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| **Proxy Online Access Registration Form** |

**What is Proxy Access?**

At the Spinney Surgery, patients can grant access for another person to access their medical record. There are a number of reasons why someone might allow another person to view their records such as helping them manage long-term conditions such as asthma or diabetes or needing help to understand their treatment and care.

People who would benefit from having proxy access include:

* A parent or guardian who has legal responsibility for a patient under the age of 11
* A parent or guardian where a patient aged 11 or over has given permission
* A carer for a patient over the age of 16 (a letter from the patient would be required giving them permission)
* A relative who needs help with managing their health online (a letter from the patient would be required giving them permission)

**How is Proxy Access granted?**

To be given proxy access to a patient’s online services, applicants must have the informed consent of the patient or, in cases where the patient does not have capacity to consent, the GP has decided that it is in the best interests of the patient for them to have proxy access. The practice can refuse or withdraw proxy access at any time if they assess that it is in the patient’s best interests.

Patients aged 16 or above are assumed to have the capacity to consent unless there has been an assessment to indicate they do not. Young patients between the ages of 11 and 16 who are judged as having capacity to consent by their GP may also consent to give proxy access to someone else.

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

* The patient has been assessed as lacking capacity to make a decision on granting proxy access and…
* The applicant has a lasting power of attorney for health and welfare registered with the Office of the Public Guardian
* The applicant is acting as a Court Appointed Deputy on behalf of the patient
* The GP considers it to be in the patient’s interest in accordance with the Mental Capacity Act 2005 code of practice
* The patient is a child who has been assessed as not competent to make a decision on granting proxy access

**Children and Proxy Access**

When a child turns 11 years old, any proxy access granted will be removed, unless the GP has already assessed the child as able to make an informed decision and the child has given explicit consent for their record to be shared. This is a national standard imposed by NHS England to protect the confidentiality rights of young people.

We will send notification to any proxy users three months before the child’s 11th birthday to inform them of this change. If the child is happy for any proxy users to have continued access, they will need to contact the practice or send signed consent to [no-reply.spinney@nhs.net](mailto:no-reply.spinney@nhs.net) - this must be done by the child, not the user(s) with proxy access.

All remaining proxy access will be switched off at the child’s 16th birthday, unless the young person is coded competent and has given explicit consent to the parental access. As before, a notification will be sent to the proxy user three months before to inform them all proxy access will be switched off and the patient has the opportunity to let us know they wish for access to continue.

Parents may continue to be allowed proxy access to their child’s online services, after careful discussion with the GP, if it is felt to be in the child’s best interests.

**Signing up for Proxy Online Access**

Both the patient and the person(s) requesting proxy access will need to complete the attached form which, when completed, must be returned to our reception team.

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. We must receive both a form of photo ID (such as valid passport or drivers’ licence) as well as proof of residence (such as a driving licence, utility bill within the last 12 months).

ID is not required if a patient is unable to provide consent (e.g. they do not have capacity, the applicant has Lasting Power of Attorney, under 11 years old etc.) For children, under 16, a birth certificate would suffice as their form of ID. If either party does not have these forms of ID, our reception team may be able to verify their identity in a different way.

Staff at the practice will make a decision on whether to grant proxy access and if it is decided not to allow access, this will be discussed with the patient.

Once the form is processed, the practice will send the applicant their own username and password in order to login. The website needed to access online services is [**systmonline.tpp-uk.com**](https://systmonline.tpp-uk.com/). Please allow **14 days** for our staff to process this form.

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| **Background information** |
| **Gillick competence**   * The 'Gillick Test' helps clinicians to identify children aged under the age of 16 who have the legal capacity to consent to medical examination and treatment. They must be able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions. * In 1983, a judgment in the High Court laid down criteria for establishing whether a child had the capacity to provide valid consent to treatment in specified circumstances, irrespective of their age. Two years later, these criteria were approved in the House of Lords and became widely acknowledged as the Gillick test. The Gillick Test was named after a mother who had challenged health service guidance that would have allowed her daughters aged under 16 to receive confidential contraceptive advice without her knowledge.   **Fraser guidelines**   * As one of the Law Lords responsible for the Gillick judgment, Lord Fraser specifically addressed the dilemma of providing contraceptive advice to girls without the knowledge of their parents as one of the Lords responsible for Gillick guidelines. He was particularly concerned with the welfare of girls who would not abstain from intercourse whether they were given contraception or not. * The summary of his judgment referring to the provision of contraceptive advice was presented as the 'Fraser guidelines'. Fraser guidelines are narrower than Gillick competencies and relate specifically contraception. |

