



GP Online Services Guidance

Children and Young People

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Introduction

GP Online Services are particularly useful to families who have a child with serious or complex long term conditions. Booking and cancelling appointments at the practice and ordering prescriptions are convenient and less prone to mistakes. Record access enables a better understanding of the child's health and health care and enables the child or young person and their parents to be prepared for consultations and engage in decisions about care. In short, it facilitates a collaborative person-centred approach to care of the child.

People aged 16 or above are assumed to be competent to make an independent and informed decision about whether to ask for someone to have proxy access to their GP Online Services and record, unless there is an indication that they are not. Children vary in the age at which they develop the capacity to make an independent and informed decision about their health care, confidentiality and who should have access to their record.

Data protection legislation states that young people may consent to have access to online services after their 13th birthday. The practice must still make an assessment of the young person's competence and if not competent make a decision about whether having online access is in the patient's best interests. It is appropriate to decline access if the patient lacks the capacity to consent or to keep their access secure.

It is good practice to consider seeking consent of someone with parental responsibility for the child when making a best interest decision to provide online access to someone who does not yet have capacity, although this is not essential (recital 38, General Data Protection Regulation).

After their 16th birthday young people who have the NHS App and an NHS Login will have automatic access to all GP Online Services, including future information recorded into their notes.

Ref: There is guidance about “Proxy Access” in the Toolkit.

Definitions

For the purposes of this document, a **parent** refers 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.

Parents have legal rights and responsibilities as a parent - known as **parental responsibility**. Someone with parental responsibility is responsible for, among other things, agreeing to the child’s medical treatment. A parent who does not live with the child still has a right to be kept updated about their well-being and progress. Circumstances surrounding who has parental responsibility may be complicated, therefore access should be granted on a case by case and with advice from a medical defence body.

Ref: Medical Defence Union - <https://www.themdu.com/guidance-and-advice/guides/parental-responsibility> (accessed 15 March 2022)

The General Medical Council define parents and parental responsibility here - <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/definitions-of-children-young-people-and-parents> (access 15 March 2022)

Proxy Access for children and young people

Before a child develops the capacity to make informed choices about their healthcare or GP Online Services, or to be able to keep their online account secure, the usual position would be for someone with parental responsibility for the child to control access to GP Online Services and to have proxy access where it is in the child’s best interests (see the Proxy Access guidance in the Toolkit).

Practices should be mindful of the benefits of proxy access for 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 or responsible guardian if medical sensitive information (such as use of the contraceptive pill) is inadvertently disclosed.

The practice may receive requests for proxy access to book appointments, order repeat prescriptions or access the GP record on behalf of a child or young person. If the child does not have the capacity to consent to proxy access, the decision has to be made by the practice based on what is thought to be in the child’s best interests.

Where someone is seeking proxy access as a parent on behalf of their child, care has to be taken to determine if they have parental rights (see above). Care must also be taken if a parent

has no or limited legal right of access because they have been perpetrators of abuse and/or neglect. It may be helpful to consult practice staff and other health and care professionals who know the family well, including safeguarding leads and Named GPs.

Young people living in certain circumstances such as within an extended family or cared for in institutions such as children's homes or care homes may have no opportunity to view their records in conditions of privacy. Similarly, patients who are illiterate in English might be forced to use family members as interpreters, as is currently the case with consultations in certain ethnic communities. In such circumstances record access for the child or through a proxy could create new safeguarding risks. If an abuser becomes aware that abuse has been detected, the risk of harm to the child is increased.

The decision to allow proxy access should usually be taken by the GP who knows the child and family best and must consider if the proxy access could be used by someone who may use it to further abuse of the child.

Safeguarding concerns about young people

An individual's safeguarding risk may fluctuate and arise in previously safe circumstances. It may be very difficult for a health professional to detect that a child is at a safeguarding risk within the limitations of the consultation. Vigilance for signs of risk is very important. For example, in cases of sexual exploitation, a young girl may be accompanied by her abuser posing as a concerned boyfriend. Be aware of the risks that parents may misuse proxy access in a way that is harmful to the child or to monitor their record for evidence that the practice suspects there are safeguarding risks.

It is vital to follow up and document suspicions of safeguarding risks. If proxy access has been granted to a parent or carer, it must not inhibit entering information about safeguarding concerns in the child's record. A clear record of evidence or suspicions of abuse can be a vital factor in colleagues' later decisions about the safety of the child. Failing to record concerns could place the child at risk.

Any safeguarding information that is entered in the record in consultations, documents or by any other route should be hidden from the online view of the proxy or the child. All GP clinical systems can do this without restricting access to the information in the practice or when the child's records are shared for clinical care. However, if the practice is not confident that their clinical system can hide the information effectively, it may be prudent to decline or withdraw parental access to children's records.

