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# Requirements Specification for The National Proxy Service Directions

# Document management

## Revision History

Version	Date	Summary of Changes
1.4	17/12/2024	Taken to Final version and approved
2.0	14/1/2025	Approved final version

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
REDACTED	Deputy Director IG Delivery (Digital & Operations)	18/12/2024	V1.4
REDACTED	IG Lead – IG Data & Analytics	18/12/2024	V1.4
REDACTED	Head of Information Law	18/10/2024	V1.0
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## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
REDACTED	REDACTED	Information Asset Owner	19 December 2024	1.4
REDACTED	REDACTED	Service Owner	19 December 2024	1.4

## Glossary of Terms

Term / Abbreviation	What it stands for
PDS	Personal Demographic Service
DHSC	Department of Health and Social Care
Candidate relationship	A relationship from an authoritative source, (e.g. PDS), that can be used to inform the decision around granting proxy access and creating a proxy relationship.
Proxy relationship	An authorised relationship between the proxy and the patient that enables the proxy to access services for the patient.
Mother-baby link	A link created between a mother and a child in PDS immediately after the child is born.

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## Purpose of document

This document is the requirements specification for the National Proxy Service Directions and should be read alongside the

- The National Proxy Service Directions 2025 given by the Secretary of State for Health and Social Care

## Introduction / Purpose of data collection

Proxy access is where a trusted individual (Proxy) accesses health and care services, like ordering a repeat prescription or viewing a medical record, for patients they care for.

Accessing such services for patients you care for today is a time-consuming, inconsistent, and stressful experience that is largely serviced through non-digital channels.

Even where formal digital channels are available (known as “linked profiles”), digital uptake is low due to the relatively high effort involved in applying for access, which often requires in-person ID and document verification.

Research has also identified that General Practitioners (GPs) lack consistent standards, guidance, and information needed to make informed decisions on proxy access in a timely fashion, increasing frontline burden whenever access is requested.

Further, access established is not always portable beyond the proxy's or patient's GP practice, leading to an inconsistent experience of care for those with complex care needs whose journeys span multiple care providers.

As uptake of digital services increases through more transactions being served using digital channels in line with commitments made in “[A plan for digital health and social care \(2022\)](#),” the lack of a formal way to enable people (proxies) to act on behalf of those they care for (patients) risks excluding parents and carers from these channels by default.

This also risks increasing frontline burden as proxies will have no choice but to use costly non-digital channels to access services, increasing time spent by frontline staff that could be saved if digital channels were more easily accessible.

To solve the problems defined above and better meet user needs, NHS England will deliver a National Proxy Service that:

1. Enables proxies and patients to easily request proxy access from their GP through digital channels
2. Support GPs in making informed decisions on granting proxy access through the provision of standards, guidance, and information from authoritative sources<sup>1</sup>.
3. Enables proxies to use proxy relationships to access services provided through local and national clinical systems for patients they care for

4. Enables proxies, patients, and GPs to manage access to ensure it remains safe and appropriate

In line with commitments made in the [NHS Long Term Plan](#) and DHSC's "[a plan for digital health and social care \(2022\)](#)," the benefits NHS England will realise through providing this service are:

1. Deliver personalised care to people by enabling them to access services for patients they care for across health and care organisations.
2. Reduce frontline burden through providing frontline staff with trusted information, standards, and guidance to support decision-making on granting proxy access.
3. Improve quality of care. As more people use digital channels to access services for patients through being granted proxy access, frontline time currently spent on administrative tasks can be recovered for patient care.

## Purpose of the service

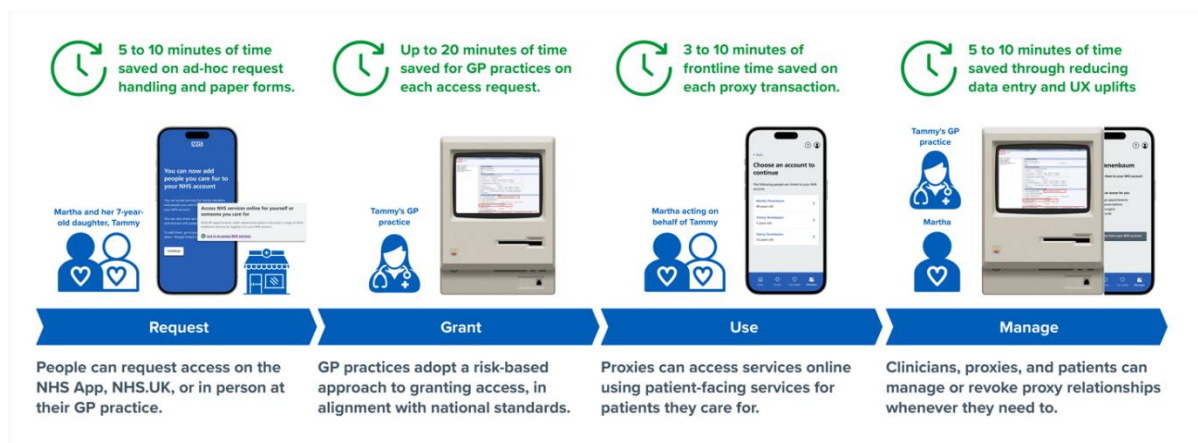
The purpose of the service is to provide a digital service for individuals registered with a General Practitioner (GP) in England (**Patients**)<sup>1</sup> that enables other authorised **individuals** to access **digital NHS** services on behalf of a Patient to support the delivery and management of the Patient's care (**Proxies**). This service will be known as the National Proxy Service and is broken down into the following:

