

TRUST-WIDE CLINICAL POLICY DOCUMENT

**POLICY AND PROCEDURE ON
COPYING CLINICAL
CORRESPONDENCE LETTERS TO
SERVICE USERS**

Policy Number:	SD10
Scope of this Document:	All Staff
Recommending Committee:	Patient Safety Committee
Approving Committee:	Executive Committee
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Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Deputy Director of Nursing and Quality

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2016 – Version 3

Quality, recovery and
wellbeing at the heart
of everything we do

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**POLICY AND PROCEDURE ON COPYING
CLINICAL CORRESPONDENCE LETTERS
TO SERVICE USERS**

Further information about this document:

Document name	Policy and Procedure on Copying Clinical Correspondance Letters to Service Users – SD10
Document summary	This document sets out the process to ensure the Trust meets its obligations to follow the Department of Health recommendations that service users should receive (some exceptions may apply) copies of letters written about them between professionals who are involved in their clinical care.
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Version Control:

Version History:		
Version 2	Approved by Integrated Governance Committee	September 2012
Version 3	Approved by Executive Committee	November 2016

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

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1. PURPOSE AND RATIONALE

- 1.1 Following Department of Health recommendations service users should receive (some exceptions may apply) copies of letters written about them between professionals who are involved in their clinical care. This will involve letters between psychiatrists, psychologists, general practitioners and any other persons such as nurses and professionals allied to medicine who are involved in clinical care (this means 'treatment', not non-clinical letters such as housing application).
- 1.2 Mersey Care NHS Foundation Trust appreciates how important it is to involve service users in their care and such information should assist that process.

2. PRINCIPALS AND STANDARDS

- 2.1 Mersey Care NHS Foundation Trust recognises that all sections of society may experience prejudice and discrimination. This can be true in service delivery and employment. The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect. The Trust is working towards, and is committed to the elimination of unfair and unlawful discriminatory practices. All employees have responsibility for the effective implementation of this policy. They will be made fully aware of this policy and without exception must adhere to its requirements.
- 2.2 Mersey Care NHS Trust is also aware of its legal duties under the Human Rights Act 1998.
- 2.3 All public authorities have a legal duty to uphold and promote human rights in everything they do. It is unlawful for a public authority to perform any act which constitutes discrimination.
- 2.4 Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with the Human Rights principles of dignity, autonomy, respect, fairness and equality.
- 2.5 All clinical letters written by therapists to other clinicians either within Mersey Care NHS Foundation Trust or to others outside the Trust should be copied to the service user to whom they refer.
- 2.6 All clinical letters written by therapists to other clinicians either within Mersey Care NHS Trust or to others outside the Trust should be copied to the service user to whom they refer.
- 2.7 There are exceptions to this;
 - 2.7.1 The service user does not wish to have a copy of the letter.
 - 2.7.2 There is information in the letter which is considered detrimental to the mental or physical health of the service user or health care professional.
 - 2.7.3 The information in the letter relates to a third person, unless that person has consented to the disclosure or could be fully anonymised.
- 2.8 Service users may ask for correspondence to be sent to them but at another address, because this is preferable to the circumstances in which they are living, e.g. shared accommodation and they may be concerned that the letters are not secure. It is therefore good practice to confirm with service users which address they would like the clinical correspondence to be sent.
- 2.9 A record of the service users decision, and, if given, the reason for this decision, will be placed in the notes.

- 2.10 If the service user prefers, the letters could be copied to another appropriate person instead. This preference must be recorded clearly in the service user's notes.
- 2.11 The service user will be responsible for keeping any letters that are sent, safe and secure and to dispose of them appropriately. Staff are expected to support service users in being able to secure the letters safely and dispose of them appropriately.
- 2.12 If a service user is unable to consent to correspondence being copied to them, the principles of the Mental Health Capacity Act should be followed in order to decide if correspondence should be sent to them. The Clinician should identify who will manage such correspondence on the service user's behalf and ensure they are aware of the need to keep such information secure, confidential and accessible only to those who need to see it. This decision needs to be clearly documented within the service user's clinical record along with the assessment of the capacity.
- 2.13 The envelope in which the letter is sent should be marked 'Private and Confidential'.
- 2.14 This policy only relates to letters. It does not include care plans, which should be routinely discussed with the service user and a copy of the care plan offered.
- 2.15 It is essential that clinicians consider carefully the content and accessibility of the letters that they write.

3. SCOPE

- 3.1 This policy applies to all staff working within Mersey Care NHS Trust Services.

