



North East
London
Training Hub

Patient Access to Online Records

Dr Osman Bhatti
GP / CCIO
NEL ICB

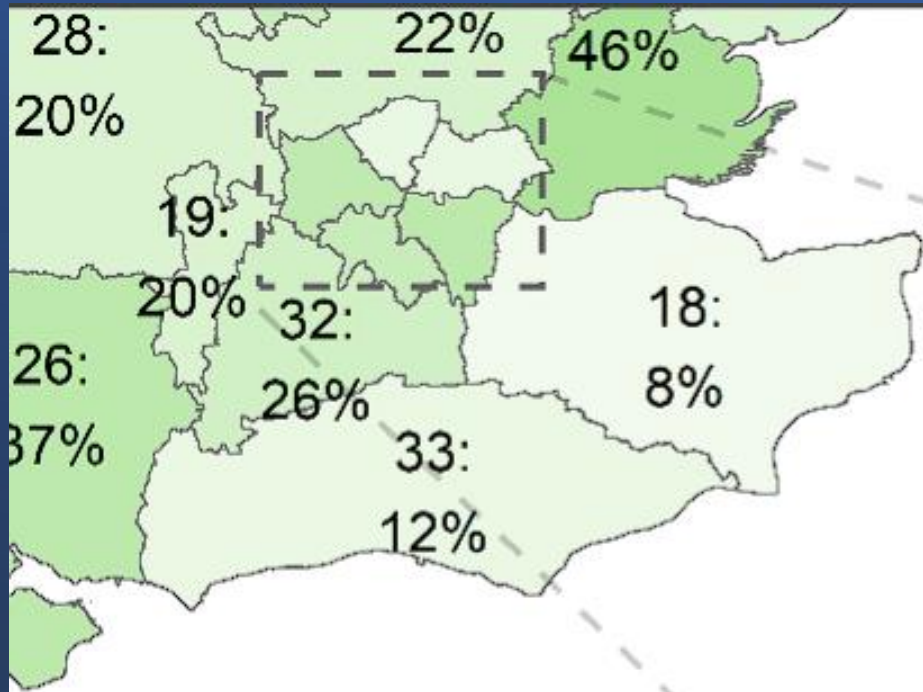
SEPTEMBER 2023

Where are we?

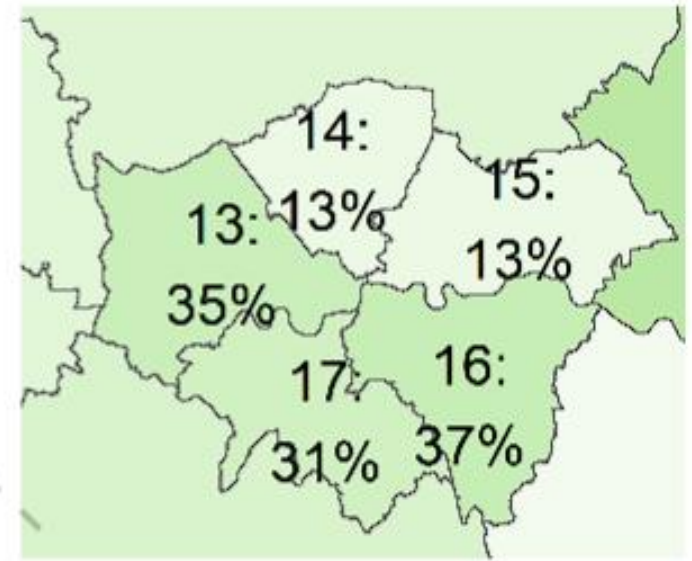
April 2023 – NHS asked EMIS / TPP to allow practices to opt in 'early'

August 2023 – 13% of NEL practices have opted to go 'early'

November 2023 – go live



- 19 PRIMELEY
- 20 CORNWALL AND THE
- 21 DEVON



Contractual
obligation

[The National Health Service \(General
Medical Services Contracts\) Regulations
2015 \(legislation.gov.uk\)](#)

[F1 Patient online services: provision of online access to coded information in medical record and prospective medical record

71ZA.—(1) Where a contractor holds the medical record of a registered patient (“P”) on its computerised clinical systems, the contractor

must promote and offer to P the facility to access online the information from P’s medical record which is held in coded form other than—

- (a) any excepted information, or
- (b) any information which the contractor’s computerised clinical systems cannot separate from any free-text entry in P’s medical record.

