

Use of Electronic Messaging to Communicate with Service Users Policy

Document setting out the acceptable use of electronic communication systems and the circumstances in which service users may be contacted using electronic messaging, which includes procedures that must be followed when using these methods of communication.

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1.0 Quick Look Summary

Document setting out the acceptable use of electronic communication systems and the circumstances in which service users may be contacted using electronic messaging, which includes procedures that must be followed when using these methods of communication.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
0.1	25.09.2019	First draft for consultation
0.2	29/08/2023	Review and update of content

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Sharon Murphy
Author(s)	Hannah Plowright & Sarah Ratcliffe
Implementation Lead	Hannah Plowright
Core policy reviewer group	Members of the Data Privacy Committee
Wider consultation	Members of the Data Privacy Committee
Trust Policy Experts	

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Data Privacy Committee	Q&S

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.5 Definitions that apply to this Policy

SMS	Short Messaging Service that enables the sending of short messages, commonly known as “text messages” or “texts” to mobile devices
Email	Electronic Mail messages that are distributed by electronic means from one computer user to one or more recipients
Personal Data	Defined under Article 4(1) of GDPR: Any information relating to an identified or identifiable natural person. An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Communication Annex	A solution developed by TPP the providers of SystemOne to improve communication between users and patients. Communication Annex enables clinicians to access a variety of different communication methods for each patient displaying whether they are set up to receive SMS, Email, or notifications from our patient app, Airmid. Once the preferred contact method has been selected, users can apply a pre-configured message template or type their own message. The template can also include merge fields which input patient and staff details directly into the message. Users can also employ the Communications Annexe to contact multiple patients at once. After selecting their chosen list of patients, users can launch the Annexe and either select a pre-configured template or type a bespoke message, as they would with individual messaging.
SystemOne	The Trusts Electronic Patient Record
We Transfer	A free, online, secure, email and file transfer solution approved for use in the Trust when the files are too large to transfer via NHS.net

2.0. Purpose and Introduction

The aim of this policy is to clearly outline the acceptable use of electronic communication systems, which includes but not limited to mobile devices, email and instant messaging. The document also sets out the circumstances in which service users may be contacted using electronic messaging and the procedures that must be followed when using this method of communication.

The principles set out in this policy must be applied by all individuals working for or on behalf of the Trust. This includes contractors, volunteers or third parties in any service that uses electronic messaging to communicate with service users.

5.0 Duties within the Organisation

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 5.3 Data Privacy Team have the responsibility for supporting the services with their information risk management process relating to electronic messaging with service users
- 5.4 Divisional Directors and Heads of Service are responsible for:
Ensuring that this Policy is applied and complied within their service when using electronic messaging to communicate with service users
- 5.5 Managers and Team leaders are responsible for:
Ensuring that this policy is applied and complied within their service when using electronic means of communicating with service users
- 5.6 Responsibility of Staff
All staff groups must familiarise themselves with this policy and ensure that they follow the principles and processes set out in this document

6.0 Procedure

Staff should not normally use electronic messaging to establish a service users- clinician relationship. Rather, electronic messaging should add to and follow other, more personal contacts, when the service user has given their permission for staff to communicate with them electronically.

Only use electronic messaging with service users who have given their informed agreement for using electronic messaging to communicate with them. This agreement should be clearly documented in their care record.

Even when using secure email or secure file transfer, privacy and confidentiality can be broken, usually as a result of human error. Service users should have the opportunity to accept this risk before staff send any confidential or sensitive information, and this should form part of the agreement discussion.

Use of electronic messaging is not always appropriate, for example when an email relates to mental health treatment diagnoses. Please check with your manager or the Data Privacy team if you are unsure. Any electronic communications with service users must always be saved on the clinical record.

7.0 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 on the environment
- Likelihood of reduced Did Not Attend (DNA) rates due to the ability to send appointment reminders and quick receipt by the person concerned
- Greater levels of engagement with those services users whose preferred method of communication is electronic

8.0 Uses

Electronic messaging is used primarily for appointment confirmation, reminders and advice/support. However, services in the Trust may use electronic messaging for other purposes which must be approved by inclusion in local standard operating procedures, or, if a one-off exercise, the undertaking and documenting a risk assessment relating to the intended use and having it authorised by the service manager.

