



CYMORTH LLYWODRAETHU GWYBODAETH AR GYFER GOFAL SYLFAENOL
INFORMATION GOVERNANCE SUPPORT FOR PRIMARY CARE

IG Guidance on My Health Text Messaging Service



Introduction

My Health Text is a service provided to all GP Practices via their Clinical System Supplier.

Benefits of the service include:

- Reduction in DNA rates;
- More cost effective than sending letters to patients;
- Staff time saving against contacting patients via telephone;
- Cost saving through reduction of DNAs;
- Can be utilised for specialist clinics;
- Can be used for health campaigns;
- Cancels appointments automatically and frees slots within the booking system.

This document provides guidance on the information governance considerations Practices should give when using the My Health Text Messaging Service.

Consent Model

Where a patient has previously provided the Practice with their mobile number it may be considered that the Patient would be happy to receive text messages (without obtaining prior consent) for administration purposes such as appointment reminders. See [the Quick Guide to My Health Text Messaging for 'Appointment Reminders'](#).

However, consent should be obtained from the patient prior to sending text messages to support the call / recall processes for patients who are eligible for vaccine programmes, chronic condition reviews, etc. Most patients would be more than happy to be invited for these purposes due the obvious benefits and that the service is to enable the provision of direct care; however, such messages may be considered by the Information Commissioner (ICO) as marketing by electronic means, this is because the Practice receives points for clinical indicators and subsequently payment.

The UK General Data Protection Regulation 2016 (UK GDPR) stipulates that consent must be unambiguous and involve an affirmative action. The Practice will need to demonstrate that consent was knowingly and freely given, also be clear and specific. The Practice must ensure patients are given the opportunity to withdraw consent at any time. You should maintain records for obtaining consent and for withdrawn consent.

Direct marketing is regulated by the Privacy and Electronic Communications Regulations 2003 (PECR), further information on PECR and General Practice can be found on the [IG website](#) and the [ICO Website](#).

Requesting Consent

There are a few suggestions for requesting consent for My Health Text Messaging Service:

- Write out to patients to inform them of the text messaging service, requesting for them to express their consent to receiving text messages from the Practice. See '[Appendix A](#)' for an example letter;

- Provide information on your website about the service and how to access it;
- Display posters and leaflets in the Practice detailing the text messaging service with forms available for patients to complete, include an appropriate Privacy Notice;
- New patients registering with the Practice should have the opportunity to register for the text messaging service. See [‘Appendix B’](#) for an example consent form.

Obtain, Record and Manage Consent

You must ask patients to actively consent / opt-in to the service, they should be given the opportunity to withdraw their consent / opt-out at any time. Records to evidence consent or withdrawal should be recorded on the patient record or other form of record.

Patients who have consented to receiving text messages, should be sent a message annually, asking them to confirm that they wish to continue receiving the messages.

Best Practice – Do’s and Dont’s

Explain the benefits of receiving communication via text message for new patients when registering with the Practice, you should record their consent as appropriate. Verbal consent is acceptable for routine appointment reminders, however for other purposes written consent should be given, for example written letter or tick box options and signed. See [‘Appendix B’](#) for example consent form;

- Make Patients aware of their responsibility to keep the Practice up to date with the correct mobile number they wish to be contacted on;
- Check with young adults if they wish to use their own mobile number rather than their parents or carer;
- Always provide the option for new and existing Patients to ‘opt out’ of receiving communication via this format at any time, where possible with a direct response to that message;
- Messages should be written in full; no abbreviations or ‘text speak’;
- Make privacy information available in the Practice and on your website to inform patients of the collection and use of their personal information and where possible a link to this information within the body of the text;
- Use of My Health Text application should be the preferred method of texting however if there are other occasions where there is a requirement to communicate via text, they should only be sent from a Practice issued mobile or alternative approved system for text messaging;
- Only be sent text messages to the phone number provided by the patient or carer to which they have consented the Practice using;
- Never use text messages to convey personal or sensitive information;
- Records of communication via text should be recorded in the patient record.

For further information on the My Health Text Service, please see the [Primary Care Services Website](#).

For guidance on electronic communications and marketing see the [ICO Website](#).

Appendix A

Example – My Health Text Message – Letter for Consent

Dear Patient,

[Insert Practice name here] would like to offer patients the ability to receive text message reminders for your appointments booked at the surgery. We also hope to introduce sending other health information by SMS text in the near future. For example: we may ask you get in touch with us to make an appointment because your test results are back, let you know your test results are clear, invite you to a specialist clinic which we think you would be interested in, or invite you for seasonal vaccinations etc.

Messages are generated by a secure NHS Wales service; however, they are transmitted over a public network to your personal mobile phone, therefore they may not always be secure. We would like to assure you that the practice will not transmit any information that would enable someone to identify you or which specify the test you may have had.

If you wish to receive this service, please complete your details in the section below and return it to the surgery at your earliest convenience.

Patient name:	
Date of birth:	
First line of address:	
Current mobile number:	
<ul style="list-style-type: none">• I consent to the practice contacting me by SMS text message for the purpose of providing health information and appointment reminders.• I will ensure that I keep the practice informed of any changes to my mobile number.• I acknowledge that SMS text message service is an additional service and that messages may not be sent on every occasion.• I understand that the SMS text message service should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with myself.• I acknowledge that I have the right to inform the practice if I no longer wish to receive communication from the practice via SMA text message.	
Patient signature:	
Date:	

Appendix B

My Health Text Message consent form

My Health Text Message consent form					
<p>[Insert Practice name here] would like to offer patients the ability to receive text message reminders for your appointments booked at the surgery. We also hope to introduce sending other health information by SMS text in the near future. For example: we may ask you get in touch with us to make an appointment because your test results are back, let you know your test results are clear, invite you to a specialist clinic which we think you would be interested in, or invite you for seasonal vaccinations etc.</p> <p>Messages are generated by a secure NHS Wales service; however, they are transmitted over a public network to your personal mobile phone, therefore they may not always be secure. We would like to assure you that the practice will not transmit any information that would enable someone to identify you or which specify the test you may have had.</p>					
Patient name:					
Date of birth:					
First line of address:					
Current mobile number:					
<ul style="list-style-type: none"> • I consent to the practice contacting me by SMS text message for the purpose of providing health information and appointment reminders. • I will ensure that I keep the practice informed of any changes to my mobile number. • I acknowledge that SMS text message service is an additional service and that messages may not be sent on every occasion. • I understand that the SMS text message service should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with myself. • I acknowledge that I have the right to inform the practice if I no longer wish to receive communication from the practice via SMA text message. 					
Patient signature:					
Date:					
Office Use:	Mobile recorded		Consent recorded		Scanned to notes