PATIENT AND CLINICIAN OPINIONS ON COPYING LETTERS TO PATIENTS

This is a summary: the full paper can be accessed at nursingtimes.net

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A two-month evaluation on a ‘copying letters to patients’ scheme was carried out in a primary care mental health team setting. Patients and clinicians were sent a questionnaire to explore their experiences of receiving copies of their reports written by clinicians. The majority of patients felt more informed, and reported improvement in communication and greater trust in services.

The copying of correspondence between clinicians to patients should have been incorporated as a routine practice across the NHS from April 2004. This practice was recommended in The NHS Plan and the good practice guidelines issued by the Department of Health (2003). This builds on the Data Protection Act (DH, 2007; 1998), through which patients have the right to access their records. As with this act, there are exclusions to patients having access to their records. As with this act, there are exclusions to patients having access to their records – see nursingtimes.net for details.

This change of traditional practice may generate anxieties in the writer as well as the recipient. A literature review was carried out – see nursingtimes.net.

METHOD

This evaluation was carried out in a primary care mental health team (PCMH) setting where adult patients aged 18–65 years with moderate to severe mental health problems were seen in an outpatient setting.

The PCMH was made up of multidisciplinary staff who were carrying out the ‘copying letters to patients’ scheme for the first time. It was decided that initially the service be offered to all new patients during a two-month period. This was with the exception of psychiatrists in the team, who offered it to every patient seen in the two-month period.

First, patients were given an information sheet on copying letters and asked if they wanted to opt in or out of the scheme, giving consent if they did. If they opted in, clinical correspondence relating to them was sent to other professionals (usually the patient’s GP) would now be copied to them.

Three audit tools – a data collection sheet, patient satisfaction questionnaire and clinician feedback questionnaire – were devised. Both questionnaires aimed to look at the effect of receiving copied letters and to highlight any problems. Both questionnaires were returned anonymously.

RESULTS

Data collection sheet

In total, 176 patients were given the opportunity to receive copied letters during the two-month period; 89% opted in and 11% opted out. Reasons given by the 11% of patients for not wanting copied letters were not always specified but included feeling that receiving a letter would cause them anxiety or that they already had the information they needed.

Nearly all (97%) of the patients who opted in preferred to receive the copied letters by post. The remaining 3% opted to collect them at their next outpatient appointment.

There were six occasions when clinicians decided not to send a copied letter. Reasons given were because it contained information about a third party or it was felt that it could be harmful for the patient.

Patient satisfaction questionnaire

Patient satisfaction questionnaires were sent randomly to 104 patients who had been offered the copying letters scheme at the end of the two-month evaluation. A total of 39 were completed and returned.

Of the 39 who returned the questionnaires, 32 had received a copied letter and seven had not. Five patients (16%) said there were mistakes/errors in their letters. The vast majority (97%) of patients wanted to continue receiving copied letters.

The qualitative data from the question ‘How helpful was it to receive a copied letter?’ revealed several key themes.

Theme 1 was concerned with record-keeping, with comments such as: ‘It helps to refer to this letter for future information and knowledge.’ Theme 2 was about feeling empowered and comments included: ‘I find it empowering to receive the letters’ and ‘Felt more involved’. Theme 3 was around

IMPLICATIONS FOR PRACTICE

- Clinicians must ensure they word letters in a way patients can understand and that the letters reflect what was discussed with their patients.

- It is also important that clinicians consider the tone of their letters, as one patient commented that their letter ‘lacked warmth’ and was ‘cold’.

- In terms of distress levels caused to patients, the majority – although not asked directly – seemed to value receiving a copied letter. Only on two occasions was a letter withheld due to fears that it may cause harm or distress to the patient.

- Copying clinical letters to patients appears to show many benefits and is seen positively by most patients. It may even have a positive impact on clinical outcomes in mental health by improving the therapeutic relationship and commitment to treatment.
transparency; for example, patients reported: ‘No sense of mystery or secrecy’. Theme 4 focused on gaining knowledge of professionals’ views, for example: ‘Important to me to be able to read what was being discussed about me with professionals’. Theme 5 was concerned with communication, for instance: ‘Awareness that communication with my GP was happening’.

One patient said that receiving the copied letters was unhelpful: ‘I found it hard to read about myself in such an objective way. The information seemed too cold and lacked any warmth.’

In summary, 84% of patients reported feeling more informed; 53% felt there was improvement in communication; two-thirds (66%) reported greater trust in services; and 31% reported more commitment to services as a result of receiving a copied letter.

Clinicians’ feedback questionnaire
Eight clinicians out of 11 returned their questionnaire. All disciplines in the team were represented in these replies.

The qualitative data from the question ‘What would you describe as the positive outcome of copying letters?’ revealed themes concerned with: better communication with patients; transparency; patients knowing what was being communicated about them to other professionals; having a written record; and greater awareness among patients.

In response to the question to clinicians ‘What would you describe as the negative outcomes of copying letters?’, the themes that emerged were that it was time consuming, had workload implications and generated anxiety for the patient.

Some 50% of clinicians said they had changed the way they write letters. A quarter (25%) had been asked by a patient for clarification on a letter. Over one-third (38%) said that they held back information for clarification on a letter. Over one-third (25%) had been asked by a patient.

Over two-thirds of patients reported ‘no change’ in commitment to treatment, which we would expect to find in this setting as patients are more likely to be highly committed to treatment. However, it is interesting that nearly one-third of patients reported an improvement in commitment as a result of receiving a copied letter. Patients’ increased commitment could be linked with aspects they had found helpful in receiving a letter, such as greater communication and transparency. It may also be linked to findings that approximately two-thirds of patients stated that trust between themselves and the service was ‘improved’ or ‘greatly improved’.

It may be hypothesised that as patients trusted the service more after receiving the letters some of them may have also felt more committed to treatment. Studies have shown that a strong early alliance – as early as the second session – leads to positive treatment outcomes for patients receiving cognitive therapy (Strauss et al, 2006).

Commitment to treatment is also associated with improved clinical outcome (Rosen et al, 2004). We may hypothesise that a substantial increase in trust in services and commitment to treatment as a result of receiving a copied letter make it a powerful clinical tool.

There have been concerns expressed among mental health professionals that copied letters will not be easy for patients to understand or that they could contain information that may cause patients distress. In contrast to other studies, ours showed that a significant proportion of patients found the copied letters ‘easy’ or ‘very easy’ to understand. This may have been because half of the clinicians had changed the way they wrote letters.

It was found that although clinicians reported similar themes to patients about the positive aspects of receiving copied letters, they considerably underestimated the positive impact on their patients.

There are a number of limitations to this study. The patient satisfaction questionnaire did not contain demographic information or information on diagnosis but only the length of time with the PCMHT, which was well distributed across the time bands 0–2 months to two years and over. Also, the study did not include a control group of patients who had not received copied letters.

CONCLUSION
Copying clinical letters to patients appears to show numerous benefits and is seen positively by most patients. Results show that the service goes beyond simply being helpful and also seems to improve trust in services and commitment to treatment.

Hence, this indicates that this may not only be good practice but may also have a positive impact on clinical outcomes in mental health. Further research would be helpful to investigate the impact on clinical outcomes as a result of copying letters.