

## Online services: Proxy Access on behalf of Children and Young People

### Guidance for general practice

#### Executive Summary

1. When someone requests online access to a child's record, it is essential to establish that they have parental responsibility and right of access to the child's record
2. Parent and carer access should not inhibit recording of safeguarding concerns in case an abuser will become aware that abuse has been detected. Such data should be redacted where the computer system has the functionality to do so, so that it is not visible online
3. On the child's 11th birthday, GP computer systems will automatically restrict the scope of existing proxy access. Parental proxy access may be reinstated if, after discussion with the parent(s) requesting access, the child's GP believes that proxy access would be in the child's best interest.
4. From 11–16, 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. Practices need to be aware that there may be some risk from the parent being able to see the current prescription record.
5. On the young persons' 16th birthday, the systems will switch off all the remaining proxy access except where the young person is competent and has given explicit consent to the access.

#### Box 1: Definition

**Proxy** - a person authorised to act on behalf of another or the authority to represent someone else.

#### Proxy access on behalf of children and young people

Practices should be mindful of the benefits of proxy 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.

Before a child develops the capacity to make an informed choice about their health care or who might have proxy access to their records, the usual position would be for the parents of the child to control access to their child's record and online services.

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. Young people under the age of 16 who are competent may give consent to proxy access.

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.

Care has to be taken to determine who has parental rights for a child under 11, or a patient over 16 who is not competent to control access. 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. Parent and carer access should not inhibit recording of safeguarding concerns. Not recording concerns could place the child at risk because information may not be available to other health professionals involved with the child. If an abuser becomes aware that abuse has been detected, the risk of harm to the child is increased. Such data should be recorded and redacted so that it is hidden from online display. If the GP system functionality does not allow such data to be redacted from online display, it may be prudent to refuse parental access to children's records.

### Box 2: Definitions

#### Parent

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. The principles in this document are highlighted in RCGP's [Patient Online: The Road Map](#) and The Information Governance Review section on [online access to records by parents and children](#).

#### Parental responsibility

All mothers and most fathers 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.

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

Up until a child's 11th birthday, the usual position would be for the parents of the child to control access to their child's record and online services.

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

1. 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, or

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

Parents 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 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, parents with online access on behalf of children and young people with long term conditions that require regular monitoring and medication may have a good case for continued access after the 11th birthday but this must be balanced against the risks 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 right yields to the child's right to make their own decisions when they reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision." ([Gillick or Fraser? A plea for consistency over competence in children](#) BMJ 2006;332:807).

The age at which a young person becomes competent to make autonomous decisions about their healthcare including who should have access to their online services will vary from person to person. Where a parent or carer has proxy access to the online services of a young person after their 11th birthday, the patient'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, 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.

Where parents still have access to their child's online services when the child reaches their 16th birthday, the parents' access should usually be withdrawn.

When a young person is not competent to make a decision about access after their 16th birthday, for example the child has a severe learning disability, and it would be in the child's best interests for the parents to retain access, they may do so.

Parents may also continue to have proxy access with the consent of the patient after the 16th birthday. In this situation where the 16 year old is competent it may be helpful to offer the 16 year old an opportunity to register for online services, 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 do not, there is no need to make any changes unless the young person wishes to do so.

### **Safeguarding concerns for young people**

Young people living in certain circumstances such as within an extended family or 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

It may be very difficult for a health professional to detect coercion within the limitations of the consultation for example in cases of sexual exploitation where a young girl may be accompanied by her pimp posing as a concerned boyfriend. Practices are advised to exercise caution and refer to the RCGP [Coercion guidance for general practice](#).

#### **Box 3 Further information and resources**

[UK.Gov Parental rights and responsibilities](#)

[GMC Definitions of children, young people and parents](#)

[BMA Children and young people toolkit](#) - particularly Card 3 Parental responsibility

[MDU Children and adolescents guidance](#)

[Patient Online Coercion guidance for general practice](#)