The use of email as a method for patients to make non-urgent routine contact with general practice is being encouraged as part of a broader digital access offering. Email is an important tool in a range of access methods general practice should offer and may improve access for some patients with particular communication disabilities or impairments. In offering the use of email as an option for non-urgent advice there are governance issues practices will need to address.

**General Principles**

The practice is responsible for ensuring adherence to professional standards of conduct and communication with patients.

https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

The practice must comply with all statutory and professional requirements in the use of electronic media and handling of data.

The practice is responsible for ensuring patients are made aware of the purpose of email as a method of contact.

The practice must inform patients that email contact is not to be used for urgent queries.

The practice must make patients aware of how long they may have to wait for a reply.

The practice is responsible for taking all reasonable steps to assure themselves that patients are who they say they are and for maintaining patient confidentiality.

**Guidance**

The practice should have a policy and internal procedure for the appropriate use of email as a method of contact with the patient. The practice should make sure all staff are aware of their role and responsibilities in compliance with the policy and internal procedure for email contact with the patient.

The practice should consider how they make information available to the patient to explain the use of email as a method of contact with the practice; the use of posters or notices, SMS text messages and webpage information should be considered.

The practice should make the patient clearly aware of how all enquiries made by email will be replied to. The practice should make the patient aware that by initiating contact by email they are consenting to the practice contacting them. This should be in the form of an automatic reply to the original e-mail outlining the timescale for reply and the limitations of the medium in dealing with serious and urgent conditions.

The practice will need to ensure that automatic replies are enabled at all times and are set to ensure each contact receives the same standard response.

The practice should make the patient aware that the patient is responsible for ensuring the correctness of their own email settings, to enable a reply to be received in their email inbox.

Practices are responsible for explaining in clear language the limits of what information can be communicated to the patient in answering enquiries and what other methods of communication are available to the patient and for what purpose they may be appropriate.

The practice should explain to the patient who will have access to their email communication and why; they should also explain how email communications will be stored and how long they will be kept.

The patient should also be advised that internet email accounts, such as those commonly used by individuals for private purposes, are not secure. The patient must therefore be made aware that there is a risk (however small) of the email being intercepted or ‘hacked’.

The practice should recommend to the patient that they use a private email account, not a family or shared account, for the purposes of communication with the practice.

The practice should advise the patient of the parameters of how much contact can be conducted by email. It is likely that the Practice will wish to limit two-way dialogue via email which risks becoming a ‘virtual consultation’ and instead direct the patient to make an appointment in an appropriate form.

Individual staff email addresses should not be used for the purpose of replying to the patient. Use of generic accounts ensures that emails can be accessed and actioned by multiple members of staff, providing cover in the event of absence.

It is best practice to acknowledge receipt of an email within 24 working hours.

Emails are classed as records and should be retained for the appropriate period of time. Where possible, a copy of the email should be stored in the patient record. If this is not possible, then an entry should be written into the patient record detailing the important content of the email and subsequent actions (for example, blood test dated 24.6.14; results emailed to patient 25.6.14; patient replied asking for outpatient appointment; booked for 1.7.14 at 14:30). This covers the interaction with the patient, and the original emails can be found in the email archive /system if required.