



# Improving your patients' access to advice and information – when they need it

## Use a wide range of digital communication

**Text:** best for making quick contact and for arranging a phone call or meeting.

**Email:** considered more formal and useful for giving written information and sending test results – when the result is routine or as expected. Also seen as useful for ordering supplies and prescriptions.

**Social media:** good for support forums where patients share experiences and information.

“ I ring and they're not there, it doesn't mean that they don't want to talk, it just means that they're that generation where it's hard to access them. They're much more likely to reply to a text and say, 'no I don't need a chat today' or they can arrange a time. ”

Clinical Psychologist

## Not everyone will talk on the phone – but they might email or text

The asynchronous nature of email and texts gives patients and health professionals time to think and compose a question or response.

## Patients may write but not talk about:

- ▶ their emotions
- ▶ what embarrasses them
- ▶ things they find difficult to face

## Written communication can be re-read. This is important for those:

- ▶ who feel overwhelmed by information
- ▶ whose first language is not English
- ▶ who have a communication disability

## Texts can be good for hard-to-reach patients

“ I've got one person that I've been working with. He's more likely to respond to a text than a phone call. If I text, he normally comes back within a couple of hours, but if I try and phone and leave a message, sometimes I don't get a reply at all. ”

Senior Mental Health Practitioner

## Using text or email means the patient has a record of the information they need from you

Patients value having a written record of care plans they have discussed, test results and answers to their questions. Email works well and texts have a role too.

“ Gives them written documentation that they can hang on to rather than a phone call, which they will often not have written down and then they will lose it. ”

Haematologist

## Using familiar communication technology improves access

Communicating by text or email with a smartphone is an everyday activity for many. For young people a conversation over the phone is less familiar than text or email.

“ I'm not really comfortable with calling people, that's why I prefer any other option. I find it a lot easier, less hassle. You can plan it and get all the information you need, if I was talking on the phone I would probably forget a point. ”

Patient

## Knowing who to contact and how, speeds up access

Patients who need advice between appointments value quick access so they can quickly resolve their problem. If a patient is familiar with the clinical team, contact details for the team are as welcome as individual contact details. Avoid asking patients to call the hospital switchboard. Each additional step the patient has to take to make contact reduces access and they may give up.

## Use a phone that allows the patient to know who is calling

Many people do not answer if the caller ID is withheld.

“ I think it is far better when they know your number and they can see that it's you calling or the text is from you, and they tend to respond better. ”

Community Nurse

# Clinical care for people living with long term conditions - the role of digital communication between NHS clinical teams and their patients

## Evidence based practice



These points for you to think about when using digital communication with patients come from a research study funded by the National Institute of Health Research.

We observed and interviewed nearly 200 members of specialist clinical teams from across the UK working with young people living with long term conditions.

We interviewed over 150 young people living with a range of conditions including diabetes, cancer, mental illness, liver disease, kidney disease, blood disorders, cystic fibrosis, inflammatory bowel disease and arthritis.

Young people and their clinical teams used text, mobile phone calls and emails to communicate about clinical issues. A few clinical teams engaged on social media sites with their patients.

The clinical teams were using digital communication to improve the engagement of the young people with their services. There is good evidence that improved engagement leads to improved health outcomes.

These young people and their clinical teams have worked out where and when it works well to communicate digitally about clinical matters such as symptoms, drug regimes and emotional distress. From their experience, they know what needs to be discussed and planned before using digital communication about clinical matters.

Their experience can be applied to working with other people with long term conditions who are accustomed to using digital communication (mobile phone, text, email), particularly if they have a smartphone, so access to this communication is straightforward.

If you are planning to communicate digitally with patients, talk about the points we raise with your team and with your organisation's Information, Governance, IT and Patient Safety Leads.

The study name is:

**Improving health outcomes for young people with long term conditions: the role of digital communication in current and future patient-clinician communication for NHS providers of specialist clinical services; the LYNC study**

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Further details about the study are available at:  
[www.nets.nihr.ac.uk/projects/hsdr/1220951](http://www.nets.nihr.ac.uk/projects/hsdr/1220951)

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