# Policy Name: Copying Correspondence to Patients Policy

## Policy Number: 63

**Introduction**

The Department of Health has a policy of encouraging healthcare professionals to supply patients with a copy of letters related to their health. The purpose of this policy document is to set out the approach of The Chorley Surgery to this issue.

**Overview**

The Chorley Surgery policy is that copy letters will not be provided as a matter of routine (in the absence of appropriate funding). However, the practice will consider the provision of copy letters where this will be a recognisable benefit to an individual patient or to those with responsibility as a “Carer” for that patient, without charge. For the definition of a Carer and the authorisation procedures see Identification of Carers Policy No. 5.

**What May Be Provided**

Copies of letters initiated within the practice and written to other healthcare professionals external to the practice, for example:

* Copies of forms, referrals or other advice notes initiated within the practice
* Copies of letters initiated within the practice by a nurse or a GP to social services, housing or other agencies relating to the care of the patient
* Copies of letters initiated within the practice to insurance companies, employers or other private sector commercial organisations relating to the health of the patient, providing they have been authorised by consent to receive such information

Copies should normally be provided at nil cost to the practice (other than printing costs) i.e. they will be made available to the patient to collect. Patients failing to collect copies will be deemed to have ceased the service.

The provision of copies of letters not initiated within the Practice (e.g. hospital / consultant letters etc.) will not be permitted, as the responsibility for the provision (or otherwise) of these lies with the originator. However, the patient may still be entitled to receive copies of these and other items under the Access to Medical Records Act, Data Protection Act, General Data Protection Regulations 2018 or other relevant legislation, subject to the payment of appropriate fees.

**What May Not Be Provided**

Any item not described above will be excluded from provision, however in all cases the provision of an individual copy item is subject to approval by the patient’s usual doctor and only where each item has been checked against the criteria set out below in the section on Ethical Considerations. In particular, items of “raw data” which require clinical interpretation will not normally be provided to the patient – this will include items such as test results, X-rays, ECG results etc.

**Consents and Recording**

Where the patient wishes to receive copy letters addressed to them at their registered address, obtain a signed copy Consent Form (Appendix A) and scan this onto the medical record. Place an alert onto the clinical system to draw attention to the requirement.

Where the patient requires copy letters to be sent to them at an alternative address, this should be declined.

Where the patient requests / consents to a third party receiving copies of correspondence this should usually be declined, however see also the section below relating to “Carers”, as special arrangements will apply.

**Frequency of Copies**

The GP accepting the request will make a decision in consultation with the patient as to the frequency of copies (they may be stored to send in batches). The criteria in this respect will be to optimise patient communication.

**Ethical Considerations**

The GP will carry out a specific check prior to the release of any copy letter. This will include a check based on the following considerations;

* Ensure that “raw data” is not provided – it would normally be appropriate to provide this information in another way
* Significant information, new information or abnormal / adverse results should not be conveyed in this way – the contents of these items would normally be discussed in a consultation – the “no surprises” principle. Contents of copied letters should normally confirm previously discussed situations to avoid surprises or potential distress
* Where the GP believes that harm would result in the provision of a letter, this should be withheld
* Where the copy includes third-party information, this should be withheld
* Where other confidentiality, privacy, home or family situations impact, the decision may be taken to withhold. It may be possible for a patient to collect copies from the practice in these circumstances.
* Where copies deal with sensitive issues (child protection, sexual health etc.) it may be appropriate to withhold or restrict / control provision of copies.

**In all cases, it is the responsibility of the GP to authorise the release of each single item of copy depending on the details of the case.**

**Carers**

The identification of a carer is dealt with above. Patients often ask for information to be shared with others, and with the consent of the patient this may be done. The practice will issue only one copy of a letter, and when this is to a carer, the patient will not receive a separate copy direct. A consent form is contained within Identification of Carers Policy No. 5. This facility is limited to registered carers only.

Where, for some reason, a patient requests that an individual letter or group of letters is not to be copied to a carer, notwithstanding the existence of a consent, this request must be complied with and a suitable note made within the clinical system. Repeated use of this provision will result in a review of the continuance of the facility by the GP**.**

**Competency**

The provision of a patient’s consent assumes mental competency, which may be assessed by the patient’s GP. In the case of mental illness, a patient may be judged as being competent in one area, but not competent in another, and some patients may not be able to make a valid decision on the provision of copy letters either to themselves or to a third party.

Mental illness may include dementia, types of learning difficulties or other conditions which may impair rational decision making.

The GP will satisfy themselves that a valid informed consent has been received, either via the Carers Registration process, the provision of a direct consent form (Appendix A) or a court order or other legal process prior to the release of sensitive information or copies.

In the event of doubt as to the validity of a request or a consent, the GP will contact their medical defence body for advice.

Where an Advance Directive [Policy No. 2] exists, this may cover the situation in question and the adequacy of the consent obtained at that time will already have been assessed.

**Children and Young People**

Young people aged 16 and 17 are able to make health care decisions for themselves, and should, therefore, be asked for their agreement to receive copies of letters about them and to the destination of the sharing of this information. It is up to the GP to assess the competence of younger children to understand and make a decision.

It is good practice to offer adolescents consultations alone so that they have the opportunity to speak freely and give information that they may be unwilling to talk about in front of their parents. In such cases, young people may prefer to collect in person copies of letters giving personal information rather than having them sent to their home.

**APPENDIX A**

**COPY OF CORRESPONDENCE REQUEST**

**PATIENT NAME ………………………………………… DATE OF BIRTH …………………**

**REGISTERED ADDRESS ……………………………………………………………………………………………………….**

**To: The Chorley Surgery**

I request and give permission for copy correspondence relating to my healthcare to be sent to me at my home address. I understand that not all items may be sent, and that each individual item will be at the sole discretion of my usual doctor, or another doctor within the practice acting on his/her behalf.

This permission relates to all of my record / only the part of my record which relates to

……………………………………………………………….. (Specify a medical condition).

I confirm that my doctor has discussed the implications of this facility and I am satisfied with any limits imposed, and the discretion which may be applied by the doctor. I understand that the doctor may override this authority at any time, and that this permission will otherwise remain in force until cancelled by me in writing.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Doctor)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Doctor)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

**Frequency**

**Specific Exclusions**

**Specific Inclusions.**