

Proxy Access Policy

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Purpose of this Policy

To allow another person i.e. a parent, to have linked access to the patient's GP online services account in order to cancel appointments, request repeat medication and see electronic health records.

How proxy access works alongside our Anima triage system for patients who are under 16 years of age. See **Appendix C** for more info.

Consider the following when considering a request for Proxy Access

- Are the patient and requestor aware that when the patient turns 11 years old proxy access will automatically be revoked? They will need to request further access by completing a new form. See Appendix
- Is the patient aware that they can automatically have their own access to GP online services when they reach their 16th birthday - they will need to inform the Practice themselves.
- Is the patient aware that they will need to give further consent after turning 16 years old if they wish for their proxy to have continued access to their GP online services account?
- Consider any safeguarding concerns i.e. learning disabilities, when considering proxy access requests, where consent cannot be obtained.
- Is the <16 patient aware that they can set up their own NHS App account from 13 years old? They would need to complete a competency assessment giving them patient online access. A consent code must be added to their record before beginning the process. See **Appendix B** for more info.

Practice Process of setting up Proxy Access to be completed by the Administration Processing Team -

1. **Verify the identity** of the patient giving consent to proxy access and the third-party who is seeking proxy access by scrutinising EMIS records;
2. Check that the patient has given **informed consent** if necessary to give access to their online services to the proxy, or where the patient is not able to consent, there is another legal justification for providing proxy access i.e. POA provided;

3. Established the level of access that the patient wants the proxy to have, where our system allows a choice i.e. viewing medical records only or requesting repeat medication;
4. Seek assurance that the patient is not being coerced to agree to proxy access unwillingly. Consider withholding proxy access until suspicions are investigated and the outcome known.
5. Obtain and check the completed proxy access consent form from the patient when it is appropriate. See **Appendix A** for the three different consent forms depending on what age the patient is at the time of requesting proxy access.
6. Obtain authorisation from a senior clinician for the proxy to have access to their record.
7. Ensure that the proxy understands how to maintain the privacy and security of the patient's records and how and when to discuss with the practice anything in the record that concerns them.
8. Clinically assure and check with the patient that the record contains no potentially harmful information or confidential third-party information to which the proxy should not have access to.
9. The identity of the practice team members authorising access, the level of access given to the proxy, the legal justification for proxy access and the completed consent form should all be added to the patient's record.

① There is more information about these processes in the "Coercion", "Safeguarding and Automatic Record Access", and "Identity Verification" guidance in the Royal College of GPs Toolkit.

Definitions

Proxy: Applies to someone who is authorised to act on behalf of another.

Informal Proxy Access: Consent is given by the patient to allow a trusted third-party i.e. a parent, to access their GP online services account using the patient's login credentials (usually passwords).

Formal Proxy Access: Informed consent is provided by the patient to their registered GP to allow someone else i.e. a parent or spouse, to have linked access to their GP online services account via the NHS App, Patient Access or another platform. See **Appendix A** for forms.

Children : Can be applied to minors, adolescents, young persons (who are not yet 16 years old).

Competency: An evaluation made by a clinician about a person's ability to make decisions for themselves regarding their healthcare i.e. test results, management plans or medication.


Overview

Some patients would like to give a trusted third party access to their GP Online Services account, although this means that they cannot have their own login to use the practice GP Online Services for themselves. It may be a family member, a close friend or carer, who can use it to book appointments or order repeat prescriptions on their behalf or to help them manage their healthcare with access to their clinical record. This is called **proxy access** and is the subject of this guidance.

Family and close friends are the commonest proxies when patients lose capacity. They may live a distance away and can use proxy access to keep up to date with the patient's healthcare so that they know when their help is needed.

Patients who are losing capacity may not be able to clearly remember consultations with their health professionals, test results, management plans or medication changes. Proxy access improves communication between carers and health professionals, not just in the practice, but also hospital departments if the proxy has access to recent clinical correspondence.

Proxy access is usually known as linked profiles. In the NHS App proxy access is always referred to as linked profiles. Linked profiles let patient's access medical services for a child, or someone else they care for. Once a GP has set up proxy access, a patient can use the linked profiles feature in the NHS App.

