



**Professional
Record
Standards
Body**

Faster, better, safer communications
Using email in health and social care

For members of the public and social-care
professionals

March 2015



Acknowledgements

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About us

We, the independent Professional Record Standards Body (PRSB), were registered as a community interest company in May 2013 to oversee the further development and maintenance of professional standards for care records. Our stated purpose in our Articles of Association is: “to ensure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social care records”. A Department of Health Information Directorate working group report in 2012 recommended that we were created.

If you need to refer to this report in another publication, you should print: Professional Record Standards Body and the Health and Social Care Information Centre, ‘Faster, better, safer communications, Using e-mail in health and social care (in England) – Social Care’. London, 2015.

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About this document

We have produced this document for patients, the general public and health and social-care professionals to explain matters relating to using email in health and social care. There are many benefits of using and communicating by email and the aim is that it will become the norm, replacing posted mail and fax.

However not all members of the public have access to, are able to or want to receive email communications. Nonetheless they should be invited to do so, and to give their permission so that this can happen.

There are many concerns about using email. These include security of information, governing how information is managed and used, permission to share, legal status of emails and also people's views on the burden of work associated with emails. The document aims to tackle these concerns with information about emails, about what is secure and what is not secure, and about a new standard for secure email which will greatly help in email communication between all public services. It also includes guidelines for care professionals (including social-care staff) and members of the public, so they can use email safely and with confidence.

We have developed the guidelines after wide consultation with members of the public, regulators, information governance experts and care professionals in health and social care. We have written two versions of the guidelines, one for health care and one for social care. This version uses words appropriate for social care, such as 'member of the public' instead of 'patient'.

Organisations may want to use all or part of the guidance for general training or policy matters, or publish sections separately or in specific combinations for different audiences. For example information sheets for members of the public and guidance for social-care professionals and for administrative staff in organisations.

Guidelines for using email in health and social care (in England)

These guidelines are specific to using email in health and social care. They do not tackle wider issues of information technology for delivering care and sharing information. They are the product of a consultation project led by us and funded by the Health and Social Care Information Centre (HSCIC). You can see the full report of the project at [<http://www.theprsb.org>]. Guidance on general best practice when using email is widely available elsewhere. (For example, see www.sussex.ac.uk/pressandcomms/communications/channels/email/bestpractice.)

Education services frequently need to and do communicate with health and social-care services, particularly in relation to children and young people. Education services were outside the scope of this guideline development project. However, education services frequently use secure email services so these guidelines may be relevant.

1. Background

It has been estimated that the NHS in England could save around £100 million a year if email is used for direct communications in the place of posted letters and faxes. (See the full report of this project – www.theprsb.org.) Using email provides more timely communication than posted letters, and many people are keen to receive emails from and communicate by email with a care provider. Using email may be of particular benefit for many members of the public with long-term conditions or responsibilities for family members with long-term conditions, where communications may be with many different people and over extended periods.

However, in many parts of the NHS, social services and among the general public, there is concern and distrust about electronic communications due to security and privacy. Also, staff may fear their workload will increase if they have to use email. However, a literature review revealed evidence that email communications between care professionals and members of the public are generally not associated with a substantially increased workload.

The Standardisation Committee for Care Information (SCCI – previously the Information Standards Board) has approved Standard ISB 1596 Secure Email Specification (www.isb.nhs.uk/library/standard/271). This standard defines the minimum non-functional requirements for a secure email service, covering storing and sending email. (In other words, having policies and working procedures in place for using an email system accredited to the secure ISB 1596 standard, including its use by a variety of devices such as laptops, mobile phones and tablets.) This is the basic level for storing and sending patient information which can identify them using an email system. It includes:

- the security of information sent using email services;

- transferring sensitive information over insecure email;
- access from the internet or mobile devices; and
- sharing information outside the boundaries of the secure standard.

