



Ten top tips for writing an outpatient letter

01

Be clear on why you are writing the letter

Letters are written to convey information to many different people. They may:

- Form a record for the treating team
- Provide information for the general practitioner (GP) or referring team
- Provide a summary for the patient.

A letter cannot be all things to all people and is not just a record of a consultation.

Think before writing the letter who you are sending it to and for what reason.

02

Write letters directly to the patient whenever possible

This is recommended by Academy of Medical Royal Colleges (AoMRC)¹ and the National Institute for Health and Care Excellence (NICE).²

- Minimise the use of specialist jargon and abbreviations.
- Explain technical points to ensure the correspondence is truly patient-centred and to make the letter easier to understand for everyone (including healthcare professionals).

03

Use headings throughout the letter

- Headings give structure to signpost the reader to the information most important to them.
- Headings stating a plan or an instruction for the reader should be highlighted at the top of the letter and possibly in bold.

A list of mandatory and recommended headings for outpatient letters has been developed by the Professional Records and Standards Body (PRSB) following patient and clinical consultation.³ The RCR has assisted the PRSB in developing letter templates for use in clinical oncology, using the recommended headings.

04

Keep the letter brief, clear, readable and relevant

- Long passages of text tend not to be read.
- Stick to short sentences and try to make paragraphs about one topic only.

05

Make sure that information is up to date, accurate and unambiguous

- Diagnosis summaries and current situation headings are often very helpful but only if they are revised following a consultation. They should not be copied directly from a previous letter.

06

The treatment summary: a tool for the patient and handover of care

A treatment summary is an extremely important tool to explain to the patient and other healthcare professionals what treatment has been given and why. It also makes clear the common side-effects of the treatment and potential symptoms of recurrence of disease. The treatment summary should:

- Give clear instructions on what to do if these symptoms or side-effects occur
- Facilitate handover between secondary and primary care.

Templates for writing treatment summaries have been developed by Macmillan Cancer Support.⁴

07

Opinion, updated treatment plan and next steps

The patient has come to clinic for an opinion and it is important to give this in the letter, and not simply repeat facts which are available elsewhere.

The treatment plan for the future should be clearly set out. Most importantly, if the intention of treatment has changed this should be made clear in the follow-up letter.

Modern oncology treatments have improved so that a 'palliative' treatment may still mean an expected prognosis measured in years rather than months – helping colleagues understand possible timeframes can be invaluable in planning care.

Where actions are required, list these clearly with time frames and identify who is responsible for each one.

08

Contact details

Give the most appropriate contact details so that the reader can follow up easily if they have questions.

09

Dictation

Make transcription of your letters easy – dictation is a skill.

- Make sure you speak as clearly as possible.
- Confirm the patient and consultation date.
- If possible, work with your secretary on useful predefined templates and the format and style of your letters.

10

Feedback

Don't get stuck in a rut! Ask for feedback from staff and patients. Make sure you read colleagues' letters and try to improve the quality of yours over time. The Sheffield Assessment Instrument for Letters (SAIL) audit tool can be used as a part of personal or departmental audit of letter quality.⁵

References:

1. Academy of Medical Royal Colleges. *Please, write to me. Writing outpatient clinic letters to patients. Guidance*. London: Academy of Medical Royal Colleges, 2018.
2. National Institute for Health and Care Excellence (NICE) Guidelines on Shared Decision Making London: NICE, 2021 www.nice.org.uk/guidance/ng197/resources/shared-decision-making-pdf-66142087186885 (last accessed 11/04/2022)
3. <https://theprsb.org/standards/outpatientletterstandard/> (last accessed 12/7/19)
4. Macmillan Cancer Support. *Treatment summary. A tool to improve communication between cancer services and primary care*. London: Macmillan Cancer Support, 2015.
5. www.gp-training.net/gp-training/gp-trainer/sail/ (last accessed 11/04/2022)