 Information about how to set up proxy access in EMIS and TPP systems and NHS App linked profiles can be found [here](#)

Anyone with capacity to make an informed decision about proxy access may give consent for the practice to give their representative their own personal login credentials (usually passwords) to access the patient's practice online services account.

If the patient lacks capacity to give informed consent, proxy access may still be given to a family member or carer. They must have a power of attorney for health and welfare, be a court appointed deputy or, if the GP judges it to be in the patient's best interest. This third option is safest if the patient made an advance decision about future proxy access, which was recorded in anticipation of future loss of capacity. This may form part of normal advance planning for dementia or end of life care.

Patients should be discouraged from sharing their online credentials in order to provide other people access to their GP online services. It is preferable for their proxy to have their own individual account and login credentials.

The practice may decline or withdraw formal proxy access in the patient's best interests. This guidance will help you decide when and how to allow, decline or withdraw proxy access.

Informal proxy access

For convenience, a patient may decide to share their practice login credentials or access to their GP online services account with a trusted third-party. This is sometimes called informal proxy access. This may present problems for the patient and the practice for the following reasons -

- There is no audit trail of access by the proxy or anyone else.
- The proxy will automatically have the same level of access to the record as the patient, which may not be appropriate.
- To withdraw shared access, the practice will have to cancel the patient's account and provide the patient with a new set of login details, if they want to continue to use the practice online services.

If you become aware that a patient is considering this, you should make sure that they understand the risks in doing so. If the practice has any suspicion that the patient is being coerced into sharing their access unwillingly or that the proxy may misuse their access, you should consider switching off the patient's GP online services account until the circumstances can be clarified.

It is better for patients if anyone acting as their proxy has their own formal login credentials and a level of access customised to meet the patient's wishes.

The risk of coercion and proxy access

Patients may be put under pressure to give consent to proxy access against their wishes. Practice team members must be aware of safeguarding signs to look out for. If there are concerns that the patient is being coerced then proxy access may be refused but it is essential to try to establish the true position with the patient first. If there are still grounds for suspicion that the patient is being coerced, after careful discussion with the patient, proxy access should probably be limited or declined.

It may be possible to make all potentially harmful data invisible to enable safe proxy access.

When informing patients about proxy access ensure that they understand that they have a choice about what the proxy will be able to access. For a patient with capacity, the decision is entirely in their hands. The options are:

- Cancelling online appointments
- Online prescription management
- Access to health records, in full or in part

The practice may also reduce or remove proxy access if you feel that it would be in the patient's best interests. If, for example, there is suspicion that the proxy access is being misused.

When an adult patient has been assessed as lacking capacity, it is the responsibility of the practice team member authorising proxy access to ensure that the level of access permitted is the minimum necessary for the performance of the applicant's duties.

Declining proxy access

Proxy access should not be granted or should be withdrawn if

- Practice staff have good grounds for suspicion that the patient consenting to proxy access is not doing so willingly, without coercion
- Authorised practice staff believe a patient aged under 16 is competent to make a decision on access and does not give consent for proxy access by the person who is seeking it
- If there is a suspicion that proxy access will create a risk to the security and privacy of the patient
- The patient, having previously expressed the wish not to grant proxy access to specific individuals loses capacity, either permanently or temporarily and such a person requests proxy access; the advance decision should always be recorded in the patient's record
- The patient's GP assesses that the proxy access being requested is not in the best interests of the patient.

Reviewing proxy access

Where proxy access has been granted with the consent of the patient, the proxy access must be reviewed or withdrawn if the patient requests it or if any of the circumstances described above, that would have led the practice to decline proxy access, arise.

It should also be reviewed if the patient loses capacity to give consent, unless the patient specifically 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, it should be reviewed if there is a change in capacity that results in the patient re-acquiring capacity. Proxy access should then only continue with the patient's consent.

