

Association of Breast Surgery Summary Statement

WRITING LETTERS TO PATIENTS

PROLOGUE

This short guidance covers general aspects of letter writing and applies to letters sent on paper and electronically. The focus of this document is on doctors' letters but it is relevant to all clinicians who write clinical letters. The Association of Breast Surgery endorses the principles set out in this guidance as best practice.

BACKGROUND

Writing letters directly to patients is in keeping with Good Medical Practice, which states: "You must give patients the information they want or need to know in a way they can understand", and the NHS constitution, which states that patients "...have the right to be given information about the test and treatment options available to [them], what they involve and their risks and benefit" and have "the right of access to [their] own health records and to have any factual inaccuracies corrected". The NHS Constitution also states that staff should "involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis, and their individual care and treatment".

ADDRESSING YOUR LETTER DIRECTLY TO THE PATIENT

Following the Paterson inquiry, the Department of Health recommendation, as specified in the 2021 policy paper, recommend that it should be standard practice that consultants in both the NHS and the independent sector should write to patients, outlining their condition and treatment, in simple language, and copy this letter to the patient's GP, rather than writing to the GP and sending a copy to the patient.

The benefits of writing directly to the patient rather than sending them a copy of a letter written to their GP have long been recognised, notably in Clinical Genetics. In a randomised trial in a haematology clinic, patients and referring clinicians were very positive about letters written directly to patient. Doctors who have adopted the practice say their communication style has become more patient-centred. GPs find the letters easier to understand and spend less time interpreting the contents for the patient.

Writing directly to the patient or the parent/guardian also avoids awkwardness caused by writing about patients in the third person. Most importantly, patients find such letters more informative, supportive and useful.

CONSENT

In some circumstances, the patient may not want sensitive information about themselves in a letter sent to their home. Ask for the patient's verbal permission to write them a letter, for example "I plan to write a letter to you about today's consultation and send a copy of the letter to your GP. Is that alright?"

LETTER WRITING GUIDANCE

1. What is the purpose of the letter?

Consider the purpose of the letter before writing, for example:

- To record the relevant facts and opinions about the patient's health and wellbeing;
- To present the management plan to the patient and the GP.

SUMMARY STATEMENT: WRITING LETTERS TO PATIENTS

2. Letter Writing Do's

- Do aim to create or enhance a rapport between the patient and the doctor;
- Do draw on the information content of the relevant consultation;
- Do use language which is reflective of the level of language used in the consultation, appreciating that this will be different according to every patients level of understanding;
- Do use plain English when possible, for example, 'armpit' instead of 'axilla'.

3. Letter Writing Don'ts

- Don't use the letter to break bad news for the first time;
- Don't use acronyms as these are often incomprehensible to non-specialists as well as to patients, e.g. DCIS.

SENDING LETTERS BY EMAIL

This depends upon the IT systems available in your hospital. You should not send the letter electronically to the patient without their consent, and make sure they are aware of the security and confidentiality issues.

Authors:	Vassilis Pitsinis on behalf of the Clinical Practice & Standards Committee
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