There are a number of specific issues that need to be tackled if email services meeting this specification are to be trusted and used by care providers, patients, service users and the general public. We need to:

- identify and deal with the specific concerns of care professionals and the general public;
- look at medico-legal record-keeping requirements (for example, is an email the same as a signed record); and
- look at the relationship with the ‘duty to share’ and consent (www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf).

About us

We are a community interest company. Our role is to carry out activities that make sure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social-care records. Our members include patient and public organisations and care professional bodies covering all clinical disciplines and social care. We include representatives from the four UK nations which extends the expertise from which we can draw. We deliver patient, general public and care professional leadership in care record standards and are the single point of contact for the care professions on health and social-care record matters.

The PRSB consultation

We carried out this project for the HSCIC, to develop guidelines for using email in health and social care. We would like the support of patient and care organisations and professional bodies in using email systems which meet the ISB standard ISB 1596 as the standard method of communication rather than posted letters and faxes. We reviewed the published literature on using email in health and social care, and carried out an online consultation to explore important issues of interest to care professionals, members of the public and the wider community (www.theprsb.org). We have designed these guidelines to look at the main matters arising from the consultation.

2. Email types and security mechanisms

Emails may be simple messages with the content carried in the body of the email. The email may be accompanied by attachments (documents), or the body of the email may have directions on how to get documents from another source.

Each component (header, subject, body, attachments, links to secure ways of reading the email) should be secure if it contains sensitive information.

Emails are secure if they:

- are sent and received within a secure email system; **or**
- use encryption or decryption (coding and decoding) mechanisms for the exchanges; **or**
- use a special, secure storage space with access instructions in the email and which need, for example, a password the person receiving the email will have been given.

3. Email security provided by standard ISB 1596 and the Public Services Network

The Information Standards Board has published a new standard for email security – ISB 1596. The ISB 1596 secure email standard is available to all organisations that deliver health and social care. The expectation is for secure email to be the main system used in health and social care. The standard will allow you to send secure messages and documents and for all sectors of health and social care to be able to work together.

Email systems that meet the ISB standard will be accredited as secure and will have specific email domain addresses. Once registered, they will be linked to the government secure gateway and added to the list of secure domains collectively known as the ‘Public Services Network’.

The Public Services Network

Central and local government, police, social services and the Ministry of Defence have email domains that are secure. Together with NHSmail, they form part of the Public Services Network (PSN), and email and attachments sent from one account to another within this network are secure. Currently the PSN email accounts include the following.

Secure email domains in central government

*.gsi.gov.uk; *.gse.gov.uk; *.gsx.gov.uk;

Secure email domains in the Ministry of Defence

*.mod.uk

The Police National Network and Criminal Justice Services secure email domains

*.pnn.police.uk; *.scn.gov.uk; *.cjsm.net

Secure email domains in local government and social services

*.gcsx.gov.uk

NHS

*.nhs.net; *.hscic.gov.uk

4. What is and what is not secure in health and social-care practice within the Public Services Network?

Secure email refers to sending emails and attachments and making sure the user has the right to open the email. Emails and attachments sent to and from email accounts within a secure domain do not need to be encrypted. Even within secure networks, all users should make sure they use the service properly and keep to good practice in terms of using and managing information.

Email and attachments are not secure if sent to and from email accounts that are not in a secure domain, unless they are deliberately encrypted.

What is secure?

- Email and attachments sent to and from email addresses within a secure domain (such as nhs.net and gcsx.gov.uk).
- Email and attachments sent within the Public Services Network using NHSmail or one of the many central and local government agencies in the PSN (for example, between nhs.net and pnn.police.net).
- Email and attachments sent to and from email systems that are registered against ISB 1596.
- All NHSmail accounts end in .nhs.net and are secure.

What is not secure?

