Confidentiality and information sharing
As you are likely to be helping with your relative/friend’s care when they leave hospital, you will wish to be informed about what is happening and how things will be managed in the future and how you will be included in the process. Patient confidentiality can sometimes be a convenient screen for professionals to hide behind and used as a reason not discuss any matters relating to the unwell person.

Below is the sharing information document which staff should be using.

If you need this information in another language or format (such as large print, Braille), please call the PALS team.

Telephone: 01249 468261 or Freephone: 0800 073 1778
or Email: awp.pals@nhs.net
Good Practice Guide:
Confidentiality and Information Sharing with Friends, Relatives and Carers

AWP is committed to working in partnership with people who experience mental health problems and with their friends, relatives and carers (termed carers from now throughout this paper). It recognises that providing effective treatment relies on a three-way partnership between people who experience mental health problems, their carers, and professionals. We believe that it is part of the role of professionals to promote clear communication between service users and carers, working together towards recovery.

Benefits of Information Sharing

- Agreement at an early date between service users, carers and staff over information sharing can prevent problems from occurring later on.
- Carers can provide useful information about progress, such as what is going well or not well, medication side effects and behaviour which is causing concern.
- Information for carers about symptoms, diagnosis and treatment can offer reassurance and enable them to provide support most effectively.
- Paying attention to the needs of all the service user’s family and members of his or her social network may help preserve relationships during periods of difficulty.
- It can be helpful to see a service user’s problems in the light of their social context. Research has shown that involving carers in treatment can often have a beneficial effect on clinical and social care outcomes, and promote recovery.

Consent to Share

It is necessary for the service user to give consent for information about his or her treatment to be shared with carers. But a lack of consent does not prevent staff listening to carers’ concerns and/or providing them with general guidance and assistance.

A service user cannot prohibit service providers talking to their carers, providing that no confidential information is divulged. The professional cannot be prevented from talking to carers about facts they already know; a breach of confidentiality only occurs when new information is disclosed. There are, however, exceptions to when confidentiality may be broken which largely relate to issues of public safety, including child protection. When others are deemed to be at risk, staff have a duty to inform them.

The Trust Caldicott Guardian is a source of reference for issues where staff have concerns about information sharing when explicit consent has not been given.

Nevertheless, staff must acknowledge that, in practice, they cannot provide service users with
safe and effective care in the absence of relevant information about their condition and history. Seeking information from others for the purposes of care/recovery planning does not pose a threat to the service user’s confidentiality.

It is vital that issues around “confidentiality” should not be used by staff as a reason for not listening to families and carers. In all cases staff should discuss fully with service users the need for carers to receive information so that they can continue to support them. However, it is far more likely that carers will want to provide staff with personal details about the service user to inform the care/recovery plan. This might include simple facts about dietary preferences and/or known allergies or concerns about potential risks or dangerous behaviour that requires further investigation. Staff should always take the time to ensure that carers feel their contributions to the care/recovery plan are valued.

• It is best practice for staff to ask service users their views on sharing information at the earliest opportunity. Staff should do this in a way that promotes the value of the three-way partnership, making clear the likelihood of improved outcomes by including carers in both care planning and its delivery. This should normally be as part of the initial assessment or admission process.

• Carers should be part of the assessment, as well as on-going treatment plans and evaluation.

• Carers also have the right to expect that information that they provide will not be shared with other people without their consent. However, staff will need to explain that the exceptions for when confidentiality may be breached apply to them, just as they do for the service user.

• Carers should not be expected to provide care and/or manage risks without having sufficient information and support to do so. Carers should also be clear what to do and who to contact in an emergency, both within and outside of normal office hours.

• Where service users do not wish information to be shared, carers still have a right to be heard by staff and to input their views into the care planning process.

Staff need to acknowledge that carers are generally doing the best they can in difficult circumstances. They may be experiencing considerable stress, and therefore be less able than usual to communicate carefully and clearly; staff need to take care therefore to make sure they are understood. Many carers have little or no prior experience of mental health services and may be uncertain as to how to respond to their relative. Working in partnership is the means to overcome such uncertainty.

And remember - do not ignore quiet carers; they may be the most in need of your support and kindness.

Updated March 2016
If you can, encourage the person you care for to complete the **Consent to Share Information form** on Page 25. This will be invaluable if there is a crisis and they need to be admitted to hospital.

It will probably be more acceptable to your relative/friend if they feel that some pieces of information are kept as being confidential, such as discussions in therapy groups, counselling sessions or seeing the written notes kept on the ward. In this way, they can have a sense of privacy, while allowing you access to information which they agree is in their own best interests for you to know.

This agreement will help everyone and will ensure that professionals do not breach any confidentiality.
Information Sharing and Consent

Service User Name: NHS Number: 
Date of Birth: Date: 

In order to support you in your recovery we often need to share personal information with others who are involved in your care. Working in partnership with others is our routine practice.

We work with people such as your GP, other NHS Trusts, social services where they are not part of AWP, private care providers, schools, colleges and universities. We also work in partnership with your family and carers.

We will tell you who we may be sharing information with and the reasons for this. We will try to agree this with you. If you don't agree, we will discuss with you the possible effect this may have on your care and the alternatives available.

We will also share information with you, such as copies of letters between professionals about your care. You will also be sent information about research studies that may be of interest to you.

We will discuss with you the different types of information which could be shared. If you decide that you don’t agree to all types of information being shared you might feel happy to share some general information, for instance if you rely on others to help you remember when you have an appointment you might want us to share copies of your invitation letters with them.

In certain circumstances, there may be occasions where it is necessary to share information without your consent. This will only be where we are required to by law and the Data Protection Act. For example information may be shared where it is in the public interest to protect somebody else from significant harm. In these circumstances the information shared will always be kept to the minimum necessary in law.

Please record any types of information you do not want to share and If there are any people who you do not want us to share information with please give us their names/addresses and indicated their relationship to you.

Service User Signature: Print Name:

Were any concerns identified with regard to the service users capacity to make decisions about information sharing raised during your discussion about information sharing?: Yes/No (If yes, complete RiO mental capacity assessment).

Healthcare Professional Signature: Print Name:

Job Title:

AWP Carers Pack 6 of 6 July 2015