Where proxy access has been given to representative(s) of a young person between their 11th and 16th birthdays, the patient's capacity to make an independent decision about whether proxy access should continue should be regularly assessed. This is necessary at the request of the patient or the proxies or if the right of a proxy to continue to act as the patient's representative comes into question.

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.

Proxy access without the patient's consent

Proxy access for patients' who lack capacity is beneficial when it allows a carer or other representative to participate more actively in the patient's health and social care with benefits the patient's care and relieving burden on healthcare staff.

There are circumstances where a practice may legitimately authorise proxy access without the patient's consent:

- The patient has been assessed as lacking capacity to make a decision on granting proxy access and the applicant for proxy access has registered 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 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 has been assessed as lacking capacity to make a decision on granting proxy access but there is a record of the patient having made an advance decision that the individual seeking proxy access may act as their proxy for GP Online Services.
- The patient is a child before their 11th birthday is not competent (for example a baby) to make a decision on granting proxy access.
- If the applicant is a health professional who has a legitimate relationship with the patient for providing direct care to them, such as a nurse working in a nursing home

It is important to remember that mental capacity may fluctuate. A patient may not be able to understand the issues and make a decision on one day but may be able to do so under different circumstances on another day. In this context lack of capacity implies permanent lack of capacity.

If there is uncertainty about the patient's capacity to consent, the practice must satisfy themselves that the patient is capable of giving consent. This may require a formal assessment of capacity in line with the Mental Capacity Act 2005.

When the patient lacks capacity and is unable to consent there is a need to carefully weigh the balance of benefits to the patient against the risks described in this guidance to make a decision that is believed to be in the patient's best interests. This may require careful discussion with the patient's family or person(s) named in a power of attorney or with 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. This is a free service. The result and date of the check should be recorded in the patient's record.

Proxy access should only be granted to named individuals and only for as long as the individual is responsible for the care of the patient. Before switching on proxy access the practice should redact any data that they suspect the patient may want to remain confidential.

Planning for future loss of capacity

Loss of capacity to decide whether to consent to proxy access can be anticipated in some clinical scenarios. Dementia and approaching end of life care are two examples where it can be helpful to discuss the value of future proxy access. Understanding the patient's preferences about it is an important part of advanced care planning. A clear record of the patient's choice can be very helpful if a decision to allow proxy access has to be made after the patient has lost the capacity to consent.

i There is a leaflet designed and written in co-operation with Dementia UK for carers to explain proxy access for people who are losing capacity in the section of the Royal College of GPs Toolkit on dementia.

Proxy access for direct care

Sometimes practices are asked for proxy access by health or social care professionals who have a legitimate relationship with the patient to provide regular direct care. Most commonly the request comes from a nursing home for access to order repeat prescriptions, but it may also be for record access including hospital correspondence, to keep up to date with the patient's hospital care.

There are clearly benefits for the patient, with better communication between the nursing home and the NHS but there are also risks to the practice, the patient and the organisation that must be taken into consideration. Not least, the information available to the organisation's staff may not be complete or clear enough to be used by the organisation's clinical staff to support clinical decisions. They should seek advice from practice clinicians rather than rely solely on the GP Online Services records. There are also risks to the security and privacy of the patient's personal information.

Appropriate use of GP Online Services by the clinicians in the organisation requesting proxy access must be covered by a data sharing agreement that deals with all these risks (see the box below).

Scope of a data sharing agreement for proxy access for direct care

The agreement should follow the usual structure and content of a data sharing agreement. For a GP Online Agreement consider specifically including the following:

Capacity and consent

It may be helpful to name the patients covered by the agreement or to have a separate addendum for each patient that covers any specific conditions related to access to their GP Online accounts such as what level of access (appointments, prescriptions, detailed coded record, full record access) will be granted, how the patient will benefit and, if the patient is able to consent, when did they give their consent.

Where patient lacks capacity the agreement should include a record of prior indication of consent in the GP record, of whether close family members agree to the access and who they are.

Security and data protection

The agreement should state how the organisation will protect the security and confidentiality of the patient's online account and information.

It should be clear who is to have access to the patient's account and the circumstances under which access may be withdrawn. Each member of staff who will have access should have their own login credentials. They should be named in an addendum to the agreement or in the agreement itself, and their agreed level of access should be recorded.