- Email accounts that end in .nhs.uk are not accredited as secure against the secure email standard ISB1596, and so should not be considered secure. (See www.isb.nhs.uk/library/standard/271)
- Email sent from a secure domain such as NHSmail to an email account outside that domain is not secure with certain exceptions (see section below).
- Emails sent to and from standard email accounts are not secure.
- Emails sent to NHSmail email accounts (@.nhs.net) from non-secure domains (for example, .nhs.uk) are not secure.

Security using encryption methods

Emails and attachments may be sent to email addresses outside a secure domain and stay secure if they are encrypted using encryption tools. In this case, the person receiving the email has to have the appropriate decryption tool to read the email and attachments.

Security using safe space methods

It is possible to send email securely from a secure domain to a person who has an insecure email address (for example, from jones@nhs.net to smith@gmail.com) without using encryption tools. This is achieved by using a 'safe space' site. The technology is similar to that used for example in some health record systems, where a patient receives an email telling them that a message is waiting for them. The message includes a link to a secure website. When clicking the link, the message is displayed after appropriate authentication (for example, entering a username and password). At no time does the account of the person receiving the email receive the confidential email. It is always stored securely on the website. The person it is sent to can usually reply to the email using the secure website, allowing a secure two-way exchange of confidential information.

5. Guidelines for social-care staff sending and receiving emails

Emails may have a less formal structure than letters. However, as with all personal communications, emails containing person-specific information are legally part of the care record of the member of the public. The consultation showed that many people would like to be able to communicate using email. (See the full report of this project – www.theprsb.org.)

The process – emailing between care professionals

- G1 Emails can be sent securely between any email accounts in the Public Services Network (PSN).
- G2 Emails can be sent outside the PSN, as long as encryption or safe-space methods are used.
- G3 Confidential or sensitive information should only ever be sent using secure email.
- G4 Not all personally identifiable information is confidential or sensitive. For example, a confirmation that an email has been received is not necessarily confidential or sensitive. However, you must always take great care when forwarding and replying to emails, including 'out of office', as these actions frequently include the text of the original email, which may be sensitive.
- G5 Emails can be accidentally sent to the wrong person. You can avoid this by:
 - making sure the addressee is correct – take extra care when using 'auto-complete' functions; and
 - taking care that only appropriate addressees are included when using 'reply to all' and 'forward'.
- G6 Remember that it is not always the person the email is addressed to who

opens an email. For example secretaries, personal assistants and service managers may all be responsible for managing email in-boxes. If a person other than the person it is addressed to is authorised to open emails, they must keep to good practice in managing and using information.

The content of an email

- G7 Email communications should be concise, clear and to the point.
- G8 Avoid using clinical or social-care jargon or technical terms, unless you specifically know that the person who is receiving it fully understands them.
- G9 An email is a written communication, is part of the written care record and may be shared, so avoid inappropriate comments.
- G10 If an email needs to have the formality of a letter, you can achieve this by attaching a PDF rather than just email content.

Email with members of the public

- G11 You should not normally use email to establish a relationship with the person. Rather, email should add to and follow other, more personal, encounters, when the person has given permission for you to communicate with them by email.
- G12 Only use email with members of the public who have given their informed consent for using email to communicate with them. This consent should be clearly recorded in the care record.
- G13 Even when using secure email, privacy and confidentiality can be broken, usually as a result of human error. Organisations should have clear guidance for members of the public that can be used to tell them about these possible problems. Members of the public should have the opportunity to accept this risk before you send any confidential or sensitive information.
- G14 If a member of the public has particular accessibility requirements, you should explain locally available options and, if possible, demonstration systems or training should be provided beforehand. (Accessibility refers to the design of products, devices, services, or environments for people with disabilities. Accessible design makes sure a person can have both direct access (in other words without any help) and indirect access meaning compatibility with a person's assistive technology (for example, computer screen readers)).
- G15 Some issues should never be discussed via email without the specific agreement of the person, beyond the general agreement to email communication, for example mental-health treatment or sexual-health diagnoses.

