

## Weobley & Staunton on Wye Surgeries

# TEXT MESSAGING POLICY

## INTRODUCTION

Weobley & Staunton on Wye Surgeries use MJOG and Chain SMS to send text messages to patients for a range of purposes including recall, care plans, patient information and delivering test results. This protocol outlines appropriate use of the service and how it is embedded in the running of the practice.

Over 95% of the UK adult population use a mobile phone. Most messages take a few seconds to arrive, and the short format keeps messages concise. The low cost of sending an SMS makes more frequent communication possible, and allows patients to receive messages when away from their home address. There is no need for an account/login/install (as with an app) and there are low levels of 'spam'/marketing (as with email and post. Further information on the benefits of text messages can be found here: <https://www.behaviouralinsights.co.uk/trial-design/why-text/>

MJOG and Chain SMS are software devices developed for primary care, allowing anyone in the practice to send a message to a patient.

MJOG is used mainly to send texts to more than one person by means of EMIS search eg. flu letters whereas Chain SMS is used to send individually tailored messages to a single patient via the EMIS clinical record.

## BENEFITS TO THE PRACTICE

Using SMS messages to contact patients creates benefits for the practice, including:

- Time saving, reducing the amount of time spent phoning a patient or sending a letter.
- Cost saving, reducing the spend on postage, paper, paper and printer toner.
- Improved access, avoiding inappropriate appointments (e.g. normal results) and signposting to local services
- Improved QoF, screening and immunisation performance, by sending invitations and reminders.
- Engaging 'hard to reach' patients, who may ignore postal letters or calls from an 'Unknown' phone number.
- Supporting efficient ways of working, for example in enhancing telephone consultations.
- Audit trail, documenting any safety netting advice and patient information given.
- Standardisation, enabling a common and efficient approach to working, for example in how blood results are reviewed and actioned.
- Admin reduction, as patients can be contacted directly, without the need to task a member of the admin team.

## BENEFITS TO PATIENTS

Using SMS messages to contact patients creates benefits for the patients, including:

- Patient education, providing information leaflets and self-care guidance
- Convenience, avoiding the need to wait for a phone call to answer a simple question
- Immediacy, receiving correspondence immediately rather than waiting for a letter
- Safety, allowing prompting of overdue investigations when issuing repeat prescriptions
- Experience, for example letting a patient know that their prescription is ready to collect

- Improved access, avoiding inappropriate appointments
- Adherence, when providing a clear documented care plan and health goals that can be referred back to
- Improved communication, making it faster, cheaper and easier to inform the patient

## RESPONSIBLE INDIVIDUALS

The Practice Manager and Caldicott Guardian are responsible for overseeing the use of Chain SMS at the practice, embedding use within normal ways of working and using the service to improve patient care and experience. Any questions and concerns should be directed to them. The Practice Manager is responsible for ensuring that all practice computers have a working version of Chain SMS and access to MJOG installed, and that all staff are enabled and know how to use Chain SMS and MJOG.

## STAFF ACCESS

All staff in the practice, both clinical and administrative, should have access to Chain SMS. This also includes temporary staff such as locums and subcontracted staff such as pharmacists employed by the Primary Care Network. Each role will find SMS messaging useful for a different purpose, and this should be discussed within teams and as part of new staff induction. MJOG is only currently available to a limited number of staff who are involved in mass mailings or recalls.

## TRAINING AND FAMILIARISATION

Chain SMS has been designed to be simple and intuitive and therefore not require training, however all staff should familiarise themselves with the software by sending a message to their personal mobile, in relation to a dummy patient. Monthly practice meetings will also be used to remind staff to use SMS messaging, and to demonstrate any new features or templates. All new staff will also have a brief introduction to Chain SMS, and the time to familiarise themselves as part of their induction.

MJOG training will be provided for those individuals whose job tasks require access.

## SUPPORT

### CHAIN SMS

Most support questions can be answered by visiting [support accurx.com](http://support accurx.com), and this should be attempted in the first instance. If an issue remains unresolved, users can email [support@accurx.com](mailto:support@accurx.com), use the Live Chat at [www accurx.com](http://www accurx.com) or call 020 7099 2279.

### MJOG

Again, most support questions can be answered by visiting the support centre <https://support.mjog.net/display/MKB/paul>

## USAGE

### Message content

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 results requiring immediate action), unless they are followed up to ensure the information was received.
  - Use the 'letter test' – *would I be happy sending this in a postal letter that may not arrive?*
  - 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
    - e.g. for sending details of IAPT services during a consultation
    - e.g. for answering a medication query, if reception have asked if they are happy for this to be answered by SMS when recording the query

## Use cases

For full flexibility, any SMS message can be sent to a patient, therefore staff should use their individual judgement of what is appropriate. For guidance, examples are given below, and in the template library:

- **Appropriate Messages**

- Administrative information e.g. prescription ready to collect
- Care plan sent in a consultation e.g. dosing 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 Choices 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 (e.g. patient awaiting an urgent prescription before their holiday). Recognising that admin work is often done during these hours, AccuRx are soon releasing a feature that will allow you to send messages late at night, but delay these until the morning.

