

Accessible Information Standard

Using email and text message for communicating with patients – guidance from the Information Governance team at NHS England

There are a number of key drivers associated with using email and text messaging to communicate with patients, and a number of potential benefits for patients / service users and for NHS organisations / providers of NHS services.

In the context of SCCI1605 Accessible Information (the 'Accessible Information Standard'), email and text message are important communication methods for people with communication disabilities and / or sensory loss, including recognising the use of 'screen reading' assistive technology by a large (and increasing) number of people who are blind, deafblind or have some visual loss.

However, feedback from service users and from professionals is that there are concerns about security, confidentiality and other information governance anxieties, which can pose a barrier to the routine and effective use of email and text messaging in practice.

This advice sheet forms part of the implementation guidance for the Accessible Information Standard and aims to set out a clear framework which NHS organisations and providers of NHS services can use to support the safe and secure use of email and text messaging to communicate with patients and service users (see 'References').

This advice sheet is intended to support the use of email and text message as part of communication with people who have a disability, impairment or sensory loss (in line with the scope of the Accessible Information Standard); however, the principles clearly apply beyond this.

General principles

It is essential that use of information is in line with fair processing guidance and best practice. Fair processing is an element of the [Data Protection Act 1998 \(DPA\)](#) which makes clear that the use of personal data and information by an organisation must be understood by that individual. An NHS organisation or service provider should explain to the person:

- What information they need about them;
- For what purpose;

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- Who the information may be shared with;
- What they will do with that information, in terms of compliance with the DPA.

Services should be clear about the rationale for using email and / or text messaging to communicate with their patients, and should clearly define the purpose and scope of communication by these means.

The service's approach to, and use of, email and / or text messaging as ways of communicating with patients or service users should be clearly set out in policy, supported by an internal procedure for staff to follow. As outlined in the Accessible Information Standard, individuals' preferences for electronic communication should be clearly and unambiguously recorded, alongside relevant contact details.

When implementing the use of email or text messaging for the first time, consider that an 'opt out' approach is unlikely to work in practice, as it assumes that all patients / service users have an email address and / or mobile phone number. An 'opt in' process is likely to be the best way to achieve results. This must be implemented with the explicit consent of the patient or service user, ensuring that they are aware of the facts and the risks associated with the communication method(s).

In all instances, a patient or service user should be able to change their preferences at any time and without having to give a reason. Requests to change contact or communication preferences must be actioned accurately and in a timely manner (where possible, immediately). There is a risk that if a request to change a number / address or communication preference is not acted upon promptly, a breach of confidentiality could occur.

Guidance

- Services that have implemented, or are intending to increase, the use of email and / or text messaging for communication with their patients or service users may wish to encourage them to ask about use of these methods of communication. The display of posters or notices, and other ways of explaining to patients about the use of electronic communications by the service, would be considered good practice – this helps inform patients about their choice.
- In the first instance, proactively and explicitly check with the patient or service user that they are comfortable with being contacted via email and / or text message (as appropriate). Some people will actively seek out use of email or text message as a communication method. Others may need prompting.

- In either case, if the patient or service user agrees to the use of email or text message as a communication method, ask them to provide and confirm their email address and / or mobile telephone number. Please note that the record of a number or and/or email address does not indicate consent (which must be explicitly sought).
- With regards to text messaging, having obtained the correct mobile number from the patient or service user, the service should send a 'test' text message to that number to verify accuracy. This should either be done whilst the patient or service user waits with a member of staff (so that receipt of the text message can be verified) or alternatively, the patient or service user should be asked to reply to confirm their identity and the accuracy of the number. In all cases, organisations should ensure that best endeavours have been made to confirm the accuracy of the information provided.
- The patient or service user and the service should mutually agree the parameters or limits of what information is to be communicated via email and / or text message. Each organisation may have differing service offerings and these should be discussed with the patient prior to using the service. It may not be practical or technically possible to agree different parameters with different patients. Organisations should offer the service to patients where possible, fully informing them of what service is available, so the patient can make an informed choice based on all the available information.
- Explain to the patient or service user about who will have access to their emails / text messages and why, with reference to the agreed parameters for the types of information to be communicated in this way.
- It is essential to explain to the patient or service user that it is their responsibility to keep and provide an up to date email address and / or mobile phone number, and to be clear that the service are not responsible for onwards use or transmission of email or text message once it has been received by the patient / service user.
- The patient or service user should also be advised that internet email accounts, such as those commonly used by individuals for private purposes, are not secure. The patient or service user must, therefore, be made aware (and accept) that there is a risk (however small) of the email being intercepted or 'hacked'. Likewise, there will always be risks that text messages may be intercepted or

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otherwise accessed by a third-party and patients / service users should be made aware of these risks.

- The service should strongly recommend to the patient or service user that they use a private email account / private mobile telephone, not a family or shared account or mobile phone, for the purposes of communication with the service. However, this is their decision and the service cannot insist on use of a private account or mobile phone. The risks associated with use of a shared account / shared mobile phone should be explained.
- The parameters of how much contact is conducted by email and / or text message should be agreed, with the service setting clear limits and ensuring that the patient or service user is aware of them. It is likely that the service will wish to limit two-way dialogue via email or text message which risks becoming a 'virtual consultation' and instead direct the patient or service user to make an appointment, for example to discuss test results.
- Services, and their staff, should only send emails from generic team accounts (for example diabetes@lgi.nhs.net / oncology@coch.nhs.uk) and established corporate text messaging accounts. This ensures that patients / service users can be confident that the sender is legitimate. Individual staff email addresses should not be used. Use of generic accounts also ensures that emails and text messages can be accessed and actioned by multiple members of staff, providing cover in the event of absence.
- It is best practice to acknowledge receipt of an email within 24 hours.
- Emails are classed as records and should be retained for the appropriate period of time. Where possible, a copy of the email should be stored in the patient or service user's record. If this is not possible, then an entry should be written into the patient or service user's notes detailing the important content of the email and subsequent actions (for example, blood test dated 24.6.14; results emailed to patient 25.6.14; patient replied asking for outpatient appointment; booked for 1.7.14 at 14:30). This covers the interaction with the patient, and the original emails can be found in the email archive /.system if required.
- An example consent form for the use of email or text message communication is included below.

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v1.01 May 2016

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References

Confidentiality Code of Practice (Health and Social Care Information Centre (HSCIC), September 2013)

Information Governance Toolkit v12

Data Protection Act 1998 (specifically [Principle 7](#))

BIP008 - Evidential Weight and Legal Admissibility of Information Stored Electronically (British Standards Institute)

Example consent form for communication via email or text message

The example consent form below may be customised for use by individual organisations, and the term 'email communication' replaced with 'text message communication' if appropriate.

[.....*Insert name of organisation*.....]

Patient consent for email communication

I understand that I choose to make use of the email communication service with the [*name of department / unit*] at [*insert name of organisation*].

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 [*delete / amend as appropriate*].

I would like to communicate with [*insert name of Department/Unit*] 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 [*insert name of department / unit and organisation*]

Name: _____ Date: _____

Position: _____ Signature: _____