PROXY ACCESS

Some patients like to give someone else access to their Patient Online account. 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.

Anyone with capacity to make a decision about proxy access may give consent to the practice to give their representative their own personal login credentials (usually passwords) to access the patient’s Patient Online 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.

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

Informal proxy access

Currently not all GP computer systems will allow more than one set of login credentials for each patient’s online account or allow someone not registered with the practice to have a proxy access account. This means that if the patient has Patient Online access to the practice it is not possible for a proxy to have their own login credentials. In these circumstances if the patient is willing to accept a loss of privacy, the patient may choose to share their login details with their proxy. This is sometimes called informal proxy access.

If the practice becomes aware that a patient is considering this, you should make sure that the they understand the risks in doing so. If you have any suspicion that they are being coerced into sharing their access unwillingly or that the proxy may misuse their access, you should consider switching off their Patient Online account until the circumstances can be clarified.

There are other drawbacks to informal proxy access. There is no audit trail of access by the proxy or anyone else. The proxy will automatically have the same access to the record as the patient. To withdraw shared access, the practice will have to cancel the patient’s account and provide them with a new set of login details if they want to continue to use Patient Online.

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

Signing up a proxy for Patient Online

Before providing proxy access login credentials to anyone, authorised members of the practice team must do the following:

1. Satisfy themselves that they have the explicit consent of the patient to provide Patient Online access to the proxy, or where the patient is not able to consent, another legal justification for providing proxy access
2. Establish the level of access that the patient wants the proxy to have, where your system allows a choice
3. Seek evidence that the patient may be suffering coercion to agree to proxy access unwillingly and delay providing proxy access until the suspicions can be investigated
4. Obtain a completed proxy access consent form from the patient when it is appropriate
5. Obtain authorisation from a senior clinician for the proxy to have access to the record
6. Authorisation may be refused temporarily or permanently if there is suspicion of coercion, or in the record contains information that cannot be redacted that may be harmful to the patient or reveal confidential information about a third party that the patient and proxy have no right to see
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 worries them
8. Verify the identity of the individual who is asking for proxy access and the patient consenting to proxy access.
There is more information about these processes in the Coercion and Identity Verification guidance in the toolkit.

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.

There is a template Proxy Access Consent Form for the patient to complete in the toolkit.

**The risk of coercion and proxy access**

Patients may be put under pressure to permit proxy access against their wishes. Practice team members must be aware of safeguarding signs to look out for. If there are grounds for suspicion 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 refused.

It may be possible to redact all potentially harmful data to enable the proxy to have access safely. There is more information about these processes in the Coercion and Identity Verification guidance in the toolkit.

**Appropriate level of 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:

1. online appointments booking and cancelling
2. online prescription management
3. 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 person authorising proxy access to ensure that the level of access permitted is the minimum necessary for the performance of the applicant’s duties

**Refusing proxy access**

Proxy access should not be granted or should be withdrawn if:

1. practice staff have good grounds for suspicion that the patient consenting to proxy access is not doing so willingly
2. 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
3. if there is a suspicion that proxy access will create a risk to the security and privacy of the patient
4. 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
5. 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 refuse 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 given to representative(s) of a young person between their 11th and 16th birthdays, the patient’s competence 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.

There is more information about this in the guidance on Children and Young People in the toolkit.

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

1. 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.
2. 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.
3. 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.
4. 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 Patient Online.
5. The patient is a child before their 11th birthday who has been assessed as not competent (for example a baby) to make a decision on granting proxy access.
6. 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.

There is more information about proxy access on behalf of children and young people in the Children and Young People guidance in the toolkit.

Proxy access

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.

The doctor should carefully weigh the balance of benefits to the patient against the risks described in this guidance when considering proxy access for a patient who lacks capacity. Proxy access should only be granted if, after careful discussion with the patient’s family or person(s) named in a power of attorney or with a Court Appointed Deputy, the doctor believes it to be in the patient’s best interests. This may be a time-consuming process.

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 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.

Loss of capacity for self-care
Family and close friends are the commonest proxies in these circumstances. Although they are often involved in the day-to-day care of the patient, they may live a distance away and 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 is a solution that improves communication between careers and health professionals, not just in the practice, but also hospital departments if the proxy has access to recent clinical correspondence.

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. They may only seek access to order repeat prescriptions, but it may also be for detailed coded record or complete GP record including hospital correspondence, to keep up to date with the patient's NHS care.

There are clearly benefits for the patient in this 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 take into consideration. Not least, the information available to the organisation 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 Patient Online record.

There are also risks to the security and privacy of the patient’s personal information.

Appropriate use of Patient Online 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 Patient 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 Patient 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 Patient 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 Patient Online 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 Patient Online may not be complete or clear enough to be used for support clinical decision making. The organisation should agree not to use Patient Online to help make clinical decisions.

## Further resources

NHS England have leaflets that provide [information for patients](#) about proxy access. The topics include:

- Getting started (with Patient Online)
- Giving another person access
- Giving employed carers access
- Guide for young people
- Guide for adult and young carers
- Protecting your GP online records
- About GP online records
- Your GP online record