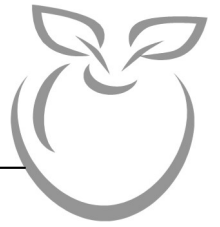


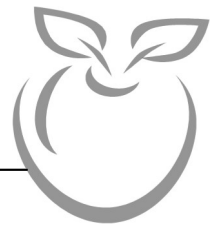
Patient Access Policy

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Chapelgreen Practice



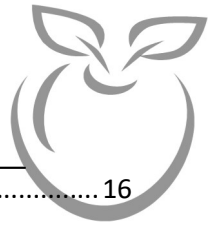
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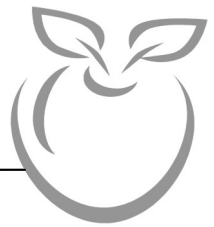
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1. Policy Statement

Providing safe, effective, high-quality patient care is the aim of all staff at Chapelgreen Practice. Given the complexity of primary care and the associated pressures resulting in increased demand clinical and administrative workloads, it is inevitable that access may be impacted where patients aren't able to achieve their appointment expectations.

This policy will outline how Chapelgreen Practice strives to ensure that patients, depending in their need, are able to access an appropriate clinician and/or service at a time that is convenient and commensurate with their medical condition/urgency of need.

1.1 Principles

This policy will illustrate Chapelgreen Practice's commitment to ensure access to all our registered patient population. By understanding and mapping demand, developing and providing multiple points of access and ensuring we have a broad skill mix of clinical and non-clinical staff to support ease can we be confident in fostering a truly equitable and accessible practice.

1.2 Equal Opportunities

Chapelgreen Practice aims to design and implement policies and procedures that meet the diverse needs of the patients who access our service, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

1.3 Who it applies to

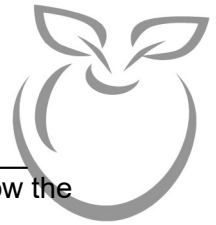
This document applies to all employees of Chapelgreen Practice and other individuals performing functions such as agency workers, locums and contractors. It also applies to clinicians who are working under the Additional Roles Reimbursement Scheme (ARRS).

1.4 Why and how it applies to them

It is the responsibility of all Chapelgreen Practice staff to ensure that we take the necessary actions to maintain an accessible practice where patients can book an appointment that addresses their needs. It is the responsibility of our patient population, once receiving an appointment, to attend the appointment or cancel the appointment if attendance is not possible.

2. Objectives

- Chapelgreen Practice is Friendly, welcoming and understanding.
- To ensure principles of Modern General Practice are adhered to and patients are afforded:
 - Comprehensive access either as a walk-in patient, through using online/digital services and/or via the telephone.
 - Prioritisation and allocation is done so safely, equitably and it ensures continuity of care.
- Patients are able to access information, care or treatment by a GP or appropriate



member of the practice team in line with their clinical needs and choice how the access services.

- Access is Fair and Inclusive: Ensuring care is person-centred and based on what matters to each individual. The ability of patients to access the does not vary on account of characteristics such as age, disability, gender, race, religion or belief, sexual orientation, geography or socio- economic status.
- Clinicians and staff have the available resources to manage and meet demand effectively so that the best possible levels of service and access are always maintained ensuring that patients are accessing the right care with the right member of staff.
- Patients and carers are aware of how to get the best from the practice and are involved in monitoring and developing the systems and procedures to ensure that their needs are met.
- Chapelgreen Practice continually understand and address the barriers to access to ensure equitable access for all community groups, and unmet need (who are potentially our most vulnerable).

3. Rights and responsibilities for the patient

3.1 Patients' Rights

As a patient you have the right to:

- join the practice of your choice in the area where you live following acceptance by the practice.
- easily accessible information about your practice and how to access care via the practice leaflet and/or website.
- appropriate urgent care
- clear information about your treatment in a suitable format and language so that you and the clinician may make an informed decision about the best course of action.
- privacy and confidentiality.
- be treated with dignity and respect at all times (including access to a chaperone if required).
- comment or complain if you are not satisfied with the service provided.
- be registered in accordance with NHS England's ['Patient Registration'](#) standard operating procedure.
- Be registered or receive treatment without delay.

