

## **NHS Policy: Copying Letters**

You are entitled to have a copy of any letter written by your hospital or the PCT or your GP copied to you.

Since the Guidance was issued in April 2003, NHS Trusts and PCTs have started to work through the implications of implementation. In doing so they have raised a number of practical questions, which are answered below.

### **Where did this initiative originate?**

The NHS Plan (Paragraph 10.3) said 'letters between clinicians about individual patient's care will be copied to the patient as of right'. A working group convened by the Department of Health in 2002 set out the background to the initiative in a report in February 2003.

### **Where can I find the guidance?**

Copying letters to Patients: 'Good Practice Guidelines' Guidance is posted on the DoH publications page.

<http://www.dh.gov.uk/en/publicationsandstatistics/index.htm>

### **What is the underlying aim of Copying Letters?**

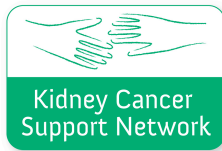
The NHS has an obligation to involve patients in decisions about their health care and communicate with them. Copying Letters is an effective way of keeping patients up – to-date with their diagnosis and treatment and demonstrates a commitment to good communications and valuing patients.

### **Who is responsible for implementation?**

Copying letters is an organisational responsibility. It is for NHS Trusts and PCTs with the support of their respective Strategic Health Authorities (SHA) to develop appropriate plans to deliver Copying Letters within their own organisations. In the case of Primary Care, this will require PCTs to negotiate such plans with constituent GP practices.

### **Is adherence to this guidance mandatory?**

Copying letters is a government objective and has been since the publication of the NHS Plan. NHS organisations were expected to have implementation plans in place from April 2003 onwards, with full implementation by April 2004. However, the Copying Letters to Patients initiative signals a major change in culture for the NHS and full implementation is not yet complete across the country. Therefore, the Department is continuing to drive forward this important initiative by working with Strategic Health Authorities and Primary Care Trusts.



### **Why does this not form part of the contracts for GPs?**

The guidance on implementing the GMA contract (December 2003), jointly agreed with the BMA and NHS Confederation, does remind practices and PCTs, in paragraph 2.32, of government policy that patients should be offered copies of letters relating to them.

It is clearly not appropriate for every aspect of government policy to be enshrined as a legal requirement. Copying letters is best practice and key to clinical governance and good communications and the government is fully committed to implementation.

### **Will adherence be part of performance targets?**

It may be that SHAs choose this as a performance indicator or that CHAI include this as an area for scrutiny. Such targets are not set out by DoH.

### **What happens if organisations don't comply?**

The NHS Plan and the subsequent Good Practice Guidelines are published within the public domain and clearly set out the commitment to this policy. It is also good practice. Patients will be able to complain where this objective is not being delivered. Individual organisations will then need to explain why they are failing to deliver.

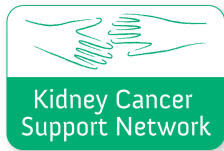
### **What to do if this has not yet been implemented in your Trust**

You may wish to seek the support of their SHA Patient and Public Involvement Lead, who should be able to help the development of an action plan, moving to a position where copying letters is implemented in your organisation as speedily as possible. They may also be able to provide links to work being carried out in the area and give examples of best practice.

### **Do we have to copy every piece of correspondence and test result to our patients?**

No. The purpose of the 'Copying Letters to patients' policy is to empower patients by ensuring that people are given the opportunity to be aware of what is being written about them and keep them updated on their treatment. The range of letters will inevitably be varied, as will the circumstances, therefore there can be no hard and fast rules about what should and should not be copied. Paragraph 2 of the copying letters guidelines provides practical advice on what to copy and when and offers a definition of what constitutes a letter. If you have any specific queries you should discuss these in the first instance with your SHA lead. Separate guidance for Mental Health and other specialist services.

We recognise that there are some specific practical problems and sensitivities that need to be addressed with certain specialist areas. Section 3 of the good practice guidelines highlights this particular area. The onus lies with individual organisations to agree sensible local protocols to deal with specific local needs.



**Will we receive additional funding for this?**

No. Copying letters to patients informs patients and involves them in decisions about their care. This is best practice and NHS trusts and PCTs are expected to develop the most cost effective way of delivery and cover the costs from within their existing budgets.

**Can we charge patients for this service?**

People have a basic right to know what is being written about them. Trusts are not expected to charge patients for this and there is no central policy on charging. Trusts will have to justify any charge. In most cases this will be the cost of postage and stationery, in which case trusts will inevitably conclude it is not cost effective to levy a charge.

**Can I speak to anybody in the field about their experiences?**

There are several Pilot Programmes listed on the publications page (of the DoH website) with contact details of Trusts who have implemented the policy.

**Does the Secretary of State's speech of 7 November 2003 have any implications to delivery?**

The Secretary of State issued a press release on 7 November 2003 as part of the Choice, Responsiveness and Equity Consultation, which highlighted the potential to take the process one step further by writing to patients direct, copying correspondence to clinicians. The feasibility of such a change will be thoroughly investigated.

**What steps is DH taking to increase take-up of this policy?**

We are in the process of planning a project to identify the barriers to implementation to assist the SHAs whose role it is to monitor implementation.