**PROXY ONLINE ACCESS REGISTRATION FORM**

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| **Section 1: Patient Details** | | | | | |
| **NHS Number** |  | | **Date of Birth** | |  |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **Telephone** |  | **Email Address** | |  | |

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| **Section 2: Online Services requested** *(please tick all that apply)* | |
|  | View & book appointments |
|  | View & request medication |
|  | Access my coded medical record |
|  | Access my Summary Care Record |
|  | Complete online questionnaires |

* *If the patient would like to grant proxy access to a parent/guardian/carer, please complete Section 3*
* *If the patient is unable to provide informed consent to allow proxy access (e.g. has severe dementia, learning difficulties etc.) then go to Section 4*

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| **Section 3: Patient Consent** |

* I give permission to my GP practice to give the person(s) listed below proxy access to my online services
* I confirm I have understand the benefits and risks in giving another person access to my online records
* I reserve the right to reverse any decision I make in granting proxy access at any time

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| **Things you should consider when giving someone access to your records:** |
| * You decide which of your online services you would like them to use, such as booking or cancelling appointments and ordering repeat prescriptions. * You can choose to take away access to your GP online services from your chosen person at any time. To stop the service, you need to let your surgery know you would like them to switch off online access for your chosen person and give them the reason. * Is there any information in your GP record you don’t want them to see or know about? |
| **Things you should consider when giving someone access to your records (continued):** |
| * Do you think someone could force you into sharing these services with them? If so we advise you not to give them access. If you are worried that someone might have access to your online services without your permission, speak to your surgery and they can change your password or stop your online services. * How long would you like your chosen person to have access for? They can have access for a short time, for example when you are suffering from an illness and need their support with managing your health until you get better. Or they could also have ongoing access so they can look after you for a longer period of time. If you are unsure, discuss this with the staff at your surgery. * For more information about giving other people access to your records, please visit the surgery website |

*If the patient is unable to provide informed consent to allow proxy access (e.g. under the age of 11, has severe dementia, learning difficulties etc.) then go to Section 4.*

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| **Patient Signature** |  | | |
| **Name** |  | **Date signed** |  |

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| **Section 4: If the patient is unable to give informed consent** |

*Please indicate why it is not possible to gain consent from the patient e.g. patient is under the age of 11 years old, the patient has a learning disability, if the representative has Lasting Power of Attorney etc.*

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| **Section 5: Representative Details** *(these are details of the people seeking proxy access on behalf of the patient)* |

* I/We have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential
* I/We will be responsible for the security of the information that I/we see or download
* I/We will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement
* If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential

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| **Representative Details** | | | | |
| **Name** |  | | | |
| **Date of Birth** |  | | | |
| **Address** |  | | | |
| **Telephone** |  | **Email Address** |  | |
| **Relationship to patient** |  | | | |
| **Registration** | Are you a patient at the Spinney Surgery? | | | Yes  No |
| Are you already registered at the Spinney Surgery for GP online services? *If not, you will need to register yourself for online services* | | | Yes  No |
| **Representative signature** |  | | | |
| **Date signed** |  | | | |

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| --- | --- | --- | --- | --- |
| **Representative Details** | | | | |
| **Name** |  | | | |
| **Date of Birth** |  | | | |
| **Address** |  | | | |
| **Telephone** |  | **Email Address** |  | |
| **Relationship to patient** |  | | | |
| **Registration** | Are you a patient at the Spinney Surgery? | | | Yes  No |
| Are you already registered at the Spinney Surgery for GP online services? *If not, you will need to register yourself for online services* | | | Yes  No |
| **Representative signature** |  | | | |
| **Date signed** |  | | | |

**For Practice Use Only (ID required for all parties):**

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| Patient identity verified through  (tick all that apply) | Self-Vouching  Vouching with information in record  Photo ID/Birth Certificate  Proof of residence  Professional Vouching | |
| Patient ID not required (patient unable to consent) | |
| Name of verifier |  | Date: |
| Proxy identity verified through  (tick all that apply) | Self-Vouching  Vouching with information in record  Photo ID/Birth Certificate  Proof of residence  Professional Vouching | |
| Name of verifier |  | Date: |
| Proxy identity verified through  (tick all that apply) | Self-Vouching  Vouching with information in record  Photo ID/Birth Certificate  Proof of residence  Professional Vouching | |
| Name of verifier |  | Date: |