# Mass Patient\Staff Contact Policy

## Mass Patient\Staff Contact Policy

### Author:
Head of Health Records

<table>
<thead>
<tr>
<th>Responsible Lead Executive Director:</th>
<th>Director of Information and Digital Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorsing Body:</td>
<td>Information Governance Committee</td>
</tr>
<tr>
<td>Governance or Assurance Committee</td>
<td>Healthcare Quality Assurance &amp; Improvement Committee</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>February 2018</td>
</tr>
<tr>
<td>Version Number:</td>
<td>1.1</td>
</tr>
<tr>
<td>Review Date:</td>
<td>May 2021</td>
</tr>
<tr>
<td>Responsible Person</td>
<td>Head of Health Records</td>
</tr>
</tbody>
</table>
Mass Patient\Staff Contact Policy

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### CONSULTATION AND DISTRIBUTION RECORD

<table>
<thead>
<tr>
<th>Contributing Author/Authors</th>
<th>John Duncan</th>
</tr>
</thead>
</table>
| Consultation Process/Stakeholders: | • Medical Director  
• Patient Safety  
• Human Resources  
• Director of Nursing  
• Divisional Management Teams  
• Health Records Managers |
| Distribution: | CMT |
## CHANGE RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Change</th>
<th>Version No.</th>
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<tbody>
<tr>
<td>October 17</td>
<td>JD</td>
<td>First draft approved patient mailing standard operating procedure</td>
<td>0.1</td>
</tr>
<tr>
<td>20/11/17</td>
<td>JD</td>
<td>Updated to incorporate minor comments from service</td>
<td>0.2</td>
</tr>
<tr>
<td>Nov 2017</td>
<td>JD</td>
<td>Approved by CMT</td>
<td>0.3</td>
</tr>
<tr>
<td>02/02/2018</td>
<td>JD</td>
<td>Additional point added to confirm managers to advise Head of Health Records if policy is breached (requested by Geraldine Reilly HR)</td>
<td>1.0</td>
</tr>
<tr>
<td>May 2018</td>
<td>Risk Department</td>
<td>GDPR statement added into section 3 and updated name of Data Protection Act</td>
<td>1.0</td>
</tr>
<tr>
<td>November 2018</td>
<td>JD</td>
<td>Policy updated to cover all forms of communication and policy name changed</td>
<td>0.1</td>
</tr>
<tr>
<td>January 2019</td>
<td>JD</td>
<td>Updated to reflect eHealth HoF changes and recommendations from the Radiology SAER</td>
<td>0.2</td>
</tr>
<tr>
<td>January 2019</td>
<td>JD</td>
<td>Updated to include staff</td>
<td>0.3</td>
</tr>
<tr>
<td>January 2019</td>
<td>JD</td>
<td>Updated to include staff Passed to HR and IG for comments</td>
<td>0.4</td>
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<tr>
<td>January 2019</td>
<td>JD</td>
<td>Minor spelling etc updates from HR Submitted to Feb IGC for approval</td>
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<tr>
<td>February 2019</td>
<td>JD</td>
<td>Approved at IGC</td>
<td>1.0</td>
</tr>
<tr>
<td>October 2019</td>
<td>JD</td>
<td>Policy due for review in Feb 2020. Issued to key stakeholders for comment. Additional advice re mass email and compliance with email policy added. Advice re use of 2nd Class mail as standard added.</td>
<td>Draft 0.1</td>
</tr>
<tr>
<td>October 2019</td>
<td>JD</td>
<td>Final version to be approved at 10th December IGC</td>
<td>1.1</td>
</tr>
<tr>
<td>January 2020</td>
<td>JD</td>
<td>Approved at Jan IGC and minor layout changes.</td>
<td>1.1</td>
</tr>
<tr>
<td>29th January 2020</td>
<td>JD</td>
<td>File note to confirm change of policy name from Patient Mailing Policy to Mass Patient\Staff Contact Policy</td>
<td>1.1</td>
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<tr>
<td>May 2020</td>
<td>K.T</td>
<td>Extended until Month May 2022 (COVID-19)</td>
<td>1.1</td>
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</table>
Mass Patient\Staff Contact Policy

1. **INTRODUCTION**

This policy must be followed when undertaking a mass patient\staff contact exercise out with core NHS Lanarkshire systems i.e. Trakcare. A mass patient\staff contact is where a cohort of patients\staff are being contacted about a particular subject. In effect this means more than one patient\staff. A mass patient\staff contact will constitute the following component parts:

- Authority to undertake
- Identification of cohort
- Creation and proof reading of communication
- Confirmation of correct demographic details
- Staff Communication
- Delivery
- Contact process for patients\staff to respond
- Reminder

The normal route of communication will be letter but could include email, text or telephone contact.

