NHS: COMMUNICATION WITH PATIENTS

There is confusion about how NHS staff can contact patients, particularly in relation to:
- Telephone calls and voicemail messages
- Text messages and text reminders.
This misunderstanding has been highlighted by a recent Coroner’s report and by the introduction of the General Data Protection Regulation (GDPR).

Telephone Calls and Voicemail

The duty of NHS staff to communicate with patients who are at clinical risk overrides the duty of confidence. The GDPR allows communications like this where it is in the patient’s ‘vital’ interests.

If you need to contact a patient urgently for a vital medical reason, then you should do so by whatever means you feel will be most effective.

There have been cases where clinical staff have not left voicemail messages for patients, for fear of breaching confidentiality, and patients have suffered harm as a result.

The balance between confidentiality and protecting the patient’s health will be based on:
- The nature and urgency of the contact
- The medium used to contact the patient (e.g. a voicemail message left on a mobile phone is more likely to be picked up by the intended recipient than a message left of a landline answerphone, which could be picked up by other members of the household).
Hospitals and other health and care organisations that have produced guidance on this issue should keep their advice under review and patients’ contact details should be checked regularly to ensure they are up-to-date.

**Text Messaging**

The introduction of the GDPR does not change how NHS staff should use a list of patients who have agreed to be contacted by email or text message regarding:
- Appointments
- Availability of test results
- Reminders to book into condition-specific clinics etc.

You do not need to gain fresh consent from these patients for any of the above purposes.

If, however, you intend use these contact details to promote new services, such usage could be seen as marketing, for which patient consent should be sought.

Organisations that send text communications must therefore be able to differentiate between:
1) Direct care purposes (such as appointment reminders)
2) Secondary purposes (e.g. the establishment of a new clinical service)
3) Non-healthcare purposes.

Where an activity is not part of the direct care of a patient, organisations must inform patients that they can choose to opt in to receiving text messages about this new service. Any patient who has exercised their national data opt-out should not expect to receive a text message from a health or care organisation for a non-direct care purpose.

**Further guidance on the GDPR can be found on the Information Governance Alliance (IGA) web pages at:**

**and on the Information Commissioner’s Office’s (ICO) website:**
https://ico.org.uk/