Our policy is to ask for patient ID for all paper registration requests and this is applied in a non-discriminatory fashion. Where the patient cannot produce photo ID or proof of address, unless the practice has reasonable grounds to decline. If you cannot provide ID then reasonable exceptions will be considered, with sensitivity to your situation.

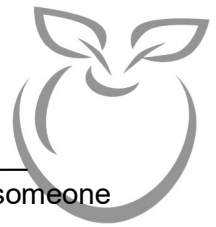
Registrations online are matched with NHS numbers and therefore do not need ID's producing.

3.2 Patients' Responsibilities

As a patient it is your responsibility to:

- treat all practice staff with respect.
- ensure you attend any appointment made at the surgery and arrive on time.

Chapelgreen Practice



- cancel an unwanted appointment as soon as possible so it can be offered to someone else.
- inform the practice if you change your address or telephone number so the practice can contact you urgently if needed.
- inform the practice if you have any special needs, including communication needs, so the practice can make any necessary arrangements.
- let a member of the practice staff know if you are unsure about or dissatisfied with your care so that it can be explained or put right.
- do your best to look after your own health through access online information and self-help provided through our website.
- use the services of the practice appropriately.

4. Surgery opening hours and appointment times

Chapelgreen Practice operates from the following surgery premises:

Burncross Surgery 1 Bevan Way, Chapeltown. Sheffield. S35 1AR

High Green Health Centre. Thompson Hill, High Green. Sheffield. S35 4NF

Opening Hours for both surgery sites are:

Monday	8am until 12.30pm	1.30pm until 6pm
Tuesday	7am* until 12.30pm	1.30pm until 6pm
Wednesday	7am** until 12.30pm	1.30pm until 6pm
Thursday	8am until 12.30pm	1.30pm until 6pm
Friday	7am* until 12.30pm	1.30pm until 6pm
Saturday	Closed	Closed
Sunday	Closed	Closed

*High Green Surgery only

**Burncross Surgery

Chapelgreen Practice provide extended hours surgeries (outside of normal hours) for those who are not able to attend during normal working hours. Please be aware that these surgeries are for routine appointments only. If you need to be seen as an emergency, you will be redirected to the Out of Hours service.

Enhanced Access is provided by Primary Care Sheffield between:

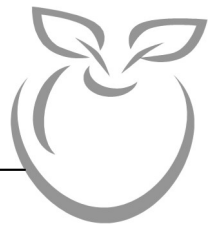
Monday–Fridays: 6.30pm – 9.30pm

Saturdays: 9am – 6pm

The Practice has online capabilities, you can:

- Book/cancel appointments online if you are signed up for the service,
- Submit medical complaint via AccuRx for a clinician to triage.
- Order repeat prescriptions.
- View Patient record.

All sites are closed for staff training during several Wednesday afternoons (from 12.30pm) across the year. Details will be displayed clearly on the practice website and each practice site at least four weeks in advance. Telephones will move to the enhanced access service and the website will carry instructions on what to do if you need help when the surgery is closed.



The practice provides standard appointment length of 10 minutes, but longer appointments are available on request for patients who need more time.

5. Access standards

The policy intention is to optimise patient experience through creating more capacity from the existing resources, through increasingly efficient triage pathways aligned to skill mixed clinicians helping to achieve the right clinician at the right time. This intention is central to improving access and how Chapelgreen Practice will introducing efficient practices to our access processes e.g. through implementing First Contact Physio.

In order to achieve these intentions we will adopt and build on the notion of the Modern General Practice implementing the following changes:

Manage the Current Pressure

It is imperative we manage the current demand for clinical access as part of the wider provision. In understanding where we can reduce the number of avoidable appointments through signposting e.g. electronic repeat prescriptions or utilising a directory of service to signpost patients to non-clinical services, for example, will allow us to manage some of this external pressure.

Contact: Telephone

Chapelgreen Practice's phone number (advertised through our website, social media, and NHS platforms) will provide various first contact options for patients directing patients to the most optimal intervention e.g. Self-Care, Social Prescribing, Pharmacy Consultation Service, First Contact Physio or Clinician.

We are conscious that a large proportion of our patient list are elderly and not as familiar/comfortable with using IT/social media/texting. We will therefore create alerts for those patients in their patient record, including those without digital access / digital poverty, preventing repeated direction to online services and will explore introducing a tech buddy for those with limited access.

