**Patient Text Messaging (SMS) Policy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| 1.2 | June 2022 |  | AJH |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 3](#_Toc97573652)

[1.1 Policy statement 3](#_Toc97573653)

[1.2 Status 3](#_Toc97573654)

[1.3 Training and support 3](#_Toc97573655)

[2 Scope 3](#_Toc97573656)

[2.1 Who it applies to 3](#_Toc97573657)

[2.2 Why and how it applies to them 3](#_Toc97573658)

[3 Policy 4](#_Toc97573659)

[3.1 Background 4](#_Toc97573660)

[3.2 Responsible individuals 4](#_Toc97573661)

[3.3 Staff access 4](#_Toc97573662)

[3.4 Training and familiarisation 4](#_Toc97573663)

[3.5 Managing patient communication preferences 5](#_Toc97573664)

[3.6 Data processing and UK General Data Protection Regulations (UK GDPR) 5](#_Toc97573665)

[3.7 Information governance 6](#_Toc97573666)

[3.8 Telephone number confirmation 6](#_Toc97573667)

[3.9 Message content and usage 7](#_Toc97573668)

[3.10 Messaging format and professionalism 7](#_Toc97573669)

[3.11 Sending times 8](#_Toc97573670)

[3.12 Delivery reports 8](#_Toc97573671)

[3.13 Proxy access 8](#_Toc97573672)

[3.14 Children and young people’s access 8](#_Toc97573673)

[3.15 Ensuring information is correct 10](#_Toc97573674)

[3.16 Opting out of text messaging services 11](#_Toc97573675)

* 1. [Continuous improvement 11](#_Toc97573676)

1 Introduction

## Policy statement

The purpose of this policy is to detail the processes for staff when patients wish to receive text message reminders for a range of purposes including recalls, care plans, patient information and delivering test results.

Note: Throughout this policy, text messages are referred to as such or as a short message service (SMS).

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

At Grey Road Surgery we will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope.

## Who it applies to

This document applies to all employees, partners, and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums, and contractors, are encouraged to use it.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[1]](#footnote-1)

## Why and how it applies to them

This document explains how patients can register for text messaging services and how Grey Road Surgery] uses this medium to communicate with patients. It is particularly relevant to administration and reception staff. However, all staff should be aware of the service and be able to advise patients, relatives and carers of the registering process.

Grey Road Surgery aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

# Policy

## Background

Text messaging, or SMS, is an increasingly popular tool for organisations to communicate with patients.

Such information can include appointment reminders and confirmations, prescription reminders, test results and other data for direct care purposes. Whilst this is an informal method of communication, it should be noted that all patient communication, regardless of format, is regulated by the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted) incorporating the UK General Data Protection Regulations (UK GDPR) at Chapter 2.

## Responsible individuals

The organisation manager and the Caldicott Guardian are responsible for overseeing the use of text messaging at Grey Road Surgery embedding use within normal ways of working and using the service to improve patient care and experience.

The organisation manager/IT lead Angela Howgate is responsible for ensuring that all organisation computers have a working version of Acurrx installed and that all staff are enabled to use this and have had appropriate training.

## Staff access

All staff in the organisation, both clinical and administrative, should have access to Acurrx. This also includes temporary staff such as locums and subcontracted staff such as those employed under the Additional Roles Reimbursement Scheme (ARRS).

Each role will utilise text messaging for a different purpose and this should be discussed within teams and as part of new staff induction.

## Training and familiarisation

Acurrx is designed to be simple and intuitive and therefore not require excessive training. Organisation team meetings are used to remind staff to use text messaging and to demonstrate any new features or templates. All new staff will also have a brief introduction to Acurrx and the time to familiarise themselves with this as part of their induction.

## Managing patient communication preferences

‘Consent’ is not used as a legal basis for data processing and therefore messages are sent on an ‘opt-out’ basis. If a patient informs this organisation that they do not wish to receive text messages, a member of staff must update their ‘notification preferences’ in Emis Web clinical System.

