

## COPYING LETTERS TO PATIENTS POLICY

<b>POLICY NUMBER:</b>	CP34
<b>VERSION NUMBER:</b>	1.3
<b>KEY CHANGES FROM PREVIOUS VERSIONS</b>	1 month extension QC Sept 21
<b>AUTHOR:</b>	Consultant in General Adult Psychiatry and Clinical Director
<b>CONSULTATION GROUPS:</b>	Learning Disability SMG Secure Services SMG Adult SMG Older Peoples SMG Clinical Governance Committee Clinical Directors
<b>IMPLEMENTATION DATE:</b>	April 2017
<b>AMENDMENT DATE(S):</b>	Feb 21
<b>LAST REVIEW DATE:</b>	December 2017
<b>NEXT REVIEW DATE:</b>	<del>December 2020</del> June September October 2021
<b>APPROVED BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE:</b>	January 2018
<b>RATIFIED BY QUALITY COMMITTEE:</b>	February 2018
<b>Copyright</b>	
<b>Policy Summary</b>	
<b>The Trust monitors the implementation of and compliance with this Policy in the following ways</b>	

Services	Applicable	Comments
Trustwide	✓	
Essex MH & LD		
CHS		

**The Director responsible for monitoring this policy is  
Executive Medical Director**

COPYING LETTERS TO PATIENTS POLICY

CONTENTS

THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT.

- 1.0 INTRODUCTION
- 2.0 PRINCIPLES
- 3.0 ADVANTAGES OF COPYING LETTERS
- 4.0 CLINICIAN'S RESPONSIBILITY
- 5.0 IMPLEMENTATION
- 6.0 REFERENCE TO OTHER TRUST POLICIES

APPENDICES

APPENDIX 1 – COPYING LETTERS TO PATIENTS – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

SAMPLE ONLY

**COPYING LETTERS TO PATIENTS POLICY**

**Assurance Risk Statement**

This policy and its associated implementation procedure set out clear guidelines for the implementation of Copying Letters to Patients within all Trust Services.

This policy and its associated procedure will ensure that all healthcare professionals are aware of the broad legal and ethical issues related to copying letters to patients and will ensure that risks (legal or otherwise) associated with the policy are minimised.

**1.0 INTRODUCTION**

- 1.1 The NHS Plan 2000 (para 10.3) gave patients the right to be copied into letters written about them, subject to the judgement of clinicians that some information that may be harmful to that person or others can be withheld. The Royal College of Psychiatrists in their Council Report CR160 (April 2010) (p.14) states: "Letters from one doctor to another, or to a health professional should be copied to the patient to improve the patient's understanding of their mental health and the care they are receiving."
- 1.2 The Trust believes this openness bring a number of advantages but also recognises that it must be a matter for individual choice and circumstance.
- 1.3 A 'letter' includes communication between different health professionals, for instance those from and to GPs, hospital doctors, nurses, therapists and other healthcare professionals. Types of letter include referral letters (including hand written copies), letters from clinicians to other agencies (like social services or housing, employers or insurance companies). In some cases clinicians prefer to write to the service user and copy the letter to the other professional, and that remains an option.
- 1.4 The letters referred to in this policy are those generated by the clinicians in a clinic or clinical service that a service user is seeing. The agreement with the service user will therefore be applicable to every communication originated from that clinic/service.
- 1.5 Under the Trust's Care Programme Approach (CPA) Policy (ref CLP30) standard care plans will be written in a letter format. These Standard Care Plans will be both written and shared with the service user as part of the care planning process as explained within the CPA policy and procedures.

### 2.0 PRINCIPLES

The principles guiding this policy are

#### 2.1 Openness

The Data Protection Act 2018 (section 45) gives people the right to request a copy of their records. This policy extends that policy by offering patients at the start of the relationship with the trust the option of opting out of correspondence being sent to them if they would like it. This openness we believe provides a number of advantages to help build the relationship between the clinician and the service user, as it can be discussed at the very beginning of the relationship and will also explain why a clinician might withhold something.

