

Staffordshire Patient Communication Charter

1.0 Purpose

- 1.1 This charter sets out standards of communication between all healthcare providers in North Staffordshire and registered patients in our local health economy and is, bar exceptional circumstances, expected to be the norm, in the interest of patient safety.
- 1.2 In any event - for those parties to whom the new (April 2016) NHS Standard Contract for hospitals apply - these parties will adhere to the legal requirements set out in this document (www.england.nhs.uk/nhs-standard-contract/16-17/)

2.0 Referrals

- 2.1 The referral letter will clearly set out the reason for referral, and provide supporting information where appropriate to facilitate prioritisation of the referral
- 2.2 If a clinical problem, related to the initial GP referral, requires a review by a specialist in a different discipline this referral should be made without the intervention of the GP. The same applies to unrelated but urgent clinical matters (e.g. cancer or aortic aneurysm).
- 2.3 Where the need for a (onward) referral to another service has been identified by a responsible clinician this referral will be sent within 3 working days. Urgent referrals will be sent within 1 working day
- 2.4 For any other onward referrals authorisation should be sought from the patient's GP.
- 2.5 The party that receives the referral will ensure that the referral is reviewed and prioritised on clinical need within 5 working days. Urgent referrals will be prioritised within 1 working day.

3.0 Responsibility for actioning investigations

- 3.1 Where a clinician requests a test or investigation/intervention, it is that clinician's responsibility to obtain the result, act on it (providing treatment where necessary) and inform the patient how they (will be able to) receive the result. This is regardless of whether a patient is an in-patient, out-patient or discharged from hospital pending results. The patient should be given a clear indication of when the results will be available and how they will be conveyed
- 3.2 Where a need for further investigations has been identified by a hospital/secondary care/mental health clinician correspondence to the GP should make it clear that this has been arranged and that the patient is aware/has been

informed of this arrangement.

- 3.3 Where investigations have been requested in General Practice it is the patient's responsibility to contact the surgery to check on the results, unless instructed otherwise by the investigating clinician. It is the investigating clinician's responsibility to check that the patient knows how to obtain his/her results, understands these instructions and is able to act on them.

4.0 Discharge and follow up

- 4.1 After surgery, if no hospital follow up is planned, then the patient will be advised that follow up in general practice will be on an as needed basis rather than routine. The range of symptoms considered outside the norm during recovery (and requiring GP help) will be clearly communicated to the patient by the hospital team prior to discharge. It is the discharging clinician's responsibility to check that the patient and/or his/her carer understands these instructions and is able to act on them.
- 4.2 Where the need for a follow up by the GP, practice nurse or pharmacist has been identified by a secondary care clinician, in most cases the responsibility for organising this should be given by the secondary care clinician to the patient and/or his/her carer, and this fact made clear to the patient on discharge and in correspondence with the GP.
- 4.3 Recommendations in hospital communications to GPs (e.g. about changes to medication or management plans) requiring patient contact with the GP, should make it clear that the hospital has asked the patient to contact the practice.
- 4.4 Where possible following discharge from an in-patient stay the patient will be provided by the hospital with a copy of their discharge letter to take home.
- 4.5 Discharge summaries will comply with the SIGN 128 discharge document guidelines (<http://www.sign.ac.uk/pdf/sign128.pdf>) and:
1. Always contain the name and contact details of both the author and the responsible consultant.
 2. Clearly indicate the follow up arrangements in hospital or confirm that the patient has been discharged.
 3. Be sent to the GP within 24 hours of discharge from in-patient care, day-case admission or A+E attendance days. For all other contacts a discharge summary will be forwarded to the GP within 48 hours.
 4. State the discharge location; noting if this is not the patient's normal place of residence.
 5. Be copied to the patient if the patient requests this.
 6. Indicate new or discontinued medication and the reasons for change.
 7. Indicate if and for how long a Fit Note has been issued, for what reason and how long the patient is expected to be off work for

8. Contain clinically relevant information
 9. Will only follow the final discharge from hospital and not on transfer from one department to another
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- 4.6 Prescribed medication volumes will be in accordance with the Trust's contractual requirements, and with agreed medication pathways endorsed by the APC.
 - 4.7 If the patient is not well enough to return to work, Fit notes (previously known as sickness certificates) should be issued for the expected duration of absence from work where required under the existing guidance from the Department for Work and Pensions.
 - 4.8 Where patients have queries about treatment they have received from a healthcare provider, they will expect to direct these queries to the same provider. Healthcare providers will inform patients of this at every contact.
 - 4.9 The healthcare provider will have in place a patient facing website allowing clear identification of a clinician's secretary's contact details – which as a minimum should include a telephone number and email address. When during weekday working hours the secretary is unable to answer the phone, an answerphone facility will ensure that the patient can leave a message. Queries (telephone or email) will be answered within 2 working days.
 - 4.10 Patients will give at least 2 working days notice of cancellation of their appointment.
 - 4.11 If a patient calls to postpone a secondary care appointment due to personal circumstances they should be offered an alternative appointment.
 - 4.12 Where a patient DNAs an appointment outside General Practice, the patient will be notified of their DNA and they will be given the opportunity to re-book their missed appointment within 4 weeks of the posting date of the letter. The letter will be copied to the GP and will clearly indicate that no further action is required from the GP.

Where a patient DNAs 2 appointments or does not take the opportunity to rebook a missed appointment as indicated, consideration will be given by the hospital consultant to offer the patient a further appointment or whether to discharge the patient back to the GP. In either case the GP will be informed in writing. If the patient is discharged back to the GP, the patient will be expected to seek a re-referral from the GP if required.

The UHNM Hospital Trust must assure itself that the patient receives reasonable notification before any decisions are made regarding a patient who has not attended.

- 4.13 Patients are to ensure that their contact details (address and telephone numbers) held by their GP and other healthcare providers with whom they are in contact are up to date.
- 4.14 Where patients have cause for concern about the level of communication they receive from a healthcare provider they should contact the healthcare provider direct.
- 4.15 Where clinicians have cause for concern about the level of communication they receive from another healthcare provider they should raise this with that provider direct, copying in the CCG/commissioner of this service.
- 4.16 Any concerns about communication raised by patients or clinicians will be reviewed at the GP engagement meetings, at least quarterly.

Signatories to this agreement:

North Staffordshire Local Medical Committee

Sign Print

South Staffordshire Local Medical Committee

Sign Print

North Staffordshire and Stoke Clinical Commissioning Groups

Sign Print

University Hospitals of North Midlands

Sign Print

Staffordshire and Stoke-on-Trent Partnership Trust

Sign Print

North Staffordshire Combined Healthcare Trust

Sign Print

North Staffordshire and Stoke Patient Congress

Sign Print

Stafford and Surrounds CCG

Sign Print

East Staffordshire CCG

Sign Print

South East Staffordshire and Seisdon Peninsula CCG

Sign Print