Audio, Visual and Photography Policy

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1 Introduction

1.1 Policy statement

The term ‘recordings’ will be used throughout this policy and refers to audio recordings, videos, photographs and any other type of visual image of patients made by using any recording device, including mobile phones.

It is the duty and legal obligation of all staff at The Family Practice to act in the best interests of patients when making recordings for the purposes of clinical assessment, teaching or publication or when handling such recordings. All staff are under a legal duty to keep patient records confidential.

The General Medical Council guidance on making and using visual and audio recording of patients advises that when making or using recordings, patients’ privacy and dignity must be respected. All clinical recordings created on the organisation’s premises and within patients’ homes are subject to this policy, irrespective of who owns the equipment or the materials on which they are produced.

Any breach of this policy may lead to disciplinary action. Furthermore, staff must ensure that all recording processes comply with the Data Protection Act 2018 incorporating the UK General Data Protection Regulation at Part 2, Chapter 2.

In addition to this policy, further reading can be found at the following:

- CQC GP Mythbuster 100: Online and video consultations and receiving, storing, and handling intimate images
- Accessible Information Standard Policy

1.2 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This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the practice such as agency workers, locums and contractors.

2 Compliance and guidance

2.1 Clinical appropriateness

The General Medical Council (GMC) remote consultation flow chart illustrates the factors that organisations should consider when determining if it is appropriate to use audio visual methods for the provision of healthcare. This should be documented in organisational policies and understood by all staff.

2.2 Safeguards for patients accessing online and video healthcare

There are potential patient safety risks with phone, video and online consultations. At this organisation, patients can expect effective safeguards that will protect them, and this includes when they receive advice and treatment by video and online.

Should there be any concerns relating to any safeguarding issues then the same processes will be followed as detailed within The Safeguarding Handbook, including adding flags or alerts upon the at-risk patient's healthcare record. Any safeguarding concerns are to be discussed with the organisation's safeguarding lead.

2.3 Receiving and storing patient images

The Medical Defence Union (MDU) advises that many remote consultations reach a satisfactory conclusion through dialogue and, if in video mode, the patient illustrating their medical history, for example, by pointing to the site of pain although sometimes an image can be useful.

Staff at this organisation must be aware of the medico-legal issues regarding receiving and storing images.

These are:

- **Awareness***:* Clinicians are to be fully aware of the GMC guidance.
- **Necessity**: Would a remote consultation be the most appropriate for the patient? Is the image sufficient to make an informed decision about any diagnosis or is a more detailed examination required? This should be discussed at the outset of the consultation.
- **Consent:** There must be consent to receive and store any photograph from a patient. It should be noted that consent is required irrespective of who is suggesting forwarding the image.
- **Capacity:** Parental permission may be needed for any images of children who lack capacity, although Gillick competencies will be a consideration.

Should it be an adult who lacks capacity, the clinician must be satisfied that the forwarding of the image is in the patient's best interests.

- **Receipt and storing of images:** Should any image be forwarded by email; the clinician should request that this is sent to their secure and encrypted NHS.net or NHS.uk email address. The image should be uploaded into the patient's medical record with both the original email and image then being deleted from the clinician's account.

  Should a patient refuse to allow any image of them to be retained in their medical record then the clinician must decide whether this is the most appropriate or safest form of consultation as potentially this will no longer be in the best interests of the patient.

2.4 Intimate images

The MDU explains that intimate images (genitalia, anus and breasts) create particular medico-legal risks and in a normal consultation, when an intimate examination is needed, a chaperone would be offered to the patient.

A further consideration is that taking, sending and receiving intimate images of children under 18 may potentially lead to a criminal investigation. Frail patients and those lacking capacity may need assistance from others in trying to obtain an intimate photograph and this could seriously impact their dignity and be an unreasonable burden on family or carers.

Consequently, when the need to obtain an intimate image arises in a clinical setting, and it is not possible to safely defer the consultation, the question arises as to whether a remote consultation is appropriate. In those circumstances, it should be considered whether the patient should be seen in person or a referral to a specialist colleague made when this is appropriate and necessary.

2.5 Online services

Patient services must not be compromised when attempting to reduce footfall within the organisation and, at this organisation, online services will include patients having the ability to:

- Ask questions
- Report symptoms
- Submit an administrative request
- Discuss other information
- Review a known problem or condition
- Upload photos where appropriate

During the consultation, clinicians should ask and record who is in the room with the patient and ask more questions than normal about how the patient is doing generally. If the consultation is with a child, they should try to speak with the child if appropriate.

If this is not possible, ask to see the child on the video. After the consultation, a detailed record is required within the patient's notes.

Additional guidance can be found in NHS E Online consultations in Primary Care Toolkit.

2.6 Remote consultation principles

At this organisation, clinicians will adhere to the GMC principles when providing remote consultations to patients.

3 Consent

3.1 Consent

As per the GMC guidance, staff at this organisation must obtain the patient's consent to make a recording that forms part of the investigation or treatment of a condition or contributes to the patient's care. Staff must explain to the patient why a recording would assist their care, what form the recording will take and assure them that the recording will be stored securely.

Furthermore, whenever practicable, staff should explain any possible secondary uses of the recording in an anonymous or coded form when seeking consent to make the recording. Staff must record the key elements of the discussion in the patient's medical record. Patients must be advised that they have the right to withdraw consent at any time.

3.2 Patients who lack capacity

Should a clinician judge that an adult patient lacks capacity to decide upon an investigation or procedure that involves a recording, they mut adhere to GMC guidance and obtain consent from someone who has legal authority to do so on the patient's behalf before making the recording.

In a situation when no individual has legal authority or when treatment must be provided immediately, recordings may still be made providing they form an integral part of an investigation or treatment that is being provided.

For further detailed information, see the organisation's Mental Capacity Act Policy and CQC GP Mythbuster 10: GPs and the Metal Capacity Act 2005 and Deprivation of Liberty Safeguards.

3.3 Consent for children and young people

The GMC advises that children or young people under 16 who have the capacity and understanding to give consent for a recording may do so but clinicians must encourage them to involve their parents in decision making.

When a child or young person is not able to understand the nature, purpose and possible consequences of the recording, staff must obtain consent from a person with parental responsibility to make the recording.

For further detailed information, see the organisation's Consent Guidance and CQC GP Mythbuster 8: Gillick competency and Fraser guidelines.

3.4 Disclosure and use of recordings

The GMC stipulates that recordings made as part of the patient's care form part of the medical record and should be treated in the same way as written material in terms of security and decisions about disclosures. It is therefore essential that staff at this organisation adhere to the GMC's Confidentiality: good practice in handling patient information guidance.

The GMC further advises that anonymised or coded recordings may be disclosed for use in research, teaching or training, or other healthcare-related purposes without consent. In deciding whether a recording is anonymised, clinicians should bear in mind that apparently insignificant details may still be capable of identifying the patient. Clinicians should be particularly careful about the anonymity of such recordings before using or publishing them without consent in journals and other learning materials, whether they are printed or in an electronic format.

3.5 Patient's request for copies

Patients and their parents/carers have the right to obtain copies of the clinical notes under the Data Protection Act 2018. The normal rules for a subject access request apply and the Subject Access Request Policy should be followed when dealing with a request of this type.

For more information refer to the Access to Medical Records Policy.

3.6 Consent for publication

If a recording is to be used in any type of public media, then staff must obtain the patient's consent in writing using the form at Annex A. This is regardless of whether the patient will be identifiable from the recording.

The GMC advises that if a clinician wishes to publish a recording of a patient which was made as part of their care and consent was not obtained at the time the

recording was made, then consent must be obtained. If the recording is anonymised, it is good practice to seek consent prior to publication.

3.7 Covert recording without consent

Covert recording should ordinarily not be undertaken unless in exceptional circumstances and when there is no other way to obtain information.

Examples of this could include:

- When it is necessary to investigate or prosecute a serious crime
- Should there be a need to protect someone from serious harm, such as if there are grounds to suspect a child is being harmed by a parent or carer

Before any covert recording can be carried out, authorisation must be sought from a relevant body in accordance with the law. In any situation when covert surveillance is proposed, the clinician should discuss this with an experienced colleague and/or seek independent expert advice.

Patients should be informed of any use of CCTV. Refer to the CCTV Monitoring Policy for further information including CCTV signage that can be used.

4 Data and its protection

4.1 Storing and disposing of recordings

The GMC explains that recordings made as part of the patient's care will form part of the medical records and must be treated in the same way as other medical records. Should a recording be made for secondary purposes, staff must ensure that there is an agreement about the ownership, copyright and intellectual property rights of the recording. Recordings are to be retained in accordance with the Records Management Code of Practice and Record Retention Schedule.

For further detailed information, see the organisation's UK GDPR Policy.

The ICO provides guidance on the deletion of digital information.

4.2 Receipt and transferring data

It should be noted that, when the patient has chosen to capture and transfer images, issues of device usage/transfer and data protection/information governance are not relevant until the image has been received by the healthcare professional.

Once the image has been received by a healthcare professional, any onward data transfer and storage should meet data protection regulations and information governance requirements. Issues of consent will differ and will relate to any onward transfer, storage and use of the images only once they have been received.

Note: Consent is required to be recorded for every single transmission.

4.3 Sending sensitive information via NHS mail

As previously detailed, should any image be forwarded by email, the clinician should request that it is sent to their secure and encrypted @nhs.net or @nhs.uk email address.

Should a clinician need to forward or respond to an email that contains sensitive information, they can do so, even to a non-secure email address. However, they must always evaluate whether the email platform is the most appropriate method to communicate such data.

Additional information can be found in NHS E Guidance for sending secure email (including to patients).

4.4 Sending sensitive information via a mobile phone

Emails may need to be accessed by a mobile phone although, should the email then need to be forwarded, this should only happen providing the following can be confirmed:

- It can be guaranteed that all PID can be encrypted
- Bluetooth is disabled and will not be utilised to make the transfer of the images
- Images can be downloaded using a wireless network provided the network conforms to the required level of encryption
- It is acceptable to transfer data from a mobile device using a cable between the device and a desktop PC if the PC is not used as a storage device

In circumstances when a secure transfer cannot be guaranteed, data should be anonymised as a solution and then safely transferred.

4.5 Data Protection Impact Assessment (DPIA)

It is considered best practice to undertake DPIAs for any existing audio visual or photographic procedures to ensure that this organisation meets its data protection obligations. DPIAs are classed as “live documents” and processes should be

reviewed continually. As a minimum, a DPIA should be reviewed every three years or whenever there is a change in a process that involves personal data.

For further detailed information and a DPIA template, see the organisation's UK GDPR Policy.

4.6 Reporting data breaches, incidents and weaknesses

At this organisation, should any member of staff become aware of a data breach, they are, when possible, to contain the breach and advise their line manager immediately.

The reporting of any losses, theft or damage to documentation or computer assets should be made at the first possible opportunity and with a degree of urgency. This should then be reported to the Information Governance Lead and/or the Data Protection Officer (DPO).

Information to be provided will include details of the losses or incidents and a detailed description of the data lost using the appropriate breach reporting form. Near misses and possible weaknesses will also be reported through this method.

For further detailed information, see the organisation's UK GDPR Policy.

4.7 Standards and expectations

All staff must adhere to the National Data Guardian (NDG) 10 Data Security Standards. The standards outline the value of the safe, secure, appropriate and lawful sharing of data.

5 Assets and security

5.1 Equipment storage and preparation

For the purposes of training, audio-visual recording or clinical photography is ordinarily to be undertaken using the organisation's camera/digital video recorder/mobile device which is registered in the Asset Register.

When not in use, equipment is stored securely. The Practice Manager or nominated deputy will ensure that the video camera or camera is signed out to the relevant clinician or photographer upon request. On completion of the recording, the organisation camera/digital video recorder/mobile device is to be returned and signed in by the Practice Manager or nominated deputy.

Under no circumstances is the organisation's camera/digital video recorder/mobile device to be removed from the premises without prior authorisation from the Practice Manager or their nominated representative.

The organisation's camera/digital video recorder/mobile device must be tested prior to use to ensure functionality. Also, the date and time on the device must be accurate.

It is best practice not to have multiple patients' photographs stored on the internal memory of devices.

Further information regarding the security of portable devices can be found within the Portable Device Policy.

6 Using mobile devices

6.1 Recommended guidance

This organisation will follow the UK Guidance on the Use of Mobile Photographic Devices in Dermatology when using a mobile device to make a recording of any type. The guidance covers the following:

- The benefits and risks of using mobile devices
- Data protection and confidentiality issues
- Taking patient images with mobile devices
- Standards on consent, use of mobile devices and the safe transfer and storage of images captured with mobile devices.

At this organisation, staff are reminded that the transferring of images via mobile devices must only be done using the Pando app.

The BMJ's Medical photography using mobile devices guidance details the key principles of medical photography, including:

- Lighting
- Focus
- Location and severity
- Colour
- Perspective and positioning

6.2 Receiving images directly from patients (not via video consultation)

There may be times that remote consultations are taking place and patients will send images to the organisation for diagnosis and treatment. These images are only to be stored on organisation systems and not personal mobile phones.

As a general principle of good practice, patient or staff identifiable information should not be stored on a mobile computer unless it is encrypted to the standards required in the organisation's Portable Device Policy.

Should a patient be requested to submit an image directly to the organisation, they should do so using the process detailed on the organisation's website. This includes completing an e-form and uploading a photograph.

7 Recommended practice for video consultations

7.1 Patient verification

The clinician should, on calling the patient, verify the identity of the patient and ensure their details match those recorded in the clinical system.

If the patient is well and able to speak to the clinician directly then a basic identification process should first be undertaken by asking the patient their full name, date of birth and full address.

Verification can also include:

- Patient information and contact details being matched against the patient record
- Use of NHS Spine integration for patient matching
- Checking details with patients and a visual ID check where possible.
- Physical checking of photo ID by organisation staff for initial use on VCA

7.2 Speaking to a family member or proxy

If the clinician calls the patient and a family or proxy member answers, it is advisable in the first instance to ask whether the patient can speak to them. If they are able to, the clinician should complete the outlined identification checks with the patient and then ask them who the family member is and ask if they are happy for the consultation to be completed with the family member/proxy on their behalf as the patient may struggle in any number of ways (hearing, retaining information, understanding etc.) and normally would attend an appointment with the family member who leads the discussions.

If the patient cannot verify their identify prior to the clinician talking to a family member – due to them not being well enough or not having capacity – then the clinician should record this and act in the best interest of the patient. It is likely to be in the best interest of the patient that the consultation goes ahead.

The clinician should ask the family member who they are and if they can verify the patient's identity. The clinician should record within the notes that the consultation took place within the patient's involvement and record the reason for this.

7.3 Multiple staff in the room

If the clinician has another member of staff in the consultation room with them when conducting a video consultation, they must ensure the patient is made aware of this and be asked to indicate that they are happy to proceed. This should be recorded in the consultation notes.

7.4 The process

To ensure compliance with the referenced legislation, the clinician must:

- Explain to the patient the purpose of the request to make the recording
- Ensure the patient understands why the clinician wishes to make the recording
- Ensure consent has been given freely, without influence
- Obtain the patient's signature on the organisation consent form
- Advise the patient that it is their right to withdraw their consent at any time
- Ensure consent is recorded

Once the clinician is satisfied that the above actions have been completed, they will set the video camera to record and commence the consultation as they normally would.

At the end of the consultation, the patient should be offered the opportunity to review the consultation and reaffirm whether they are happy for the recording to be used for future teaching purposes if they previously had consented to this or if they wish the recording to be used solely for the purpose of training in relation to this consultation.

8 Patients recording consultations or conversations

8.1 BMA guidance

The BMA advises that patients are increasingly asking doctors if they can record or video consultations on their phones or other devices. The BMA's guidance on patients recording consultations covers the following:

- Benefits of making recordings
- Can patients record consultations without doctors' agreement?
- Recording third parties
- When a patient asks to record a consultation
- Covert recordings

- Consultation recordings posted online

At the end of the consultation, the clinician can ask the patient to provide a copy of the recording, if they wish, so that this can be added to the patient's healthcare record to form a permanent record of the consultation and what was discussed.

8.2 Consultation recordings posted online

Where recordings of healthcare staff are posted without agreement in publicly accessible media, their privacy rights are engaged and they can request they are taken down. A refusal to do this could lead to a breakdown in relationship with the practice and appropriate action will be considered.

9 Recording staff meetings

9.1 Considerations

There may be circumstances when it is appropriate or deemed to be useful to audio-record a general meeting or a meeting with a member of staff. Recording a meeting is a reasonable request as it provides guarantees that all notes can be relied upon for accuracy.

While any recording is to ordinarily ensure that there is a confirmed record, the accuracy is especially important when there is a lot of information being discussed such as at an organisation meeting or within a staff specific setting such as on which is disciplinary, grievance or performance related.

9.2 Prior to recording a meeting

Before any recording commences, the following should be discussed and agreed:

- Agreement to record should ordinarily be obtained although it should be noted that having agreement to record is not an absolute requirement, e.g., for operational need or purpose

- The recording device will be identified and no covert recording can be made by any of the attendees

- If using for disciplinary, grievance or performance purposes, a copy of the recording should be offered to the staff member who the meeting is about. This must be an accurate copy and not have been amended

- Staff should be assured that it is in their best interests as the record of the meeting will be accurate, fair and that there can be no misunderstandings at a later point

- The recording will not be shared to third parties unless this is an absolute requirement

9.3 Recording equipment

Should it be agreed that the meeting will be recorded, it is unlikely that a second means of minuting, such as the services of a note taker, will be used. As such, it is essential to ensure that equipment is fully functioning before the meeting begins. This should include:

- Power sources fully charged
- Sound is adequate throughout the room
- All are positioned so that they can be heard

10 Use of telephones

10.1 Acceptable and authorised use

Organisation phones are only to be used for the purpose of organisation business. Personal use is strictly prohibited except in the event of an emergency. Calls to premium-rate telephone numbers are also prohibited. Calls to areas outside the UK are blocked. Should it be necessary to call a number, Practice Manager authorisation will be required.

10.2 Answering protocol

All staff are required to answer the organisation telephones in the same manner, answering as follows:

- Use the appropriate salutation
- Please be advised, calls are recorded (with a justification given)
- The staff member should give their name and ask, *"How can I help you?"*
- The request should be actioned as appropriate
- If appropriate, place the call on hold (advising the caller of this) until the request can be processed
- Always speak in a polite and professional manner

10.3 Assuring telephone standards

A regular comment or complaint often comes from the manner in how the patient feels that they are spoken to. Often there is dispute as the staff member feels that they have been courteous although the patient may feel otherwise.

To support this, at this organisation, telephone calls are recorded as a tool to assist with both responding to any complaint or concern and to support the team by reducing any negative concerns by monitoring the quality of the call.

To ensure that these relevant standards are being maintained, this organisation will undertake a regular compliance audit that will involve call monitoring and provide both feedback and, when required, additional training to ensure that an efficient and excellent service is offered.

There is a set of key standards that it is expected each patient or caller will receive. When auditing the quality of any call, it is expected that all these standards will be met.

These key standards are:

Key	Standards	Achieved (Y/N or N/A)
1	Was the call answered?	
2	Was the call answered within the specified number of rings?	
3	Did the staff member identify themselves?	
4	Did the staff member identify the organisation?	
5	Was the staff member friendly and polite?	
6	If the call was not answered, did it go to voicemail?	
7	If so, was the appropriate message left that did not breach any confidence of the intended recipient?	

The management team will monitor, provide feedback and implement any actions as required. This audit will also be discussed within the governance standing agenda at select organisation meetings.

Note, an audit template is given at Section 11.4.

10.4 Taking messages for staff

Should a caller wish to leave a message for a specific member of staff, the person taking the call must ensure that they:

- Annotate the date and time of the call
- Record who is calling, confirming their identity by obtaining their full name and telephone number
- Record the subject they wish to discuss with the member of staff
- Repeat the information to confirm accuracy

Once the call has ended, the staff member receiving the call can either:

- Send a message (using the clinical system messaging feature)
- Email the intended recipient if they are out of the office

For urgent messages, staff must ensure that the message is relayed in a timely manner, ideally in person.

10.5 Abusive or aggressive patients

Unfortunately, on occasion there may be times when a patient calls the organisation and speaks to a member of staff in an abusive or aggressive manner. Staff must ensure that they:

- Annotate the date and time of the call
- Ascertain who is calling
- Remain calm, offering empathy
- Determine the reason (if possible) for the aggression or abuse
- Offer solutions if practicable
- Advise the caller that, if they persist with such an aggressive and/or abusive tone, the call with be ended
- End the call if appropriate
- Note down a summary in the patient's healthcare record
- Inform the Practice Manager
- Report the incident in accordance with the organisation's Incident Reporting Policy or Significant Event Policy

In all circumstances, staff are to demonstrate confidence and compassion, remaining calm throughout the incident. Staff should refrain from being judgemental, instead opting to show the patient their clear intention to resolve the situation as opposed to attempting any form of reprimand.

If it has been necessary to contact the local police, the Practice Manager is required to notify the CQC of any incident that is reported to, or investigated by, the police.

Further information can be sought in the Dealing With Unreasonable, Violent and Abusive Patients Policy.

10.6 Medical emergencies

Calls about emergencies should be made to the local ambulance control and handled in accordance with the current NHS guidance titled When to call 999. The call handler will ordinarily need the ODS code and they will go through and explain any steps that are to be followed in a calm and professional manner.

Further information on managing medical emergencies can be found in the Medical Emergencies Guidance Document.

10.7 Practice answering machine

The answering machine is to be turned on at close of business daily by a member of the reception team and switched off at the start of the working day by a member of the reception team daily. The outgoing message is not to be amended unless authorised by the Practice Manager.

Patients are unable to leave messages on the answering machine.

10.8 Patients' answering machines

This organisation will not routinely leave messages on patients' answering machines unless it is deemed urgent. This is to ensure that patient confidentiality is always maintained.

If it is necessary to leave a message, the message must be brief and not breach confidentiality. The following is an appropriate example: "Please call the practice when you are free to discuss your appointment." It is essential that clinical information, patient-identifiable information, or other sensitive information is not disclosed during the recording of the message.

11 Telephone recordings

11.1 Recording incoming and outgoing calls

In accordance with Article 6 of the UK General Data Protection Regulation, the lawful basis for processing data also applies to the recording of telephone calls. Article 6 states that one of the following must apply when processing any data:

- The data subject has given consent to the processing of their personal data for one or more specific purposes
- Processing is necessary for the performance of a contract to which the data subject is party or to take steps at the request of the data subject prior to entering a contract

- Processing is necessary for compliance with a legal obligation to which the controller is subject

- Processing is necessary to protect the vital interests of the data subject or another natural person

- Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller

- Processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which requires protection of personal data, where the data subject is a child

To align Article 6 with the recording of telephone calls, one of the following must apply:

- The individuals involved in the call have given consent to be recorded

- Recording of the call is necessary for the fulfilment of a contract
- Recording of the call is necessary for the fulfilment of a legal obligation

- Recording of the call is necessary to protect the interests of the participants or another natural person

- Recording of the call is in the public interest or necessary for the exercise of official authority

- Recording of the call is in the legitimate interests of the recorder, unless the interests are overridden by the interests of those involved in the call

Guidance can be found in the GMC guidance titled Making and using visual and audio recordings of patients.

11.2 Notifying callers of any call recording system

Information regarding call recording, including the reason why any call will be recorded, is to be detailed at the following:

- Any incoming call, including any calls using desktop software, mobile apps or an internet browser-based application

- For outbound calls, including telephone consultations, when no automated announcement exists, the caller will inform the recipient by reading a statement which says ‘This call is being recorded for safety, security and training purposes’

- A summary of this policy on both the website and within the practice privacy notice

Should a patient request that their call is not recorded, then they are to be advised that it is organisation policy to record all calls to ensure the safety and security of both patient and employee. They are also to be advised that there is no option to switch off the recording facility.

Should the patient continue to insist that they do not wish the call to be recorded, then they are to be advised that the call cannot continue and that they should contact NHS111 or 999 in an emergency.

It should be noted that secret recordings are not permitted.

11.3 Procedures for managing and releasing call recordings

When services are using a telephone system that allows telephone conversations to be recorded, the following should be noted:

- All recordings shall be stored securely with access to the recordings controlled and managed by the Information Governance Lead or any other persons authorised to do so
- Access to the recordings is only allowed to satisfy a clearly defined business need and reasons for requesting access must be formally authorised by only the Information Governance Lead. All requests for call recordings should include the following information:
    - The valid reason for the request
    - Date and time of the call if known
    - Telephone extension used to make/receive the call
    - External number involved if known
    - When possible, the names of all parties to the telephone call
    - Any other information on the nature of the call
- The browsing of recordings for no valid reason is not permitted
- UK GDPR allows persons access to information that the organisation holds about them and this includes recorded telephone calls. Therefore, the recordings will be stored in such a way to enable information to be retrieved
- Requests for copies of telephone conversations made as data subject access requests under UK GDPR should be notified in writing as per the Access to Medical Records Policy and, subject to assessment, the requestor will be provided with access to the recording. It would be best practice to discuss any such data request with the Information Governance Lead and/or Data Protection Officer (DPO)

- All reasonable attempts will be made to confirm that the identity of the individual making the subject access request matches the identity of the caller. If in doubt, the final decision will be made by the DPO

- In the case of a request from an external body in connection with the detection or prevention of crime, e.g., the police, the request should be made in writing and forwarded to the Information Governance Lead who will liaise with the DPO to agree an appropriate course of action.

  Further guidance can be sought in the Access to Medical Records Policy and the Communication Policy

- When there is agreement to provide a copy of any recording, this will be provided in a format the organisation can reasonably expect the requester will be able to use. The organisation will consider the individual's preference versus the practicality and cost of preparation. Formats are likely to include WAV, MP3 or another digital format or transcript

- Any recordings released to other services or users of the organisation must be kept securely and in compliance with this policy. Once the recording has been used for the agreed purpose, it must be deleted

Further sharing of any call must be authorised by the Information Governance Lead**.**

11.4 Audit and review of telephone recordings

The audit and review of telephone recordings may be used to:

- Check for mistakes

- Facilitate staff training, coaching and support

- Prevent, detect, investigate and prosecute fraud

- Verify what was said if there is a dispute or complaint

- Protect from abusive behaviour, coupled with monitoring language and tone

- Monitor the quality of call handling and customer service and to ensure the information provided is consistent and accurate

- Help plan and make improvements to our services

- Verify the details of the call for the purposes of, or in connection with, any legal proceedings

- As evidence within an investigation should a misconduct, performance or capability concern arise

Requests for copies of telephone conversations as part of staff disciplinary processes will only be released with the written agreement of the Information Governance Lead or any other authorised person. The DPO is to be consulted before any approval is granted.

All staff will have telephone consultations audited during their probationary period and annually thereafter.

- Three randomly selected conversations will be listened to and assessed using the audit tool. This number can be increased to five when further clarification of practice is required
- The aim is for all to score at least 80% on the audit. Anyone scoring below this will be informed and then reaudited within three months to monitor for improvement
- Feedback will be provided to individual staff regarding good practice and also any areas for improved practice. Results are to be saved on individual HR records. Any professional practice concerns are to be shared with the Partners
- The collective results of this audit are to be recorded as being one of the annual practice audits
- Any exemplary conversations, likewise, poor conversations can be used for training purposes. The obvious place for this is to be recorded is as a significant event to highlight what went well or what went wrong.

Refer to the Significant Event and Incident Policy for further guidance.

The audit criteria are as follows:

Criteria	Standard
Staff member carries out a full introduction	100%
The identity of the patient is confirmed	100%
The consultation is conducted in a professional manner	100%

Furthermore, should the call be a telephone consultation, the clinician is also to:

Confirm that consent has been given	100%
Confirm that the patient understands	100%
Have communicated a clear plan in terms of any required next steps including prescriptions and/or reviews	100%

Access to the telephone call recording system is logged and is traceable using an identifiable username and secure password. Access and usage may be monitored at any time to ensure adherence with this policy.

Any employee may request to hear call recordings in which they are personally involved. The employee should make a request in writing detailing the reason for hearing the recording to their line manager in the first instance who will escalate the request to an appropriate nominated member of staff for consideration.

Should any recording be released, a record of this is to be logged within the Release of Recording Register as at Annex B. This register is maintained by the Practice Manager and audited by the Information Governance Lead/DPO as required.

Further reading can be sought from the MDDUS guidance titled Recording telephone consultations with patients.

11.5 Breach reporting

Should staff feel they have accidentally breached the above policy, they are required to inform their line manager immediately. If a breach of procedure is believed to have taken place, the concern should then be raised to both the Information Governance Lead and the DPO. Any breach may expose the organisation with fines by the Information Commissioners Office (ICO) subsequently being a potential outcome coupled with substantial compensation.

It should be noted that any infringement of this policy will be considered as a serious offence and may result in disciplinary action.

12 Telephone triage

12.1 Process

At this organisation, patients telephoning the organisation to request an urgent or same day appointment with a clinician are initially managed using telephone triage. The clinician triaging will:

- Introduce themselves clearly stating their name and role at the organisation
- Verify the ID of the caller, ensuring that they are the patient, or they have the consent of the person they are calling about. This should include three forms of identity to confirm the ID and can be a combination of name (first and last), telephone number and address
- Explain the purpose of telephone triage
- Ascertain as much information as possible:

  - What is the problem?
  - Where does the problem occur?
  - When does the problem happen?
  - What makes the problem better or worse?
  - What is the time frame for the problem?

- Consider the possible diagnoses based on the information provided

- Formulate an action plan:

  - Advice will suffice
  - Recommend that the patient visits the local pharmacy
  - Advise the patient that a telephone consultation with a clinician is required
  - Advise the patient that a face-to-face appointment with a clinician is necessary
  - It is an emergency situation and an ambulance is required

- End the call by providing an overview of the discussion and the plan, ensuring that the patient (or caller) fully understands what happens next and when to expect a call back from a clinician (if applicable)

- The patient is to be advised that the clinician will attempt to call the patient a maximum of two times during the advised period. If the patient fails to answer the call, the clinician will not attempt a third call

- Advise the patient or caller that if the condition worsens, they should ring back or call 999 (as appropriate)

Further information can be sought from the Virtual by Default Policy.

12.2 Detailing information within the clinical record

As per all patient interactions, staff at this organisation must ensure that they record all the information gleaned during their telephone call on the patient's healthcare record. Equally, if a patient fails to answer the call, this must also be annotated in the individual's healthcare record as it may be needed as evidence should a complaint be raised in the future.

The retention within the clinical record is to be in accordance with the Record Retention Schedule. Further reading can be found in the MDDUS guidance here.

13 Telephone consultations

13.1 Arrangements

At this organisation, clinicians are permitted to conduct telephone consultations with patients. Clinicians are allocated a set number of telephone consultations per session, with each consultation being allocated a set duration.

13.2 Process

Prior to calling the patient, the clinician should read the patient's notes on the clinical system, familiarising themselves with the notes made during the triage telephone call and any pre-existing medical conditions.

The clinician is to then telephone the patient and:

- Introduce themselves clearly stating their name and role at the organisation
- Verify the ID of the caller, ensuring that they are the patient, or they have the consent of the person they are calling about. This should include three forms of identity to confirm the ID and can be a combination of name (first and last), telephone number and address
- Explain the purpose of the telephone consultation
- Offer the patient the opportunity to explain what it is they are calling about, using questions and probing as and when required
- Seek clarification to any comments the patient has made, eliciting any relevant information
- Determine what it is the patient would like or thinks they need
- Consider a diagnosis
- Determine what treatment and/or medication is required
- Formulate an action plan, relaying the plan to the patient (or their representative)
- Ensure that the patient (or representative) understands and agrees with the plan
- End the call once assured that the patient is happy, advising the patient to call back or call 999 if their condition worsens (based on the advice given)

13.3 Documenting the consultation

The clinician is to document the consultation in the individual's healthcare record ensuring that it is a true reflection of the consultation. Again, if the patient fails to answer the call, this is to be recorded in the healthcare record.

13.4 Prescribing by telephone

Clinicians at this organisation who are authorised to prescribe via telephone must adhere to the GMC prescribing guidance:

"Before you prescribe for a patient via telephone, video-link or online, you must satisfy yourself that you can make an adequate assessment, establish a dialogue and obtain the patient's consent…"

Additionally, clinicians are advised that:

"…you may prescribe only when you have adequate knowledge of the patient's health and are satisfied that the medicines serve the patient's needs. You must consider:

a. The limitations of the medium through which you are communicating with the patient
b. The need for physical examination or other assessment
c. Whether you have access to the patient's medical records"

13.5 Risks

While the GMC acknowledges that good telephone consultations can improve patient access to advice and treatment, clinicians at this organisation must ensure that they fully understand the risks associated with telephone consultations and take the necessary actions to mitigate such risks where possible.

The following are common examples of risks and action should be taken to avoid them:

- Poor information gathering due to the absence of significant questions
- Inappropriate decision-making, such as premature diagnosis
- Confusion due to poor communication
- Unmet expectations due to unclear instructions/advice

14 Online consultations

14.1 Overview

At this organisation, clinicians are permitted to conduct online consultations with patients by generic email, the NHS App or a recognised secure method of online request.

An online consultation enables patients to contact a GP or other health professional over the internet. A patient can ask questions, report symptoms and get advice from their GP and access NHS self-help information, signposting to services and a symptom checker using a smartphone, tablet or computer.

To access their NHS account, a patient will need to set up an NHS App login and prove who they are. The NHS account then securely connects to information from the organisation.

14.2 Process

Online consultations are not appropriate for emergencies and this should be made clear on the organisation's website. The organisation should also provide clarity regarding response times inside and outside of opening hours and how patients should expect a response, e.g., secure online message, phone call, text.

The website should also provide information on which providers can be used for online consultations and how best to download the app or link.

