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Taking the next steps in encouraging the use of online services for patients

As the NHS develops its strategy for encouraging patients to make use of online services, the uptake within primary care has been patchy. As part of the process for ensuring GP practices are able to offer this emerging technology, it is now a contractual commitment for GPs to enable online services, and from April 2016, we need to provide access to coded parts of the clinical record for patients that request it.

We decided as a practice to switch on the access to the detailed coded record for patients and I worked with my practice team to support them through the process. The terminology can be a little confusing and the best starting point is the resource guide produced by NHS England (NHSE) which can be downloaded from the NHSE website. The Royal College of GPs (RCGP) also has detailed guidance available.

My practice manager spent some time looking through the available guidance and refreshed our patient verification protocol to ensure it was up to date. This was then communicated to the practice staff including both the administrative and clinical teams.

There were some significant concerns expressed from within the team. Issues of coercion, access to third party information, workload along with other areas of concern needed to be allayed.

Once we had made our team aware, I next spoke to our Patient Participation Group. They were very receptive to the ideas and potential benefits having supported us when we initially went live with other online services last year. I was able to recruit three volunteer patients to test out our processes.

Before switching on access to coded data, we asked EMIS support to run a search on our system and confirm whether other patients had access to the detailed coded record in case this had been enabled in error for some patients. No other patients had this functionality switched on, so we changed the main EMIS setting to allow access to the detailed coded records for those patients who had been given access in the patient level settings.

I reviewed the coded records of the patients who had asked for access to ensure there was no third party information with the records and we also decided to allow the patients to access their recent documents, many of which are already routinely copied to patients by the hospitals.

So far the feedback has been positive, although the data accessed is limited and a feeling that access to free text entries would offer more context and more information for the patient. Access to results has proved useful, although this currently covers only results that are directly coded in the GP system and not x-rays, scans etc.

I communicated with the patients by e-mail rather than take up clinic time. This worked well and did not add significantly to my workload, although this could cause some challenges as more patients take up on line access to their online records. That information was coded in the free text which was not visible to the patient.

Overall this was technically a straightforward process, but I recommend starting with a small number of patients. It is important to understand the details covered in the guidance as the potential problems, including those listed above, need to be understood.

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