

HDR scenarios 2/6/20

1. Worried neighbour providing info about patient but not wanting pt to know who provided the info.

The colliding principles here are those of patient safety and confidentiality.

- a. It is useful to take the details of who the patient is, and whether they are registered with your practice. You might have time to look through the patient's records beforehand to get an idea of the issues ongoing already.
- b. Acknowledge the neighbour's concern and the fact that there might be trying to help the situation.
- c. Without acknowledging whether the patient is registered with you, you may choose to discuss with the informing party, that you are happy to listen to the concerns but will not be able to divulge any information without the patient's consent.
- d. It is always good practice to take some details of the person raising the concerns. You may record the details in the patient's clinical records if the concerned individual agrees to this, but make them aware that the patient may request their clinical records electronically or in hard copy and may become aware of their identity. You may choose to record this information under 'a concerned neighbour'.
- e. Listen to the concerns, explore exactly what they are worried about (as the matter might have been dealt with already) and make contemporaneous records. Sometimes verbatim excerpts from the conversation are useful.
- f. It is also useful to try to convince the concerned neighbour, to perhaps speak to the patient themselves or their family member. If the concerns are around social or safety issues then other services like social services or police may also be informed in a confidential manner by the neighbour.
- g. You can also highlight to the concerned neighbour that if they had a supportive chat with the patient they might be able to convince them to accompany them to the GP surgery. Also, that though you have a duty of care, you cannot make up an excuse to visit or consult with the patient and if they asked you would have to discuss that somebody else has raised concerns about.
- h. You also have to make a judgement call of further the concerns are severe enough to warrant an immediate looking into the matter i.e. immediate safeguarding concerns, risk to Public Safety or health, immediate danger to life and limb the patient. If that is the case you may have to contact other services for example social services/police and may have to take advice from your indemnity organisation.
- i. If the patient is frail/elderly or may have cognitive impairment, even then the neighbour does not automatically have the right to access the patient's records even if they help them

on a regular basis and doubted by consulting the patient's records beforehand during the consultation (as they might have given consent for this matter in past already).

Bear in mind that although the patient might have agreed to the neighbour having some information, it does not automatically grant access to all medical confidential records. At best you may only be able to offer general advice that the patient is being helped and that you have taken the consent on board and will discuss these in a confidential manner with them or their family.

2. Estranged partner seeking or wishing to provide information relating to his child (your patient) who lives with the mother.

The principles at play here are those of confidentiality, your duty of care to the child as their welfare is paramount, and the principle of parental responsibility.

A. Parental responsibility—mother has automatic parental responsibility, whereas the father of the child can have parental responsibility if the name was on the birth certificate, parental responsibility was granted by the court, or they were married to the mother at that time of the child's birth. The parents both keep parental responsibility if they later divorce.

An unmarried father can get parental responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

B. You should record the details of the informing party especially if it is the estranged parent and take any contact details just in case further information is required for example by police or the social services.

C. GMC says 'disclose information that identifies the patient only if this is necessary to achieve the purpose of the disclosure'. 'If children and young people are able to take part in decision-making, you should explain why you need to share information, and ask for their consent. They will usually be happy for you to talk to their parents and others involved in their care or treatment.'

'If a child or young person does not agree to disclosure there are still circumstances in which you should disclose information:

- a. when there is an overriding public interest in the disclosure
- b. when you judge that the disclosure is in the best interests of a child or young person who does not have the maturity or understanding to make a decision about disclosure
- c. when disclosure is required by law.'

- D. Again, you may listen to the concerns without divulging any information and the record that in the child's clinical records, reminding the informing party that the child (if has the capacity to make that decision) or the mother may see the records. You have to make a judgement call of whether information provided requires immediate action in any way and may choose to contact other professionals for example the police or the social services.
- E. If information is being asked for, you may remind that person, that they should try and get the information directly from the responsible parent as it would obviate the need for you to contact the patient/ parent to gain consent. Also there needs to be a system for both parents to agree upon sharing the information as the GP cannot be made to be the middle man even if the parent's relationships may be strained.
- F. If the child is old enough and have provided the information in confidence, you may have to make a judgement call whether you can divulge it or not. For example, if there are 15 and have specifically requested their sexual history to be not given out to the parent and you are satisfied that they have the mental capacity and understanding to make that decision and are safe.
- G. GMC also states 'If a child or young person refuses consent, or if it is not practical or appropriate to ask for consent, you should consider the benefits and possible harms that may arise from disclosure. You should consider any views given by the child or young person on why you should not disclose the information. But you should disclose information if this is necessary to protect the child or young person, or someone else, from risk of death or serious harm.'
- H. These days with online access to records, both parents provided they have responsibility may apply for access which reduces the time and effort required on the GP's part.

Other points to consider

- I. Treatment should only be given to a child if permission is given by someone with parental responsibility(NB consider this when children brought in by grandparents), except in the event of an emergency.
- J. Consent generally only needs to be obtained for treatment from one parent although it is best practice to obtain consent from both parents if treatment is needed for non-therapeutic reasons.