**ACCESS/PROXY ACCESS TO ONLINE SERVICES**

**(PATIENT IS AGED 11-15)**

**INFORMATION AND APPLICATION FORM**

A patient can grant access for another person to access their medical record, for example:

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

To be given proxy access, a 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. The GP Surgery can refuse or withdraw proxy access at any time if they assess that it is in the patient’s best interests.

Patients aged 16 or above are assumed to have the capacity to consent unless there has been an assessment to indicate they do not. Young patients aged 11 to 15 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 patient 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

On a child’s 11th birthday, the existing proxy access will be automatically 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 notification to the proxy user before the child’s 11th birthday to inform them of this change. They will still be able to see demographic data, make appointments and order repeat prescriptions but will not be able to see the young person’s past appointments or clinical record.

All remaining proxy access will be switched off at the child’s 16th birthday, unless the young person is coded competent and has given explicit consent to the parental access. Again, notification will be sent to the proxy user before the child’s 16th birthday to explain that all proxy access will be switched off. If the patient wishes to grant continued access before this is stopped, this can be updated, and access will continue. However, once access has been stopped, if the patient 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.

Children aged 11 – 15 can:

1. Access their own GP services online
2. Allow a parent/carer/guardian access to some or all services (proxy access)
3. Allow a combination of 1) + 2)

**The child’s GP may need to discuss online access with them and/or any proxy applying for access on the child’s behalf.**

To request access/proxy access you will need to complete the application form in full (see page 5). You will need to provide ID documentation (see request form for details). Depending on the level of access requested, there is a waiting time between two and 20 working days for access to be approved.

Once access is approved you will be given account details and a list of online service providers.

**ACCOUNT DETAILS**

**THE PATIENT (patient is aged 11-15)**

You will be provided with three pieces of information which will enable you to register with an online service provider:

* Linkage Key
* ODS Code
* Account ID

You must keep this information safe and secure. When you register with an online service provider you will be asked to create a password and choose a security word (which must have more than eight characters). You must also keep this password and security word safe and secure.

**THE PROXY**

You will already have access to your own online services. You will be able to access the patient’s account through your account.

**ONLINE SERVICE PROVIDERS**

The patient will be provided with an extensive list of online service providers from which you can choose. We recommend ‘Patient Access’ because this provider appears to link well with our clinical system. You do not have to choose this recommended provider. You can also use the NHS app which does not currently appear in the automatically generated list.

Pennine Medical Centre is not affiliated to any online service providers and is unable to provide help resetting passwords and security words.

**YOUR RESPONSBILITY**

It will be your responsibility to keep your login details, password and security word safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The Practice has the right to remove online service access for anyone who does not use them responsibly.

**ID DOCUMENTS**

**THE PATIENT (patient is aged 11-15)**

* Birth certificate (must show proof of parentage if parent requesting proxy access)
* Passport (if owned)

**THE PROXY**

* Proof of date of birth (eg. birth certificate, passport, driving licence)
* Proof of address, (eg. a utility bill within the last three months)

**WHAT HAPPENS NEXT**

Complete the application form on pages 7, 8 and 9. Hand into one of the surgeries with the relevant ID documents. Your ID documents will be photocopied and handed back to you.

The signature of the patient (aged 11-15) in section 5 on page 9 **must be witnessed by a Receptionist**.

**THE PATIENT (patient is aged 11-15)**

You will receive an email (if email address provided) within 48 working hours with your account details and online service provider information (see page 2). If no email address provided, you will receive a text or telephone call asking you to attend the surgery to collect your account details and online service provider information.

After registering with an online service provider using the account details provided, you will have automatic access to services C and D (see page 7).

If you have requested access to services A, B and/or G, you will also be able to view these straight away.

If you have requested access to services E, F, H, I, and/or J, this will take up to 20 working days to come through.

**THE PROXY**

You will receive an email or text advising that proxy access has been granted, along with a website link to a guide showing you how to access the patient’s online services through your own account – this is for the ‘Patient Access’ service provider. If you choose to use a different provider you will need to check out their individual instructions.

**THINGS TO CONSIDER BEFORE APPLYING FOR ONLINE ACCESS**

Depending on the level of access that you request, please consider the following:

* **Forgotten history**

There may be something you have forgotten about in your record that you might find upsetting.

