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NHS England

Proxy access: advice and guidance

Proxy access: advice and guidance, part of DAPB3051: Identity Verification and Authentication Standard for Health and Care Digital, Data, Analytics and Technology Use

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Glossary

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, accounting for 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.

Purpose of this document

This document outlines a process to support consistent decisions on granting proxy access. This document should be read in conjunction with **DAPB3051: Identity Verification and Authentication Standard for Health and Care Digital, Data, Analytics and Technology Use, authorisation use case Proxy (v1)**

This document is for clinical professionals and staff within health and care organisations that offer proxy access to digital services.

Organisations should only offer proxy access if they have the resources available to offer the service safely. Where an organisation is offering proxy access, clinical professionals and staff within the organisation should ensure these steps are followed.

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, **for example** 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.

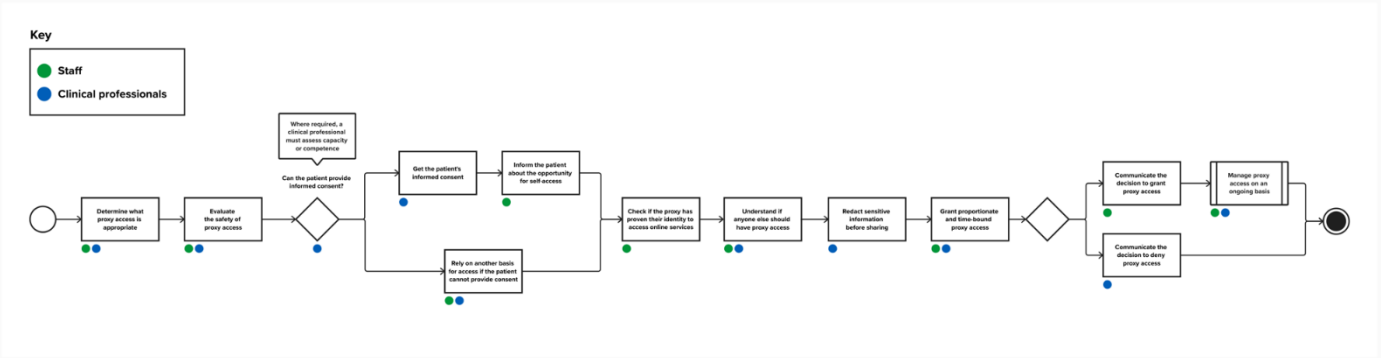
Use of the terms "must" and "should" in this guidance

The following guidance uses either "must" or "should" as defined by RFC-2119[1] 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] ietf.org/rfc/rfc2119.txt

Process overview



Step 1: Determine if proxy access is appropriate, that is, if the benefits outweigh the risks

First, clinical professionals and staff should understand the reason for requesting access and the proxy's role in assisting the patient with their health, care, and support needs.

Proxy access is necessary for people who:

- currently rely on someone else to access health and care services at an organisation. For example, parents managing their child's health.
- do not access digital services for themselves because of an obstacle such as their digital literacy, complex needs, or lack of Gillick competence or mental capacity
- have health and care needs which are not successfully met by supported self-access, but are likely to be met through proxy access

Staff can use the table below to help them determine the extent to which access is necessary and relevant and what they should do next.

	Patient aged 0 to 10	Patient aged 11 to 15	Patient aged 16 and over
Does the patient need to rely on others to access digital services?	**Usually.**	**Often, but not always.** Assess their care and support needs in line with their evolving maturity.	**Not necessarily.** Assess their care and support needs.
Are digital services available for the patient to access independently?	**Not usually.**	**When a patient reaches age 13,** more digital services like the NHS App are available for them to access independently. Very few digital services are capable of being accessed	**Yes.**

		independently by children under the age of 13.	
Is the patient's informed consent likely to be a relevant basis for proxy access?	**Not usually.**	**Always consider in line with the young person's evolving maturity.**	**Usually.** Consider on a case-by-case basis.

Step 2: Evaluate the safety of proxy access

Once clinical professionals and staff have determined that proxy access is necessary and relevant, they must check the patient's and proxy's records to inform their assessment of any potential safeguarding concerns or risk of harm to the patient that may arise from proxy access. Where present, the organisation's safeguarding lead must be involved at this stage.

In the case of families or household members, clinical professionals and staff should consider whether to review the records of people in the household. They must look for signs of coercion, abuse, and/or neglect recorded in all records, and consider risk factors for misuse of proxy access that are present such as substance misuse and social factors including forensic history.

The patient's and proxy's mental health should also be considered, particularly serious mental health issues, and whether proxy access could have a detrimental impact. For example, a young person under the care of CAMHS might not want their parents seeing information about their mental health consultations.

