Title: Communicating with service users best practice

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Contents

1 Introduction

It is estimated that poor communication in the NHS in England alone costs over £1 billion a year (Marie Curie press release, 29th February 2016). We recognise that it is important for our diverse population of service users to stay connected with us. There are a variety of ways we can do that. Different communication formats will suit different people. Communication is important because it makes service users feel connected and reduces isolation and aids recovery. Good communication is vital because it enables trust and this promotes wellbeing.

Although the title of this document is 'Communicating with service users best practice, it is recognised that communication takes place with a variety of people, e.g., service user's family, carers and legal representatives. In addition to this we need to communicate clearly with parents of minors, guardians, individuals who hold power of attorney, individuals appointed by the court of Protection and Independent Mental Health Advocates (IMHAs).

This document is critical to the delivery of Our Journey to Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health problems, a learning disability, a disability or autism. It helps us to co-create a great experience for all service users, carers and families from TEWV's diverse population by ensuring service users stay connected to the Trust by using their preferred method of communication.

2 Purpose

The aim of this procedure is to help staff communicate with service users. Following this procedure will help the Trust to:-

- Understand the different methods of communication that the trust allows;
- Make a shared decision with staff about the most appropriate method of communication;
- Understand how to use each communication method;
- Stay connected with service users, carers, and other professionals;
- Provide the most effective communication channel for individual service users.

Trust service users must be involved with the care they receive. There are several ways in which Trust staff can communicate with service users:

- Letter
- Email

- Text
- Telephone
- Video link
- Face-to-face
- Social media

Staff need to make sure that service users are aware of these options.

3   Who this procedure applies to

This procedure applies to all staff and must be used when agreeing the most effective form of communication with a service user. This document was co-produced with service users and carers.

4   Related documents

This procedure describes what you need to do to implement the Confidentiality and Information Sharing Policy.

> (!) The confidentiality and sharing Information policy describes the conflict between staff obligations to preserve service user confidentiality and the need for information to be shared to provide the best care for our service users. You must read, understand this document before carrying out the procedures described in this document.
>
> All service users have the right to privacy so unless there is a justified reason to speak to someone on their behalf, e.g., they have given their consent or it is in their best interests, then do not speak with anyone other than the service user about the care they receive.

This procedure also refers to:-
- [Information Governance Policy](#)
- [Records Management – Minimum Standards for Clinical Record Keeping](#)
- [Records Management - Minimum Standards for Corporate Record Keeping](#)
- [Telephone Usage Policy](#)
- [Email Policy](#)
- [Email Procedure](#)

- [Harm Minimisation (Clinical Risk Assessment and Management) Policy](#)
- [Mobile Phone Policy for Service Users and Visitors](#)
- [Interpreting and Translation Policy](#)
- [Interpreting and Translation Procedure](#)

5 Confidentiality and Security

When contacting service users or their representative, confidentiality and security must be the most important consideration, with staff following relevant legislation, professional Codes of Conduct and NHS guidance:

- The Data Protection Act 2018
- UK General Data Protection Regulation (UK GDPR)
- The NHS Plan 2000
- NHS Guidance: Copying Letters to Patients (2003)

It is essential that the use of personal information is in line with data protection law. Personal information must be processed in a lawful, fair and transparent manner. The use of personal data and information by an organisation must be understood by that individual. An NHS organisation or service provider must explain to the individual:

- What information they need about them;
- For what purpose;
- Who the information will be shared with;
- What they will do with the information in terms of compliance with data protection law.

This information is available to service users through a [privacy notice](#). Staff must give service users a privacy notice at the start of an episode of care.

The Information Governance team at NHS England recognise that both service users and professionals have concerns around the use of digital technology. Email and text, in terms of confidentiality and security can pose a barrier to these methods being routine practice.

The Trust has arrangements in place to minimise the risk of privacy breaches including Close Monitoring and Break Glass functions on the electronic patient record keeping system. For information on these functions refer to the Auditing and Monitoring for Service User Confidentiality procedure.

