# Patient Access to Medical Records Policy

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| **Document complies with the Equality Act 2010** |  |

**Discrimination**

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| **Gender** | This policy will be applied equally regardless of the gender of the patient |
| **Race** | This policy will be applied equally regardless of the Race of the patient |
| **Disability** | This policy will be applied equally regardless of whether or not the patient has a disability or not |
| **Sexual Orientation** | This policy will be applied equally regardless of the sexual orientation of the patient |
| **Age** | This policy will be applied equally regardless of the age of the patient |
| **Religion/Belief** | This policy will be applied equally regardless of the religion/belief of the patient  |
| **Human Rights** | This policy will not impact on anyone’s human rights |

**Introduction**

The law states that NHS organisations must, when requested by an individual, give that person access to their personal health information, and occasionally, certain relevant information pertaining to others. To do this, they must have procedures in-place that allow for easy retrieval and assimilation of this information.

There are four main areas of legislation that allow the right of the individual to request such personal information, and they are:

* The Data Protection Act 2018 (DPA)
* The UK General Data Protection Regulation 2016 (UKGDPR)
* The Access to Health Records Act 1990
* The Medical Reports Act 1988

Where the request for information by an individual falls under the legislation of any of these areas, access must be granted. Patients requesting information about their own personal medical records would usually have their request dealt with under the provisions of the Data Protection Act 2018 and UK GDPR 2016.

***See section 20 for new requirements regarding Cost and Timeframes for responding to requests.***

From July 2022, patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the TPP and EMIS systems. Arrangements with practices which use Vision as the clinical system are under discussion.

This is an NHS England and NHS Improvement programme supported by NHS Digital. The change supports the NHS Long-Term Plan commitments to provide patients with digital access to their health records.

It means GPs and practice staff will need to consider the impact of each entry, including documents and test results, as they add them to a patient’s record. Patients will not see personal information – such as positive test results – until they have been checked and filed, giving GPs the chance to contact and speak to patients first.

1. **What Constitutes a Health Record?**

A health record could include, and not exhaustively, hand-written clinical notes, letters between clinicians, lab reports, radiographs and imaging, videos, tape-recordings, photographs and monitoring printouts. Records can be held in either manual or computerised forms.

1. **Key Points**
* No historical information will be available to patients; however this is the programme pipeline for 2022
* Patients will only see information from their current registered practice, previous practice information will not be available
* Patients will not have access to administrative tasks or communications between practice staff
* Patients get access to their future record by default and have access to all correspondence, SNOMED and free text information
* GPs can decline patients access to their own records in particular circumstances
* Under 16 will not be able to see their record unless the GP gives access.
* If a patient moves practice, they will only have full record access from the date they register with the new practice and will lose access to historic data.

**Safeguarding**

* For vulnerable adults it may be appropriate to redact or prevent specific information entered into the GP medical record from being shared within the patient's access and view. To help manage these situations, further materials are being produced in collaboration with the Royal College of General Practitioners and safeguarding experts.
1. **Medical Records Access – Staff Responsibility**

**Practice Manager, Office Administrators and Clinical Leads**

For the purposes of reviewing requests, the Practice Manager, a named Clinical Lead and an Office Administrator will ensure current data protection requirements are followed. The main (but not exhaustive) duties of these roles are explained below:

**Practice Manager**

* To process and co-ordinate the application.
* Verification of identity (*See Section 6*) NB No further ID checks required for NHS App only, all other ID checks to remain in place.
* Each Locality Manager (*Office Administrator*) will consult the Practice Manager or Clinical Lead for further advice where needed.

**Office Administrator**

* Oversee reviewing the medical records for third party information and redacting information where consent has not been given (with the support of iGPR)
* Contacting the patient to explain the process and inform of the outcome.
* The Locality Manager for each surgery will be the named Office Administrator.

