Use of Electronic Messaging to Communicate With Patients

Policy

(previously titled Use of Text Messages (SMS) to Communicate with Patients)
1. **INTRODUCTION**

The Trust supports the use of electronic messaging, such as SMS and Email, as a means of communication with patient, subject to compliance with this policy.

It is recognised that electronic messaging is a normal part of everyday life and culture for many of our patients and is seen as an opportunity to improve contact with patients, predominantly to remind patients about appointments.

2. **PURPOSE**

This policy sets out the circumstances in which patients may be contacted by electronic messaging and the procedures that must be following when using this method of communication.

2.1 Definitions

**SMS** – Short Messaging Service enables the sending of short messages, commonly known as “text messages” or “texts” to mobile phones.

**Email** – Electronic Mail are messages distributed by electronic means from one computer user to one or more recipients.

3. **SCOPE**

The principles sent out in this document must be applied by all personnel (including staff, contractors, volunteers and third parties) in any service that uses electronic messaging to communicate with patients.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

All personnel (as defined in “Scope” above) will adhere to the principles and processes defined in this policy.

Service Managers will ensure this policy is applied and complied with within their service when using electronic messaging to communicate with patients.

5. **PROCEDURE/IMPLEMENTATION**

5.1 Advantages

- Speed and ease of use – unlike post, which may take several days to arrive, electronic messaging should be near-instantaneous.
- Reduced postage costs and less impact to the environment.
- Likelihood of reduced Did Not Attend (DNA) rates due to ability to send appointment reminders and quick reception by person concerned.
- Greater levels of engagement with children and younger adults as this may be their preferred method of communication.
5.2 Uses

Text messages are used primarily for appointment confirmation, reminders or communicating negative (clear) test results. However, services in the Trust may use electronic messaging for other purposes which must be approved by inclusion in local procedures, or, if for a one-off exercise, by documenting the intended use and having it authorised by the service manager.

The uses made of electronic messaging and the service rules governing the contents of the messages will vary from one service to another depending upon the nature and sensitivity of the particular service.

Example of possible uses of SMS:

- Appointment reminders and confirmations
- Communicating negative (clear) test results
- Asking the patient to call the service at a convenient time
- Communicating advice to patient (health, bad weather reassurance of a Community Nurse visit)
- Ad-hoc communication between key worker and patient

Example of possible uses of Email:

- Asking the patient to call the service at a convenient time
- Communicating advice to patient (health, bad weather reassurance of a Community Nurse visit)
- Ad-hoc communication between key worker and patient
- Copies of letters sent to GP if requested
- Appointment letters
- Communicating advice to patient (health, bad weather reassurance of a Community Nurse visit)

5.3 Justification

Services must individually agree the need/benefit of use electronic messaging and formally approve and document the implementation of the service in a local Standard Operating Procedure (SOP). Individual Trust personnel must not use electronic messaging for health purposes without formal documented approval.

Local/departmental procedures for the use of electronic messaging, which comply with this policy, must be documented and cover the following topics –

- Identification of the need or justification for the use of electronic messaging
- Identification of the service or facility to be provided
- How the agreement to the use of the service by its intended recipients will be obtained
• Clear identification of the associated risks and the means by which these risks are managed
• How patients will be informed of electronic messaging availability
• How the patients consent and preferred method of communication will be recorded.

5.4 Considerations

• Electronic messaging cannot replace letters or face-to-face contact in communicating important information.
• Electronic messaging should only be used with patients that have consented to this form of communication. The consent given by the patient must be recorded within the patient record on the appropriate clinical system or paper copies kept on file.
• Text messages should only be sent from the Trust issued mobile of the appropriate staff member, or the approved system for sending texts. Text messages must only be sent to the phone number provided by the patient or carer to which they have consented to the Trust using; no other phone numbers should be used.
• Email should only be sent from an RDaSH or NHS.net mail account for the service.
• Where relevant, it should be made clear to patients that electronic messaging will not be monitored, and therefore will not be responded to, outside of normal working hours.
• If a recipient is able to reply to the electronic message, a timescale should be agreed by the service and patients so that if a patient does not receive an expected response to a message they can use an alternative method of contact such as an appropriate office phone number.
• Procedures must be in place for recording the electronic messages into the patient’s clinical record and deleting them from phones/email accounts where relevant.
• A service specific Standard Operating Procedure (SOP) must be written and agreed by the Information Governance Team.