Irrespective of the communication type the principles of the policy and all relevant IT security policies must be applied.

2. **AIM, PURPOSE AND OUTCOMES**

These are to:-

- maximise the response to the mass contact,
- quickly alleviate any concerns
- comply with Information Governance standards

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

This policy is for all staff who undertake mass patient\staff contacts out with NHS Lanarkshire administration systems e.g. Patient Administration System, Radiology Information System and Human Resource systems

Third party contractors acting on behalf of NHS Lanarkshire will also follow this policy.

3.2 **Who are the Stakeholders?**

The stakeholders are:

- Managers
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- Clinical Staff
- NMAHP staff
- Management

Roles and responsibilities are detailed elsewhere in the policy. All other stakeholders without specific roles and responsibilities must be aware of the main principles of the policy.

“NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.”

4. PRINCIPAL CONTENT

Mandatory content of the letters and mailing checklist are available in the Appendices.

4.1 Mailing Management Team

A mailing management team must be convened comprising representatives of the management team wishing to undertake the mass contact, Information Services, Health Records and Information Governance. If the mailing is in response to an Information Governance breach it will be the service undertaking the mailing which will be responsible for ensuring that staff have the IT skills and knowledge to undertake the mailing and to ensure that the policy is followed at all times.

4.2 Authority to undertake

This requires authorisation from senior management. A Privacy Impact Assessment should be completed and approved by the mailing management team. This should clearly state why the core system cannot be used and the need for any reminder process. The Head of Health Records must also be contacted in advance to discuss the requirement for a mass patient contact. An Equality and Diversity Impact Assessment should also be considered but is not mandatory.

Letters should be sent 2nd class mail unless approved by the relevant Director.

4.3 Identification of cohort

The cohort will be identified by the service leading the mass contact and must ensure that the source of the cohort correctly covers the patient\staff population to be contacted.

If this requires an extract from systems then an Information Services adhoc form should be completed which clearly defines the selection criteria, data items required and the exclusion of deceased patients.
4.4 Creation and proof reading of communication
The communication must clearly define the purpose of the contact and must be proof read and authorised by a senior manager. The communication should be clear and unambiguous to prevent misunderstanding. The originating department and address should be clear. The Communications Department should be involved in the process.

See Appendix B for standard communication contents

The communication and any accompanying documents should be proof read for:
- clarity and understanding
- spelling and typographical errors
- accuracy of any contact details (undertaken by 2 independent people)

The link below gives advice on proof reading
https://app-goodpractice-net.proxy.knowledgeservices.org/#/nhs-develop/s/fb0b586e

4.5 Confirmation of correct demographic details
Prior to the mailing the patient\staff unique ID (CHI number\employee staff number) must be passed back to Information Services to obtain the most up to date set of demographics and exclude any recently deceased patients. This must be done as close to the posting date as possible but must not exceed 3 working days. Only CHI, SCI store and eESS can be used for the demographics. This decision must be taken by the mailing management team.

4.6 eMail
All email communication with patients\staff must follow the email policy and as such, mass mailing of patients using email would only be undertaken where the information is unclassified (or using the traffic light system for data sensitivity classification – Green), and where a risk assessment has been undertaken by the Head of Health Records.

4.7 Staff Communication
Depending on size of mass patient\staff contact the senior manager should consider the need to undertake a wider staff briefing as well as contacting relevant switchboards to advise of mass patient\staff contact and the contact details of responsible manager.

4.8 Delivery
The timing of the delivery should avoid patients\staff receiving the letter on a non working day. If this is unavoidable then consideration should be given to contact details over the weekend.
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4.9 Contact process for patients\staff to respond
If the patient\staff has to contact NHS Lanarkshire the following routes are available

- To a specific email address (only if non sensitive data is being provided)
- Stamped addressed envelope
- By telephone

At all times patients\staff should be provided with a contact number if they have any queries or concerns. Staff should be trained to handle these calls. Consideration should be given to the volume of calls that may be expected and ensure adequate call handlers are in place.

If the letter is very important you may also wish to think about a receipt process.