1. **Request access:** Enable proxies and patients to easily request proxy access from their GP through digital channels
2. **Grant access:** Hold proxy relationships nationally when access is granted by a GP. Support GPs in making informed decisions on granting proxy access through the provision of standards, guidance, and information from authoritative sources<sup>2</sup>.
3. **Use access:** Enable proxies to use proxy relationships to access services provided through local and national clinical systems for patients they care for
4. **Manage access:** Enable proxies, patients, and GPs to manage access through digital channels and clinical systems to ensure it remains safe and appropriate.

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<sup>1</sup> For the purposes of these directions, individuals registered with a General Practitioner (GP) are referred to as "patients" since they have an ongoing relationship with the GP for the purposes of health and care even if an individual is not actively receiving treatment at a given time.

<sup>2</sup> A source of trusted information about individuals that has robust processes for keeping this information up to date



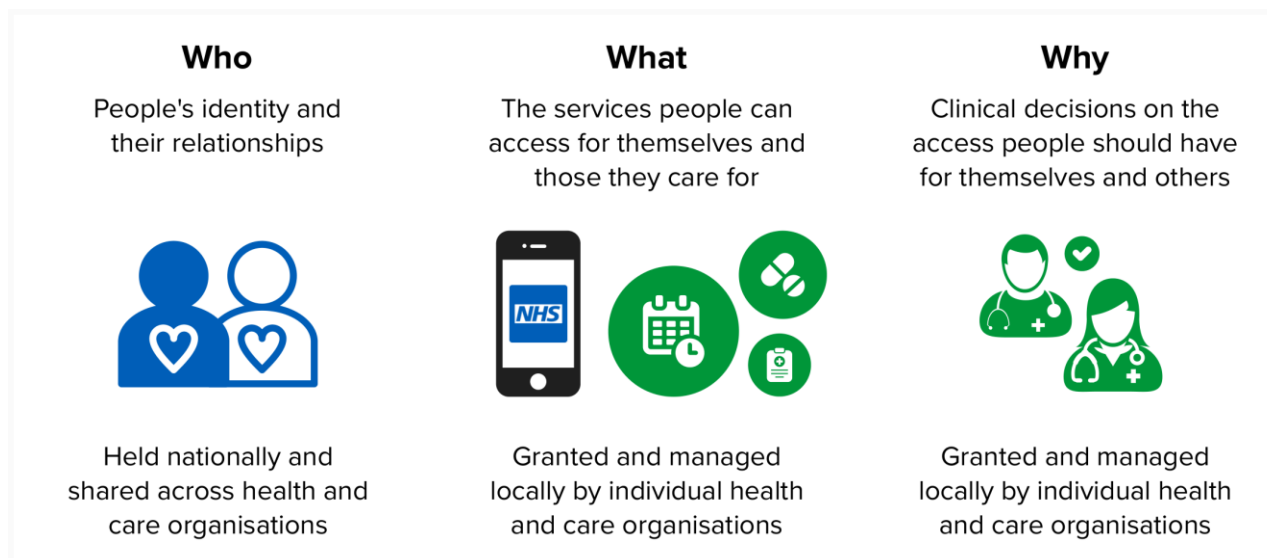
The key benefits of providing this service are:

1. **Delivery of personalised care to people** by enabling them to access services for patients they care for across health and care organisations.
2. **Improved quality of care** through patients being able to be better supported in their care by a trusted individual.
3. **Reduced frontline burden** through increasing uptake of online services on behalf of someone you care for, saving time currently spent on phone calls, emails, and letters to service common transactions like ordering a repeat prescription.
4. **Increased consistency and safety** through providing frontline staff with trusted information, standards, and guidance to support decision-making on granting and managing proxy access.

