

Why use texting services?

Texting services are commonplace for appointment reminders in health but there are a considerable number of more innovative uses that are either being piloted or about to go into full production. These include getting out test results to patients (or getting data back that may come from body monitoring equipment), public health alerts for high risk groups, screening prompts and general two-way dialogue with patients. There are many internal employee purposes too; ranging from shift rostering to business continuity alerts. All of these are to be encouraged as part of the eHealth Strategy.

Purpose

The aim of this guidance is to reduce the information risks relating to Short Messaging Services (SMS), or texting to mobile devices, so that this technology can be used for more innovative purposes and with greater confidence across all organisations that form NHSScotland. It is based on a high level risk assessment.¹

The guidance is structured around Planning and User Handling stages, with considerations offered to inform each. In addition, annex A has a number of theoretical usage scenarios that show how a few simple controls can make a big difference in reducing risk.

The guidance can be used as a companion to Email Good Practice Guide, as many SMS services are integrated into email tools. There is a need to consider where one tool is preferable over another. For consistency, annexes B and C shows what content of different sensitivity can be sent to different groups if handling instructions are followed.

¹ Information Risk Assessment: Use of Short Messaging Service (SMS) in NHSScotland (2012). MMS (multi media messaging) is excluded from the current analysis.

Planning stage

1) Never rely on text service

Texting should either be positioned as a secondary communications tools (e.g. to follow up on a paper letter sent earlier) or if used as a primary tool should have adequate back-up. For example, a patient may wish to have results sent only by text but should also be given a number to call if for any reason he does not receive the text message within the stated time-scale.

2) Formal decisions on new service

In the case of more complex patient services (e.g. personalised contact between clinician and patient via texts) decisions need to be made on a service-by-service basis. What works for one type of service cannot be assumed to work for another: e.g. board may give 'green light' to allow its mental health specialists to contact patients by text but puts on hold a request to do text prompts for screening because a risk assessment showed the board does not have the capacity). Any proposed new service should be piloted and evaluated for risk and effectiveness before full operational integration.

3) Select SMS companies carefully

There are many companies, some no more than dubious premium rate re-sellers, that now offer SMS as a bolt-on service. Often the technical architecture is opaque (e.g. not prepared to divulge where servers are located and exact relationship it has with telcos who actually deliver the messages). Reassurance needs to be gained at design stage that it can deal with information risks (especially those relating to capacity and data such as telephone numbers being extracted unlawfully and sold on etc).

4) Be clear on who can send

For patient messaging services it needs to be clear who is authorised to use SMS and for what agreed structured purposes, and who can handle distribution lists containing phone and other details. In some organisations only certain persons will have the technical ability to use the tools (e.g. tools used in dental and GP practices) but in others all staff have the technical ability (but not necessary permission).

There are well established procedures for sending paper letters to patients so SMS should be no different. Although individual employees may find digital channels such as SMS very immediate and tempting to use 'on the hoof' it can upset well oiled procedures that the NHS relies on to deal with such a high number of communications.

5) Meet capacity for in-bound texting

For outbound texts, staff capacity is predictable and can be planned (e.g. a practice administrator may allocate a quiet time slot when surgery visiting has ended to send out messages for the next day). However, services that allow inbound texting can

lead to unintended consequences; such as persons texting in high volumes at all hours and expecting instant responses; persons phoning as well as texting etc. The organisation needs to have considered how it will respond to this and manage expectations (e.g. “we aim to respond to your text within 48 hours; please wait this length of time before sending a repeat message or calling us”). Consideration will also need to be given to the handling of text messages coming from persons not on pre-established contact lists (e.g. “my boyfriend gave me this address, can I also make an appointment?”). Where services are delivered from individual mobile devices it needs to be clear to the operatives that although voice calls can be diverted to a colleague text messages cannot.