71ZA.—(1) Where the contractor holds the medical record of a registered patient (“P”) on its computerised clinical systems, the contractor **must—**

- (a) provide P with the facility to access online information entered onto P’s medical record on or after the relevant date (the “prospective medical record”); and
- (b) promote and offer to P the facility to access online the information from P’s medical record held in coded form.

(2) The contractor must, if its computerised clinical systems and redaction software allow, offer to P the facility to access online the information (other than any excepted information) entered onto P's medical record on or after the relevant date (the "prospective medical record").

(4) The contractor must configure its computerised clinical systems so as to allow its registered patients the facility to access online information entered onto their medical record.

(4) But the contractor may—

- (a) delay providing the facility to P, if the contractor considers that providing P with it is likely to have an adverse impact on its provision of essential services;
- (b) delay giving P online access to any information added to P's prospective medical record after the facility is provided to P, if the contractor considers that providing P with access to that information is likely to have an adverse impact on its provision of essential services.

[F1 Patient online services: provision of online access to full digital medical record

71ZB.—(1) A contractor must provide a registered patient (“P”) with the facility to access online relevant medical information if—

- (a) its computerised clinical systems and redaction software allow it to do so, and
- (b) P requests, in writing, that it provide that facility.

(2) In this regulation “relevant medical information” means any information entered on P’s medical record other than—

- (a) any information which P can access online via a facility offered in accordance with regulation 71ZA(1) or (2), or
- (b) any excepted information.]

Patient online services: provision of online access to full digital medical record

6.—(1) Regulation 71ZB (patient online services: provision of online access to full digital medical record) is amended as follows.

(2) In paragraph (1)(a), omit “and redaction software”.

(3) After paragraph (1) insert—

“(1A) Where P makes a request under paragraph (1)(b), the contractor must provide P with the facility by the end of the compliance period.

(1B) The contractor must configure its computerised clinical systems so as to allow its registered patients the facility to access online their relevant medical information.”.

(4) In paragraph (2)(a), for “offered in accordance with regulation 71ZA(1) or (2)” substitute “provided in accordance with regulation 71ZA(1)”.

(4) The contractor must configure its computerised clinical systems so as to allow its registered patients the facility to access online information entered onto their medical record.

(5) In this regulation, “relevant date” means—

- (a) if the contractor has not provided P with the facility to access online P’s prospective medical record under this regulation as in force immediately before 15th May 2023, the day on which the contractor does provide the facility under paragraph (1)(a); or
- (b) 31st October 2023,

whichever is the earlier.

(6) Where—

- (a) the contractor has not, before 15th May 2023, provided P with the facility to access online P’s prospective medical record; and
- (b) P makes a request in writing to the contractor on or after 15th May 2023 but before 31st October 2023, to be provided with that facility,

the contractor must provide that facility to P by the end of the compliance period or by 31st October 2023 whichever is the earlier.

(7) Where—

- (a) the contractor has not, before 1st November 2023, for whatever reason, provided P with the facility to access online P’s prospective medical record; and
- (b) P makes a request in writing to the contractor on or after 31st October 2023 to be provided with that facility,

Contractual
obligation

[The National Health Service \(General
Medical Services Contracts\) Regulations
2015 \(legislation.gov.uk\)](#)

Where are we
now?

EMIS / NHSE wrote to ALL GP practices
to sign up for early release of records
(not contractual)

NHSE main focus is that all patients do
not have 104 code applied

BMA updated LMC

Accelerated Access to Records Programme update

GPC England continues to support patients taking a proactive role in the management of their own health. This could be facilitated through access to a patient's own electronic health records. Following the imposition of the 2023/24 GMS contract, the Accelerated Access to Records Programme is currently scheduled to go live for all patients on 1 November 2023. From that date, patients in England will be given prospective access to information entered into their GP record.

