**Communication Policy**

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# Introduction

## Policy statement

Excellent communication is essential if Sheerwater Health Centre is to deliver a service that meets the needs of the entitled population. This policy will explain how communication works within and outside the practice and the responsibilities of all staff members. Excellent communication will:

* Ensure that all staff are aware of current and planned events and initiatives
* Encourage an ethos of teamwork
* Develop staff skills and knowledge through feedback
* Provide ideas for development by means of patient feedback

## Status

The practice aims 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 in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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

## Training and support

The practice 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.

# Scope

## Who it applies to

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

## Why and how it applies to them

This document has been produced to provide all staff at Sheerwater Health Centre with the necessary information to ensure that they understand how communication works internally and externally, and how they are involved in the communication process.

# Definition of terms

## Internet

A global computer network providing a variety of information and communication facilities, consisting of interconnected networks using standardised communication protocols[[1]](#footnote-1)

## Intranet

A system of connected computers that works like the internet and allows people within an organisation to communicate with each other and share information2

## Email

Messages distributed by electronic means from one computer user to one or more recipients via a network[[2]](#footnote-2)

## Short Message Service

The Short Message Service (SMS) is commonly referred to as a text message.

## Teleconferencing

The use of telecommunication devices to hold discussions between participants in different locations

# Internal communication

## Methods of communication

At Sheerwater Health Centre there are a number of means of communication which are used regularly including:

* Email
* Intranet instant messaging
* EMIS messaging, e.g. screen messages or sending tasks
* Practice meetings
* One-to-one briefings
* Videoconference consultations
* Telephone
* Mjog
* AccuRx
* Footfall

## Significance of communication

All staff must be effective communicators as they play a key role in the provision of information to patients, carers, colleagues and external stakeholders. It is therefore pivotal that information is relayed in the most appropriate and timely manner to ensure the safe and effective care of patients and to enable the practice to function efficiently.

The identification of patient contacts is vital and, as such, a telephone caller’s identity and credentials must be verified, ensuring that they are the patient or that they have the consent of the person they are calling about. This should include three forms of identity to confirm the ID and can be a combination of name (first and last), telephone number, date of birth and/or address.

## Accessing IT systems

All staff at Sheerwater Health Centre will have access to the intranet, shared network drives and internet to enable them to carry out their duties in accordance with their own roles and responsibilities. These facilities also enable staff to access instant messaging, emails and other forms of communication which enhance the practice’s overall communication flow.

## Email use

All staff at Sheerwater Health Centre are allocated an NHS email address which is for the use of practice business only and is one of the most common means of communication within the practice.

Emails should be written in a clear and concise manner and should be relevant to the subject heading.

Staff are not permitted to use the intranet, internet or emails for any of the following purposes:

* Pornography
* Gambling
* Promotion of terrorism and/or terrorism skills
* Cult-promoting websites
* Personal use

In addition to the above, access to any sites that are likely to cause offence is also strictly forbidden.

If it is found that staff are using the practice’s IT facilities for such activities, disciplinary action will be taken. This may include involving the local police depending on the nature and source of the information.

## Out of office function

Staff members who are often required to either send or receive emails are to ensure that they utilise the “Out of office” function detailing any time period that they will be absent. Additionally, and if appropriate, the out of office message should further provide the details of the most relevant person who may be contacted during this absence and whether the email will be forwarded or not.

Ordinarily this function need not be set for weekends although for public holidays, or longer, this should be set to ensure that the sender is aware that there may be a delay in any response or who may be the alternative contact.

## Monitoring frequency

For communication to be effective, messages have to be processed in an acceptable timeframe. It is considered best practice at Sheerwater Health Centre for staff to check all messaging systems (email,Footfall, messenger, clinical systems, text messages, etc.) at least **three times daily,** usually at the start of the working day, around midday and late afternoon before the practice closes.

All staff must ensure that any files that are downloaded are virus checked before being used. Staff are not permitted to download/load software onto their computers unless it is an officially approved software product.

# Communication with patients

## Accessible Information Standard

From 1st August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard[[3]](#footnote-3).

The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers or patients with a disability, impairment or sensory loss.