6) All actions auditable

All outward bound texts need to be auditable so that as a minimum it is clear a) from which mailbox or device the message was sent from; b) the time/date; c) the phone number sent to and d) copy of the actual content sent. Such data need not be kept for long periods (i.e. no more than six months) but long enough to demonstrate to a patient/employee that an action took place and to be able to do monitoring/planning.

Work in accordance with board level record policies; consider whether the SMS message needs to be filed in the formal record or deleted after a short period. It is acknowledged that there may be not be a straightforward or automated way to add SMS content to the patient’s record, nevertheless the obligations of clinical record keeping remain. Note: your ‘sent’ items are discoverable for the purposes of Data Protection subject access requests.²

Handling Instructions for users

7) Obtain consent from patient

Patients need to consent to receiving communications via text and as far as practicable for different purposes. There is a big difference for example between agreeing to appointment and screening text reminders and agreeing to a two clinical conversation or public health alerts. Consent does not need to be bureaucratic (i.e. a form for every purpose) but there are certain junctures, such as when a person registers with a GP or makes a new appointment or updates contact details, where preferences can be formally captured onto a system. Equally a discussion with a clinician and the handing out of an explanatory leaflet about a SMS service can equal consent. As long as the outcome is the same: the patient is comfortable with the medium for the purpose(s), has been made aware of the strengths and weaknesses of texting at the outset and is able to change their preferences.

8) Make patient aware of risk

As part of consent, patients need to be made aware (e.g. leaflets, online content, posters etc) of the reliability issues relating to SMS which are beyond the control of

² In the case of NHSmail service for example SMS content is kept for 90 days; log detail for 2 years. This is more than enough time to cover non-repudiation aspects. The issue of how long messages a filed in clinical record is separate.

the NHS (“as a user of a texting service you will probably know that not every message arrives for all sorts of technical reasons; but you do have our contact number”...) and the importance of keeping the specific SMS service provider up to date with their mobile phone number. Note: for patients to be aware that given the scale of NHS operations it is not always possible for a mobile number change given to a GP for example to then be updated on the SMS system used by an outpatients clinic.

And additionally, in the case of services that allow patients to reply, it needs to be stated that patients should avoid going into unnecessary detail about their condition (“we take great care to ensure that our messages to you consider all confidentiality issues....we highly recommend that you only reply back with information that you would be comfortable for anyone to read. This is because no organisation, including the NHS, can guarantee the security of every aspect of a texting service.”

9) No more than 20 words

The message should be no longer than 20 English words.³ It is poor practice to have messages longer than this and problems arise when messages are split into fragments.⁴

10) Use pre-agreed template

For routine basic structured messages it is useful to create a bank of message formulae that can simply be drawn upon (e.g. ‘test result message 1 for Hawthorn clinic’; ‘test result message 2 for Cedar clinic’ etc). These will all have been carefully worded and agreed by decision makers (e.g. using phrases such as “call x” when results are positive or ‘all is fine’ when it is a negative result etc).

In the case of more complex texting services where the messages are to be personalised it is important to be clear at consent stage what if any clinical data is to be included. It must be stressed that the Data Protection definition of sensitive personal data is very broad: anything that identifies a person and his/her mental or physical state.

11) Never copy and paste entire email

Some email/SMS integrated tools allow a user to copy content from an existing email message in an Inbox for example and paste directly into message to be sent as SMS. This is very risky as you may not have edited out sentences/names which could cause harm if read by non-intended persons. It is far better to start from scratch and input a message with just a few words that alerts someone to an issue (rather than use SMS as an email surrogate). The only possible exception might be to cut and paste a single complex word or reading to ensure accuracy.

³ SMS has a technical limit of 140 octets; this equates roughly to 160 characters (depending on alphabet and whether special characters used). Spaces are included in the quota.

⁴ Most suppliers’ tools allow a user to type to go beyond 160 characters meaning the message is simply split up (and company gets paid more). NHSmail enables a user to type a long message on screen but then forcibly cuts down the message and only delivers the first c. 306 characters (and ignores the rest of message).

12) Loss of text = minor embarrassment

Given the security limitations of SMS, and the risks beyond the control of the NHS of non-intended persons reading messages, content should be made un-classified (see definition in annex C) as far as possible by following the guidance on content templates. This means that even if lost, there would be negligible impact in terms of privacy.

However, as new innovative SMS services evolve it will be impossible not to mention at least something about the physical or mental state of an individual (who might be identifiable even if full name etc is not enclosed). Just like paper letters, even referring to x clinic or y piece of medical equipment can reveal a condition. Nevertheless the patient may consent to this or want to send back even more sensitive details than requested. So there may be legitimate occasions where a text message is used that identifies a patient and their condition.

As with email, a sensible risk based approach using traffic lights and professional judgement needs to be adopted.. Texting can be made permissible for anything up to and including 'amber' (PROTECT in HMG; see annex C) regardless of which SMS service provider is used once a risk assessment of the service has been made and controls put in place between NHS organisations, to patients and trusted partners.

13) Never text 'red' level content

To underline the point, SMS should **never** be used for any content which is at 'red' highly sensitive level (or RESTRICTED in HMG; see annex C) regardless of which SMS service provider is used and regardless of whether it is sent within NHSScotland or externally.

These recommended permissions are summarised in Annex B.

To illustrate the point, a text message sent by one health professional to another with: "Barry Smith, CHI123456, does have acute myeloid leukemia after all" is highly likely to cause a substantial privacy breach if read by non-intended person and should not be sent via SMS. Whereas the message "CHI123456, has now got his result, phone me" would have low or negligible impact if lost and can be sent via SMS.

14) Keep to basic format

Keep to upper and lower case letters, numbers, commas and full stops. Do not use special characters, symbols, smileys or graphics. Assume the intended recipient has the most basic phone with a black and white screen. If a language other than English is to be used then careful testing is required.

15) Always enclose contact number/email

Although it is legitimate to run a SMS service that does not enable a user to reply by text there should always be a contact telephone number or email address. Some

users may get confused or even anxious about a message and need to clarify its content.

For some services care needs to be taken as to what contact number/email address is used in order to protect the confidentiality of the patient. It would be easy for a non-intended recipient for example to 'Google' a telephone number and link the intended recipient to an area of health where a breach in privacy has a high impact (e.g. sexual and mental health and drugs addiction support).

16) Manage distribution lists carefully

The message content for texting services is usually composed on screen (via an email or online tool) and the user simply pulls one or more names/numbers from a list. As with any distribution list care needs to be taken to ensure the right message is sent to the intended person. In the case of SMS it can be even easier to make mistakes than email. Some tools allow you to configure it so that a number of data fields appear in a helpful order: e.g. patient surname, first name, post-code, relevant lead clinician name, purpose name ('appointment'; 'screening', 'public health') and lastly mobile number. An administrator for a practice with several GPs may wish to send an appointment reminder to 'MacDonald, Ronald' but a closer inspection of the data fields reveals that they want to notify the 'Ronald MacDonald' tied to Dr Smith not the 'MacDonald, Ronald' tied to Dr Brown at the same practice.

17) Identify person in brief

It is important to identify the patient/citizen in the message so it is immediately clear to the recipient that the message is for them and attention should be paid to it (i.e. not spam). But at the same time it is important to avoid putting in too many identifiers in case the message is read by non-intended persons. As a general rule inserting just the first name of the person early on is adequate (e.g. NHS do not reply, Michael, just a reminder, screening appointment, 15.45 at Hawthorn practice).

However, there may be special circumstances where a surname and salutation (Ms, Mr Smith) might be used or just a unique code which both parties understand in the case of tests (e.g. NHS do not reply, code number 6578, your test result, all is fine, ring 0800 12345 if you need to discuss).

18) Choose sender's address with care

For the vast majority of texting services it is appropriate to use a generic email address box or telephone number. This helps with administration and can also protect confidentiality of recipient as it does not link an area of medicine to the patient. Patients also need to recognise what is a legitimate NHSScotland address as opposed to spam.