Contact: Online

Chapelgreen Practice's current website www.chapelgreenpractice.nhs.uk will provide an easy to navigate menu of services to achieve the desired result for the patient. Our navigable website will provide access to:

- AccuRx: Yes/No answers to a series of questions enables quick signposting to relevant information for minor symptoms, clear next steps e.g. local services or clinician access via triage.
- Medical review: Patients complete information that is triaged by receptionists directing patients to the optimal intervention e.g. clinician appointment / Duty Doctor, community pharmacy. Patients requiring appointments receive a link to book a slot of their choice.
- First Contact Physio service
- Online patient record via NHS App.
- Repeat prescriptions via EPS.
- Self Help Centre with self-care links/advice
- Local and national resources and information – Directory of Services

Appointment Provision

To manage the existing patient list we will offer a hybrid appointment system with on the day appointments supported by a formal triage model. Patients requiring appointments will



have a choice of times with the appropriate clinician including doctors, ANPs, nurses, pharmacists, health care assistants, physiotherapists etc. Face-to-face, online and telephone appointment lengths are tailored to clinical need.

Daily pre-bookable vs same day booking appointment ratio varies according to anticipated demand with appointments reserved for where we have direct booking as per contractual obligations. To minimise DNAs we will proactively manage patient communications prior to an appointment and offer appointment cancellation digitally and over the phone.

Recognising our changes need to work within the confines of BMAs Safe Working in General Practice guidelines of approximately 72 appointments per 1000 patients¹ we will roster across a 6 week window to ensure we have the appropriate number of appointments to meet mapped demand.

5.1 Routine consultation standard

All patients will be offered a telephone or face-to-face consultation with a doctor or appropriate clinician on the same day or within 72 hours of contacting the practice through AccuRX forms (depending on demand), unless the call is triaged to be safe the patient may choose to wait longer if they want a more convenient appointment or to see their preferred practitioner.

5.2 Urgent clinical assessment standard

All patients who believe that they have an urgent medical problem which needs to be dealt with the same day (and cannot be offered an appointment that day) will be contacted by a doctor or appropriate clinician from the practice within four hours, provided they clearly identify themselves to the receptionist and supply a contact telephone number and where possible a brief indication of the problem. The patient must inform the receptionist if he/she believes the problem requires attention more quickly.

5.3 Repeat prescriptions standard

The practice will generate and sign all repeat prescriptions as part of their daily processes and aim to have these issued either on the same day or within two working days of receiving a request to do so, except where:

- the practice has tried and failed to contact the patient where this is needed before the prescription can be issued safely,
- or where a medication review is pending and must be undertaken before the prescription can be issued safely. The request for a medication review will be highlighted on the patient's most recent prescription.

The practice aims to generate, and sign repeat prescriptions within 24 hours of request but because of the need to ensure patient safety patients should allow two working days. The practice will do its best to provide prescriptions in urgent circumstances but will not compromise patient safety to do so. Please allow an extra day if collected from the chemist.

Prescriptions can be ordered by placing in the Prescription Box or on-line on the NHS app.

Prescriptions can be sent electronically to a chemist of the patients choosing.

¹ Health and Social Care Information Centre (2016) General and Personal Medical Services, England, 2005-2015 Provisional Experimental statistics



We offer a repeat dispensing service for those patients who are on stable medication. This means we can generate 6 – 12 months of prescriptions which can be taken to the chemist of your choice and issued when it is due, so you do not have to order each month.

6. If you miss your appointment or are late

There would be much shorter waits for appointments if every unwanted appointment was cancelled and so available for another patient to use. It is frustrating for doctors and nurses to be under pressure to provide better access when up to 1 in 10 appointments are wasted by people who simply do not turn up.

If you fail to attend your appointment your appointment is marked as not attended and you would need to make another appointment.

If you attend the surgery late for your appointment it may be difficult to fit you in without making other patients wait longer. Please try to attend just before your appointment slot but not too early. If the surgery is running late you will be informed by reception so that you have the option of re-booking, or through other communication methods where available, such as the self-arrival screen or other screens in the waiting area.

If you are more than 10 minutes late your appointment is marked as not attended and you would need to make another appointment.

Patients are notified by Reception when surgeries are overrunning.