**Clinical Lead**

* Responsibility for reviewing the medical record and limiting or redacting sensitive and/or harmful information.
* Overall responsibility for decision to allow access.
1. **Requests under the Data Protection Legislation**

The scope of the Data Protection law includes the right of patients to request information on their own medical records. Requests for information under this legislation must:

Should be made to the surgery. E-mail requests are allowed. Verbal requests can be accepted where the individual is unable to put the request in writing, or chooses not to – however a record of what is requested should be recorded and a letter for approval by the patient sent out (this must be noted on the patient record);

***See SECTION 20 For updated access advice***

Be accompanied with appropriate proof of identity (please see Section 6.).

Where requests are made on behalf of another evidence of correct and adequate consent must be provided (please see Section 6.).

Where an information request has been previously fulfilled, the practice does not have to honour the same request again unless a reasonable time-period has elapsed. It is up to the administrative/clinical leads to ascertain what constitutes a reasonable time-period. – what time limit do we wish to set

Suitably trained and authorised reception staff should ensure the application form has been completed correctly and verify identify via the stipulated methods. The application form must be completed and signed by the patient.

The administrative lead (Megan) will check whether all the individual’s health record information is required or just certain aspects. They will then check the records for third party information and ensure that this is not given to the patient. (Please see Section 7) If it is not possible to remove such information the clinical lead should be consulted.

The Clinical lead will review the content of the medical record and ensure that sensitive or harmful data are not made available to the patient.

The Clinical Lead can refuse the request for the reasons set out in section 8.

The clinical lead will also check the record for quality, clarity of presentation, completeness, and accuracy.

1. **Full Online Records Access – Application**

Patients will also be given a leaflet on the benefits and risks to Full Online Access to Records.

On completion of an application form the administrative lead will review the application form and invite the patient into the practice to complete the following:

Identity Verification (See Section 6) (Not for NHS App)

Inform the patient of the benefits and potential risks to Full Online access to records.

Advice Leaflet will be given to the patient and application process and timescales will be discussed.

 (this is not applicable to DCRA but to requests under DPA)

The administrative lead will then check the records for third party information and redact information where appropriate. (Please see Section 7) If it is not possible to remove information the clinical lead should be consulted.

 The Clinical Lead will review the content of the medical record and ensure that sensitive or harmful data are not made available to the patient. The clinical lead may redact sensitive or harmful data if they consider it to be in the patients’ best interest.

The Clinical Lead can refuse the request for the reasons set out in section 8.

The Clinical Lead will also check the record for quality, clarity of presentation, completeness, and accuracy.

If approved the administrative lead will place an alert on the system to notify other members of staff that the patient has Full Online Record access.

The completed application form should be scanned and attached to the patient’s record. The administrative lead will contact the patient to inform them of the outcome of the application, explain the next steps and provide any further information.

1. **Identity Verification (not for NHS App – verification has taken place when patient has applied for the App)**

Before access to health records is granted, the patient’s identity must be verified. There are three ways of confirming patient identity:

* Documentation (Forms of Identification)
* Vouching
* Vouching with confirmation of information held in the applicant’s records

All applications for access to health records will require formal identification through 2 forms of ID one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills.

Where a patient may not have suitable photographic identification – Vouching with confirmation of information held in the medical record can be considered by the Administrative Lead. This should take place discreetly and ideally in the context of a planned appointment. It is extremely important that the questions posed do not incidentally disclose confidential information to the applicant before their identity is verified.

***Adult proxy access verification*** - Before the practice provides proxy access to an individual or individuals on behalf of a patient further checks must be taken:

* There must be either the explicit informed consent of the patient, including their preference for the level of access to be given to the proxy, or some other legitimate justification for authorising proxy access without the patient’s consent
* The identity of the individual who is asking for proxy access must be verified as outlined above.
* The identity of the person giving consent for proxy access must also be verified as outlined above. This will normally be the patient but may be someone else acting under a power of attorney or as a Court Appointed Deputy.
* 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.

