Copying letters to patients—will it happen?

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The requirement for clinicians from all fields to offer patients copies of letters written about them to other health professionals was stated in the NHS Plan and has been the subject of a series of pilot studies and a set of guidelines. However, in the light of the fact that it has not been explicitly included in the detail of the new GP contract, it is worth exploring whether ‘good practice’ there is a strong case for copying letters to patients, given that it is not a contractual requirement for GPs. The context of the development of other national initiatives around patient involvement and IT may also lead to the requirement for copying letters being overtaken by technological developments—or will it?

The origin of the ‘copying letters to patients’ idea is claimed by Cyril Chantler, who linked it with the concept of patients being able to retain a summary of their notes to carry with them (or to be accessible electronically) at all times. In terms of national implementation, the Department of Health (DoH) state that “there are no all times. In terms of national implementation, the...
comprehensible to the patient (perhaps by minimising the use of technical language) and making it sufficiently informative for the consultant in terms of details of the patient and their condition. This issue is exacerbated where patients have difficulties in accessing the written word, although many of the pilots for copying letters to patients provided guidance on these areas. Patient anxiety is also cited as a reason for not copying letters and although there are no large-scale empirical studies on this area, several smaller studies have examined this and concluded that it is not a major issue. A study in which consecutive referrals from two GPs were randomized to either (a) dictation in the patients’ presence or immediately after they left the room or (b) whether the patient was sent a copy of their referral letter, concluded that both immediate dictation or receipt of a copy letter reduces patient anxiety that the referral might be delayed.

It is possible (or even perhaps inevitable) that copying letters will alter both the nature of the consultation and also the relationship between the clinician and patient. Copying letters can be viewed as one aspect of a broader shift towards more sharing of information with patients. The more open the relationship, the more health professionals have to consider the ethical implications and to influence patient choice rather than “using their inherent power”. Although this has to be viewed within the wider policy context of greater patient involvement, such top-down approaches to ‘choice’ may not be what the patient wants. This issue is exacerbated when uncertainty and risk is present, as it generally is in clinical practice.

This affects both clinicians and patients in that clinicians “have a responsibility to check the patient’s understanding of the issues involved” but patients “need to be clear that are circumstances where there is considerable debate amongst clinicians about the relative effectiveness of different treatments”. However, there is no evidence to suggest that this should stop doctors from copying letters.

Issues for both clinicians and patients arise from consent and confidentiality considerations, but these are perhaps even more important when electronic records are considered. However, even with paper records and letters there are concerns that the wrong person may get access to a letter. Many of these issues are common to consent issues around access to medical records in general, and when all medical record information is held electronically, and patients have some access to this, copying letters will be obsolete. However, this long-term aspiration, embodied in the National Programme for Information Technology (NPfIT) is very ambitious—it is promised by the end of 2007 (at the latest), although there is increasing scepticism about the achievability of these deadlines. Some argue that the resource implications are similar whether information is on paper or electronic, and that “the existence of an electronic record is irrelevant”.

The wider policy context is arguably different now from when the NHS Plan was developed. The recent publication of the NHS Improvement Plan moves away from focus on providing information to patients for its own sake to information provision, using technology, to enable patient choice. There are a variety of policies that impact on the way patients use the service (choice, direct payment, expert patients and access), as well as how the service is provided (diversity of provision, foundation trusts, etc). Other policy issues that impact on copying letters include the new GMS contracts, National Service Frameworks, the wider impact of the Freedom of Information Act, and the latest standards framework for the NHS. The public perspective can be elicited from comments made by the director of NHS Patient and Public Involvement (PPI) who has “attacked doctors for their failure to cooperate with the government’s goal to give patients copies of clinician’s letters about them”. The national consultation on patient choice highlighted ‘need for information’ as one of four themes, and recognised that this had implications not only for patients but also for clinicians, and for their accountability.

So back to copying letters—will it happen? The debate that has been focused around whether it should be ‘good practice’ or required as part of a formal set of targets is now resolved. The BMA had made it clear that they would prefer a “best practice approach rather than insistence on this measure via regulation”, and this was reflected in statements from the DoH in March 2004: “copying letters is not new... [it is a] simple way of keeping people up to date about their treatment”. In the primary care context, it is now clear that it will not be ‘required’, which could be seen as appearing to ‘break the pledge’ of the NHS Plan. However, the old adage ‘what gets measured gets done’ is still on the minds of some; “criteria attached to the ‘patient focus’ domain within the new NHS standards... provide an opportunity to introduce new levers on copying letters”. It would clearly be unfair to suggest that doctors are unwilling to provide information to patients, but the practicalities of doing this through copying letters, when there are so many other demands on their time, mean that this appears at times to be given a relatively low priority. Although “where professionals profess scepticism about change we may be sure that in part, at least, this has to do with defending territories... no matter what the evidence says”, it does seem that resistance from clinicians has been successful in stalling the full implementation of the copying letters proposal. So it will not happen in full—but this does not alleviate the wider concerns about information sharing that have been voiced by clinicians and which will still impact on the implementation of the NPfIT as well as other PPI initiatives. Such issues are not likely to go away.
Throwing the ‘baby out with the bathwater’ may however be premature—there is useful learning from the issues raised by the partial implementation of copying letters to patients for PPI and IT implementation, which are recognised as requiring a ‘culture change’.23 “The most significant obstacle in similar projects has been the lack of attention to the human element of changing behaviour” (Halligan quoted in 23). If the government is serious about providing more information to patients, then copying letters may be a useful way of facilitating that process of culture change, as well as addressing some of the objections to the principles of more information sharing. Otherwise patients will have to wait for the future provision of information supported by technology, once the clinicians have again debated the same issues about information sharing and its implications. Whether this will ever happen is a subject for a separate debate.

Declaration

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References