**Patient Social Media and Acceptable Use Policy for England**

# Introduction

## Policy statement

The purpose of this policy is to provide staff at Regent House Surgery with guidance and rules regarding the following:

1. Understanding what to do when an unacceptable social media post has been placed by a patient about either the practice or its staff.
2. The acceptable use of mobile phones and other portable electronic devices within the organisation

This document has been produced to help all staff and patients at Regent House Surgery recognise the need to understand and uphold obligations as deemed appropriate and in accordance with the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england).

Whilst all persons have a freedom to express their opinion, staff have an obligation to ensure that concerns regarding unsafe practice, fraud or wrongdoings are managed as per the Whistleblowing Policy. Additionally, all staff have a duty[[1]](#footnote-1) to their employer and that loyalty is expected when placing any social media post.

Should there be any concerns regarding the level of care or treatment received, patients may only complain via the Complaints Procedure and in a manner that conforms to extant legislative guidance in common with other NHS organisations.

Raising any grievance via social media does not conform to the legislation and as such will not be considered to be a complaint.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Principles of social media posts

## Patient access to information

At this organisation, we wish to ensure that our patients have access to current and relevant information. Therefore, in addition to our website, we post information on the following social media platforms:

* Facebook
* Instagram

Staff are not permitted to use the organisation social media platforms to make any unrelated posts. To prevent inappropriate usage of the platform(s), access is limited to the following personnel:

* Amy Wyche -Digital Champion
* Jeanette Green – Assistant Practice Manager
* Sinead Bretherton – Practice Manager

Only information that has been approved by the management team may be posted.

Monitoring of the platform(s) for comments and feedback by patients is the responsibility of Amy Wyche Digital Champion.

Information should be specific to the organisation. Under no circumstances should clinical information be transmitted on any social media site even if responding to a specific question that has already outlined any diagnosis or treatment.

Detailed guidance can be sought from the [BMA](https://www.bma.org.uk/media/1851/bma-ethics-guidance-on-social-media-2018.pdf) regarding the ethics and guidance for the use of social media.

## Social media ‘friend’ request by a patient

At Regent House Surgery should a patient send a ‘friend’ request over a social media platform then the following BMA advice should be considered:

*“It is possible that using social media can blur personal and professional boundaries, but it is important to try to maintain a professional distance between you and your patients.*

*For example, if you use Facebook as a personal space online, in general it may not be wise to accept friendship requests from patients. There may be times though when you will need to use your judgement. Doctors working in small communities are likely to have friends who are patients or former patients, so it may not be possible or desirable to maintain boundaries online in this way.*

*There may be other situations in which you may interact with a patient online. This is not problematic in itself but in general there should be an overriding presumption against online interactions with people who you only know from a doctor-patient context.”*

Although this section is written with GPs in mind, it should be noted that all staff should be cautious when accepting ‘friend’ requests from a patient and that professionalism and standards are expected by all, regardless of whether at work or not.

## Inappropriate postings by a patient

All staff are requested to remain vigilant whilst visiting any social media site especially surrounding any detrimental comment being placed about this organisation or any of our staff.

The BMA provides advice on this subject in their document titled [Dealing with abuse of practice staff on social media from patients](https://www.bma.org.uk/advice-and-support/gp-practices/complaints-in-primary-care/dealing-with-abuse-of-practice-staff-on-social-media-from-patients).

To protect reputations, should there be an instance of inappropriate information upon the social media site, then the Practice Manager is to be informed at the earliest opportunity.

The following links provide information on how some inappropriate posts can be deleted:

* [Facebook](https://www.facebook.com/help/261211860580476/) (post)

Should it not be possible to remove a post, such as when the post has been added from a patient’s social media account, then Amy Wyche, Digital Champion will contact the author of the post to request that the post, feed or tweet be removed.

## Should the patient not be willing to remove the post

Should the patient not be willing to remove the post, then the Practice Manager will consider the options. This may include contacting MPS for both advice and to confirm that the process has been duly followed although the organisation could bring a claim on the basis that the publication amounts both to a misuse of their private information and a breach of Article 5 of the UK General Data Protection Regulations (UK GDPR).