Understanding and respecting patient preferences means that patients need to understand the range of communication options available to them, to be informed of the potential risks of each communication format and indicate their preferences against each. This information should be collected via the new patient registration form. However, patients can also offer their preferences upon attendance at the practice or by completing the text messaging preference pro forma

Acurrx will show any codes related to consent and dissent when sending a message. Grey Road Surgery will endeavour to code patients with an appropriate [SNOMED CT](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20200610&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) code as follows:

|  |  |
| --- | --- |
| **SNOMED CT code** | **Title** |
| SCTID: 699237001 | Consent given for communication by SMS text messaging |
| SCTID: 911361000000104 | Consent given to receive test results by SMS text messaging |
| SCTID: 513631000000106 | Declined consent for communication by SMS text messaging |
| SCTID: 911401000000108 | Declined consent to receive test results by SMS text messaging |

For more information regarding consent, refer to the consent policy

## Data processing and UK General Data Protection Regulations (UK GDPR)

Following the implementation of UK GDPR, re-consent does not need to be considered for those patients already receiving text messaging services.

The processing of personal data for direct care is lawful under [Article 6(1) (e)](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/) of the UK GDPR: “*The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.”*

Consent is a different lawfulness condition and consent does not need to be gained for the provision of healthcare. The promotion of other material which is not related to direct care is not included in the above description and, for this, [Article 6(1) (a)](https://ico.org.uk/for-organisations/guide-to-data-protection/key-dp-themes/guidance-for-the-use-of-personal-data-in-political-campaigning-1/lawful-bases/) the consent condition, should be used: “*The data subject has given his or her consent to the processing of his or her data for one or more specified purposes*.”

The reason for the change is that Grey Road Surgery must allow the patient to opt-out of receiving non-direct care messages. The ability to opt-out of processing is not available under the exercise of official authority and is only a feature of consent as a lawfulness condition.

The separation of purposes therefore allows a patient to opt-out of receiving other non-direct care related communications while continuing to allow their mobile number to be used for direct care purposes.

## Information governance

Text messages should only be sent for the delivery and administration of health and care services. They must not be used for marketing third-party services or any other reason that a patient would not reasonably expect.

It is the responsibility of the patient to advise Grey Road Surgery should they change their mobile number or if it is no longer in their possession. In order to protect patient confidentiality, it is the patient’s responsibility to be aware that others may have access to their mobile, that messages can be displayed on a mobile’s locked screen which may allow others to read them and that mobiles can be connected to other devices allowing messages to be received on them independently.

Acurrx is registered with the Information Commissioner’s Office ZA202115 and holds an up-to-date NHS Digital Information Governance Toolkit Level 2. The full Data Processing Agreement between the practice and Acurrx provides further information on how data is processed. Acurrx follows NHS Digital best practice guidance on the use of cloud services.[[2]](#footnote-2)

The Data Protection Impact Assessment (DPIA)[[3]](#footnote-3) between the practice and Acurrx is a legal requirement when procuring a new messaging system and will need to be reviewed regularly and updated with regard to any changes or new risks identified.

## Telephone number confirmation

To be confident that text messages are being received by the intended recipients, it is important that patient mobile numbers are kept up to date and this number should be verified at any opportunity when speaking to a patient.

This is not simply a requirement for clerical staff, as clinical members of the team should opportunistically update mobile numbers, for example confirming a mobile number before sending patient advice at the end of an appointment.

## Message content and usage

There is no way of guaranteeing that a message has been read by the intended recipient, therefore:

* Messages containing critical information should not be relied upon (e.g., abnormal blood test results requiring immediate action) unless they are followed up to ensure the information was received
* If the patient’s mobile phone number has been verified, the delivery receipt can confirm that the message has arrived on their phone.

Staff should avoid sending sensitive information as SMS messages can be overseen and therefore may be viewed by a patient’s relative, friend or colleague.

* Sensitive information can be sent if the patient provides ad-hoc consent

## Messaging format and professionalism

Messages should be phrased professionally but do not require the same level of formality as a letter. Text abbreviations, e.g., ‘thnx’, ‘u’, are not appropriate. When using a template, for guidance, examples are:

Appropriate messages:

* Administrative information, e.g., prescription ready to collect
* Care plan sent in a consultation, e.g., dosage of new medication
* Recall, e.g., advising the patient to book an appointment
* Advice and safety netting sent in a consultation, e.g., link to NHS website information or MSK exercise videos
* Signposting to third-party services in a consultation, e.g., exercise classes
* Normal test results, e.g., chest x-ray normal
* Some abnormal results, e.g., low vitamin D with advice for sun exposure and OTC supplements
* Telephone information, e.g., you tried to call but could not reach them, or will be calling
* Reminders, e.g., for cervical screening or overdue blood tests
* Follow-up, e.g., checking a patient has received a hospital letter after a referral

Inappropriate messages:

* Worrying, complex or sensitive test results, e.g., STI test or high PSA
* Long or complex messages, e.g., multiple medication changes
* Links to sensitive patient advice without consent, e.g., family planning advice
* Signposting to third-party services without consent, e.g., Macmillan contact details
* Critical information without follow-up, e.g., urgent appointment required

## Sending times

Text messages should not be sent to patients before 08.30 or after 20.30 unless it is felt appropriate to do so, for example a patient is awaiting an urgent prescription before their holiday.

