

# **DAPB3051: Identity Verification and Authentication Standard for Health and Care Digital, Data, Analytics and Technology Use**

## **Authorisation use case: Proxy**

**Implementation guidance: Version 1 (DAPB3051\_Amd 59/2025)**

To support the implementation of V3.1 DAPB3051\_Amd 59/2025)

# Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#). Persons subject to this information standard must continue to have due regard to the information standard where it is relevant.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Governance, Assurance and Testing (DGAT) team and endorsed by the Data Assurance Board (DAB).

This information standard comprises the following document:

Authorisation use case: Proxy - Implementation guidance: Version 1  
(DAPB3051\_Amd 59/2025)

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# Document management

## Revision History

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This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version

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## Glossary of terms

Term	Definition
Digital service	A service provided on the web that enables people to interact with electronic health records.
Patient	A person whose information is being accessed by a proxy using a digital service.
Proxy	A person supporting a patient with their care by accessing their information using a digital service.
Proxy access	The capability for a proxy to access a patient's information using a digital service linked to the patient's electronic health record.
Clinical professional	A person registered with a professional body who is responsible and liable for a patient's care, and whose professional status is regulated by a statutory body.
Staff	Wider professionals within a health and care organisation supporting clinical professionals with providing patient care.
Clinical authorisation	The process by which a clinical professional decides on proxy access, including the extent to which they delegate responsibility to staff.
Clinical system	Computer systems that enable clinical professionals and staff to manage patient records as part of providing direct care.
Mental capacity	A state where a patient over the age of 16 is presumed to be capable of making decisions for themselves, in line with The Mental Capacity Act 2005, and the Mental Health Act Code of Practice.
Gillick competence	A state where a patient under the age of 16 is judged by clinical assessment to have sufficient maturity, degree of intelligence and understanding to provide consent to a specific aspect of care, taking into account considerations recommended by the Fraser Guidelines and Mental Health Act Code of Practice Chapter 19.
Health and care organisation	Any NHS or non-NHS provider, organisation, company, or authority responsible for a patient's care, including adult social care.
Authoritative source	A trusted source of information about individuals that has robust processes for keeping information up to date.

## Use of the terms “must” and “should” in this standard

The following standard uses either MUST or SHOULD as defined by [RFC-2119](#) where:

- **must:** means that the definition is an absolute requirement of the standard.
- **should:** means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

## 1.0 Overview

This standard defines a consistent approach to granting and managing proxy access to digital services.

Proxy access is where an authorised person, called a "proxy," can access a patient's medical information on a digital service to support the patient with their care.

This standard addresses:

- when it is appropriate to grant proxy access
- what clinical professionals and staff need to check to grant proxy access
- redacting sensitive information from a proxy's view
- managing and revoking proxy access
- the requirements clinical systems need to meet in relation to proxy access

This standard must be read in conjunction with the implementation guidance developed to support its practical application, titled "Proxy access standard for digital health and care services – implementation guidance."

NHS England will update this standard as and when required. The national Data Alliance Partnership Board (DAPB) will approve publication of all versions. Feedback on this standard is welcome at any time by emailing [improvingproxyaccess@nhs.net](mailto:improvingproxyaccess@nhs.net).

### 1.1 Purpose of this standard

There are 3 core aims.

- increase the quality and safety, not quantity, of proxy access
- enable patients to be meaningfully supported in their care through proxy access
- enable patients and proxies to have a consistent and equitable experience of care

These aims are traceable to the BMA's Quadruple Aims for the health and care system, which are to:

- improve the health of the population
- improve the experience for patients, families, and carers
- increase the value of healthcare through innovation, best practice, and eliminating waste
- enhance the wellbeing, capability, and engagement of the healthcare workforce

For a driver diagram capturing this alignment in more detail, refer to Appendix B.

### 1.2 Who this standard applies to

This standard applies to:

- health and care organisations in England that offer proxy access
- clinical professionals and staff within health and care organisations
- clinical systems that enable health and care organisations to offer digital services and proxy access

**Health and care organisations must only offer proxy access if they have the resources available to offer the service safely. If health and care organisations do offer proxy**

**access, they must do so in line with this standard and associated implementation guidance.**

Responsibility for proxy access decisions lies with the responsible clinical professional at the health and care organisation. E.g., the patient's named accountable GP.

