

## GP Online Services Guidance

# *Clinical assurance before automatic record access*

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## 1. When do patients acquire online record access automatically

Some patients will obtain online record access by applying to the practice, but many patients' access will be automatic, without discussion with the practice. Automatic record access to the full GP record from a fixed date may be triggered in four ways.

Three triggers provide prospective access from the date that access is triggered. They operate if a patient already has access to appointment booking, prescription requests or messaging the practice.

- 1 November 2022, the go-live date for automatic online record access
- On their 16th birthday
- Registers at a new practice

The fourth trigger operates when a patient obtains a new GP online services account. Access to the record is then backdated to the latest of three possible dates: the 1 November 2022, their 16<sup>th</sup> birthday, or the date they registered with their new practice.

There are clearly valuable clinical benefits for most patients who have online record access. They are covered thoroughly in the Clinical Exemplars section of the Toolkit.

The emphasis throughout the guidance is on patient safety and information governance. There are vulnerable patients who are at increased risk of adverse effects from online record access. When patients apply to the practice for record access there is an opportunity to check if they are at risk of coercion to share their health record unwillingly or may be traumatized by access to their record. This safety net is lost with automatic record access unless the practice is proactive in identifying vulnerable patients before automatic record access is switched on.

## 2. Identify vulnerable patients possibly at risk from record access

For some patients, online record access may be unsafe.

- Patients who are subject to safeguarding risk, may be subject to coercion by an abuser to share their online record access, or may be at risk of serious harm.
- Patients who lack the capacity to understand their record or how to keep it secure because of serious mental health condition, intellectual impairment or poor literary, numeracy or digital skills.
- Patients who are living with serious mental health problems or may be re-traumatised by seeing records of past traumatic events in the record.

It is possible to identify many of these patients before they receive automatic record access Using a combination of computer searches for key SNOMED terms. Every practice staff member can contribute to identifying patients at risk. Outside the practice there is help available from the wider primary care safeguarding teams such as Named GPs/Nurses for Safeguarding and Designated Doctors/Professionals for safeguarding.

① There is more information about vulnerable groups of patients in the guidance on “Coercion” and “Safeguarding and Vulnerable Groups” in the section of the Toolkit on Adverse Effects of Record Access

① There is information about how to check records to support individual decisions about record access in the Toolkit in “Checking patient records – FAQ” and “Managing Potentially Harmful Information”

① Online Access to GP Digital Records, NHS England and British Medical Association, Joint declaration on Commitment 5.10(ii) in the GMS contract.

## 3. Prevent automatic access for patients at risk of serious harm

To prevent automatic access switching on before you can clinically assure a patient’s record for automatic online access you add the SNOMED term *Enhanced review indicated before granting access to own health record* (1364731000000104) to the record. It will prevent automatic record access being triggered pending an opportunity to assess their actual risk individually. If possible, this should include confidential discussion with the patient about what level of record access is likely to be safe for them. The discussion and decisions made should be recorded in the patient’s notes and hidden from view.

The SNOMED term has no impact on the patient’s record access if it is added after they have record access or is switched on by the practice using the controls in the practice computer system.

① There is more information about how to prevent future automatic record access below and in the Toolkit in “SNOMED CT Terms that Control Automatic Record Access”.

## 4. Enabling automatic access

If the decision is that the patient may safely have online record access, the SNOMED term *Enhanced review **not** indicated before granting access to own health record* (1364731000000106) should be added to the patient's record. This will override the ...104 term and allow automatic record access. If the trigger point for automatic access has passed, the agreed level of record access can be set in the computer system controls.

The decision and any discussion with the patient should be carefully recorded in the patient's notes and hidden from view online. The practice may receive challenge from patients or third-parties about why record access has been prevented. Consider creating a policy for managing challenges from patients or others about decisions to switch off or prevent online record access.

**i** There is more information about the use of SNOMED terms to control automatic record access in the Toolkit in the guidance on "[SNOMED CT Terms that Control Automatic Record Access](#)" and the accompanying [flowchart summary](#) and in the "Introduction to Automatic Record Access" presentation.: