



Royal College of  
General Practitioners

# CONFIDENTIALITY AND YOUNG PEOPLE

## TOOLKIT



IMPROVING TEENAGERS' UPTAKE OF SEXUAL AND OTHER HEALTH ADVICE

**Royal College of General Practitioners'**  
*Adolescent Health Group*





Royal College of  
General Practitioners

This update of the Confidentiality and Young People Toolkit has been carried out by the Royal College of General Practitioners' Adolescent Health Group with the help of Brook, the General Medical Council and the British Medical Association's Ethics Department.

The legal framework referred to in this publication applies to England.

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# 1 Introduction





## Why do we need confidential health services for young people?

One of the main factors that deters teenagers from seeking early sexual health advice is fear around confidentiality. Currently, the vast majority of teenagers start having sex before they actively seek any advice on contraception or sexual health.

Concerns about confidentiality extend beyond sexual health advice to a range of health concerns including teenage mental health problems, self-harm, and substance and alcohol misuse.

Teenagers have said they are worried about deliberate breaches of confidentiality, including parents being informed, accidental breaches, 'gossipy' receptions, and confidential information being intercepted by parents or carers.

Teenagers' uptake of sexual and other health advice in primary care will not be improved until they gain more trust in the confidentiality of their general practice.

The General Medical Council (GMC) published *0-18 years: guidance for all doctors* (2007) which provides the legal and professional information on working with young people and issues of confidentiality.

General practice now has the impetus and the information to reinforce confidentiality as the cornerstone of their services.

The *Toolkit* provides:

- information on the legal framework and professional codes on confidentiality
- sample practice confidentiality policies and staff confidentiality, agreements
- guidelines on producing and displaying publicity informing young people about confidentiality, training suggestions and case studies a method of auditing standards of confidentiality in the practice
- A method of auditing standards of confidentiality in the practice.

The *Toolkit* encourages a whole team approach but can be used flexibly with smaller, single discipline groups or by a professional on his or her own.

For a team, a training session of at least one hour is recommended. The Appendix contains materials for use in training and sample confidentiality posters and policies. It also contains case studies from general practice and hospital settings, with discussion points and expert advice from members of the RCGP Adolescent Health Group. There is also an accompanying PowerPoint presentation which can be downloaded.

# 2 Essential information





## Confidentiality, consent and competence

GPs have the same duty of confidentiality to young people as they have to adults.

### What is 'confidentiality'?

If a professional has a duty of confidentiality, it means that he or she must not disclose anything learned from a person who has consulted him or her, or whom he or she has examined or treated, without that person's agreement.

### Are there any situations when confidentiality can be broken?

Confidentiality may only be broken in the most exceptional situations where the risk to the health, safety or welfare of the patient, or others, outweighs the right to privacy. The decision whether to break confidentiality depends on the degree of current or potential harm, not on the age of the patient.

### What are the guidelines for disclosing information?

Disclosures should be kept to the minimum necessary, and anonymised wherever possible. If there has to be a disclosure, the patient should be informed first and consent sought if possible.

### Can confidentiality be maintained even if the health professional refuses to give contraceptive or other treatment?

Yes. Regardless of whether or not the requested treatment is given, the confidentiality of the consultation should still be respected.

### Do health professionals automatically have to disclose sexual activity in under 13s?

No. It is at the discretion of the health professional. The GMC recommends that if you do not disclose, for child protection you should discuss it with a colleague and record your decision and the reasons for it.

### What is 'consent'?

If a patient consents to an examination, tests or treatment, it means that he or she agrees to what is being proposed and understands the reasons for it. Consent must be based on adequate, accurate information being provided about what is intended in a manner that the person can understand.

### At what age can a person consent to medical treatment?

There is no age limit, as long as they are 'competent'. Any young person, regardless of age, can independently seek medical or nursing advice or care, and give valid consent to medical, surgical or nursing treatment. A young person is said to be competent if the health professional believes he or she is capable of understanding the choices of treatment and their consequences.

### Can a health professional give contraceptive advice or treatment to young people under 16?

Yes, provided that the health professional is satisfied that the young person is thought to be 'competent' and has the capacity to consent.

### What is competence?

A young person must be able to understand and retain the information pertinent to the decision about their care, be able to use this information to consider whether or not they should consent to the intervention offered and be able to communicate their decision to others. These three points are sometimes known as 'Gillick' competence, and arose from a case in the House of Lords in 1986.