But with the rise of more personalised services it will become common for clinicians to send from their individual work email address boxes. This is permissible, providing the clinician and employer understand and agree to bear the risks (e.g. patient may then circumvent usual channels such as medical secretaries and individual email

addresses are then in public domain and subject to possible abuse such as spam/malware/social engineering etc).⁵

19) Use delivery receipt functionality

Delivery receipt functionality is common in most SMS tools. Although it does not show if the intended recipient has actually read the message the statistics derived from them to help the organisation to monitor technical or other problems (e.g. on average the telco delivered 90% messages from routine mail-shots to devices within two hours of being sent but on 10 occasions last month delivered only 10%) and plan for new services.

20) Screen out fixed line numbers

Technically messages can be delivered to fixed line numbers and read out in a computerised voice when someone answers the phone. But this can cause problems. It is far better to be clear at the outset that the SMS service is designed for mobile device users and to screen out fixed line numbers.

Special needs patients (e.g. those with eye sight impairment who would like a reminder read out) are better to directed to non-SMS services (e.g. where they receive an actual voice phone call)

Annex B: Scenarios for SMS and controls

- 1. Business continuity text messaging**
- 2. Test results to patients via text message**
- 3. Screening reminders via text**
- 4. Targeted text service to patients with mental health issues**
- 5. Public health improvement texting service**
- 6. Ad-hoc sending of SMS between board employees**
- 7. Inbound and outbound SMS service for diabetes patients**
- 8. Third party home patient monitoring that uses texts**

⁵ Managing Online Social Networking guidance (2011)

Scenario 1: Business continuity text messaging

A health board decides to use SMS messaging via its email system to push out business continuity messages to its staff when there is a disaster (such as a major incident that requires staff to return to a hospital):

- At design stage it is agreed that the message should come from an agreed business continuity generic email account rather than from a named individual.
- Given the fact that the personal telephone numbers of a large number of staff will need to be maintained it is agreed that only designated persons in the central business continuity team will be able to view and training is provided to those who will be using the mail-shot functionality (e.g. to be aware of the perils of sending a message to the wrong circulation list).
- As part of the training the designated staff pull from a set of standard messages formulae which can be used quickly. They are very short, make clear the importance, identify the particular place of work affected and include a contact point.
- Although the generic account is used by several Business Continuity Planning staff the SMS activities are fully auditable (i.e. know which individual sent what and when via their email box).
- There is a news story on the board intranet publicising the fact that staff could get messages from this address. It also reminds staff to keep their contact details up to date on the business continuity plans. There are also plans for a 'test run' that would involve staff getting a message.
- Although there is a 'receive receipt', e-communications and Business Continuity consider that they cannot rely just on the SMS service but still have other things in place for other channels (e.g. social media, email, web-site, phone calls etc). Instead, SMS is positioned as a very useful additional tool.

Businesscontinuity@nhs

**[name], major incident plan invoked, return to St Peter's hosp
immediately, 0800 123456)**

Scenario 2:

Test results to patients via text message

A health board decides to set up a service so that a target group (16-25) can receive the results of a recent Chlamydia testing campaign. A recent consultation exercise revealed that a high proportion of young people preferred texts to letters as it was deemed faster and more discreet than letters sent to shared or parents' accommodation. At design stage issues of consent as well as the availability, integrity and confidentiality of the information was considered. This led to the following steps:

- As part of the testing process the young people were asked how they would like their results to be communicated (by text or by letter). The preference was entered at the time of testing and the patient's telephone number captured into the system.
- Given the availability risks (i.e. message not getting through) the option of being able to ring a designated number was given in addition to the text service. The accompanying guidance on the Chlamydia leaflet says "your text message will be sent to you in eight days time. But you can ring 0800 123456 if you do not receive a message by then."
- The patient was provided with a reference number which could be used if they wished to phone the telephone number.
- Given the confidentiality risks (i.e. a message going to the wrong person and revealing something about the health of the subject) the short message was tailored in such a way that a non-intended recipient would not be able to identify anyone or understand exactly what it was about.
- But at the same time the message could not be too cryptic as a young person needed to know straight away that it was not spam, relates to him/her and was about the Chlamydia test result rather than something else connected with the NHS (i.e. there might be texts from NHS dentist or NHS mental health etc)
- Although the message cannot be replied to it contains a telephone number which cannot be easily identified with the Chlamydia testing or sexual health generally in a health board (i.e. a general switchboard number which allows the user to be directed to the right team). The switch board team needed to be aware of this and be able to re-direct callers to the relevant sexual health team if they quoted the 'Youth Action' team.