Clinical professionals and staff can also check an authoritative source of safeguarding information to establish safeguarding concerns. For example, Child Protection Information Sharing (CP-IS), a national service, can be used to check if a child is on a child protection plan as part of deciding on proxy access.

This safeguarding check will inform what information, if any, should be redacted if proxy access is granted. The presence of anything other than trivial levels of redaction from a record should trigger a considered evaluation of the appropriateness of proxy access because:

- at the time of writing, redaction applies to both self-access and proxy access within most clinical systems. This risks disadvantaging patients who currently benefit from self-access.
- there is a higher chance of there being existing or future information which requires redaction, and the risk of harm increases with every entry to the record.

If clinical professionals and staff have identified concerns that may prevent safe proxy access, they should follow their organisation's safeguarding policies to protect the patient. They must not proceed any further with considering proxy access.

Step 3a: Get the patient's informed consent to proxy access

Where the patient has mental capacity or is Gillick competent to decide about proxy access, a clinical professional must get their informed consent as the basis for access.

The clinical professional must inform the patient about the following in a way that they can understand:

- the availability of self-access as an alternative option to proxy access (see step 3b)
- 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
- how to check what information has or has not been redacted from a proxy's view
- their ability to request further information is redacted from a proxy's view before access is granted
- how to request redaction on an ongoing basis
- the organisation's policy on suspending and revoking access

It is important to accommodate for the patient's communication needs as part of this process. For example, if a patient needs a formal interpreter, they should be provided with one. Information should be made available in a range of formats to meet needs, for example easy read.

Clinical professionals must also verify the patient's identity as part of gathering informed consent to ensure it is being provided by the patient, and not someone impersonating them, for example by signing a document on their behalf.

If the patient raises concerns about sharing medical information with a proxy at this stage, these must be addressed to determine whether proxy access is appropriate. Clinical professionals should not proceed further with considering proxy access where concerns are outstanding.

A patient conversation is also an important opportunity to check if the patient is being coerced into sharing access. If there is a concern about possible coercion, clinical professionals should follow their organisation's safeguarding policies and not proceed any further with considering proxy access.

Clinical professionals can use the table below as a guide as to whether consent is likely to be an appropriate basis for granting proxy access and what they need to do in relation to gathering consent.

Patient's age	What clinical professionals need to do
Patient aged 0 to 10	Clinical professionals generally do not need to assess if young children aged 0 to 10 are Gillick competent or seek their informed consent. Nonetheless, good clinical judgement must be applied on a case-by-case basis.
Patient aged 11 to 15	Clinical professionals should always consider involving children aged 11 or over in decisions about proxy access and assess their Gillick competence to provide informed consent to proxy access, per RCGP guidance. If they assess the child is Gillick competent, staff should seek their informed consent as the basis for proxy access. If they assess the child is not Gillick competent, professionals should consider granting access based on parental responsibility or make a best interests' decision to grant proxy access to someone who is not the child's parent. Staff must also promote the opportunity of self-access to young people as an alternative or addition to proxy access in line with step 3b, where relevant digital services are available to them. Any proxy access should be the least restrictive necessary, that is, to only give the proxy the access they need to provide the necessary support.

Patient aged 16 or over	For patients aged 16 years and older, clinical professionals must adhere to Mental Capacity Act (MCA) 2005 legislation. Those with capacity must provide consent to proxy access. Clinical professionals should always consider capacity but may presume mental capacity to decide about proxy access for people aged 16 and over. They should also not assume that someone lacks mental capacity just because they make unwise decisions. If information suggests the patient might lack capacity, professionals must undertake a mental capacity assessment in relation to the decision on whether to grant proxy access.[2] Clinical professionals might find it useful to refer to guidance by the GMC on assessing mental capacity in relation to decision making.[3] In situations where capacity is impaired due to a lifelong developmental condition such as a severe intellectual disability which may be associated with a range of long-term physical health conditions, the lack of capacity to consent should not be a barrier to granting proxy access. If the capacity assessment finds that the patient lacks mental capacity to make this decision, professionals should consider if it's in the patient's best interests to[4]: • grant access to the proxy based on the proxy possessing a valid and applicable health and welfare LPA • grant access to the proxy based on the proxy being a court appointed personal welfare deputy

[2] Mental Capacity Act Code of Practice
[3] Circumstances that affect the decision-making process

[4] Assessment of mental capacity can at times be challenging and complex, particularly in situations where capacity fluctuates, there is alcohol or drug misuse, there are concerns about coercion (for example in the context of domestic abuse, modern slavery or trafficking, criminal and sexual exploitation), or there is a history of trauma and/or adverse childhood experiences.

In these situations, practitioners should not hesitate to seek advice and support from their organisational safeguarding lead or Caldicott Guardian, if they are unsure how to proceed.

