

Online access guidance for clinicians and practice managers

Potential unintended consequences	Mitigation
<ul style="list-style-type: none"> • Distress for patients at discovering unknown information in their record. • Additional workload for staff supporting patients in order to prepare them for what to expect from online access. 	<ul style="list-style-type: none"> • Offer consultation to patients who you are concerned may be surprised or distressed by parts of their record. • It may also be prudent to verbally summarise what is being documented during consultations to reduce the risk of future surprises or distress.
<ul style="list-style-type: none"> • Non-patient friendly information in records. For example, jargon, abbreviations, spelling mistakes, lack of context, leading to offence, misinterpretation or misunderstanding. 	<ul style="list-style-type: none"> • Where possible, clinicians should aim to reduce the use of jargon that may offend or confuse. However, it is imperative that the content of patient notes are kept as accurate as possible. Improving understandability for the patient must not compromise a high-quality of care. • Use texting or email to communicate reliable websites for information about conditions and treatments.
<ul style="list-style-type: none"> • Clinician hesitation to document speculative concerns or diagnoses or third-party information in records that are shared with patients. 	<ul style="list-style-type: none"> • Clinicians should continue their objective and factual documentation practices.
<ul style="list-style-type: none"> • Additional workload to redact sensitive or third-party content. 	<ul style="list-style-type: none"> • Software to automate these tasks is available, but manual checking may still be required. • It may be practical to have a staged rollout of online access, as patients individually request it, to spread the workload over a longer period of time.
<ul style="list-style-type: none"> • Additional workload from managing more complex situations, for example: parent/teenager access, or individuals experiencing domestic violence and abuse. 	<ul style="list-style-type: none"> • It is recommended that complex situations are dealt with on a case-by-case basis before online access is provided. Where possible, this should involve a multidisciplinary team. • In the case of parent/teenager access, depending on the competence and capacity of the young person, consent must be gained before releasing notes to parents.
<ul style="list-style-type: none"> • Additional workload from patients querying/challenging notes and correcting errors. 	<ul style="list-style-type: none"> • Corrections or qualifications should be welcomed. Practices should expect that a minority of patients will present with questions regarding the content of the notes.

NB Unintended consequences and mitigation measures are derived from the interview findings as well as the views and experiences of participants at a stakeholder workshop held in February 2020.

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