***Child proxy access verification*** - Before the practice provides parental proxy access to a child’s medical records the following checks must be made:

* The identity of the individual(s) requesting access via the method outlined above.
* That the identified person is named on the birth certificate of the child.
* In the case of a child judged to have capacity to consent, there must be the explicit informed consent of the child, including their preference for the level of access to be given to their parent.
1. **Third Party Information**

Patients’ records may contain confidential information that relates to a third person. This may be information from or about another person. It may be entered in the record intentionally or by accident.

 It does not include information about or provided by a third party that the patient would normally have access to, such as hospital letters.

 All confidential third-party information must be removed or redacted. This will be reviewed and completed by the Administrative Lead. If this is not possible then access to the health records will be refused.

1. **Denial or Limitation of Information**

Access to any health records can be denied or limited in scope of information. This decision will be made by the Clinical Lead for the practice.

Access will be denied or limited where in the reasonable opinion of the clinical lead, access to such information would not be in the patient’s best interests because it is likely to cause serious harm to:

* The patient’s physical or mental health, or
* The physical or mental health of any other person
* The information includes a reference to any third party who has not consented to its disclosure

A reason for denial of information must be recorded in the medical records and where possible and an appropriate appointment will be made with the patient to explain the decision.

1. **Proxy Access to Medical Records**

Proxy access is when an individual other than the patient has access to an individual’s medical record on their behalf to assist in their care. Proxy access arises in both adults and children and is dealt with differently according to whether the patient has capacity or not.

The patient’s proxy should have their own login details to the patient’s record. If a patient wants to have more than one proxy, they should all have their own personal login details. In the current version of our electronic records system (EMIS) login details will be shared between the patient and the individual with proxy access.

 Proxy access should **not** be granted where:

* The practice suspects Coercive behavior. (See Section 14)
* 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 clinical lead assesses that it is not in the best interests of the patient and/or that there are reasons as detailed in Denial or Limitation of Information. (Please see 8)
1. **Proxy Access in Adults (including those over 13 years of age) with capacity**

Patients over the age 13 (under UK DPA 2018) are assumed to have mental capacity to consent to proxy access. Where a patient with capacity gives their consent, the application should be dealt with on the same basis as the patient.

In terms of online access, it may be possible to give the proxy different levels of access depending on the wishes of the patient and/or the views of the clinical lead. For example, some patients may want to allow a family member to have access only to book appointments and order repeat prescriptions without accessing the detailed care record.

1. **Proxy Access in Adults (including those over 13 years of age) without capacity**

Nursing/ Residential homes will not be granted proxy access for patients under their care.

Proxy Access without the consent of the patient may be granted in the following circumstances:

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 Clinical Lead considers it in the patient’s best interests to grant access to the applicant.

When an adult patient has been assessed as lacking capacity and access is to be granted to a proxy acting in their best interests, it is the responsibility of the Clinical Lead to ensure that the level of access enabled or information provided is necessary for the performance of the applicant’s duties.

1. **Proxy Access in Children under the age of 11**

All children under the age of 11 are assumed to lack capacity to consent to proxy access. Those with parental responsibility for the child can apply for proxy access to their children’s medical records.

Parents will apply for access through the same process outlined in Sections 4 and 5. Additional identification of Parental / Guardian evidence will be required. (See Section 6)

1. **Proxy Access in Children above the age of 11 and under 13 years of age**

Access to medical records will need to be assessed on a case by case basis. Some children aged 11 to 13 have the capacity and understanding required for decision-making with regards to access to their medical records and should therefore be consulted and have their confidence respected.

Online proxy access will automatically be turned off when a child reaches the age of 11. Online proxy access to the Full Online Record of children aged 11 to 13 will not normally be approved unless it is in the best interests of the child or is the express wishes of a competent child.