	• grant access to someone who is neither of the above, but still plays an important role in assisting the patient with their health and care needs As above, staff should promote self-access in line with the principles of supporting people and empowering them to make their own decisions. Any additional support through proxy access should be the least restrictive necessary, that is, to only give the proxy the access they need to provide the necessary support.

Step 3b: Inform the patient about the opportunity of self-access

Proxy access must not get in the way of patients seeking care independently. Where relevant services are available, staff should always promote self-access as a viable route to accessing services.

Self-access is where a patient accesses their own digital services. This is preferred to proxy access because:

- people have a right to confidentiality in relation to their medical information, which should be respected
- there is always a risk that sensitive information is inadvertently revealed to a proxy, which can cause patient harm
- the resource burden for the NHS of providing proxy access services is higher than the cost associated with self-access
- people should be empowered to access services for themselves, if they can do so

This principle always applies, especially to those who are requesting proxy access as a preference rather than a strong need.

To support patients with this, you can rely on support staff in your organisation, for example digital facilitators in GP practices. Alternatively, you can signpost people to organisations like the Good Things Foundation, who help people get set up on services like the NHS App.

You should also remind them of the need to keep their credentials and account secure and not share them with anyone informally.

If the patient does not need proxy access once self-access is in place, you do not need to proceed any further with proxy access.

Step 4: Rely on another basis for access if the patient cannot provide consent

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

Where clinical professionals are granting proxy access based on parental responsibility, staff must do one of the following:

- **check documentary evidence like a birth certificate**, if the parent is not known to the organisation. For a full list of evidence staff can check, see Appendix A of the 'Proxy access standard for health and care services.' Authorisation use case: Proxy - Implementation guidance: Version 1 (DAPB3051_Amd 59/2025)
- **vouch for the basis**, where the parent is known to the organisation, and their relationship is already recorded in the clinical system.

Where clinical professionals are granting proxy access based on a proxy holding a health and welfare LPA, the clinical professional must check that the LPA is valid and applicable, and staff must check for evidence that it is registered. An LPA is valid and applicable when the patient does not have capacity and is unable to make the decision regarding proxy access for themselves. The clinical professional may need to undertake a capacity assessment as part of this process.

Where clinical professionals are granting proxy access based on a proxy being a court-appointed personal welfare deputy, staff must check for a valid court order, and clinical professionals must confirm it is active. A court order is activated when the patient does not have capacity and is unable to make the decision regarding proxy access for themselves.

Where clinical professionals are granting proxy access based on the patient's best interests, they must record the factors that contributed to this decision in the patient's medical record.

Step 5: Check if the proxy has proven their identity to access online services

Proxies need to have proven their identity before being able to access online services for patients they care for.

Staff should check if the proxy has proven their identity to a high level of identity verification as defined in DAPB3051: Identity Verification and Authentication Standard for Health and Care Digital, Data, Analytics and Technology Use to access online services within their clinical system before granting proxy access.

If they haven't, staff need to verify the proxy's identity before setting up proxy access. They may choose to vouch for the proxy's identity at this stage if they are known to the organisation.

Staff should also ensure that access is granted to the correct patient's record at the organisation.

Step 6: Understand if anyone else should have proxy access to the patient's record

At the point at which awareness of proxy access is raised, staff must ask the proxy and the patient if there is anyone else who should have access or may apply for it.

At this point, clinical professionals and staff may identify further safeguarding concerns by virtue of a prospective proxy noting that someone should *not* have access to a patient's information. For example, this could be a form of parental alienation or could reveal that someone in the patient's life is a perpetrator of abuse. Relevant safeguarding concerns should be recorded in the patient's medical record and appropriate safeguarding action taken.

Consideration of who else should have proxy access is particularly complex in relation to parents and children. Staff and clinical professionals can use the table in Appendix 1 as a reference to this end.

If clinical professionals and staff have identified concerns that may prevent safe proxy access, they should follow their organisation's safeguarding policies to protect the patient. They must not proceed any further with considering proxy access.

Step 7: Redact sensitive information from the proxy's view based on what is being shared

Before granting proxy access, clinical professionals must redact any information from the proxy's view that the patient advised them to, and any information that they judge is not appropriate for the proxy to see.

Practically, clinical professionals only need to redact information that is being shared. For example, if all professionals are doing is granting someone access to order repeat medications on behalf of a patient, they:

- need to redact any sensitive repeat medication schedules listed on the patient's record
- but do not need to redact wider entries in their medical record, for example consultations, as this is not something they are granting access to

Step 8: Grant proportionate and time-bound proxy access

Where clinical professionals have decided to grant proxy access, staff must do the following within their clinical system:

- grant the proxy with only the level of access they need to support the patient with their care
- set an end date for when the proxy's access will expire, based on an understanding of the patient's support needs and maturity

Proxy access without an end date should only be granted as an exception.