7. Seeing the doctor or clinician you prefer

For some problems you may not mind which doctor or nurse you see but there may be times when you may have a firm preference or it is best for you to see a particular practitioner.

It is patient choice as to which practitioner you prefer to see.

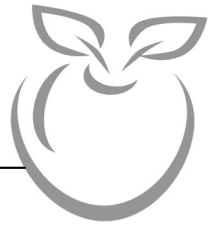
8. Improving access for patients

The practice is always pleased to receive comments and suggestions about its services including how easy it is to access them.

Patients are encouraged to join our Patient Participation Group and the practice keeps the group up to date with the audits it carries out every six months to monitor access. If you would like to join the group or require any further information please ask at reception. If you require an interpreter, please tell the receptionist when you book your appointment.

9. Digital Inclusion (addressing digital exclusion)

Addressing the needs of the patient and providing ease of access are often at odds with the ability, capability and resources of our patient population. Elderly patients and/or those struggling financially are not predisposed to using technology / have the means to afford the technology required to function within an increasingly online world in our desire to achieve efficiencies. It is therefore paramount that as a practice we do not knowingly exclude patients with limited means to online access. To achieve this we will:



9.1 Identify demographic groups who are at higher risk of digital exclusion.

Identify those patients in our practice boundaries who are most likely to be digitally excluded e.g. the elderly and/or those living in areas of highest deprivation locally. Once identified, and contacted we will flag/note the patient record (SystemOne) of their limited means to technology.

9.2 Co-design support offers with patients.

We will actively co-design with the patient participation group to ensure people who face barriers to digital use (related to confidence, device availability or data connectivity) are included through exploring other points of access.

9.3 Ensure website pages and digital tools are usable and accessible.

Complying to accessibility standards we will make our website highly accessible and inclusive and usable so as many patients as possible can find what they need quickly and easily. Our website is built in accordance with NHS England's guidance to creating highly accessible and usable GP website. We will capture regular feedback from users as to their digital experience.

9.4 Use multiple communication routes to tell patients about support offers.

We will use different channels to inform patients how they can get help using digital tools (for example, accessible leaflets, social media, direct targeting by phone, text or email).

9.5 Always provide choice.

Chapelgreen Practice will offer patients support to use digital tools or access routes, make it clear to them that they can continue to telephone or visit the surgery to request care. This will allay fears that some options are being withdrawn. Patients may also need support to build their trust in digital tools, something that administrative staff can help with.

9.6 Offer patients and carers a variety of ways to get support with digital access and skills.

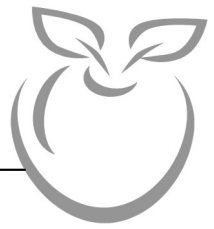
We will actively signpost patients to community services that help build digital skills, even if they are not health related.

9.7 Provide devices and data connectivity.

We will offer digital tools and connectivity in reception for the most digitally excluded patients.

9.8 Give staff time to support patients.

We encourage and actively allow practice staff to take the time to support patients who are learning how to use digital tools; for example, how to submit an online request or ask for a repeat prescription online.



9.9 Appoint and train digital inclusion champions.

Digital inclusion is easier to embed when there is leadership commitment and ownership by staff. We will recruit volunteers who are digitally competent into the role of digital champion to help make digital inclusion part of your practice's business as usual. Supporting patients to use digital tools safely and confidently.

10. Online Access

Chapelgreen Practice are obliged to give patients the opportunity to view their full patient record, including medication, allergies, illnesses, immunisations and test results. Patients will need to register online with the practice to gain access to this information.

10.1 Eligibility Criteria for Online Access

Any adult patient over the age of 16 will be able to have their own online access account. Patients over the age of 16 are deemed competent to manage their own account. Parents/guardians will be able to have an online access account for their children under the age of 11 (see Proxy Access).

Adolescents between the ages of 11-16 will need to be considered on a case-by-case basis for either individual or parental access to online accounts and this access will need to be reviewed on a regular basis according to the needs of all parties.

Formal carers may be given access to patients' online accounts, where adequate consent is given by the patient. Parties possessing lasting power of attorney for health for a particular patient may apply to access that patient's online account when they are unable to manage this themselves.

