to receive copies of correspondence relating to their care.

4. REFERENCES/DEFINITIONS

NHS Constitution for England October 2015 <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

Copying Letters to Patients, Good Practice Guidelines (Department of Health 2003)

Appendix 1: Sharing Letters Leaflet

Sharing letters with you

During the course of your treatment, the health professionals who look after you will, on occasion, be required to write to each other to discuss aspects of your care. The letters are written to enable them to share information about your treatment and wellbeing.

As part of the NHS Constitution, you (or the person looking after you), can receive a copy of any letter written about you that is sent between healthcare professionals. All of the information contained in these letters will already have been discussed with you, but having copies of this correspondence may help you in your understanding of the treatment you are receiving. It may also improve communication between yourself and those responsible for your care.

It is important to remember that these letters may contain language that includes medical and technical terms, however efforts will be made to ensure that this is kept to a minimum. You can also choose to have a copy of the letter that will be sent to your GP (doctor) following your clinic appointment or inpatient stay in hospital.

What do we mean by a letter?

A letter includes communications between health professionals including GPs, hospital doctors, nurses and therapists. This may include:

- Letters to GPs and other community health professionals
- Details of an outpatient consultation
- Letters from NHS health professionals to other agencies such as social services or housing organisations

Who can I talk to if I have questions about a letter I receive?

Health professional responsible for the writing of letters will make every effort to avoid the use of technical information. However, if there are aspects of the information you don't understand, you can discuss these with your GP who will also have received copies. Alternatively, you can contact the health professional directly responsible for the correspondence. Their details and telephone number will be noted on the letter heading.

What about confidentiality?

The letter you receive may contain sensitive information about your health so you should take care to keep it safe. Care should be taken about who you share this information with. The letter may contain information that you do not want members of your family or friends to know about.

Do I have to have a copy of letters?

No. You may decide that you are satisfied with the information you have received and therefore you may prefer not to receive copies of the letters.

Choosing whether or not to receive copies of letters will not affect the care and treatment you receive.

Further information

For further information about receiving copies of letters, please speak to the health professional responsible for your care.

If you would like a copy of this leaflet in another language or

- large print
- Braille
- audio format

Please contact:
Patient Experience
Humber Teaching NHS Foundation Trust
Trust HQ
Willerby Hill
East Yorkshire
HU10 6ED

We have made every effort to ensure that the information in this leaflet is correct at the time of going to print.

Published by Humber Teaching NHS Foundation Trust, September 2019

Appendix 2: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Sharing Letters with Patients SOP
2. EIA Reviewer (name, job title, base and contact details): Karen Robinson, Information Governance Officer, Mary Seacole Building, Willerby Hill, Willerby. 01482 477856.
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?: Standard Operating Procedure

Main Aims of the Document, Process or Service

The procedures sets out how the Trust will comply with the Department of Health requirement that letters between clinicians about an individual patient's care will be copied to the patient as of right.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Issues regarding capacity and best interests have been covered in the procedure. Young people and children's capacity to consent to receiving copy letters is covered in the procedure.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	The procedure covers those requiring letters in different formats e.g. braille, large print or audio version. There is an explanatory leaflet within procedure explaining that the health professional can be asked to explain anything that is not understood.
Sex	Men/Male Women/Female	Low	The requirements of this procedure apply equally regardless of sex.
Marriage/Civil Partnership		Low	The requirements of this procedure apply equally regardless of marital status.
Pregnancy/Maternity		Low	The requirements of this procedure apply equally regardless of pregnancy/maternity status.

Race	Colour Nationality Ethnic/national origins	Low	The procedure offers the letters in other languages. Potential negative impact for travellers, no fixed abode, homeless. However this is mitigated by the offer that letter can be collected at next appointment or other nominated address.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	The requirements of this procedure apply equally regardless of religion or belief.
Sexual Orientation	Lesbian Gay Men Bisexual	Low	The requirements of this procedure apply equally regardless of sexual orientation.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The requirements of this procedure apply equally regardless of gender reassignment.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
Potential negative impact in relation to;	
Capacity to consent	
Understanding due to LD or non-English speakers	
Ability to read letter due to sensory impairment.	
Adequate measures are described within the procedure to mitigate the potential negative impact.	
EIA Reviewer: Karen Robinson	
Date completed: May 2022	Signature: K Robinson