#### 2.2 Choice

It is up to the individual concerned whether they want to be copied into correspondence or not. In arriving at decision it is helpful to assess the capacity of the individual to consent to receiving and sharing information. A service user can also decide how they would like to receive the letters (and to what address). They can also decide if they want them copied to other people – their carers or family members. It is the service user's own choice and some service users may not want to be copied into letters, or may just wish to be told when letters have been sent to some other person, without the letter actually be copied to the service user

#### 2.3 No surprises

This policy is not – and can never be – a substitute for good oral communication. Normally, there should not be anything in a letter copied to a service user that they are not aware of and letters should summarise what has already been discussed with them. If new issues arise they should be described in the letter, with an indication that they have not been discussed with the service user. It is important for the clinician to discuss such issues with the service user prior to sending them the copied letter, if it is anticipated that distress could be generated.

#### 2.4 Clarity

Letters should be written clearly in plain English (with translations if required), although they may contain medical technical expressions. If the service user should have difficulties understanding parts of the letter, they should be advised to request either the person who wrote the letter (e.g. the psychiatrist) or the person to whom the letter was addressed (e.g. the GP) to provide clarification. Service users are entitled to receive copies in a form that suits their needs.

#### 2.5 Clinical Judgement

The clinician has the authority to withhold any information that they believe is personal information about another person, or if they believe the letter would pose a serious possibility of causing harm to the service user's physical or mental health or cause harm to others (including health professionals).

### 2.6 Confidentiality

Every service user is entitled to confidentiality even when copying letters to that person. Whatever arrangements are made for copying letters must not infringe that confidentiality, or have third party information disclosed to another without that third party's consent.

## 3.0 ADVANTAGES OF COPYING LETTERS

3.1 There are a number of advantages to receiving copies of letters. Reading the letters will:

- keep the service user informed of their situation
- confirm what action is being taken
- help service users to understand their treatment and care, especially about their care plans where such plans are rudimentary, or where care plans are contained in letters to another health professional
- help service users to remember what has been discussed with health professionals,
- help service users prepare for future discussions
- Help to empower service users to take control of their situation

3.2 It will also help the Trust's record keeping by giving service users the opportunity to correct any information that the Trust needs to know.

## 4.0 CLINICIAN'S RESPONSIBILITY

4.1 It is for the clinician to judge the capacity of the person to be offered letters. This includes the laws around capacity (The Mental Capacity Act 2005), including where a child is involved (see also Appendix One). However, the clinician should also note any instructions that may be contained in any Advance Decisions that he/she knows about (e.g. recorded on the electronic record system of the Trust).

4.2 It is good practice to involve carers in cases where the service user lacks capacity. Where this is the case it may be appropriate to send copies of letters to the relevant carer. However it is for the clinician to decide whether this is appropriate. Psychiatrists should ensure that patients understand the benefits of sharing information. Competent refusals must be documented and respected.

4.3 It is for a clinician to decide if something should be withheld.

4.4 Clinicians should record in the patient notes whenever they believe something should be withheld and why. However, the reason to withhold has to be a risk at the time of the request. A later request (under the Data Protection Act) may require another opinion to be made and the material released if appropriate. This should be explained to the service user or carer.

4.5 If the clinician judges that it is inappropriate to even raise the issue of copying letters this should be recorded and the reason stated.

**5.0 IMPLEMENTATION**

- 5.1 The Trust's Executive Medical Director will be responsible for the policy and the implementation of this policy, which will be routinely audited.
- 5.2 The Executive Medical Director will consult the Director of Clinical Governance & Quality and Executive Nurse on implementation issues.

**6.0 REFERENCE TO OTHER TRUST POLICES**

- 6.1 This policy shall be read in conjunction with Trust policies
- CP9 Record Management
  - CP2 Complaints Policy
  - CLP6 Advance Directives
  - CLP16 Consent
  - CP24 Equality and Diversity
  - CLP30 CPA

**END**