6   Record Keeping

All communication between staff and service users regarding clinical matters must be recorded in the clinical record (the electronic record primarily, but in paper records for some clinical teams).

The detail of what is recorded will depend upon the type of contract with the service user, *e.g.,* whether it is on a 1:1 basis or group work. However, if a service user discloses anything considered to be a risk to themselves or anyone else this must be recorded in their record regardless of the type of contact.

7   Accessible Information Standard

The service user's electronic record allows you to record service users' communication needs. This ensures that Trust staff comply with the NHS England Accessible Information Standard. The standard aims to provide a consistent approach to identifying, recording, flagging, sharing and meeting the information communication needs of service users and or parents/carers/families, where those needs relate to a disability, impairment or sensory loss. All users must record accessible information onto Paris. Information about how to do this can be found in this Briefing Sheet which is available from the intranet.

This is of most relevance to those who are blind, d/Deaf, deafblind and/or who have a learning disability. Individuals who may have difficulty in reading or understanding information other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability), are excluded from the scope of the Accessible Information Specification v1.1. (NHS England, DCB1605 Accessible Information: Specification version 1.1, August 2017).

A translation and interpretation service is available for those people whose first language is not English. Guidance is published in TEWV's Interpreting and Translation procedure.

If you are using another system, e.g., IAPTUS, you must take account of service user information/communication needs and record information in the appropriate place.

Accessible Information Standard training is available through the Electronic Staff Record. It is recommended that staff complete this so they can better understand the needs of service users.

8 Translation and Interpretation

Consideration needs to be given to service users whose first language is not English. Appointment letters must be translated into the correct language. An interpreter may be needed for important telephone calls. For details of interpretation and translation services please refer to TEWV's [Interpreting and Translation](#) policy and procedure.

9 Transgender Service Users

Consideration must be given to communication with transgender service users. If the service user is living at home then members of the family may not be aware of the person's transgender status. Staff must have a conversation with the service user to understand how letters should be addressed so as not to 'out' the service user as being transgender.

From the outset, staff should agree with service users how they wish to be addressed. A trans person should always be referred to in the gender that they identify with and language including written words and text entered into Paris and paper records should always reflect this. Staff must ensure they use the correct pro-noun; he or she and the correct name, *i.e.,* the name with which the individual wishes to be identified.

Verbal and written communication must be consistent*, i.e.,* not change between he and she, she and he or use he/she or she/he and also use the individual's name correctly. For example, if a man born as John Gray identifies as a woman called Jenny, then this individual will always be known as Jenny Gray and the pronoun **she** will always be used to describe them.

10 Procedures

The following sections detail the procedure to be followed with regard to:

- Letters
- Email
- Text messaging
- Telephone calls
- Voicemail
- Fax
- Instant messaging applications
- Video consultations
- Social media
- Face-to-face

The NHS Plan of 2000 proposed that letters between clinicians about an individual service user's care will be copied to the service user.

The potential benefits of copying letters to service users can be achieved by writing letters in a way which communicates compassion, care and respect. Write letters based on individual requirements. Use appropriate language, (use 'plain English') and write in a way that is easy to understand by professionals and lay people. Avoid using jargon, abbreviations and technical terminology. If this cannot be avoided explanations should be given. Use language which acknowledges the whole person rather than just their diagnosis or symptoms. The accuracy of records, the level of trust and the therapeutic relationship between the professional and service user may be enhanced by co-producing the letter and agreeing the content of the letter before it is sent.

Do not share any test results or diagnoses via letter until a discussion is held in person. Refer to the Trust's [Minimum Standards for Clinical Record Keeping](#) which can be found on the Trust intranet.

Be mindful that not all service users wish to receive copies of letters and not necessarily for every consultation.

10.1.1 Serious harm test

At each consultation that generates a letter:

1. Ask the service user if they wish to receive a copy of that letter. Letters will not be copied to service users if the health professional has evidence to suggest that the service user, or anyone else, could be seriously harmed by the disclosure of a letter.