However, GPC England believe there are patient safety and information governance concerns that remain outstanding, and which need to be addressed. For this programme to be successful and fulfil its potential we believe it should not be rolled out in a 'big bang' style on 1 November. Practices need to be given the appropriate time and resources to safely plan this in each practice across England, and we continue to press for this as well as further modifications.

Rollout dates

We are aware that EMIS have shared training dates to facilitate their 'bulk upload' and they are encouraging EMIS practices to use the new functionality which has been paid for by NHS England. Earlier this year, many practices wrote to system suppliers to turn this functionality off.

We will publish comprehensive advice and guidance for all practices and will continue to set out concerns and solutions to Government ministers. We will also be engaging with EMIS and TPP to ascertain how they can best support GPs with respect to bulk uploads in the lead up to and after the proposed switch on date.

We would therefore reassure practices that they have time to consider matters, and contractors do not need to make any quick decisions before our guidance has been published.

General practice confirmation (all boxes must be ticked for go-live)

1. I confirm I have received and understood the following documents: *

GP Readiness Checklist (<https://future.nhs.uk/NHSXImplementation/view?objectId=141032613>)

EMIS' Guidance (https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0076295&sys_kb_id=2e530f5f1bf4d950bf759719b04bcbe4&spa=1)

2. By clicking this button I confirm on behalf of my practice who is happy for EMIS to enable automatic prospective record access. *

Approval confirmed

Accelerating patient access: General practice readiness checklist



This checklist has been produced to support general practices in preparing for the upcoming changes of providing prospective (future) record access to patients. It signposts to relevant resources that include the Royal College of General Practitioners (RCGP) GP Online Services toolkit, a suite of videos and learning from the Early Adopter sites.

To acknowledge receipt of this checklist, please submit your [Practice \(ODS\) code](#).

Policies and processes should be reviewed or updated prior to 'switch-on'

- Review and/or update clinical system organisation (global) settings for Online Service. See [GP Online Services clinical system configuration](#).
- Review new and current policies to ensure they reflect patients being able to see their prospective records (including coded information, free-text, and documents).
- Ensure processes are in place, so that harmful and confidential third-party information is redacted as it is being entered. See redaction guidance for [TPP SystemOne](#) or [EMIS Web](#).
- Review patients who may be at risk of serious harm from access to their records. See [RCGP GP Online Services toolkit](#) and the [enhanced review \(SNOMED CT\) codes](#), that prevent prospective access from being automatically applied. See the [scenarios flowchart guide when using enhanced review codes in a patient's GP record](#) (FutureNHS login required).
- Have a process for young people who may access their records at 16 years of age and may have safeguarding needs. [RCGP GP Online Services toolkit](#) – see Children and young people guidance.
- Ensure processes are in place to manage patient requests to amend or change information in their record. See [Amending patient and service user record guidance](#).
- Ensure information is clear, accurate and legible in the patient record. See [Information governance \(IG\) guidance](#) and a [national template to support Data Protection Impact Assessment](#).
- Review learnings from some practices that have already successfully implemented this change. See [learning and good practice from Early Adopter sites](#).

[Set up a test patient](#). Once your practice has been enabled for prospective record access you will be able to use your test patient to see how and what your patients will view in their record and test your processes.

Staff should be fully trained

- Provide training for all staff, including locums, on how to redact, identify at-risk patients (and remove access when necessary), and write notes that are suitable for patient view. See the [RCGP GP Online Services toolkit, short videos](#) and GP system supplier guidance ([TPP SystemOne](#) or [EMIS Web](#)).
- Ensure practice staff are familiar with any changes to the registration process(es) of new patients, to enable identification of potentially 'at risk' patients. See [Patient Registration section on the RCGP GP Online Services toolkit](#).
- Encourage practice staff to attend or watch the recording of the general practice awareness webinar. Staff should familiarise themselves with any changes in business processes and GP system functionality.

[View webinar recordings](#) (FutureNHS login required) for general practice (including safeguarding awareness and a practice guide to preparing for the change).

Additional information

The [Clinical safety case report](#) (FutureNHS login required) is available to support practices in understanding the Citizen Access GP records programme, associated risks and an indication of the mitigations required to achieve an acceptably low risk to patients.