A shared inbox should be used to ensure prompt responses to enquiries, the allocation of the right staff capacity (clinical and administrative) to process online consultation workflow should be established and a contingency plan put in place in case of staff absence, holidays, technical failure and usability/access issues to ensure submissions are responded to in a timely manner.

Using the NHS App:

- Patients click on 'check your symptoms' and then 'Ask Your GP for Advice'
- They fill in the online form with information about their symptoms, conditions or treatment, or those of someone they care for. They can also use it to request help with sick notes or GP letters
- They then submit the online form to their GP organisation where it can be viewed by an appropriate clinician
- The clinician reviews the form and decides on the right care for the patient, whether it is an email with advice or information, setting up a telephone or video consultation or a face-to-face appointment with a professional from the organisation
- If a patient hits a 'red flag' they will be directed to seek acute care

Using another type of electronic consultation

- The patient completes the online form via the website and follows the online instructions
- Once received by the organisation, an automated message is sent to the patient by text, email or as a secure online message to confirm that the online form has been received and indicating a likely response time

14.3 Verification and authentication

The responsibility for verification and authentication sits with the organisation. The process should require anyone using the service to prove their identity and restrict access only to authorised users, helping to ensure a confidential and secure service. Organisations should consider if the measures they are using for verification and authentication are sufficiently robust and secure, specifically if the information required could be readily obtained or be available to others, e.g., friends, parents, family. If there are any concerns, the organisation should contact the patient to confirm identity through alternative means.

14.4 Responding to an online consultation

Once the form is received by the organisation, this will be securely downloaded into the clinical system to be triaged by the organisation's staff and can be commented upon as with any other consultation. When responding to the consultation, clinicians should ensure that the patient is informed as to whom they are consulting with online.

14.5 Making digital consultations work

The organisation should:

- Provide specific training for clinicians in triaging online
- Flag urgent consultations so that they can be prioritised more easily
- Use two-way secure online messaging to clarify information, ask additional questions, check understanding, send leaflets, attachments or request images without having to phone the patient unnecessarily
- Pass the online consultation to the patient's regular GP if appropriate
- If a patient later requires a further consultation, pass to the clinician who originally dealt with the online consultation
- Optimise the skill mix to distribute work across the team
- Use pre-set messages which can then be customised to save time – via the organisation facing portal or saved as an organisation document
- Configure signposting within the system to include local services
- Ensure the use of appropriate response templates to enable appropriate coding outcomes

15 Communication failure

15.1 GMC guidance

Effective communication between clinicians and patients is essential to good care as advised within the ethical guidance on communication document provided by the GMC.

15.2 Failure to respond to a call

As previously detailed, patients are to be advised that the clinician will attempt to call them twice during the allocated time frame. Should the patient fail to answer the call, the clinician will not attempt a third call. The individual's healthcare record is to be annotated to reflect the failed communication attempt(s).

15.3 Rebooking

The clinician is to message the reception team, asking them to contact the patient to arrange a call when the patient can accept a call from the clinician. This will be during the usual times allocated for telephone consultations.

If the reception staff have any concerns, they are to speak to a member of the clinical team to request advice. It is imperative that all contacts and decisions are accurately recorded in the individual's healthcare record.

16 Communicating using text messages

For detailed guidance on the use of text messages see the Communication Policy. In addition, there is a text messaging poster available here.

17 Retention periods

Retention periods for all types of records are detailed in the Record Retention Schedule.

18 Copyright

All recordings remain the copyright of this organisation and this must be protected on further use of the recordings such as sharing images for publication. Staff must ensure that the copyright always remains with the organisation and not the publisher.

19 Research

For recordings made solely for the purposes of research, the consent form should be signed and the research work must have organisation approval.

All research projects using clinical recording must be registered with the DPO.

Annex A – Consent form for recording digital images and/or video

Patient consent for recording digital images and/or video

Patient details			
Surname		**Forename**	
Title		**Date of birth**	
Patient ID No.		**NHS No.**	

I confirm that I have chosen to allow the clinician to make an audio-visual recording or take clinical images at [insert organisation name] and I confirm that the process has been explained to me, including:

- The reason for the audio-visual recording being made
- The benefits of the recording (trainee GP development)
- The benefits of recording images for my care pathway
- How the recording will be used

I acknowledge that the clinician has explained to me that I can withdraw my consent at any time.

Please ✓ which of the following statements apply:

☐ I consent to images being taken or audio-visual recordings being made for the sole purpose of learning in relation to this consultation.

☐ I consent to images or audio-visual recordings being made and used for internal training at the organisation.

☐ I consent to images or audio-visual recordings being used to support clinical care.

Patient's name		**Date**	
Signature			

Clinician details			
Surname		**Forename**	
Title		**Registration No.**	

☐ I have explained the purposes for which audio-visual recordings have been made or images taken.

☐ The patient has consented to having audio-visual recordings made as detailed above.

Clinician's name		**Date**	
Signature			

Annex B – Release of recordings register

[Insert organisation name]

Date of request	Purpose	Reviewing person	Date/time of the recording	Person authorising release of information	Comments