

Online services: Coercion Guidance for general practice

Executive Summary

When registering patients for online services:

1. Be aware of the potential impact of coercion and the signs of coercion or abuse to look out for
2. Explain the implications of coercion
3. Include questions on coercion on the online service registration form (example [here](#)); patients need to understand and tick all four statements on the form about coercion before access is granted
4. If there are any indications of coercion or abuse, the patient should not be registered for online access, offer an appointment to discuss the matter with a GP.

When creating health records:

1. Bear in mind that some types of data in the patient record are particularly useful to someone who is abusing the patient e.g. they may show that the patient has reported the abuse
2. Where the system allows it may be helpful to redact information from display online
3. Ideally this should be done with the explicit consent of the patient

Children and young people:

1. Practices should routinely remove access to parents or others with a right of access to a child's health record when the child reaches their 11th birthday
2. To reduce the risk to teenagers, do not allow access by a patient until the age of 18 (some practices have chosen to offer access from the age of 16).

In preparation for when coercion or abuse is suspected, practices should have:

1. Named clinicians (possibly the safeguarding lead) ready to support staff involved
2. Referral pathways to local domestic violence agencies for patients who disclose abuse.

Definition

Coercion is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will.

Background

Online access to practice services and records provides new and additional opportunities for coercive behaviour. Patients may be forced into sharing information from their record, including login details, medical history, repeat prescription orders, GP appointment booking details and other private, personal information. This may happen to children, adults in an abusive relationship, elderly or otherwise vulnerable adults. Access to a patient's health record can be particularly attractive to an abusive partner, carer or parent. Control and surveillance of health care access and contraception are common features of abusive domestic relationships. Fear that an abusive partner will be able to see the GP record may deter vulnerable patients with online access from seeking help from their GP and particularly from disclosing the abuse.

Control of access to healthcare and family planning is a common aspect of abusive relationships. The Office of National Statistics reported figures in the Crime Survey in England and Wales in 2014 that showed that 30.0% of women and 16.3% of men had ever experienced domestic abuse since the age of 16

(http://www.ons.gov.uk/ones/dcp171776_352362.pdf).

Most of this abuse is unknown to the patient's GP practice. Patients may not be subject to abuse when they request online access but they may become subject to it at any time in the future.

SafeLives (formerly CAADA) and IRIS (Identification & Referral to Improve Safety) have published [tips for frontline professionals](#) as well as [managers](#) to help effective response to patients experiencing domestic abuse.

Recommendations

GPs, practice managers and staff involved in registering patients for online services must be aware of the potential impact of coercion and the signs to look out for in order to help patients who might be subject to coercion. All available measures should be taken to minimise the risk to patients.

1. As part of patient registration, practices should make the implications of coercion clear to patients and ensure that they understand and accept the risks.
2. Every patient who asks to register for Patient Online should be asked if they might come under any pressure to give access to someone else unwillingly.
3. A high index of suspicion is essential if the patient has disclosed domestic abuse in the past or anyone in the practice team is aware that they have come under undue pressure from carers or family members around decisions about their care before.
4. The questions should be included in the patient registration form for online services (example available here). Patients should understand and answer all the statements

on the form that relate to coercion before access is granted.

Box 1: Suggested registration form questions

I wish to access my medical record online and understand and agree with each statement	Y / N
1. I have read and understood the information leaflet provided by the practice	Y / N
2. I will be responsible for the security of the information that I see or download	Y / N
3. If I choose to share my information with anyone else, this is at my own risk	Y / N
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	Y / N
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	Y / N
If you think that you may come under pressure to give access to someone else unwillingly at any time, please inform a member of the practice team as soon as possible.	

5. Make sure that the patient is aware that data that they would like to hide can be excluded from online display.

Box 2: Harmful or sensitive data

Some types of data in the patient record are particularly useful to someone who is abusing the patient. It is important to bear this in mind when creating patient records, particularly if recording possible or suspected domestic violence, psychological abuse or family planning data. Communication from domestic violence agencies (DVA) and multi-agency risk assessment conferences (MARAC) to general practice will lead to highly sensitive letters being filed in the GP practice record.