Policies and processes should be reviewed or updated prior to 'switch-on'

- Review and/or update clinical system organisation (global) settings for Online Service. See [GP Online Services clinical system configuration](#).
- Review new and current policies to ensure they reflect patients being able to see their prospective records (including coded information, free-text, and documents).
- Ensure processes are in place, so that harmful and confidential third-party information is redacted as it is being entered. See redaction guidance for [TPP SystmOne](#) or [EMIS Web](#).
- Review patients who may be at risk of serious harm from access to their records. See [RCGP GP Online Services toolkit](#) and the [enhanced review \(SNOMED CT\) codes](#), that prevent prospective access from being automatically applied. See the [scenarios flowchart guide when using enhanced review codes in a patient's GP record](#) (FutureNHS login required).
- Have a process for young people who may access their records at 16 years of age and may have safeguarding needs. [RCGP GP Online Services toolkit](#) – see Children and young people guidance.
- Ensure processes are in place to manage patient requests to amend or change information in their record. See [Amending patient and service user record guidance](#).
- Ensure information is clear, accurate and legible in the patient record. See [Information governance \(IG\) guidance](#) and a [national template to support Data Protection Impact Assessment](#).
- Review learnings from some practices that have already successfully implemented this change. See [learning and good practice from Early Adopter sites](#).

Staff should be fully trained

- Provide training for all staff, including locums, on how to redact, identify at-risk patients (and remove access when necessary), and write notes that are suitable for patient view. See the [RCGP GP Online Services toolkit](#), [short videos](#) and GP system supplier guidance ([TPP SystmOne](#) or [EMIS Web](#)).
- Ensure practice staff are familiar with any changes to the registration process(es) of new patients, to enable identification of potentially 'at risk' patients. See [Patient Registration section on the RCGP GP Online Services toolkit](#).
- Encourage practice staff to attend or watch the recording of the general practice awareness webinar. Staff should familiarise themselves with any changes in business processes and GP system functionality.

[View webinar recordings](#) (FutureNHS login required) for general practice (including safeguarding awareness and a practice guide to preparing for the change).

Additional information

The [Clinical safety case report](#) (FutureNHS login required) is available to support practices in understanding the Citizen Access GP records programme, associated risks and an indication of the mitigations required to achieve an acceptably low risk to patients.

Staff should be made aware what patients will see in their records

Appoint an online services champion/lead who can ensure practice staff are familiar with your practice process and highlight there may be an increase in patient queries relating to record access. See [Frequently Asked Questions on FutureNHS](#) (FutureNHS login required)

Discuss with your team, the [benefits record access](#) could have for your practice and patients. These may include:

Patient benefits:

- Increased patient health knowledge, and feeling of autonomy can empower patients and carers, leading to increased knowledge and health literacy.
- People who can access their own health information have been shown to have greater compliance with treatment regimens, a better understanding of their conditions and could improve patient self-care and safety.
- People can also review up-to-date and relevant information before or after their consultation, at any time of the day.

Staff benefits:

- Following an initial rise in new enquiries as practices and patients become familiar with routine record access, increased record access is expected to reduce administrative workload for practice staff by reducing patient phone calls, emails, and visits.
- Although GPs will be required to consider the potential impact of each entry and customise or remove access for some individuals in rare cases, it is expected that the overall long-term benefits will outweigh any increase in workload due to improvements in communications and data quality.

Ensure prospective access to patients is being promoted and offered

Promote and offer prospective access to your patients prior to your GPIT system being updated by your system supplier.

In-house promotion may include:

- Advertising on practice website and social media (if applicable)
- Advertising in the practice, for example, using posters nearby patient's check-in
- Inform patients using SMS text messaging
- Notify patient participation groups in your area and review feedback
- Proactively target patient groups who may benefit from having access to their record prior to 'switch-on'
- Ensure a service registration form is included in new-patient registration packs
- Highlighting in the practice answerphone message
- Advertising on repeat prescription forms

Review [patient communications](#) and adapt accordingly.



Adobe Acrobat
Document



Online Visibility
(redaction)

[EMIS Web - Online Visibility
\(emisnow.com\)](https://emisnow.com)





Prospective Access - Issues

Who has access?

Mental Health issues

Domestic violence

Coercion

Capacity issues

Sensitive information eg diagnoses





Prospective Access - Issues

Run proactive searches to exclude patients

No redaction software

Who is the data controller?

- GP practice
- NHS England?



CHANGE OF GOAL POSTS



Transferring patient records via GP2GP with restrictions

A new solution as part of the GP2GP transfer process has been developed and will mean transferred patient records will now include restrictions put in place by the previous practice.

This will allow the receiving practice to identify and review any restrictions which prevent patients from accessing all or part of their own record via the NHS App or online account.

System suppliers and practice representatives have been consulted on the solution which is expected to be in place by the autumn and should also help the process as part of accelerating citizen access to GP records. If you require further information contact gp2gp@nhs.net.

NHSE message to practices

- Check global settings
- Resolve bulk 104 codes
- [Accelerating patient access - SNOMED code scenarios FINAL - Implementation Team - FutureNHS Collaboration Platform](#)

NEL GP practice concerns

- Access may not be to the patient who the record is about
- Email addresses / mobile numbers often recorded as a relative / other proxy
- Not all patients with safeguarding concern are coded so will not be identified by search
- Staff turnover / use of locums make process challenging


Clinical Term (CT)	SNOMED CT code	Reason for use
Enhanced review indicated before granting access to your own health record	1364731000000104	<p>Applying this code to a patient's record before the switch on will:</p> <ul style="list-style-type: none">▪ Exempt them from having prospective record access enabled when your GP practice has switched on. <p>You can continue to use the code after the script is run which will:</p> <ul style="list-style-type: none">▪ Prevent patients who are about to turn 16 from having prospective record access enabled on their 16th birthday▪ Prevent new accounts created from having prospective record access


Clinical Term (CT)	SNOMED CT code	Reason for use
Enhanced review indicated before granting access to your own health record	1364731000000104	<p>Applying this code to a patient's record before the switch on will:</p> <ul style="list-style-type: none"> ▪ Exempt them from having prospective record access enabled when your GP practice has switched on. <p>You can continue to use the code after the script is run which will:</p> <ul style="list-style-type: none"> ▪ Prevent patients who are about to turn 16 from having prospective record access enabled on their 16th birthday ▪ Prevent new accounts created from having prospective record access
Enhanced review not indicated before granting access to your own health record	1364751000000106	This code can be used if a patient has had 1364731000000104 added to their record, but following a review before given access, they have been deemed suitable for prospective record access.
Online access to own health record granted following enhanced health record review	1290311000000106	This code can be used if a patient has had 1364731000000104 or 1290301000000109 or 1290331000000103 added to their record and following a review of their online access status, they have been given prospective record access.
Online access to own health record withheld following enhanced health record review	1290301000000109	This code can be used following a review of their online access status and they have deemed unsuitable for prospective record access.
Online access to own health record declined by patient	1290331000000103	This code can be used when a patient has requested for their online access to be withdrawn.

Practice Support searches


- [Practice Action for Online Access](#)


Name

 ALL PATIENTS ON LIST


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE


 ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED


 May lack capacity 28.03.22 v3.0 without current full detailed access


 PATIENTS WHO MAY LACK CAPACITY


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS

 ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED


 Online Status - Never had account

 Online Status Active (Registered - but not using)

 Online Status Archived (Inactive for 12 months)

 Online Status Inactive (Identity not verified)

 Online Status Live (Fully registered)

 Has Email address in record

 Has Mobile (for SMS)

[DETAILS HERE](#)

Name

ALL PATIENTS ON LIST

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE

ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED

May lack capacity 28.03.22 v3.0 without current full detailed access

PATIENTS WHO MAY LACK CAPACITY

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS

ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED

Online Status - Never had account

Online Status Active (Registered - but not using)

Online Status Archived (Inactive for 12 months)

Online Status Inactive (Identity not verified)

Online Status Live (Fully registered)

Has Email address in record

Has Mobile (for SMS)

These patients have no code applied.
Includes all those newly registered.