Approaching a child's 11th birthday – the first milestone

Up until a child's 11th birthday, the parents of the child will usually control access to their child's record and GP Online Services.

Access to the record should be switched off automatically when the child reaches the age of 11. This avoids the possibility of:

- Sudden withdrawal of proxy access by the practice alerting the parents to the possibility

that the child or young person has been to the practice about something that they wish to remain private, an example may be family planning advice.

- The young person being deterred from coming to the practice for help.

Parents/Guardians may continue to be allowed proxy access to their child's online services, after careful discussion with the GP, if it is felt to be in the child's best interests.

A practice may want to contact parents or guardians who have proxy access for a child, who is approaching their 11th birthday, to remind them that their access on behalf of their child is coming to an end and to invite them and their child to come to the surgery for a discussion about the reasons why proxy access has been withdrawn.

Between the 11th and 16th birthdays

Decisions made at the first milestone can be re-considered and changed later. Each case must be considered individually with the interests of the child being paramount. For example, for parents with GP Online Services access on behalf of children and young people with long term conditions that require regular monitoring and medication it would be appropriate for continued access after the 11th birthday, but this must be balanced against the challenges that may arise as the young person becomes competent to make their own decisions about their healthcare.

The young person may decide, once they are mature enough to act autonomously. The decision about the capacity of young people can be complex. In particular learning difficulties may not be well documented. It may also be difficult to identify coercion of a young person to allow parental or carer access. Parental rights yield to the child's right to make their own decisions when they reach a sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision.

Ref: [Gillick or Fraser? A plea for consistency over competence in children. BMJ 2006;332:807, https://www.bmj.com/content/332/7545/807 \(accessed 15 March 2022\).](https://www.bmj.com/content/332/7545/807)

The age at which a young person becomes competent to make autonomous decisions about their healthcare, including who should have access to their GP Online Services, will vary from person to person. Where a parent, guardian or carer has proxy access to the online services of a young person after their 11th birthday, the child's competence to make an independent and informed decision about proxy access should be re-assessed regularly, perhaps on an annual basis or on request by the patient or the proxies. It may be possible to plan for proxy access to be withdrawn at some time in the future.

The competent young person may decide to:

1. Stop their parents' proxy access to their online services, where the parents still have access after the 11th birthday
2. Allow their parents to have access to their online services, or to allow limited proxy access to specific services, such as appointment booking or repeat prescription requests, but not to the medical records
3. Request access to their online services where nobody currently has access
4. Switch off all online access until such time as the young person chooses to request access.

Approaching a young person's 16th birthday - the second milestone

Once a young person turns 16, by default the previous competence assessment is no longer applicable as they are assumed to have capacity unless there is an indication to the contrary. If they have an account or set up an account for GP Online Services, they will automatically have record access. To future information entered after their 16th Birthday.

Where parents or guardians still have access to their child's online services when the child reaches their 16th birthday, the parental' access should be reviewed.

- If the young person is not competent to make a decision about access at this age, for example if they have a severe learning disability, and it would be in the child's best interests for the parents to retain access, they may do so.
- If the young person consents for their parents to continue to have proxy access. It may be helpful to offer the 16-year-old their own personal GP Online Services account, following the usual protocols for identity verification, as a marker of their new autonomy.

Where a young person has already been given control over access to their online services before their 16th birthday, and their parents or guardian do not have access, there is no need to make any changes unless the young person wishes to do so.

If it is inappropriate for the patient to have online record access, you can prevent access being automatically given by entering a Systemised Nomenclature of Medicine – Clinical Terms (SNOMED) code term in their record: Enhanced review indicated before granting access to own health record (1364731000000104). This must be undertaken before their 16th birthday and the patient will continue to automatically have access to appointment booking and repeat prescriptions should they set up an account.

Further reading

Parental rights and responsibilities, UK Government - <https://www.gov.uk/parental-rights-responsibilities> (accessed 15 March 2022)

Protecting children and young people: The responsibilities of all doctors, General Medical Council - <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people/about-this-guidance> (accessed 15 March 2022)

Children and young people ethics tool kit, British Medical Association - <https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/children-and-young-peoples-ethics-tool-kit> (accessed 15 March 2022)

Safeguarding Children Toolkit for General Practice, Royal College of General Practitioners - <https://elearning.rcgp.org.uk/mod/book/view.php?id=12531> (accessed 15 March 2022)

Confidentiality and children, Medical Defence Union - <https://www.themdu.com/guidance-and-advice/guides/confidentiality-and-children> (accessed 15 March 2022)