In respect of those with disabilities, health and care organisations should consider their obligations under the Equality Act 2010, and specifically whether offering a proxy access service is a reasonable adjustment that should be provided in line with the requirements of this standard and associated implementation guidance.

Organisations can use this standard and associated implementation guidance to determine whether they can feasibly offer proxy access safely.

### 1.3 What this standard does not cover

This standard does not cover:

- a proxy's ability to make decisions about a patient's medical treatment
- a proxy's ability to discuss the patient's care outside the scope of a digital service
- the provision of information under a subject access request
- the provision of information outside the scope of a digital service
- access to medical information by clinical professionals and staff

While there is overlap between the principles in this standard about proxy access and the management of a patient's confidentiality more broadly, the latter is already well-addressed by professional guidance from the GMC, BMA, and RCGP.

### 1.4 Compatibility with other standards and guidelines

This standard complements and, where necessary, references the following standards and guidelines:

- [Good practice guidelines for GP electronic patient records](#)
- [DCB3051 Identity verification and authentication standard for digital health and care services](#)
- [RCGP GP Online Services guidance: proxy access](#)
- [RCGP GP Online Services guidance: children and young people](#)
- [RCGP GP Online Services guidance: coercion](#)
- [RCGP Safeguarding Hub](#)
- [NHS England's Safeguarding Assurance and Accountability Framework](#)
- [Gillick competency and Fraser guidelines | NSPCC](#)
- [Academy of Royal Colleges statement on Gillick Competency](#)
- [RCPCH Involving children and young people in health services](#)
- [GMC 0-18 years: guidance for all doctors](#)
- [Ethics Toolkit: Children and Young People | BMA](#)

## 2.0 Types of proxy access

### 2.1 Formal and informal proxy access

Proxy access may be formal or informal.

Informal access is when a proxy accesses a patient's medical information using a system that was set up for the patient as if the proxy were the patient. For example, by using the patient's username and password or an authorised device. When this is done, there is no means of controlling and auditing the proxy's access, increasing risk of misuse and harm. This standard discourages informal access.

Conversely, when proxy access is formal, the proxy's access is subject to:

- establishment of a relevant basis for proxy access
- appropriate access controls, based on clinical authorisation, which can be amended
- an audit trail of what the proxy does
- controls within the clinical system that enable proxy access to be managed safely

Formal proxy access is safer and more effective than informal proxy access. Patients must be informed of the opportunity for formal proxy access, and strongly discouraged from sharing their password or devices with others.

- Formal proxy access falls into two categories which are further elaborated on below.
- Proxy access on behalf of a patient who can provide informed consent.
- Proxy access on behalf of a patient who cannot provide informed consent.

## 2.2 Records access by a clinical professional

Access to medical information by clinical professionals and staff to provide direct care is distinct to proxy access, and outside the scope of this standard.

Alternate systems and arrangements need to be in place to support professional access to a patient's medical information at a health and care organisation.

At the time of writing, the use of proxy access by care homes has previously been endorsed by NHS England, but is not within the scope of this standard and is being reviewed<sup>1</sup>. That said, the authors of this standard do not recommend ending access granted under these arrangements without managing the clinical safety risks of doing so.

## 3.0 Roles and responsibilities

Within a health and care organisation, the clinical professional responsible for a patient's care is ultimately accountable for decisions about proxy access. Staff can support clinical professionals with certain steps of the process, but only with appropriate training.

To this end, the term "clinical professional" is used below to refer to steps that are solely clinical responsibilities and cannot be delegated, e.g., assessments of Gillick competence.

The term "clinical professionals and staff" is used below to refer to steps where staff can support clinical professionals, with appropriate training and oversight.