The uses of electronic messaging and the service rules governing the contents of messages will vary from one service to another depending on the nature and sensitivity of the service and purpose of the message.

Examples of possible uses of SMS:

- Appointment reminders and confirmations
- Asking the service user to contact the service at a convenient time
- Communicating advice (bad weather reassurance of visit, change in practitioner due to illness)
- Ad-hoc communication between the key worker and a Service user

Examples of possible uses of Email (Secure):

- Asking the service user to call the service at a convenient time
- Communicating advice (bad weather reassurance of visit, change in practitioner due to illness)
- Ad-hoc communication between key worker and service user
- Appointment letters/Care Plans
-

Secure File Transfer (WeTransfer)

- Copies of correspondence
- Appointment Letters
- Care Plans
- Large Documents

SystemOne and Communication Annexe

Though SMS and Email messaging have been integrated into SystemOne for a number of years, TPP has developed a solution to further improve the level of communication between users and their patients. The Communications Annexe enables clinicians to access a variety of different communication methods for each patient, displaying whether they are set up to receive SMS, Email, or notifications from the patient app, Airmid.

Once the preferred contact method has been selected, users can apply a pre-configured message template or type their own message. The template can also include merge fields which input patient and staff details directly into the message.

Users can also employ the Communications Annexe to contact multiple patients at once. After selecting their chosen list of patients, users can launch the Annexe and either select a pre-configured template or type a bespoke message, as they would with individual messaging.

9.0 Justification

Services must individually agree the need/benefit of the use of electronic messaging and formally approve and document the implementation of the service

in a local Standard Operating Procedure. Individual Trust staff must not use electronic messaging for clinical purposes without formal documented approval.

Local procedures for the use of electronic messaging, which comply with this policy, must be documented and cover the following aspects:

- Identification of the need or justification
- Identification of the service or facility provided i.e. SMS, Email
- How the agreement to use the service by its intended recipients will be obtained
- Clear identification of the associated risks and the means by which these risks will be managed
- How service users will be informed of the availability of the service
- How the service users agreement and preferred method of communication will be recorded

10.0 Considerations

Electronic messaging cannot replace letters or face-to-face contact in communicating important information and should only be used with service users who have agreed or expressed a preference for this form of communication. This agreement and/or preference must be recorded in the service user's clinical record.

Where a service user has expressed a preference to receive email summaries as opposed to letters, this should be clearly and accurately recorded in their record where it is obvious to all staff who have contact with the. This does not however, negate the requirement to send correspondence to the referrer.

SMS Text messages should only be sent from the Trust issued mobile phone 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 service user or carer to which they have agreed to the Trust using; no other phone numbers should be used.

Emails should only be sent from shared email account for the service e.g. lpt.dataprivacy@nhs.net Where relevant, it should be made clear to service users 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 electronic messages, a timescale should be agreed by the service and service users so that if a service user does not receive a response to a message within the agreed time, they can use an alternative method contact such as an appropriate office phone number.

Procedures must be in place for recording the electronic messages into the service user's clinical record and deleting them from phones/email accounts where relevant.

A service Standard Operating Procedure must be written and agreed by the Data Privacy Team and a Data Protection Impact Assessment (risk assessment in relation to the information flow) completed with the Data Privacy Teams assistance.

11.0 Agreement (consent)

Prior to sending any electronic messages to any service user, their informed agreement must be obtained explaining all the appropriate information to them. Their verbal agreement is acceptable for routine uses such as appointment reminders, asking the service user to call the service or communicating advice. Written agreement must be obtained for using Trust issued mobile phones and email accounts for conversational messaging with service users and carers. For any other purpose not included in section 6.2, the Data Privacy Team must be consulted.

The use of service users mobile phone numbers if provided for these purposes, is outlined in the Trust Privacy Notice.

Service user's agreement must be recorded in the specific place for consent recording in the service user's record in their electronic health record. Service users must be made aware that they can opt out of the electronic messaging service at any time in the future.

When asking for their agreement to electronic messaging, service users 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.