## Delivery Reports

Staff can see when a message was delivered to a patient, or if that delivery failed, by opening 'Delivery Reports' (click 'Manage Practice' in the Chain SMS menu). This list can be used to identify patients whose mobile number needs updating.

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 or letter will be undertaken with the same content as used in the text message and the failure should be coded into the patient's notes using the appropriate code for Failed Encounter – SMS Text Message Delivery Failure.

## **Tone**

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, and the spell-check functionality in Chain SMS should be used to remove typos. When using a template, Chain SMS will automatically greet patients under 30 with 'Hi (first name)' and patients over 30 with 'Dear (last name)'.

## **INFORMATION GOVERNANCE**

### **Phone Number Confirmation**

To be confident that SMS messages are being received by the intended recipients, it is important that patient mobile numbers are kept up-to-date. The Reception Team should verify a patient's mobile number at any opportunity when speaking to a patient. Other 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.

### **Data Processing**

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 the Practice if their mobile number changes or 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.

AccuRx Ltd are registered with the Information Commissioner's Office (reference ZA202115) and hold an up-to-date NHS Digital Information Governance Toolkit Level 2 (ODS code 8JT17). The full Data Processing Agreement between the practice and AccuRx Limited provides further information on how data is processed, and can be found on the Workflow Spreadsheet.

AccuRx Ltd follows NHS Digital best-practice guidance on the use of cloud services. Further information on this guidance can be found at:

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/nhs-and-social-care-data-off-shoring-and-the-use-of-public-cloud-services>

### **GDPR**

In accordance with The General Data Protection Regulation (EU 2016/679):

Personal data is processed under the following legal basis for the purposes of direct care and the administration of health and care services:

*6(1)(e) '...for the performance of a task carried out in the public interest or in the exercise of official authority...'*

Personal data concerning health is processed under the following legal basis for the purposes of direct care and the administration of health and care services:

*9(2)(h) ‘...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...’*

Personal data concerning health is processed under the following legal basis for the purposes of public health:

*9(2)(j) ‘...necessary for reasons of public interest in the area of public health...or ensuring high standards of quality and safety of health care and of medicinal products or medical devices...’*

Further guidance on GDPR and the legal basis for data processing can be found at:

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance>

## Opt-Out

‘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 the practice that they do not wish to receive SMS messages, a member of staff must update their ‘Notification Preferences’ in EMIS. Chain SMS will show any codes related to consent and dissent when sending a message.

The Practice however will endeavour to code patients with an appropriate code to indicate that they:

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

It is the responsibility of the patient to inform the Practice if they no longer wish to participate in receiving text messages alerts.

## CONTINUOUS IMPROVEMENT

To fully embed SMS messaging as a way of working, and maximise the benefits for the practice, staff and patients the Practice Manager or any delegated deputy is responsible for leading improvement initiatives, and other staff are strongly encouraged to participate. These include:

- Practice meetings – for example presenting usage across the team and asking top users to share what they use SMS messaging for
- PPG meeting – gathering patient feedback on the service and identifying other opportunities to provide a better patient experience using SMS messaging
- Custom templates – developing the library of practice SMS templates, and relating these to other practice protocols (e.g. care navigation, test results, self-care)
- Audits – running reports to audit the mobile number coverage of the patient list, and reviewing the types of messages sent

## Best Practice

- **SMS-first.** Whenever contacting a patient, ask if you could send an SMS instead to make it faster and more convenient
- **Update numbers.** Whenever you get the opportunity, confirm and update a patient’s mobile number.
- **Clarify the recipient.** If you’re sending a message to a shared mobile, make clear who it’s for.
- **Send patient leaflets.** At the end of an appointment, share resources with the patient that they can use to self-care. You can use the built-in NHS Choices search.
- **Be concise.** Don’t send lengthy messages, they can be hard to digest.
- **Make templates.** If you’ve written a useful message, copy it and add it to your library of templates for next time.

- **Check for errors.** We all make typos. Have a quick readthrough and look out for spellcheck underlining.
- **Follow-up.** If sending critical information, don't rely on an SMS message, but check that the patient has received and understood it.
- **Share with colleagues.** Tell your colleagues in the practice (and other practices) the great uses you've found for SMS.
- **Innovate.** Come up with new ways to use SMS to improve patient experience, practice efficiency and care quality.

**Confidentiality Notice**

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