## 4.0 Grant proxy access

In weighing up the decision to grant proxy access, clinical professionals and staff must:

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<sup>1</sup> [Ordering medication using proxy access: Guidance for care homes, GP practices and community pharmacies](#)

- assess if access is appropriate (see section 4.1)
- establish a basis for access (see section 4.2)
- evidence the basis for access (see section 4.3)
- redact sensitive information based on what is being shared (see section 4.4)

## 4.1 Assess if access is appropriate

Confidentiality is a right, and proxy access must be balanced alongside this right.

Proxy access must only be granted where it is in the patient's best interests, and where providing it creates minimal risk of inhibiting the patient's freedom to confidently access care and communicate freely when they do.

To assess if proxy access is appropriate, clinical professionals and staff should establish that it is:

- **Necessary.** Is proxy access necessary to improve the quality of the patient's care?
- **Relevant.** What is the extent and duration of proxy access that is needed?
- **Safe.** Is it safe for the proxy to have access to the patient's information?

### 4.1.1 Establish whether access is necessary

**Proxy access is necessary for patients who rely on others for support in accessing care.**

Clinical professionals and staff should limit proxy access to only the information which is needed to support the patient with their care.

Clinical systems must therefore enable clinical professionals and staff to define access levels that are proportionate to patient need.

Proxy access should not be provided on a 'just in case' basis.

### 4.1.2 Establish whether access is relevant

**Proxy access is primarily relevant for patients who cannot access digital services for themselves, for the duration that they need support with their care.**

Clinical professionals and staff risk disempowering a patient if:

- they grant proxy access where the patient could have accessed services for themselves
- continue proxy access for longer than the patient needs support

Clinical systems must therefore:

- enable clinical professionals and staff to grant time-bound proxy access
- enable clinical professionals to review, suspend, and alter proxy access
- have processes in place to remove access if it has not been used for 5 years

Clinical professionals and staff should consider other routes for support, such as promoting self-access and enhancing care pathways, as additions or alternatives to proxy access.

### **4.1.3 Establish whether access is safe**

**Clinical professionals and staff must check for known safeguarding concerns to minimise the risk of patient harm from proxy access. They can achieve this by doing the following.**

#### **Check the patient's medical record**

Clinical professionals and staff must check for relevant safeguarding concerns within the patient's medical record before granting access.

This safeguarding check will inform what information, if any, must be redacted if proxy access is granted.

The presence of anything other than trivial levels of redaction within a patient's record must trigger careful consideration of whether proxy access is in fact safe for the patient.

#### **Check the proxy's medical record**

Clinical professionals and staff must check the record of the proxy to identify known safeguarding concerns related to the proxy, where access to the proxy's record is possible.

#### **Check authoritative sources**

Clinical professionals and staff can also check an authoritative source of safeguarding information to establish safeguarding concerns about the patient or proxy.

For example, Child Protection Information Sharing (CP-IS), a national service, should be used to check if a child is on a child protection plan as part of deciding on proxy access.

Clinical professionals and staff are also encouraged to seek the support of colleagues, e.g., safeguarding leads, and statutory agencies, if needed.

#### **Consider coercion**

Clinical professionals and staff must consider the risk that a patient is being coerced into consenting to proxy access. Patients are particularly vulnerable if they have limitations in their ability to communicate.

#### **Clinical decision support**

Clinical systems should support clinical professionals and staff at the point of granting proxy access by surfacing sensitive information within the patient's and proxy's medical record, e.g., the presence of safeguarding flags within the patient or proxy's record.

Effective decision support at this stage enables an informed consideration of whether proxy access is safe and appropriate, particularly where patients and proxies have complex medical records with many entries.

#### **If safeguarding concerns are identified**

Where safeguarding concerns are identified, the clinical professional must ultimately decide whether to grant or deny proxy access.

Proxy access must not prevent or inhibit the recording of safeguarding concerns or suspicions about coercion, abuse, and/or neglect in the patient's medical record.

Safeguarding action to protect the patient from harm must be taken in line with local and national safeguarding policy.

## 4.2 Establish a basis for access

For simplicity of implementation, this standard defines the following bases for proxy access.

