Online services: Getting started with records access
Guidance for general practice

Why get ready for online records access?

There are a number of reasons for making patient facing services available online. Benefits to practices and patients of records access online reported from accelerator sites, early adopters of online services for patients include:

- Meeting contractual requirements at practice level
- Time overheads saved for both practice staff and patients
- Improved convenience and service quality for patients
- Greater trust and communication between the practice and patients
- Increased patient ownership and control of their health, care and treatment plans
- Support for carers of patients with dementia, and children with complex conditions.

A commitment was made by the Department of Health that by 2015 all NHS patients will have secure online access to their personal general practice records, and that all general practices will be expected to make available electronic booking and cancelling of appointments, ordering of repeat prescriptions and secure communication with the practice.

The GMS contract 2014/15 includes an expectation that all practices will enable and promote access to online booking of appointments, repeat medication requests and access to records online by April 2015 (PMS Agreement details can be found here). Further background information is found in Patient Online: The Road Map (RCGP, 2013).

How to prepare for online records access

Learning from early adopters or from published project work about the potential pitfalls and benefits is a good place to start. Most practices that already offer online records access have started with selected patients. This has helped them to gauge how it all works in practice, the impact on day-to-day work and the amount of time it takes. Approaches include:

- Setting up a sample of test patients on the system
- Offering access to members of the Patient Participation Group (PPG)
- Inviting selected patients with long term conditions to participate, as these patients are most likely to both use records access online and benefit from it.

Once comfortable with how it all works, each practice must decide how to roll out access to other patients. Information leaflets and promotional materials will be available from system suppliers. Experience shows that take up rates vary from accessing once or rarely, to extensive management of healthcare - especially patients with long term conditions.

Investing time to agree a local practice approach, and then testing this out with a small number of patients before offering access to everyone, should provide an idea of the time the practice will need and help to build up confidence. Practice manager and patient forums provide the opportunity to share experiences, problems and the exchange of useful tips.
Business and data preparation

Providing patients with online access to their practice record demands action from everyone in the practice that plays a part in creating records and change management around business delivery within the practice. Availability of records online will force GPs and other practice staff to think carefully about the purpose of patient records. This requires increased priority of data accuracy, no euphemisms and minimal abbreviations. There will need to be a greater awareness of the impact of practice records on the patient and others. It will also be necessary to screen for third-party data, and data that is potentially harmful for patients.

Practices starting out with online services for patients may want to adapt the Records Access Getting ready checklist which highlights key areas that need to be considered.

How much of the record will a patient see?

In deciding what will be made available through online services for patients, practices need to meet the contractual requirements of the GMS contract 2014/15 which states that ‘the information made available to view should be summary information, which means data relating to medications, allergies and adverse reactions’. In addition, the 2015 Department of Health mandate stipulates that access to the record should be made available to patients.

RCGP’s Patient Online: The Road Map indicates that some early adopters would want to offer full access, including retrospective access to the record. Practices worried about full access, might optionally offer prospective access from a date decided by the practice. The Road Map provides a graded approach in terms of what may be made available and viewed by patients, dependent on system functionality. At the time of writing both EMIS and TPP systems allow a practice to select the date from which viewing is available on a patient-by-patient basis. Other suppliers are required under the terms of GP Systems of Choice (GPSoC) to add this facility before April 2015.

Example data made available above the required minimum could include:

- Vaccinations and immunisations history
- Test results, after marked by a professional as suitable for viewing
- Consultations, with an option to control viewing of free text by the practice
- Letters, marked by a professional as suitable for viewing.

Systems suppliers should be able to advise on what they can offer to support this. In deciding what to offer on a patient-to-patient basis, practices may consider:

- It is easier to give more access later than to take it away
- The need to check for and remove any third-party data
- Records have to be checked thoroughly to minimise the risk of patient harm
- Whether the patient is at risk of coercion (see Coercion guidance for general practice)
- Managing access by children or their parents
- Reading RCGP’s Patient Online: The Road Map information governance risk register.
Confirming a patient’s identity

If the practice already provides online appointment booking or repeat medication requests, there should be an identity verification protocol in place. [Identity verification guidance for general practice](https://www.nhsbsa.nhs.uk/clinicalRoles/ConsentAndConfidentiality) is available. As data controllers, practices have certain legal obligations that apply to records access whether those records are paper-based or electronic.

Patient access, and patient and practice responsibilities

Before a patient accesses their record, they need to understand the implications of sharing and not keeping information secure. They may also see content in the record that they either don’t understand or that might concern them, perhaps unnecessarily. Below are guides to explaining patient responsibilities, and forms for patients to complete and confirm that they understand their obligations and the issues associated with records access. Individual practices may add their own logos and contact details, and ensure that any content shared with patients accurately reflects their approach to information shared with each patient.

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<tr>
<th>Example patient registration form</th>
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<tr>
<td>NHS England Materials for patients and Patient information leaflets</td>
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Record access may be requested by the patient or suggested by the practice. Someone in the practice must make the decision whether to allow access. Where decisions have to be made on clinical grounds a clinician should be involved. This may be a doctor or a practice nurse. Where appropriate the patient's usual doctor should be consulted. Once the practice has decided to offer online access, it should only be refused to an individual with good reason. The practice decision must be discussed.

Access to a record by someone other than the patient is referred to as ‘Proxy Access’. Patients have the right to share their login details and their record information (either online or by printing it off) with anybody they choose as long as this is not under coercion. A patient may therefore choose to share their login details with family, friends and carers (including a care home) but as part of their access application they must be advised of the risks associated with doing this. Proxy access for general practice is available [here](https://www.nhsbsa.nhs.uk/clinicalRoles/ConsentAndConfidentiality). Practices should be able to change the level of access that patients have to their record online, including the option to switch off access.

It is not always possible to know if a patient (or carer) has online access to their records. Once the decision has been made to enable online access to patients or carers, extra care should be taken in maintaining or in adding data to all patients’ records. It is particularly important to be aware of potentially harmful or third-party data. Where the GP system allows, such data should not be made accessible online for all patients.

The aspiration is that GP systems will allow any incoming documents, or documents created by the practice, to be viewed by the clinician before they are filed or made available for access by the patient or carer. Ideally this should happen when the document is first read by the recipient or filed by word processing software. Similarly, it is advisable that incoming test reports are not made available online before they are filed or made available for access. In future, GP systems may allow for every entry of individual Read codes, whatever the problem episode setting, to be made available or unavailable to online access. This task may be allocated to members of the practice.
Once the decision to allow access has been made and the practice is content that the patient understands the implications, the patient is provided with login details which they should personalise. A demonstration of the system by the practice will aid the patient’s understanding of the system. Access controls should be left at default or customised for the individual patient, and switched on. The practice should nominate team members to do this (not necessarily clinicians).

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**What is coercion?**

‘Coercion’ is commonly defined as the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will. Practices will already have processes in place to manage suspected coercion related to paper-based and face-to-face services. But online services provide new and additional opportunities for coercive behaviour.

Coercion guidance for general practice can be found [here](#).

**Further information and resources**

- [GMS contract 2014/15](#)
- [GP Systems of Choice (GPSoC)](#)
- [NHS England Materials for patients and Patient information leaflets](#)
- [Patient Online: The Road Map](#)
- PMS Agreement details can be found [here](#)
- RCGP example patient registration form: [Word](#) / [PDF](#)
- RCGP guidance documents:
  - [Coercion guidance for general practice](#)
  - [Identity verification guidance for general practice](#)
  - [Proxy access guidance for general practice](#)
- [Records Access Getting ready checklist](#)