Access and control: providing care in a health setting

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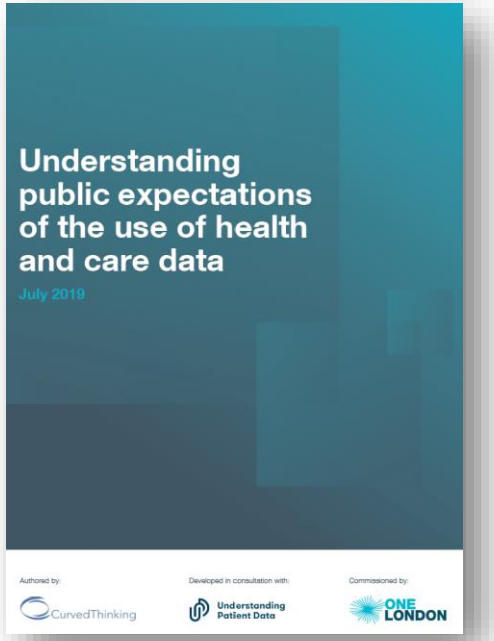
Access and control

Londoners have expectations

Independent research we commissioned to summarise previous public engagement work concluded that:



*"The **public has an expectation that patient health information will be shared for the purposes of individual direct care**, with that information available to the full range of NHS clinicians; and research to date shows a degree of **surprise amongst the public that this expectation is not routinely met**. The literature consistently indicates that the public has an expectation that this will be **executed in a way which is secure and proportionate**."*

Our policy dilemma is how to ensure information is routinely shared where it is needed, but with the right access controls to make people feel that the system is secure, proportionate and trustworthy.

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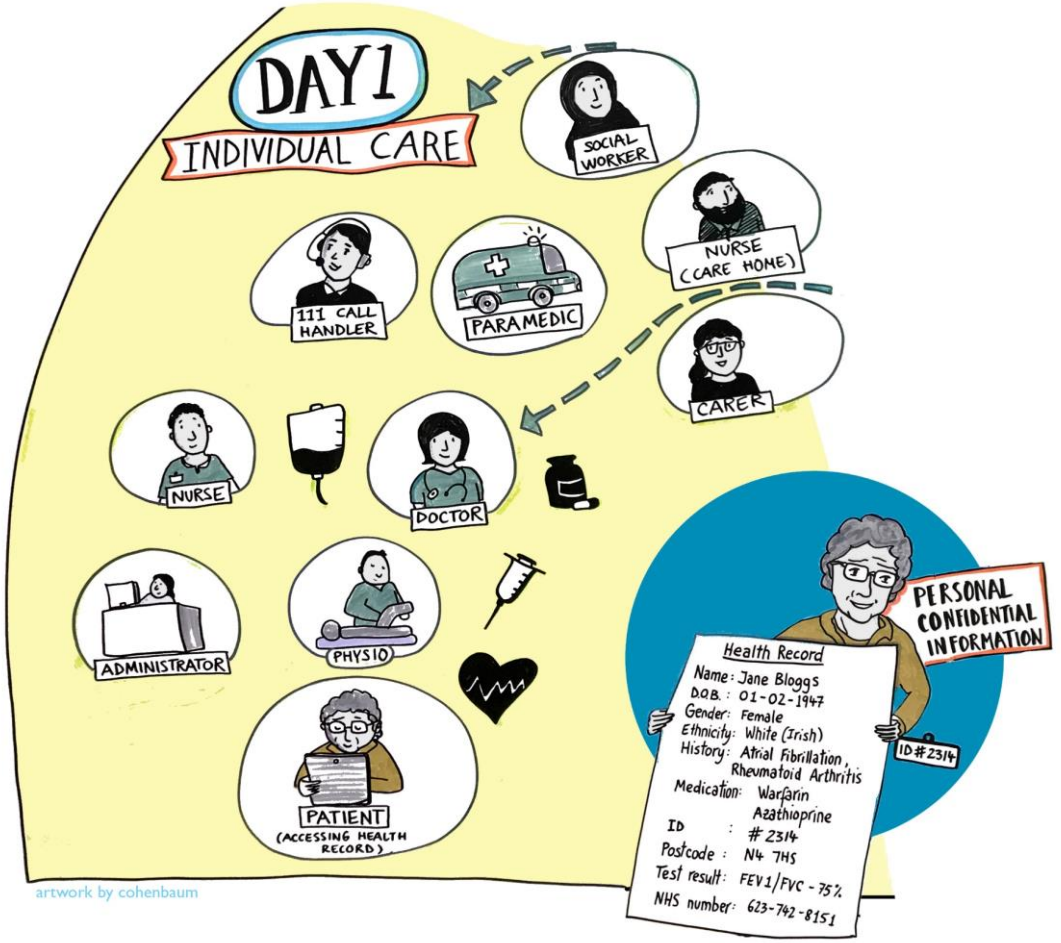
Care involves many staff

- The delivery of healthcare often involves **teams of people** operating within an organisation (e.g. a GP practice) or across organisations (e.g. across the ambulance service and the hospital).



