



# When is sending text messages and email useful? – and what about Skype?

## Text is good for:

**Appointment management** - if patients receive a personal text from their clinical team about attending an appointment, they feel cared for as an individual.

Patients like to use text to change appointments. This can reduce wasted appointments BUT patients can more easily disengage as they don't need to explain to someone why they are cancelling.

*" It makes it easier for them to not turn up, to cancel or act avoidantly. "*

Senior Mental Health Practitioner

**Keeping in touch** - sending a quick text message to check in with patients was valued by clinicians and patients. Text is a non-intrusive way of gauging whether a patient needs more contact.

*" It's reassuring for her that I'm on the end of a text and sort of supporting her in any way I can. "*

Paediatric Social Worker

**Delivering some forms of therapy** - in-between face to face appointments, text messages remind patients of steps to take or skills to use.

**Making direct contact with young people where parents are involved in a young person's treatment** - this allows issues to be raised that would not be raised in front of parents.

## Email is good for:

### Sending complex information

*" Patients can take things in, in their own time, and re-read things. "*

Physiotherapist

### Sending a summary of discussion at an appointment along with links to other resources

*" We'd gone over some treatments at clinic. I said to the patient, 'would you like me to email you this so that you've got it, rather than trying to remember it?' So I emailed her afterwards. "*

Physiotherapist

**Sending test results** - this is useful where the results are routine or as expected and the individual is well known to the service.

*" They come and have their blood test and then they email me, and I tell them the results and what to do next. It is generally young, fairly sensible people who are working and can't afford the time to attend hospital. "*

Consultant

**Illustrating what is happening** - patient can send a photograph, for example of a rash, to help health professionals decide whether or not they need to see the patient.

*" Emails can be good, as they can avoid the patient coming into an unnecessary consultation. Email is better than telephone as patients can send photos, and they can feel empowered and happy that they are doing the right thing, so it is better for compliance. "*

Consultant

**Ordering equipment and supplies** - for some conditions these are collected during appointments. Emails in advance make the process smoother.

## Skype or equivalent is being used in a few clinics

**Delivering virtual classes** - e.g. exercise classes to patients who cannot easily attend the class.

**Talking therapy** - because you can see the person and pick up on visual clues BUT patients could find it intrusive.

*" I think it's quite intrusive. I think that's how they perceive it, and I find it quite intrusive as well. "*

Senior Mental Health Practitioner

# 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**

### The study was led by:

- ▶ Professor Frances Griffiths
- ▶ Professor Jackie Sturt
- 🌐 Warwick Medical School
- 🌐 Florence Nightingale Faculty of Nursing & Midwifery, King's College London
- ✉ f.e.griffiths@warwick.ac.uk
- ✉ jackie.sturt@kcl.ac.uk

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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