## Data collection

### Scope

The National Proxy Service is for England only.



### Source

#### Personal Demographics Service

Personal data processed by the service will be provided by people (patients and proxies) and the NHS England [Personal Demographics Service](#) once they are matched to their record.

## NHS login

Personal data from people's [NHS login](#) account will be used to ensure that only sufficiently verified people are able to request, use, and manage access. This will be shared by the person when they use the service.

## Patient's GP

In phase 1, linked profiles set up in local GP systems will be cached temporarily and shared with NHS login at the point of use to enable proxies to act on behalf of patients they care for. This will enable proxy relationships to be portable beyond primary care settings and enable access to national services when using the NHS app.

In phase 2, linked profiles in GP systems will be migrated in a single collection to form national proxy relationships, and then managed by GPs entirely within the national proxy service through their clinical systems. This will ensure people don't have to reapply for access every time they move practice.

## Category

NHS England will collect the following information as part of providing the service.

Data items	Collected / Not Collected	Justification
<b>Personal Data</b>		
NHS number	Collected	<p>Required to match patients and proxies to their PDS records to enable user journeys based on information held in their record.</p> <p>Supports user identification via NHS login.</p> <p>Enables retrieval of proxies' relationships from PDS to enable them to request access more easily.</p> <p>Supports integrated services to query information about proxies and patients to support them in delivering user experiences to patients and proxies.</p> <p>This is provided by the proxy or patient when access is requested, or by the patient's GP when a proxy relationship is created.</p>
Name	Collected	<p>Required to match patients and proxies to their records. Also enables user identification where an NHS number alone isn't sufficient.</p>

		<p>This may include:</p> <ul style="list-style-type: none"> <li>- First name</li> <li>- Middle name</li> <li>- Surname</li> <li>- Previous names</li> </ul> <p>Also shared with integrated services to support user journeys relating to providing proxy access and management.</p> <p>This is provided by the proxy or patient when access is requested, or by the patient's GP when a proxy relationship is created.</p>
Date of Birth	Collected	<p>Required to match patients and proxies to their PDS records.</p> <p>Also shared with integrated services to enable proxies to access services for patients and to enforce appropriate age-based access controls based on the patient's or proxy's age.</p> <p>This is provided by the proxy or patient when access is requested, or by the patient's GP when a proxy relationship is created.</p>
Address	Collected	<p>Required to match patients and proxies to their PDS records.</p> <p>This is provided by the proxy or patient when access is requested, or by the patient's GP when a proxy relationship is created.</p>
Basis	Collected	<p>Identifies the basis, assessed and recorded by the GP on the patient's GP record, on which access has been granted to support connected patient-facing services in enforcing appropriate controls and delivering relevant user experiences.</p> <p>The bases are:</p> <ul style="list-style-type: none"> <li>- parental responsibility</li> <li>- patient's best interests</li> <li>- lasting power of attorney</li> <li>- court-appointed deputy</li> <li>- patient consent</li> </ul> <p>Where 'patient consent' is the basis of a proxy relationship, the patient should have capacity to provide consent. A record of this consent and the date/time it was obtained will be recorded by the GP.</p>

		This is system generated and confirmed by the patient's GP when a proxy relationship is created.
Requested Services	Collected	<p>Enables GPs to understand the level of access being requested i.e. what transactions and services the proxy needs to perform on behalf of a patient.</p> <p>Requested services will be stored with the access request to support GP decision-making only and won't be a part of the proxy relationship held and shared nationally.</p> <p>This is provided by the proxy or patient when access is requested.</p>
<b>System generated and derived data</b>		
Status	System generated	<p>The status of a proxy relationship and/or request for access, i.e., active, inactive, under review. This will be derived based on information within clinical systems.</p> <p>Enables integrated services to understand the status of a request and/or relationship as part of providing experiences that enable proxies to understand the status of their request for access, and the services they can access.</p>
Audit	System generated	<p>Recording of all material changes to a proxy relationship and the business events to which they relate.</p> <p>Additionally, we record operational metrics to support the running and maintenance of the service.</p> <p>Personally identifiable information will only be stored in relation to fulfilling subject access requests.</p> <p>Audit supports investigations, accountability (subject access requests), and access control within the National Proxy Service.</p>
Analytics	System generated	<p>Analytics provides data that can be used to measure the performance and success of the service and is used to improve performance and user experience.</p> <p>Cookies used for analytics are non-essential cookies – people can opt out of non-essential cookies. This is made clear in the Cookie Policy.</p>
Cookies	System generated	<p>These will be essential cookies to ensure users have a verified identity before they can access the service.</p> <p>These will contain some personal identifiable information which are handled by NHS login. For more information, view the NHS login DPIA.</p>

