

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Clinical Communications Policy

Version No:	3.0
Effective From:	02 November 2017
Expiry Date:	02 November 2020
Date Ratified:	02 October 2017
Ratified By:	Medical Directors Group/Clinical Policy Group

1 Introduction

Effective communication between clinicians enhances the patient experience and underpins excellence in clinical care. Current DH guidance, “Everyone Counts” The White Paper, Equity and Excellence: Liberating the NHS and the NHS Constitution specify that patients can be assured that communication methods are in place to deliver care and treatment safely and effectively. In addition, all clinical staff in the Trust are bound by their professional bodies to ensure effective communication between care teams is in place. There is a national aim that all communication between health care professionals will be electronic by October 2018.

2 Scope

This policy relates to the generation of written communication and documentation about clinical episodes of care, including clinic letters, Discharge summaries and transfer documents. Other types of internal and external Trust business communication are outside the scope of this policy.

3 Aims

The aim of this policy is to define the type of written communication that is expected to be generated following a clinical episode of care and the method by which this communication is delivered and processed both within the Trust and outside of the Trust to Primary care services and other healthcare providers.

4 Duties (Roles and responsibilities)

The Trust Board, The Chief Executive and the Executive Management Team are responsible for promoting and supporting the aims and objectives of this policy.

Directorate Managers, Clinical Directors and Heads of Department are responsible for ensuring that all staff, including clinical staff are aware of this policy.

All staff have a responsibility to comply with the policy

5 Definitions

Outpatient Clinic Letter

A letter that summarises the content of an outpatient consultation and may formulate a plan of care. This may be sent directly to the patient, the patient's parent(s) (if a

young child), the patient's GP or a referring clinician, and copied to other relevant professionals as appropriate.

Discharge Summary

A letter summarising details of a patient's inpatient care, including relevant procedures and surgery, together with of a plan of continuing care or treatment. This may be sent directly to the patient, the patient's GP or referring clinician with copies to other relevant professionals as appropriate.

Transfer or handover communications

In a Trust of this size and complexity, patients will frequently be transferred between services within the Trust, or transferred out to another health or social care provider, rather than being discharged home. Such transfers require accurate information to be conveyed in the form of a letter or other document. Incorporating information about any communication or access needs will improve the quality of patient experience and prevent delays in assessments. These documents will normally be addressed to the receiving clinician but it is good practice to let the patient (or parent) have a copy, as well as their GP and other relevant professionals within the Trust.

6 Policy

6.1 Communications Standards

Clinical communication should meet the following standards

a) Timely

Outpatient clinic letters should be sent within 10 days of the clinic day, this target will reduce to 7 days from April 2018. Inpatient discharge summaries should be sent within 24 hours of discharge.

b) Clear

Letters and summaries should be formatted in line with NHS national communication guidance and should be in clear language, easy to understand and not open to misinterpretation (for example, avoid acronyms). Documentation should be concise and content should comply with the Clinical Record Keeping Policy. Summaries will use a standard template and clinic letters will use a limited number of agreed templates.

c) Information sharing

Consideration should be given to the relevance of the individuals who are being copied into letters and where possible kept to those who are involved in the current pathway of care.

d) Copied to Patients

In situations where the letter is not sent directly to the patient (or parents), and in accordance with Trust policy (Sharing letters with patients), copies of outpatient letters and discharge summaries should be offered to patients at all stages of care. The age at which copy letters should be sent to the young person or parent should be discussed with the parent and young person. Currently copies are sent

by post however patients will be offered the opportunity to receive correspondence electronically in future.

Where sensitive information such as HIV Status or agreed information about Gender Reassignment is being included in letters it is important to have documented evidence of consent to send copy letters.

Evidence highlights that lack of effective communication with people who are Deaf, Blind, Deaf/Blind or who have a Learning Disability or who don't have English as their first language can lead to lack of understanding of health conditions and treatment. It can also result in patients needing to share information with family and friends that they would not wish to do so. Therefore copy letters should be available in alternative formats on request by the patient contacting the clinician who has written to them.

