



## **Clinic Correspondence Policy**

**Core Documentation Cover Page**

## Clinic Correspondence Policy

Version number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	Sept 2011 SMT	To provide students with clear guidance and the procedure that should be followed when written correspondence regarding patients is required to be produced within the UCO's General Clinic.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Sept 2012
V2.0	Mar 2014 SMT	Major Amendment to reflect use of TM2 and Templates.	Deputy Head of Clinic & Partnerships	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Mar 2016
V3.0	Jan 2017 PRAG Chair	Administrative Amendment to reflect current practice.	Head of Clinical Practice & Deputy Head of Clinic & Partnerships	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jan 2019
V4.0	Jul 2017 PRAG Chair	Administrative Amendments to update institution name change from British School of Osteopathy to University College of Osteopathy.	Head of Clinical Practice	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Jan 2019
V5.0	Aug 2018 PRAG Chair	Administrative Amendment to reflect current practice	Clinic Reception Manager	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	Aug 2020
V6.0	Mar 2021 PRAG Chair	Administrative Amendment to reflect current practice and include Caldecott Principles	Clinic Reception Manager	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	March 2024
Equality Impact					
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)					
Neutral equality impact (i.e. no significant effect)					X
Negative equality impact (i.e. increasing inequalities)					

**If you have any feedback or suggestions for enhancing this policy,  
please email your comments to: [quality@uco.ac.uk](mailto:quality@uco.ac.uk)**

## Clinic Correspondence Policy

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## 1. SCOPE

- 1.1 This policy provides students and staff with clear guidance on the procedure that should be followed when written correspondence regarding patients is required to be produced within the University College of Osteopathy (UCO) Clinic.

## 2. GENERAL DATA PROTECTION REGULATION

- 2.1 With the release of any patient data that may be included in a letter or other correspondence, please ensure that you are clear on your responsibilities with handling patient data and that you are adhering to UCO policies and procedures. For further information, please see the [UCO's Data Management area on the UCO Portal](#).

## 3. CALDICOTT PRINCIPLES

- 3.1 You should also be familiar with the Caldicott principles as set out below.
- 3.2 When dealing with and managing personal data, we must have the Caldicott principles at the forefront of our considerations. These are set out below and more information can be found at: <https://www.ukcgc.uk/manual/principles>
- a) **Principle 1 - Justify the purpose(s) for using confidential information:** Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.
  - b) **Principle 2 - Use confidential information only when it is necessary:** Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.
  - c) **Principle 3 - Use the minimum necessary confidential information:** Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.
  - d) **Principle 4 - Access to confidential information should be on a strict need-to-know basis:** Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.
  - e) **Principle 5 - Everyone with access to confidential information should be aware of their responsibilities:** Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.

- f) **Principle 6 - Comply with the law:** Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.
- g) **Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality:** Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.
- h) **Principle 8 - Inform patients and service users about how their confidential information is used:** A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this. These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant and appropriate information - in some cases, greater engagement will be required.

## 4. POLICY DETAILS

- 4.1 Ascertain the exact reason for the requirement for the correspondence; this will probably fall into one of the following categories:
  - a) Referral to patient's GP or another medical agency
  - b) Confirmation of patient's status to employer, Department of Health or other agency
  - c) Request for alterations to patient's work environment
  - d) Request for medical history, test results or other information from patient's GP, consultant or other therapist
  - e) Acknowledgement of referral to a UCO clinic (see end section for more detail)
- 4.2 Advise the patient of any charge which may be levied (charges are recorded at the end of the document). Chargeable letters will not be posted until payment is received.
- 4.3 Obtain the patient's written consent by completing a UCO Disclosure of Information Form (available at reception). ALL correspondence requires written consent, to comply with data protection and confidentiality. This includes patients who collect letters themselves from the UCO clinic.
- 4.4 Take a photocopy of the Disclosure of Information Form. The original is to be placed in the patient's file and the photocopy is to be sent in accompaniment with the letter.
- 4.5 Prepare a draft of the letter using the appropriate letter template, which can be found via the 'letters' button on the patient's record on TM2. Any staff or student who has access to TM2, can access this, not just the student that the patient is booked in with.
- 4.6 Letter templates can be found in TM2; there is also a copy at the end of this policy.

