Letter from SW Regional Named GPs for Safeguarding Group

To: Tristan Stanton, Project Lead NHSX

Copied to:

Chair NHSX

Chair NHS Digital

Head of Safeguarding NHSE

Ref: Accelerating patient access to their record

Dear Mr Stanton,

We are writing as the Named GPs for Safeguarding Group in the Southwest of England. We have concerns about the accelerated roll out of patient access to their GP record.

We recognise the perceived advantages and benefits for many that would result in improved access to their GP medical records. However, we have several significant concerns and seek reassurance that the various boards have taken these into consideration while pursuing this policy and that these will be fully resolved before launch.

1. Our primary concern is that important safeguarding information that should not be shared may through the new system become accessible to both victims and perpetrators, increasing the risk of significant harm or death.
2. It is expected that some information will be redacted as it enters the patient record, but this is not feasible, as much safeguarding information will need to stay un-redacted to enable clinicians to view it when required. It is not feasible that Primary Care will be able to redact the appropriate information as it enters the IT system.
3. Eventually it is anticipated that historic records will be open for viewing in future by patients, and we believe this would create a safeguarding risk, as historical records could still be released if they are not redacted properly. This would be very user dependent.. We believe that it would not be possible that all records would be reviewed sufficiently well to reduce this risk. We also believe that it is not feasible that practices would be expected to go back through all records to ensure that sensitive and third-party information is highlighted and prevented from viewing in the record.
4. From our experience as lead safeguarding professionals in Primary Care across our region, we believe that current methods of preventing online access are not embedded within our workforce. Therefore we are not assured that clinicians will effectively redact any information required to be redacted.
5. There are known weaknesses with GP2GP transfer of records, and we are not able to be assured that blocks to access are transferred across. There could be a situation where a patient accesses their record before the new practice has had a chance to review it and sees something that was previously redacted. We believe that practices should not be expected to review all the notes of new patients and block third party and sensitive information at that stage, this would also create a risk if this was not done properly and will cause a large burden on Primary Care.
6. We have concerns about system migrations (for example a practice changing clinical system from SystmOne to EMIS – are the suppliers currently able to guarantee 100% that redaction and “access blockers” migrate into the new IT system record?
7. We have concerns that the current systems for blocking access may not be effective – there is no way of checking that the “patient view” does not contain third party or sensitive information
8. We are concerned that the new automated systems do not contain an automatic blocker of sensitive information, instead relying on the clinician remembering to mark the entry as not for sharing. The risk of human error in this situation is very high.
9. The timescale for this acceleration is very short and this does not allow enough time for implementation of safe practice policies to protect people at risk of harm. In addition it is being launched at the busiest time of the year for GPs, even without Covid.
10. The practice workload involved in keeping our GP records safe under this change is very high, particularly if there are no automatic mitigations to the issues raised here. This comes at a time when practices are struggling with a huge rise in this non-clinical work, that takes resources away from providing safe and effective care
11. We are concerned that the boards of NHSE, NHSX and NHS Digital have not considered safeguarding as part of this system change and would like to see evidence of consultation with their own safeguarding leads and national safeguarding partners.
12. We would like to be assured that the boards of NHSE, NHSX and NHS Digital have undertaken safeguarding training relevant to their roles and responsibilities

In summary we have grave concerns about the safety and safeguarding of the accelerated patient access to their record and call upon the national boards to **halt the process** until these are addressed. We would like to work with you to help resolve these issues before this is launched. Please could we arrange a meeting with you to discuss these concerns further?

We look forward to hearing from you,

Yours faithfully,

Dr Michelle Sharma   
Co-Chair of Named GP for Safeguarding Representative Group in the South West of England  
Named GP for Safeguarding, Swindon, BSW CCG

Dr Isi Sosa  
Co-Chair of Named GP for Safeguarding Representative Group in the South West of England  
Named GP for Safeguarding, Dorset CCG

Dr Mark McCartney  
Named GP for Safeguarding, Cornwall CCG

Katy MacIntosh  
Named GP for Safeguarding, Gloucestershire CCG

Joanne Nicholl  
Designated Doctor for Safeguarding Children, Somerset CCG

Donna Redman   
Named GP for Safeguarding, Bath and North East Somerset, BSW CCG

Ben Burrows  
Named GP for Safeguarding Adults, Bristol, North Somerset and South Gloucestershire CCG

Helen Mutch   
Named GP for Safeguarding Children, Bristol, North Somerset and South Gloucestershire CCG

Sam Abdollahian  
Named GP for Safeguarding, Dorset CCG

Rachel Jameson  
Named GP for Safeguarding, Dorset CCG

Helen Osborn  
Named GP for Safeguarding, Wiltshire, BSW CCG