



Good communications with patients: core principles

21 January 2021, Version 1

This document is a visual aide memoire to support the delivery of the NHS England and NHS Improvement [Good Communication with Patients](#) guidance. The guidance presents providers with core principles, as summarised below, that will help deliver personalised, patient-centred communications to patients who are waiting for care.

This document is primarily aimed at acute trusts; however, it may also be of interest to the wider system.

Key theme		Key action
	Patient-centred	All clinical communications to patients should centre around their specific care, not internal NHS processes or systems.
	Shared decision-making	All clinical communications to patients should enable clear, shared decision-making and mechanisms for the patient to provide a response.
	Safety reassurance	All clinical communications to patients should reinforce that the NHS is safe and is here to care for all patients who need it.
	Deliberate language	Language should be clear, simple and easy to understand, and tone should be active. Avoid turns of phrase which patients themselves may not identify with – eg ‘clinically extremely vulnerable’ or having ‘minor symptoms’. If required, handle compassionately.
	The whole patient journey	Provide a clear message, with compassionate tone about upcoming appointments or cancellations. And if cancellation, clarity on what happens next, even if it’s uncertain, and give commitment to follow up again.
	Contact point for patients	Ensure it is easy for patients to get information about their upcoming care and to raise any questions, ideally by telephone and email.
	Interim information and services	If care has been cancelled, offer alternative and credible channels for information – eg health charities and/or other local support – as well as alternative services, as long as their waiting lists aren’t also long.
	Cancellation policy	Provide clear instructions, using established behaviour change methodology, to set out how a patient can cancel their care if required, while reducing the risk of a ‘did not attend’.
	Communications method	Ensure an inclusive communications method for each patient, taking into account their personal circumstances. Ensure there is a mechanism for the patient to get back in touch if required.