Helen Salisbury: Confusion over patient access to notes

Helen Salisbury GP

From 1 November patients were supposed to have access to their electronic GP record and to be able to read everything in it. These plans have been delayed as the two major general practice software suppliers, EMIS and TPP, have decided to pause the automatic rollout of the programme. Previously, patients who signed up for online access could see coded data such as diagnoses, repeat medicines, and vaccinations. Under the new proposals, going forward they’ll be able to read every free text entry and all attached documents, such as hospital letters.

More partnership working with patients is generally welcomed, but there’s been much disquiet among GPs about the details of these proposals. The switch-on date was already delayed from July to November, yet the concerns have not been adequately addressed in the intervening months. Now the process has been delayed again, as many GPs—on the advice of their local medical committees and the BMA’s General Practitioners Committee—are asking their software providers not to turn this function on.

Doctors have concerns about the potential volume of work from patients requesting explanations, or disputing entries, after reading their notes. However, the evidence on this front is reassuring, both from early adopters of this scheme and from similar projects abroad. The much greater worry is that vulnerable patients could lose the privacy of their medical information. In theory only the patient can access their own record, but in practice we can’t be sure that this will always be the case.

Using data from the Crime Survey for England and Wales, the Office for National Statistics estimates that one in 20 adults is subject to domestic abuse. GPs have been advised to exempt the records of patients at risk of coercion, but this implies that we know who they are. This crime, by its nature, is private, and often experienced as shameful by the victim, so it’s unlikely that I’d know more than a fraction of the patients on my list who are vulnerable in this way. And if my patients know that their partner is likely to demand to see a record of their consultation, they’re even less likely to tell me what’s going on at home.

Access to GP records may greatly benefit some patients, but it undeniably has the capacity to harm others. We should not proceed until we have confidence in the systems put in place to mitigate those harms. I worry that there’s a failure of understanding at NHS England about what exactly is going on in primary care—that they haven’t heard, or are choosing to ignore, the staffing and morale crisis.

On their website, one particular phrase stands out: “Although GPs will be required to consider the potential impact of each entry [...] we expect that the overall long term benefits will outweigh any increase in workload.” Please don’t come and tell me about these benefits when I’m reviewing patient letters and filing pathology reports at 9 pm, after a long duty day. I’m afraid you might not get a polite response.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors

Provenance and peer review: Commissioned; not externally peer reviewed.