4.10 Reminder
If a reminder is required then the above process must be repeated. In addition a process for logging responses must be established so that reminders are only sent to patients\staff who have not responded in any way to the mailing.

5. ROLES AND RESPONSIBILITIES
It is the responsibility of the manager authorising the patient\staff mailing to ensure that this policy is adhered to.

5.1 Chief Executive
Will ensure that there is an effective policy relating to the management of mass patient contact.

5.2 Head of Health Records
As the designated Senior Manager the Head of Health Records will be responsible for co-ordinating the implementation of this policy throughout NHS Lanarkshire and ensure that the policy is relevant and up to date.

5.3 Information Governance Manager
Will help investigate any exceptions to the policy

5.4 Medical Director and Executive Director of NMAHPs NHS Board
Have professional accountability for their respective professions and a responsibility to ensure that this policy is distributed and implemented.

5.5 The Caldicott Guardian
Is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.
Has responsibility for reflecting patients’ interests regarding the use of patient identifiable information.

Will act as advisor to the Chief Executive on use of person identifiable information.

5.6 **Operational Directors (Acute and Health and Social Care Partnerships)**
Will oversee the effective implementation of the Policy within their area of responsibility.

5.7 **Unit and Divisional General Managers/Clinical Leads/Service Managers/Senior Nurses/Operational Service Managers/Directorate Support Managers.**
Are responsible for implementing the policy.

It is the responsibility of the manager authorising the mass patient contact to ensure that this policy is adhered to.

To report any breaches arising from non-compliance with policy to the Head of Health Records.

5.8 **Medical, Nursing and Allied Health Professional Staff**
Will ensure they adhere to the standards for record keeping as laid down by their respective professional bodies.

5.9 **Administrative Support Staff**
Will adhere to this policy and supporting procedures.

6. **RESOURCE IMPLICATIONS**

No resource implications

7. **COMMUNICATION PLAN**

To be deployed through Executive Directors and Divisional Management Teams.

8. **QUALITY IMPROVEMENT – Monitoring and Review**

The policy will be reviewed on a regular basis. Monitoring will be on an exception basis by the Information Governance Committee
9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire’s EDIA [ ] (tick box)

*There is no requirement for EDIA as its an administration policy that applies to all patients.*

10. **REFERENCES**

**RELEVANT REFERENCES**

The Current Data Protection legislation
NHSL Information Security Management System
APPENDIX 1 Operational Guidance

Appendix A - Mandatory letter content

Letter should use font size 12 and only justified to the left and contain the following.

- Business Address
- Date
- Patient Demographics
- DOB
- Community Health Index Number
- Subject Header
- Contact numbers and opening times
- Text of letter
- ‘We apologise if this letter has reached you at a difficult time’
- Author
## Appendix B – Mailing Checklist (can also be used for reminder)

<table>
<thead>
<tr>
<th>TASK</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority from senior manager to undertake patient mailing</td>
<td></td>
</tr>
<tr>
<td>PIA completed</td>
<td></td>
</tr>
<tr>
<td><strong>Head of Health Records</strong> <em>contacted</em></td>
<td></td>
</tr>
<tr>
<td>For non-patient mailings the relevant Senior Manager should be contacted.</td>
<td></td>
</tr>
<tr>
<td>Information Services contacted and deceased patients excluded</td>
<td></td>
</tr>
<tr>
<td>Letter proof read for clarity and understanding</td>
<td></td>
</tr>
<tr>
<td>Letter proof read for spelling and typographical errors</td>
<td></td>
</tr>
<tr>
<td>Letter proof read for accuracy of any contact details (telephone numbers phoned and email address used)</td>
<td></td>
</tr>
<tr>
<td>Double check email address contains all the &amp; and . (dots)</td>
<td></td>
</tr>
<tr>
<td>Refreshed demographic details obtained from Information Services within 3 working days</td>
<td></td>
</tr>
<tr>
<td>Specify if Trakcare, CHI or eEES for demographic sources</td>
<td></td>
</tr>
<tr>
<td>Need for wider staff communication considered</td>
<td></td>
</tr>
<tr>
<td>Specify day of week letter will be delivered (if non working day justify reason)</td>
<td></td>
</tr>
<tr>
<td>10% sample mailing to be performed</td>
<td></td>
</tr>
<tr>
<td>Sufficient resources in place to handle enquiries</td>
<td></td>
</tr>
</tbody>
</table>