

## Online services: Proxy Access Guidance for general practice

### What is proxy access?

Proxy access refers to access to online services by somebody acting on behalf of the patient and usually with the patient's consent. To obtain formal proxy access a person must register at the practice for online access to the patient's record, though the proxy does not have to be a registered patient at the practice.

Patients may choose to share their login details informally with family, friends and carers (including a care home). The practice has a responsibility to ensure that it is aware of the risks associated with doing this, including the disclosure of sensitive information when the patient registers for online services. See [Use of online access patient responsibilities guidance for general practice](#)

The practice may give formal proxy access to a representative or representatives of a patient who is not competent. The doctor should carefully weigh the balance of benefits to the patient against the risks described in this guidance of proxy access for a patient who lacks capacity. Only then should proxy access be granted; after discussion with the patient's family or person(s) named in a power of attorney or a Court Appointed Deputy, and if, after the discussion, the doctor believes it to be in the patient's best interests. This may be a time consuming process.

### When might proxy access be enabled?

Before the practice provides proxy access to an individual or individuals on behalf of a patient, an authorised member of staff at the practice must satisfy themselves that they have the explicit informed consent of the patient.

Adult patients with capacity may give informed consent to proxy access to the practice records about them. People aged 16 or above are assumed to be competent unless there is an indication that they are not. Young people under the age of 16 who are competent may also give consent to proxy access.

Legitimate reasons for the practice to authorise proxy access without the patient's consent include:

- The patient has been assessed as lacking capacity to make a decision on granting proxy access, and has registered the applicant as a lasting power of attorney for health and welfare with the Office of the Public Guardian
- The patient has been assessed as lacking capacity to make a decision on granting proxy access, and the applicant is acting as a Court Appointed Deputy on behalf of the patient
- The patient has been assessed as lacking capacity to make a decision on granting proxy access, and in accordance with the [Mental Capacity Act 2005 code of practice](#), the GP considers it in the patient's best interests to grant the requested access to the applicant
- The patient is a child who has been assessed as not competent to make a decision on granting proxy access (please see 'Proxy access on behalf of children' below).

The identity of the person authorising access, and the reason, should be recorded in the patient's practice record following the completion of a proxy consent form, which should be scanned and attached to the patient's record.

When someone is applying for proxy access on the basis of an enduring power of attorney, a lasting power of attorney, or as a Court Appointed Deputy, their status should be verified by making [an online check of the registers held by the Office of the Public Guardian](#). This is a free service. The result of the check should be recorded in the patient's record.

For convenience throughout this document, the term *parent* is used to refer to anyone who has legal parental rights and responsibilities for a child, and *family* is used to refer to any group consisting of one or more parents and one or more children. The principles in this document are highlighted in [RCGP's Patient Online: The Road Map](#) and [The Information Governance Review](#) section on online access to the record by parents and children.

Children vary in the age at which they are able to make an independent and informed decision about who should have access to their record. Although this guidance recommends how to manage online access for children and young people with this natural variation in mind, different approaches may be taken in specific cases. For example, care has to be taken to determine who has parental rights for a child under 11, or a patient over 16 who is not competent to control access.

The guidance around children below also reflects current General Practice Systems of Choice (GPSoc ) contractual requirements for system suppliers, which requires the suppliers to make automatic changes to the proxy access available to children's records at these birthdays. The GPSoc contract requires GP system suppliers to make automatic changes to the proxy access available to children's records at these birthdays.

- On the child's 11th birthday, GP computer systems will automatically restrict the scope of existing proxy access unless the child has already been assessed to be competent and has given explicit consent to the proxy access
- From 11-16, a parent with proxy access will be able to manage certain elements of the young person's record, such as demographic data, and make appointments and order repeat prescriptions, but they will not be able to see the young person's past appointments or clinical record, although they would still be able to see the current repeat prescription record
- On the 16th birthday the systems will switch off all the remaining proxy access except where the young person is competent and has given explicit consent to the access.

Practices should be mindful of the benefits of access for most children and families, whilst also protecting the small number of children and young people who could be at serious risk of harm from their family if medical information (such as use of the contraceptive pill) is inadvertently disclosed.