2. Carry out a 'serious harm test' to identify whether the disclosure of the health information would be likely to cause serious harm to the physical or mental health of the service user or another individual. When carrying out the serious harm test the clinician may wish to consider whether:

   - The multi-disciplinary team should be consulted regarding what constitutes serious harm based on the known information about the individual and recorded information.
   - Known risks on assessment and risk documents, alerts etc have been reviewed, including historical records and any documented requests not to share information with the individuals.
   - There is evidence that clinical information has been withheld in the past and the reasons why this decision taken stated.

- Consideration has been given regarding the service user's known current mental state and whether the request for information is linked.

3. Even if the clinician consults with others or takes their views into account, it is the clinician as the appropriate health professional and no-one else who must give the opinion about whether the serious harm test is met or not or met in part.

4. Note that service users may change their mind about receiving copies of letters at any given time and their wishes must be respected.

5. Record the service user's decision in their clinical record as follows:

   In the electronic record type in the 'Sharing Details' box within the Recording Patient Consent Status entry, e.g. "*discussion taken place with regard to sharing letters; service user does/does not wish to receive copies*"

6. If the service user wishes to receive copy letters, the healthcare professional who is writing the letter should make the necessary arrangements, including confirming where the letter should be sent to *e.g.,* home address, or given to at next appointment and also in what format. Check that the home address is to be used or whether an alternative address should be used. Also check what name should be used when addressing mail. Refer to the flowchart to guide you through the process (Appendix 3).

7. Letters should reinforce and confirm the information that was given in discussion with the service user in the consultation, or in the consultation with the receiving professional.

8. No new information should be included in the letter which might surprise or distress the service user.

9. Mark all copy letters to service users *'private and confidential'* and address using their full name rather than just initials. Check that there is not more than one person with the same name living at the address the letter is being sent to. For example, there might be a father and son or mother and daughter who share the same name. If this is the case, make it clear who the recipient is.

10. Check the service user's address regularly to ensure it remains accurate and up-to-date.

11. Use an envelope with a window and include a return address on the reverse of the envelope to ensure that a letter sent to an incorrect address can be returned to the service from where it was sent. However, since some service users do not like to be identified as accessing mental health services, use only the bare minimum of the address without any reference to TEWV, the NHS or include a logo. For example:

Merrick House, SR8 3DY

12. When copy letters are to be sent, provide them in a format that takes into account the service user's capacity to read, comprehend and safeguard the information.

13. Where the service user is not legally responsible for their own care, *e.g.,* a young child or child in care, letters should be copied to the person with legal responsibility. Ask young people aged 16 to 17 to give their agreement to copy letters. It is the healthcare professional's responsibility to assess younger children's competence to understand and make a decision.

10.2 Email

1. The Trust allows email communication between staff and service users, preferably sent via a generic group mailbox. Access is for administrative or business operational information, *e.g.,* appointment reminders or to identify a reason for a service user not attending an appointment. Email should not be used by service users in a crisis because email messages are not always received in a timely way.

2. The Trust's Information Security Team would not recommend emailing clinical information to service users because email is not a secure method of information transfer. However, if service users choose to use this as a method of sending person identifiable information (PII) then the trust will allow services to do so.

3. Ask the service user if they wish to receive emails with attached clinical documents. If they wish this to take place then the options for doing so need to be explained:

4. **Encrypted transfer** – this is the Trust's preferred option The service user will need to register with NHS mail encryption service; registration is free. Guidance about this can be found in section 5.2.2 of the Trust's Email Procedure. Any queries on the use of NHS mail encryption service should be directed to the Information Security Team via email to tewv.informationsecurity@nhs.net

   Un-encrypted transfer (non-secure) transfer – documents are emailed without using the NHS mail encryption service. This is not a secure method of communication transfer. The service user must accept the risks associated with the transfer of information in this format

5. Explain the risks of using email to the service user – refer to the Terms and Conditions of Use attached at Appendix 4. In particular, ensure the service user fully understands that email must not be used to communicate issues around crisis or any aspects of their health to the team from which they are receiving treatment.

