

ISSUE 3: UPDATED - 30 NOVEMBER 2022

ACCELERATED ACCESS TO GP-HELD PATIENT RECORDS GUIDANCE

OUR EASY TO READ SUMMARY OF CURRENT ISSUES FOR GENERAL PRACTICE

In July 2022, NHS Digital wrote to practices informing them on 01 November 2022, there would be an automatic switch on of prospective access.

This meant that all patients over the age of 16 would automatically have online access to their prospective records.

Access would include consultations, documents (sent and received), problem headings, lab results, immunisations and free text entries.

On 29 November 2022, the BMA's GPC announced that the national mass roll out that would have turned on prospective access to the medical record from 30 November 2022 is not now occurring for those who wish to delay the process.

If you still want this access to be paused, you must tell your supplier immediately.



WHAT IS THE BMA GPC ENGLAND GUIDANCE ON ACCELERATED ACCESS TO GP-HELD PATIENT RECORDS?

The guidance can be found in full on the BMA website.

Dr David Wrigley, deputy chair of GPC England at the BMA, said:

"We're pleased to hear that NHS England has decided to review the pace and timing of the automatic, mass roll-out of the Citizens' Access programme. This is, without doubt, the right thing to do for patient safety.

"We want patients to be able to access their GP medical records, but this must be done carefully, with the appropriate safeguards in place to protect them from any potential harm. The deadline of November 30th was, for many practices, just too soon to do this, and removing it will come as a huge relief to GPs and their teams across the country.

"We're pleased that our members' concerns have been listened to and are open to working with NHS England to revise the programme accordingly to find a way forward that works for everyone."



To summarise:

- General Practice faces unprecedented pressure. Whilst GPC England are supportive of access to records it is not the right time
- There has been no additional resource or support from NHSEI to allow practices to implement effectively or safely
- Concerns raised about reliability and safety of redaction software
- Concerns surrounding safeguarding and the potential risk to vulnerable patients

WHAT DOES GPCE RECOMMEND YOU DO NEXT?

I have submitted a template letter to my system supplier – what happens now?

Your practice will not see the records programme switched on, regardless of whether you batch coded none, all, or a subset of your patient population. On your behalf, we will be discussing the next steps with NHSE, system suppliers and others.



WHAT DOES GPCE RECOMMEND YOU DO NEXT?

I haven't done anything – what happens now?

The inference is that you are happy to proceed with the roll out as planned. We are told your system supplier will be in touch with you to discuss what happens next and when. You can still send in the template letter if you do not want the records programme switched on at this time. The template letter can be found on the <u>BMA website</u>. On your behalf, we will be discussing the next steps with NHSE, system suppliers and others.

I have batch coded a certain cohort of vulnerable patients to prevent additional access being provisioned but did not send in a template letter – what happens now?

The inference is that you are happy to proceed with the roll out as planned, with prospective access being granted to those patients who didn't have codes added to prevent access. We are told your system supplier will be in touch with you to discuss what happens next and when. On your behalf, we will be discussing the next steps with NHSE, system suppliers and others.



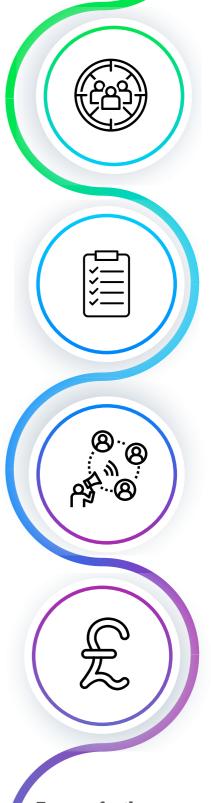
WHAT DOES GPCE RECOMMEND YOU DO NEXT?

I have batch coded all my patients to prevent additional access being provisioned at this time but did not send in a template letter – what happens now?

This question is largely academic as even if the new functionality to provide access were provisioned, no new access could occur due to the presence of batch coding to all your patients. On your behalf, we will be discussing with NHSE and system suppliers whether an option to restore the medical record to its previous state, through the removal of those batch codes, would be beneficial. This would be on the proviso that the roll out does not proceed for those who do not wish it to do so, and any changes to the medical record had the approval of the data controllers.

A patient has requested access - what should I do?

Patients can still request access to their electronic records, as has been the case for a long time. Patients should be made aware of the implications of access and GPs should ensure it is appropriate and safe for their patients to have access before it is granted.



WHAT HAPPENS NEXT?

The BMA has committed to work with NHSE, system suppliers and others to review the current approach to accelerating access and to see if we can jointly find an alternative path to improve the uptake of access in a way that allays the concerns of practices whilst ensuring practices remain in control of the process.

The protections within the current contract need to be recognised with regard to ensuring you can provide essential services. Work needs to go on to improve redaction functionality so it can operate in a way that satisfies the requirements of the Information Commissioner's Office. More training resources need to be created especially for secondary and community care colleagues, and an education resource for patients needs to be developed so they might understand the risks and benefits associated with online access.

Additionally, GP2GP needs to be upgraded to allow the transfer of redaction information from one practice to another or we risk needlessly replicating work. Through the use of technology, it is our hope that it will be possible to facilitate access in a way that is safe and sustainable and has your support.



WHAT DOES THE CONTRACT SAY ABOUT PROVIDING APPOINTMENTS FOR PATIENTS?

Patient Online access to records is a contractual responsibility. This is written into paragraph 20 of the October 2020 contract variation. However, switching on accelerated access for all over 16s is not contractual.



We support practices who are committed to providing online access to patients. However, we feel any mass switch on carries significant risk. We believe the safest way to do this is on an individual basis.

As your LMC we strongly advise that practices follow the <u>BMA advice</u> if they feel concerned about turning on the access. LMCs have been lobbying the BMA over this for months in an effort to protect practices from a GDPR and workload perspective. We have contacted the ICB to make them aware of our position.

We are hoping there is a longer term safe solution and await further updates.



DOES THE LMC HAVE ANY FURTHER ADVICE?

Alongside this guidance, we have created a poster that can be displayed in practice to support you in your messaging to the general public.

Questions to consider:

- Are you **really** ready?
- What will the implications be on your workforce?
- What will the implications be on your patients?
- What about your responsibilities under GDPR?

Remember, everything you write from now on will be viewable.

Do not feel pressured to participate in a programme you are unready for.