### **Approaching the first milestone**

- Up until a child's 11<sup>th</sup> birthday, the usual position would be for the parents of the child to control access to their child's record and online services
- Full access should automatically be switched off when the child reaches the age of 11, although online services, such as making appointments with a professional could still be made available. However parents may be allowed proxy access to their child's online services after careful discussion with the GP, or whoever is responsible for these decisions in the practice if it is felt to be in the child's best interests
- A practice may want to contact families who are using online services for a child as they approach their 11th birthday, to remind them that the age where parents' have access to online services on behalf of their child's online access is coming to an end and to invite them and their child to come to the surgery for a discussion about whether and how to continue online access.

## Between the 11<sup>th</sup> and 16<sup>th</sup> birthdays

Decisions made at the first milestone can be re-considered and changed at any point during this time. Each case must be considered individually with the interests of the child being paramount. The age at which a young person becomes competent to decide autonomously who should have access to their online services will vary from person to person. Where it has been decided that parents may continue to control access to their child's online services, it may be possible to plan for this change. This means deciding in advance when it may happen or by agreeing to reassess the decision on a regular, perhaps annual, basis.

The young person may decide at a point, once they are mature enough to act autonomously to:

- Stop their parents' proxy access to their online services, where the parents still have access after the 11<sup>th</sup> birthday
- Allow their parents to have access to their online services, or to allow limited proxy access to specific services, such as appointment booking or repeat prescription requests, but not to the medical records
- Request access to their online services where nobody currently has access
- Switch off all online access until such time as the young person chooses to request access.

It is important to avoid a situation in which a young person's competent decision to remove their parents' proxy access when they want to keep something in their records confidential, actually reveals to the parents that something has happened that has led to their child making this decision. An example may be a request for family planning advice. Fear of parents accessing the GP record may act as a barrier to young people deciding to visit their practice under such circumstances. This is why this guidance recommends that normally parental access to their child's online services is switched off at the 11<sup>th</sup> birthday.

## Approaching the second milestone

Where parents still have access to their child's online services, it should usually be withdrawn when the child reaches their 16<sup>th</sup> birthday, unless at that time the child is not competent, e.g. the child has a severe learning disability. In such cases where there is a legitimate reason for the parents to have proxy access, the practice should act as described under 'When might proxy access be enabled' above.

By their 16<sup>th</sup> birthday, patients should have the opportunity to be able to access online services for themselves. Where a young person already has control over access to their online services and their parents do not, there is no need to make any changes unless the child wishes to do so. If the parents had access prior to the 16<sup>th</sup> birthday it may be helpful to offer patients an opportunity to attend for identity verification and registration for online services, change the access details and to give them to the patient as a marker of their new autonomy, whether they continue to allow parental access or not.

## Proxy Access for care home staff

If care home staff teams or home care teams ask for proxy access to online services for one of their clients, then careful consideration must be given to the balance of the benefits and risks to the patient before granting access. The discussion with the patient about the benefits and risks of allowing proxy access, and their consent or legal justification if they lack capacity, must be recorded.

Where the patient does not have capacity, online access may be allowed following discussion with the patient's family and care home staff, if it is felt by the doctor to be in the patient's best interests.

Decisions of those with lasting powers of attorney for health and welfare or court appointed deputies, should also be respected.

Proxy access should only be given to named individuals who have a legitimate reason to have access to the online services on behalf of patients they are caring for. Individual members of staff must have their own online service user accounts, with credentials issued following face-to-face identity verification at the practice in accordance with [Identity verification guidance for general practice](#). They should be advised of the importance of not sharing their login credentials or allowing others to access their accounts.

It should be clear and recorded in the patient's records who is responsible for ensuring that staff, who are registered for proxy access maintain the confidentiality and security of the patients' records. Consent should be obtained and recorded when proxy access is enabled for new members of staff. The practice must be informed and access revoked whenever a person with online access leaves the organisation.