- The standard message for a negative test result:

From: YouthAction@nhs

[first name], your test at Downtown. All is fine. No further appointment necessary. Need to talk? 0800 123456

- The standard message for the positive test result:

Hi [first name], your test at Downtown. Can you call us now on 0800 123456

Scenario 3: Screening reminders via text

A board decided to send texts to a high volume of women for breast screening in a rural area reliant on mobile screening vehicles. Recent analysis showed that a three week gap between getting a letter and the appointment led to a high 'did not show' rate and sub-optimal use of mobile resource which was only available for a few days.

At design stage issues of consent as well as the availability, integrity and confidentiality of the information was considered. This led to the following steps:

- The GP practice had been asking *all* patients whether they were content to receive prompts for *any* type of screening via text and/or for other purposes such as public health messaging. The question was asked when the patient booked a routine appointment or registered with the GP. This meant that the list of mobile numbers to be used would be compiled gradually.
- Given that it would take a long time to get consent from a large proportion of women in this incremental manner (and the likelihood of telephone numbers going out of date) the 'text prompt' service was positioned as an extra rather than as a replacement to the ordinary letters in the post.
- Those designated persons administering the national screening would be responsible for sending out all the letters to the target group as well as the texts to the sub-group. Given the high volumes of patient addresses, phone numbers security measures were agreed (e.g. how the right data is pulled from GP systems and managed by those sending the letters and texts).
- To have maximum impact the text messages were sent as a batch to all those due to attend the mobile vehicle two days before the appointment and read-receipts were analysed.

- From Screening@nhs

[first name], reminder that your NHS screening is [date] at [time]. Please go to [location]. Any problems please call 0800 123456

Scenario 4: Targeted text service to patients with mental health issues

A board wishes to use text messaging in a more personalised and ad-hoc fashion for some patients with mental health issues who are difficult to contact and often ignore phone calls or letters.

The information risks here are more complex as there are more variables than for SMS reminders/appointments/results etc that follow a set pattern. The clinicians have specified that the messages need to be tailored to each patient depending on the mental state and that they will use own judgement rather than rely on a rigid process.

Clinicians were made aware of the risks so that an informed decision could be made:

- Consent was obtained via normal face to face consultations; “would you be happy for me to text you as we often keep missing each other?” rather than via a form.
- Clinician decided how far he was content to use his named email address rather than a generic one. The advantages of the former are that the patient may respond to the named individual with whom he has built up a relationship. The disadvantages are that it could generate high volumes of correspondence that would normally go to a pool of administrative staff and there is a risk of an unintended recipient ‘Googling’ the email address of the specialist health-worker and therefore deducing something about the physical or mental state of the patient.
- The messages to be informal in tone but remain professional. Assumes the person will keep the message and use it if there were any formal complaint.
- The medical condition would never be explicitly described in the message or the full name of patient given.

FROM: mary.smith@nhs

Hello Bill, sorry you missed appointment last week. Can you call me please 0800 123456, Mary

Hello Bill, don't travel, stay at home 24 hours, keep to medications. Call 0800 12345 if problems, Mary

Scenario 5: Public health improvement texting service

A board with a higher than average percentage of patients who smoke has decided that it wishes to use SMS as part of a more targeted health information campaign rather than the general whole population poster campaigns. The board has seen clear evidence that such a service can increase rates of quitting but was determined that such a service would not be seen as nuisance spam.

