

**Text & Email Messaging**

Policy Template

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## **Introduction**

It is recognised that the use of email and text messaging are well-established methods of communication. Penrhyn Bay & Deganwy Medical Centre supports the use of email and text messaging as a means of communication with patients, and therefore is subject to compliance with this policy.

# **Scope of policy**

This policy sets out the circumstances in which patients can be contacted with consent by email or text message and the procedures that must be followed when using this method of communication.

Patients will only be contacted in this way where they have consented to do so. Details of the approved and agreed uses of these communications are listed in the section below.

* The practice will never share this information with third parties.
* Health promotional material will only relate to services directly offered by the practice/cluster and will not include third party marketing material.

**Responsibilities, accountabilities, and duties**

This guidance applies and must be adhered to by those working within Penrhyn Bay & Deganwy Medical Centre who use or who intend to use text messages and email in the course of their communication with patients. Policies and procedures have been read and understood by staff members who utilise this facility. There are processes for approving content of text messages ensuring that only approved text messages are used that have been approved by Sarah Moorley for assurance of quality.

Dr S Nagaraj has overall responsibility for the Penrhyn Bay & Deganwy Medical Centre data.

The Caldicott Guardian Sarah Moorley is responsible for the establishment of procedures governing access to, and the use of, person-identifiable information and, where appropriate, the transfer of that information to other bodies.

Practice Managers are responsible for making sure this guidance is highlighted to relevant staff, that it has been understood, and that it is being followed.

**Approved and agreed uses for: -**

We have approved and agreed that the use of text messaging will be utilised for the following purposes within the practice: -

* Changes to your booked appointment
* National issues such as Flu vaccinations, pandemics
* Practice being closed due to unforeseen circumstances
* Cancelled clinics including GP, Nurse and Health Care Assistant
* Other notifications the practice deem necessary to your health care provision

If the patient agrees, the GP practice will be contacting the patient via their mobile phone number, the practice agrees to adhere to the following: -

* The mobile phone number will only be used by the GP practice and will not be passed to any other parties.
* If at any time a patient informs the practice they would like to opt out of above service, the request will be actioned within 48 hours.
* The mobile phone number will solely be used by the practice in relation to the healthcare services offered and will not be utilised in relation to any other types of products or services.
* No personal details will be included in the message.

We have approved and agreed that the use of email messaging will be utilised for the following purposes: -

* Asking the patient to call the service at a convenient time
* Communicating advice to patient (e.g. 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

**Excluded uses of text messages and email**

The practice will not utilise text messaging or email for:

* Personal communication via this method i.e. consultation/discussing any medical needs/requirements
* Personal relationships
* Requesting medication
* Selling on email address or mobile number to 3rd party for any purpose

# **Consent**

A consent model will be used within the practice for usage of text messaging and emails, when contacting individual patients about their individual care or in line with approved and agreed uses.

It is important that any preferences are recorded in the patients record and respected. If at any time the patient would like to opt out of above service, the practice will ensure this occurs within 48 hours. The practice may also ask patients to include the reason for opting out, to help review and improve future service provision. The patient however is under no obligation to provide such information.

An example of consent forms provided - Appendix 1 & 2

**How will we communicate via Consent Model**

It is essential that the use of email addresses and mobile telephone numbers are in line with transparency guidance and best practice. This means that the use of personal information held by the practice must be understood by the individual. The practice will provide its patients relevant information in relation to these services including:

* What information they need about them, e.g. mobile number
* For what purpose, e.g. to send appointment reminders
* Who the information may be shared with, e.g. it will not be shared
* What they will do with that information, e.g. it will be stored on your record.

The Practice shall clearly document the rationale for using email and /or text messaging to communicate with our patients and will clearly define the purpose and scope of communication by these means. This includes making our patients aware that text messages and emails will not be read during non-working hours and therefore should not be used for urgent queries.  This information will be displayed on the practice website and through information in the waiting area which highlights the benefits to patients and service users and signposts them about how to give their consent via the Practice Privacy Notice.

Text messages / emails should **not** be utilised for any other purposes than those agreed and approved.

# **Children**

The age at which a child becomes competent to make certain decisions about their health, care and information sharing will vary depending on the child and the particular situation.

