



**EMAILING PATIENTS TEMPLATE
PROTOCOL**

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Documents to read alongside this Protocol	Data Protection Policy, IT Security Policy, Internet/Email Policy,
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Author: Data Protection Manager

Executive Lead: Director of Innovation and Improvement

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UHB 1				Information & Governance Committee	26/04/2011	01/01 2014

Disclaimer

When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

EMAILING PATIENTS TEMPLATE PROTOCOL

INTRODUCTION

The UHB Internet/Email Policy only permits patient identifiable data to be sent to email addresses that end in 'wales.nhs.uk'. However, appendix B, section 1 point 9 of the policy permits limited email communication with patients under controlled conditions that are agreed with the Caldicott Guardian (Medical Director) and the Data Protection Manager. Prior to any Protocol being produced, the purpose for emailing patients must be discussed and agreed with the Data Protection Manager (nic.drew@wales.nhs.uk Tel: UHW x6677).

This protocol details the controlled conditions where email communication can take place with patients for specified purposes.

Using this Template (this section should be removed from the completed Protocol). Each section must be completed using the guidance provided; it is suggested that any non-italic wording is used in the Protocol. The completed Protocol must be sent to the Data Protection Manager for approval. Advice on using the Template Protocol is available from the Data Protection Manager.

PURPOSE

Define the purpose of emailing patients and why it is necessary/desirable to use email as a means of communication.

SCOPE

Define the limits of emailing patients; this should include:

- The ability of patients to consent to participate, or to nominate someone to email on their behalf
- The limit of personal clinical information in email communication
- The type of advice that will be given
- The type of advice that will not be given
- That urgent/emergency advice will not be provided – give details of what the patient should do.

AUTHORISATION

Detail who is authorised to email patients and the professional basis for them to be able to provide any advice/instruction.

STATUS OF ADVICE GIVEN

Where email advice is given, this may need to be recorded in the patient's health record. A procedure for ensuring this happens must be detailed here.

PATIENT'S GP

Will the patient's GP be informed of any advice provided? Detail what information will be provided and by what means (letter, email etc.). Copies of correspondence to GP's must be recorded in the patient's health record.

EMAIL ADDRESS

You are advised to set up a dedicated email address for correspondence with patients and not to use a member of staff's email address. State the email address and detail the hours that it will be available for patients to contact you. You are advised to include the following (or a version of the following) in all email correspondence:

"This is not an emergency service and will not be available out of hours or on weekends/bank holidays. [put your own hours here] It is important that you are aware that the [name of Dept/Unit] is unable to provide urgent advice via email and if there is a serious deterioration in your condition, guidance should be sought from your GP. In the event of an urgent situation you should contact the emergency services."

RECRUITING PATIENTS

Detail how patients will be advised of the service, who will decide that they are (in their professional opinion) capable of consenting to take part and who will 'sign them up'.

PATIENT IDENTIFIERS

Patients will need to be able to be uniquely identified. It is suggested that the hospital number (not the NHS number) is used on the Patient Information Leaflet for use by the patient as an identifier in email communication. The use of initials and DOB are permitted if absolutely necessary (discuss with the Data Protection Manager) however, this may restrict the purpose/content of emails. No other patient identifiers should be used.

EMAIL PROCEDURE (department)

This should detail how the system will work and should cover the following:

- Method to ensure the patient has read and understood the Patient Information Leaflet and signed the Consent Form
- Instruct that only the agreed email addresses (patient and UHB) must be used
- Automated response email when email from patient received. Suggested response; "Your email has been received by [name of Dept/Unit] email service. The email service is reviewed [daily? – apart from weekends?] and once your email has been read you will receive a response within [1?] working day".
- Instruct that no attachments (Word, Excel etc. files) to be sent with email as the patient may not be able to open them; unless previously

discussed with the patient regarding compatibility. Any received attachments must be virus checked.

- Only the minimum amount of clinical information for the stated purpose(s) in this Protocol to be sent - detail
- Instruct that emails received from patients must not be forwarded to anyone else unless the patient has been informed
- Ensure received emails include the required patient identifiers – detail action if not received
- Ensure sent emails include the patient’s hospital number
- Where necessary, document how sent/received emails are recorded in the patients health record
- Where an email is sent to a patient requiring the patient to do something; ensure a follow-up procedure is in place (with time scale) to confirm the patient has complied – detail.

EMAIL PROCEDURE (patients)

Patients will have the content of the Patient Information Leaflet (Appendix 1) explained to them by someone authorised to do so (see ‘Recruiting Patients’ above) and then patients will agree to the conditions by signing the Consent section. A copy of the signed Patient Information Leaflet will be given to patients.

