NHS England's Domestic Abuse and Sexual Violence Programme received feedback from the third sector regarding the Online Access to Medical Records NHS England programme. The following concerns were raised:

1. Perpetrators using a survivors' health records to further the abuse.
2. Perpetrators controlling survivors' online accounts leading to survivors not having access to their own records and medical updates.
3. The safety risk posed to survivors by perpetrators who can access their medical records and find information such as changes to the survivor's location when they move to refuge.
4. Perpetrators taking advantage of survivors who are not IT literate or who have a language barrier or disability.
5. Perpetrators being able to view disclosures of abuse; and
6. Survivors choosing not to disclose to their GP for fear of the perpetrator finding out.

NHS England is giving people access to their GP health records via the NHS App and other GP online services. Better access enables patients to become partners in managing their health. This will help reduce queries to practices, such as those regarding negative test results and referral letters.

GP practices across the country have started to let their patients see new health record entries online as part of a phased rollout. Currently, more than 6.6 million people have access to their online health record, and access to new record information is being offered automatically by one in five practices across the country. This means that these patients will be able to see clinical notes and documents related to all face-to-face, telephone and video GP appointments occurring from the switch on date. They will also be able to see test results and letters from other health and care professionals that have been added to their health record.

In some cases, such as positive test results, patients will not be able to see the information until it has been checked and filed, giving GPs the chance to contact and speak to patients first.

NHS England recognises the potential risks that may be enhanced for some patients as a result of these changes. The programme is working closely with safeguarding experts to mitigate risks for these cohorts of patients, as well as engaging with representatives of these patient populations.

Not all concerns outlined in the initial feedback are linked to giving access to online GP health records, but relate to other programmes of work providing digital information to patients. We hope the robust guidance and training as part of the rollout of online GP health records will improve practice and safeguarding management for all patients.

As part of this, measures have been put in place which includes:

- Patients will only have access to their future health records at the point of GP surgery activation, no historical information prior to this date will be retrievable by the user. GPs have the opportunity to disable access should they come in contact with a person who is at risk as information is being entered.
- NHS England engaged directly with victims and survivors of domestic violence and their representatives, to hear their thoughts and concerns on these changes. We heard from some

people that these changes would really benefit them, while others felt they may be more at risk. We have used this feedback to inform an individualised approach to supporting vulnerable people.

- NHS England has been mindful regarding the communications of these changes to patients, reflecting the feedback from lived experience groups that patients felt they may be more at risk once these changes become more widely available and are more likely to be known by a perpetrator, increasing risk of coercive and controlling behaviour. We have included guidance on how to request access is switched off should someone feel at risk and have ensured providers of support services are briefed on this point.
- Clear guidance informed by safeguarding experts has been provided to GP surgeries to support them in managing and identifying patients who may be at risk, and how to support them when enacting these changes. GPs retain the ability to remove/review access as information is being entered before it becomes visible, and to prevent automatic access ahead of the change should they identify an individual who is at risk. General practices are able to adapt and apply guidance to their specific circumstances to reflect the risk levels of their population.

Examples of processes that GP surgeries are using to safely implement include –

1. Utilisation of 'enhanced review' codes for all patients and manually reviewing individual patient records to assess the risk of granting patient online access.
2. Searching patient records for codes and journal entries that may flag a risk of abuse or vulnerability if online access was granted.
3. Individual record review prior to granting online access.

Additionally, NHS England hosts a monthly safeguarding reference group, comprised of safeguarding GP leads from around the country, domestic violence charities, the NHS England national safeguarding lead, third party colleagues (from other health and care disciplines), and other professionals working in the safeguarding space. The group monitors safeguarding risks arising from the changes and provides a space for colleagues across the country (including charities and patient groups) to report safeguarding issues.

There are also dedicated safeguarding pages for clinicians and primary care staff on the NHS website.

Following engagement with charities and patient groups, we have produced this briefing document, alongside this specific guide on how records access might impact victims or survivors or domestic violence and sexual abuse. We are committed to working with charities, patient groups, the voluntary sector, primary care, and safeguarding leads to ensure that safeguarding considerations are at the heart of these changes.

We would welcome your organisation sharing the briefing document with other organisations, as well as the link to report any safeguarding concerns from these changes.