

GP Online Services Guidance

*Safeguarding vulnerable groups of patients*

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19. Introduction

This guidance is relevant to practice staff who enter clinical data in the patient record, especially those who require Level 2 child and adult safeguarding training or higher. It is of particular importance to those with a special responsibility for safeguarding issues: practice safeguarding leads, deputy leads and administrators; Caldicott Guardians; and Information Governance Leads.

i Royal College of Nursing, [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](https://www.rcn.org.uk/professional-development/publications/pub-007366)

i Royal College of Nursing, [Adult Safeguarding: Roles and Competencies for Health Care Staff](http://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069)

Enabling automatic record access to GP Online Services facilitates patients to understand their health condition better and reduces burden on practices as patients will be better equipped to manage their health. There are a number of other key benefits which are covered in other sections of the toolkit. It is always necessary to balance the healthcare benefits of record access with the risks for these vulnerable groups of patients. The purpose of this guidance is to highlight vulnerable groups of patients who may be at risk of harm from online record access and the actions practices can take to safeguard them. As patients automatically receive access to future information, this presents new challenges for practices to avoid record access causing serious harm when patients request historic access. This guidance concentrates on potential risks and recommend ways to enable safe automatic record access.

There is no single solution that will ensure that online record access will not cause harm, nor will practices be aware of every practice patient who may be, or may become, a victim of abuse or coercion. Safeguarding is often referred to as a jigsaw puzzle and this is an appropriate analogy for identifying patients at risk and mitigations that will keep vulnerable patients safe. It will not always be possible to identify abuse or protect vulnerable patients, this guidance is intended to help the practice to do the best job possible.

As a general rule, confidential or potentially harmful information that is from or about a third-party and information that may lead to harm to the patient or others should be hidden from the patient’s online view of the record. This is called redaction.

**Practices may find that discussions with patients about online access may raise, sometimes for the first time, significant safeguarding issues such as disclosures about abuse. These disclosures should be managed in the usual way following local and national safeguarding procedures, policies and guidance.**

**Sometimes the only safe solution to prevent serious harm to some patients is to restrict automatic record access to certain groups of patients who may be at increased risk, pending individual consideration by a senior clinician, preferably someone familiar with the patient, and discussion with the patient in confidence. This may reassure that the patient is not at risk, in which case online record access can be switched on if the patient wishes it. This is a use of clinical screening to inform individual patient care.**

i: There is more information about how the practice can keep patients with online record access safe in the Toolkit in the guidance on [Safeguarding and Automatic Record Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/782/Safeguarding%20and%20automatic%20record%20access.docx), [Managing Potentially Harmful Information](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/781/Managing%20potentially%20harmful%20information.docx), [Data Quality for Record Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/780/Data%20quality%20for%20record%20access.docx) and [Coercion](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/782/Coercion.docx).

i There is information that patients may use to learn to keep safe online here: Karma Nirvana: [Keeping Safe Online](https://karmanirvana.org.uk/get-help/keeping-safe-online/)

1. Principles of safeguarding vulnerable patients’ record access

The following principles apply to all situations where there is a possible safeguarding risk:

* Safeguarding is the responsibility of everyone in the practice team.
* Patient centred care is integral to all we do in primary care.
* Consider who may be the most vulnerable and at risk of harm in the situation, bearing in mind this may not be the patient whose records you are considering.
* Every individual and their situation are different, therefore decisions about online record access should be made on an individual basis with the patient. There is a window of opportunity for practices to prevent automatic access for vulnerable groups of patients who may be victims of abuse or vulnerable to coercion.
* Safeguarding decisions can be complex. If a practice team member is ever unsure how to manage safeguarding information, or how to manage information in a record that may cause harm to someone, they should always seek advice from their Practice Safeguarding Lead, Caldicott Guardian and/or Information Governance Lead. In this situation, it is wise to redact the information from the patient’s online access until the advice has been considered. If the advice is that the information need not be hidden from the patient’s view, the redaction can be reversed.
* No practice team member should ever feel they have to make complex decisions by themselves regarding safeguarding situations. Outside the practice there is always help available from the wider primary care safeguarding teams such as Named GPs/Nurses for Safeguarding and Designated Doctors/Professionals for safeguarding within Integrated Care Systems. Every discussion and decision relating to records access and safeguarding should be documented in the GP record.
* There are clearly significant implications to safeguarding decisions. Administrative or non-clinical staff should not be left to make these decisions alone. There should always be senior clinical oversight with robust procedures and policies in place for administrative staff managing safeguarding information coming into the practice.
* There should be accessible and visible information for patients on the practice website, waiting rooms and for receptionists to share that explains the practice approach to safeguarding and record access and how patients can safely and confidentially contact the practice should they have any concerns about access to their records.
* A Data Protection Impact Assessment can be useful to record the practice’s standards for protecting patients from harm from record access.

