
NHS staff use apps inappropriately at work



Despite risks to privacy and data security, the use of WhatsApp, Facebook Messenger and other unauthorised instant messaging (IM) apps has become "routine" for NHS staff. In fact, it's through consumer IM that 43 percent of staff – equating to around 500,000 NHS employees across England – communicate with colleagues and even patients, a new report has revealed.

Titled "Instant Messaging in the NHS", the report published by mobile technology company CommonTime found that more than one in 50 personnel had faced disciplinary action for using consumer IM – the equivalent of some 29,000 NHS employees in England. For staff aged 18-24, where usage was found to be greatest, an even higher 9.4 percent had faced action.

For this study, conducted by VIGA, researchers questioned more than 800 individuals in England working in clinical and non-clinical roles across acute hospitals, GP surgeries, ambulance, community and mental health trusts, and other parts of the NHS.

Although respondents to the survey were anonymous, and consequently specific allegations could not be verified, a number of alleged malicious uses were reported. One respondent referenced a case in which patient details were posted on social media, while another reported pictures of patients being sent to others for 'entertainment purposes'. In other responses there were mentions of staff 'taking [patient] photos without permission', 'sharing addresses and phone numbers', 'complaining about patients', 'unauthorised access to patient details' and 'taking pictures of x-ray images to send to friends'.

Other interesting findings that raise concerns over data privacy and protection:

- 59 percent of doctors and nurses questioned use consumer IM messaging apps at least once per week, despite the fact that trust policies do not permit their use, and even though 75 percent of users questioned in the report expressed confidentiality concerns.
- 39 percent of staff were not aware of their organisation's governance and data protection documentation, and one in five had not been offered or received data protection training.

However, nearly a third of NHS staff warned that patient care would suffer if they were prevented from using consumer apps at work. Many respondents argued that IM had improved communication leading to higher care standards. Fewer than half of respondents were satisfied with NHS provided channels.

The report has triggered reaction from senior clinicians and NHS IT professionals, who warned that in addition to security concerns, consumer IM applications risk isolating information from NHS systems.

Rowan Pritchard-Jones, chief clinical information officer at St Helens and Knowsley Teaching Hospitals NHS Trust, said: "For me, the ability to prioritise tasks with the detail of IM is helpful to clinical staff and therefore a driver for use above pagers, for example. Yet the drawback remains that such detail of care never makes it into the patient record." He mentioned that an increasing number of EHR vendors are devising solutions to support secure messaging as well as recording these tasks in the patient record. "It will be critical that trusts ensure their infrastructure can support mobile devices working in this sophisticated way," he added.

Martin Wilson, clinical lead for IT, The Walton Centre NHS Foundation Trust, said: "The ability to have 'group chats' is perhaps the most obvious benefit, and reflects the clinical reality that we work in teams, and often make decisions as teams. Phone and pager systems of working, [as well as] email, just don't support that clinical workflow particularly if you need a rapid response from multiple team members."

For Steve Carvell, head of healthcare at CommonTime, consumer IM has become an important tool for many NHS professionals to do their job. "To tackle the challenge, IT professionals must transform healthcare communication, balancing organisational and user needs," he pointed out.

The report found many valid reasons for staff turning to consumer apps. At varying levels across the survey staff recalled using IM to support shift handovers, to organise rotas, to ask for second opinions, to develop care plans and to organise community care.

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