



# Western Vale Family Practice

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## Patient Text Messaging (SMS) Policy

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### Table of contents

<b>1</b>	<b>INTRODUCTION</b>	<b>3</b>
1.1	Policy statement	3
1.2	Status	3
1.3	Training and support	3
<b>2</b>	<b>SCOPE</b>	<b>3</b>
2.1	Who it applies to	3
2.2	Why and how it applies to them	3
<b>3</b>	<b>POLICY</b>	<b>4</b>
3.1	Background	4
3.2	Responsible individuals	4
3.3	Staff access	4
3.4	Training and familiarisation	4
3.5	Managing patient communication preferences	4
3.6	Data processing and UK General Data Protection Regulations (UK GDPR)	5
3.7	Information governance	6
3.8	Telephone number confirmation	6
3.9	Message content and usage	6
3.10	Messaging format and professionalism	6
3.11	Delivery reports	7
3.12	Proxy access	7
3.13	Young people's access	8
3.14	Ensuring information is correct	8
3.15	Opting out of text messaging services	8

**3.16 Continuous improvement 8**

**4 SUMMARY 9**

**ANNEX B**

# 1 Introduction

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## 1.1 Policy statement

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

## 1.2 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This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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.

## 1.3 Training and support

At Western Vale Family Practice, 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.

# 2 Scope

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## 2.1 Who it applies to

This document applies to all Partners, employees, and trainees. Other individuals performing functions in relation to the practice, such as agency workers, locums, and contractors, are encouraged to use it.

## 2.2 Why and how it applies to them

This document explains how Western Vale Family Practice uses text message as the main medium to communicate with patients.

We aim 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](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

## **3 Policy**

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### **3.1 Background**

Text messaging is an increasingly popular tool for Practices 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](#) incorporating the UK General Data Protection Regulations (UK GDPR) at Chapter 2.

### **3.2 Responsible individuals**

The Partners and the Practice Manager are responsible for overseeing the use of text messaging, embedding use within normal ways of working and using the service to improve patient care and experience.

Clinical Trainers/Mentors and Line Managers should ensure that all trainees and staff receive information on text messaging as part of induction and ongoing training.

### **3.3 Staff access**

All staff in the organisation, both clinical and administrative, will have access to Vision for text messaging. This also includes temporary staff such as locums and trainees.

### **3.4 Training and familiarisation**

The text messaging system is designed to be simple and intuitive and therefore not require excessive training.

Organisation team meetings may be used to remind staff to use text messaging and to demonstrate any new features or templates.

Each role will utilise text messaging for a different purpose and this should be discussed and agreed within teams.

All new staff will also have a brief introduction to and the time to familiarise themselves with this as part of their induction.

### **3.5 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 Vision and ensure that a warning and reminder is inserted on their patient journal.

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.

Information regarding text messaging will also be displayed across the Practice with guidance on how patients can opt out.

We will endeavour to code patients with an appropriate READ code as follows:

READ CODE	Title
#9NdP	Consent given for communication by SMS text messaging
#9NdP0	Consent given to receive test results by SMS text messaging
#9NdQ	Declined consent for communication by SMS text messaging
#9NdQ0	Declined consent to receive test results by SMS text messaging

### 3.6 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\(1\) \(e\)](#) 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\(1\) \(a\)](#) 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 we 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.

### **3.7 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 us 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.

Western Vale Family Practice is registered with the Information Commissioner's Office and holds an up-to-date NHS Information Governance Toolkit.

### **3.8 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 administrative 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.

Posters and reminders will be publicised to remind patients regarding text messaging and to inform the practice should they move home or change any contact details.

### **3.9 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

### **3.10 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 overly 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

### 3.11 Delivery reports

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

These will be run daily by the Administration Hub.

If a message is shown as undelivered then either a telephone call will be made or a letter will be e-mailed or 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 READ code:

#9N4 Failed encounter - short message service text message delivery failure.

Patients will be encouraged either verbally or in writing to update their contact details so that this does not occur again.

### 3.12 Proxy access

Patients have the right to grant a carer, relative, responsible adult or partner access to the text messaging services. See **ANNEX A**.

### **3.13 Young people's access**

People aged 16 or above are assumed to be competent to make an independent and informed decision. Young people may be happier for interaction via text message as this is more commonplace as their means to communicate. Particular attention should be given to:

- Highlighting the ability for young persons to request that their contact details are used instead of their parents or carers. This is done on or near their 16<sup>th</sup> Birthday when they are invited to apply for a My Health Online account
- 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.

### **3.14 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 when informing them of the need for further investigation and next steps.

### **3.15 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.

### **3.16 Continuous improvement**

To fully embed text messaging as a way of working and maximise the benefits for the practice, staff and patients, the practice should:

- Present usage across the team by discussing at practice meetings. Those staff who regularly use SMS as a form of communication should share the benefits
- Gather patient feedback on the service and identifying other opportunities to provide a better patient experience using text messaging
- Develop a library of practice text templates and relating these to other practice protocols (e.g. CDM, test results, self-care).



## 4 Summary

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Text, or SMS, messaging benefits both patients and the practice 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, administrative, and reception staff to focus upon providing a higher quality service.

## Annex A



### Consent to Proxy Access for Text Messaging Services

Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest, Section 1 of this form may be omitted

#### Section 1 – Patient declaration

I..... (name of patient), give permission to the person/people indicated below proxy access to the text messaging services as indicated below in Section 2.

- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access this information

<b>Signature of patient:</b>		<b>Date:</b>	
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#### Section 2 – Consent options

Give consent for communication by SMS text messaging	
Give consent to receive test results by SMS text messaging	

#### Section 3 - The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription)

<b>Surname</b>		<b>Surname</b>	
<b>First name</b>		<b>First name</b>	
<b>Date of birth</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Address</b>	

<b>Postcode</b>		<b>Postcode</b>	
<b>Email</b>		<b>Email</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Mobile</b>		<b>Mobile</b>	

**Section 4 - The patient (If the patient does not have capacity)**

<b>Surname</b>		<b>Date of birth</b>	
<b>First name</b>			
<b>Address</b>			
		<b>Postcode:</b>	
<b>Email address</b>			
<b>Telephone number</b>		<b>Mobile number</b>	

**Section 5 – Representative Declaration**

I/We ..... (names of representatives) wish to have access to the information ticked in the box above in Section 2 for ..... (name of patient)

I/We understand my/our responsibility for safeguarding sensitive information and I/We understand and agree with each of the following statements:

I/We will be responsible for the security of the information that I/we see	
I/We will contact the practice as soon as possible if I/we suspect that the information has been accessed by someone without my/our agreement	

<b>Signature(s) of representative(s):</b>		<b>Date(s):</b>	
<b>Signature(s) of representative(s):</b>		<b>Date(s):</b>	
<b>Signature(s) of representative(s):</b>		<b>Date(s):</b>	
<b>Signature(s) of representative(s):</b>		<b>Date(s):</b>	