Additionally, and dependent upon the nature of the post, it is also possible that offences could be committed under other acts, including:

* [Protection from Harassment Act 1997](https://www.legislation.gov.uk/ukpga/1997/40/contents)
* [Malicious Communications Act 1988](https://www.legislation.gov.uk/ukpga/1988/27/contents)
* [Communications Act 2003](https://www.legislation.gov.uk/ukpga/2003/21/contents)

If the person is not prepared to remove the post and should this be unfounded, malicious or unreasonable against the organisation or any staff member, then they should be advised that, whilst we at Regent House Surgery welcome any feedback, comments such as this are not considered to be constructive and may affect the doctor/patient relationship. It also explicitly compromises the patient’s requirements as detailed within the NHS Constitution where this states that the patient should:

“*Please treat NHS staff and other patients with respect and recognise that violence or the causing of nuisance or disturbance on NHS premises could result in prosecution.*

*You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.”*

## Actions against inappropriate postings

Should the above actions have been taken and the patient(s) continues to be unwilling to remove any unfounded, malicious or unreasonable post, feed or tweet against the organisation or its staff, it could be suggested that the patient-doctor relationship has broken down in accordance with the GMC’s [Good Medical Practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice).

This guidance specifically states:

*“You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient”.*

Following this advice, should it be considered that the patient has acted in a manner that is either *“violent, threatening or abusive to [you] or a colleague”* then the following advice should be considered:

1. [GMC Ethical guidance for ending professional relationship with a patient](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/ending-your-professional-relationship-with-a-patient/ending-your-professional-relationship-with-a-patient)
2. [MDU](https://www.themdu.com/guidance-and-advice/guides/removing-patients#:~:text=%20Removing%20a%20patient%20%201%20Do%20what,says%20you%20%27should%20not%20include%20anything...%20More%20)
3. [Dealing with Unreasonable, Violent and Abusive Patients Policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-unreasonable-violent-and-abusive-patients-policy.1638/)
4. [Removal of Patient Policy](https://practiceindex.co.uk/gp/forum/resources/removal-of-patients-policy.733/updates#resource-update-1277)

It should be noted that, justifiably, patients should not be removed due to a complaint. Therefore, should the post be a complaint in nature, or should it refer to an ongoing complaint, the Practice Manager will contact the patient to give them the opportunity to follow the correct complaint pathway. A complaint leaflet will also be offered outlining the process.

At this stage, it should be agreed that the patient removes the offending post as failing to do so is detrimental to the patient/doctor relationship as detailed above.

All staff have a responsibility to be aware of the expectations placed upon our patients and that unacceptable behaviour will not be tolerated and will be managed accordingly.

# Patient recordings within the practice

## Patients requesting to record their consultation

Within general practice, patients often make a request to record or video their consultation upon a mobile phone or another device.

Whilst patients may overtly or covertly record their consultation, at Regent House Surgery this should be promoted but only when absolutely necessary.

However, having an ‘open’ policy should encourage those who wish to record their consultation without any knowledge of their clinician to reconsider and be more overt about their requirement.

Patients may suggest that the benefits of recording their consultation are an additional form of ‘note taking’ and may indicate the following reasons for doing so:

1. It will enable them to relay the importance of the conversation to other members of their family.
2. They are often forgetful and are also concerned that they may only ‘hear what they want to hear’.
3. There may be excessive information that they would not reasonably be expected to understand.
4. Simply by having a recording will enable other family members to become involved in any ongoing management and be able to further support them.

The BMA’s document titled [Patients recording consultations](https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations) provides further guidance.

At this organisation, our clinical staff will suggest this to those patients where it is felt that this could benefit. We will always suggest that the patient requests permission to do so and that the recording is made overtly.

## Overt patient recordings

At Regent House Surgery, we will not inhibit any patient from recording or making notes of any consultation or conversation with a health professional.

The following are to be considered:

* All recordings are requested and done so in an open and honest manner.
* The recording process itself does not interfere with the consultation or treatment.
* The patient is advised that a note will be made within their health record. The [SNOMED CT](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20230215&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) code 431315003 may be used. The entry should state the patient has recorded the consultation or care being provided.

* The patient should be reminded of the private and confidential nature of the recording and that it is their responsibility to keep it safe and secure.
* The recording is only made for personal use and that patients are to be made aware that the misuse of a recording may result in criminal or civil proceedings.