5.5 Consent

• Prior to sending electronic messages to any patient, informed consent must be obtained by explaining all the appropriate information to them.
• Verbal consent is acceptable for routine uses such as appointment reminders, communicating a negative (clear) test result; asking the patient to call the service at a convenient time or communicating advice to a patient (health, bad weather, reassurance of a community nurse visit)
• Written consent must be obtained for using Trust issued mobile phones and NHS.net email accounts for conversational (ad-hoc) messaging with patients and carers. For any purpose not included in the above Information Governance must be consulted.
• Consent must be recorded in the specific place for consent recording in the patient’s record in the appropriate clinical system.
• Patients must be made aware that they can opt out of the service at any time in the future.
• When asking to use consent for electronic messaging, patients must be made aware of their responsibility to keep the services they use up to date with their correct number and/or email address that they wish to be contacted on.
• Patients should be made aware of all options for communication (phone, letter, text, email etc.) and their preferences recorded on the electronic clinical system.
• It should be made clear to the recipient that any correspondence will be added to their record.

5.6 Dos & Don’ts

**DO**

• Record all communications by electronic messaging and transcribe them into the patient’s health records including the date and time sent/received and the phone number or email address it was sent to/from.
• Make patients aware that electronic messages must not, under any circumstances, be used in emergency situations and should be advised of the correct method(s) of contacting emergency services.
• Ensure texts are written in full without using “text speak” or abbreviations.
• Keep electronic messages formal and maintain professional standards. Avoid giving personal comments or opinions.
• Ask the patient to clarify any abbreviations or “text speak” they have used in an electronic message – make no assumptions.
• Always respond to messages within an agreed timescale where relevant.
• Only send electronic messages within normal working hours.
• Only use a Trust issued mobile phone for sending text messages to patients – no other phone should be used.
• Only use an email address such as RDaSH or NHS.net to send emails – no other email address should be used.
• Once an incoming electronic message has been transcribed and entered onto the patient’s records, it should be immediately deleted from the phone or email account.
• In case an electronic message is seen by someone other than the intended recipient, avoid using unnecessary identifiers of the patient or service.

**DO NOT**

• Do not use inappropriate language in electronic messages that could cause offence, such as swearing or racial comments. If you receive any such message it should be reported via the IR1 system and fully detailed, with a verbatim transcription, in the patient’s record.
• Do not use predictive text as this can cause unintended modifications and change or confuse the meaning of the message.
Never use electronic messages to convey personal or sensitive information.

6. TRAINING IMPLICATIONS

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents: all personnel (including staff, contractors, volunteers and third parties) in any service that uses text messages (SMS) to communicate with patients.

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through Team Brief, Clinical Systems User Group.

The Training Needs Analysis (TNA) for this policy can be found in the Training Needs Analysis document which is part of the Trust’s Mandatory Risk Management Training Policy located under policy section of the Trust website.

7. MONITORING ARRANGEMENTS

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<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOP’s are created for each individual service</td>
<td>SOP’s to be approved by following the document</td>
<td>IG Team Information Team</td>
<td>Ad-hoc</td>
</tr>
<tr>
<td>Clinical Systems for quality and quantity of messages</td>
<td>Reports from clinical systems</td>
<td>Clinical Systems Team / Service</td>
<td>Ad-hoc</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this policy has been published on the Policy webpage of the RDaSH website.