Patient's age	Relevant bases for access
Patient is under 16	<p>Clinical professionals must assess the child's Gillick competence to consent to proxy access.</p> <p><b>Parental responsibility</b></p> <p>Where a child is deemed to not be Gillick competent in relation to proxy access, clinical professionals can grant proxy access to the child's parents on the basis of parental responsibility.</p> <p><b>Guardians and carers who are not the child's parents</b></p> <p>Where a child is deemed to not be Gillick competent in relation to proxy access, clinical professionals can make a decision in the child's best interests to grant proxy access to someone who is not the child's parent, provided any appropriate consultation with those with parental responsibility has occurred.</p> <p><b>The child's consent</b></p> <p>If assessed as Gillick competent in relation to proxy access, a child must provide informed consent to proxy access as per section 4.3. Refer to the implementation guidance for further detail on when consent is likely to be a relevant basis for proxy access.</p> <p>Where there are digital services available for the child to access, clinical professionals and staff should promote self-access above proxy access, where appropriate.</p> <p>All decisions about granting proxy access must be made in the child's best interests.</p>
Patient is 16 or over	<p>Clinical professionals should always consider the patient's capacity, but may presume capacity to consent to proxy access unless they have evidence to the contrary, as per the Mental Capacity Act (2005).</p> <p>Where the patient has capacity, self-access should be promoted above proxy access.</p> <p>Where the patient has a temporary less of capacity, an end date should be set in line with when they may regain capacity.</p> <p><b>The patient's consent</b></p> <p>If the patient has capacity at the point of deciding on proxy access, clinical professionals must get the patient's informed consent before granting access as per section 4.3.3.</p> <p><b>Health and welfare power of attorney</b></p>

Patient's age	Relevant bases for access
	<p>If the patient does not have capacity at the point of deciding on proxy access and is aged 18 or over, clinical professionals can rely on a valid and applicable lasting power of attorney (LPA) being in place to grant proxy access to a health and welfare attorney.</p> <p><b>Court-appointed personal welfare deputy</b></p> <p>If the patient does not have capacity at the point of deciding on proxy access and is aged 18 or over, clinical professionals can rely on a court order being in place naming someone as the patient's personal welfare deputy.</p> <p><b>Note:</b> Being a health and welfare attorney or personal welfare deputy does not automatically give someone the right to be a proxy. A patient must lack capacity for the LPA or deputyship to be treated as valid and applicable. It may be necessary for the clinical professional to undertake a capacity assessment.</p> <p><b>Carers without power of attorney or deputyship</b></p> <p>If the patient does not have capacity at the point of deciding on proxy access, clinical professionals may make a decision in the patient's best interests to grant proxy access to an appropriate proxy who does not have power of attorney or deputyship.</p> <p>All decisions about granting proxy access must be made in the patient's best interests.</p>

### 4.3 Check evidence relevant to the basis for access

Clinical professionals and staff must verify the following information about a proxy and a patient to evidence a basis for access.

#### 4.3.1 Verify the proxy and patient's identity

Staff must ensure verification of the proxy and patient's identity to the standards defined in [DAPB3051](#). This prevents impersonation when gathering consent from the patient, or enabling access to digital services for the proxy.

Of the three levels to which staff can verify an identity, only high is appropriate when granting proxy access.

Identity verification level	How staff can meet it
High	<p>Ensure that the proxy or the patient goes through an online or offline identity verification process.</p> <p>The process must involve physical comparison against suitable evidence. For example, you can compare the person's face to the photograph on their passport.</p>

	Staff can also vouch for someone’s identity if they are known to the organisation and are unable to complete an offline or online identity verification process.
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### 4.3.2 Understand if the patient has the ability to consent

#### For patients under 16

Clinical professionals must assess the child or young person’s Gillick competence in relation to proxy access to determine whether they are able to understand and consent to proxy access before granting it.

For further guidance, see the [BMA’s Children and Young People Ethics Toolkit](#).

It is important that clinical professionals record the date competence was assessed and the outcomes of the assessment in the patient’s record.

#### For patients over 16

For a patient who is aged 16 and over, clinical professionals should consider whether a capacity assessment is required, but may presume capacity to consent to proxy access unless they have evidence that the patient lacks capacity.