EQUALITY STATEMENT

We have undertaken an Equality Impact Assessment and received feedback on this protocol and the way it operates. We wanted to know of any possible or actual impact that this protocol may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation.

PROTOCOL AUTHORISATION

Caldicott Guardian: Date:

Data Protection Manager:..... Date:

Appendix 1

Hospital Number:

PATIENT INFORMATION LEAFLET

INTRODUCTION

Email has become a pivotal source of communication in today's society. The *[name of Dept/Unit]* has introduced an email service to enable patients to communicate with the *[name of Dept/Unit]* and to receive advice from the *[name of Dept/Unit]*. Due to the insecure nature of the Internet, limits have to be placed on the type of communication that will be permitted; this is detailed in the next section.

The email service is limited to patients who have already attended clinical consultations in the *[name of Dept/Unit]* and who have consented to the conditions of use.

PURPOSE OF THE EMAIL SERVICE

The email service will be open to patients of the *[name of Dept/Unit]* and will be managed by *[name the individual/s identified in the Protocol section 'Authorisation']*. The email service is limited to the following:

- *Detail the purpose and limits of the service; as previously agreed with the Data Protection Manager.*

It is important that you are aware that the *[name of Dept/Unit]* is unable to provide urgent advice via email and if there is a deterioration in your condition guidance should be sought from your GP. In the event of an urgent situation you should access the emergency services.

HOW DOES THE EMAIL SERVICE WORK?

In order to communicate with the *[name of Dept/Unit]* by email we require:

1. A signed consent form accepting the conditions and limitations of the email service
2. Details of your email address for correspondence with the *[name of Dept/Unit]*. NOTE; this must not be a work email address
3. Details of a nominated person (if required) authorised to email on your behalf. NOTE; they must not use a work email address.

Copies of all email correspondence received and sent out will be filed in your case notes; where necessary, correspondence will be copied to your GP.

You will only receive emails from the following address:

Dept/Unit@wales.nhs.uk

LIAISING WITH YOUR GP

If your query results in any alteration to your *[e.g. medication, other condition]* your GP will be informed.

Your GP may not have immediate access to this information and whilst every attempt will be made by the *[name of Dept/Unit]* to ensure that this information is forwarded quickly, there may be times when it is not available to your GP on the same day as you receive it.

LIMITATIONS OF THE EMAIL SERVICE

The email service is only intended for you as a patient of the *[name of Dept/Unit]*; the service is not extended to members of your family or to anyone else.

There will be times when the *[individual/s in 'Authorisation' section]* will not be available and an automated response will be sent to you, informing when you can expect a response. Your email will then be dealt with as soon as possible.

The service will be available *[detail times, days of the week and availability during bank holidays]*.

PATIENT RESPONSIBILITIES

- Emails must only be sent to *[insert email address]* for an agreed purpose, as detailed above.
- You must always include your hospital number, shown at the top of this Information Sheet, in your email so we can correctly identify you. Any emails without this information will be returned unanswered.
- If you receive instructions, advice or guidance regarding any aspect of the management of *[name condition]*, you must reply to the email to confirm what action you have taken.
- Emails you receive from the *[name of Dept/Unit]* must not be forwarded to anybody else without first discussing this with *[name who discuss with]*.
- Attachments (e.g. documents, images) should not be sent with an email unless you have previously agreed this with *[name of Dept/Unit]* and they have confirmed that your attachment is compatible with their computer system.
- If you change your email address you must inform the *[name of Dept/Unit]*.

EMAIL SECURITY

Emails are sent over the Internet and as such are not secure. The 'Subject' line of your email should not include any information about you.

All emails sent to or received by Cardiff and Vale UHB are subject to monitoring by the IT Security Office.

PATIENT CONSENT FOR EMAIL COMMUNICATION

I understand that I choose to make use of the email communication service with the *[name of Dept/Unit]* at Cardiff and Vale University Local Health Board. I confirm that I have had explained to me by, how this email communication works and the type of communication I can have by email. I also confirm that I have read and will comply with the requirements in the Patient Information Leaflet.

I would like to communicate with *[name of Dept/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 clinical advice in an emergency that I should call my GP.

My email address for communication is: _____

This is my / a nominated person's email address (delete as necessary).

Name of nominated person: _____

Relationship to patient: _____

Patient's name: _____ Date: _____

Patient's signature: _____

[Dept/Unit]

Name: _____ Date: _____

Position: _____ Signature: _____