6. Document the discussion about the use of email in the service user's record and record consent for communication by email in the electronic record consent module. Record which option of email transfer has been chosen – secure (encrypted) or non-secure (un-encrypted). If the service user lacks capacity, the person acting on

their behalf needs to be the person who consents. Service users, or their representative, should sign the Terms & Conditions of Use document (Appendix 4).

7. Before any PII is sent to a service user, check that their email address is correct, send a test email with instructions that the service user confirms receipt by contacting the clinical team by telephone.

8. Email exchanges are an important part of a service user's clinical record. Record in the electronic patient record and include the date that emails are sent/received by whom and the subject matter.

9. If staff are using email to communicate with service users they must follow these principles:

    •   Copy and paste the text from the email into an electronic record entry. Save the email onto a shared network team folder so only those staff that 'need to know' have access. The folder will need to be named 'Service User Emails' and you will need to create a folder for each service user and name it according to Paris identity.
    •   It is important to save the whole email as it contains important information called 'metadata', *e.g.,* date and time of email was sent. Metadata is needed to maintain the legal admissibility of a record. Service user communication emails are records and their legal admissibility needs to be preserved.

10. Remember:

    •   Emails are records and must be managed consistently. More service users are requesting access to emails through their right of access under data protection law. Emails must therefore be retrievable.
    •   Avoid sending emails where practitioners are disagreeing about a service user's care.
    •   If you are emailing multiple service users all at once, you must use the BCC function. Instructions for doing this are in TEWV's email procedure.

10.3 Text messaging

1. Text messaging is now a communication method used by millions; it has many uses in healthcare – reminders, issuing brief advice making appointments and requesting prescriptions.

2. The Trust supports the use of text messaging also known as SMS (Short Messaging Service) as a means of communicating with service users or carers if authorised, subject to compliance with this procedure and by establishing locally agreed processes with individual clinical teams. Staff may send text messages to service users using either their work mobile or one that is used jointly by their team.

3. Communicating with service users using text messaging can be done using either Trust mobile phones or via NHS mail. Contact the Information Service desk for details on this.

4. The Royal College of Nursing's Guide to the use of a text messaging service states that there are three different ways to use text messaging and some local discussions need to take place about what is suitable:

Simple

This type of messaging service is initiated by the service provider and is usually a reminder or question about an appointment.

Specific

Automated: a service user initiates a request for information or signposting to other services and receives a programmed response.

Personal response: this is initiated by the service user to obtain a response about personal health. It can lead to a consultation or referral to other service providers.

Serious

This describes a client-initiated disclosure of an event or cause for concern. This could include disclosures about abuse, self-harm, serious drug misuses or potentially life-threatening situations. Local procedures need to be accessible and clear to deal with these potential situations. In addition, practitioners need to have access to supervision as a response to the complex professional issues raised in managing serious disclosures particularly when part of a mobile messaging service.

If the service user and key member of staff providing their care identify direct access to the staff member's work mobile phone number as a method of communication this must be written into the co-produced care plan which is signed off by both parties and reviewed on a regular basis. Any risks associated with this method of communication must be documented.

5. The service user should be provided with and understand the terms of use for communicating via text message, such as:

- Communication by text will only be carried out for administrative or business operational information, e.g., appointment reminders or to identify a reason for a service user not attending an appointment.
- The mobile phone will only be switched on between 9am to 5pm.

- If a text is sent and a response is not received, the service user should use another communication method to contact the service, e.g., the team office number.
- If a service user needs to talk to someone in a crisis, provide them with the Crisis Team number.

6. Record the service user's decision to communicate by text in their clinical record as follows: Type in the 'Sharing Details' box within the Recording Patient Consent Status entry, e.g., "*Discussion taken place with regard to communicating via text; service user does/does not wish to communicate in this way*".

7. Recording a service user's mobile phone number in clinical records should not be regarded as their consent to use text messaging as a means of communication. It should be made clear in the record if consent to using text messaging has been agreed by the service user and key member of staff.

8. The use of 'text-speak', abbreviations or symbols/emojis are not permitted by staff. If a service user sends a text using any of these, ask for clarification – do not make assumptions or guesses as to their meaning.

9. Do not use predictive text as this can cause unintended modifications to words which may change the meaning of the message.

