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

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**Table of contents**

[1 Introduction 3](#_Toc49155426)

[1.1 Policy statement 3](#_Toc49155427)

[1.2 Status 3](#_Toc49155428)

[1.3 Training and support 3](#_Toc49155429)

[2 Scope 4](#_Toc49155430)

[2.1 Who it applies to 4](#_Toc49155431)

[2.2 Why and how it applies to them 4](#_Toc49155432)

[3 Definition of terms 4](#_Toc49155433)

[3.1 Internet 4](#_Toc49155434)

[3.2 Social media 4](#_Toc49155435)

[3.3 NHS Constitution for England 5](#_Toc49155436)

[3.4 Fiduciary duty 5](#_Toc49155437)

[4 Principles of social media posts 5](#_Toc49155438)

[4.1 Patient access to information 5](#_Toc49155439)

[4.2 Social media ‘friend’ request by a patient 6](#_Toc49155440)

[4.3 Inappropriate postings by a patient 6](#_Toc49155441)

[4.4 Should the patient not be willing to remove the post 7](#_Toc49155442)

[4.5 Actions against inappropriate postings 8](#_Toc49155443)

[5 Patient recordings within the practice 8](#_Toc49155444)

[5.1 Patients requesting to record their consultation 8](#_Toc49155445)

[5.2 Overt patient recordings 9](#_Toc49155446)

[5.3 Covert patient recordings 10](#_Toc49155447)

[5.4 Use of audio-visual recording within public areas of the practice 11](#_Toc49155448)

[6 Summary 11](#_Toc49155449)

[6.1 Acceptable use of social media 11](#_Toc49155450)

[6.2 Patients recording consultations 12](#_Toc49155451)

[6.3 Staff awareness 12](#_Toc49155452)

[Annex A – Patient social media guidance 13](#_Toc49155453)

# Introduction

## Policy statement

The purpose of this policy is to provide staff at Tarleton Group Practice 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 policy is to be read in conjunction with the following organisation documents and policies:

* [Access to Medical Records Policy including the SAR template](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy-including-sar-template.578/)
* [Audio-visual and Photography Policy](https://practiceindex.co.uk/gp/forum/resources/audio-visual-and-photography-policy.1517/)
* [Complaints Procedure](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/) for England
* [Confidentiality Policy](https://practiceindex.co.uk/gp/forum/resources/confidentiality-policy.1261/)
* [Dealing with Violent and Abusive Patients Policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-violent-and-abusive-patients.905/)
* [General Data Protection Regulation (GDPR) Policy](https://practiceindex.co.uk/gp/forum/resources/general-data-protection-regulation-gdpr-policy.740/)
* [Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/)
* [Whistleblowing Policy and Procedure](https://practiceindex.co.uk/gp/forum/resources/whistleblowing-policy-and-procedure.469/)

## 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. 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.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

Whilst all employees and other individuals performing functions in relation to the organisation, such as PCN employees, agency workers, locums and contractors, should be aware of this policy, the aim of the policy is to provide understanding for staff and clarity for our patient group as to what is expected of them.

## Why and how it applies to them

This document has been produced to help all staff and patients at Tarleton Group Practice recognise the need to understand and uphold obligations as deemed appropriate and in accordance with the NHS Constitution.[[1]](#footnote-1)

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 and Procedure](https://practiceindex.co.uk/gp/forum/resources/whistleblowing-policy-and-procedure.469/). Additionally, all staff have a fiduciary duty to their employer and that loyalty is expected when placing any social media post. This is further detailed within the [Intranet and Social Media Acceptable Use policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/).

Should there be any concerns regarding the level of care or treatment received, patients may only complain via the [Complaints Procedure](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/) 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.

# Definition of terms

## Internet

A global computer network that provides a variety of information and communication facilities consisting of interconnected networks using standardised communication protocols[[2]](#footnote-2)

## Social media

Forms of media that allow people to communicate and share information using the internet.2 Examples of media platforms include Twitter, Instagram, Facebook and LinkedIn.

## NHS Constitution for England

Published in 2015 and reviewed every 10 years, the following definition is taken directly from the NHS Constitution:

The NHS Constitution *“establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.”*

## Fiduciary duty

All employees are under a duty of fidelity to their employer. The duty of fidelity is also known as the duty of good faith or of loyalty.[[3]](#footnote-3)

# Principles of social media posts

## Patient access to information

At Tarleton Group Practice, 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:

\*Delete as appropriate

* Facebook

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:

* Practice Manager
* Assistant Practice Manager
* Reception Manager
* GP Partners

Only information that has been approved by the above roles may be posted.

Monitoring of the platform(s) for comments and feedback by patients is the responsibility of all above roles. Further information can be found in the [Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/).

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 Tarleton Group Practice, 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.”*

Further guidance can be sought at the GMC document titled [Social Media Use by Doctors](https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---doctors-use-of-social-media_pdf-58833100.pdf?la=en&hash=DE606B88646D1FA2CA3708125445FC8BEC9F4B32).

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.

Refer to the [Intranet and Social Media Acceptable Use Policy](https://practiceindex.co.uk/gp/forum/resources/intranet-and-social-media-acceptable-use-policy.1001/) for further advice on this subject.

## 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.

To protect reputations, should there be an instance of inappropriate information upon the social media site, then 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)
* [LinkedIn](https://www.linkedin.com/help/linkedin/answer/90210) (feed)
* [Twitter](https://help.twitter.com/en/using-twitter/delete-tweets#:~:text=How%20to%20delete%20a%20Tweet%201%20In%20the,Tap%20Delete%20Tweet.%206%20Tap%20Delete%20to%20confirm.) (tweet)
* [Instagram](https://upleap.com/blog/how-to-delete-an-instagram-post/) (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 Practice Manager will make contact with 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 Practice Manager will consider the options. This may include contacting the medical defense union 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 General Data Protection Regulations (GDPR).

