28 May 2019

Response to the new CQC Standard DCB3051 Identity Verification and Authentication Standard for Digital Health and Care Services

This paper has been prepared by a group of GMS, PMS and APMS General Practice providers to raise concerns over potential implications on access and equity of access to primary care of the proposed new DCB3051 Identity Verification and Authentication Standard for Digital Health and Care Services.

As GMS, PMS and APMS services, we provide our patients with a complete general practice service including face to face appointments, telephone appointments, long term condition management, urgent care, screening and nursing services. Our patient lists represent the full diversity of our local populations. To provide the best possible services to our patients we have implemented a range of innovations to improve access, including enhanced online provision.

We believe that the requirements of DCB3051 are in excess of and in contradiction to the NHS England and RCGP guidance on registering patients for primary care services. The existing 2015 registration standard states that "there is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this." This is reflected in the contract and in the GMS 1 form.

Our understanding of DCB3051 is that patients will need to have a full ID verification to be able to access <u>any</u> online services. We believe that this will create a barrier to patients requesting to register with our practices online (and may impact on some groups registering at all) and in accessing the information and services available in our online environments. It should be noted that it is not currently possible to access patient records and order repeat prescriptions without a unique identifier provided from the patient management system, and this can only be obtained following identification, verification and authentication with our practices – and this process is not in dispute.

The aim of the online services are to provide an accessible route to engaging with general practice, online registration is proving particularly effective for the 18-34 year old age group who have previously struggled to engage with primary care and consequently been disproportionately dependent on walk-in, UCC and ED services.

It is our belief that requiring an ID check to register with and access any online services in general practices will;

- Create an inequity in access for those wishing to engage with primary care online;
- Discriminate against those without a passport or driver's licence which can be utilised for online verification of ID. This is a particular issue for the disabled, lower socio-economic groups, elderly, ethnic minorities and the 18-24 age group, all of whom are less likely to have these forms of ID and all of whom already face barriers to accessing care;
- Impact upon the ability of providers to develop new access routes to general practice which are aimed at reducing numbers of unregistered people (specifically 18-34 year olds who have low registration rates) and hence hinder the primary care sector's ability to reduce inappropriate demand on secondary care services by unregistered patients;

- Create an inequity of access to primary care versus urgent care services where patients do not have to go through an ID check, for example when phoning NHS 111 or using 111 online currently, or when accessing care at a UCC/ ED or NHS Walk in centre. This is likely to promote the inappropriate use of urgent care services such as ED, by making primary care more difficult to engage with;
- Introduce a conflict with the stated intentions within the Long Term Plan to both encourage registration with general practice and the use of online channels.

We would like NHS Digital to consider if the application of guidance DCB3051 to practice websites is appropriate and specifically we believe that the risk and patient safety issues where online services do not provide access to patients records or prescribing data are low and consequently do not warrant a full ID check and verification process. We believe the guidance should not apply to;

- Online requests for registration, where general practice processes for patient verification, record location, and authentication are followed following the request;
- Set up on an online account to access symptom checking and health and wellbeing information;
- To request appointments, and send messages to the practice, including messages regarding medication.

We are in complete agreement that full ID checks and verification should occur for patients wanting online access to their medical records, results and to order repeat prescriptions.

We would be happy to meet to discuss these issues. Please contact Amanda Carey-McDermott, New Services Director, Care UK in the first instance.

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