The practice must be informed when any staff at the organisation who has access credentials leaves the organisation.

The agreement should include a statement of when and how the organisation providing care to the patient will inform the practice that a member of staff who has GP Online access no longer has responsibility for the patient or has left the organisation so that the practice can withdraw access to their account.

The agreement should be reviewed regularly by the practice and the organisation to ensure that any changes in circumstances are included. This should happen whenever another patient is considered for GP online services or at least at a regular agreed date.

Clinical decision support

The agreement should make it clear that the information available to the organisation staff through the GP online services may not be complete or clear enough to be used for support clinical decision making. The organisation should agree not to use GP Online to help make clinical decisions.

Appendix A – Forms to be completed

Application for Proxy User Access for Children – *Completed by parents and can be emailed.*

Application for Continuation of Proxy User Access 11-16 years – *to be completed by child in a GP consultation or at reception / ID to be provided.*

Application for Proxy User Access 16 years and over - *to be completed by patient in a GP consultation or at reception / ID to be provided.*

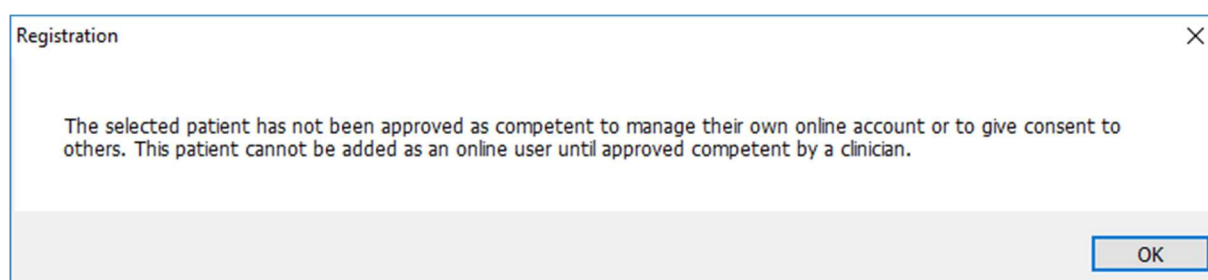
Appendix B – Online Access for children over 13 years old / NHS App

Setting up a >13 child for online access

If the child you are giving online access to is over 13 years old, the following code must be added to their record before you can begin the process. A signed consent form should be scanned to record.

CONCEPT ID	DEFINITION
1981051000006105	Competent to consent to online access.

If the patient is under 16, and this code has *not* been recorded, a warning is displayed.



Appendix C – Anima account vs Proxy access

- The default for all patients over 16 is to set up an Anima account in their own name.
- All patients <13 need to be set up as dependents on Anima, under an adult with parental responsibility.

- At age 13 we will write to the patient (the child) informing them that technically, from 13 and over they can be set up for Anima in their own name. We would also need to inform the proxy user of their decision. However, we will not take any action unless we hear from the patient and they will remain as a dependent on their responsible adult's account. If they wish, patients aged over 16 can stay on as dependents on their responsible adult's account i.e. in the case of learning disabilities, neuro-disabilities, serious mental health issues, or simply patient preference. We will need consent from patient (if possible) and a signed form and code will be added to their record. All attempts should be made to ascertain the patient's own wishes and to support them to have their own account if possible.

However, there may be occasions where a child decides to have their own Anima account and wishes to be seen by the GP without the knowledge of their parents/guardian, in which case, we should inform their usual GP of this and book an appointment for the patient to be seen f2f.

We will need consent from the patient and a completed and signed form. We will also need to set the child up with their own online access and override the system to do so. A consent code will need to be added to their record.

As with all new processes, this is subject to change.

- There may be cases - i.e. between adult couples, where one party is happy to be a "dependent" to the other for the purposes of Anima and we would need expressed consent for this. An over 16 proxy form will need to be completed and signed by both parties for each other. If the patient lacks capacity, a clinician is able to assess and add a consent code to their record. See **Appendix B** for consent code.