10. Do not use inappropriate language in text messages that could cause offence, such as swearing. Report the receipt of any such messages via the Trust incident reporting system (e.g. Datix) with full details and record a verbatim transcription in the service user's clinical record.

11. Never use text messages to convey personal or sensitive information.

12. Check the mobile phone number is correct – confirm with the service user when discussing the use of text messaging and regularly check the number is still in use. However, explain to the service user that it is their responsibility to inform the Trust should their mobile phone number change.

13. Named healthcare professionals should be responsible for a specified mobile phone to maximise confidentiality.

14. Do not use text messages to pass on information that is required immediately as there can be delays in the delivery of messages. This should be made clear to any service user who requests that texts be used as a form of communication.

15. Record all communications by text by transcribing them into the clinical record including the date, time received and the phone number it was sent to/from. When this is done, delete the text from the mobile phone.

16. If you do not have access to Paris, *e.g.,* unpaid Peer Support worker, any communication received by text that needs to be recorded in the clinical record

must be done by the service user's care co-ordinator or another member of the care team.

17. Trust services must agree the need/benefit of using text messaging and formally approve and document the implementation of the service in a local Standard Operating Procedure.

10.4 Telephone calls

1. Consent must be obtained to use this method of communication. Confirm which telephone number(s) a service user or carer if authorised wishes to be contacted on, *e.g.,* home, work or mobile. Record the service user's decision to communicate by telephone in the electronic record as follows:

   Type in the 'Sharing Details' box within the Recording Patient Consent Status entry, *e.g.,* "*discussion taken place with regard to communicating via telephone; service user does/does not wish to communicate in this way*". Also note if the service user is happy for messages to be left with anyone else who may answer the number(s) they have provided.

2. Explain to the service user that it is their responsibility to inform the Trust of any changes to telephone numbers.

3. Be mindful that some telephone service providers offer their customers the ability to automatically reject incoming calls from 'withheld' or private numbers. This can be manually overridden by dialling (for an outside line) then the prefix 1470 before dialling the telephone number.

4. Record phone calls made by family members and friends in the Paris casenotes. Phone calls should be documented exactly as they are heard (documented *verbatim*).

10.5 Voicemail

1. There are privacy risks associated with Trust staff leaving service users answer phone messages unless they have given their consent to do so. If you do not have consent, then any message left must not contain clinical information and not mention the Trust or service.

2. Explain to the service user that any voicemail messages they leave on Trust phones (either landline or mobile) will only be accessed during the hours 9am to 5pm.

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3. Provide an alternative telephone number on Trust answerphone machines to signpost service users to use out-of-hours services, *e.g.,* the Crisis Team, 0800 0516 171.

10.6 Fax

1. The Trust does not support the use of fax machines for communication with service users.

2. Fax machines have been phased out of use and are now obsolete.

> ⓘ You must not communicate with service users by fax – you must find an acceptable alternative method of communication.

10.7 Instant Messaging Applications

1. TEWV does not approve of the use of any instant messaging applications for business purposes at this time.

10.8 Video consultations

1. The Trust offers virtual visit facilities. This is a combination of the Microsoft Bookings application and Microsoft Teams. Staff who use video consultations should be mindful of the following key points:

   - Ensure there are no background distractions that may upset service users; blur the background so nothing is distinct.
   - Ensure the appointment is conducted in private.
   - Video must never be used as a means for service users to contact the Trust even for help in the case of an emergency (unless a specific service is set up to do so).
   - When the consultation is complete, the Trust staff member must record the outcomes (and any other relevant information) in the electronic patient record.
   - Where sensitive or potentially distressing information needs to be communicated to a service user or carer, consider whether a face-to-face meeting would be more appropriate.

2. The clinical protocol for video consultations can be found on the intranet.

10.9 Social media

1. There are many reasons why the Trust uses social media. Most importantly, we use it to promote our work, services and corporate messages.