- 4.7 The final content and layout of the letter should be finalised with the assistance of a Clinic Tutor.
- 4.8 Particular attention should be paid to:
- a) Correct spelling of names and addresses
  - b) Correct date of birth
- 4.9 Include sufficient detail of the complaint (onset, relevant examination findings, diagnosis, response to treatment and reason for referral, including if appropriate your suggested course of action) to allow the recipient to understand your intention. Try not to exceed one side of printed A4 paper and consider your tone in communications.
- 4.10 Ensure the 'Address any queries...to the Reception Manager' paragraph is present, and the correct reference includes the supervising Clinical Tutor's name at the top of the letter.
- 4.11 Once the letter has been agreed with your Clinical Tutor then print one copy for your tutor to sign.
- 4.12 Once the letter has been signed by the Clinic Tutor, a photocopy must be taken. This photocopy must then be placed in the patient's file alongside the original copy of the **UCO Disclosure Form**.
- 4.13 **Under NO circumstances** are letters to be typed using Word Documents and saved on the Team Point PCs. These actions are considered to be in breach of data protection and confidentiality laws, as the UCO Tutorial Point PCs are accessible by multiple users. Anyone found to be in breach of this instruction will be asked to account for their actions and this may lead to a Student Fitness to Practice investigation.
- 4.14 Take the signed, completed letter with the full patient file and the photocopy of the UCO Disclosure Form to the Reception Team, who will log the letter and arrange for it to be posted.
- 4.15 Should it be necessary for the patient to take away the completed letter immediately; advise the Reception Team of this, so the necessary log may be completed. If a patient needs to be sent to Accident and Emergency, then there is a short form for this purpose so that the key information can quickly be collated for the medical staff at the hospital. A UCO Disclosure of Information Form must be completed.

## 5. LETTERS OF ACKNOWLEDGEMENT

- 5.1 As a general rule, any patient attending the UCO clinic as a result of an external referral should prompt a letter of acknowledgement or thanks to the referrer.
- 5.2 As well as being a common courtesy, such a letter is a good advertisement for the professionalism of the UCO clinical centre and its practitioners, and for osteopathy. All such letters should conform to the preceding guidelines and appropriate templates are found under 'letters' on TM2. Only brief, relevant clinical details are required.

## 6. CHARGES FOR LETTERS

6.1 Typical charges are set out below although there is some discretion with these:

- a) Case History Letters: £ 30 - £ 150
- b) Photocopy of File: £ No Charge
- c) Letters to Employer: £ No Charge
- d) Itemised Receipt: £ No Charge

## APPENDIX 1: CLINIC CORRESPONDENCE LETTER TEMPLATE

Ref: 5229566/ XXXX/XXXX (Patient number from TM2/Surname of student/ Surname of Tutor)

Dr James Brown  
Gallop Surgery  
72 Cattle Drive  
New Malden  
Essex  
NM0 6PQ

10<sup>th</sup> October 2016

Dear Dr Brown

**Re: Mrs Constance White [29/09/1961]**  
**Wonkey Road, Scarborough, Yorks S6 2YK** (Patients Name/Address/DOB)

Mrs White presented to us .....

**If this information should involve a cost please inform the Reception Manager before the information is sent.** (This must be the last line of the letter if the letter involves any sort of request; this sentence can be removed if the letter is notification only of information)

Thank you for your help

Yours sincerely

**PLEASE ADDRESS ANY QUERIES TO THE RECEPTION MANAGER QUOTING THE ABOVE REFERENCE**