Coercion

Coercion is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will. Online services of all types are vulnerable to coercion. In the context of Patient Online, coercion might result in patients being forced into sharing information from their record, including login details, medical history, repeat prescription orders, GP appointment booking details and other private, personal information. This is not a new issue. Practices will already have processes in place to manage instances of suspected coercion related to paper-based and face-to-face services. But Patient Online creates new and additional opportunities for coercive behaviour that must be addressed by practices.

The challenges of coercion for practices

GPs, practice managers and staff involved in new applications by patients for Patient Online must be aware of the potential impact of coercion and the indications to look out for in order to help patients who might be subject to coercion. RCGP, CAADA (Co-ordinated Action Against Domestic Abuse) and IRIS (Identification & Referral to Improve Safety) have published guidance for practices to help effective response to patients experiencing domestic abuse (see Resources below).

Practice staff must be aware of the potential for coercion and be vigilant in its detection. Coercion to share or misuse access to Patient Online is most likely to happen if the patient is a child, an adult in an abusive relationship, or an elderly or otherwise vulnerable adult.

As part of patient enrolment, it is important that practice staff discuss the issue of coercion with patients, and ensure that they understand and accept the risks. Every new applicant should be asked a question to raise the issue of coercion such as “Is it possible that you may come under pressure to give someone access to your personal information in Patient Online against your will”.

These considerations should be included in a registration form for online services for patients (a template for a new application form is available in the toolkit). Patients need to understand and tick all six statements in the template application form before access is granted.

Recommended statements for Patient Online application forms

1. I have read and understood the information leaflet provided by the practice.
2. I will be responsible for the security of the information that I see or download.
3. If I choose to share my information with anyone else, this is at my own risk.
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.

Proxy Access

Patients may choose to share their Patient Online login details with family, friends and carers (including staff in a care home) but as part of their access application they must be advised of the risks of doing this. It is preferable for anyone who is going to access the patient’s Patient Online account, to have their own personal log in details, if the practice clinical system has this facility. This is called proxy access. It makes it easier for the practice to switch off the other person’s access if

Domestic violence and abuse statistics (England and Wales)

“For the year ending March 2017 CSEW, an estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the last year, equating to a prevalence rate of approximately 6 in 100 adults. Women were more likely to have experienced domestic abuse than men (7.5% compared with 4.3%). This equates to an estimated 1.2 million female victims and 713,000 male victims.”
- Office of National Statistics - Domestic Abuse in England and Wales

“We estimate that at least one child in every reception school class has been living with abuse for their whole life.”
- Safelives (2017), Insights National Briefing
there is any suspicion that the person is acting against the patient’s best interests. It is important to record the patient’s consent to proxy access (see the Proxy Access Guidance in the toolkit).

Dealing with coercion
If a GP, practice manager or other member of the team has any suspicions that a patient is being coerced, then that patient should not be registered for Patient Online or the access should be limited to transactional services until the concern has been alleviated. The GP should discuss the decision to restrict access with the patient.

Coercion may be missed by practice staff when discussing online access with a patient. Domestic violence and cyber stalking by an abuser are highly prevalent, according to Professor Gene Feder, RCGP Clinical Champion for Domestic Violence.

Clinicians must be aware of digital stalking, harassment and coercion as tools of domestic abuse. Practices should have named clinicians (possibly the safeguarding lead) ready to support staff when coercion is suspected, as well as referral pathways to local DVA agencies for any patients who disclose abuse.

Patient Online: The Road Map (RCGP, 2013) offers the following guidance on coercion:

- Ask every patient if someone else might access their record without the patient’s consent and against their wishes if they are offered online access. If so, do not grant access, and remove access if it has already been granted.
- Consider the potential from an abusive partner or family member to gain access via coercion or deception, thereby increasing their control over the patient’s health.
- There is a need to disguise domestic violence codes.
- Domestic violence training that highlights the need for communication between the practice and a domestic violence agency is needed. Communication from DV agencies and multi-agency risk assessment conferences (MARACs) to general practice will lead to sensitive letters in the medical record.
- It is recommended that the default position should be that access by a patient is available from the age of 18. Practices can of course choose to make access available earlier, and we know that some practices offer access from age 16. Access by parents and guardians to a child’s record is a practice-level decision and subject of on-going consideration. The RCGP will issue additional guidance when this becomes available.

Resources
RCGP has several resources on its website on domestic violence that are relevant to the topic of coercion.

NICE has succinct advice on recognising and responding to evidence of domestic violence or abuse and guidance on Domestic violence and abuse: multi-agency working.

Safelives provides many useful resources on coercion and domestic abuse, including resources for GPs and guidance on identifying domestic abuse.

IRIS (Identification and Referral to Improve Safety) is a charity offers a general practice-based domestic violence and abuse (DVA) training, support and referral programme that has been evaluated in a randomised controlled trial.
Identifying and dealing with coercion

START

Patient requests access to Patient Online

Patient completes face-to-face identity verification with documentation or is vouched for by a member of practice staff, using questions from the medical record if necessary

Patient Online application approved, patient sign up completed and identity verification evidence recorded in patient's record

Approved access with appropriate coercion vigilance

ENDS

Patient made aware of the risks of information sharing and coercion, before they sign up Patient Online, particularly vulnerable patients

The patient should complete an application form, ticking all six statements

Denied access because of coercion concerns

ENDS

If a patient is concerned about security, coercion or any other aspect of Patient Online, they should be advised that the safest course of action is not to enable it.

OR

If coercion is possible, suspected or proven, the practice should decline the application for Patient Online or switch off access, explaining the reason to the patient.

OR

The patient is below the recommended age of 13 for Patient Online (some practices may allow access from as young as 12 dependent on GP-assessed competencies).