The Clinical Lead will invite the child for a confidential consultation to discuss the request for proxy access whether this is for requests under the Data Protection Law or for online access.

The clinical lead should use their professional judgement in deciding whether to grant parental access and/or whether to withhold information.

If the practice suspects coercive behaviour access will be refused and documented in the medical notes. The clinical lead will liaise with Child Safeguarding teams if appropriate

Online proxy access will also be turned off when a child turns 13. Access can be turned back on by following the processes set out above governing access to adults.

1. **Coercion**

Coercion is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will.

Online access to records and transactional services provides new opportunities for coercive behaviour.

If the practice suspects coercive behaviour for either an individual or proxy access application, then access will be refused and documented in the medical notes. The clinical lead will liaise with CCG Safeguarding Team if appropriate.

1. **Staff Training and Education**

All staff at the practice will be required to read the policy and confirm their understanding.

All staff will be encouraged to undertake the E-learning programmes provided by. For the Practice Manager and Clinical Leads this will be mandatory.

A presentation of Full Online Access will be given at a dedicated meeting – this time in session

1. **Advertisement**

The practice endeavour to continue to improve the patient experience. Full Online Records Access may improve the level of communication between patient and clinician and encourage patients to self-manage their health and wellbeing.

The practice will make patients aware via the following medias:

* Surgery Websites
* Practice Notice Boards
* Display Screens in surgery
1. **Former NHS Patients Living Outside the UK**

Patients no longer resident in the UK still have the same rights to access their information as those who still reside here and must make their request for information in the same manner.

Original health records should not be given to an individual to take abroad with them, however, the Practice may be prepared to provide a summary of the treatment given whilst resident in the UK.

1. **Subject Access Requests- Following Implementation of UK GDPR (from 25 May 2018)**

On 25 May 2018 the current UK Data Protection Act 1998 (DPA 1998) will be fully replaced by the UK General Data Protection Regulation (2016/679)

As with the DPA 1998, these new regulations give living individuals the right to request access to personal data held on them by the Practice. This is known as a Subject Access Request (SAR), the person who will hold data about is known as the Data Subject, in many cases this will be the patient, but could be a staff member, a contractor or contact.

Requests must not always be writing, this includes, letter, e-mail, however verbal requests should be documented, and a clarification letter sent to the patient for approval. There could also an electronic form for requesters to complete if they prefer. SARs can also be submitted via social media, such as the practice Facebook page or Twitter.

Requesters must be either, the data subject OR have the written permission of the data subject OR have legal responsibility for managing the subject's affairs to access personal information about that person. It is the requester’s responsibility to satisfy the Practice of their legal authority to act on behalf of the data subject.

The practice must be satisfied of the identity of the requester before we can provide any personal information.

1. **New Requirements for Subject Access**

From 25 May 2018 some new requirements were introduced affecting the handling of subject access requests.

These are listed below:

**What do we need to provide to a requester?**

As well as providing confirmation that their personal record is being processed and providing a copy of this personal data that the data subject has asked for; (subject to any exemptions). Individuals will have the right to be provided with additional information which largely corresponds to the information to be provided in a privacy notice:

* Source of the data.
* Recipient, including details international transfers.
* Retention period for the data.
* How to amend inaccurate data.
* How to complain to the Information Commissioner’s Office (internal review will usually need to be satisfied first).
1. **Timeframe for responding to requests**

The ***Statutory*** timeframe has now been reduced to at least one month of receipt of the request, and in any event ***without delay.* In Accordance with Article 12 of the UK GDPR 2016.**

The period of compliance can be extended by a further two months where requests are determined to be ‘complex’ or ‘numerous’.

**The fee of £10 - £50 in the previous DPA 1998 has now been removed**

It was the case that £10-£50 fee could be charged, but UK GDPR ***does not*** allow for a fee, so it must be provided **free of charge**. However, some charges can be made in the following circumstances:

* where further copies are requested by the data subject,
* or the request is manifestly unfounded, or excessive (definitions still required by the ICO) a reasonable fee based on the organisations administration costs may be charged.