## Delivery reports

Staff can see when a message was delivered to a patient, or if the delivery failed, by reviewing ‘delivery reports’.

If a message is shown as undelivered, a further attempt will be made to send the same message again. If this is again unsuccessful then either a telephone call will be made or a letter will be sent with the same content as used in the text message and the failure should be coded into the patient’s notes using the appropriate [SNOMED CT](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20200610&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) code:

SCTID: 864231000000108 Failed encounter - short message service text message delivery failure

The mobile number will be removed from the patient record

## Proxy access

Patients have the right to grant a carer, relative, responsible adult or partner access to the text messaging services. Proxy access can be requested via the text messaging preference pro forma at [Annex B](#_Annex_B_–).

Should the practice opt not to grant the person access to the text messaging service, the Practice Manager will contact the patient and advise them of the reasons why this decision has been reached.

## Children and young people’s access

Children and young people may be keener for interaction via text message as this is more commonplace as their means to communicate. However, with this comes greater challenges as, whilst children and young people may refer to use SMS regarding their care, particular attention should be given to:

* Highlighting the ability for children and young persons to request that their contact details are used instead of their parents or carers
* Having the correct contact details
* What information is to be sent to them for specific episodes of care as their healthcare record may contain alternative contact numbers for both themselves and their parents or carers
* Children and young people may wish general care information to remain communicated to their parents, e.g., check-ups, service information etc., whilst wishing for a particular test result to be texted to only them
* It should not be presumed to automatically include parents or carers in any communication

It is difficult to say at what age the child will become competent to make autonomous decisions regarding their healthcare as, between the ages of 11-16, this varies from person to person. In accordance with [Article 8](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/children-and-the-uk-gdpr/what-are-the-rules-about-an-iss-and-consent/#:~:text=Article%208%20of%20the%20UK%20GDPR%20sets%20the%20age%20at,data%20of%20UK%20based%20children.) of the UK General Data Protection Regulation (UK GDPR) and Part 2, [Chapter 2](https://www.legislation.gov.uk/ukpga/2018/12/part/2/chapter/2/enacted), paragraph 9 of the Data Protection Act 2018 (DPA 2018), from the age of 13, young people are able to provide their own consent and will be able to register for text messaging services.

People aged 16 or above are assumed to be competent to make an independent and informed decision about whether to ask for someone to have proxy access to their text messaging service, unless there is an indication that they are not.

Care has to be taken to determine who has parental rights for a child under 11 or a patient over 16 who is not competent to control access. Care must also be taken if a parent has no, or limited, legal right of access because they have been perpetrators of abuse and/or neglect.

1. Approaching a child’s 11th birthday represents the first milestone.

Up until a child’s 11th birthday, the usual position would be for the parents or carer of the child to control access to their child’s record and services.

Access to text messaging should be switched off automatically when the child reaches the age of 11 to avoid the potential of:

* Sudden withdrawal of proxy access by the practice alerting the parents to the possibility that the child or young person has been to the practice about something that they wish to remain private, an example may be family planning advice
* The young person being deterred from coming to the practice for help

Both the child and the proxy will be contacted in writing around the child’s 11th birthday to remind them that their access on behalf of their child is coming to an end. Subsequent proxy access will need to be authorised by the patient (subject to a competency test). In addition, parental proxy access may be reinstated if, after discussion with the parent(s) requesting access, the child’s GP believes that proxy access would be in the child’s best interest.

1. Between the 11th and 16th birthdays

Decisions made at the first milestone can be reconsidered and changed later.

Each case must be considered individually with the best interests of the child being paramount. For example, parents with access on behalf of children and young people with long term conditions that require regular monitoring and medication may have a good case for continued access after their 11th birthday but this must be balanced against the risks that may arise as the young person becomes competent to make their own decisions about their healthcare.

The young person may decide, once they are mature enough to act autonomously, that they may:

* + Stop their parents’ proxy access to their services where the parents still have access after the 11th birthday
* Allow their parents to have access to their services or to allow limited proxy access to specific services
* Request access to their services where nobody currently has access
* Switch off all online access until such time as the young person chooses to request access

1. Approaching a young person’s 16th birthday represents the second milestone.

Once a young person reaches 16 years of age, the previous competence assessment is, by default, no longer applicable as they are assumed to have capacity unless there is an indication to the contrary.

Where parents still have access to their child’s services, when the child reaches their 16th birthday the parents’ access should usually be withdrawn. Both the patient and the proxy will receive notification in writing that this access has been switched off.

When a young person is not competent to make a decision about access after their 16th birthday, for example the child has a learning disability and it would be in the child’s best interest for the parents to retain access, they may do so.

Parents may also continue to have proxy access with the consent of the patient after their 16th birthday. In this situation, where the 16-year-old is competent, they will be offered the opportunity to register for text messaging services as a marker of their new autonomy.

Where a person has already been given control over access to their digital services before their 16th birthday and their parents do not, there is no need to make any changes unless the young person wishes to do so.

## Ensuring information is correct

Patient circumstances can change over time and these preferences should be actively maintained.

The fourth Data Protection Principle adopted into UK law states that all personal data processed shall be accurate and, where necessary, kept up to date. This is commonly referred to as the accuracy principle. It would be easy for a practice to fall foul of this principle if contact details and preferences are not subject to routine re-validation.

Where text message communication is intended to be used for test results, it is recommended that the patient’s preference is checked on each occasion.

## Opting out of text messaging services

Patients should be free to update and change their preferences at any time and expect those changes to be effective immediately.

## Continuous improvement

To fully embed text messaging as a way of working and maximise the benefits for the practice, staff and patients, the lead who is responsible for improvement initiatives should encourage the use of SMS by:

* Presenting usage across the team by discussing at practice meetings. Those staff who regularly use SMS as a form of communication should share the benefits
* Gathering patient feedback on the service and identifying other opportunities to provide a better patient experience using text messaging. Discuss any findings and opportunities with the patient participation group (PPG)
* Developing a library of practice text templates and relating these to other practice protocols (e.g.,, care navigation, test results, self-care). Share these with other practices to obtain their considerations
* Completing audits to ascertain patients’ needs. This could also include types of messages sent and whether SMS is the best form of communication as the patient may have a poor signal reception

# Summary

Text, or SMS, messaging benefits both patients and the organisation alike. For patients, it helps to improve access to care and levels of satisfaction whilst providing a more efficient delivery of services.

Benefits to the practice include easing the administrative workload whilst enabling Clinicians and administrative to focus upon providing a higher quality service.

**GP to inform patient/proxy in writing of reasons for decline**

**If GP does not agree**

**Reception record patient text communication preferences on medical record**

**If GP agrees access**

**Check form returned from the patient and not the nominee (unless agreed with usual GP). Both patient and proxy should attend**

**Parent/carer completes Consent to Proxy Access for Online for Text Messaging and indicates preferences**

**Patient completes New Patient Registration form and indicates preferences**

**Check with usual GP that patient is competent to authorise proxy access**

**Parent/carer completes Consent to Proxy Access for Text Messaging form and indicates preferences**

**Check with usual GP that patient is competent to authorise proxy access**

**Patient completes Patient Text Communication preferences**

**Patient is not competent**

**Patient is competent**

**Patient is not competent**

**Patient is competent**

**Existing registration at practice**

**New registration at practice**

**Patient is over 11 but under 16 years of age**

**Prior to child’s 11th and 16th birthdays, both patient and proxy receive notification that proxy access will be switched off on the 11th or 16th birthday as appropriate**

**Discuss reinstating proxy access if not competent with usual GP. If GP agrees, reinstate proxy access**

1. [Network DES specification](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjW_Mmq0vz1AhXCQEEAHXOHBpoQFnoECA4QAQ&url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fnetwork-contract-des-specification-2021-22%2F&usg=AOvVaw3xuhgNvg7oYsvX-M1E-Pns) [↑](#footnote-ref-1)
2. [NHS Digital Best Practice Guidance on the use of Cloud Security](https://digital.nhs.uk/services/cloud-centre-of-excellence/cloud-security-good-practice-guide) [↑](#footnote-ref-2)
3. [ICO - DPIA Guidance](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/data-protection-impact-assessments-dpias/) [↑](#footnote-ref-3)