For further advice, refer to the [General Data Protection Regulation (GDPR) Policy](https://practiceindex.co.uk/gp/forum/resources/general-data-protection-regulation-gdpr-policy.740/).

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[[4]](#footnote-4)
* Malicious Communications Act 1988[[5]](#footnote-5)
* Communications Act 2003[[6]](#footnote-6)

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 Tarleton Group Practice 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.[[7]](#footnote-7) 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. [www.themdu.com](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. [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, 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.

# 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. [NHS Protect](https://www.proceduresonline.com/barnet/fs/files/patient_record_nhs.pdf) has provided some best practice guidance on managing patients who wish to overtly or covertly record, entitled *“Patients recording NHS staff in* *health and social care settings”.*

Whilst patients may overtly or covertly record their consultation, at Tarleton Group Practice 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[[8]](#footnote-8) states that:

*“Legally, patients do not need a doctor’s permission to make an audio or visual recording of a consultation for their private use, although as a matter of courtesy we believe they should seek agreement.*  
  
*Given the benefits to patients and that, in law, recordings for private purposes are seen as a form of note-taking, we believe there is benefit for both patients and doctors in supporting consensual recordings”.*

At Tarleton Group Practice, 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 Tarleton Group Practice, we will not inhibit any patient from recording or making notes of any consultation or conversation with a health professional. The following suggestions should be followed:

* 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[[9]](#footnote-9) 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

Patients should be reminded that they should only undertake recordings where it is deemed absolutely necessary.

## 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 Tarleton Group Practice become aware that covert recordings are becoming commonplace, then patients 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 5.2
* To avoid a patient feeling the necessity to record any consultation, we will highlight the fact that, at Tarleton Group Practice, we 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 including SAR template](https://practiceindex.co.uk/gp/forum/resources/access-to-medical-records-policy-including-sar-template.578/)
* 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](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/)

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) have produced a letter template requesting its removal.

Further advice can be sought from:

* [www.themdu.com](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) have published an article relating to this and how other healthcare professionals manage any requests
* [www.bmj.com](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 as detailed within the [Confidentiality Policy](https://practiceindex.co.uk/gp/forum/resources/confidentiality-policy.1261/).

It should be noted that all patients have privacy rights and no recording of other patients can be made without their explicit consent. Any such recording is likely to be an interference with their privacy rights under Article 8 of the European Convention on Human Rights.[[10]](#footnote-10)

Likewise, no member of the public can photograph or make either a video or audio recording of any member of Tarleton Group Practice staff without the express permission of that person.

# Summary

## Acceptable use of social media

All staff at Tarleton Group Practice have an obligation to inform 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.

## Patients recording consultations

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

Whilst this is a matter of courtesy, it will also confirm the necessity to do so and establish whether further support is required such as the need for a Subject Access Request.

## Staff awareness

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 in accordance with the [Dealing with Violent and Abusive Patients Policy](https://practiceindex.co.uk/gp/forum/resources/dealing-with-violent-and-abusive-patients.905/).

The partners at Tarleton Group Practice wish to remind all staff that we do not come to work to be abused.

# Annex A – Patient social media guidance

**Patient Social Media Guidance**

At Tarleton Group Practice, we have a facebook page which provides a range of useful information for our patient population.

Tarleton Group Practice 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 policy.

**Patients at Tarleton Group Practice are expected to adhere to the following code of conduct at all times:**

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 are able to leave a review about Tarleton Group Practice.
8. Defamatory comments about our team are not to be shared on any social media platform. Legal advice will be sought and the appropriate action taken against any patient who posts defamatory comments.

**Patient complaints on social media**

We have a separate complaints policy which patients are to use should they wish to make a complaint. We will only respond to complaints made to the organisation in accordance with the organisation’s policy.

If a complaint is made on the organisation’s facebook page, it will be deleted.

1. [NHS Constitution](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf) [↑](#footnote-ref-1)
2. [Cambridge Dictionary](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwiFoPnUs77aAhVLJMAKHXNgCOMQFghJMAI&url=https%3A%2F%2Fdictionary.cambridge.org%2Fdictionary%2Fenglish%2Fthe-internet&usg=AOvVaw31S4n11frcvwNHaA-Emckq) [↑](#footnote-ref-2)
3. [http://www.lexisnexis.co.uk](http://www.lexisnexis.co.uk/) [↑](#footnote-ref-3)
4. [Protection from Harassment Act 1997](https://www.legislation.gov.uk/ukpga/1997/40/contents) [↑](#footnote-ref-4)
5. [Malicious Communications Act 1988](https://www.legislation.gov.uk/ukpga/1988/27/contents) [↑](#footnote-ref-5)
6. [Communications Act 2003](https://www.legislation.gov.uk/ukpga/2003/21/contents) [↑](#footnote-ref-6)
7. [GMC - Good medical practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice) [↑](#footnote-ref-7)
8. [www.bma.org.uk](https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations) [↑](#footnote-ref-8)
9. [SNOMED CT Browser](https://termbrowser.nhs.uk/?perspective=full&conceptId1=404684003&edition=uk-edition&release=v20200805&server=https://termbrowser.nhs.uk/sct-browser-api/snomed&langRefset=999001261000000100,999000691000001104) [↑](#footnote-ref-9)
10. [www.echr.coe.int (Article 8)](https://www.echr.coe.int/Documents/Guide_Art_8_ENG.pdf) [↑](#footnote-ref-10)