		<p>Session data contains personal identifiable information that are handled by the National Proxy Service to support user journeys, but this does not persist beyond a user session.</p> <p>People are made aware of the use of essential cookies within our Cookie Policy.</p>
<p><b>Special category data</b> No special category data is processed in delivering the National Proxy Service.</p>		
<p><b>Patient Feedback</b></p>		
Patient Feedback	Collected (Optional)	For patient who provide feedback on the service (anonymous)

## Frequency

Data will be collected on an ongoing basis to provide the service above. Data will be provided by GPs, proxies, and patients.

## Analysis

### Internal processing

1. The service will use data provided by people to match them to their PDS record. Data from people's NHS login account will be shared at their request, being used to enforce access controls on service journeys and to share proxy relationships with patient-facing services like the NHS App.
2. The service will use tools like Hotjar and Qualtrics to enable users to, optionally, provide feedback so the service can be improved.
3. The service will use tools such as Adobe Analytics to review the way a user accesses the service and understand pain points along the journey so that the service can be improved.
4. The service will provide data to the Corporate Protective Monitoring service managed and delivered by NHS England's Cyber Security Operations Centre.
5. Service usage data will be used to compile statistical charts and dashboard information to drive service improvement and understand benefits realisation. No personally identifiable data will be shown in these dashboards. This data will not be made publicly available.

### Data linkage

To create a proxy relationship, data provided by people will be matched to their PDS record in order to conduct a basic eligibility check; namely they have a valid PDS record, are alive and registered at a GP practice.

Data provided by people will also be matched against PDS in order to validate the relationship between mother and baby, where a request for proxy access is made by a mother. Over time, this will extend to cover validation of other relationships using PDS and this Specification will be updated in line with the Change Control process detailed below.

There will be no further linkage of data other than specified above. Where there are proposals, these will be added to this Requirements Spe in line with the Change Control Process.

## Consultation

The National Proxy Service has undergone and will continue to undergo extensive consultation with the following stakeholders, representing clinical and frontline views from across the health and care system alongside people (and their representatives) directly impacted by the service:

- NHS England's Chief Nursing Information Officer
- NHS England's National Caldicott Guardian
- NHS England's National Head of Safeguarding
- NHS England's Advisory Group for Data
- NHS England's Interoperability Standards Team
- NHS England's Health and Wellbeing Alliance, which includes Barnardo's and other VCSE charities
- NHS England's National Clinical Directors for Child Health and Older People
- NHS England's National Digital Midwife
- NHS England's Digital Mental Health Program
- NHS England's Digital Child Health Program
- The Great Ormond Street Hospital
- The Department of Health and Social Care
- The Children's Commissioner for England
- The Nursing and Midwifery Council (NMC)
- The Royal College of Paediatrics and Child Health (RCPCH)
- The Royal College of General Practitioners (RCGP)
- The General Medical Council (GMC)
- The British Medical Association (BMA)
- The Joint GPIT Committee (JGPITC)
- The Royal College of Physicians (RCP)
- The Royal College of Midwives (RCM)
- The Royal College of Psychiatrists (RCPsych)

Further to the consultation above, the service builds on knowledge from four distinct Discoveries commissioned by NHS England between 2018 and 2023. These Discoveries have involved extensive user research with hundreds of proxies, patients, and GP staff, directly informing the design of the National Proxy Service.

Under Section 270(1)(d) of the Health and Care Act 2012, the programme has also been running a pilot with 70 GP practices since June 2023. Within the pilot, we are providing proxies and patients with a digital service to request proxy access from their GP.

Ongoing user research and engagement with pilot practices to assess burden and benefit of providing the service, alongside ad-hoc “co-creator” group sessions facilitated by the programme with GP practice staff, continue to inform service direction and form an important part of our consultation. Similarly, ongoing research with people as part of this process also feeds into our service design.

## Dissemination/Sharing

### Regular Dissemination/Sharing

At a person’s request, information about proxy relationships will be shared with patient-facing services through NHS login. This will enable people to access services online for those they care for.

The request for proxy access, outcome of basic eligibility check, relationship validation (mother-baby) will be shared with the patient’s GP in order to make the decision to either approve or reject the proxy application.

People and GPs will also be able to manage and revoke proxy relationships through patient-facing services or clinical systems directly integrated with the service. All onboarded services will be governed by a connection agreement established between parties.

### Data Access Request Service (DARS)

There will be no dissemination of data via DARS.