- **Staff in those teams need to know about you** to deliver effective care. But **people should only see what is relevant** to the task they need to do for you.
- Joining-up health and care information **does not mean letting everyone see everything.**

Access and control

Staff have obligations

- Anyone working in the NHS is **subject to strict rules to keep personal health information secure and confidential, and to use it appropriately**. These rules are formed through:
  1. Requirements set out in **law** (e.g. the Data Protection Act 2018, the duty of confidence, and a duty to share information for the provision of care to an individual.
  2. Requirements set out in the **employment contract**.
  3. **Access rights** to areas where information is held (e.g. building passes to physical places; or Smartcards and passwords as system log-ins).
  4. Individual **professional obligations** for registered professionals.
- As with any human activity, sometimes people do the wrong thing, negligently or deliberately; but this comes with **serious consequences**.

Access and control

There are benefits and concerns

- The move towards joined-up health and care information systems presents **potential benefits and concerns** for secure access:
    - Misuse can be difficult to spot with paper records, but is readily identifiable with computer systems, because every user has login details that can be audited.
    - Paper records are dispersed across organisations (and are therefore difficult to cross-reference), whereas joined-up digital information puts a person's details in one place.
- In practice there is **widespread difference** (and some disagreement) among NHS organisations about what to share and how to share it. There is **variation in approach** – but this is about practice not the law.

Access and control

What approach feels right?

999 call handler

Paramedic

Physio

Doctor

Nurse

AHP

Administrator

- One way of managing access is to give different staff different permissions to see different types of information. This is called **Roles Based Access Control (RBAC).**
- There is no uniformly agreed approach to this, and in different organisations the IT systems are configured so that there is:
  - **no differentiation** of access between different roles, instead relying on the other aspect of the control environment to ensure appropriate use by staff.
  - **a plan to create many different RBAC levels.**
- Modern technology allows high levels of differentiation; but deciding what roles get to see what information is a **human decision**. It can be challenging to reflect the variety of ways that different staff contribute to care in a modern NHS team.

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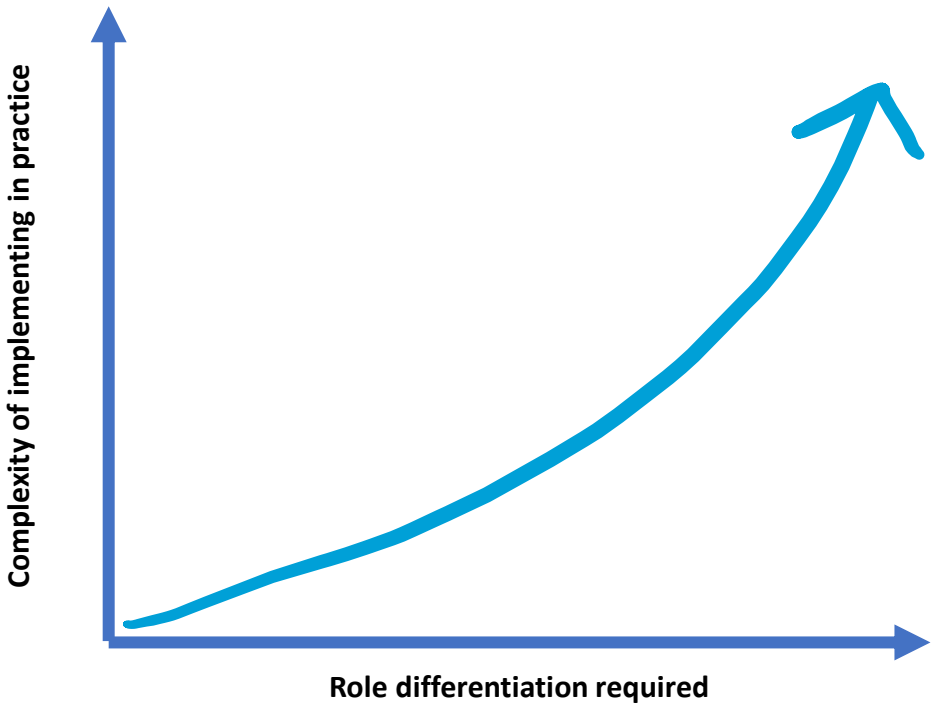
- Our policy concern is that **too few levels might feel untrustworthy** to the public; but **too much differentiation might make it too complicated to implement** in the real-world.



- The harder and slower it is to implement joined-up information, the longer we would persist with services that present safety and quality risks to Londoners.
- But moving quickly to implement a very ‘open’ system might undermine people’s sense of privacy and confidence.
- We need guidance about how to resolve this issue, based on the things that matter most to Londoners.