## What are the Fraser guidelines?

The Fraser guidelines also refer back to the Gillick court case. Lord Fraser was the judge who ruled on the Gillick case and established the points of competence as law.

The terms 'Gillick competence' or 'Fraser guidelines' are interchangeable and refer to the points above. The Fraser guidelines specifically refer to contraception, but the principles also apply to other treatments, including abortion.

## What do the professional codes of practice say about confidentiality?

The professional codes of practice state that doctors, nurses and other health professionals along with medical secretaries, practice managers and receptionists have a duty not to disclose any information about individual patients without their consent, whatever their age or maturity, except in the most exceptional situations.

Such a situation may arise if the health, safety or welfare of the patient, or others, would otherwise be at grave risk. The decision whether to make a disclosure depends on the degree of current or potential harm. It does not depend on the age of the patient.

### Doctors

The General Medical Council (GMC) states:

*"Respecting patient confidentiality is an essential part of good care; this applies when the patient is a child or young person as well as when the patient is an adult. Without the trust that confidentiality brings, children and young people might not seek medical care and advice, or they might not tell you all the facts needed to provide good care."*

The same duties of confidentiality apply when using, sharing or disclosing information about children and young people as about adults. You should:

- a) disclose information that identifies the patient only if this is necessary to achieve the purpose of the disclosure – in all other cases you should anonymise the information before disclosing it
- b) inform the patient about the possible uses of their information, including how it could be used to provide their care and for clinical audit
- c) ask for the patient's consent before disclosing information that could identify them, if the information is needed for any other purpose, other than in the exceptional circumstances described in this guidance
- d) keep disclosures to the minimum necessary."

### Nurses

The Nursing and Midwifery Council makes it clear under clause 5 of its Code that:

*"You must treat information about patients and clients as confidential and use it only for the purposes for which it was given."*

Receptionists, medical secretaries, practice managers and administrators AMSPAR (The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists) states that:

*"Members will strictly observe and uphold the principles of confidentiality. Anything learned from a patient, a medical practitioner, patients' records or correspondence, must never be disclosed to any unauthorised person."*



## The legal framework

To reiterate earlier points, under the Fraser guidelines a young person is competent to consent to contraceptive advice or treatment (and this applies to other treatments including abortion) if:

- The young person understands the doctor's advice
- The doctor cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice
- The young person is very likely to begin or continue having intercourse with or without contraception
- Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer
- The young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

Young people of any age can be deemed legally competent, however the younger they are, the less likely this is. GPs do not automatically have to disclose sexual activity in the under 13s. It is at their professional discretion, although the GMC recommends that GPs should, as a minimum, seek advice from a named or designated doctor in such circumstances.

Health professionals and practice staff also work within a legal framework which covers the reporting of a crime and access to health records.

### Reporting of a crime

There is no legal obligation on a health professional – or any other individual – to report a crime, except if the information disclosed might be of assistance in preventing terrorism. However, in some circumstances, it is possible that a health professional could be liable in law if serious harm arose from his or her failure to disclose to an appropriate authority.

## Access to health records

The law regulates who may legitimately claim rights of access to health records. Primary Care Trusts appoint a Caldicott Guardian to look at and advise on the protection of patient confidentiality. GPs remain responsible for the confidentiality of individual patient information within the practice's clinical governance framework.

Formal access to health records of living patients is regulated by the Data Protection Act 1998. The Access to Health Records Act 1990 regulates access to information about deceased patients.

Patients – including patients aged under 16 – are entitled to see, or be provided with a copy of, their records if they have the competence to understand the nature of the request. Any competent person may also authorise another person to seek access to the records on his or her behalf.

If the young person does not have the competence to make decisions about access to his or her records, a person with parental responsibility may see the records or be provided with a copy unless the GP considers that this would be contrary to the young person's interests.

In all cases where a third party asks to have access to the records of someone under 16 year old, it is important to consider:

- the patient's competence
- his or her views on disclosure
- how the patient might be affected if a third party had access to records.

The decision about whether to grant access rests with the GP. If it seems likely that a young person is being pressured by parents or carers to allow parental access, the GP may need to talk to the young person separately from the family.

In certain circumstances – such as abortions or stillbirths and notifiable diseases – health professionals are obliged by law to pass information to a third party.



However, practices should reassure patients that such disclosures are only made to an appropriate authority for statistical purposes, and that personal details (such as their name or address) will not be revealed by that authority to anybody else.

## Child protection guidelines

Doctors have a duty to respect their patients' privacy and right to confidentiality and safeguard patients and the health and wellbeing of young people.

The guiding principle for the doctor is to act in the best interest of the child or young person. Where it is clear that a young person is suffering from, or at risk of suffering from serious harm, the health professional must:

- Ensure their safety
- Make a referral to social services or the police promptly. Care has to be exercised to not increase the risk of harm to the young person.
- Suspecting child abuse does not automatically mean breaching confidentiality. The consent of the young person should be sought. Where consent is denied, the young person should be kept informed. Where the young person is not competent, assent should be sought. See Department of Health website for latest guidance.

Child protection issues are not always clear cut. Health professionals often have concerns rather than evidence and these should be discussed with colleagues within the practice or with social care. Using the phrase "What if...?" is useful to protect confidentiality.

Sexually active young people present an especially difficult area. The Sex Offences Act 2003 is very clear: however health professionals may have time to gather information and gain the trust and confidence of a young person if they suspect harm is being done and if the patient is in no immediate danger.

Health professionals need to be alert to:

- The competence of the young person. They may not be able to consent if under the influence of drink or drugs, have a learning impairment or are psychologically unwell. Similarly, a young person who is being coerced is not freely consenting to sex
- Power imbalance, for example if there is an age gap of more than five years
- The younger the age, the more cautious GPs should be about assuming they are competent to consent to sex, and a query could be raised as to why they are so sexualised
- Health professionals working with children and young people should have adequate child protection training which should be kept up to date
- GPs should know the local arrangements, where to get advice and help, where and when to make a referral
- GPs should share concerns with colleagues who have expertise in child protection, including named or designated health professionals within the Primary Care organisation, the community paediatrician with responsibility for child protection and the Local Safeguarding Children Board team.

# **3** Confidentiality in practice





## Confidentiality policy and agreement

Every practice should develop its own confidentiality policy. This will ensure that all staff are fully aware of their responsibilities.

The policy should clearly set out:

- the importance of confidentiality
- that this duty is owed to all patients, including those under the age of 16
- that professional codes of conduct and contracts of employment require confidentiality to be maintained by all those working in the practice
- the actions to be taken in the event of a breach of confidentiality (deliberate or otherwise).

Everyone in the practice should:

- receive their own copy of the practice's confidentiality policy
- be required to sign a 'confidentiality agreement' to ensure they have read, understood and
- agree to abide by the practice's confidentiality policy. (Staff members should be asked to sign the confidentiality agreement, even if their contract of employment already contains a clause on confidentiality.)

People who are not employed directly by the practice but who are working in the surgery (including students, volunteers or anyone observing practice) should also be given a copy of the confidentiality policy and asked to sign the confidentiality agreement.

Other workers who might see or hear confidential patient information, for example contract cleaners or builders, should be asked to sign a simplified version of the confidentiality agreement (one which does not require them to read the whole confidentiality policy).

A sample confidentiality policy is shown on the next page. Confidentiality agreements for staff can be found in the Appendix.



## SAMPLE CONFIDENTIALITY POLICY

### Confidentiality policy

Confidentiality is the cornerstone of health care and central to the work of everyone working in general practice. All information about patients is confidential: from the most sensitive diagnosis, to the fact of having visited the surgery or being registered at the practice.

The duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

All patients can expect that their personal information will not be disclosed without their permission except in the most exceptional of circumstances, when somebody is at grave risk of serious harm.

### Responsibilities of practice staff

All health professionals must follow their professional codes of practice and the law. This means that they must make every effort to protect confidentiality. It also means that no identifiable information about a patient is passed to anyone or any agency without the express permission of that patient, except when this is essential for providing care or necessary to protect somebody's health, safety or wellbeing.

All health professionals are individually accountable for their own actions. They should also work together as a team to ensure that standards of confidentiality are upheld, and that improper disclosures are avoided.

Additionally, the GP as employer:

- is responsible for ensuring that everybody employed by the practice understands the need for, and maintains, confidentiality
- has overall responsibility for ensuring that systems and mechanisms to protect confidentiality are in place

- has vicarious liability for the actions of those working in the practice – including the health professionals and non-clinical staff.

Standards of confidentiality apply to all health professionals, administrative and ancillary staff – including receptionists, secretaries, practice managers, cleaners and maintenance staff who are bound by contracts of employment to maintain confidentiality – and also to students or others observing practice. They must not reveal to anybody outside the practice personal information they learn in the course of their work, or due to their presence in the surgery, without the patient's consent. Nor will they discuss with colleagues any aspect of a patient's attendance at the surgery in a way that might allow identification of the patient, unless to do so is necessary for that patient's care.