10.2 Identity Verification

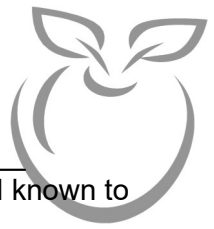
Checks should be carried out by a responsible person to ascertain the patient's identity and it must be confirmed they are gaining access to the correct record, where permissible and within the scope of Data Protection Laws. A secure identity verification process is required before full access to appointment, repeat prescription ordering or record access services may be enabled for a patient. There are three ways of confirming patient identity:

- Documentation
- Vouching
- Vouching with confirmation of information held in the applicant's records.

For further information, please consult NHS England's document Good Practice Guidance on Identity Verification

10.3 Documentation

Most patients are able to prove their identities using documentation. Two forms of documentation must be provided as evidence of identity and one of these must contain a photo. Acceptable documents include passports, photo driving licences and bank statements or council tax statement. There will always be some patients (e.g. temporary residents, travellers or young people living with their parents) who do not have acceptable



identity evidence. In these cases, vouching may be possible if individuals are well known to the practice.

All reception staff are aware of the practice protocol and are authorised to perform verification of identity by presented documents.

10.4 Vouching

Vouching for a patient's identity requires a doctor or member of surgery staff, who knows the patient well enough to verify that they are who they say they are, and that no deception is taking place. Consideration should be given to how long each patient has been registered with the practice as well as how many times the staff member has met them. Vouching might therefore be appropriate for patients who have been registered for a short period involving frequent appointments, and also for patients registered for a long time but seen less frequently.

Doctors must judge each patient on a case-by-case basis while ensuring that the agreed policy takes into account the duration of registration and frequency of patient contact.

10.5 Vouching with confirmation of information held in the applicant's record.

In a situation where the applicant is not known sufficiently well by a doctor to vouch for them on this basis, their identity may still be verified by obtaining responses to questions from information held in the medical records. This should take place discreetly and ideally in the context of a planned appointment. It is extremely important that the questions posed do not incidentally disclose confidential information to the applicant before their identity is verified.

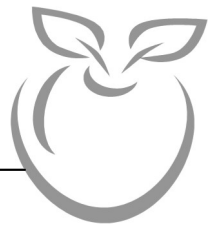
10.6 Practice protocol

Online access is offered to or requested by a patient at registration with the Practice or to a patient who, although currently registered, is not well known to the Practice

As the individual is not known to the Practice identity verification is required. The patient is given the registration pack and asked to return with appropriate documentation. Reception staff may, if at times of high demand, need to take copies of the documentation and advise patients that they will be required to return to collect their password at a later date. The registration form is scanned onto the patient's records and code added to the patient record. To avoid non-clinical information being stored in patient records personal documentation will not be scanned into those records.

Online access is offered to or requested by an existing patient who is well known to the Practice

As the individual is known well to the Practice identity can be vouched: this will usually be done by the patient's usual doctor. The patient is given the registration pack and asked to return with appropriate documentation. Reception staff may, if at times of high demand, need to take copies of the documentation and advise patients that they will be required to return to collect their password at a later date. The registration form is scanned onto the patient's records and code added to the patient record.



10.7 Considerations/Approval of Access

The practice will not approve on-line access to detailed coded information if it is deemed that it may cause physical and/or mental harm to the patient.

On receipt of application, patient records will be checked by trained members of staff within the practice the names of which will be communicated internally. Named staff will be responsible for checking if patients are on certain registers for example, learning difficulties register, child protection register, mental health or have been identified as a possible victim/perpetrator of domestic abuse. Named staff will consult with the patients usual GP if required before access is granted /denied.

Named staff will consider the following:

Hiding sensitive consultations

All domestic abuse consultation will be highlighted as confidential and will therefore be removed from online viewing. This must be made clear to patients that anything they say in relation to this during a consultation will not be viewable online. Any consultations of a sensitive nature may be highlighted as confidential. Access to online records will be on a patient-by-patient basis.

3rd Party Information

This practice will not share any information held within a clinical record that is deemed as 3rd Party Information without explicit consent from the 3rd Party. Any of our patients wanting access to these details must make the practice aware by submitting a Subject Access Request

Proxy Access

Proxy access refers to giving a third party access to online services on behalf of the patient and usually with the patient's consent. To obtain formal proxy access a person must register at the Practice for online access to the patient's record, though the proxy does not have to be a registered patient at the Practice.