## Publication Restriction

No data obtained by virtue of these Directions in the operation of the Proxy Service will be published by NHS England. NHS England has been directed in accordance with section 260(2)(d) of the Health and Social Care Act 2012.

## National Proxy Service System Delivery

NHS England’s functions in relation to the National Proxy Service, in particular that of providing the delivery of systems to the NHS, are underpinned, amongst other things, by section 1, section 2 and sections 13 of NHS Act 2006.

NHS England will deliver, run, and maintain a system that meets the following needs:

1. **Log in to a patient-facing service:** A proxy or patient logs in to a patient-facing service like the NHS App at a high level of identity verification (P9). To get to a high level, they need to verify their identity using NHS login.
2. **Share NHS login details:** The proxy or patient’s details are passed through from NHS Login to the national proxy service to enable the retrieval of candidate relationships and to support the process of requesting access. These details are:

- a. NHS number
- b. First name
- c. Last name
- d. Date of Birth
- e. Postcode
- f. GP surgery details

3. **View candidate relationships:** At this point, some proxies will be able to view information (first name, last name, and date of birth) about related people from PDS, which will be queried using the proxy's NHS number provided above. Initially, mothers will be able to see information about their children from their PDS record based on the existence of a mother-baby link.

To request access using a candidate relationship, the proxy will have to enter the person's NHS number or postcode before the request can be made.

4. **Request access:** Then, the proxy or the patient can request access from the patient's GP by providing the details of the person they want to share access with (patient nominating a proxy) or access services for (proxy applying on behalf of a patient). Alongside the NHS login details above, this will involve providing the proxy's or patient's:

- a. NHS number
- b. first name
- c. last name
- d. date of birth
- e. address
- f. The basis for access
- g. The services that are requested for the proxy to have access to

These details will be used to match the individuals to their PDS record and conduct basic eligibility checks, namely checking they have a valid PDS record, are alive, and are registered at a GP practice.

Where the candidate relationship is used to request access, GPs will also receive information about this relationship, supporting local decision-making on access.

5. **Store the access request and create a proposed proxy relationship:** Based on the details provided above, the request for access will be stored and a proposed proxy relationship will be created in the national proxy service. Both of these will be sent to the patient's GP for approval.
6. **Validate the relationship:** Checks against authoritative sources will be conducted to support local decision-making on granting access. Initially, this will be a check for a mother-baby link on PDS, in line with the use of the candidate relationship above.

7. **Obtain patient consent:** Where the request for access requires patient consent, the patient will receive a message on the NHS App to confirm consent. The patient will have to have their identity fully verified for this consent to be valid. This consent will be sent to the patient's GP for them to consider as part of the approval process.
8. **Patient's GP decides on access:** After the processing above, the request for access and the proposed proxy relationship will be sent to the patient's GP for assessment and approval. Support for GPs in making informed decisions, including on how to satisfy themselves that the patient has provided consent (where required) will be provided by NHS England including through guidance and other information.

If the proxy relationship is rejected, the proposed proxy relationship will be stored in the national proxy service for one month, then it will be deleted. If the proxy relationship is approved, then the proposed relationship will become active and enable proxies to act on behalf of patients.

The proxy relationship will be shared nationally in two phases.

In phase 1, linked profiles set up in local GP systems will be cached temporarily and shared with NHS login at the point of use to enable proxies to act on behalf of patients they care for. This will enable proxy relationships to be portable beyond primary care settings and enable access to national services.

In phase 2, linked profiles in GP systems will be migrated in a single collection to form national proxy relationships, and then managed by GPs entirely within the national proxy service through their clinical systems. This will ensure people don't have to reapply for access every time they move practice and enable people to access services for someone at a different practice to them.

Once access is granted, proxies and patients will receive confirmation and informed about next steps.

9. **Proxies can access services for patients online:** Once a relationship is held nationally, proxies will be able to access services for patients they care for within patient-facing services like the NHS App. These proxy relationships will be shared with patient-facing services via NHS login.
10. **Proxies, patients, and GPs can manage proxy relationships:** Proxies, patients, and GPs will be able to manage and revoke proxy relationships nationally through patient-facing services and their clinical systems. In phase 1, patients and proxies will have to contact the patient's GP to manage and revoke proxy relationships. GPs will still be able to remove linked profiles within their GP system in response to safeguarding issues or other concerns that may prevent safe proxy access.

Service usage data is captured and sent to NHS England's analytics platform, Adobe Analytics.

## **Change control process**

Changes to this Specification will be managed by NHS England in conjunction with the Department for Health and Social Care to ensure such changes are aligned with the National Proxy Service Directions 2025.