## What level of access should proxies have?

When consent to proxy access is obtained it is important that it is made clear to the patient exactly what services are being made available to the proxy, where the system allows for different levels of access. The options are:

- Online appointments booking
- Online prescription management
- Access to medical records.

For records access it must be agreed and made absolutely clear to the patient and the proxy what record content will be made available to the proxy. It may be the whole record that the practice is allowing access to, if more than the summary information required under GMS and PMS contracts by 31 March 2015, or just a specified subset of the record available to the patient. For a patient with capacity, this is entirely their decision.

When an adult patient has been assessed as lacking capacity and access is to be granted to a proxy acting in their best interests, including someone holding a lasting power of attorney, or a to a court appointed deputy, it is the responsibility of the person authorising access to ensure that the level of access enabled is necessary for the performance of the applicant's duties. For example, it may be appropriate to enable appointment booking and ordering of repeat prescriptions, but not full records access.

## Identity Verification

Applicants for proxy access must have their identities verified in a face-to-face transaction, in the same way as applicants for access to their own record. Where proxy access is requested with the consent of the patient, the identity of the person giving consent for proxy access must be verified too. The person giving consent will normally be the patient, but may be someone else acting under a power of attorney or as a Court Appointed Deputy. It may also be the manager of a care home choosing members of staff to have access.

Please refer to [Identity Verification guidance for general practice](#) published alongside this guidance.

## Reviewing proxy access

Where proxy access has been granted with the consent of the patient, the proxy access must be reviewed or withdrawn at the request of the patient. It should also be reviewed if the patient loses capacity to give consent, unless the patient consented before they lost capacity to an enduring proxy access that would continue after they lost capacity.

Where proxy access has been enabled on behalf of an adult patient who lacks capacity, this should be reviewed should there be a change in capacity resulting in the patient re-acquiring capacity.

Where proxy access has been granted to members of an organisation that has a duty of care for the patient, such as a care home or a home care team, access must be withdrawn if the patient leaves the care of that organisation. It must also be reviewed every time there are significant changes in the patient's circumstances or a member of staff with proxy access leaves the organisation. In this case, the access details must be changed, although the organisation as a whole may continue to have access.

As described above, the competence of young people between their 11<sup>th</sup> and 16<sup>th</sup> birthdays should be regularly assessed or on request by the patient or the proxies if someone has proxy access to their record and their involvement in decisions on continued access by proxies reviewed. Once a young person turns 16, the previous competence assessment by default is no longer applicable as they are assumed to have capacity unless there is an indication to the contrary. Access by proxies should be reviewed at this stage with all competent patients.

## Refusing proxy access

Patients may be put under pressure to permit proxy access to their medical record or to order repeat prescriptions. If a GP or other health professional suspects that a patient is being coerced, they should try to establish the true position with the patient. If after discussion with the patient they still believe they have good grounds for suspicion that the patient is not giving access freely, they should tell the patient that they are not going to authorise or will withdraw proxy access. Practice staff registering a proxy must also be aware of signs to look out for. More information is available in [Coercion guidance for general practice](#).

Proxy access should not be granted in other circumstances, after discussion with the patient, if:

- Practice staff members believe a patient aged under 16 is competent to make a decision on access but that child has not given consent for proxy access to the person who is seeking it
- There is a risk to the security of the patient's record by the person being considered for proxy access
- The patient has previously expressed the wish not to grant proxy access to specific individuals should they lose capacity, either permanently or temporarily; this should be recorded in the patient's record
- The patient's GP judges that it is not in the best interests of the patient.

Below are further resources explaining patient responsibilities, as well as forms for patients to complete to confirm that they understand their obligations surrounding proxy access:

**Additional resources:**

- [GMC confidentiality guidance](#)
- [RCN and RCGP - getting it right for young people in your practice](#)
- [GMC guidance 0–18 years: guidance for all doctors](#)
- [NHS: keeping your online health and social care records safe and secure](#)
- [RCGP: care of people with intellectual disability](#)
- [Mental Capacity Act 2005 code of practice](#)
- [Records access Patient information leaflet](#)
- [Consent to proxy access to GP online services form](#)

**Disclaimer**

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