## Covert patient recordings

Patients who wish to covertly record a consultation or conversation with any healthcare professional raises concerns as to the reason or intentions for doing so.

Should it become apparent that a covert recording is occurring, then the patient will be discouraged from doing so by the following actions being endorsed:

* An open and honest recording of consultations will be promoted where a patient deems this to be absolutely necessary as for any overt recording as at [Section 3.2](#_Overt_patient_recordings)
* To avoid a patient feeling the necessity to record any consultation, we will highlight the fact that, we will always take proactive steps to investigate and address any issues regarding any patient’s treatment and care.
* Clinical staff should consider providing patients with a written summary of their consultation for their own personal use.
* Patients are advised that they are entitled to see their notes and, if they wish to do so, they should request this through a Subject Access Request (SAR) made under the Data Protection Act 2018 in accordance with the Access to Medical Records Policy.
* Patients are given information about how they can complain if they have an issue with their treatment and care. The complaints leaflet can be found within the Complaints Procedure.

Should any consultation be posted online, then the [BMA](https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations) has produced a letter template requesting its removal.

Further advice can be sought from:

* [MDU](https://mdujournal.themdu.com/issue-archive/summer-2019/patients-recording-consultations)
* [Pulse](http://www.pulsetoday.co.uk/can-i-stop-a-patient-recording-our-consultation/20030215.article) has published an article relating to this and how other healthcare professionals manage any requests
* [The BMJ](https://www.bmj.com/content/364/bmj.l1101) has also published guidance entitled *“My patient wants to record our appointment, what should I do?”*

Requirements are detailed within the Patient Social Media Guidance at [Annex A](#_Annex_A_–).

## Use of audio-visual recording within public areas of the practice

Patients should not photograph or use any video clip or sound recording that captures any other patient that could identify that they have been at the practice as this affects their right to confidentiality.

It should be noted that all patients have privacy rights, and no recording of other patients can be made without their explicit consent. Likewise, no member of the public can photograph or make either a video or audio recording of any member of Regent House Surgery staff without the express permission of that person.

Any such recording is likely to be an interference with their privacy rights under [Article 8](https://www.echr.coe.int/Documents/Guide_Art_8_ENG.pdf) of the European Convention on Human Rights and this may constitute a criminal offence or a data breach depending on the context of the disclosure.

# Summary

All staff at this organisation have an obligation to inform the Practice Manager of any untoward postings on social media that could affect the reputation of the organisation or any of its staff members.

It should be expected that, from time to time, patients may be discontented with the level of service that they have received. Following any such concern, should the patient wish to make a complaint, then the appropriate and standard process should always be followed.

For patients, whilst it is acceptable to record a consultation, considering doing so should involve a discussion between the patient and their clinician.

# Annex A – Patient social media guidance

**Patient Social Media Guidance**

At Regent House Surgery we have a Facebook page which provides a range of useful information for our patient population.

This organisation has a duty to maintain patient confidentiality and to safeguard vulnerable patients. You can help us to achieve this by adhering to the code of conduct outlined in this guidance.

**Patients at Regent House Surgery are expected to always adhere to the following code of conduct:**

1. The organisation requires all users of portable devices to use them in a courteous and considerate manner, respecting their fellow patients. Portable devices are not to be used during consultations, except when agreed with your clinician.
2. Patients are not permitted to disclose any patient-identifiable information about other patients unless they have the express consent of that patient.
3. Whilst not encouraged, patients may record their consultation, but this should be agreed with your clinician. This recording will solely be for your own purpose.
4. Patients must not post any material that is inaccurate, fraudulent, harassing, embarrassing, obscene, defamatory, or unlawful. Any such posts on the organisation Facebook page will be deleted and the post reported.
5. Patients are not permitted to take photographs in the waiting room or areas where other patients are present, nor are photographs of staff permitted to be taken.
6. Patients must not post comments on social media that identify any staff.
7. Patients can give feedback to the practice in writing or by email lscicb-csr.regenthousesurgery@nhs.net to the Practice Manager.
8. Defamatory comments about our team are not to be shared on any social media platform. Legal advice may be sought, and the appropriate action taken against any patient who posts defamatory comments.
1. [www.lexisnexis.co.uk](https://www.lexisnexis.co.uk/legal/guidance/the-duty-of-fidelity-fiduciary-duties) [↑](#footnote-ref-1)