

PROXY ACCESS

Some patients find it helpful for a second person to have access to their Patient Online account. This is often a family member, a close friend or a carer who they trust to act as their proxy to access some or all of the practice Patient Online services. This is called proxy access.

Proxy access may be an informal arrangement by which the patient shares their log in credentials with their proxy and the practice may know nothing about it or, if the GP system has the capability, a more formal arrangement where the practice give the proxy their own personal log in credentials and sets the proxy's level of access, which may be different to the patient's access.

There is a template consent form in the toolkit that you can use to record the patient's consent to their proxy receiving access to their Patient Online. Proxy access can be very helpful when the patient lacks capacity to consent. If this situation can be foreseen such as with dementia or towards the end of life, consent may be arranged in advance. Otherwise the decision to grant proxy access must be made by the practice in the patient's best interests. The decision is easier if the proxy has a relevant power of attorney or is a court-appointed deputy (see below).

This guidance explains how and when to allow, refuse or withdraw proxy access

Comparison of formal and informal proxy access	
Formal proxy access	Informal proxy access
The proxy has their own account and log in credentials	The proxy uses the patient's account and log in credentials
The proxy may be given a level of access tailored to the patient's wishes, e.g. only enough access to order repeat prescriptions	The proxy has exactly the same level of access as the patient
The practice is aware that a proxy has access and has the opportunity to refuse access if concerned about a risk of coercion of the patient	The practice may not be aware of the proxy access and may not have an opportunity to intervene if there is a risk of coercion of the patient
The clinical computer system may offer an audit trail of who has accessed the patient's account	There will be no audit trail of who has accessed the patient's account
The practice may withdraw the proxy access at any time without affecting the patient's access	The practice can only withdraw the proxy's access by switching off the patient's access - the patient's access can be re-instated with a new set of login credentials

Switching on a new formal proxy access

Before the practice provides proxy access for a patient an authorised member of staff at the practice must establish to their satisfaction

1. *Coercion* - it is essential to consider the risk of coercion being involved in a request for proxy access. The patient should always be asked about whether they have any concerns that they are under any pressure to ask for proxy access against their will. The response should be recorded in the consent form.
2. *Consent* - the patient must fully understand the implications of allowing their proxy to have access to their Patient Online account and give explicit informed consent by completing a consent form (there is a template consent form in the toolkit). The consent should specify the level of access for the proxy that the patient has chosen. This is the patient's decision but the practice may give advice about it. The completed proxy consent form, should be scanned and attached to the patient's record.
3. *Lack of capacity to consent* - where the patient has been assessed as not having the capacity to consent, that there is a clear justification in the patient's best interests to allow the proxy to have access to Patient Online, and the proxy has a legitimate reason to have proxy access, ideally a lasting power of attorney or a court appointment. The responsibility for the decisions about capacity and who may have proxy access lie with the GP, usually the GP who knows the patient best. The basis of the decision and who has made it must be recorded clearly in the patient's notes.
4. *Level of proxy access* - the level of access the patient chooses for the proxy must be established and recorded on the consent form. This may be different to the access that the patient has; the patient may not have a Patient Online account. The proxy may be given access to appointments, prescriptions or partial or full record access. When an adult patient has been assessed as lacking capacity to make this decision, 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. If the proxy is to be given access to any part of the clinical record, the record must be clinically assured with proxy access in mind (there is more information on this in the Record Access guidance in the toolkit).
5. *Data security and protection* - the proxy must be aware of their responsibility for keeping the

Patient Online account secure and how to keep it secure.

6. *Identity verification* -the identities of the person giving consent to proxy access, usually the patient and the proxy must be verified in the usual way. 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. For guidance on how to verify identities correctly, please refer to the Identity Verification guidance in the toolkit.

Proxy access without the patient's consent

There are legitimate reasons for the practice to 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 has registered the applicant as 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 acting as 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 is a child who has been assessed as not competent to make a decision on granting proxy access (please see the Children and Young People guidance in the toolkit).

The doctor should carefully weigh the balance of benefits to the patient against the risks described in the toolkit (see the guidance on Coercion) when considering 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 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 in these circumstances to named individuals and only for as long as the individual is responsible for the care of the patient. For example, proxy access for people with parental responsibility for a child patient should usually be switched off at the child's 11th birthday (see the Children and Young People guidance).

Refusing or withdrawing proxy access

Proxy access should not be granted if any of the following apply:

- Practice staff have good grounds for suspicion that the patient is not freely given.
- Authorised practice staff 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 that the security of access to the patient's Patient Online account will not be maintained by the nominated proxy.
- 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 assesses that it 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 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. This is often helpful when the patient has a deteriorating condition such as dementia or terminal cancer (see the Dementia and End of Life guidance on the toolkit).

Where proxy access has been established 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.

As described above, where someone, usually with parental responsibility, has proxy access for a young person between their 11th and 16th birthdays, the patient's capacity to choose about

the proxy access should be regularly re-assessed. Once the young person is competent to make the choice, proxy access should only continue with their consent. Once a young person turns 16, they are deemed to have capacity to give or refuse consent by default. Previous decisions made on their behalf about proxy access are no longer applicable. Proxy access must be reviewed at this stage unless it is clear that the patient does not have capacity to give consent.