



ACCREDITATION SANS FRONTIÈRES

Patient Voice Toolkit

Patient Voice — Loop-Closure Letters

The acknowledgement and the five written answers a patient can receive. Templates with instructions and filled examples

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Foreword

The letter is the step that matters most. A person who complains and is answered rarely complains twice; a person who complains into silence goes where they will be heard. Every patient who raises a concern receives one of these letters within five working days of the council meeting. They are short, plain, and honest — including when the answer is "we looked, and we could not confirm it".

Four rules for every letter. (1) Repeat what the patient said, in their words. (2) Say what was found, including if it was disputed. (3) Say what changed, or that nothing did and why. (4) Give a name and a way to come back. Never blame the patient; never name a staff member as at fault; never promise what the facility has not committed to.

1. When to Use Which Letter

Situation	Letter
Any item received	L0 — Acknowledgement (within 2 working days)
Concern confirmed and something changed	L1
Concern confirmed, change still in progress	L2
Concern looked into, could not be confirmed, or facts disputed	L3
Praise	L4
Concern outside the council's remit (legal claim, regulator matter, another facility)	L5

2. L0 — Acknowledgement

Sent by email, SMS or WhatsApp within two working days of receipt. By post if no other contact.

Dear [name / "Dear patient" if anonymous],

Thank you for your message on [date] about [three-word summary]. Your case number is [PV-...]. Please keep it.

Here is what happens next. We will put your message, without your name if you asked for that, to [facility] for their account. Then the Patient Council — patients like you, with the hospital at the table — will review it at its meeting on [date]. Within five working days of that meeting you will receive a written answer from us: what was found, and what changed.

If something is happening now that puts you or someone else in danger, call the hotline on [number] today — that is handled immediately, not at the meeting.

[Secretariat name], Patient Voice secretariat — [phone] · [email]

3. L1 — Confirmed, and something changed

Dear [name],

Case [PV-...]. On [date] you told us: "[patient's words]".

What we found: [one or two sentences, plain, from the facility's verified response].

What has changed: [the specific change, with the date it took effect].

The Patient Council discussed your case on [date] and [one sentence on the council's view or follow-up].

Thank you — this changed because you said it. If it happens again, or if this answer does not match what you experienced, reply to this letter or call [number] and quote your case number.

[Secretariat name], Patient Voice secretariat

Worked example — case 015

Dear Mr. Gelashvili, Case PV-CDH-2026-03-015. On 22 March you told us: "Nobody told me the scan needed fasting. I came, was sent home, and lost a day's work." What we found: the appointment SMS did not include preparation instructions. What has changed: from 25 March every appointment SMS for imaging includes the preparation instructions, and reception now confirms them by phone the day before. The Patient Council discussed your case on 9 April and asked the hospital to check in June that the new message is working. Thank you — this changed because you said it. [signature]

4. L2 — Confirmed, change in progress

Dear [name],

Case [PV-...]. On [date] you told us: "[words]".

What we found: [finding]. The hospital has agreed to [action], with a completion date of [date]. The Patient Council will check at its [month] meeting that it has been done, and we will write to you again then.

In the meantime, [any interim measure]. If you need anything before then, call [number] and quote your case number.

[signature]

Worked example — case 009 (anonymous)

Dear patient, Case PV-CDH-2026-03-009. On 17 March you told us by phone that an evening antibiotic was given at 23:40 instead of 20:00 and that you were told the handover was late. What we found: the drug chart confirms the delay; the ward handover that evening ran 90 minutes late. The hospital has agreed to a written handover-time rule and a second check of the evening medication round on Ward 4, by 30 April. The Patient Council will confirm at its May meeting that both are in place, and we will write to you again then. You asked not to be identified and you have not been. [signature]

5. L3 — Looked into, not confirmed, or disputed

The hardest letter, and the one that decides whether the patient trusts the council. It never says the patient was wrong. It shows both accounts.

Dear [name],

Case [PV-...]. On [date] you told us: "[words]".

We put this to the hospital. Their account is: [facility's account, neutrally]. We were not able to confirm [the specific point] from the records available to us.

The Patient Council heard both accounts on [date]. [What the council decided — for example, a change made anyway, or a request to monitor.]

We record your account and the hospital's side by side; neither is deleted. If you have anything that would help us look again — a date, a name, a document — reply to this letter or call [number].

[signature]

Worked example — case 012

Dear Ms. Japaridze, Case PV-CDH-2026-03-012. On 19 March you told us that construction noise on two nights made sleep impossible. We put this to the hospital. Their account is that no works took place inside the building that week; municipal road works were under way outside Ward 4 on 18 and 19 March. The Patient Council heard both accounts on 9 April. The hospital has written to the municipality and now offers earplugs on Ward 4 on request. Your account and the hospital's are recorded side by side. [signature]

6. L4 — Praise

Dear [name],

Thank you for your message on [date] about [staff member / team]. With your permission, your words — "[words]" — were passed to [ward manager] on [date] and shown on the ward's staff board. The Patient Council read them at its meeting on [date].

Praise is collected as carefully as complaints here, because it tells the hospital what to keep doing. Thank you for taking the time.

[signature]

7. L5 — Outside the council's remit

Dear [name],

Case [PV-...]. Thank you for your message on [date] about [summary].

The Patient Council can help with how care is delivered and how the hospital responds. What you describe is [a possible legal claim / a matter for the regulator / about another facility], which the council is not able to decide. The right route is [body, contact, and what to send them]. We can [what the secretariat will still do — e.g. record the concern, share the anonymised theme with the council, help draft the referral].

If we have misunderstood and there is something within the council's reach, reply and tell us.

[signature]

Annex A — Checklist Before Sending

- ☐ Case number and the patient's own words are in the letter
- ☐ The finding matches the verified report — nothing added, nothing softened
- ☐ A date is given for every change or commitment
- ☐ No staff member is named as at fault
- ☐ If anonymous: no identifying detail, and the letter goes to the channel the patient chose
- ☐ A name, a phone number and the case number are at the end
- ☐ Sent within five working days of the meeting; date logged in the register

References

- [1] Parliamentary and Health Service Ombudsman. My expectations for raising concerns and complaints. London: PHSO; 2014.
- [2] Accréditation Sans Frontières. Patient Voice — Monthly Report Template, ASF-PV-REPORT-001-v1. Paris: ASF; 2026.

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