



NHS appointment letters shouldn't make you feel confused, worried, or anxious.

#ConfusingComms

Early public feedback to our #ConfusingComms Campaign allowed us to highlight some good practice and make suggestions, based on experiences people have recently shared.

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Most of the letters I have received from the Consultant, or copied into, have been written in plain English, which has been very helpful indeed.

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As Trusts and other NHS services resume paused services, this early insight should support those writing appointment letters/emails. Getting the content right is vital for reducing **Do Not Attend** rates.

Managing expectations and reassurance

- **What does “urgent” mean?** Where a doctor has referred someone for urgent investigation/treatment assume that the patient will get anxious if the appointment date is more than a few weeks.

Clarify the likely timeframe. Consider offering some links to information to assure them that the appointment timeframe is not likely to put their health at risk.
- **If appointments need to be cancelled** - be honest as to why and when the patient can expect to hear from the service again and whether they need to take any action themselves.
- **Recognise people have different levels of health literacy.**

“

Stating 1 in 100 die from COVID-19 and 1 in 10 over 75 years made me think this is just to terrify people. I do the Kings College Symptom study. Figures here are 1.3 per 1,000 60-69 years, 2 in 1,000 70-79 years, 7 in 1,000 80-89 years. . If the government is keen to deliver vaccines to the elderly, please we are not stupid. Explain coherently reasons for this and show some respect for our intelligence...

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“ Speaking of an NHS appointment letter - It was just very cold and not at all reassuring in my situation.

People have told us they **simply have not left their homes** (or very little) for a year now. This is not just people who are on the Clinically Extremely Vulnerable list.

As well as **losing confidence** this isolation has also in some cases, reduced their mobility.

- **Not alone** - where appointments may end with upsetting news, for example: cancer symptom assessments, loss of sight, etc. then be clear if the patient can be accompanied.
- **Signage** - has the location and layout of the service changed? Please think about how you can support people to find their way around safely - particularly if the signs reflect a pre-COVID layout.
- **Safe to attend** - tell people how you are making the environment safe through infection control measures or link them to a webpage that details this.
- **How can patients help** - share what you expect patients to do to help keep the environment safe (as this is also reassuring).
- **Questions and concerns** - make it clear who and how they can speak to someone about concerns they have in advance - this needs to be warm to encourage people rather than just cancelling or not turning up for the appointment.

People may also not have access to **transport** as they would have done previously. Make sure people know how they can get transport to the appointment.

On the flipside, many people have been working tirelessly throughout the last year, with little break and may simply not have the energy to follow-up on screening invitations etc. currently. Please don't assume this is disinterest. The key will be to make things as simple as possible.



Challenges for people who are visually impaired

Speaking to people living with visual impairment, we've heard how hard it has been for them during the lockdowns and many shared their confidence levels have dropped considerably.

“ How do we know if you are 2-meters away from someone?

I bumped my head on the screen between the cashier and me - as I didn't see it.



Research by RNIB with a range of disability groups showed many people are finding social distancing hard and have been subjected to verbal abuse for seemingly not adhering to the guidance.

Similarly, with the current social distancing requirements, those who are visually impaired have told us that they currently do not have people visiting to be able to read letters to them. This means a letter may not be the best way to contact some people.

- **keep things simple - letter received from the Ophthalmology departments, tend to be on yellow paper and have a lot of details when all I need to know is What/When/Where.**
- PDF's and emails that have links in them to websites can't always be seen, particularly when in blue. Perhaps use a different colour to emphasise this is a link to a website.
- PDF format is not supported by Apple and many visually impaired (as well as other people) only have Apple devices, so tell us they are unable to access the information.
- When leaving a message consider if the patient can call back - changes to call another number or if your phone message requires a number selection to connect to the right location/service - it may be impossible for some to take down a new number, etc.



*I was told to write down the number on a computer, but the number is spoken too quickly
the system is not fit for purpose you should not have to make workarounds.*



Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email katrina.broadhill@healthwatchwestsussex.co.uk



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