

# **Accelerating patient online access BSW Communication**

### 13.03.22

**Authors: Named GPs for Safeguarding** 

Contact email: <a href="mailto:bswccg.namedgpteam@nhs.net">bswccg.namedgpteam@nhs.net</a>

The following is a general update and a summary of the learning from the recent Named GP/NHSX workshop re Accelerating Patient Online Access

### **Update:**

Following feedback from Named GPs across the country during the work on this project, including at the workshop, the Named GP leads have asked NHSE for a delay to this implementation from April 2022 until 1st July 2022. This is because:

- the full comprehensive RCGP guidance has not yet been issued and is not due to be issued until the end of March
- April is just following the end of year stresses of Primary Care
- Primary Care is currently still in the middle of a very difficult winter.
- mid-summer is (usually) the least busy time of year
- this would give Primary Care more time to prepare as we are not assured that Primary Care staff are across the steps to withhold patient online access

However, there is no guarantee that the implementation will be delayed again, and it is felt that the basics of what is happening should be shared widely in BSW Primary Care as soon as possible to support and aid implementation for whenever it happens.

The planned changes are due to launch in April, exact date unknown. Emis is planned to launch later in the year. If the Named GP suggestion is accepted, the launch date will be 1<sup>st</sup> July and if the Named GPs hear that that is the case, we will let Primary Care know straight away.

## **Summary of the learning from the workshop:**

#### What is the change?

Current process: At this time, patients can apply to a surgery for online access. If granted, the surgery will switch on their access through the "Amend Online Services" section of the record.

Planned change: When the accelerated patient online access launches, full access to notes, for all patients, through the NHS app to their records will be automatically switched on. **The step of the application to the surgery will no longer be required.** 

How will this happen? A legal request will be sent from NHSE to SystmOne to change everyone's settings overnight. SystmOne will then enable this change within the records of all patients.

#### What will the change be?

- Prospective access only will be granted (future entries only)
- This will include full text of consultations, documents, results, appointments, and codes.
- The decision as to whether a patient can view an entry in the record will be taken by the staff member at the time of the entry being made in the record.
- The data controller for each new entry will remain the GP surgery



### **Key messages**

This is coming! Possibly in April, hopefully later, but better to start getting ready now.

The change involves a mind-shift in the way that clinicians write their entries – the patient will immediately be able to see what has been written or entered as soon as the record is saved.

The safeguarding risk is that someone other than the patient will view the record via the app, which is a risk to that patient if information disclosed about abuse is then visible online.

All staff will need to know how to prevent online access to avoid this situation

#### How to prevent online access?

Two documents have already been written which describe in detail how to prevent online access. the first is a document found <a href="here">here</a> written by the Named GPs for Safeguarding in London and is a good general guide as to how to prevent online access. The second is a document found <a href=here</a> about how clinicians can prevent online access to documents before they are fully processed. <a href=Please note this is not aimed at scanners nor administrators.

#### Other information - basics

- The new system will not apply to those with proxy access
- It will be implemented for anyone over the age of 16 (as children over the age of 16 are assumed in law to be Gillick competent.
- If a patient changes surgery then their access resets (no access to previous surgery information)
- Access to historic information from a previous surgery can still be requested by the patient from the surgery
- If a patient signs up to the app later than April 2022, they will still be able to view all entries from the last date that they moved surgery after April 2022. Ie if a patient moves surgery in June 2022, and then signs up to the app in July 2024, they will be able to view anything entered after June 2022.
- You can temporarily hide information (e.g., results) and then unhide it later, (e.g., when you have discussed the results with the patient).
- Be careful of your wording be factual when describing things and avoid subjective judgements. (e.g., "malodorous", "unkempt", "difficult conversation")
- If other agencies use SystmOne and we have a view of their records (i.e. health visitors, community services) these will NOT be visible via the NHS app.

## **Awareness**

There is a need to raise awareness amongst our local partner agencies and the public that Primary Care will be hiding any sensitive information from the App so they are not afraid to share information with us, thinking that the patient might be able to see it.

We can start to encourage other local agencies to mark in any document that they share with us as to whether it is for patient online access or not

Some staff from other agencies document directly within the GP system patient record (e.g., IAPT/midwives). Surgeries will need to train any professionals from other agencies that have access to the GP record about patient online access and how it works.

GP surgeries will also need to let any new starters know about how patient online access works.



#### **Mental Capacity**

For those who lack capacity to make the decision as to whether they would like to view their information through the app, a decision will need to be taken as to whether it is in their best interests to be given access to their own information through this route

Those who potentially lack the capacity to make this decision will have the code "Enhanced review indicated before granting access to own health record" added to their record so that this can be reviewed with the patient. In BSW CCG this code will be added in an automated fashion and those who may lack capacity will not automatically gain the prospective access. A list of the diagnoses that this would apply to can be found <a href="here">here</a>. As people gradually lose capacity, the surgery will have to review the patient remove access through the app. This could be discussed at annual reviews.

#### **Invisible redaction**

Where a patient discloses abuse, or have a history of abuse, it is important that something is entered into the record that is visible (as well the entry describing the abuse that will not be visible) to avoid raising suspicion by others who may view the patient's app. i.e. two entries will need to be made in the record, one hidden, one visible.

### Questions raised by Named GPs for Safeguarding about the NHS app:

- Certain codes should never be visible online ie "history of domestic abuse." Not possible currently
- Can information be screened in real time before being shown to the patient i.e. through iGPR Not currently possible
- What work is being done to prevent someone signing up to the app on behalf of someone in cases of:
  - Coercive control
  - Other abuse situations
  - o Parents for their Gillick competent children
  - Where someone lacks capacity

## Pop-up box

Where a patient is known to have a safeguarding code on the record, a pop-up box has been designed as a reminder that the patient will be able to view the record and checking whether the clinician is happy for the record to be released to the patient. This is currently being piloted by a number of surgeries in the CCG. If you are also interested to pilot this, please email the contact email at the start of this briefing.

#### If abuse is not known about...

In this instance it is very difficult to put in any risk mitigation. Continue to show professional curiosity to ascertain if patients may be subject to abuse.

#### Final thoughts....

Standard of note keeping will probably need to improve, training could be given.

Need openness with patients and if possible, in face-to-face appointments, share what is being written and review the entry together before the patient leaves

On the telephone consultations, could describe what is being written How to share info with hard-to-reach groups.



## **RCGP** guidance

Comprehensive RCGP guidance is due to be published at the end of March

## **NHSE** guidance

https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/accelerating-patient-access-to-their-record

#### **Authors**

The national Named GP leads for this work have spent the last few months working with NHSX, NHSE, RCGP, BMA, EMIS, SystmOne, Named GPs (and equivalent) and surgeries to explore the safeguarding issues related to the accelerated implementation, including organising the recent workshop. This briefing has been developed by the BSW Named GPs following this work.