**When can a subject access request be refused?**

The Practice can decide to refuse a request where the request is ‘manifestly unfounded or excessive’, in particular if it is ‘repetitive’, and the requester must be informed of the reason why, within one month of the receipt of the request. If the practice decides to apply this option advice MUST be sought from the Data Protection Officer, Liane Cotterill

**What format should the response be provided in?**

Where a request is received by electronic means, unless otherwise stated by the data subject, the information must be provided in a commonly used electronic format.

**What are the penalties for non-compliance with the statutory timeframe?**

The penalties are still at the discretion of the ICO.  However, for non-compliance the financial penalties are now much greater.  Depending on the severity of the infringement, this could be up to £17m approximately.

**A new criminal offence has been created**

If you receive a Subject Access Request, and records are altered with intent to prevent disclosure, this will be committing a criminal offence, and will be punishable by a fine.

**What should you do if you identify that you have received a SAR?**

Incoming SARs should be passed on immediately to the Office Administrator, where they will be logged, acknowledged, and processed.

1. **Disputes Concerning Content of Records.**

Once access to medical records has been granted patients may dispute their accuracy or lack understanding of medical codes.

Patients may notice and point out errors in their record, unexpected third-party references, entries they object to or want deleted. The right of rectification and deletion are now established within the UK GDPR.

Reception Staff will pass on any queries to the Office Administrator who will discuss this with the Practice Manager and/or Clinical Lead prior to contacting the patient.

This will be investigated swiftly and thoroughly to identify the source and extent of the problem.

The Practice Manager and Clinical Lead will then decide on the most appropriate action. Where the dispute concerns a medical entry the clinician who made the entry should be consulted and consideration given as to whether it is appropriate to change or delete an entry. Where it is not possible or practical to contact the clinician concerned the clinical lead should be consulted. If it is not possible to amend the records a meeting with the patient should be organised to explain why.

If a patient wishes to apply their UK GDPR 2016 rights of

* Rectification (Article 16 UK GDPR)
* Erasure (Article 17 UK GDPR)
* Restriction of Processing (Article 18 UK GDPR)
* Data Portability (Article 20 UK GDPR)

**Advice MUST be sought from the practice Data Protection Officer, Paul Couldrey, PCIG Consulting Limited (07525 623939) or DPO Liane Cotterill**

The final decision surrounding the accuracy of the medical record will be the responsibility of the clinician who made the entry. Where it is not possible or practical to contact the relevant clinician, the clinical lead will decide to amend the record if appropriate. If the patient further disputes the accuracy once a decision has been made, they will be referred to the complaints procedure and/or the Health Ombudsmen.

1. **Complaints**

The practice has procedures in place to enable complaints about access to health records requests to be addressed.

Please refer to our practice complaints policy.

**All complaints about Access to Records should be referred to the Practice Data Protection Officer, Paul Couldrey or Liane Cotterill**

If the issue remains unresolved, the patient should be informed that they have a right to make a complaint through the NHS complaints procedure (further information is available at:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/what_to_do.aspx>

Sometimes the patient may not wish to make a complaint through the NHS Complaints Procedure and instead, take their complaint direct to the Information Commissioner’s Office (ICO) if they believe the Practice is not complying with their request in accordance with the Data Protection Act Alternatively, the patient may wish to seek legal independent advice.

1. **Application Length**

Requests for health records information should be fulfilled within 1 month (unless under exceptional circumstances – the applicant must be informed where a longer period is required - up to 2 months extension can be requested – but must be requested from the patient within the first month). Information given should be in a manner that is intelligible to the individual.

Due to the time required to process requests for Full Online Records Access each practice will process applications within 28 working days from date of application. In some circumstances there may be a delay in access to records. Where a longer period is anticipated the patient will be informed.