After a risk assessment the following steps were put in place:

- Patients needed to consent to join the service and would provide their phone number for this service. Patients were reminded that they would receive messages five times a day for three weeks and then once a day for a further 12 weeks.
- Thought was given as to the high number of standard messages; to maintain interest it was important that they were varied, upbeat and even witty. Standard messages included:

From: NHSsmokequit

[first name], you have saved £34.65 by not smoking this week. Well done keep it up!

[first name], don't feel guilty if you slipped up. Slip ups can be a normal part of the quitting process. Keep going,

Scenario 6: Ad-hoc sending of SMS between board employees

A board wants staff to be able to send business messages to each other in text format. Some of these may be sent via the email system. But the board is also concerned about the risks of a 'free for all' where staff use SMS when email or other communication channel would be more suitable on security grounds. There are also cost implications for sending high volumes of SMS (per message rate) rather than

email (unlimited flat rate). After a risk assessment the following steps were put in place:

- If technically possible, the ability to send SMS via the email service is restricted to designated staff (e.g. staff who organise rotas, business continuity, e-communications, appointment reminders and agreed services etc).
- Designated staff with the SMS functionality receive guidance on managing contact lists, how to compose standard messages less than 160 characters etc
- If it is not technically possible to restrict email to SMS functionality then to make clear via policy statements that ad-hoc use of SMS should be avoided. And that information content in an email that is highly sensitive 'red' (RESTRICTED in HMG) should NEVER be sent as a SMS. Instead, colleagues should be alerted by SMS to go and check their official NHSScotland email account which can be accessed remotely.

From: john.smith@nhs

Bob, can you check your mail, Obs & Gynae need you now

Bob, clinical board postponed to next week

Scenario 7: Inbound and outbound SMS service for diabetes patients

A board has received many requests from patients - especially but not exclusively from under 25s - to be able to send their blood-sugar readings by text and get a response. The ability to receive as well as send out texts puts a new slant on things and the board is concerned how this will work. After a risk assessment it comes up with the following:

- The staff who manage phone calls, and to a lesser extent emails, from patients are trained to also handle SMS. Although this is yet another channel to manage staff feed-back has shown that it can be less time consuming than the average voice call. And patients do not always want to phone or make the time to visit. It is made clear that although voice calls can be put on divert, text messages cannot.
- There is a risk of not being able to identify the sender of an in-coming message (e.g. "my mum gave me this number; can I give you my reading too?"). In such cases the person received a voice call and was asked to formally enroll.
- The board does not have an integrated email/SMS so has engaged their mobile phone supplier to give it the functionality to compose texts and crucially to receive replies online.
- Patients volunteer to join the service. The receipt of a one page leaflet is evidence that they have understood how the service will work and the

possible technical shortcomings (e.g. that the service is an add-on rather than as a replacement to existing services and that texts do not always arrive).

- Although most patients are not concerned about having their diabetes condition mentioned implicitly or explicitly in a text it has decided to still take a cautious approach as not all patients would be comfortable about discussing it. For this reason the outgoing messages have the address dsnteam@nhs. The patients know that DSN stands for 'Diabetes Specialist Nurse'.

From: dsnteam@nhs

[first name], you sent BS reading, it is fine. Any concerns text or phone 0800 12334

[first name], your spare pump equip waiting you to pick up from DSN

Scenario 8: Third party home patient monitoring that uses texts

A board is considering deploying a solution that enables a body-mounted device to record some clinical data one or more times a day and then send that data back via SMS from a phone. The proposed vendor is offering a total solution (body equipment, short range wireless, remote servers etc) that is already used by commercial health-care companies. The board considers the following:

- It may not be possible to de-couple parts of the process (i.e. the solution is accredited and subject to medical device standards and falls down if parts are customised by customer) so the whole 'body-area network' process needed to be looked at (not just the part which uses SMS).
- The content and format of the message is likely to only be intelligible to the service provider. A unique identifier will need to be used.
- The vendor's reliability tests will need to be verified and decision made on the likelihood-impact of messages not getting through. The service is likely to be in support of routine in-practice tests (rather than a replacement for).