Requires review of records – do any of these patients require a 104 code?
Do you have resources / process to review

Consider coding all these patients with the 104 code until resources / process in place:
1364731000000104
(Enhanced review indicated before granting access to your own health record)

Name

ALL PATIENTS ON LIST

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE

ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED

May lack capacity 28.03.22 v3.0 without current full detailed access

PATIENTS WHO MAY LACK CAPACITY

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS

ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED

Online Status - Never had account

Online Status Active (Registered - but not using)

Online Status Archived (Inactive for 12 months)

Online Status Inactive (Identity not verified)

Online Status Live (Fully registered)

Has Email address in record

Has Mobile (for SMS)


These are patients with existing access and under latest regulations will have their access withheld.


Consider coding these patients with:

1364751000000106


(Enhanced review not indicated before granting access to your own health record)


Name

 ALL PATIENTS ON LIST


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE


 ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED


 May lack capacity 28.03.22 v3.0 without current full detailed access


 PATIENTS WHO MAY LACK CAPACITY


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS


 ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED


 Online Status - Never had account

 Online Status Active (Registered - but not using)

 Online Status Archived (Inactive for 12 months)

 Online Status Inactive (Identity not verified)

 Online Status Live (Fully registered)

 Has Email address in record

 Has Mobile (for SMS)

Learning from early adopter sites

- [Learning from Early Adopter sites - Implementation Team - FutureNHS Collaboration Platform](#)
- Code those that “may lack capacity”

Name

ALL PATIENTS ON LIST

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE

ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED

May lack capacity 28.03.22 v3.0 without current full detailed access

PATIENTS WHO MAY LACK CAPACITY

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS

ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED

Online Status - Never had account

Online Status Active (Registered - but not using)

Online Status Archived (Inactive for 12 months)

Online Status Inactive (Identity not verified)

Online Status Live (Fully registered)

Has Email address in record

Has Mobile (for SMS)

These patients may lack capacity so under the guidance and clinical safety case, practices may want to code these patients with the 104 code:

1364731000000104

(Enhanced review indicated before granting access to your own health record)

Name

ALL PATIENTS ON LIST

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE

ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED

May lack capacity 28.03.22 v3.0 without current full detailed access

PATIENTS WHO MAY LACK CAPACITY

ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE

HAVE A 104 CODE AND CURRENT ONLINE ACCESS

ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED

Online Status - Never had account

Online Status Active (Registered - but not using)

Online Status Archived (Inactive for 12 months)

Online Status Inactive (Identity not verified)

Online Status Live (Fully registered)

Has Email address in record

Has Mobile (for SMS)

These are patients with a code that indicates that they may lack capacity BUT have been given online access


Under latest regulations will have their access withheld on switch on date unless they are coded with a 106 code.


Consider reviewing these patients and if suitable for online access to code these patients with:

1364751000000106


(Enhanced review not indicated before granting access to your own health record)


Name

 ALL PATIENTS ON LIST


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS IS LIVE


 ACTION - PATIENTS WHO REQUIRE A 106 CODE TO BE APPLIED


 May lack capacity 28.03.22 v3.0 without current full detailed access


 PATIENTS WHO MAY LACK CAPACITY


 ACTION - NO ONLINE ACCESS & NO PROSPECTIVE ACCESS CODE


 HAVE A 104 CODE AND CURRENT ONLINE ACCESS

 ACTION - PATIENTS WHO MAY REQUIRE A 106 CODE APPLIED


 Online Status - Never had account


 Online Status Active (Registered - but not using)

 Online Status Archived (Inactive for 12 months)

 Online Status Inactive (Identity not verified)

 Online Status Live (Fully registered)

 Has Email address in record

 Has Mobile (for SMS)

[DETAILS HERE](#)

Changing
the
goalposts

Previously 104 code will not affect previous access

Now 104 code *may* affect previous access

SUGGESTED PRACTICE PROCESS



Suggested Practice Process

Ensure that practices have set EMAS manager to a particular date from which retrospective medical record access is available to all patients

(default is 1/1/1900 for all records)
– ONE OFF PROCESS



Suggested Practice Process

The AccuRx Florey is set up at
the practice

– ONE OFF PROCESS

[DETAILS HERE](#)

Suggested Practice Process

Have a clear pathway for patients to request access to their medical records through the NHS App that both patients and staff understand.

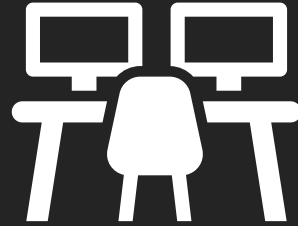
Promotion of the NHS App is encouraged to be advertised via the practice website.

Suggested Practice Process

The patient process is clear to all practice staff dealing with patient requests.

SUGGESTED PATIENT PROCESS





Step 1

Patient requests Online Access



Step 2

Practice issues patient with access information via AccuRx Florey

[LINK HERE](#)



Before you apply for online access to your medical health record there are some things to consider. Although these instances may be rare you will be asked that you have read and understood the following when you sign up for online services. Continue?

It is your responsibility to ensure you keep your information safe and secure. Sharing information is at your own risk.

Your records are safe and secure within the app. You may choose to share this information with others including friends, family or carers. This is your choice but also your responsibility to ensure this information remains safe and secure. You share this information at your own risk.

Do you understand you may see abnormal results or bad news?

If your GP has given you access to test results or letters, you may see something you find upsetting or do not understand. This may occur before you

Do you understand that medical records are not always written with a patient in mind?

Your medical records are designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information in

your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification please contact the

Your records are about you - but errors happen. Do you agree to report to the surgery any information that does not belong in your record?

If you spot something in your record that it snot about you or you notice other records, please log out of the system immediately and contact the practice as soon as possible.

Can you confirm that access to your records is your wish alone and you are not being coerced into doing so?

If you being pressured to gain access to your records and revealing their details by others we would recommend not gaining access at this time.

Do you agree to use your records responsibly and utilise services appropriately?

It may be possible that you see something in your record which you are concerned about but a clinical professional has not placed the same amount

of importance/urgency on it. It is important in these circumstances that you work with the practice to book an appropriate appointment to discuss the issue rather than access emergency services including 111, 999 or A&E who do not have access to your full notes and may not be able to help.

Please confirm that you have understood and agreed to all previous questions and you wish to proceed to apply for online medical record access.

YES - I can confirm and agree to previous questions and wish to have online access

NO - I do not agree with the previous questions and wish to discuss this further with the practice.

The practice will be in touch with an outcome to the access agreement. This may take up to 10 working days routinely.

I do not think or

I UNDERSTAND



Step 3



Patient completes and returns
Florey that is saved in the patients
notes

Practice will further verify the
identity of the patient if required





Step 4



A code “314191000000103”
(Patient registration data verified)
should be added to the medical
record





Step 5



Patients are either:

- given full prospective access as per the request on their application form at the point of verification
- informed that their request will be processed within a set time period (eg 2 weeks)

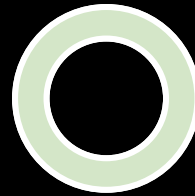
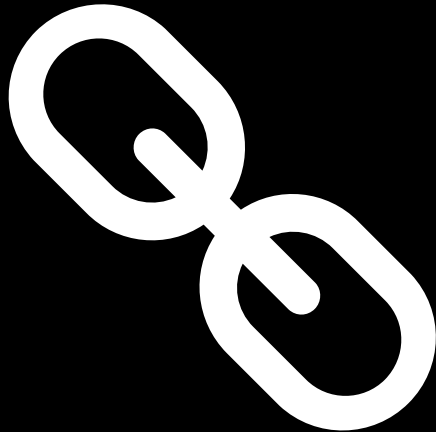


Step 6



The practice will then review the records within a set time period (aiming for 2 weeks) and review:

- The problem list is accurate with significant, active and minor problems accurately coded
- Medications are appropriate and repeat medications are correctly listed and linked
- Any data deemed confidential is marked as such



Take Home Points

- Download searches and review 104 and 106 codes
- Download AccuRx Florey
- Implement Practice and Patient Processes
- Let other NHS GP practices know of changes

Thank you

Dr Osman Bhatti

CCIO

NHS NEL ICB

@OsmanBhatti

Further Comments and Questions

Dr Osman Bhatti
CCIO
NHS NEL ICB
[@OsmanBhatti](#)