6.2 Methods of Communication

Electronic communication via secure email is the preferred method for sending clinical documentation to GPs, referring clinical teams and internal copies of letters.

There remains, at present, a requirement to hold a paper copy of all clinical documentation in the paper record.

6.2.1 Inpatient discharge summaries

Discharge summaries should be compiled in Mermaid or its replacement using the standard Trust template and should be generated and sent within 24 hours of the patients discharge.

Whether or not the patient or parent is the primary recipient of the Discharge summary it should be emailed, currently using the ICE methodology, to the patient's GP where possible, and patients should be offered copies as per the [Sharing Letters policy](#).

6.2.2 Outpatient clinic letters

Where possible, outpatient letters should be agreed by the clinician with an electronic signature.

Copy letters to staff within the Trust should be emailed rather than sent as hard copy. This is possible via *Mermaid* – a SOP for this is available on the intranet. Copy letters sent internally should not be filed in the notes as routine and should be disposed of in the confidential waste as per Trust policy.

A paper copy of the letter should be printed and filed in the patient's paper medical record. When a patient or parent is not the primary

recipient of the letter, they should continue to be offered copies as per the [Sharing Letters policy](#).

In general if a patient Does Not Attend for an out-patient appointment and a clinical decision is made not to offer a second appointment then a letter should be sent to the referring doctor and should be copied to the patient.

If a clinician is away for more than 2 weeks due to annual leave or sickness then the IT Help desk should be contacted by the department to ask for a divert of their email to be set up to another appropriate individual so that clinically important information is acted upon.

7 Training

Training for secretarial staff, medical staff and other teams who generate clinical documentation will be available and arranged locally within directorates.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
<i>Review of electronically generated clinical documentation</i>	<i>Audit</i>	<i>Information Services</i>	<i>Directorates</i>	<i>Monthly in the first year after implementation then annually</i>

10 Consultation and review

Consultation

- Steering group including a cross section of clinical and administrative staff
- Clinical Records Advisory Committee
- Clinical Records
- Clinical Safety and Governance Group
- Northumbria Internal Audit and Counter Fraud Service

To be reviewed by

- Northumbria Internal Audit and Counter Fraud Service.

11 Implementation (including raising awareness)

As the facility for increased electronic communication becomes available along with the facility for sending internal copy letters electronically then this will need to be further discussed and advertised across the Trust

12 References

- Everyone Counts
- The White Paper, Equity and Excellence: Liberating the NHS
- The NHS Constitution
<http://www.nhsidentity.nhs.uk/need-help>

13 Associated documentation

- [Discharge Policy](#)
- [Discharge Policy For Children And Young People](#)
- [Sharing Letters Policy](#)

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**

Policy	<input checked="" type="checkbox"/>	Strategy	<input type="checkbox"/>	Service	<input type="checkbox"/>
Is this:	New	Revised	<input checked="" type="checkbox"/>		
Who is affected	Employees	Service Users	<input type="checkbox"/>	Wider Community	<input type="checkbox"/>
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes ☐ No ☒
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified.	No areas identified.
Sex (male/ female)	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified.	No areas identified.
Religion and Belief	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified
Sexual orientation including lesbian, gay and bisexual people	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified
Age	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care.	No areas identified	No areas identified

	The Trust recognises the diversity of cultures, religions and abilities of all of its employees.		
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified
Gender Re-assignment	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified
Marriage and Civil Partnership	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified
Maternity / Pregnancy	The Policy is a Trust wide policy which applies equally to all staff and the aim of the policy to provide guidance to staff on assisting patients who request to make a will whilst in the Trust's care. The Trust recognises the diversity of cultures, religions and abilities of all of its employees.	No areas identified	No areas identified

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

Not applicable

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any

significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes ☐ No ☒

- 11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No

PART 2

Name:

Dr Nick Thompson

Date of completion:

2 October 2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)