6. Bear in mind the possibility of coercion when reviewing the record for harmful data before giving access and when recoding data in all patients' records. If the possibility of abuse is suspected it may be wise to review the entire record to ensure that any sensitive data is redacted.
7. If a GP, practice manager or any other member of the team has any suspicions that a patient is or may become subject to coercion, the patient should not be registered for online access but they should be offered an appointment to discuss the matter with a GP. If the suspicion arises after the patient has been given access, the practice should consider withdrawing their access at least temporarily while the facts are

Box 3: Scenario one

Irene Page is 47 years old. She lives with her two children, aged 7 and 9 and her partner of 3 years, Rylan. You are aware that she is a victim of domestic violence as your practice has recently received a MARAC (Multi Agency Risk Assessment Conference) report about her. She has come to the surgery today to register for online access. (Practice policy is not to give access in these circumstances, but if the patient still wants it, discuss with the practice safeguarding lead and then the patient).

In response to a question about whether anyone else may access her record without her consent, she says that her partner may access her records. You tell her that if she is concerned that she may be coerced into revealing details from her records to anyone against her will, it would be better for her not to have access to her records now and make sure that she understands the implications if someone else has online access.

Irene says that she would still like access. You ensure that Irene fully understands the implications of being coerced into sharing her access with others and that it is her responsibility to keep the information in the record safe and secure. You explain that the practice policy is not to give access and therefore you would need to discuss this with the practice safeguarding lead. You could arrange for Irene to have an appointment with them to discuss online access. Before the appointment the clinician checks her records for quality, third party data and potentially harmful data, especially data relating to domestic abuse. If possible third party or harmful data are redacted and explained to Irene before she is given access, if she is given access.

You can also explain to Irene that if she becomes worried about anyone else having access to her record in the future, Irene can have her access withdrawn by the practice. Irene should also know that if staff at the practice suspect that she is being coerced to provide access, they may withdraw her access as a temporary safety measure.

Practices should have named clinicians (possibly the safeguarding lead) ready to support staff when coercion is suspected, as well as referral pathways to local domestic violence agencies for any patients who disclose abuse.

To reduce the risk to teenagers, it is recommended that by default practices should not allow access by a patient until the age of 18. Practices can of course choose to make access available earlier, and we know that some practices offer access from age 16.

Children become competent to make their own decisions about their health care at different ages. Practices should routinely remove access from parents or others with a right of access to a child's health record when the child reaches their 11th birthday. This reduces the risk of a child being harmed or feeling unable to consult their GP practice as they become competent to make their own healthcare decisions and may choose to seek confidential healthcare without their parents learning about it through proxy access (see [Proxy access on behalf of Children and Young People Guidance for general practice](#).)

Box 4: Scenario two

Alton Ashley is 76 year old who as a moderate learning disability. He lives in sheltered accommodation. He is fairly independent and manages his own finances. He has come to the surgery today because his online access has been switched off by the practice.

This happened because a care worker raised a concern that his records were being accessed by “friends” of his. She was worried that he had given out his login details and was not being careful enough. Alton is annoyed that this was not discussed with him and he wants his online services resumed.

You explain why the service was switched off as a temporary measure while the practice investigated whether he was being coerced into showing other people his records. Alton is still angry and wants his access turned back on. You continue by explaining that the practice has a responsibility to ensure that Alton can safely have online access. This depends upon his exact circumstances and does not depend only up on his diagnosis. It may depend on an assessment of his capacity to understand the implications of sharing online access to his records. It may be possible for the practice to make this decision or it may require a referral for specialist advice, or to social services if there appears to be a safeguarding issue. You could also give Alton new login details and ask him not to share these with anyone.

You may decide to refer for a decision about capacity, and tell Alton that you cannot restart his access until you have the result of the referral. Meanwhile we will keep Alton informed of what is happening.

Summary

Online access to practice services and records provides new and additional opportunities for coercive behavior. Practices should be vigilant for any suspicion of coercion of their patients. It is important to bear this in mind when registering patients. Access may be refused or withdrawn if it is suspected that a third party is using access to the record to abuse the patient. Records of suspected domestic violence, psychological abuse or family planning may be particularly sensitive; this should be borne in mind when creating new records about all patients. If the clinical system allows the safest thing may be to redact such data from online display.

Box 5: Further information and resources

[Records access Patient information leaflet](#)

[Example registration form](#)

[Proxy access guidance for general practice](#)