Patients may choose to share their login details informally with family, friends and carers (including a care home). The Practice has a responsibility to ensure that it is aware of the risks associated with doing this, including the disclosure of sensitive information when the patient registers for online services.

The Practice may give formal proxy access to a representative or representatives of a patient who is not competent. The doctor should carefully weigh the balance of benefits to the patient against the risks described in this guidance of proxy access for a patient who lacks capacity. Only then should proxy access be granted; after discussion with the patient's family or person(s) named in a power of attorney or a Court Appointed Deputy, and if, after the discussion, the doctor believes it to be in the patient's best interests. This may be a time consuming process.

When might proxy access be enabled?

Before the Practice provides proxy access to an individual or individuals on behalf of a patient, an authorised member of staff at the practice must satisfy themselves that they have the explicit informed consent of the patient or some other legitimate justification for authorising proxy access without the patient's consent.



Adult patients with capacity may give informed consent to proxy access to the practice records about them. People aged 16 or above are assumed to be competent unless there is an indication that they are not. Young people under the age of 16 who are competent may also give consent to proxy access. Legitimate reasons for the practice to authorise proxy access without the patient's consent include:

- The patient has been assessed as lacking capacity to make a decision on granting proxy access, and has registered the applicant as a lasting power of attorney for health and welfare with the Office of the Public Guardian
- The patient has been assessed as lacking capacity to make a decision on granting proxy access, and the applicant is acting as a Court Appointed Deputy on behalf of the patient
- 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
- The patient is a child who has been assessed as not competent to make a decision on granting proxy access (please see 'Proxy access on behalf of children' below).
- The identity of the person authorising access, and the reason, should be recorded in the patient's practice record following the completion of a proxy consent form, which should be scanned and attached to the patient's record.

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.

10.8 Young People

For convenience throughout this document, the term parent is used to refer to anyone who has legal parental rights and responsibilities for a child, and family is used to refer to any group consisting of one or more parents and one or more children.

Children vary in the age at which they are able to make an independent and informed decision about who should have access to their record. Although this guidance recommends how to manage online access for children and young people with this natural variation in mind, different approaches may be taken in specific cases. For example, care has to be taken to determine who has parental rights for a child under 11, or a patient over 11 who is not competent to control access. The guidance around children below also reflects current General Practice Systems of Choice (GPSoc) contractual requirements for system suppliers, which requires the suppliers to make automatic changes to the proxy access available to children's records at these birthdays. The GPSoc contract requires GP system suppliers to make automatic changes to the proxy access available to children's records at these birthdays.

- On the child's 11th birthday: 3 months before the child's 11th birthday the GP computer systems will generate an email to parent/guardian to notify that their child's online service will be restricted on their 11th birthday. On their 11th birthday the proxy user will receive another email stating that their child's online services have been restricted and their child needs to register for online services in their own right or give proxy access to their parents/guardian. Parents may continue to have limited proxy access if the child has given consent and the Proxy Access form has



been completed. A parent with proxy access will be able to manage certain elements of the young person's record, such as demographic data, and make appointments and order repeat prescriptions, but they will not be able to see the young person's past appointments or clinical record, although they would still be able to see the current repeat prescription record. Practices should be mindful of the benefits of access for most children and families, whilst also protecting the small number of children and young people who could be at serious risk of harm from their family if medical information (such as use of the contraceptive pill) is inadvertently disclosed.

- On the child's 16th birthday: if their On Line account has a linked Proxy User the GP computer systems will automatically generate an email 3 months before the Child's 16th birthday computer. This is to notify the parent/guardian that their Child's online service will be restricted on their 16th birthday. On their 16th birthday the proxy user will receive another email stating that their child's online services have been restricted and their child needs to register for online services in their own right. However parents may be allowed proxy access to their child's online services after careful discussion with the GP, or whoever is responsible for these decisions in the practice if it is felt to be in the child's best interests. A proxy access consent form will have to be completed by both the 16 year old child and parent /guardian.

10.9 Proxy Access for care home staff

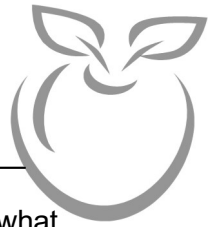
If care home staff teams or home care teams ask for proxy access to online services for one of their clients, then careful consideration must be given to the balance of the benefits and risks to the patient before granting access. The discussion with the patient about the benefits and risks of allowing proxy access, and their consent or legal justification if they lack capacity must be recorded. Where the patient does not have capacity, online access may be allowed following discussion with the patient's family and care home staff, if it is felt by the doctor to be in the patient's best interests.