Step 9: Communicate the decision to grant or deny proxy access

Where proxy access is granted, staff should tell the proxy and, where appropriate, 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 and/or the proxy. They are not required to disclose any information that may put the patient or the proxy at harm.

Clinical professionals and staff should audit the processing of a request for proxy access within the patient's record to support future decisions on proxy access.

As above, where proxy access has been denied, clinical professionals and staff should consider the extent to which this information should be visible to patients or proxies within digital services.

Step 10: Review and manage access on an ongoing basis

Proxy access should be reviewed and managed on an ongoing basis so that it remains safe and appropriate.

The organisation must have a process for managing proxy access that accounts for the following scenarios as a minimum.

Scenario	What staff and clinical professionals need to do
New information is added to the patient's record	Consider if the information should be redacted from the proxy's view if proxy access is in place. Anything more than trivial levels of redaction warrants a re-evaluation of proxy access by a responsible clinical professional and the organisation's safeguarding lead.
A safeguarding concern is identified in relation to the patient	If the safeguarding concern suggests that ongoing proxy access would no longer be appropriate, proxy access must be removed. As in step 10, any communication about this decision to the proxy or the patient should prioritise patient safety.
A patient requests that proxy access is removed	If a patient requests that proxy access is removed, and they are Gillick competent or have the capacity to make this decision, then proxy access must be removed. If necessary, action must be taken by the safeguarding lead and responsible clinical professional to safeguard the patient.
Time-bound access reaches its end date	If time-bound access reaches its end date, then it should be removed. Access should automatically be removed when a child reaches age 16. Earlier milestones for suspension may be set based on local policy. Parents and carers should be informed ahead of access being removed.
A child is moved into the care of the local	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. Where possible, the safeguarding lead should work with the child's responsible clinical professional and social worker to grant proxy access to the child's foster parents or adopting parents.

authority or is adopted	

Appendix 1: complex scenarios in relation to granting and managing parental access

Scenario	What staff and clinical professionals should do
One parent indicates that another parent should not have access, or it should be limited (either when requesting proxy access, or at any time)	**Consider suspending access if there are safeguarding concerns** Check whether the other parent has proxy access and consider suspending it if the parent asking for the other parent's access to be limited surfaces significant safeguarding concerns. The organisation's safeguarding lead and a responsible clinical professional should be involved. Ask if there are any relevant court orders which prevent the other parent having access to the child or their records or removes parental responsibility, though the latter is rare. If there are, staff should request to see copies of these. **Evaluate proxy access for both parents separately, based on an individualised assessment of necessity and the risk of each parent having access** Evaluate whether either or both parents should have proxy access on a case-by-case basis. The granting of proxy access should be linked directly at all times with what is necessary for the child or young person, and what is in their best interest. Expect to find that the needs and risks are not always symmetrical and therefore not expect to provide both parents with the same level of access under a policy of "treating both parents the same." As in Step 1, it is important to consider each parent's role in supporting the child with their health, care, and support needs. Assessment of needs and risks should also consider the risk of harm to any of the parents resulting from proxy access. For example, a perpetrator of domestic abuse using proxy access to a child's records to find out a victim's address and perpetrate further abuse.

	Provided that decisions on access are justified on the basis of necessity and risk, the decision is likely to be considered in the best interests of the child / young person and patient safety. **Communicate the outcome of the decision with the parent(s)** While it is in the best interests of the child / young person that clinical professionals and staff maintain good relationships with both parents, their priority must be to the child or young person's needs, and this may require them to have a difficult discussion with any parent. Consider the GMC's guidance as to what information they should disclose or withhold to each parent, noting that *they are not required to disclose information they consider may increase the risks to the child / young person.* The risks of disclosure to the proxy (which are also unlikely to be symmetrical) should also influence what is disclosed to whom. For example, the risk of not counselling a victim of domestic abuse that they have or have not provided any access to the other parent may be that the parent may feel less able to access care on behalf of their child, which may favour disclosure.
A stepparent requests proxy access on behalf of their stepchild	A parental responsibility agreement may grant parental responsibility to a stepparent, which may give them an equivalent legal basis for proxy access. Where legal step-parental responsibility is not in place by virtue of an order, the consent of a person with parental responsibility / legal guardian is required. Clinical professionals and staff should always establish whether all those with parental responsibility / legal guardianship are aware of an application and whether they do or do not support the application. Any provision of access should be evaluated on a case-by-case basis as per the guidance on parents in conflict above.
The child is under the care of the local authority as	If a child is on a child protection plan or a Looked After Child, clinical professionals and staff should discuss any requests for proxy access with their organisational safeguarding lead and, if needed, the social worker

part of a care order or child protection plan access is removed	involved. It may also be appropriate to consult with anyone else with parental responsibility.