Refer to the [Accessible Information Standards Policy](https://practiceindex.co.uk/gp/forum/resources/accessible-information-standard-policy.1361/)

## Patient emails

Patients may actively and consistently use email as their preferred method of communication. It is imperative that the patient confirms their email address with the practice enabling Sheerwater Health Centre to verify the accuracy of the information held.

It is the responsibility of the patient to ensure that they provide an up-to-date email address and all patients must be advised that Sheerwater Health Centre are not responsible for the protection of the information once it has been received by the patient. It is also to be recommended to the patient that they do not use a shared email address for the purpose of communicating with Sheerwater Health Centre so that confidential information will not be seen by family members.

Additionally, patients are to be advised that internet email accounts are not secure and that there is a risk of their email being hacked (albeit a small risk). Again, Sheerwater Health Centre will not accept any responsibility for the loss of confidential information should a patient’s email account be hacked.

## Generic email address

Sheerwater Health Centre will only communicate with patients from the following email addresses:

[sheerwater.healthcentre@nhs.net](mailto:sheerwater.healthcentre@nhs.net)

Staff are not to communicate with patients from their individual @nhs.net email account. This provides reassurance to patients that the email they have received is legitimate.

Sheerwater Health Centre will ensure they send an automated response indicating that the email has been received. The following response will be sent:

“This is an automated reply to confirm that Sheerwater health Centre has received your email. We aim to reply to all emails within one working day, except at weekends and bank holidays when the practice is closed. If the matter is urgent, please contact the practice on: 01932 343 524

## Monitoring generic email frequency

For communication to be effective, messages are to be processed in an acceptable timeframe. It is considered best practice at Sheerwater Health Centre for nominated staff to check the generic email account at least **three times daily,** usually at the start of the working day, around midday and late afternoon before the practice closes.

All staff must ensure that any files that are downloaded are virus checked before being used.

## Consent for communication via email or text

Before communicating via email or text with a patient, Sheerwater Health Centre will ensure that the patient has signed the consent within the new patient registration form

NOTE – we need to amend the registration form to include consent for videoconferencing and then we can delete the Annex A and B at the bottom of this policy

## Email parameters

At Sheerwater Health Centre, only appropriate matters will be dealt with using email. The clinical lead has agreed to the following being acceptable:

* Appointments
* Repeat prescription queries
* Requesting test results
* Requesting copies of medical records (see Access to Medical Records Policy)
* Emails containing images of a clinical condition, requested by the GP or AHP Complaints
* General enquiries – e.g. chasing a referral etc.,

Requests for complex information about medical conditions or symptoms are not appropriate for email communication. Instead, Sheerwater Health Centre will telephone the patient to ask them to direct their enquiry using the Footfall website to obtain an appointment to discuss the matter with an appropriate member of the clinical team. If a patient is unable to access Footfall the reception team will make an appropriate appointment.

## Email retention

Emails are classed as records and are to be added to the patient’s healthcare record and coded accordingly. Staff are to add a short summary of the email to the patient’s record, for example:

Example 1

“Patient emailed regarding test results; replied with results and advised patient to book an appointment with the practice nurse.”

Example 2

“Patient emailed requesting information about symptoms they are experiencing. Advised patient to book an appointment as it is not appropriate to discuss this using email. Patient has subsequently booked an appointment.”

Should any patient email contain relevant information, including image(s) with regard to their ongoing clinical condition, at the clinician’s discretion, this is to be uploaded to the patient’s medical record.

To meet with the rulings of Data Protection Act 2018 (DPA18), once uploaded to the clinical record there no longer remains any need to retain this email. Therefore, it remains the responsibility of any recipient of the email to delete the message once their action has been completed.

This information should be shared with patients within the practice leaflet and upon the website.

A Data Protection Impact Assessment (DPIA) as per the [General Data Protection Regulation (GDPR) Policy](https://practiceindex.co.uk/gp/forum/resources/general-data-protection-regulation-gdpr-policy.740/) will need to be adjusted to reflect this process.

# Videoconference consultations

## Videoconferencing governance

Another form of communication can be achieved via a videoconference consultation call with the patient population. Whilst this is an acceptable method of undertaking consultations, measures need to be adopted to ensure that patient data is handled correctly.

NHS Digital and Information Governance Alliance[[4]](#footnote-4) have established information surrounding the use of this technology when supporting our patient access.