i See appendix 1 **below** for the principles underpinning patient-centred care and safeguarding and the “[Clinical Exemplars](https://elearning.rcgp.org.uk/mod/book/view.php?id=13455&chapterid=773)” section of the Toolkit.

i There is guidance on how online record access for third parties can be beneficial to the patient in the Toolkit on [Proxy Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Proxy%20Access.docx), [Children and Young People](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Children%20and%20young%20people.docx) and the [Clinical Exemplars](https://elearning.rcgp.org.uk/mod/book/view.php?id=13455&chapterid=773) section.

iThere is [information governance guidance on access to patient records](https://transform.england.nhs.uk/information-governance/guidance/access-to-patient-records-through-the-nhs-app/) through the NHS App including a template DPIA for general practice**.**

1. Avoid re-traumatisation

For victims and survivors of abuse, telling a healthcare professional about their traumatic experience can be extremely difficult and re-traumatising in itself. To then see their experience documented in their online records can also be re-traumatising without the benefit of a supportive health professional at hand. When documenting patients’ traumatic experience, practitioners should discuss whether the patient would want this to be visible in their online record or not. It may be best to redact the information entirely if that is the patient’s preference. The information will remain visible to the practice and when the patient’s record is shared with other organisations providing direct care.

i Practices should aim to practice trauma-informed care – there is more information about this available from the: [Helen Bamber Foundation: Trauma Informed Code of Conduct](https://www.helenbamber.org/resources/best-practiseguidelines/trauma-informed-code-conduct-ticc)

i The National Association of People Abused in Childhood (NAPAC) also writes about [trauma informed care](https://napac.org.uk/trauma-informed-practice-what-it-is-and-why-napac-supports-it/)

1. Vulnerable groups of patients at heightened risk

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, especially likely if they have a cognitive impairment.

i Social Care Institute of Excellence, [What is Safeguarding](https://www.scie.org.uk/safeguarding/adults/introduction/what-is),

The following groups of patients listed in Box 1 merit special attention when practices are considering mitigations to prevent harm that may arise from automatic record access. This is not an exhaustive list, but these are the main groups with increased vulnerability whose specific needs warrant consideration (some of these groups are considered in more detail in this document):

**Box 1: Vulnerable groups at risk of controlling coercion**

Vulnerable groups who are likely to be at increased risk of coercion to allow access to their online record include, but may not be restricted to the following:

* 16 to 17 year olds including Looked After Children, Care Leavers and children on Child Protection Plans
* Victims of any type of abuse, but especially Domestic Abuse, Modern Slavery, Trafficking and exploitation of any kind
* Adults with safeguarding information coded on their record such as ‘Adult Safeguarding Concern’
* Known perpetrators of abuse
* Those with learning disabilities
* Those with autism
* Those with dementia
* Asylum Seekers and those whose immigration status is uncertain
* Those with serious mental health conditions
* Those with post-traumatic stress disorder
* Other vulnerable groups including those who are homeless and those with substance misuse issues
* Prisoners, including those who are about to/have just gone into prison, and those who have come out of prison.
* Patients who are blind/visually impaired, who have poor literacy, who use different languages other than English, who communicate in different ways, who have other accessibility issues such as dyslexia and attention deficit hyperactivity disorder

Decisions about how to manage online access in these groups of patients can be challenging as there is no ‘one size fits all’ solution. As with all patient care, decisions are best made on an individual patient basis, taking into consideration their own unique characteristics and circumstances and in collaboration with the patient as much as is possible. This is also the safest way to manage these situations.