2. Given that we are such a large organisation, it's inevitable that we'll face scrutiny and criticism on social media and may even find ourselves the target of messages about wider NHS or mental health issues. While the vast majority of engagement with our posts is positive, we do sometimes receive undesirable posts. A decision tree has been developed to help the communications team when assessing how to respond to these types of social media posts.

3. We should not forget that sometimes people have valid concerns about their care. Sometimes they are desperate, sometimes they are unwell. Sometimes they are all three and may have reached out without receiving what they think is an acceptable response in private – so they take to social media.

4. We do make it very clear to users what we will and won't accept on our social media sites. Guidance is available on the intranet. For some people a response may not be helpful. We always respond when there is a genuine concern or question.

5. We won't publish any information relating to specific individuals' cases or wider NHS policy issues. Our position is for us to direct people to the information on our website as well as referring people to PALS if they have concerns about their care and treatment.

6. We would always respond if people say they are in a crisis situation. If an issue is complicated or very personal we aim to move it into a more private arena, *e.g.,* direct messaging or email.

7. For further details on the use of social media please refer to our social media guidance on the intranet and information on our internet site.

10.10 Face-to-face consultations

Face-to-face appointments between clinical staff and service users is still an option. During the covid-19 pandemic the trust relied heavily on the use of video consultation. Face-to-face and video appointments will both be offered to service users.

Term	Definition
Advocate	• A person who supports someone who may otherwise find it difficult to communicate or express their point of view. Advocates can support people to make choices, ask questions and to say what they think.
Accessible information	• Information which is able to be read or received and understood by the individual or group for which it is intended.
Alternative format	• Information provided in an alternative to standard printed or handwritten English, *e.g.,* large print, Braille or email.
Braille	• A tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.

D/deaf	• A person who identifies as being deaf with a lowercase 'd' is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and/or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase 'D' is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write, understand or speak English.
deafblind	• The policy, Guidance Care and Support for Deafblind Children and Adults (Department of Health 2014) states that the generally accepted definition of Deafblindness is that persons are regarded as Deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss (Think Dual Sensory, Department of Health, 1995).
Easy Read	• Written information in an easy read format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and/or photographs to aid understanding and to illustrate the text.
Mobile phone	• A device that can make and receive telephone calls over a radio link whilst moving around a wide geographic area. In this case it is telephone calls and text messages only.
Text messages	• Is the ability to send and receive electronic messages between two or more mobile phones.

12 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

12.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Information Governance – Data Security Awareness – Level 1	1 to 2 hours	Annually
All individuals with Trust network access.	Network training.	1 hour	All new starters to the Trust and staff returning to the Trust after an absence of more than 12 months.

13 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Record keeping audit	Annually/Audit/Records Manager	Digital Performance Group

14 References

Accessible Information Standard

Bhandari, N (2010), Readability – writing letters to patients in plain English. Royal College of Psychiatrists, BJ Psych Bulletin [online].

Data Protection Act 1998

Deaf@x Transforming Lives website

Department of Health (2000) NHS Plan

Department of Health (2003) Copying letters to patients: good practice guidelines

Department of Health (2009) Good practice in consent implementation guide (second edition)

Medical Protection Society (2015) Communicating with patients by text message

Mental Capacity Act Code of Practice (2005)
NICE (2012) Patient experience in adult NHS services; improving the experience of care for people using adult NHS services

NHS England 2016 Accessible Information Standard: using email and text messages for communicating with patients – guidance from the Information Governance team at NHS England

NHS England, August 2017, DCB1605 Accessible Information: Specification version 1.1.

Nursing and Midwifery Council (2015) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives

Royal College of Psychiatrists Faculty of Learning Disability, Copying Clinical Letters to Patients: guidelines for psychiatrists working with adults with a learning disability

Royal College of Nursing (2012) Using text messaging services: an RC guide on using technology to complement nursing practice

Royal College of Nursing (2014) Use of Digital Technology: Guidance for nursing staff working with children and young people

Royal College of Psychiatrists Faculty of the Psychiatry of Old Age (2004) Copying clinical letters to patients: guidelines for old age psychiatrists

