Use of Text Messages (SMS) to Communicate With Patients

Target Audience
All personnel (including staff, contractors, volunteers and third parties) in any service that uses text messages (SMS) to communicate with patient.
## CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2. PURPOSE</td>
<td>3</td>
</tr>
<tr>
<td>2.1 Definitions</td>
<td></td>
</tr>
<tr>
<td>3. SCOPE</td>
<td>3</td>
</tr>
<tr>
<td>4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES</td>
<td>3</td>
</tr>
<tr>
<td>5. PROCEDURE/IMPLEMENTATION</td>
<td>3</td>
</tr>
<tr>
<td>5.1 Advantages</td>
<td></td>
</tr>
<tr>
<td>5.2 Uses</td>
<td></td>
</tr>
<tr>
<td>5.3 Justification</td>
<td></td>
</tr>
<tr>
<td>5.4 Considerations</td>
<td></td>
</tr>
<tr>
<td>5.5 Consent</td>
<td></td>
</tr>
<tr>
<td>5.6 Dos and Don’ts</td>
<td></td>
</tr>
<tr>
<td>6. TRAINING IMPLICATIONS</td>
<td>6</td>
</tr>
<tr>
<td>7. MONITORING ARRANGEMENTS</td>
<td>7</td>
</tr>
<tr>
<td>8. EQUALITY IMPACT ASSESSMENT SCREENING</td>
<td>7</td>
</tr>
<tr>
<td>8.1 Privacy, Dignity and Respect</td>
<td></td>
</tr>
<tr>
<td>8.2 Mental Capacity Act</td>
<td></td>
</tr>
<tr>
<td>9. LINKS TO ANY ASSOCIATED DOCUMENTS</td>
<td>8</td>
</tr>
<tr>
<td>10. REFERENCES</td>
<td>8</td>
</tr>
<tr>
<td>11. APPENDICES</td>
<td>8</td>
</tr>
<tr>
<td>Appendix A Guidance for Implementing Automated SMS Text Messaging (Appointment Reminders)</td>
<td></td>
</tr>
<tr>
<td>Appendix B Example Standard Operating Procedure Template</td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

The Trust supports the use of text messaging, also known as SMS (Short Messaging Service), as a means of communication with patient, subject to compliance with this policy.

It is recognised that text messaging is a normal part of everyday life and culture for many of our patient 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 text message (SMS) and the procedures that must be followed when using this method of communication.

2.1 Definitions

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

3. SCOPE

The principles set out in this document must be applied by all personnel (including staff, contractors, volunteers and third parties) in any service that uses text messages (SMS) 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 text 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, text 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
5.2

Uses

Text messages are used primarily for appointment reminders or communicating negative (clear) test results. However services in the Trust may use SMS 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 text 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.

Examples of possible uses of SMS:
- Appointment Reminders
- Communicating a negative (clear) test result
- 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 a key worker and patient

5.3

Justification

Services must individually agree the need/benefit of using text messaging and formally approve and document the implementation of the service in local Standard Operating Procedures (SOPs). Individual Trust personnel must not use SMS for health related purposes without formal documented approval.

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

- Identification of the need or justification for the use of text 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.

5.4

Considerations

- Text messages cannot replace letters or face-to-face contact in communicating important information.
- Texting 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 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.

- Where relevant, it should be made clear to patients that text messages 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 text message, a timescale should be agreed by the service and patients so that if a patient does not receive an expected response to a text they can use an alternative method of contact such as an appropriate office phone number.
- Procedures must be in place for recording text messages into the patient’s clinical record and deleting them from phones where relevant.
- A service specific Standard Operating Procedure (SOP) must be written and agreed by the Information Governance Team.

## Consent

- Prior to sending text 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 patients (health, bad weather, reassurance of a Community Nurse visit).
- Written consent must be obtained for using Trust issued mobile phones for conversational (ad-hoc) messaging with patients or carers. For any purpose not included in the point 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 consent to use text messaging, patients must be made aware of their responsibility to keep the services they use up to date with their correct number that they wish to be contacted on.
- Patients should be made aware of all options for communication (phone, letter, text, etc.).
- It should be made clear to the recipient that any correspondence other than routine notification will be added to their record.

## Dos & Don’ts

**DO**

- Record all communications by text and transcribe them into the patient’s’s health records including the date and time sent/received and the phone number it was sent to/from.
- Make Patients aware that text 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 texts 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 a text – make no assumptions.
• Always respond to messages within an agreed timescale where relevant.
• Only send text messages within normal working hours.
• Only use a Trust-issued mobile phone for sending text messages to patient – no other phone should be used.
• Once an incoming text has been transcribed and entered onto the patient’s records, it should be immediately deleted from the phone.
• In case a text 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 text 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 records.
• Do not use predictive text as this can cause unintended modifications and change or confuse the meaning of the message.
• Never use text 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.

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

<table>
<thead>
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<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<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 Risk Management Sub Group</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

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).