### If disclosure is necessary

If a patient or another person is at a grave risk of serious harm and disclosure to an appropriate person would prevent that, the relevant health professional will counsel the patient about the benefits of disclosure. If the patient refuses to allow disclosure, the health professional can take advice from colleagues within the practice, or from a professional, regulatory or defence body, in order to decide whether a disclosure without consent is justified to protect the patient or another person.

If a decision is taken to disclose, the patient should always be informed before the disclosure is made, unless to do so could be dangerous. If at all possible, any such decisions should be shared with another member of the practice team.

Any decision to disclose information to protect health, safety or wellbeing will be based on the degree of current or potential harm, not on the age of the patient.



## Managing difficult situations with young people

Young people, particularly those under 16, should be encouraged to involve their parents or another appropriate person in decisions about their health and care. If a young person refuses to do so, his or her wishes should be respected. The only exception to this is if there appears to be grave risk to his or her, or others' health, safety or welfare.

In these rare situations, time should be taken to win the confidence of the young person and to agree a strategy for resolving the problem. The following key questions may be helpful in assessing the risks and benefits of breaking confidentiality:

### Key questions

- How can the patient be best helped to protect him/herself, or others, from harm?
- Would further outside advice or intervention be helpful? If so, what is the best way of working with the patient towards a voluntary disclosure?
- Is the situation so serious and urgent that disclosure against the patient's wishes should be considered?
- What support or counselling will the patient be offered?

### If the young person will not voluntarily make a disclosure

Rarely, it may be decided that outside advice or intervention is needed but the young person will not make a voluntary disclosure. The health professional should counsel the young person, stressing the practice's commitment to working with his or her wishes, but making clear the reasons for their concern and the duty of health professionals to take action to protect them or others from grave harm. However, it is important to remember that a hasty breach of confidentiality may result in the young person later claiming "I never said that".

Health professionals should not feel they have to make difficult decisions alone. Team working is of vital importance. If there are concerns about a young person, it may be helpful to have a discussion within the primary care team to help decide the best way of preventing harm while protecting the relationship with the patient. This should be done on an anonymous basis whenever possible. If not, the young person should be informed of the need to discuss the situation with colleagues, to assess whether he or she, or others, are at risk of serious harm. It may give the young person more confidence and create some security if this discussion takes place in his or her presence.

The staff member(s) to whom the young person revealed the concern should be involved in this discussion, as well as the GP responsible for care, and any other relevant health professionals. Advice should be taken from an appropriate source – such as the named or designated professional for child protection within the primary care organisation, according to local Safeguarding Children Boards' protocols. Other sources could include the British Medical Association, General Medical Council, Royal College of Nursing, or professional defence organisations. Only factual, anonymous detail should be revealed in discussion to anybody outside the practice.

The young person should be kept informed of decisions at all stages. It is also important to help young people understand why it may be necessary to make a disclosure and to agree with the young person a 'safe' way to contact him or her. This might be by writing to, or telephoning the young person, at a friend's home, rather than at his or her own home. Mobile phones are increasingly used, but it is important to check that the young person is the only one who will have access to it, and regularly confirm contact details are up-to-date.



As all health professionals are individually accountable, the member of the practice seeing the young person should make a note in the patient's health record of all discussions and decisions, and any disclosure made, at the time they are made. A note should also be made in the patient's records if the patient is informed of any breach of confidentiality.

Some examples of 'difficult scenarios' are given in the case studies in the Appendix.

### Non-clinical members of staff

Non-clinical members of staff must not take any decisions about disclosure of confidential information on their own. They should discuss their concerns with the GP or other health professional. The final decision about disclosure rests with the health professional.

## Accidental disclosure

Staff should be reminded that breaches of confidentiality can occur accidentally, for example:

- if a conversation is overheard
- if a computer screen can be seen displaying confidential patient information, especially if a parent is present
- if patient records or correspondence are left where they can be seen by people visiting the surgery.

Steps, including training, must be taken to minimise the risk of accidental disclosure.

If an accidental disclosure does happen:

- A full apology and explanation needs to be given to the patient. The patient may exercise his or her right to invoke the complaints procedure.
- The practice should have a critical incident analysis to identify how the disclosure happened and to make sure that it does not happen again.

It may be necessary to consider taking disciplinary action against the staff member responsible for the accidental disclosure.