A clinical professional must carry out an assessment of capacity to consent where a lack of capacity for the decision is suspected, but not evidenced. Refer to the [MCA code of practice](#) (Chapter 4).

It is important that clinical professionals record the date capacity was assessed and the outcomes of the assessment in the patient’s record, including any review needs.

### 4.3.3 Obtain the patient’s informed consent to proxy access, if appropriate

For patients with the ability to consent, clinical professionals must get the patient’s informed consent before granting proxy access. Refer to the [MCA code of practice](#) (Chapter 3).

To provide informed consent, the patient must be aware of:

- the availability of self-access as an alternative option to proxy access
- what proxy access is
- what the proxy will be able to see and do on their behalf
- how long proxy access is being granted for
- what information has or has not been redacted from a proxy’s view
- their ability to request further redaction of information before proxy access is granted
- how to request redaction on an ongoing basis
- the organisation’s policy on suspending and revoking access

It is important to account for the patient’s communication needs as part of this process. Patients must have the information they need provided to them in a way they understand to make an informed decision about proxy access. For example, professionals must use a formal interpreter as part of gathering informed consent if the patient needs one.

### 4.3.4 Verify evidence of a basis for access if the patient cannot consent

Clinical professionals and staff must do **one of the following** to verify evidence of a basis for access if the patient cannot provide informed consent to proxy access.

### **Verify a legal document**

Clinical professionals and staff can verify a legal document to establish the following bases for access:

- parental responsibility
- a valid and applicable lasting power of attorney for health and welfare
- powers as a court-appointed deputy

See Appendix A for a list of valid sources that can be used to verify the above.

### **Check an authoritative source for information that proves a basis for access exists**

Clinical professionals and staff can verify an authoritative source for evidence of a valid basis for proxy access.

For example, a clinical professional may query the LPA register to check if a proxy is a health and welfare attorney. A list of authoritative sources is also defined in Appendix A.

### **Vouch for the basis for access**

Clinical professionals often have long-standing relationships with patients and their proxies and may feel appropriately placed to record the basis for access based on their knowledge of the appropriateness of the proxy.

## **4.4 Redact sensitive information based on what is being shared**

Clinical professionals must review the patient's record for any sensitive information that might need to be redacted from the proxy's view to protect the patient's right to confidentiality and keep them safe.

Practically, clinical professionals only need to redact information that is being shared. For example, if a proxy is being given access to order a patient's repeat prescriptions, they do not need to redact wider entries like consultations in the patient's medical record before granting access.

Clinical systems must provide decision support to help clinical professionals identify sensitive information at the point of sharing, e.g., child protection case conference minutes and consultations with coded safeguarding information. This is particularly relevant if access to historic records is being provided.

## **4.5 Audit decisions about proxy access**

Clinical professionals and staff must audit the processing of a proxy access request within the patient's record irrespective of whether proxy access is granted.

This enables clinical professionals and staff to assess previous or current requests for proxy access, and the outcomes, when making future decisions on granting, denying, or managing proxy access.

Clinical systems should also enable strategic reporting so that the organisation can audit their proxy access service, to identify lessons learned and monitor their processes.

Clinical systems must audit the following where access is granted:

- the basis on which access has been granted

- a record about the person who made the decision to grant access
- The end date of the access that has been granted, if an end date has been set

## 4.6 Communicate the outcome of a decision to grant or deny proxy access

Where proxy access is granted, staff should tell the proxy and, where possible, the patient that this has been done.

Where proxy access is denied, clinical professionals and staff should consider on a case-by-case basis whether they communicate the decision to the patient or the proxy.

Clinical professionals and staff are not required to disclose any information that may put the patient or the proxy at harm.

## 5.0 The scope of proxy access

In the absence of explicit arrangements to this end, proxy access is not reusable beyond the organisation in which it was granted, as clinical authorisation lies in the remit of each data controller. For example, being granted access to view a patient's GP record does not mean a proxy should also automatically be granted access to the patient's hospital records.

Clinical systems must enable staff to define access levels for proxy access to reduce the risk that proxies access medical information they are not authorised to access. Digital services must reflect these access levels when enabling proxy access within their service.

## 6.0 System audit of proxy access

Clinical systems must record all transactions carried out by a proxy, including:

- who the proxy is
- what they did (e.g., a typical transaction like booking an appointment)
- what information they viewed (e.g., viewed appointments or ordered medicines)
- when they did it

Clinical professionals and staff must be able to access this information within their clinical system. Patients with access to digital services should be able to access this information.

## 7.0 Managing proxy access

### 7.1 Ongoing reviews of proxy access

Remembering that confidentiality and safeguarding are the overarching concerns in the provision of proxy access, clinical professionals and staff must:

- redact any sensitive information they are entering before that information is filed and made available to a proxy
- assess whether continued access is appropriate, i.e., necessary, relevant, and safe in light of new information

Therefore, clinical systems:

- should automatically redact information which is known to be highly sensitive and unsuitable for proxy access at the point of entry
- must display who has proxy access to a record when clinical professionals and staff interact with the patient record and make current levels of access visible to clinical professionals and staff
- must provide decision support to help clinical professionals and staff identify sensitive information at the point of entry, e.g., child protection case conference minutes and consultations with coded safeguarding information

Where a decision cannot be made at the point of entering new information into a record, clinical systems must enable staff to suspend proxy access where they are concerned until a clinical professional can review whether:

- it is appropriate to share the new information
- reduction in the level of proxy access is required
- complete revocation of proxy access is required

## 7.2 Age and development based reviews of access

There are two natural age-based milestones affecting proxy access.

**When a patient reaches an age between 11 and 13**, any granted proxy access should be reviewed. There is legally no cut off when a child may be considered Gillick competent in relation to proxy access, but it is good practice to implement standard review dates in line with a young person's evolving maturity and ability to consent to proxy access.

At 13 more digital services like the NHS App become available for young people to independently access<sup>2</sup> and so 13 should be used as a point to review the relevance of any ongoing proxy access.

Earlier or later age-based review dates may be set in line with a health and care organisation's local policy. For example, RCGP guidance recommends age 11 as a review point for proxy access in general practice.<sup>3</sup>

**When a patient reaches age 16**, they should be presumed to have capacity, as per the provisions of the Mental Capacity Act 2005. If they were previously deemed to not be Gillick competent in relation to proxy access, their capacity should be considered.

Clinical systems must therefore be programmed to suspend proxy access when a patient reaches age 16. Clinical systems should be programmed to suspend access for review at age 13 or earlier, configurable by the health and care organisation's local policy.

Proxies and patients must be informed of this suspension ahead of time so that they have an opportunity to extend access if there is a need to.

Patients should also be informed of the opportunity for self-access where there are services that they are eligible for, so that they can be encouraged to utilise this as an alternative to proxy access. For example the NHS App is available at age 13, while other digital services can be offered to children younger than 13.

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<sup>2</sup> This is due in many cases to the fact that 13 is the age at which a young person is considered to be able to give their own consent to data processing by information society services under the GDPR, where consent is the article 6 basis being relied on.

<sup>3</sup> [RCGP GP Online Services guidance: children and young people](#)

Clinical systems must support staff to easily reactivate proxy access that has become inactive on reaching an age milestone to support continuity of care.

Requests for extending proxy access must be considered in line with the requirements for proxy access defined in this standard.

### 7.3 Time-bound reviews of access

Where an end date for proxy access has been set, clinical systems must notify the proxy and the patient at a suitable time before the end date is reached so that people and staff have time to discuss continuing access where needed.

Clinical systems must support staff to easily reactivate proxy access that has become inactive on reaching its end date to support continuity of care.

Requests for extension must be considered in line with the requirements for proxy access defined in this standard.

### 7.4 Wider events that materially affect proxy access

**A child is moved into the care of the local authority or is adopted:** When a child is moved into care of the local authority or adopted, any proxy access previously granted on behalf of the child must be reviewed in line with the child's evolving circumstances. Where relevant, health and care organisations must work with the local authority to grant proxy access to the child's foster parents to ensure continuity of care.

As above, clinical systems should be programmed so that existing proxy access is automatically suspended if there is coded evidence of a change to parental responsibility.