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<tr>
<td>This is not applicable as the patients affected by this policy will, by definition, be out patients.</td>
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8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and [Indicate How This Will Be Achieved.](#)
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 individual's 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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<td>Lifecycle of Clinical and Corporate Records Policy</td>
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<td>Data Protection Policy</td>
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<td>Collection of Patient Information in Electronic Clinical Information Systems</td>
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<th>APPENDICES</th>
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<tr>
<td></td>
<td>Appendix A  Business Process Flow for Implementing automated SMS Text Messaging (Appointment Reminders)</td>
</tr>
<tr>
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<td>Appendix B  Example Standard Operating Procedure Template</td>
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Appendix A Guidance for Implementing Automated SMS Text Messaging (Appointment Reminders)

1 Service decides to implement SMS text messaging as a means of reminding patients of their next scheduled appointment.

2 Identify a lead staff member to coordinate the required processes and actions.

3 Service lead gathers the information below before raising a work request
   
   a) Do you want to utilise one-way or two-way messaging?
      i. One-way messaging – message sent to patient with appointment detail.
      ii. Two-way – message sent to patient with appointment detail and requesting a response to brief questions, e.g.: do you plan to attend your next appointment – Yes or No
   
   b) Who do you want to receive the message? For example, the patient, or the carer?
   
   c) At what frequency do you want the message/reminder to be sent? For example:
      i. On booking send a confirmation message
      ii. Send message 7 days prior to next scheduled appointment.
      iii. Send further message two days prior to next scheduled appointment.
      iv. On DNA send message asking to contact the service.
   
   d) What do you want the content of the message to be? Care and consideration to data protection should be given when deciding what you want the message to say. For example, for one way messaging:
      i. Your next appointment with [service] will be on [day], [date], at [time] @ [location].
         
         Or for two way messaging….
      
      ii. Your next appointment with [service] will be on [day], [date], at [time] @ [location]. Respond [Yes] if you will be attending; Respond [No] if you can no longer attend and would like to re-arrange your appointment.
    
   e) What benefits do you expect to gain from using SMS Appointment Reminders? E.g. a reduction in DNAs? Lower franking/postage costs? How will you evidence whether this has happened?

4 Raise a Clinical Systems Change Request for Information Services to implement SMS Messaging, identifying which clinical system is in use by the service. The link can be found here:

http://nww.apps.rdash.nhs.uk/iks_forms/ClinicalSystemChange.aspx

Please note that the service manager approval must be uploaded with the work request.
Information services will contact you to discuss solutions, along with a possible start date.

The service must write a Standard Operating Procedure (SOP) detailing the process which will be followed to set up and maintain the system. Please ensure you consider the following when writing the SOP:

a) Where two-way messaging is to be put in place,
   i. Admin support of at least a primary and a back-up person is identified and a team e-mail address is set up. These details should then be passed to Information Services.
   ii. Business continuity issues of staff absence and back up procedures have been agreed.
   iii. Admin support to monitor the returned messages daily and ensure appropriate actions are taken.

b) If TPP is being used, an NHS.net e-mail account needs to be set up. This should be requested through the IT Service Desk and should be named "[servicename.SMSS]", at the same time, the NHS.net account is added to the Outlook accounts of those staff administrating it. Administration staff and a PC within a Safe Haven need to be identified.

c) How you plan to obtain consent from services users or carers both initially and on an ongoing basis. Please note:
   i) The SMS policy must be adhered to when obtaining consent. i.e. staff must discuss the information leaflet with the patient and/or carer to ensure they understand what they are signing up to, the risks, and their responsibilities.
   ii) Staff must discuss with the patient, the need to provide the Trust with their current mobile telephone number and it is their responsibility to ensure that if they change their number, they will inform the service of any changes.
   iii) Patient consent is to be recorded in the appropriate place in the patient record within the clinical system.
   iv) The patient’s consent and current mobile telephone number should be entered into the system in the correct places to enable the messaging system to work and staff understand how to do this.
   v) Should the patient decide to refuse consent at any time, the clinical system must be updated and the patient record/notes updated to reflect the change.
   vi) The service should consider how they will routinely check that patient contact details are up to date.

d) How you will market the functionality within the service to maximise uptake from patients or carers.

Once written, please send your SOP to the IG team at: Woodfield House, for sign off. Following authorisation you will be issued with materials to market the functionality and support the consent process. The IG Team, will pass the SOP to Information Services who will contact you to finalise the work.
Checklist of Actions

a) Obtain approval from your Service Manager to go ahead.
b) Identify a lead person in the service to coordinate all requirements during the set-up and after go-live.
c) Gather requirements for the SMS system from the services.
d) Raise a Clinical Systems Change Request to Information Services.
e) Liaise with Information Services to agree the best functionality for your requirements.
f) A Standard Operating Procedure (SOP) has been written and provided to the Information Governance (IG) team to sign off and log.
g) Agree a go live date with Information Services.
h) Staff in the service must read and comply with SMS Text Messaging Policy, the SOP, and must understand how to gain and record consent and contact numbers, including appropriate consideration of training for staff in the service.
i) Ensure consent leaflets have been adapted for use in your service, and will be provided to patients for discussion when obtaining their informed consent to receiving text messages.
j) Implement the marketing plan that was included in the SOP.
Appendix B – Example Standard Operating Procedure Template

Rotherham Doncaster and South Humber
NHS Foundation Trust

TEMPLATE FOR THE DEVELOPMENT OF STANDARD OPERATING PROCEDURES

Standard Operating Procedure for [insert title]

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<tbody>
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<td>Name of originator/author:</td>
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<td>Name of responsible committee/individual:</td>
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<td>Date issued:</td>
</tr>
<tr>
<td>Review date:</td>
</tr>
<tr>
<td>Target Audience</td>
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</table>
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 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 SMS Policy for points for consideration

4.1 Type of messaging to be used  
   - One-way or two-way? Purpose of the messaging? Frequency?  
   System to be used, e.g. NHS Mail, Envoy, Trust mobile phones.

4.2 Managing the messaging system  
   - Admin support - team email account, monitoring messages, checking 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 SMS 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 SMS service will be marketed  
   - Posters? Leaflets? Discussion with patients?