

## Barnoldswick Medical Centre

### On Line Access for Proxy

#### Information Leaflet & Application Form

*Message to Patient: Please retain pages 1 & 2 for your future reference. If you wish to have on-line access to your medical record, please complete the form on pages 3, 4 & 5 and return to Reception.*

#### Proxy Access

This is where someone is given access another person's medical record. For example:

- A parent or guardian who has legal responsibility for a patient under 11
- A parent or guardian where a patient aged 11 or over has given permission
- A parent or guardian who has legal responsibility for a patient between 11 and 16 where GP has assessed that the patient is not capable of making their own decisions re medical health
- A carer for a patient over the age of 16 – we would need a letter from the patient giving them permission

The proxy does not have to be a registered patient at the practice, but must be registered for online services on the GP system and always use their own login credentials.

To be given proxy access, a patient's representative 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.

Patients aged 16 or above are assumed to have the capacity to consent unless there is an indication that they are 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 the patient's 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, or
  - 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

The practice may refuse or withdraw proxy access, if they judge that it is in the patient's best interests to do so.

On a child's 11<sup>th</sup> birthday, the scope of the current proxy access will be restricted, 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 a letter to the child and to their parent/legal guardian on their 11<sup>th</sup> birthday to inform them of this change.

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.

At the child's 16<sup>th</sup> birthday the remaining proxy access will be switched off, except where the young person is competent and has given explicit consent to the parental access. Again, we will send letters to the child and their parent/legal guardian to explain that all proxy access has now been switched off. If the child wants proxy access re-instated, they will need to come to the surgery in person, with proof of ID, to request it.

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.

### **Background information**

In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105) - so in health care matters, an 18 year old enjoys as much autonomy as any other adult.

To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

### **Gillick competence**

The 'Gillick Test' helps clinicians to identify children aged under 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. 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 to contraception.

<b>Barnoldswick Medical Centre</b>	
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**Declaration (please delete response as appropriate):**

1. I agree to my GP practice giving parental/carer access to my record online.	YES / NO
2. I have read and understood the information leaflet about access to GP medical records.	YES / NO
3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
4. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES / NO
5. I agree that it is my responsibility to keep secure my username and passwords. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.	YES / NO
6. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES / NO
7. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. <i>Please note, this does not affect your rights of Subject Access under the Data Protection Act.</i>	YES / NO

**Other considerations**

The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.	
8. If I notice any inaccuracies with my record, I will inform the practice manager as soon as possible of any errors or omissions.	YES/NO
9. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	YES / NO
10. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES / NO

## Consent to proxy access to GP online services

Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

### Section 1

I, ..... (name of patient), give permission to my GP practice to give the following people ..... proxy access to the online services as indicated below in section 2.

- ✶ I reserve the right to reverse any decision I make in granting proxy access at any time.  
I understand the risks of allowing someone else to have access to my health records.  
I have read and understand the information leaflet provided by the practice

Signature of patient	Date
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### Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for ..... (name of patient)	<input type="checkbox"/>

### Section 3

I/we ..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for ..... (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
3. 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	<input type="checkbox"/>
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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## The Patient

(This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

## The Representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/> )
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

### For Reception Use:

Identity verified by (Initials)	Date	Method of verification
		Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
The patient's NHS number		The patient's EMIS number

### For GP Use:

Proxy access authorised by	Date
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### For Admin Use:

Date access enabled	
Date activation letter sent	
Level of record access enabled Appointments & Repeats <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Other <input type="checkbox"/>	Notes / comments on proxy access