**A patient with the ability to consent does not want proxy access to continue:** If a patient with the ability to consent does not want access to continue, then clinical professionals and staff must suspend access. Clinical systems must provide mechanisms for patients with the ability to consent to manage and suspend access in line with their needs.

**The death of the proxy and/or the patient:** If the proxy dies, health and care organisations must suspend proxy access. If the patient dies, proxy access may continue for a period determined by a health and care organisation's local policy.

## Appendix A: Ways to evidence a basis for access if the patient is not capable of providing informed consent

Basis	Evidence clinical professionals and staff can use
<p>Valid and applicable lasting powers of attorney for health and welfare or powers granted to court-appointed personal welfare deputies</p>	<p>Patients without capacity can be supported in their care by health and welfare attorneys and court-appointed deputies.</p> <p>You must confirm that the patient lacks capacity before granting access on the basis of a decision by a health and welfare attorney or court-appointed deputy.</p> <p><b>Authoritative sources you can use to establish if a proxy is an attorney or court-appointed deputy</b></p> <p>You can use the <a href="#">‘Find out if someone has an attorney, deputy or guardian acting for them’</a> service to check if a proxy is:</p> <ul style="list-style-type: none"> <li>• A health and welfare attorney. This could be on the basis of a lasting or enduring power of attorney.</li> <li>• A deputy of the courts appointed to care for someone</li> </ul> <p>Where the attorney has given you an access code using the <a href="#">‘Use a lasting power of attorney’</a> service, you can use the <a href="#">‘View a lasting power of attorney’</a> service to view their LPA.</p> <p><b>Documentary evidence you can use to establish if a proxy is an attorney or court-appointed deputy</b></p> <ul style="list-style-type: none"> <li>• A certified lasting power of attorney</li> <li>• A court order appointing the proxy as a patient’s personal welfare deputy</li> </ul>
<p>Evidence in respect of a child</p>	<p><b>Documentary evidence you can use to establish parental responsibility</b></p> <ul style="list-style-type: none"> <li>• Parents being named on a birth certificate</li> <li>• Parents being named on an adoption certificate</li> <li>• Parents being named on a court-issued parental order</li> <li>• Parents being named on a parental responsibility agreement</li> <li>• Parents being named on a parental responsibility order</li> <li>• Parents being named on a special guardianship order</li> <li>• A local authority with a care order or interim care order</li> <li>• Step-parents being named on a step-parental responsibility order</li> </ul> <p><b>Evidence to help you understand the extent to which parents share responsibility for a child</b></p> <ul style="list-style-type: none"> <li>• Parental responsibility is not normally affected by a separation between parents.</li> </ul>

	<ul style="list-style-type: none"> <li>• Parents in possession of a child arrangements order or consent order will still share responsibility for the child even if they are separated.</li> <li>• It is a parent's role in a child's life which should influence the decision on whether granting proxy access is necessary, and at which level.</li> </ul> <p><b>Evidence to help you understand when it might not be appropriate for all parents to have access</b></p> <ul style="list-style-type: none"> <li>• Parents in possession of a prohibited steps or specific issue order may specify that access is curtailed on this basis.</li> </ul> <p>You should seek advice from a medical indemnity body in complex cases of parental responsibility.</p> <p><b>Evidence to help you identify when a local authority and/or foster parents need to be involved in the child's care (whether or not they have parental responsibility for the child)</b></p> <ul style="list-style-type: none"> <li>• A child being cared for under a care order</li> <li>• A child being cared for under a voluntary order</li> <li>• A child being on a child protection plan</li> <li>• A child being cared for under an emergency protection order</li> <li>• A child being cared for under a supervision order</li> </ul> <p>Health and care organisations can use the Child Protection - Information Sharing service to identify when a child is cared for, where they have a legal basis to do so.</p> <p><b>Authoritative sources you can use to help you establish parental responsibility</b></p> <ul style="list-style-type: none"> <li>• Personal Demographics Service records</li> <li>• General Registry Office records</li> </ul>
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# Appendix B: Driver diagram articulating the strategic aims of this information standard