Service users should be made aware of all options for communication (phone, letter, text, email etc.) and their preferences recorded on the electronic health record. It should also be made clear to the recipient that any correspondence will be added to their record. Where a service user/carer has asked (and subsequently agreed) to be communicated with via email it is advised that the service user is asked to email their request to the relevant service generic email address to verify their email address before any correspondence takes place. A copy of this email should be placed on the service user's record and any correspondence must be sent encrypted using the secure email instructions found at Appendix 5.

12.0 Recording electronic messages in the record

Any electronic communication about a service user either between clinicians/practitioners/admin support staff, or the service user themselves, and/or their carer must be recorded in the service user's clinical record. This includes:

- Electronic conversations regarding the delivery of care, details of any appointments, or changes to appointments
- Electronic conversations regarding the service user with other agencies/individuals involved in the delivery of care
- Electronic communications from carers, or other significant people involved in the care of the service user
- Electronic communications from clinicians/practitioners/admin support staff to and from the service user.

For email communications the clinically relevant content of the email must be copied and pasted into the record. Copied information must include the date and

time of the original email(s), sender and recipients' email(s), as well as the date/time entered into the electronic record.

For text conversations, these should be transcribed into the service users record including the date and time it was sent and received and the phone number it was sent to/from.

It is the responsibility of each clinician/practitioner/admin support staff to review the content of the email trail to ensure:

- Only clinically relevant information is copied into the service users record;
- All 3rd party information (that is not relevant to the service user and/or their care) is removed before the content of the email is copied into the service users record;
- Each clinician/practitioner/admin support staff is responsible for ensuring that the right information gets into the right service users record;
- Once the clinician/practitioner/admin support staff has ensured that the service user's record is up to date and accurate, the emails should be deleted from the email inbox.

13.0 Dos and Don'ts

Dos

- Make service users 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
- Keep electronic messages formal and maintain professional standards. Avoid giving personal comments or opinions
- Ensure texts are written in full without using "text speak" or abbreviations
- Ask the service user 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 used a Trust issued mobile phone for sending text messages to service users – no other phone should be used
- Only use an email address belonging to the Trust to send emails and these should be encrypted – no other email addresses should be used
- In case an electronic message is seen by someone other than the intended recipient, avoid using unnecessary identifiers of the service user 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 messages it should be reported via the Ulysses system (e-IRF) and fully detailed, with a verbatim transcription in the service users 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
- Instant messaging such as Facebook messenger, WhatsApp, is not approved by the Trust for use with service users or staff or for any sensitive patient related information between clinicians.

6.0 Training needs

There is no training requirement identified within 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 electronic messaging to communicate with service users.

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, e-Newsletter and team meetings.

5.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	SOPs are created for each Service wanting to offer e-Messaging	SOPs approved	Data Privacy Team	Ad-hoc
	Electronic messages are accurately recorded in the service user record	Local record keeping monitoring	Clinical Supervisors	Ad-hoc
	An agreement is in place with the service user	Local record keeping monitoring	Local record keeping monitoring	Ad-hoc

6.0 References and Bibliography

- Electronic Health Records Policy (Including Record Keeping and Management) April 2022
- Information Security and Risk Policy August 2023
- Data Protection and Impact Assessment Policy April 2023

Appendix 1 Flowchart(s)

Process Flow for Implementing Electronic Messaging



Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	Record Keeping
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	<i>All staff who communicate with patients</i>
Regularity of Update requirement:	Annual refresher
Who is responsible for delivery of this training?	Line Managers
Have resources been identified?	No
Has a training plan been agreed?	No
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input checked="" type="checkbox"/> Other (please specify) Supervision record
How is this training going to be monitored?	Line Managers

Appendix 2 The NHS Constitution

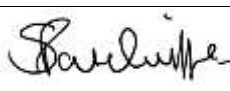
- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal			
Date Screening commenced			
Directorate / Service carrying out the assessment			
Name and role of person undertaking this Due Regard (Equality Analysis)			
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS:			
OBJECTIVES:			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No <input checked="" type="checkbox"/>	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor			Date
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed			Date

Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Use of Electronic Messaging to Communicate with Service Users	
Completed by:	Hannah Plowright	
Job title	Data Privacy & Information Governance Manger	Date 12/09/2023
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	A record of Information sent by electronic message must be saved on the Electronic Patient Record
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	Consent must be gained before contacting individuals.
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt.dataprivacy@nhs.net In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval	13/09/2023	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust