



London Ambulance Service **NHS**
NHS Trust

**Managing Patient Confidentiality when
Dealing with the Media**

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure that the LAS is open and honest with the media but respectful of a patient's right to privacy.

Sponsor Department: Communications Department

Author/Reviewer: Communications Manager. To be reviewed by January 2020

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
06/02/17	3.1	IG Manager	Minor correction
24/01/17	2.3	IG Manager	Document Profile and Control update and other changes to bring document up to date
16/01/17	2.2	Head of Media	Policy reviewed and revised. Formal approval required
30/05/13	2.1	Communications Mgr.	Revisions to S4.1 and S11.1 following SMT approval.
15/05/13	1.6	IG Manager	Document Profile and Control update and formatting changes.
15/05/13	1.5	Communications Mgr.	New Implementation Plan
21/03/13	1.4	Communications Managers and Head of Communications	Amendments made to 5; 8; 9; 11; 12.1; 12.6; links and references
01/03/10	1.3	Communications Managers	Added responsibilities. Minor amendment , no formal approval required.
17/11/08	1.2	Communications Manager	s. 4.3.2, amended name of Central Ambulance Control to Emergency Operations Centre in s. 4.5.3, s. 4.5.4, s. 4.7. added monitoring and training
16/11/07	1.1	Communications Manager	reformatted
02/03/05	0.4	Head of Communications	
25/02/05	0.3	Head of Communications	Amendments and comments made to 1.3; 1.4; 2.3; 2.5.1; 3.7
13/01/05	0.2	Head of Communications	Amendments and comments made to 1.3; 1.4; 2.3; 2.5.1; 2.6; 3.2; 3.3; 3.7; references
01/08/04	0.1	Head of Communications	First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
PMAG	26/01/17	3.0
SMT	22/05/13	2.0
Chief Executive	04/05	1.0
Agreed by Trust Board (if appropriate):		

EqIA completed on	By
09/12/09	Communications Manager
Staffside reviewed on	By
	Staffside Representative

Published on:	Date	By	Dept
The Pulse (v3.1)	07/02/17	Governance Administrator	G&A
The Pulse	05/06/13	Governance Coordinator	GCT
The Pulse	18/06/10	Records Manager	GDU
LAS Website (v3.1)	07/02/17	Governance Administrator	G&A
LAS Website	05/06/13	Governance Coordinator	GCT
LAS Website	18/06/10	Records Manager	GDU
Announced on:	Date	By	Dept
The RIB	14/02/17	IG Manager	G&A
The RIB	11/06/13	IG Manager	GCT
The RIB	06/10	Records Manager	GDU

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Confidentiality: NHS Code of Practice (Nov 2003)	
	Health and Social Care Act, 2001	
TP/009	Access to Health Records, Disclosure of Patient Information; Protection and Use of Patient Information.	
TP/014	Procedure for Ambulance Observers.	
TP/080	Procedure for use of social media	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

Ref. No. TP024	Title: Managing Patient Confidentiality when Dealing with the Media	Page 3 of 22
-----------------------	--	---------------------

1. Introduction

Working with the media is key to enhancing our reputation and raising awareness of our role within the communities we serve.

The Trust is committed to responding quickly and accurately to media enquiries, with a focus on being honest and open, and keeping the media informed on our performance and achievements.

It is important, however, that we protect our patients' right to privacy and confidentiality at all times when dealing with the media.

2. Scope

This policy and procedure outlines how the Trust aims to achieve its commitment to responding rapidly to the media enquiries while working within the NHS and Department of Health (DH) guidelines and ensuring patient privacy.

3. Objectives

The objectives of this procedure are to enable staff:

1. to deal confidently with the media within the NHS and DH guidelines on patient confidentiality.
2. to differentiate between anonymised and patient-identifiable information.
3. to understand when and how to release information with a patient's consent.
4. to understand when and how to release information without a patient's consent (anonymised information).
5. to understand when and how to confirm details to the media or via social media without a patient's consent .

4. Responsibilities

- 4.1. The Communications Department is responsible for ensuring patient confidentiality is protected when responding to enquiries from the media about the work of the Service.
- 4.2. All staff have a responsibility to ensure they protect patient confidentiality when speaking to the media. However, staff should not

Ref. No. TP024	Title: Managing Patient Confidentiality when Dealing with the Media	Page 4 of 22
-----------------------	--	---------------------

speak to the media without first having been given permission by the Communications Department.

5. Department of Health (DH) guidance on patient confidentiality

The DH guidance on patient confidentiality is contained in the publication “Confidentiality: NHS Code of Practice (Nov 2003)”.

It states that all NHS staff have a duty to keep confidential all information about patients, and to not disclose this information to anyone not involved directly in their care. It is a legal obligation derived from case law; a requirement within professional codes of conduct; and is included in NHS employment contracts as a specific requirement linked to disciplinary procedures.

It is generally accepted that information provided by patients to the health service is provided in confidence and must be treated as such so long as it remains capable of identifying the individual it relates to. Once information is effectively anonymised it is no longer confidential.

Whilst there are no clear obligations of confidentiality that apply to the deceased, the Department of Health and the General Medical Council agree there is an ethical basis for requiring that confidentiality obligations must continue to apply.

6. Is it confidential?

Patient-identifiable information is defined as including the following:

- Patient’s name, address, full postcode, date of birth
- Pictures, photographs, videos, audio-tapes or other images of patients
- NHS number and local patient identifiable codes
- Anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

Source: Confidentiality: NHS Code of Practice (Nov 2003) – Glossary of terms.

7. Explicit consent

The explicit consent of a patient is required for disclosures of identifiable information unless disclosure is required by law or the courts; is for a healthcare purpose; can be justified as sufficiently in the

public interest to warrant breach of confidence; or is supported by section 56 of the Health & Social Care Act 2001.

Explicit consent "...means articulated patient agreement. The term relates to a clear and voluntary indication for preference, usually given orally or in writing and freely given in circumstances where the available options and the consequences have been made clear."

Source: Confidentiality: NHS Code of Practice (Nov 2003) – Glossary of terms.

8. Anonymised information

The DH definition of anonymised information is "information which does not identify a patient directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full postcode and any other detail or combinations of details that might support identification."

Source: Confidentiality: NHS Code of Practice (Nov 2003) – Glossary of terms.

In terms of filming and photography, a number of issues need to be considered if an image of a patient is to be anonymised. It is not always adequate to film or photograph the patient at an angle which ensures their face is not shown, or to just pixilate their face. Consideration should also be given to whether the patient is identifiable by other personal features or by their voice.

The DH guidance states that anonymised information is not confidential and may be used with relatively few constraints.

9. Releasing information to the media

The section within the DH publication "Confidentiality: NHS Code of Practice (Nov 2003)" entitled: "Non-medical purposes - To the Media" gives some guidance on release of patient-identifiable information to the media. It covers dealing with media enquiries about individual patients (including celebrities), following serious incidents, and in the event of complaints.

It states that normally there is no basis for disclosure to the media. However, if staff are asked for information about individual patients, where practicable, the explicit consent of the individual patient concerned should be sought prior to giving the information out.

If information has been placed in the public domain, by patients, confirmation of the details can be given without consent, as can a

statement that says the details are incorrect. Consent should be obtained to disclose additional information, e.g., to correct the information that has been given to the media. Where it is withheld or cannot be obtained, disclosure without consent may still be justified in the public interest.

There is a strong public interest in sustaining the reputation of the NHS as a secure and confidential service, but there is a competing interest in ensuring that the reputations of NHS staff and organisations are not unfairly and publicly maligned.

10. Releasing information with the patient's consent

10.1 Gaining consent

It is the policy of the London Ambulance Service to gain written consent from patients for all disclosures of identifiable information to the media and for publicity purposes. As well as names and other personal details, this includes the use of images of the patient undergoing treatment in a real life situation and where the patient is posing for a picture; and the release of taped 999 calls.

When consent is being sought, there should be a full and clear explanation of how the information will be used. Patients should be allowed to ask questions about the issue and given reasonable time to reach a decision. A Trust consent form LA99, found at Appendix 1, should be completed by a member of the Trust, the media organisation (where appropriate), and the patient whose consent is being sought.

For social media, full and informed verbal consent should be obtained before any information is shared. This includes a full explanation so the patient understands how the information will be used, in what context and on what social media platforms.

10.2 Public relations/publicity news releases and photography

The Communications Department occasionally issues news releases and posts on social media including photographs containing patient-identifiable information in order to gain positive media coverage.

Even if a member of the public approaches us with a positive news story regarding the good care that they have received, this should not be taken as giving explicit consent. Written consent still needs to be obtained and a full explanation of how the information or picture is to be shared given to the patient.

10.3 Children

Particular care needs to be exercised regarding the release of patient-identifiable information about children. When dealing with press enquiries, no patient-identifiable information should be given to the media.

If confidential information about a child is to be released to the media, for example for publicity purposes, consent should be sought. Young people aged 16 or 17 can give their own consent; children under the age of 16 who have the capacity and understanding to make decisions about their own treatment are also entitled to make decisions about the use and disclosure of information, but should be encouraged to involve parents or other legal guardians in this decision.

Child protection issues also inform what information the Communications Department will release to the media concerning children. Home addresses and school addresses should under no circumstances be released and care needs to be taken about how publicity pictures are composed. Children cannot be photographed sitting on the crew's lap for example.

11. Ride-outs and photography for print articles

11.1 Planned ride-outs and photography

A magazine feature or local newspaper article about a day in the life of an ambulance crew provides valuable media coverage for the Trust. In this instance we can manage patient confidentiality, ensuring that no confidential patient information is published or shared on social media without written consent.

The concept of patient confidentiality should be explained to the journalist and/or photographer in advance of the ride-out, i.e., how they can anonymise information or photographs of patients, and that they must obtain written consent if they wish to publish any patient-identifiable information. Also that they cannot photograph or film unaccompanied children.

11.2 Photography at incidents

Photographers will often attend incidents in public places; and as long as they are on public property it is legitimate for them to take photographs.

In this instance we cannot manage patient confidentiality - unlike NHS staff, photographers, journalists and other observers at the scene of incidents are not bound by patient confidentiality, and they will often broadcast/publish images which identify patients. There is little that the Trust can do about this, but if members of staff are concerned,

they should politely ask the media to consider the patient's confidentiality and hope that they will take the decision to respect this.

Often the Communications Department will wish to publish a photograph used by the media, for example for the in-house magazine or for the annual report. Photographs or images that are already in the public domain may be used without obtaining further consent. However, if the communications team suspect the image is taken without consent, the Service will not reuse an image if it identifies the patient.

11.3 Television filming

Television documentaries or news items showing ambulance crews responding to 999 calls and treating patients helps us reach large audiences and explain what we do as an organisation. Maintaining patient confidentiality is a key consideration for the Trust when working with the broadcast media.

11.4 Documentary film makers

Generally speaking, documentary film makers are under less pressure than other broadcast media, e.g., news programmes, and are more willing to respect patient confidentiality.

As part of its discussions with programme makers, the Communications team will ensure that the principles of patient confidentiality are explained and that the process for managing patient confidentiality is robust.

Through a signed contract, programme makers are requested to have an appropriate process for gaining written consent from patients, giving them the opportunity to withdraw consent before the footage is broadcast. The consent process is normally two tier: Consent to film in the first instance and then follow up consent to broadcast footage if there is a desire to use it.

The following considerations must also be made when filming of this nature is being set up:

- If the film crew wishes to film inside or even outside hospital A&E departments, the communications officer or series producer should contact the hospital press offices in advance and make arrangements
- If an individual patient has given consent for filming to take place, hospitals may allow filming to continue within the hospital as long as no other patients are shown but this needs to be agreed with the hospital.

- If the film crew wishes to film a patient, they should ask the patient before they start and gain verbal consent, usually via the lead clinician. The purpose of the filming should be fully explained. The agreed process for gaining written consent should then be followed i.e. patients will fill in a consent form before they are handed over at hospital or verbal consent on camera
- If verbal consent is not given by a patient who is conscious, filming or photography should not take place - unless they agree to images being anonymised. Note: it is not always adequate to film or photograph the patient at an angle which ensures their face is not shown, or just to pixelate their face. Consideration should also be given to whether the patient is identifiable by other personal features or by their voice.

Where a patient is unable to give consent – for example, because they are very ill, unconscious or in shock, incapacitated through drink or drugs or experiencing mental health problems - , the lead clinician must take a decision whether or not it is appropriate for the filming to proceed. This needs to take account of the patient’s best interests, i.e., filming does not unnecessarily distress the patient or interfere with their care, and where possible, be informed by the views of relatives or carers as to the likely wishes of the patient. Filming of unaccompanied children will not be allowed.

Written consent to use the film that is made will be sought from the patient at a later stage, when they are able to give it. A full explanation of the circumstances under which the filming took place should be recorded in writing, if possible. If the patient remains incapable of giving informed consent, then the decision lies with the relatives.

Where agreed as part of the written contract with the Trust in advance of filming, anonymised footage of patients may be broadcast. However, this should only happen in exceptional cases and should not be used to bypass the normal consent process.

11.5 Pre-planned news filming

News film crews often work to tight deadlines and are less likely to have systems in place that are used to gain written consent from patients.

The Communications Department must ensure that these film crews are aware of the principles of patient confidentiality.

The film crew should work with the ambulance crew to ensure consent is obtained by the patient if patient-identifiable images are to be used – an explanation needs to be given of how and when the images will be used.

If the patient is conscious and consent is not gained, filming or photography should not take place - unless the patient agrees to anonymised images being taken.

Footage of patients who are unable to give consent should only be shown if they have been effectively anonymised (see item 8).

11.6 Filming at incidents

Film crews will often attend incidents in public places; and as long as they are on public property it is legitimate for them to film or take photographs.

Unlike NHS staff, film crews are not bound by patient confidentiality, and they will often broadcast images which identify patients. There is little that the Trust can do about this, but if members of staff on scene are concerned, they should politely ask the media to consider the patient's confidentiality and hope that they will take the decision to respect this. Staff can also flag concerns with the communications team who can follow this up with the media.

Regarding 11.4 and 11.5, if the film crews fail to respect patient confidentiality and do not follow the agreed guidelines, the Trust should consider disallowing further filming.

11.7 Tapes of 999 calls

A taped 999 call should not be broadcast for promotional purposes without the caller's and member of staff's written consent. The only exception to this is when a tape has been used as evidence in court, and is in the public domain.

A call can be anonymised by having the call re-recorded by an actor with any patient-identifiable details removed from the content. Parts of the call which do not identify the patient could be used if consent is gained from the caller. Alternatively, the caller can also be anonymised using voice altering software. This can then be broadcast.

If details of calls are to be provided to print journalists, written consent must be gained from the patient and all parties including staff to release their personal information. In this instance the call can be anonymised by providing the journalist with edited copy whereby any patient-identifiable information has been removed.

11.8 In-house patient-care photography

A good-quality photograph of a patient undergoing treatment can be used to great effect in a variety of the Trust's printed and electronic

publications. However, if the patient is identifiable in the photograph, written consent is required.

This applies to images in external publications, such as the annual report and leaflets, internal printed publications such as LAS News, as well as web-based communications such as the website, *'the pulse'* intranet and social media sites.

The patient should be fully informed about likely use of the photograph, including details of how and where the information will be shared,. As a matter of courtesy, where appropriate a copy of the final publication should also be given to the patient and links to social media channels shared.

It is the responsibility of the photographer to arrange for consent to be gained from the patient. In practice, the ambulance crew will often be involved in gaining consent as they may be best placed to approach the patient and decide whether it is a good time to take a photograph or not.

11.9 Clinical case studies

Staff providing information to the Communications Department for clinical case studies, such as those used in internal publications, are responsible for ensuring that patient confidentiality is maintained.

There are two options. Either the article should be anonymised so that the patient can in no way be identified, or written consent should be gained from the patient.

If an account of a patient's medical history or their treatment is used in support of a Trust public awareness campaign, written consent is required from the patient for all such disclosures.

Letters from the public published in the in-house magazine should not contain patient-identifiable information, such as names and addresses.

12. Releasing information to the media without the patient's consent

12.1 Anonymised information

It is not unusual for the media to contact the Trust for confirmation of details relating to incidents, including patient details – these are often proactively released by police and fire brigade press offices.

It is the policy of the Trust to provide anonymised information in response to such media enquiries, confirming attendance and basic details about the numbers of patients treated and conveyed to hospital.

There may be occasions when this information is also published through social media (for example, Twitter).

The DH definition of anonymised information is “information which does not identify a patient directly, and which cannot reasonably be used to determine identity”. See section 8. of this document for further details.

The media will also approach the Trust regarding incidents that have occurred at a known address or involving a named person. Once a patient is named, or the Trust suspects the media knows the identity of the patient, no information will be shared at all.

12.2 Responding to media enquiries – general advice

When responding to all media enquiries, there are strict rules to observe:

- Do not give the name of the patient, or confirm it, even if the journalist has it.
- Do not speculate or comment on the cause of the incident.
- Deal with each request for information on an individual basis, generally releasing the least amount of information.
- At all times, a clear record must be kept of what has been said to a journalist and additional or different information must not be given to one journalist over another.
- If a patient report form is obtained from an ambulance station, it is the responsibility of the sender to obliterate the patient’s name, address, GP details and the day – but not the month and year – of birth.

12.3 Incidents in a public place

Details of a road traffic collision or an incident in a public place can be proactively given to the media. We will release or confirm the following:

- Time of call, e.g., “at 2.59 pm” (in a statement) or “at approximately 3pm/just before 3pm” (in a quote)
- Location of call, e.g., “at London Road, N22”. Give the name of the road, the nearest road junction and the postal area. Do not release

any house numbers – this can implicate people when an incident may not have any connection with them. The name of a shop or business can be given as a landmark.

- Type of incident, e.g., “reports of a fire, a road traffic collision”
- Numbers and types of resources attending, and fastest response time (time between the first call being connected to the Emergency Operations Centre and arrival time at scene)
- Numbers and genders of patients
- Type of injury/illness. Confirm if it is leg, arm, head, chest or multiple injuries; or if the patient has complained of pain e.g. chest/neck pain. If the injury/illness is caused by a pre-existing condition, e.g., epilepsy, pregnancy, diabetes, confirm only that the patient has collapsed or was ‘feeling unwell’. Confirm if the injuries are understood to be serious, critical or minor, if this information is known.
- Treatment. Confirm that the ambulance crew fully assessed the patient; that they carried out appropriate treatment at the scene; whether they used particular equipment (spinal rescue board, neck collar, trolley bed); and, whether they administered drugs and oxygen. Confirm if attempts were made to resuscitate a patient, but do not provide detail of the specific treatment given e.g. number of shocks from a defibrillator.
- Transport to hospital. Confirm that the patient(s) has been taken to hospital or specialist centre but do not name the hospital (unless this is issued proactively about a receiving hospital in a major incident) and the mode of transport, e.g., ambulance, air ambulance. If by ambulance, confirm whether the patient has been taken as an emergency admission, i.e., on blue lights and sirens.
- Death. Confirm if a patient has died at the scene. Condition checks are not usually carried out once patients have been admitted to hospital, but if there is a possibility that a patient has died since they left our care, the Communications team will consider whether a condition check should be made. This will enable guidance to be given to a journalist so they can decide whether or not it is appropriate for them to run their story.

12.4 Incidents at a residential address

Details of an incident at a residential address should not be proactively given to the media.

If approached by the media regarding an incident of this nature – where the media do not have a name or exact address – the following information can be released:

- Time of call e.g. “at 2.59pm” (statement) or “at approximately 3pm/just before 3pm” (in a quote)
- Location of call. If the media know the name of the road, confirm it and the postcode area – do not confirm the number. If they do not know the exact location, and if the road is very short and the address might be deduced by patient details that are being given out, e.g., an elderly person, it may be appropriate to say “a road off (another main) road”.
- Type of incident. Take care in how you describe the type of incident. If unsure, contact the Communications Department.
- Numbers and types of resources attending, and fastest response time (time between first call to the Emergency Operations Centre and arrival time at scene)
- Numbers of patients

Unless there are exceptional circumstance eg a highly visible house fire generating a lot of media with speculation on the outcome of patients, details of injury / illness and treatment at residential properties will not be shared.

- Transport to hospital. Confirm that the patient has been taken to hospital, or specialist centre but do not name the hospital (unless this is issued proactively about a receiving hospital in a major incident) and the mode of transport, e.g. ambulance or air ambulance. If by ambulance, confirm whether the patient has been taken as an emergency admission, i.e., on blue lights and sirens.
- Death. Confirm if a patient has died at the scene. Condition checks are not usually carried out once patients have been admitted to hospital, but if there is a possibility that a patient has died, the Communications Department will consider whether a condition check should be made. This will enable guidance to be given to a journalist so they can decide whether or not it is appropriate for them to run their story.

12.5 Spokespeople at the scene

The Communications Department may offer to put up a spokesperson at a scene to explain our emergency response or to address issues that involve us. Anyone who is identified as the most appropriate person to speak with the media should liaise with a communications

officer in advance of the interview to clarify key messages and patient confidentiality issues.

It is worth bearing in mind that if the TV media are at the scene they may well have footage which identifies patients, so greater care and sensitivity should be exercised about what is said.

12.6 Crimes

Where the police have attended a scene and confirmed that a crime has been committed, it is important to avoid releasing any information that may jeopardise an investigation or prejudice a future trial.

Cases of rape, murder, suspicious death, hostage situations, assaults, domestic violence, child abuse, suspected arson, drug-related deaths and serious road traffic collisions, specifically hit and runs, fall into this category. Although not a crime, suicides should also be dealt with in a sensitive manner with minimal information released.

Where emergency services may still be at the scene, contact should be made with the Metropolitan Police Service press bureau before releasing information on these types of incidents.

According to the Met Police, if there has been a serious assault (stabbing or shooting), the following details can usually be confirmed:

- Age
- Sex
- That wounds were sustained by the patient (but not how many wounds or where the patient was stabbed or shot)
- That cardiac arrest took place (but not how it was caused)
- Mode of transport to hospital (but not the name of the hospital).

Only members of the Communications Department should release any information about an incident of this nature.

12.7 Major incidents

During a major incident, the Trust's overall communications aims are to reassure the public and explain our response and role at the incident.

Patient confidentiality must be maintained, as far as possible, both in the statements and interviews provided by the Trust and when releasing images to the media.

The Communications Department will manage media interest during a major incident, working to guidelines set out in the London Emergency Services Liaison Panel (LESLP) manual.

The following information will be released in a holding statement by the Trust in the early stages of a major incident:

- Time first 999 call received
- Location of incident
- Type of incident, e.g., reports of an explosion
- Response time
- How many staff and ambulances etc are attending, whether the air ambulance is attending

As outlined in the London Emergency Service Liaison Panel (LESLP) Major Incident manual, the following information can be issued by the Trust at a later stage (without consent if it is not patient-identifiable information):

- Level and seriousness of injuries (unless police request this is not released)
- Nature of treatment given
- Where casualties taken (unless police request this is not released)
- Heroic actions by ambulance personnel

Confirmed **casualty figures** may only be released after consultation and agreement with NHS England communications team who will sign off with NHSE Gold. Only one set of casualty figures should be released at a time. Any updates in the number of casualties should also be cleared by NHSE gold.

In terms of images, the use of unauthorised footage of major incidents sometimes depicting the injured, gives the Communications Department a huge incentive to work with police press officers to arrange controlled access to the scene for the media at an early stage.

The Trust may video and/or photograph ambulance crews at work at the scene of a major incident and only images that do not identify patients should be released.

Unlike NHS staff, photographers and film crews are not bound by patient confidentiality, and will often publish/broadcast images which identify patients – this may well be the case at a major incident. There

is little the Trust can do about this as long as the media are on public property, and are not hindering the emergency response.

If an ambulance crew has a film crew or photographer with them on a ride-out, and they are called to a major incident, they should drop the media representative off before proceeding to the scene. The crew should explain that at this point the ride-out has been suspended.

12.8 Confirming details to the media without consent

The DH guidance on dealing with requests for information on individual, named patients is that under normal circumstances, there is no basis for the disclosure of confidential information to the media. When NHS organisations are asked for information about individual patients, where practicable, patient consent should be sought prior to disclosing any information about their care and treatment, including their presence in a hospital.

12.9 Incidents at a known address and/or with a known name

If a journalist calls about an incident, and has details of the address and/or a name, no information will be released.

- If the journalist knows the patient's name, do not confirm it.

13. Celebrities

Details of an incident involving a celebrity should not be proactively given to the media. If a media enquiry about a celebrity is received, the Trust aims to confirm the same level of information as if the media enquired about a named member of the public, as outlined item 12.9. Enquiries regarding celebrities are handled carefully because the media often has a detailed, first-hand account of what happened to the patient while they were under the Trust's care, which does challenge the reputation of the Trust as a safe and confidential service. Staff should make the Communications Department aware of any incidents they attend involving a celebrity, or if they are approached by the media about such an incident. This can prevent the communications department sharing details of a named person.

If crews attend an incident at Downing Street, Buckingham Palace or other royal residences (or a call involves a member of the royal family), the Communications team will contact the relevant press office, to determine what we will release. Contact numbers are as follows: Buckingham Palace press office - 020 7930 4832; Downing Street press office - 020 7930 4433.

14. Complaints

Details of complaints will not be proactively released to the media. However, the Trust follows DH guidance if information about a complaint is already in the public domain, placed there by individuals or by other agencies such as the police. The guidance is that consent is not required for providing the media with confirmation or a simple statement if the information they have is incorrect.

Where additional information is to be disclosed, for example to correct statements made to the media, patient consent should be sought, but where it is withheld or cannot be obtained, disclosure without consent may still be justified in the public interest.

As far as possible, the patients and/or their representatives should be advised of any forthcoming statement and the reasons for it.

See item 9 – ‘Releasing information to the media’ for guidance regarding ‘correcting stories on individual cases’.

In response to media enquiries, information that can be given includes:

- Time of call, e.g., “at 2.59 pm”
- Location of call, e.g., “to an address in London Road, N22”
- Numbers and types of resources attending, and response time (time between first call to the Emergency Operations Centre and arrival time at scene)
- Numbers and genders of patients
- Transport to hospital

Only confirm the type of incident, the type of illness or injury and any details of treatment if it is simply confirming what has already been placed in the public domain by the patient or their family.