* **Abnormal results or bad news**

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

* **Choosing to share your information with someone**

It is up to you whether you share your information with others – perhaps family members or carers. It is your responsibility to keep the information safe and secure.

* **Coercion**

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

* **Misunderstood information**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood.

* **Information about someone else**

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

**FURTHER INFORMATION**

Please view the following websites for further information:

<https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/>

<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

**PENNINE MEDICAL CENTRE’S ONLINE ACCESS POLICY**

The NHS’s ambition is to embrace technology as part of its drive to offer modern, convenient and responsive services to patients, their families and carers. At Pennine Medical Centre we promote the use of online services in line with the GP Forward View and GMS Contract requirements the use of online systems for patients.

This Policy should be read in conjunction with (click links or see website for embedded leaflets):

* **[Giving Another Person Access to your Online record – NHS Patient leaflet](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-give-another-person-access.pdf)**
* [**Young People’s Access to GP Online Record – NHS England**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-clr-young-people-gp-online.pdf)
* [**Keeping Your Online Record Safe – NHSE**](https://www.nhs.uk/nhsengland/thenhs/records/healthrecords/documents/patientguidancebooklet.pdf)
* [**Giving employed carers access to your GP online services- NHSE**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-give-employed-carers-access.pdf)
* [**What you need to know about your GP online records - NHSE**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-need-to-know.pdf)

**WHAT YOU CAN EXPECT**

Please note that following receipt of this correctly completed form, it **will take between 2 to 20 working days** to approve and grant access depending on the level of access requested. This is due to the records needing to be reviewed for third party and any data that may cause harm. We will do our best to get the access granted as soon as possible.

**APPOINTMENTS**

We currently only offer Every Contact Count appointments online.

**REPEAT PRESCRIPTIONS**

You will be able to view and request all medication that is on repeat prescription. If you cannot see a medication that you think should be on repeat, please contact the surgery.

**LABORATORY TEST RESULTS**

If you are requesting access to test results, please be aware you may be able to view results before a Doctor has contacted you to discuss them. It is important to understand that the terminology used on the clinical system may not be clear or readable by a non-clinical person and it is, therefore, better to wait for your clinician to contact you.

We have robust systems in place to assess and contact patients should any results be concerning. By requesting access you are confirming you accept this.

**DOCUMENTS**

Only documents that are available on our clinical system (EMIS) will be visible; documents held on DOCMAN and paper documents are only available to view via a Subject Access Request (SAR) using a SAR form.

**PROBLEMS**

This is the term used on our clinical system (EMIS) for specific diagnoses that have been coded in your electronic medical records.

**CONSULTATIONS**

All consultations with clinicians – free text

**ALL CODED INFORMATION**

Not all coded information is a problem/diagnosis. Many pieces of information are given a code; for example, bowel screening, so that we can easily search for patients who have taken part and contact those patients yet to participate.

***Please note prior to 2013 notes are held in paper format. Copies can be requested via a Subject Access Request (SAR) using the SAR form.***

**THIS PAGE IS BLANK FOR THE PURPOSES OF PRINTING ON BOTH SIDES OF PAPER**

**PLEASE RETAIN PAGES 1 TO 5 FOR YOUR INFORMATION**

**ACCESS/PROXY ACCESS TO ONLINE SERVICES**

**(PATIENT IS AGED 11-15)**

**APPLICATION FORM**

1. **PATIENT INFORMATION (aged 11-15)**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME:** |  | **LAST NAME:** |  |
| **DATE OF BIRTH:** |  | **AGE:** |  |
| **MOBILE NO:** |  | **LANDLINE:** |  |
| **EMAIL ADDRESS:** |  | | |
| **HOME ADDRESS:** |  | | |