Email to individuals representing members of the public

- G16 These may be attorneys for health and welfare, independent mental capacity advocates (England & Wales – Mental Capacity Act 2005), legal guardians,

parents, partners or other family members supporting the person. The guidelines for members of the public then apply to the representative.

General

- G17 Many email addresses include nicknames. You should ask the person to write their full names and an identification number (for example, NHS number), if any, in the body of the message, to reduce as far as possible, the risk of confusion of identity. You should encourage the person to check that any email they receive has the correct identification number on it.
- G18 Members of the public may have several email accounts and may change addresses. Be sure that the person is using their most appropriate email addresses, and has a way of keeping their details up to date with you.
- G19 You should use discreet email subject headers, for example, 'Confidential: for the attention of [person's name] only'. Include information about the importance of the communication (urgent), call for or prompt for action (please acknowledge that you have received this, and so on), if needed.
- G20 You should use a clear, structured approach when sending or replying to emails. This can be in the form of specific guidance or by referring to sources of general guidance on writing emails.
- G21 Use group addresses or mailings with great care, as they usually display the names of everyone receiving the email. Only use group emails when there is a clear reason for people receiving them to see everyone else's name. Sending group mailings using bcc (blind carbon copy, or blind courtesy copy), does not necessarily keep the names invisible from each other, for example if the person receiving the email 'replies to all'. For the benefit of being clear, consider stating that others have received the same email when you use 'bcc'.
- G22 For messages containing important medical advice, you should ask the person to acknowledge messages by sending a brief reply.
- G23 Consider creating a separate email account for managing email communications with members of the public who communicate by email. For some specific purposes, consider creating departmental or service email addresses.
- G24 You need to have a way of identifying members of the public who want to communicate by email. This should be easy to identify from the communication preference entry in the person's care record. (See www.rcplondon.ac.uk/sites/default/files/standards-for-the-clinical-structure-and-content-of-patient-records.pdf)

Including emails in the case-management record

- G25 You must include emails that include personal and sensitive information or advice in the care record. The sender and person receiving it should be included in the record together with the text of the email and the date.
- G26 Email accounts are frequently managed by a provider organisation, and may be automatically deleted or stored for a limited time period (for example, depending on how old the email is or the volume of data being stored in an account). As a result, email information can be lost if no record of the email is added to the case-management record.

6. Guidelines for members of the public for sending and receiving emails in health and social care

The following guidance tells you about using email between you and your care provider. Any email sent to you from a care provider should be sent from a secure email system, but needs to be sent and received using a secure process as described below.

Emails you send to your care provider using your personal email address may not be secure unless you follow guidance provided by your care providers. This is likely to involve using one of the methods described below.

- G27 If you want to receive emails from your social worker or other care provider, you should discuss it with them, and be sure that you understand whether the email is secure or not. You may be asked to give written permission to allow them to communicate with you by email.
- G28 There are different types of email, some of which will be about the service provider, for example telling you about a new service, and some will be directly concerning your care. Be sure to confirm what you do and do not want to receive by email.

Secure email processes

- G29 You can receive secure emails from a care provider when you have said that you want to do so. You may have three options, depending on arrangements at your local care provider.
- G30 **Option 1 – Access using a safe-space site**
This is probably the most common way of receiving and sending emails. You will register your identity and password on a 'safe-space' site used by your care provider for secure communications. When your care provider sends you a secure email, you will receive an email at the email address that you have given them. This email will contain a notice to tell you that you have received

a secure email. This notice will contain a link to the secure ‘safe space’ site with instructions for how to access the secure email.

G31 Option 2 – Access using a special domain email address

You may be offered a special email address that gives you access to the same secure network as your care professionals. These are special email ‘domains’ arranged by central government, and collectively known as the Public Services Network (PSN). Emails sent with the PSN are secure.

G32 Option 3 – Access using an encryption or decryption mechanism

You might be offered a special service that allows your care professionals to send emails to you in a coded (encrypted) format. You then follow a few short steps, usually involving running a programme and entering a password, to turn the email back (decrypt it) into a readable format.