Managing the risks associated with videoconferencing needs attention from both care professionals and service users.

At Sheerwater Health Centre, the following considerations have been undertaken to support the use of videoconferencing:

1. Are there circumstances where care outcomes might be undermined by using this technology?
2. Should certain forms of care, e.g. sexual health, be excluded?
3. Information governance leads have been consulted to ensure that any risks to privacy and confidentiality are considered, e.g. confidential or sensitive matters should only be discussed in a private space (i.e. where others cannot overhear).
4. All healthcare professionals involved in videoconferencing have been trained to use AccuRx, Footfal and EMISl and have been made aware of the issues that need to be considered.
5. Healthcare professionals will always ensure that the relevant outcomes are recorded within patients’ records.
6. Video consultations should not be recorded unless the service user provides explicit consent to live recordings[[5]](#footnote-5). If provided, this should be noted in the care record.
7. A Data Protection Impact Assessment (DPIA) has been completed as per the [GDPR Policy](https://practiceindex.co.uk/gp/forum/resources/general-data-protection-regulation-gdpr-policy.740/). The DPIA will provide assurance that with videoconference consultations the privacy of patients will be maintained
8. It should be noted that the practice has no contract or Service Level Agreement (SLA) with free to use video communication solutions such as FaceTime or Skype. As such, users are to be aware that they have no recourse to legal action.
9. Care must be taken not to bypass or jeopardise established formal communication policies and protocols for secure communications.
10. The quality of a videoconference will depend on the quality and resolution of webcams and the strength of the internet connection of each of the parties involved. Whilst image quality and resolution may be important when making any clinical physical assessment, uninterrupted streaming may be the paramount factor for interactive talking therapies. Therefore, the type of clinical presentation must also be a consideration with videoconferencing.
11. The healthcare professional must ensure that they verify the identity of the patient when using videoconferencing. To support this, only outgoing calls to the patient will be acceptable.
12. Where there is a separate videoconferencing login, the system should require the use of strong passwords when activating the videoconferencing account.
13. The practice will download all necessary updates for AccuRx, Footfall and EMIS as they become available. This will ensure that important security patches have been updated.

## Patient considerations

When assessing suitability for videoconferencing, the following is to be considered:

1. The healthcare professional will ensure that the decision with regards to whether or not videoconferencing is a suitable form of communication will always be considered on an individual patient basis.
2. The healthcare professional will always assess the appropriateness of any videoconference consultation and it will be their professional judgement regardless of any patient request.
3. Should there be any concern surrounding risk, neglect or any other safeguarding issue, then consideration must be given to the appropriateness of videoconferencing due to the lack of guarantee as to whether the patient is alone and is able to give a full account of the reasons for the consultation.

In this instance, the patient would be offered a face-to-face appointment and the clinician should refer to the [Safeguarding Policy](https://practiceindex.co.uk/gp/forum/resources/safeguarding-policy.728/).

1. Videoconferencing will not be considered for those patients where the matters to be discussed may cause the patient distress or anxiety, or to discuss matters of particular sensitivity, such as informing an individual that they have been diagnosed with a terminal illness or potentially stigmatising condition.
2. Patients are to be made aware that no communication over the internet is entirely secure.
3. Whilst videoconferencing can bring benefits to both patient and this practice, such as convenience, less travel and cost savings, it should be offered as a choice rather than a requirement. It should not be offered where care may be undermined or where service users may struggle to cope.
4. Patients are to be made aware that they will need to have a good quality

internet connection in order to achieve the most benefit out of the videoconferencing service.

1. The patient is to be advised that the practice cannot provide any guarantees as to the quality or security of the service; neither can we provide any support to resolve technical issues.

## Patient consent to videoconferencing

Patient consent to the use of videoconferencing is required but need not be explicit.

Consent is obtained from the New Patient Registration Form.

# Text Messages

## Sending text messages

Convenience allows patients to receive text messages that containing non-sensitive information as part of the routine advice or reminder service at Sheerwater health Centre

Whilst this method of communication is time-efficient, improves communication and is particularly beneficial to patients with impaired hearing, the potential to breach patient confidentiality must also be a consideration.

Sheerwater Health Centre uses Mjog and AccuRx to communicate with patients. All SMS messages are recorded within the patients’ healthcare record.