From: biofeedback@abc.

ID: 1234567: 45bpm, 12995

Annex B

What is the sensitivity of the information?

All NHS information should be handled with care, especially that which contains personal data. But some types of information are more sensitive than others.

Deciding on whether email should be used, and what steps need to be in place before sending, depends on the relative sensitivity of the information and the impact that would be caused if the information were lost or sent to the wrong person for example.

Higher sensitivity is not determined simply by the type of document (e.g. X assessment form or Y appointment letter). Instead, a judgement needs to be made as to the impact that would be caused if the information was lost or misused.

Three levels can be used to describe the information which the NHS holds. For simplicity these can be viewed like traffic lights: '**Green**', '**Amber**' and '**Red**'.

GREEN: Unclassified information

This is information which is unlikely to cause distress to individuals, breach confidence, or cause any financial or other harm to the organisation if lost or disclosed to unintended recipients. This can include information which mentions only a person's name (e.g. routine appointment confirmation letter) as long as it does not contain anything that is judged to describe a person's physical or mental state.

AMBER: Protected information

In most boards the largest proportion of patient information can be said to require extra protection because it constitutes sensitive personal data as defined by the Data Protection Act. In particular:

- Any information about an individual (i.e. anything clinical or non-clinical) that would cause short-term distress, inconvenience or significant embarrassment if lost.
- Any information which if lost or disclosed to unintended recipients would lead to a low risk to a person's safety (e.g. loss of an address but no evidence to suggest direct harm would result).
- Any information if lost that would be likely to negatively affect the efficiency of that service (e.g. cancellation of appointments).

RED: Highly sensitive information

Most boards also hold some information which is highly sensitive. Particularly:

- Any information which if lost could directly lead to actual harm (e.g. to mental health or put the person at physical risk from themselves or others in any way).
- Any information that would in the opinion of a qualified person cause substantial distress and/or constitute a substantial breach in privacy (e.g. identity theft, loss of professional standing) to the subject. This is likely to include for example information on a person's sexual health.
- Information that affects the privacy or could cause distress to more than one individual (e.g. several family members or several linked persons contained in a file).
- Information relating to vulnerable persons' health (e.g. child protection cases)
- Information governed by legislation that requires additional layers of security and recognises the substantial distress that would be caused by loss (e.g. embryology, human fertilisation and gender re-assignment).
- Information if lost that is likely to result in undermining confidence in the service or would cause significant financial loss to the organisation, prejudice investigation of crime etc.

Annex C:






Table showing which parties can be sent SMS if handling instructions are followed

Can I use SMS for protected (AMBER) information?

| From any NHSScotland official email account to | Protected information AMBER Can I send or receive SMS? |
|--|--|
| Another official NHSScotland email address (nhs.net or nhs.uk) | ✓ |
| Trusted partner with GSi equivalency* | ✓ |
| Trusted partner without GSi equivalency* | ✓ |
| Patients and wider public (subject to ground rules, see above) | ✓ |
| Unconnected organisations | ✗ |

Note: for consistency the same parameters are used here as for email guidance. The key point is that SMS can be used up to 'amber' for all partners and patients (but not unconnected parties with which NHS has no regular dealings or information sharing protocols).

Can I use SMS for highly sensitive (red) information?

| From any NHSScotland official email account to | Protected information RED Can I send or receive SMS? |
|--|---|
| Another official NHSScotland email address (nhs.net or nhs.uk) |  |
| Trusted partner with GSi equivalency* |  |
| Trusted partner without GSi equivalency* |  |
| Patients and wider public (subject to ground rules, see above) |  |
| Unconnected organisations |  |

Note: The key point is that content at 'red' level should NEVER be sent via SMS regardless of which business partner or system used. Instead, the content needs to be refashioned so that it becomes unclassified or if not possible 'amber'.

DMB

DRAFT