1. **PATIENT ACCESS – SERVICES REQUIRED (patient is aged 11-15)**

|  |
| --- |
| **PLEASE STATE WHICH SERVICES YOU WOULD LIKE ACCESS TO:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | | **YES/NO** | **APPROVAL TIME** |
| **A** | **BOOK & CANCEL APPOINTMENTS** |  | **48 HOURS (2 WORKING DAYS)** |
| **B** | **REPEAT PRESCRIPTIONS** |  | **48 HOURS (2 WORKING DAYS)** |
| **C** | **ALLERGIES** | Yes | **Automatic access** |
| **D** | **MEDICATION** | Yes | **Automatic access** |
| **E** | **LABORATORY TEST RESULTS** |  | **UP TO 20 WORKING DAYS** |
| **F** | **DOCUMENTS** |  | **UP TO 20 WORKING DAYS** |
| **G** | **IMMUNISATIONS** |  | **48 HOURS (2 WORKING DAYS)** |
| **H** | **PROBLEMS** |  | **UP TO 20 WORKING DAYS** |
| **I** | **CONSULTATIONS** |  | **UP TO 20 WORKING DAYS** |
| **J** | **ALL CODED INFORMATION** |  | **UP TO 20 WORKING DAYS** |

|  |  |
| --- | --- |
| I **DO NOT WISH TO HAVE ACCESS TO MY OWN ONLINE SERVICES** | **(tick if applicable)** |

1. **PROXY ACCESS – SERVICES REQUIRED (to be completed by the patient)**

|  |  |
| --- | --- |
| I **DO NOT WISH TO ALLOW ANY PROXY ACCESS TO MY ONLINE SERVICES** | **(tick if applicable)** |

If you have ticked the above box, please go to section 5 on page 9 – Declaration and Signatures

You can choose which services, if any, to allow your parent/guardian/carer to be able to access online.

* 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 proxy access to my health records
* I hereby give permission to my GP Practice to give the person(s) listed in section 4 proxy access to the following services on my behalf:

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | | **YES/NO** | **APPROVAL TIME** |
| **A** | **BOOK & CANCEL APPOINTMENTS** |  | **48 HOURS (2 WORKING DAYS)** |
| **B** | **REPEAT PRESCRIPTIONS** |  | **48 HOURS (2 WORKING DAYS)** |
| **C** | **UPDATING MY CONTACT DETAILS** |  | **Automatic access** |
| **D** | **SECURE ONLINE ACCESS TO MY FULL ELECTRONIC GP RECORD** |  | **Automatic access** |

1. **PROXY/S**

**Proxy 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRST NAME:** |  | | **LAST NAME:** |  |
| **DATE OF BIRTH:** |  | |  | |
| **MOBILE NO:** |  | | **LANDLINE:** |  |
| **EMAIL ADDRESS:** |  | | | |
| **HOME ADDRESS:** |  | | | |
| **RELATIONSHIP TO THE PATIENT:** | |  | | |
| **REASON YOU FEEL YOU ARE LAWFULLY ALLOWED ACCESS TO THE PATIENT’S RECORDS UNDER THE DATA PROTECTION ACT:** | | | | |
|  | | | | |

**Proxy 2 (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRST NAME:** |  | | **LAST NAME:** |  |
| **DATE OF BIRTH:** |  | |  | |
| **MOBILE NO:** |  | | **LANDLINE:** |  |
| **EMAIL ADDRESS:** |  | | | |
| **HOME ADDRESS:** |  | | | |
| **RELATIONSHIP TO THE PATIENT:** | |  | | |
| **REASON YOU FEEL YOU ARE LAWFULLY ALLOWED ACCESS TO THE PATIENT’S RECORDS UNDER THE DATA PROTECTION ACT:** | | | | |
|  | | | | |

1. **DECLARATION AND SIGNATURE/S**

**THE PATIENT (patient is aged 11-15)**

|  |
| --- |
| **I UNDERSTAND AND ACCEPT THE FOLLOWING STATEMENTS (PLEASE TICK ALL BOXES):** |

|  |  |
| --- | --- |
| **I WILL BE RESPONSIBLE FOR THE SECURITY OF THE INFORMATION THAT I SEE OR DOWNLOAD** |  |
| **IF I CHOOSE TO SHARE MY INFORMATION WITH ANYONE ELSE, I WILL DO SO AT MY OWN RISK** |  |
| **IF I SEE INFORMATION IN MY RECORD THAT IS NOT ABOUT ME OR IS INACCURATE, I WILL INFORM THE PRACTICE AS SOON AS POSSIBLE** |  |