IMPLEMENTATION PLAN				
Intended Audience	All Service staff			
Dissemination	Available to all staff on the pulse			
Communications	Revised procedure to be announced in the RIB and a link provided to the document			
Training	<p>No training is required for the updates contained in this policy.</p> <p>New staff in the Communications Department are provided with training on the content of this policy and supervised as they implement it when dealing with the media.</p> <p>The Communications Department organises training for senior managers who may speak to the media and briefs them on the contents of this policy. Typically, external trainers are used to provide media training.</p> <p>Other staff that may be called upon to conduct media interviews will be given guidance on the contents of this policy by the Communications Department, which supervises all such interviews.</p>			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Whole policy	Adherence to the policy is monitored by the Comms Department carrying out quality checks and routine monitoring of staff dealing with the media.	Communications Department. Any issues to be reported through to ELT.		Staff who conduct media interviews will be provided with feedback about their performance.



LA99

Consent form for patients involved in filming, photographs and media interviews

The NHS is often the focus of national news stories, and being in London the major broadcasters often ask if they can film, photograph or interview our patients. We also sometimes need photographs of patients for leaflets and other publications.

We always explain what is involved and make sure patients are happy to take part. It is the patient's decision whether to participate, and clinical care or treatment will not be affected in any way by the decision that is made.

A patient's consent to be included in the broadcast or publication can be withdrawn at any time before it is used. The film, tape or photographs may be held by a third party and not by the London Ambulance Service NHS Trust.

**Name of newspaper/
production company/broadcaster**
(If not for London Ambulance Service purposes)

To be completed by London Ambulance Service staff

If you would like any help please call the Communications Department on 020 7783 2286.

Reasons for consent being sought (please tick all appropriate options):

- | | |
|---|---|
| <input type="checkbox"/> TV documentary programme
<input type="checkbox"/> TV news
<input type="checkbox"/> Newspaper feature/story
<input type="checkbox"/> Radio interview
<input type="checkbox"/> News release (local/regional/national) including use on social media
<input type="checkbox"/> External publications, e.g., leaflets, annual report | <input type="checkbox"/> Internal staff magazine
<input type="checkbox"/> Intranet (internal website)
<input type="checkbox"/> Internet (external website)
<input type="checkbox"/> Advert/campaign
<input type="checkbox"/> In-house training video
<input type="checkbox"/> Other (please specify) |
|---|---|

Describe nature of programme/ newspaper or magazine article/publication, when it will be published/broadcast and explain need for individual patient's involvement.

I confirm that I have explained the reason why consent is being sought to the patient involved. I have also provided the patient with contact details for the Communications Department.

Signature _____ **Date** _____

Name _____ **Position** _____

To be completed by Journalist/Photographer/Programme maker

I agree that all material recorded/filmed/photographed will be used solely for the purpose outlined above. I will contact the patient/parent/guardian again to obtain separate consent if it is to be used in any other context at any time in the future.

Signature _____ **Date** _____

Name _____ **Position** _____

Contact No _____

To be completed by patient/parent/guardian

I give consent for my interview/filmed images/photographs/sound recordings to be used for the purpose that is outlined above, and which has been fully explained to me.

I agree that the film/tape and/or sound recordings may be cut and edited for the programme or associated publicity material. I understand that there is no guarantee my contribution will appear.

I understand that I will be contacted to give my consent if the material is to be used for a purpose other than that mentioned above.

Name in Capitals _____

If not the patient, please state relationship
e.g. parent / guardian _____

Address _____

Tel No _____

Signed _____

Date _____

Please return this form to the Communications Department, London Ambulance Service NHS Trust, Headquarters, 220 Waterloo Road, London SE1 8SD. Email communications@londonambulance.nhs.uk Fax 020 7783 2120. A copy will be forwarded by the Communications Department to the patient.