There will be patients who do not fall within these groups, who may be at risk of harm through online record access. There will also be many patients who fall within these groups who can safely have online access to their record and will benefit from being more involved in their healthcare in this way. For some record access will enable family members or carers to provide essential support to accessing their record which may have significant benefits.

i There is guidance on how online record access for third parties can be beneficial to the patient in the Toolkit on [Proxy Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Proxy%20Access.docx), [Children and Young People Records Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Children%20and%20young%20people.docx) and the [Clinical Exemplars](https://elearning.rcgp.org.uk/mod/book/view.php?id=13455&chapterid=773).

By default, every patient who registers for GP Online Services access to GP transactional services for appointment booking and medication requests, and record access to see everything in their notes from November 2022. This presents practices with a challenge to keep vulnerable people safe and a need to prevent access for at risk groups. Before someone has a GP Online Services account it is possible to prevent automatic access to records by adding the SNOMED term *1364731000000104 Enhanced review indicated before granting access to own health record* to their record. Importantly, doing this will not affect existing record access set by the practice.

i There is more information about how the SNOMED term works and should be used in the guidance on [SNOMED Terms that Control Automatic Record Access](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/764/SNOMED%20terms%20that%20control%20automatic%20record%20access.docx) in the Toolkit.

The term can be entered in an individual person’s record or to a group of patients identified in a computer search. This is equivalent to screening for a condition like bowel cancer and then following up everyone with a positive screening test to see if they need further investigation or treatment. Similarly, it is not good enough to simply run a search and then add the SNOMED term to everyone found in the search. The practice should then consider every patient’s record, discuss each patient with colleagues as appropriate and make individual decisions with the patient about how to provide online record access safely.

If automatic record access is not prevented it is helpful to record known safeguarding risks in patients records and be especially thorough in redacting potentially harmful pieces of information such as a consultation recording domestic abuse or family planning information. The safeguarding risk entry should of course be redacted as well.

i There is more information about how to redact [potentially harmful information](https://elearning.rcgp.org.uk/mod/book/view.php?id=13455&chapterid=781) from online view by the patient and how to block or switch off automatic record access and record access set by the practice in the Toolkit.

1. Patients aged 16 – 17 years

Record access will be automatically switched on for everyone aged 16 and over who has an active Patient Facing Services (PFS) app or web portal account.

Young people aged 16-17 require special consideration because:

* The Mental Capacity Act 2005 applies from 16 years old who, in law, are assumed to have capacity (https://www.legislation.gov.uk/ukpga/2005/9/contents - accessed 24 August 2022)
* They remain children so are afforded the legal protection this brings in terms of children's rights and safeguarding
* Children have the same rights as adults to access confidential healthcare

i For support in making decisions involving children or young people, see the General Medical Council, [Principles for protecting children and young people](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/principles-for-protecting-children-and-young-people)

i For information on how to manage online record access for children under the age of 16 see the Toolkit Guidance on [Children and Young People](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Children%20and%20young%20people.docx).

There are five important factors to consider for young people aged 16-17:

1. Some groups of young people need special consideration and protection, e.g., Looked After Children, children on Child Protection Plans and children with learning disabilities
2. Parents may have proxy access to their child’s record, by their 16th birthday it is reasonable to assume the young person is competent and parental proxy access should be re-considered by the practice.
3. Once a young person has their own online record access, provided by the practice or automatically when they set up a new GP Online Services account, there is a risk that parents will seek to access the young person’s records. They may do this with the best interests of their child at heart, however young people have a right to a confidential health service. If their parents can access their GP’s health record young people may be deterred from presenting to primary care for fear of parents finding out about it, with particular concerns around sexual health, contraception, terminations, mental health, disclosure about abuse at home and disclosure about sexual activity.
4. 16- and 17-year-olds can be victims of any type of abuse and are more vulnerable to coercion.
5. 16- and 17- year olds can also be victims of domestic abuse as defined in the [Domestic Abuse Act 2021](https://www.legislation.gov.uk/ukpga/2021/17/contents/)

The way young people experience and respond to domestic abuse in different ways to adults. They may have varying and complex needs and require a tailored response.