Special advice about sending emails

G33 When you send an email, write your full name and, if possible, provide an identification number (preferably your NHS number), on a separate line in the body of the message. This makes it completely clear who the email is from. It is particularly important if your email address includes a nickname or partial name. Set up your signature to do this in a consistent way. Also provide another method by which they can contact you, for example, a phone number.

G34 Do not send or receive emails that may contain confidential information if your email accounts, passwords or the communications stored on your own computer may be seen by others without your permission.

G35 Do not use email for urgent or emergency purposes, as the email may not be immediately acted on or read. For example when the person you are sending it to is out of the office or off duty.

G36 Do not send an email containing particularly sensitive information (medical or personal circumstances) unless you are sure the email system you are using to do this is secure (see ‘secure email process’ above).

G37 Do not send an email containing information about other people unless you are sure email addresses are secure and you have a specific responsibility or the permission of those other people to provide that information.

7. Appendices

Appendix 1 – Members of the PRSB

Academy of Medical Royal Colleges	National Voices
Allied Health Professions Federation	Royal College of Nursing
Association of Directors of Adult Social Services	Royal College of Obstetricians & Gynaecologists
British Computer Society	Royal College of Paediatrics and Child Health
British Psychological Society	Royal College of Pathologists
College Of Occupational Therapists	Royal College of Physicians
Institute of Health Records and Information Management	Royal College of Psychiatrists
Resuscitation Council (UK)	Royal College of Surgeons of England
Royal College of Anaesthetists	Royal Pharmaceutical Society
Royal College of General Practitioners	

Other representatives on the PRSB Advisory Board are from:

Scottish Government e-health team, Northern Ireland Health and Social Care Service, Health & Social Care Information Centre, Welsh Government e-health team, University College London Centre for Health Informatics & Multi-professional Education (CHIME), Royal College of Midwives, Scottish Academy of Medical Royal Colleges and TechUK.

Appendix 2 – Organisations that helped us develop the guidelines

Academy of Medical Royal Colleges	Macmillan Cancer Support
Academy of Medical Royal Colleges and Faculties in Scotland	National Voices
Allied Health Professions Federation	Nursing and Midwifery Council
Association of Cancer Physicians	Resuscitation Council (UK)
Association of Directors of Adult Social Services	Royal College of Anaesthetists
British Association of Dermatologists	Royal College of General Practitioners
British Association of Paediatric Surgeons	Royal College of Midwives
British Cardiovascular Society	Royal College of Nursing
British Computer Society	Royal College of Obstetricians & Gynaecologists
British Nuclear Medicine Society	Royal College of Paediatrics and Child Health
British Psychological Society	Royal College of Pathologists
British Society of Immunology	Royal College of Physicians
Chief Clinical Information Officers Network	Royal College of Physicians Patient and Carer Network
College of Occupational Therapists	Royal College of Psychiatrists
College of Optometrists	Royal Pharmaceutical Society
Faculty of Sport and Exercise Medicine	Scottish Academy of Medical Royal Colleges
General Medical Council	TechUK
Health and Care Professions Council	The Health and Care Professions Council
Information Commissioner's Office	UCL CHIME
Institute of Health Records and Information Management	UK Council of Caldicott Guardians
King's College Hospital NHS Foundation Trust	UK Council of Clinical Communication in Undergraduate Medical Education

Appendix 3 – The following organisations have already declared their public support for these guidelines.

Association of Cancer Physicians

Academy of Medical Royal Colleges

Association of Directors of Adult Social Services

British Psychological Society

British Society for Immunology

College of Occupational Therapists

National Voices

Resuscitation Council (UK)

Royal College of Anaesthetists

Royal College of General Practitioners

Royal College of Midwives

Royal College of Nursing

Royal College of Pathologists

Royal College of Physicians

Royal Pharmaceutical Society