15 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	29 November 2022
Next review date	29 November 2025
This document replaces	Communicating with service users best practice CLIN-0067-v1
This document was approved by	Digital and Data Services Management meeting
This document was approved	29 November 2022
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	31 October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1.1	March 2023	Full review of the document carried out by service users and carers through the Patient and Public Involvement Group. The main changes are:- • Addition of a section on interpretation and translation; • Addition of a section on Trans service users; • Paragraphs have been numbered for ease of referencing; • Section on the use of social media was edited.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Information Governance Department
Title	Communicating With Service Users Best Practice
Type	Procedure/guidance*
Geographical area covered	Trustwide
Aims and objectives	To ensure service users stay connected ideally using their preferred method of communication.
Start date of Equality Analysis Screening	09/03/2023
End date of Equality Analysis Screening	09/03/2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Service users
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and

Asexual etc.) **NO**

- **Age** (includes, young people, older people – people of all ages) **NO**
- **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO**
- **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO**
- **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO**
- **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO**

Describe any negative impacts	None identified.
Describe any positive impacts	Good communication will aid wellbeing and recovery.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Have referred to guidance published by organisations such as the Royal College of Nursing and the Royal College of Psychiatrists.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	The document has been reviewed by 10 service users/carers through the Trust's Patient and Public Involvement Team.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

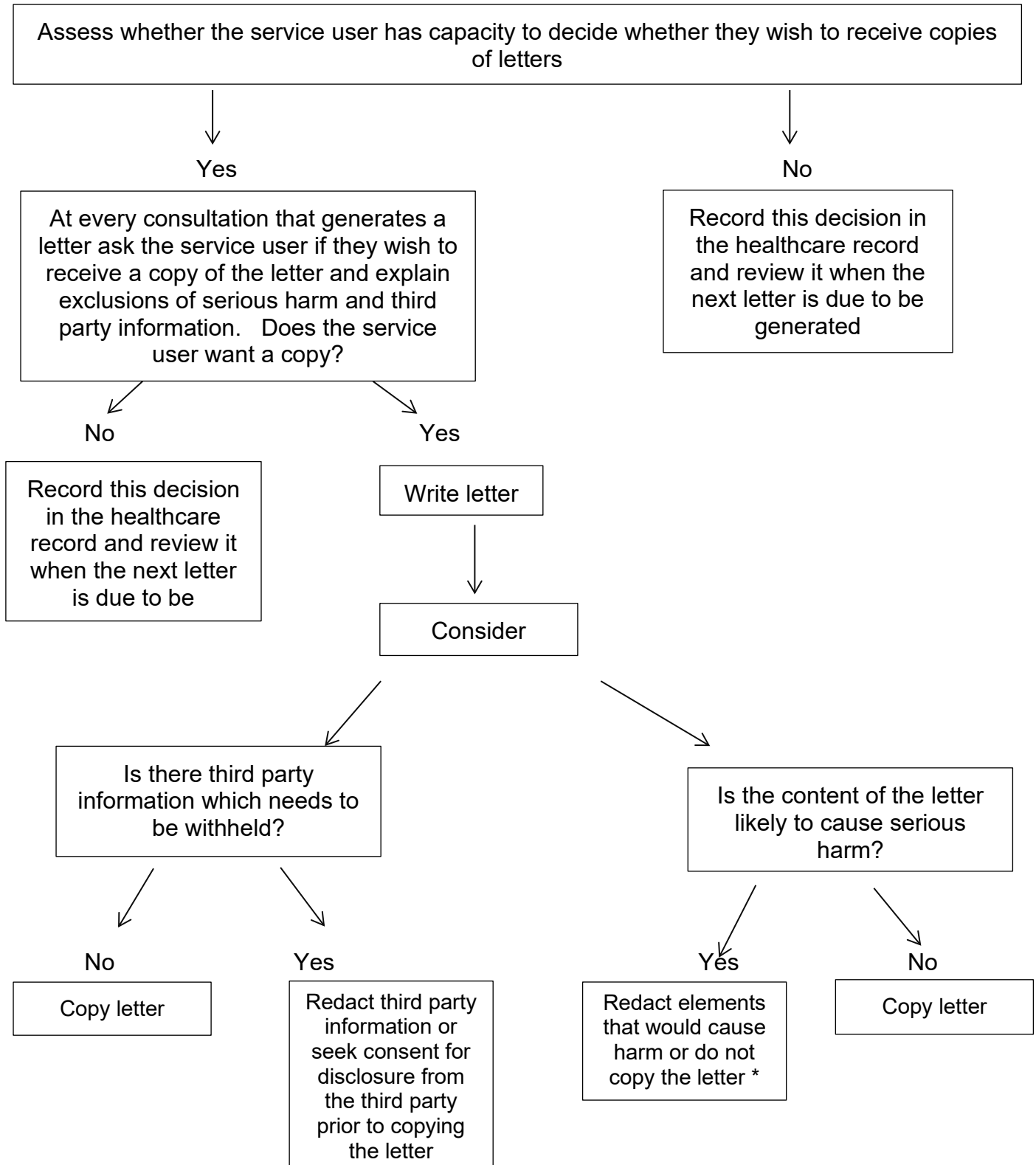**Check the information you have provided and ensure additional evidence can be provided if asked**