Practices could consider setting up alerts on children’s records so when they are approaching 16 years these records are all reviewed and any necessary actions taken prior to automatic access starting when a young person turns 16.

1. Looked After Children, care leavers and children currently or previously on Child Protection Plans

This group of young people may benefit from online record access in terms of understanding their health needs and history, especially if they move around a lot. However, there are particular circumstances that it is helpful to be aware of in keeping them safe if they have record access:

* As patients will automatically receive access to information entered after their 16th Birthday, it may be necessary to pre-emptively prevent this if there is a risk of harm from information that is being entered after this time.
* Historically there is likely to be large amounts of safeguarding and third-party information to be carefully and safely managed and probably carefully redacted. The young person may not be aware of most of it, e.g. their birth parents or details of abuse and safeguarding information which can be extremely distressing for a young person to read on their own or inadvertently find on their phone.
* Practices need to be mindful that the birth parents of some Looked After Children, may not be allowed to know where their child is living. This may also be the situation for children who are at risk of honour-based abuse. It would not be appropriate for the birth parents to have proxy access to the young person’s record.
* Practices should consider whether the young person is at risk of coercion and/or exploitation.
1. Patients with a history of domestic or honour-based abuse

This is a group where GP Online Services may present a risk and it may be necessary to review existing access and prevent access from automatically being given should they create a GP Online Services account in the future. There may be multiple members of the same family/household where this is recorded.

For any young person with evidence of DA or HBA Practices should consider:

* There will be patients who are experiencing DA and HBA that the practice will not be aware of
* Not every patient with DA or HBA coded in their record is a current victim. For some it may be historic and not a current concern
* Blocking automatic access could alert a perpetrator or perpetrators that there has been a disclosure of abuse
* Not all DA or HBA will be coded nor will all disclosures about DA or HBA be labelled as such. There may be a lot of free text entries.

# The practice may become aware that a patient is a victim of domestic abuse (DA) or honour-based abuse (HBA) through disclosure by the patient or a friend or family member,

**Box 2: Actions for patients with a past history of Domestic abuse (DA) or Honour Based Abuse (HBA).**

1. Be familiar with the RCGP guidance on Recording Domestic Abuse in the electronic medical record and make sure all information about domestic abuse is hidden from online access (https://elearning.rcgp.org.uk/pluginfile.php/170659/mod\_book/chapter/376/Guidance-on-recording-of-domestic-violence-June-2017.pdf - accessed 24 August 2022).
2. Consider withdrawing online record access immediately if a person is identified as having DA or HBA so that decisions can be made on an individual patient basis unless there is a significant risk that it could alert a perpetrator or perpetrators that there has been a disclosure of abuse.
3. Remain vigilant for evidence of DA or HBA. It is very likely that the practice will not be aware of some of their patients who are victims of domestic abuse.

**Actions for patients newly presenting with DA or HBA**

1. Ensure all information regarding DA or HBA is hidden from online access as per the RCGP guidance on recording domestic abuse. Documents containing this information must be immediately hidden from GP online access as soon as they are entered onto the patient record. This includes when the documents are entered onto other relevant family members’ records.
2. Review records already available online to the patient to ensure information that may cause harm to the victim or another person, is hidden from online access
3. Arrange to have a discussion with the patient. This may be problematic, especially if the patient is not aware that an external agency such as police, have informed primary care. It may help to clarify with the agency what the patient has been told.
4. Consider other records where the DA or HBA needs to be recorded e.g., children’s records – to check if either parent has any full or proxy access of these records
5. Ensure all information re DA or HBA is hidden from online access.
6. Consider whether parental access is still appropriate
7. In some circumstances, stopping online access may be appropriate until a discussion can take place with the patient
8. This could be a temporary measure
9. There is a risk this would raise suspicion with the perpetrator(s).