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008). Lord Darzi’s review of the NHS identifies the need to organise care around the individual ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided)
8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individual's capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals' informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason, all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

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<tr>
<th>Indicate how this will be achieved</th>
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<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005 (Section 1)</td>
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</tbody>
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9. LINKS TO ANY ASSOCIATED DOCUMENTS

Lifecycle of Clinical and Corporate Records Policy
Data Protection Policy
Collection of Patient Information in Electronic Clinical Information Systems
Mobile Phone Policy

10. REFERENCES

None

11. APPENDICES

Appendix A Business Process Flow for Implementing automated SMS Text Messaging
Appendix B Business Process Flow for Implementing Email messaging
Appendix C Example Standard Operating Procedure Template
Appendix A

Business Process Flow for Implementing automated SMS Text Messaging

SMS Text Decision Process

Step 1
- Start
- Manager to agree and support SMS texting
- Staff member identified to coordinate process
- Is SMS for
  1. Appointment Reminders/DNA
  2. Patient Responses
- Yes
  - Create the wording of the text message
  - Create a Standard Operating Procedure (SOP)
  - Manager to sign off SOP and check all actions complete
- No
  - Complete a request for New Work/Change Request and attach SOP

Step 2
- Change request discussed at change meeting
- Identify System Specialist to liaise with Service
- Send SOP to IG for sign off
- One way and TPP SystemOne?
  - Yes
    - Advise to contact IT to set up generic NHS.net account
    - Identify Password Group for NHS.net and advise to add NHS.net to Personal Outlook
  - No
    - Agree potential BGL with Service and configure system

Step 3
- Advertise to Service Users, carers
  - Use Trust specific posters
- Obtain patient consent and record as appropriate
- Information Services complete set up on authorisation of SOP from IG
- BGL
- Each patient must be given Trust leaflet
- Ensure the service and/or location is identified. Remember other services in neighbouring areas or in same location
Email Messaging Decision Process

**Step 1**

- **Start**
- Manager to agree and support Email messaging
- Staff member identified to coordinate process
- Create a Standard Operating Procedure (SOP)
- Manager to sign off SOP and check all actions complete
- Create a request for New Work/Change Request and attach SOP

**Step 2**

- Change Request discussed at change meeting
- Identify System Specialist to liaise with Service
- Send SOP to IG for sign off
- Advise to contact IT to set up a NHS.net email account
- Agree BGL with Service

**Step 3**

- Obtain patient consent and record in system as appropriate
- Yes
  - Using TPP?
    - Yes
      - Patient is sent a verification email from system to action
    - No
      - BGL
  - No
    - BGL

Note: MUST only use NHS.net mail

Emails are sent via TPP

Emails are sent via NHS.net
Appendix C

Example Standard Operating Procedure Template

Rotherham Doncaster and South Humber NHS Foundation Trust

TEMPLATE FOR THE DEVELOPMENT OF A LOCAL SERVICE STANDARD OPERATING PROCEDURES

Standard Operating Procedure for [insert title]

DOCUMENT CONTROL:

| Version: |  |
| Ratified by: |  |
| Date ratified: |  |
| Name of originator/author: |  |
| Name of responsible committee/individual: |  |
| Date issued: |  |
| Review date: |  |
| Target audience: |  |

1. Aim

(This section must be completed to outline the objectives and intended outcomes of the procedure being described)

2. Scope

(This section must be completed to include the target audience, relevance to specific services or staff group and the activities covered by the SOP)

3. Link to overarching policy and/or procedure

(This section needs to reference the title of the overarching procedural document that references to the SOP)

4. Procedure

(This section is where the actual procedural instructions are detailed in a basic step by step process. Standard operating procedures are by definition a basic description)
of instructions to be taken and should be restricted to one page. More lengthy procedural guidance should be considered for inclusion in the overarching procedural document)

**Please refer to the Electronic Messaging Policy for points for consideration**

**4.1 Type of messaging to be used**

SMS Text - One way or two way, purpose of the message, frequency and system to be used, e.g. NHS Mail, Envoy, Trust mobile phones

E-Mail – sending address and validation of recipient address

**4.2 Managing the messaging system**

Admin support
Team responsibilities
Monitoring messages
Check for failed messages etc.
How staff will be trained and kept up to date?

**4.3 How consent will be obtained**

Type of consent required (please refer to the policy), use of leaflets, discussion with patient/carer, obtaining and maintaining correct mobile numbers, their responsibilities, recording consent on the clinical record, maintaining consent status e.g. if a patient changes their mind.

**4.4 How the electronic SMS and E-Mail service will be marketed**

Posters
Leaflets
Discussion with patients?