



Copying clinical letters to patients

GUIDELINES FOR OLD AGE PSYCHIATRISTS

The Royal College of Psychiatrists Faculty for the Psychiatry of Old Age

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These guidelines have been prepared in consultation with the Alzheimer's Society and Age Concern and hope to reflect the views of both users and carers within old age psychiatry services.

Under the NHS Plan (Paragraph 10.3), in order to improve communication, all clinicians are expected to send copies of their clinical letters to patients. While the Royal College of Psychiatrists' Faculty Executive for Old Age Psychiatry welcomes increasing openness and transparency, there are particular difficulties in working with our patient group which have been highlighted in discussions with users and carers. The Department of Health is implementing the policy from April 2004. Clinicians are finding that implementation has already taken place in some areas without full consultation. The Department of Health Guidelines are comprehensive and allow for flexibility.

These guidelines for old age psychiatrists have been prepared to help doctors do the best they can for their patients in line with the National Plan for the NHS, without compromising confidentiality or causing any unnecessary distress. They may also provide information and guidance to managers of mental health services and primary care and, most importantly, to patients and their carers.

What do patients want?

There is not much written evidence about what older people with mental health problems want in this area. Preliminary discussions between the Faculty Executive and service users and carers represented by the Alzheimer's Society and Age Concern suggest that the main concerns of patients and their carers

centre around good communication and accurate and timely information about diagnosis and management. The copying of letters should not be a substitute for good verbal communication.

The Department of Health has run a number of pilot projects on the issue, including one in older people's psychiatric services in Wolverhampton (D. Jolley, personal communication, 2004). This project sought the opinion of a group of Black and minority ethnic elders in contact with services. They also wanted good communication and information and were not particularly concerned to receive letters.

In response to a direct question on the subject, 80% of patients in contact with older people's mental health services in one audit did not wish to receive their clinical letter (T. Elliott, personal communication, 2003).

In a survey of over 4000 people with dementia and their carers by the Alzheimer's Society in 2004, 57% of respondents said they had been given enough information about the diagnosis. Less than half expressed satisfaction about information given on treatment and support.

The evidence therefore suggests that it is the quality of information and communication that concerns our patients, rather than receiving copy letters. It is possible that this is, to some extent, a cohort effect and that, as people who are accustomed to receiving clinical letters get older, they will prefer to receive the letters as part of the communication and information from clinicians. No patient should receive a copy of the letter if they say they do not want it or if the contents will come as a surprise to them – it needs discussion first.



Frequently, when a patient is seen, the diagnosis is not immediately clear and may require further elucidation over time or specific investigations. It might not be appropriate for a patient to receive a letter in which there is speculation about diagnosis. Both service users and carers are in agreement on this point. A common example of this would be a patient with depressed mood in whom there is some question of organic impairment but for whom a more definitive diagnosis would need to wait for assessment of response to antidepressants. In such a situation the clinician should use his or her judgement and send only letters that are easily understood and the content of which has already been discussed. In these circumstances it may even then be distressing and anti-therapeutic for some patients, and the clinician should record the reason for the course of action taken in the clinical notes.

Older people's mental health services will need to educate everyone involved in good practice including medical secretaries and administrative staff in hospital and primary care settings. Doctors in training will need specific training in letter-writing and the associated advice given here.

There is, as yet, no legal framework for decision-making for adults who lack capacity, so clinicians currently have to exercise their judgement, always acting in the patient's best interests. The reasons for any decisions should be recorded in the notes. Different outcomes may ensue for each individual. It should be noted, however, that there is now a draft Mental Capacity Bill which these guidelines attempt to anticipate, but these guidelines may need revising in light of any future legislation. It is good practice to involve carers, particularly so if the patient lacks capacity.

Important points for consideration in each case:

- each patient will need to be considered individually and the outcome of that consideration recorded
- patient capacity to read, comprehend and safeguard letters, particularly for patients with cognitive impairment
- patient consent to receive clinical letters
- third-party confidentiality (i.e. information given by a family member, friend, neighbour, etc., who need to consent to that information being given to the patient)
- third-party access to the letters
- a patient with visual impairment may be able to make arrangements for someone of their choice to read the letter to them
- confidential information which may be detrimental to the patient.

Recommended procedure for patients with capacity

- Whenever possible all patients should be asked whether they wish to receive the clinical letter or not and the answer recorded in the notes; if it is deemed clinically inappropriate even to ask, this should be recorded and the reason given
- Third-party consent for disclosure of information to the patient should be sought and the result recorded; this may prevent such information being recorded in the letter or prevent the copying of the letter to the patient



- Issues in the clinical letter should have been discussed with the patient before the letter is received
- Confidential information detrimental to the patient should be noted and given in the notes as the reason for not copying the letter to the patient
- Any such decision should be conveyed to the recipient of the letter (e.g. the patient's general practitioner), and the reasons should be given.

Recommended procedure for patients deemed not to have capacity

Where patients lack capacity it cannot be assumed that carers automatically receive a copy of the clinical letter. Although this may be the case, it will be a matter of clinical judgement for the clinician in each case as to how appropriate this is and the result of that judgement and any discussion with the carer should be recorded.

Alternative means of conveying information

Other means of written communication may be more appropriate and also meet the Department of Health guidance. It is very important that each patient is considered individually and an appropriate plan made for that person. A letter could be sent directly to the patient or to the carer having gained and recorded consent, including third-party consent.

Such a letter would be a clear, simple explanation and would probably not contain the level of clinical detail as the letter to the general practitioner.

Other written communication might be made up of one of the following.

- A copy of part of the care programme approach documentation in the form of a care plan, including important clinical details such as diagnosis and management (many services will provide this already)
- It is not necessary for patients to receive multiple letters automatically, particularly where information is repeated; summary letters explaining changes in management or drugs might be useful.
- Services may choose to develop formatted letters although there may be some sacrifice of important clinical detail. These might be suitable for both general practitioners and patients.

Conclusion

The Faculty of Old Age Psychiatry wishes to support the implementation of better communication with patients and their carers. Having sought the views of both service users and carers, the Faculty encourages clinicians to adopt a flexible and individualised approach to communication and information-sharing rather than a rigid policy about copying letters.

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AGE
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Dementia care and research