Decisions of those with lasting powers of attorney for health and welfare or court appointed deputies, should also be respected. Proxy access should only be given to named individuals who have a legitimate reason to have access to the online services on behalf of patients they are caring for. Individual members of staff must have their own online service user accounts, with credentials issued following face-to-face identity verification at the practice in accordance with Identity verification guidance for general practice. They should be advised of the importance of not sharing their login credentials or allowing others to access their accounts. It should be clear and recorded in the patient's records who is responsible for ensuring that staff, who are registered for proxy access maintain the confidentiality and security of the patients' records. Consent should be obtained and recorded when proxy access is enabled for new members of staff. The practice must be informed and access revoked whenever a person with online access leaves the organisation.

10.10 What level of access should proxies have?

When consent to proxy access is obtained it is important that it is made clear to the patient exactly what services are being made available to the proxy, where the system allows for different levels of access. The options are:

- Online appointments booking
- Online prescription management
- Access to medical records.



For records access it must be agreed and made clear to the patient and the proxy what record content will be made available to the proxy. It may be the whole record that the practice is allowing access to or just a specified subset of the record available to the patient. For a patient with capacity, this is entirely their decision. When an adult patient has been assessed as lacking capacity and access is to be granted to a proxy acting in their best interests, including someone holding a lasting power of attorney, or a to a court appointed deputy, it is the responsibility of the person authorising access to ensure that the level of access enabled is necessary for the performance of the applicant's duties. For example, it may be appropriate to enable appointment booking and ordering of repeat prescriptions, but not full records access.

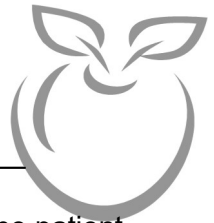
Identity Verification Applicants for proxy access must have their identities verified in a face-to-face transaction, in the same way as applicants for access to their own record. Where proxy access is requested with the consent of the patient, the identity of the person giving consent for proxy access must be verified too. The person giving consent will normally be the patient, but may be someone else acting under a power of attorney or as a Court Appointed Deputy. It may also be the manager of a care home choosing members of staff to have access.

10.11 Reviewing proxy access

Where proxy access has been granted with the consent of the patient, the proxy access must be reviewed or withdrawn at the request of the patient. It should also be reviewed if the patient loses capacity to give consent, unless the patient 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, this should be reviewed should there be a change in capacity resulting in the patient re-acquiring capacity. Where proxy access has been granted to members of an organisation that has a duty of care for the patient, such as a care home or a home care team, access must be withdrawn if the patient leaves the care of that organisation. It must also be reviewed every time there are significant changes in the patient's circumstances or a member of staff with proxy access leaves the organisation. In this case, the access details must be changed, although the organisation as a whole may continue to have access. As described above, the competence of young people between their 11th and 16th birthdays should be regularly assessed or on request by the patient or the proxies if someone has proxy access to their record and their involvement in decisions on continued access by proxies reviewed. 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.

10.12 Refusing proxy access

Patients may be put under pressure to permit proxy access to their medical record or to order repeat prescriptions. If a GP or other health professional suspects that a patient is being coerced, they should try to establish the true position with the patient. If after discussion with the patient they still believe they have good grounds for suspicion that the patient is not giving access freely, they should tell the patient that they are not going to authorise or will withdraw proxy access. Practice staff registering a proxy must also be aware of signs to look out for.



Proxy access should not be granted in other circumstances, after discussion with the patient, if:

- Practice staff members believe a patient aged under 16 is competent to make a decision on access but that child has not given consent for proxy access to the person who is seeking it.
- There is a risk to the security of the patient's record by the person being considered for proxy access.
- The patient has previously expressed the wish not to grant proxy access to specific individuals should they lose capacity, either permanently or temporarily; this should be recorded in the patient's record.
- The patient's GP judges that it is not in the best interests of the patient.

10.13 Promoting Patient Access to Online

The Practice will promote the Patient Online Access service to all patients using a number of methods which will include:

- Display of posters within patient waiting area
- Practice website
- Practice newsletter
- Verbally with individual and groups of patients