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	yes	
3.	**Development Process**		
	Are people involved in the development identified?	yes	Service users and carers
	Has relevant expertise has been sought/used?	no	
	Is there evidence of consultation with stakeholders and users?	yes	Service users and carers
	Have any related documents or documents that are impacted by this change been identified and updated?	no	
4.	**Content**		
	Is the objective of the document clear?	yes	
	Is the target population clear and unambiguous?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	no	
	Are key references cited?	yes	
	Are supporting documents referenced?	yes	
6.	**Training**		
	Have training needs been considered?	yes	
	Are training needs included in the document?	yes	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	no	
10.	**Publication**		
	Has the policy been reviewed for harm?	yes	
	Does the document identify whether it is private or public?	yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – Copying Letters to Patients Process

Assess whether the service user has capacity to decide whether they wish to receive copies of letters

Yes

At every consultation that generates a letter ask the service user if they wish to receive a copy of the letter and explain exclusions of serious harm and third party information.   Does the service user want a copy?

No

Record this decision in the healthcare record and review it when the next letter is due to be generated

No

Record this decision in the healthcare record and review it when the next letter is due to be

Yes

Write letter

Consider

Is there third party information which needs to be withheld?

Is the content of the letter likely to cause serious harm?

No

Copy letter

Yes

Redact third party information or seek consent for disclosure from the third party prior to copying the letter

Yes

Redact elements that would cause harm or do not copy the letter *

No

Copy letter

* If a letter is not copied to the service user then record this decision in the casenote, provide a rationale and provide substantial evidence why the letter has not been copied because this may be challenged by the service user

Appendix 3 – Terms and Conditions: non-secure email use

If a service users insists on an unencrypted (non-secure) email address for receiving clinical information then the following statements must be read with the service user or their representative. Once understood, their name, signature and date should be added to the bottom of the form. This information should be used to produce service specific Terms and Conditions of Use.

- I wish to receive clinical documents about my health by email through my email address [insert email address of service user].

- I understand that email is not a secure form of communication and that confidentiality may not be maintained in an email.

- I understand that email communication may result in infection by malware.

- I accept that I cannot hold Tees Esk and Wear Valleys NHS Foundation Trust liable for the security and confidentiality of the emailed information.

- I accept that I cannot hold Tees Esk and Wear Valleys NHS Foundation Trust liable for the security of the hardware that I use to communicate by email or liable for the cost of any remedial work resulting from any malware infections.

- I accept the risks associated with the un-encrypted transfer of information.

- I understand that the Tees Esk and Wear Valleys NHS Foundation Trust email address must not be used for contact in a crisis. (If you need to contact the Trust in a crisis please use the Crisis Team telephone number; telephone 0800 516 171).

- The Trust will not respond to emails sent to the Tees Esk and Wear Valleys NHS Foundation Trust email address from which information is sent to you.

Service user name: (BLOCK CAPITALS)	
Service user signature:	
Date:	