Royal College of General Practitioners

NHS England

Online services: Coercion
Guidance for general practice

What is coercion?

'Coercion' is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will.

Online services of all types are vulnerable to coercion. In the context of online services for patients, coercion might result in patients being forced into sharing information from their record, including login details, medical history, repeat prescription orders, GP appointment booking details and other private, personal information.

This is not a new issue. Practices will already have processes in place to manage instances of suspected coercion related to paper-based and face-to-face services. But online services provide new and additional opportunities for coercive behaviour that must be managed.

The challenges of coercion for practices

GPs, practice managers and staff involved in registering patients for online services must be aware of the potential impact of coercion, and signs to look out for in order to help patients who might be subject to coercion. RCGP, CAADA (Co-ordinated Action Against Domestic Abuse) and IRIS (Identification & Referral to Improve Safety) have published guidance for practices to help effective response to patients experiencing domestic abuse.

Patients may have access to their records if they choose. They may also choose to share online login details with family, friends and carers (including a care home) but as part of their access application they must be advised of the risks associated with doing this.

Sharing under coercion may happen if the patient is a child, an adult in an abusive relationship, or an elderly or otherwise vulnerable adult. Practice staff must be aware of the potential for coercion and be vigilant in its detection. As part of patient enrolment, practices must make the implications of coercion clear to patients. These considerations should be included in a registration form for online services for patients (example available here). Patients need to understand and tick all four statements before access is granted.

Domestic violence and abuse (DVA)

It is estimated that 7% of women and 5% of men experienced domestic abuse in 2011/12; and since the age of 16, almost 30% of women and 17% of men in England and Wales have experienced some form of domestic abuse. This coercive control often extends to digital media.

Source: CAADA / (CSEW) 2011/12

Dealing with coercion

Before patients begin the process of applying for records access, it is important that practice staff discuss the issue of coercion with patients, and ensure that they understand and accept the risks.

If a GP, practice manager or other member of the team has any suspicions that a patient is being coerced, then that patient should not be registered for online records access, and the GP will need to have a conversation with the patient.

Patient Online: The Road Map (RCGP, 2013) adds the following guidance on coercion:

- Ask every patient if someone else might access their record without the patient's consent and against their wishes if they are offered online access. If so, do not grant access, and remove access if it has already been granted
- Consider the potential from an abusive partner or family member to gain access via coercion or deception, thereby increasing their control over the patient's health.
- There is a need to disguise domestic violence codes
- Domestic violence training that highlights the need for communication between the practice and a domestic violence agency is needed. Communication from DV agencies and multi-agency risk assessment conferences (MARACs) to general practice will lead to sensitive letters in the medical record
- It is recommended that the default position should be that access by a patient is available from the age of 18. Practices can of course choose to make access available earlier, and we know that some practices offer access from age 16. Access by parents and guardians to a child's record is a practice-level decision and subject of on-going consideration. The RCGP will issue additional guidance when this becomes available.

Coercion may be missed by practice staff when discussing online access with a patient. Domestic violence and cyber stalking by an abuser are highly prevalent, according to Professor Gene Feder, RCGP Clinical Champion for Domestic Violence.

Clinicians must be aware of digital stalking, harassment and coercion as tools of domestic abuse. Practices should have named clinicians (possibly the safeguarding lead) ready to support staff when coercion is suspected, as well as referral pathways to local DVA agencies for any patients who disclose abuse.

RCGP Royal College of General Practitioners

NHS England