When sending a text message to a patient, staff members must consider the following:

* Consent
* Confidentiality
* Child/age of the recipient
* Content

At Sheerwater Health Centre, consent to communicate via text message is gained from each patient by means of registration paperwork.

The consent given is noted on the patient’s healthcare record.

## Text message content

Part of the administrator’s role is to confirm the correct mobile telephone number with the patient or service user and this is conducted by all staff making calls to or receiving telephone calls from patients.

Text messages should not contain sensitive information. Sensitivity is not determined solely by the type of information (clinic appointment), but requires a judgement as to the impact if the information was misused. Some information is especially sensitive, such as issues relating to sexual health and mental health.

All text messages sent to a patient are to be embedded within the patient’s healthcare record. To that end, text messages are to be brief, clear and contain no sensitive information.

Texts can efficiently be sent to patients to convey the following information:

* Reminder of their forthcoming appointment at the practice
* The need to call the surgery to arrange an appointment
* A new patient health check is due
* The need to call the surgery to re-arrange an appointment due to the cancellation of a clinic
* Bank Holiday arrangements
* All messages relating to service provision e.g. health information, Practice closures etc.,

Staff are always to be aware that there is no guarantee that the text message has reached the patient. If the patient has not carried out an action relating to a particular request, messages should be followed up and phone calls made, where appropriate.

It should be noted that the patient also has a responsibility to ensure that the practice has the correct contact details for them.

# Message taking

## Phone messages

If a call is received at the practice for a member of staff and they are absent or busy, the person receiving the call is to record the following information:

* Name of caller
* Time of call
* Date of call
* Who they were calling/wanted to speak to
* Message (if applicable)
* The caller’s telephone number (repeat this back to the caller for confirmation)
* An appropriate time to call back

This information is to be relayed to the intended recipient by the following means:

Email

Clinical system message

Instant message

Handwritten note – this must be passed directly to the intended recipient and NOT left on the recipient’s desk

NB: If a patient calls to discuss a care-related issue, this must be annotated in the patient’s electronic healthcare record and the intended recipient informed.

## Messages for patients

To ensure that patient care is of the highest standard, information that is to be relayed to patients must be clear and comprehensible.

Clinicians are to send messages to staff using EMIS to request that they contact the patient and relay the message, whilst ensuring that the administrative staff have all the necessary information to give to the patient.

# Information from meetings

## Accessibility and actions

Following internal meetings, the minutes will be written and saved to the Shared Drive in EMIS. All staff will receive an email with a copy of the minutes within 10 working days of the meeting occurring. Staff must ensure that they access this information and read the relevant minutes in a timely manner – either the day of receiving the email or the following day or the day when they return to work following the meeting.

# Summary

The internet, intranet and email systems used by Sheerwater Health Centre are provided to enable staff to carry out their roles effectively, whilst also enhancing the level of service provided to the patient population.

All staff members have a responsibility to adhere to this guidance. Excellent communication is something we must all strive to achieve, ensuring that our communication methods are clear and concise.

1. [Cambridge Dictionary](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwiFoPnUs77aAhVLJMAKHXNgCOMQFghJMAI&url=https%3A%2F%2Fdictionary.cambridge.org%2Fdictionary%2Fenglish%2Fthe-internet&usg=AOvVaw31S4n11frcvwNHaA-Emckq) [↑](#footnote-ref-1)
2. [Oxford Dictionaries](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwiDpK__jMfaAhUmOsAKHTpMC6kQFghMMAI&url=https%3A%2F%2Fen.oxforddictionaries.com%2Fdefinition%2Femail&usg=AOvVaw38yUHrqS_93oHgFha2f-eF) [↑](#footnote-ref-2)
3. [NHS(E) - Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) [↑](#footnote-ref-3)
4. <https://digital.nhs.uk/binaries/content/assets/legacy/pdf/a/a/videoconf.pdf> [↑](#footnote-ref-4)
5. [www.gmc-uk.org/Making\_and\_using\_visual\_and\_audio\_recordings\_of\_patients.pdf\_58838365.pdf](http://www.gmc-uk.org/Making_and_using_visual_and_audio_recordings_of_patients.pdf_58838365.pdf) [↑](#footnote-ref-5)