# information from another agency, e.g., Multi-Agency Risk Assessment Conference (MARAC), police or social care, or another health setting such as an accident and emergency department report or mental health services. If the patient already has record access, there are actions the practice should consider.

1. Patients with MARAC information on their record

MARACs are multi-agency meetings for high-risk cases of domestic abuse where there is significant risk of murder or serious harm. Consent is not needed from the victim to be referred to a MARAC. Perpetrators are never aware they are discussed at a MARAC.

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| --- |
| Box 3: Actions for patients with MARAC information in their records1. Consider stopping online access if already set-up and preventing access to records automatically being given if they set up an account in future due to the high risk situation.
2. Ensure all information about MARAC is redacted so that it is not visible online - this includes any codes, free text, references within consultations and any documents including referrals. The reason for redaction should be recorded.
3. Each case would need to be reviewed individually and in discussion with the patient before online access is granted. The Practice Safeguarding Lead should be involved in these decisions, seeking advice from Named GPs/Nurses or Designated Professionals for safeguarding if needed.
4. Limitations of actions 1 & 2:

MARAC information is only shared with primary care in some areas in England, therefore not every practice will know if they have patients subject to MARAC and high-risk domestic abuse. |

i For further information on the [MARAC process, please see the following information specifically for GPs](https://safelives.org.uk/sites/default/files/resources/Multi-Agency%20Risk%20Assessment%20Conference%20Guidance%20for%20GPs_0.pdf) from SafeLives

i There is information on [processing and storing safeguarding information](https://elearning.rcgp.org.uk/pluginfile.php/170658/mod_book/chapter/349/RCGP-Safeguarding-Coding-Information-June-2017.pdf) in the RCGP Safeguarding Adults Toolkit . It was written in 2017 and refers to Read v2 and CTV3 codes rather than SNOMED but the principles are still sound

i RCGP, [Good Practice Safeguarding in General Practice](https://www.rcgp.org.uk/clinical-and-research/safeguarding/)

i There is guidance on “[Managing Potentially Harmful Information](https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/781/Managing%20potentially%20harmful%20information.docx)” in the Toolkit.

1. Information about perpetrators of abuse

**Perpetrators must not find out inadvertently through access to their own record that a victim has disclosed abuse. This could be life-threatening for the victim.**

Practices should consider as a priority searching records for patients who have indications of

* Perpetrator
* MAPPA (Multi Agency Public Protction Arrangements), or
* MARAC

This is a group who may benefit from pre-emptively preventing automatic record access so that access can be safely managed by the practice on an individual basis. It is also very important to make sure that any reference to information about perpetrators, MAPPA or MARAC is redacted from view in anyone’s online record access.

Practices should follow the RCGP guidance on recording domestic abuse in the electronic medical record – specifically the sections on perpetrators. The principles in this document relating to perpetrators can be applied to any type of abuse.

1. Victims of any other type of abuse (other than DA or HBV)

This is a potentially large group of patients who are hard to identify by searching coded data alone. Even using every source of information available including computer record searches, practice team knowledge of patients and safeguarding lead or Named GP, there will inevitably be victims of abuse who are unknown to the practice. Nevertheless, there are actions that practices may take to protect patients who may be at a safeguarding risk.

Ideally these patients each need an individualised assessment to identify those who might be at risk of harm from online access to their records and a shared decision with the practice about whether to switch on access.

1. Patients with learning disabilities

There are a number of principles that practices need to bear in mind for this group of patients but the most important is that everyone is unique. Practices need to adhere to the principles of the Mental Capacity Act 2005 (https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance - accessed 24 August 2022)

* Presumption of capacity
* Individuals are supported to make their own decisions
* People have the right to make unwise decisions
* Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests
* Decisions made on behalf of a person who lacks capacity must be the least restrictive possible

The General Medical Council states that:

*“Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.”*

Issues for practices to consider

* Every person with learning disabilities is unique. Some people with learning disabilities may be supported to safely access their online record, others will not. In part this will depend on the level of learning disability. They may also have other issues that may affect their comprehension.
* There may be coercive control by carers, whether professional, informal or family.
* People with learning disabilities are consistently identified as being at risk of abuse.
* Practices will need to balance the risks and benefits of pre-emptively preventing online records access for all patients with learning disabilities so that they can have individual discussions. The learning disability annual health check would be an ideal opportunity to discuss online record access.