4. DUTIES

- 4.1 **Executive Director of Nursing** - It is the responsibility of the Executive Director of Nursing to ensure that the Trust complies with the Department of Health recommendations and meets the requirements of current Human Rights legislation. The Executive Director of Nursing is responsible for ensuring an appropriate policy document is in place and is adhered to in respect of the copying of clinical correspondence to service users.
- 4.2 **Health Care Professionals, Clinicians and Administrative Support in Clinical Divisions** - It is the responsibility of Healthcare Professions, clinicians (and their administrative support) within Mersey Care Trust to provide service users with the option of receiving copies of clinical letters written by therapists to other clinicians either within Mersey Care NHS Foundation Trust or to others outside the Trust.
- 4.3 **Line Manager** - It is the responsibility of Line Managers to ensure that staff are aware of this policy to assist and support service users.
- 4.4 **All Staff** - All staff should be aware of this policy to assist and support service users.

5. PROCESS

- 5.1 All service users must be asked if they wish to receive inter-clinician letters and if they do they should be sent unless the reasons in the policy apply, ie detrimental to the mental or physical health of the service user or health care professional or the letters would reveal information relating to a third person, unless the person has consented to that disclosure or can be fully anonymised.
- 5.2 There are potentially significant confidentiality issues. Ensure that the service user's address is correct.

5.3 How this policy is implemented may vary in different divisions/ services and it is up to the individual services to decide what is in their service users' best interests. For example:

5.3.1 The receptionist could discuss the matter with the service users as they attend for follow-up appointments.

5.3.2 Following discussion with service users clinicians should indicate in the notes if a service user does or does not wish to receive copies of correspondence.

5.3.3 In certain cases the service user may wish the carer to receive the copied correspondence and this must be appropriately discussed and recorded.

6. CONSULTATION

6.1 This policy was initially been developed in line with Department of Health documents and pilot schemes. There has also been consultation with the Service Users and Carers Forum and other professionals within Mersey Care NHS Foundation Trust.

7. MONITORING

7.1 Adherence to this Policy will be undertaken through monitoring of complaints and liaison with PALs.

8. EQUALITY AND HUMAN RIGHTS ANALYSIS

Refer to Appendix A.

9. ADDITIONAL APPENDICIES

Appendix B –

Appendix C -

Equality and Human Rights Analysis

Title: Corporate Policy and procedure on Copying Clinical Correspondence Letters to Service Users
Area covered: Trust wide

What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> Ensure Service Users receive copies of clinical correspondence.

Who will be affected? <i>e.g. staff, patients, service users etc</i> Service Users/Patients, staff
--

Evidence

What evidence have you considered? Previous consultation at Service User & Carers forum Documentation
--

Disability inc. learning disability
--

Sex

Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>
--

Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>

Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i>

Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i>
--

Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i>

Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i>
--

Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i>
--

Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	N/A
Right of freedom from inhuman and degrading treatment (Article 3)	N/A

Right to liberty (Article 5)	N/A
Right to a fair trial (Article 6)	N/A
Right to private and family life (Article 8)	N/A
Right of freedom of religion or belief (Article 9)	N/A
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	N/A
Right freedom from discrimination (Article 14)	N/A

Engagement and involvement

Summary of Analysis

No impact

Eliminate discrimination, harassment and victimisation

Advance equality of opportunity

Promote good relations between groups

Yes

What is the overall impact?

Sharing of information with Service User/Patient

Addressing the impact on equalities

Action planning for improvement

No action has been identified to make improvements.

--

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record Name of persons who carried out this assessment: Gina Kelly, Lee Ellison, Kate Greenwood
Date assessment completed: 16 th October 2012
Name of responsible Director/Director General: Medical Director
Date assessment was signed:

Service User Consent Form

The NHS Plan states that service users should be able to receive copies of letters that clinicians (doctors, nurses, psychologists, general practitioners etc) write to other clinicians about them.

Mersey Care NHS Trust wishes our service users to be informed about and involved in their care and will make clinicians letters available to service users if they want them.

In certain cases the letters may be thought to be detrimental to the service user or healthcare professionals mental or physical health or will contain information about other people, and these will not be available.

This does not affect your qualified rights to see your medical records.

The service user will be responsible for keeping any letters we send safe and secure, and to dispose of them appropriately.

* I DO / DO NOT wish to receive copies of letters.

[*Please delete as appropriate]

Name:
[Please print and sign your name]

Date:

Address for correspondence

.....

If at any time you change your mind about your decision, please tell your doctor or your care coordinator.

Appendix C

Flow Chart Illustrating Procedure for Copying Clinical Correspondence to Service User