**By signing this form you are confirming that:**

* **you have read and understand all the information on pages 1 to 5**
* **you have completed all sections of the application form on pages 7 and 8 correctly and truthfully**
* **you understand and accept the three statements above**
* **you have read and agree to abide by the Online Access Policy on page 5**
* **you agree to giving proxy access to the person/s in section 4 (if applicable)**

|  |  |
| --- | --- |
| **PATIENT SIGNATURE:** | **\*SIGNATURE MUST BE WITNESSED BY A RECEPTIONIST\*** |
| **PRINT NAME:** |  |
| **DATE:** |  |

**THE PROXY**

|  |
| --- |
| **I UNDERSTAND AND ACCEPT THE FOLLOWING STATEMENTS (PLEASE TICK ALL BOXES):** |

|  |  |  |
| --- | --- | --- |
|  | **PROXY 1** | **PROXY 2** |
| **I WILL BE RESPONSIBLE FOR THE SECURITY OF THE INFORMATION THAT I SEE OR DOWNLOAD** |  |  |
| **IF I CHOOSE TO SHARE MY INFORMATION WITH ANYONE ELSE, I WILL DO SO AT MY OWN RISK** |  |  |
| **IF I SEE INFORMATION IN MY RECORD THAT IS NOT ABOUT ME OR IS INACCURATE, I WILL INFORM THE PRACTICE AS SOON AS POSSIBLE** |  |  |

**By signing this form you are confirming that:**

* **you have read and understand all the information on pages 1 to 5**
* **you have completed all sections of the application form on pages 7 and 8 correctly and truthfully**
* **you understand and accept the three statements above**
* **you have read and agree to abide by the Online Access Policy on page 5**

|  |  |  |
| --- | --- | --- |
|  | **PROXY 1** | **PROXY 2 (if applicable)** |
| **PROXY SIGNATURE:** |  |  |
| **PRINT NAME:** |  |  |
| **DATE:** |  |  |

**GP**

1. **THE PATIENT (patient is aged 11-15)**

**THIS SECTION ONLY NEEDS COMPLETING IF PATIENT HAS REQUESTED ACCESS TO SERVICES E, F, H, I AND/OR J** (see page 7). If so, then a GP must sign to confirm that:

* the record can be accessed
* they are happy this request is lawful
* they are happy that patient understands their responsibilities under the Data Protection and GDPR laws

**I confirm that THE PATIENT (patient is aged 11-15) is approved or denied (as ticked below) access to the following online services:**

**Services/access given (tick as appropriate):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE** | **REQUESTED**  **(tick)** | **ACCESS**  **APPROVED** | **ACCESS**  **DENIED** | **REASON FOR DENIAL** |
| **LABORATORY TEST RESULTS** |  |  |  |  |
| **DOCUMENTS** |  |  |  |  |
| **PROBLEMS** |  |  |  |  |
| **CONSULTATIONS** |  |  |  |  |
| **ALL CODED INFORMATION** |  |  |  |  |

1. **PROXY ACCESS**

|  |  |  |
| --- | --- | --- |
| **(tick as appropriate)** | **AGREE** | **DISAGREE** |
| The patient (aged 11-15)has capacity to consent to give proxy access to a representative |  |  |

1. **GP SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **GP SIGNATURE:** |  | **DATE** |  |
| **PRINT NAME:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMIN** | **YES/**  **NO** | **WHO BY** | **DATE** |
| Relevant ID documents checked and photocopied |  |  |  |
| **FOR THE PATIENT (patient is aged 11-15)** | | | |
| 0nline services enabled in EMIS and services A, B & G selected (as requested) |  |  |  |
| Remaining relevant services selected on EMIS (as per request) after GP approval (if applicable) |  |  |  |
| Patient has been contacted by (delete as appropriate):  **accuRx / email / letter / phone call** to confirm approval |  |  |  |
| **FOR THE PROXY (if applicable)** |  |  |  |
| 0nline services enabled in EMIS and services A, B & G selected (as requested) |  |  |  |
| Remaining relevant services selected on EMIS (as per request) after GP approval (if applicable) |  |  |  |
| Proxy has been contacted by (delete as appropriate):  **accuRx / email / letter / phone call** to confirm approval |  |  |  |

**Application form and ID documents must now be scanned into patient’s record**