i There is more information on learning disabilities and mental capacity here:

General Medical Council, [Learning Disabilities](https://www.gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities)

Mencap, [What is the Mental Capacity Act?](https://www.mencap.org.uk/advice-and-support/mental-capacity-act%29)

Social Care Institute of Excellence, [Report 41: Prevention in adult safeguarding](https://www.scie.org.uk/publications/reports/report41/identifyingpeopleatrisk.asp)

**Box 4: Possible actions for patients who may be at safeguarding risk**

* You may wish to consider pre-emptively preventing automatic online record access to all patients at risk and then managing individual requests for online access to make the best decision about online record access with the patient.
* You could choose to decide on a time frame *e.g. in the past 3 years, there is a history of known or suspected abuse*, and pre-emptively prevent automatic access for this group and then manage individual requests for online access to make the best decision about online record access with the patient.
* You may wish to pre-emptively prevent automatic online access for those known to be victims of modern slavery and trafficking and criminal, sexual or financial exploitation and then manage individual requests for online access to make the best decision about online record access with the patient.
* Alternatively, you could allow record access to be switched on automatically and rely on all practice team members to be thorough in hiding any potentially harmful data from view online. This depends upon an understanding of the strengths and weaknesses of the redaction system of your practice computer system.
1. Adults with dementia

Dementia is a progressive condition that affects different people in different ways. Discussions about online record access for the patient and future carers may form part of forward planning and can be part of an advance directive for when the patient may lack capacity to make such decisions. There may also come a point when it is best to switch off online access as the patient’s dementia becomes so advanced that they no longer have the capacity to keep their online record secure.

Nevertheless, for some patients with dementia especially in the early stages, online access is very beneficial to assist them with their wellbeing. For others, especially those who are in abusive situations, it may put them at risk of further abuse.

i Practices should read the further guidance in the clinical exemplar on “[Dementia](https://elearning.rcgp.org.uk/mod/book/view.php?id=13455&chapterid=776)” in the Toolkit.

1. Asylum seekers, refugees and those whose immigration status is uncertain

This group of patients may present challenges to the provision of healthcare and online record access. There may be substantial benefits for this group of patients having access to their online medical record however as part of trauma-informed care for this group of patients it is important to discuss with them whether they want any disclosures of trauma and torture to be visible on their online record.

They may have a particular fear of any authority from previous traumatic experiences or fear involvement with immigration authorities in the UK. They may fear their health information being used against them by authorities in immigration processes and therefore they may not wish to have online access to their health record so that they cannot be asked to share it.

They may also be at risk of exploitation, modern slavery and trafficking and not want to have online record access for these reasons.

i BMA, [Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit](https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers%20%28)

1. Prisoners

There are multiple potential risks associated with record access for patients who are in a secure environment setting including security risks. These issues are being reviewed by the Health and Justice Information Service and further guidance is awaited. In the meantime, practices should disable all online access (including proxy access) if they become aware a patient has gone into prison.

1. Patients with special needs for accessible information

This group includes patients who are blind or partially sighted, who have poor literacy, who use different languages other than English, who communicate in different ways, or who have other accessibility issues such as dyslexia and ADHD. They may have to rely completely on others to access their online record. This brings with it significantly increased risks to the patient especially if they are in an abusive situation.

1. Special considerations

**Consent to share data** – Be aware that patients who have given consent for a third-party to be involved in their health care may wish to withdraw their consent at any time. This may affect proxy access to their online record, or the third-party’s right to contact the practice on the patient’s behalf or discuss their healthcare with a health professional. Patient’s circumstances can continually change, so consent to these things needs to be reviewed on a regular basis with the patient when the opportunity arises. If there are any concerns that the third-party is a perpetrator of abuse of the patient, the practice should consider whether the consent was given under coercion and therefore not fully informed and freely given.