A child with competence is able to make choices about how healthcare providers use their information. As such they should be given a choice about who receives emails and messages about their care.

The practice will review at least annually the consent of the child when communicating via text / email. Which should include a process to check that the mobile number is still valid and belongs to the child. (As some parents log their mobile number against a child’s patient record).

**Recording of Emails and Texts within Patient File**

The practice has processes and procedures in place for recording emails/texts within the patient record. The practice also holds a retention policy for messages/emails, to ensure these are removed (from email/text storage) in a timely manner once the patient record is updated. Where this is not possible, an entry will be made in the record of the important elements of the email and subsequent actions.

**Content of Emails/Texts**

The practice have processes/procedures for approving content of text messages & emails, ensuring that only approved text/email messages are used that have been approved by the Practice Manager for assurance of quality.

Bulk messages may be sent out to patients for such campaigns as flu vaccinations, the content will be approved and will not reveal your details to anyone else being sent the bulk communication.

**Monitoring Compliance**

Audit procedures and audit processes should be undertaken within the practice, this should include:

* The exchange of text messages with patients and practice has not created any problems or difficulties for practice or for the patient.
* Any risks are identified, regularly re-assessed, and adequately addressed.
* Confidentiality is not put at risk, and that appropriate records of contact are properly maintained.
* Any incidents that are raised as a result of email or text message communication with patients and service users will be investigated, reviewed, and reported to the ICO.
* Any action required to increase the effectiveness of this policy will be undertaken.
* This policy will be regularly reviewed to reflect any changes to national policy, technology, or operational practice.

# **Dissemination**

The policy will also be available on the [www.penrhynbayanddeganwysurgeries.co.uk](http://www.penrhynbayanddeganwysurgeries.co.uk) website.

**Appendix 1 – Consent Form for Text Messaging**

**Consent form for receiving communications via SMS (text) messaging**

Please read the following terms and conditions and if you agree to them, provide your mobile phone number in the space provided so we can enable the service for you. If you don’t wish to use the service, then you can choose that option.

* The service is free of charge.
* It is your responsibility to maintain the safety of your mobile to avoid anyone else being able to access SMS messages (text) sent to you.
* If you change your number, lose your mobile phone, or no longer wish to use this facility, it is your responsibility to inform us as soon as possible.
* You agree to provide us with your mobile number to receive SMS messages, which could include: -
  + Appointment reminders direct from the clinical system (third-party software)
  + Manual appointment reminders
  + Flu or other vaccination clinics for targeted eligible populations
* Test results will not be conveyed using text messages.
* **The practice does not share mobile phone contact details with any external organisation.**
* The surgery does/does not\* (delete as applicable) offer a reply facility to enable patient to respond to texts directly

*I acknowledge that appointment reminders and invitations by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them still rests with me.*

Please tick the appropriate option:

□ I have understood the above and agree to receive communications from the practice via SMS (text) messaging.

□ I do not wish to receive any SMS (text messages).

Patient’s name: …………………………………………… Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Patient’s signature: ………………………………………………………………………….

Mobile Number ……………………………………………………………………..

On behalf of Penrhyn Bay & Deganwy Medical Centre

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2 – Consent Form for Email Messaging**

**Consent form for receiving communications via Email**

Patient consent for email communication - I understand that I choose to make use of the email communication service with Penrhyn Bay & Deganwy Medical Centre.

I confirm that I have had explained to me by [insert name and job title / role of staff member], how this email communication works and the type of communication that can take place via email. I also confirm that I have read and will comply with the requirements outlined in the patient information leaflet / fact sheet.

I would like to communicate with Penrhyn Bay & Deganwy Medical Centre by email. I understand that internet email is not a secure medium. I understand that there is a possibility that my emails and the responses could be intercepted and read by someone else. I will bear this in mind in deciding how much information to seek and how much information to disclose by email. I understand that if I require urgent clinical advice or attention, I should contact my GP.

My email address for communication is: ………………………………………………… This is my email address

This is the email address of a nominated person ……………………………………………………………………………

Name of nominated person (if applicable): ……………………………………………….

Relationship to patient (if applicable): ……………………………………………………..

Patient’s name: …………………………………………… Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Patient’s signature: ………………………………………………………………………….

On behalf of Penrhyn Bay & Deganwy Medical Centre

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_