

GP Online Services Guidance

*SNOMED terms that control automatic record access*

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Background

In 2022 NHS England worked with the GP system suppliers to provide automatic online access for patients to their GP record through accredited Patient Facing Services (PFS) apps and other online services. Patients who have a PFS account and use at least one of the GP Online Services will get automatic record access immediately. This will be over 45% of the population in England.

Ensuring safe record access

It is important for practices to plan before automatic record access is introduced to ensure clinical and patient safety. If you have concerns about whether online record access may be unsafe for individual patients it may be better to prevent the patient having automatic record access, until the risks have been considered individually by a senior clinician in the practice, perhaps the Safeguarding lead or GP Online lead and ideally discussed confidentially with the patient alone.

Elsewhere in the Toolkit there is guidance on:

* How online access to the record may lead to harm to patients, especially when there is risk of the patient being coerced into sharing their record access with a third-party
* How to identify groups of patients that are particularly vulnerable to coercion and harm
* How to protect patients by redacting potentially harmful information from online view in patient’s PFS apps and online services such as the NHS App, Patient Access, Airmid and Evergreen Life.

Ref: Relevant guidance in the Toolkit on “Coercion”, “Safeguarding and Vulnerable Groups” and “Managing Potentially Harmful Information”

New SNOMED terms to control automatic record access

There are two new SNOMED terms that practices can use to manage automatic record access, but they only have an effect if they are added to the patients’ records before automatic record access is switched on. Once a patient has online record access, the terms have no effect. The timing is critical. Adding the terms once the patient has record access will have no effect. it is then necessary to use the practice IT system’s settings to switch off or amend the level of existing record access.

They also have no effect on record access switched on by the practice using the GP IT systems online services settings controls.

They are:

* **1364731000000104 Enhanced review indicated before granting access to own health record**
* **1364731000000106 Enhanced review not indicated before granting access to own health record**

The effects of these terms on GP clinical IT systems when they appear in the GP record has nothing to do with the wording of the terms. When added to a patient’s record their effect is to, respectively

* **364731000000104** Prevent automatic record access being switched on
* **364731000000106** Allow automatic record access to be switched on

GP IT systems automatically check for these terms as the first step when automatic record access is triggered and responds to the latest entry in the patient’s record.

There are three trigger points when online record access will be switched on automatically for any patient who has a Patient Facing Service (PFS) app or web portal such as the. NHS App, Patient Access, Airmid, Evergreen Life or Patient Knows Best. They are:

1. The national launch of automatic record access to GP records in 2022.
2. When the patient reaches their 16th birthday.
3. When a patient who has not had access to any GP online services, obtains an account or by obtaining an NHS Login with a linked PFS app or applying to the practice for login credentials.

Ref There is a list of PFS apps that use the NHS Login here, https://www.nhs.uk/nhs-services/online-services/nhs-login/websites-and-apps-you-can-access-with-nhs-login/ (accessed 22 August 2022)

Ref: There is a flowchart that summarises the role of the two SNOMED codes in the Toolkit – “Flowchart - SNOMED Terms that Manage Automatic Record Access”

If the blocking SNOMED term “*Enhanced review indicated before granting access to own health record”* (the “104 term”) has been added to a patient’s record and circumstances change so that the patient is no longer at risk from online record access, adding the other term “*Enhanced review* ***not*** *indicated before granting access to own health record*” (the 106 term) will mean that the patient will get automatic record access when one of the trigger points occurs. The practice can of course switch on record access for the patient manually rather than asking the patient to wait for one of the trigger points.

It is recommended not to delete these terms so that the audit trail of practice decisions about record access is preserved.

Even if decisions are made to switch a patient’s record access off or on using the controls in the GP clinical IT system, it is still helpful to add the 104 and the 106 terms to clarify the audit trail of the practice’s decisions about record access. Note that the terms do not refer to automatic record access specifically.

It is also helpful to enter the reasons for decisions about record access in the patient’s record. These can be added as free text linked to one of the Enhanced Review terms. Together this information can be very useful when a patient moves practice. It should alert the new practice of previous concerns about record access.

When a patient changes practice

When a patient registers at a new practice, the online record access that they may have had at their previous practice is deactivated. If the patient has an NHS Login and suitable PFS app, they may immediately have automatic access to records created at the new practice before any electronic record is transferred from their old practice via GP2GP. They will not get access to information transferred from their previous practice (via GP2GP). They will need to apply to the new practice for access to this “historical” information.

If they used practice login credentials previously but not the NHS Login to access their previous practice’s online services, they will not get automatic access to any online services at the new practice. They will need to obtain new login credentials from their new practice or an NHS login and an app that uses it to access their new online services.

After a TPP-TPP record transfer an *Enhanced review indicated before granting access to own health record* (…104) SNOMED term in the record from the previous practice may prevent automatic record access at the new practice, even if the patient had record access previously switched on by the practice. If a newly registered patient is being reviewed for appropriateness of online record access, it is helpful to review the patient record, once received via GP2GP, for the presence of a 104 code.

When they register, consider asking new patients immediately about whether they previously had online record access, about the possibility of coercion and whether the patient can keep their record secure and private. If there is concern about the safety of record access consider manually switching off automatic record access in the GP IT system before any new clinical information has been added to the new patient’s record.

Ref: There is a flowchart that summarises the impact of automatic record access on the registration of new patients in the Toolkit – “Flowchart - New patient registration and auto access process”.

Blocking access at an organisational level

The two SNOMED terms can be used to block and then remove the block on individual patient’s automatic record access. If you have a particularly challenging practice population or do not have the time or information to identify patients at high risk from automatic record access, you may need to consider blocking all patients by batch adding the **1364731000000104** term to every patient’s record for safety or workload reasons. Details of how to do this will be available from your GP IT system supplier. If you are considering this option, please discuss it with your ICS.

The effects patients’ existing record access on automatic record access

There are several scenarios that may help decision-making on the level of record access to allow individual patients to have. In each case the patient’s current level of access (before automatic online access is turned on) and the resulting level of access after the feature is enabled is illustrated in the diagram.

1. Patient has no current online care record access
2. Patient has summary online access (Access to medication and allergies)
3. Patient has Detailed Coded Record access and laboratory results
4. Patient has Detailed Coded Record access for all coded data and access to all free text
5. Patient has no current care record access AND the ‘Enhanced Review …104’ code entered into their record
6. Patient has summary online access (mediation and allergies) AND the ‘Enhanced Review …104’ code entered into their record
7. Patient has Detailed Coded Record access and laboratory results AND the ‘Enhanced Review…104’ code entered into their record
8. Patient has Detailed Coded Record access for all coded data and access to all free text (Full Record access) AND the ‘Enhanced Review…104’ code entered into their record
9. Patient has a [proxy](https://www.rcgp.org.uk/-/media/4D359C85F1DD4BB1AEC8E32698AB6A1D.ashx) who is able to access their summary online record (medication and allergies) but does not have access to GP Online Services themselves
10. Patient is 16 years old and fully competent and has access to their summary online record (medication and allergies) only

The diagram below illustrates the online access patients A-J before and after the launch date.