**Prescribing contraception** - All women and teenage girls have the right to confidential healthcare, including sexual health and contraception. They must be able to request contraception (or indeed any treatment) from their GP practice confidently and confidentially without fear that others will find out.

The risk of third-party access to a patient’s online record, especially if the patient has been coerced into sharing access particularly affects:

* Teenage girls who don’t wish their parents to know they are on contraception.
* Women and girls in abusive relationships or situations such as domestic abuse and honour-based abuse.
* Women and girls who are on contraception to help their periods but for whom it would be dangerous for them if their family find out that they are on contraception as they could be accused of being sexually active. This could result in serious harm if it results in honour-based abuse.
* Women and girls who are being trafficked for sex.

The consequences can be severe for women or girls if an abuser discovers through coercive access to their online record that they are seeking sexual health or contraception care. This may dissuade them for seeking help from the practice and the consequences can be severe, including unintended pregnancy.

**Box 5 Actions for sexual health and contraception consultations**

1. Check with the patient whether contraception should be put on repeat prescription
2. Check with the patient whether the consultation about contraception should be hidden from online access, remembering that an abuser may be made suspicious by the absence of a known consultation in the online record. It may be possible to overcome this problem by recording a second separate consultation on another problem.

A potential perpetrator may challenge a practice team member forcefully about why they have not been allowed online access, why their access has been switched or why certain information appears to be missing from online access (probably because it has been redacted). This will be a very difficult situation for a practice to deal with. It is very helpful if every decision to redact, limit or switch off access to the online record is carefully documented in the patient’s record. This information should also be redacted.

In response to such challenges, a face-to-face discussion with the patient/victim alone (with a formal interpreter if needed) may include:

* The reasons for redacting information or withdrawing online access and the risks that the practice has perceived.
* The risks of online access that the patient or practice was trying to mitigate.
* What safety measures can be put in place by the practice to reduce risks.
* What choices the patient can have regarding online access with the restrictions to increase their safety including: redaction of information about abuse or any other topic that the patient is concerned about such as sexual health or contraception.
* That the patient can request to have online access switched off at any time and how the patient can make the request safely given that a perpetrator may monitor their emails, texts and phone calls.
* What help and support there is for victims and survivors of abuse including signposting to relevant local and national support agencies.

The outcome of the discussion with the patient/victim may be:

* The ideal outcome is that the patient has insight into their abusive situation and understands why the decision has been made. Shared decision making between the patient and the clinician offers the safest solution for the patient. That may be to continue with online access and that certain information is redacted with the patient empowered to make their own safe choices, so they are empowered to request for specific information such as a consultation or a document to be redacted from online access. Alternatively, they may ask for their online record access to be withdrawn.
* Patients may not have capacity to understand the risks, in which case the best option is to follow the Mental Health Act 2005 Principles to make a best interest decision.
* If the patient denies that they are suffering abuse or coercion, a decision needs to be taken in the patient’s best interests whether to switch off record access. If there is significant evidence that the patient is being abused or coerced, the best option may be to withdraw or limit online access, perhaps to the summary care record only. These decisions should be made by the practice team including the Practice Safeguarding Lead, Caldicott Guardian and Information Governance Lead. If necessary, practices should also seek advice from their local Named GPs/Nurses and Designated Professionals for safeguarding.
1. Documenting safeguarding concerns and professional discussions

General Medical Council guidelines state that doctors must record concerns, including minor ones, in the patient’s records (and in their parents' records if you have access to them).

* You should clearly record any continuing uncertainty about the risk of abuse or neglect to a child or young person because this information may be relevant if put together with other information about the child or young person or their family.

Professional discussions regarding safeguarding concerns need to be honest, transparent and candid. To not do so can seriously inhibit proportionate, relevant and necessary information sharing for safeguarding purposes. These need to be documented in the record and marked ‘not for online access’ if necessary.

i For further advice on documenting concerns in the medical record, refer to the following GMC guidance:

* [Protecting Children and Young People: The responsibilities of all doctors](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people)
* [Confidentiality: good practice in handling patient information](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality)
* [Good Medical Practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice)
1. Appendix: Person centred care