# 4 Reassuring young people





## Promoting the confidentiality of general practice to young people

If young people are aware that their GP surgery has a clear policy on confidentiality, it is more likely that they will trust their GP and allow the exchange of relevant medical information with other services, such as sexual health clinics and counselling or psychotherapy services.

There are several ways you can inform young people about the practice's confidentiality policy:

- through the practice leaflet
- producing a specific leaflet for young people
- displaying notices and posters in the practice
- talking about confidentiality during the consultation
- highlighting confidentiality to parents of older children who will access the service in the future
- informing other professionals working with young people about your practice's confidentiality policy
- asking parents to inform their children that they can seek advice confidentially.

## The practice leaflet

The practice leaflet should contain a statement about confidentiality that specifically mentions under 16s and includes receptionists and other practice staff.

Examples can be found in the Appendix.

Practices which do not provide contraception or abortion referral services should make that clear. Patients have a right to know what the GPs' beliefs are if they impact on their care.

## A specific leaflet for young people

To reach teenagers more directly, the practice might produce a leaflet specifically for teenagers. This could outline services available in the practice, and the local area, and stress the confidentiality of all the staff. The leaflet could be available in the waiting room and at reception and given to teenage patients during the consultation.

Some practices have successfully taken a proactive approach – sending a leaflet or birthday card to teenage patients on their 13th or 14th birthday and inviting them to the surgery for a confidential consultation on any aspect of their health.

These initiatives have been welcomed by both young people and their parents.

## Notices, posters & kitemarks

A notice or poster with the practice's confidentiality statement should be widely displayed in the surgery – in the reception area, the waiting room, the toilets and in each consulting room.

Practices which do not provide contraceptive or abortion referral services should display a notice or poster and signpost patients to alternative sources of advice.

Practices which have achieved the Department of Health's "You're Welcome" accreditation, which includes a commitment to confidentiality, might display their kitemark, but young people will not automatically realise what this means.



## Talking about confidentiality in the consultation

For young people under 16 the consultation is an opportunity to inform and reassure them about practice confidentiality as well as to offer them the option of being seen on their own without a parent or carer. Reassurance about confidentiality should be given whenever appropriate and especially if the consultation is to be of a personal nature. At the end of the consultation, trust can be further reinforced if the health professional and the young person decide together what the practice staff will say if there are any enquiries from parents or carers.

## Informing other professionals working with young people

Many professionals who work closely with young people are unaware of the confidentiality policies of individual general practices and are cautious about referring teenagers for advice.

To increase liaison with other professionals, the practice can make contact with key local professionals:

- school nurses in nearby secondary schools
- local sexual health services such as Brook, young people's clinics or contraceptive services
- local genito-urinary medicine services
- the local sexual health or teenage pregnancy lead.

## Vulnerable teenagers

Vulnerable, hard to reach teenagers may find it particularly difficult to have access to sexual health advice. For example, young people who are looked after by the local authority are at high risk of pregnancy. Yet, because they are closely observed by professionals in their daily lives, many mistakenly believe they have no right to confidential advice from health professionals. Liaising with the social workers responsible for local authority accommodation for looked after young people, and the carers working with them, may help to increase the uptake of advice by this vulnerable group of young people.

# **5** Improving training in the practice





## Training and standards

GP principals have responsibility for establishing and maintaining the practice's policy on confidentiality. This requires ongoing training as part of continuing development of the whole team. Practice managers have an important role to play in coordinating and developing training programmes.

Training on confidentiality for practice team members can be achieved either within the practice, or by attending outside courses. It is important to remember that any case studies used in training should always be anonymous.

Training within the practice can take the form of:

- introducing all new employees to the confidentiality policy
- discussions with colleagues, or at practice team meetings, about any confidentiality issues or anonymised case studies and problematic scenarios
- holding a practice team meeting or a team training session, to update the practice's confidentiality policy, or to discuss any difficult issues or cases handling situations which involve keeping to the confidentiality policy
- learning from the example of colleagues – seeing the policy working in practice
- getting feedback from patients
- getting feedback from members of the practice team
- reviewing the practice's confidentiality policy once a year
- using 'trigger DVDs' (such as RCGP Adolescent Health Group's 'Trust' or 'HEAR') to stimulate discussion
- using the case scenarios provided in this Toolkit as a basis for discussion.

## New employees

A copy of the practice's confidentiality policy should be included in new employees' application packs. At interview each candidate can then be asked if they would be prepared to sign a confidentiality agreement – an assurance that they have read, understood and agreed to follow the confidentiality policy.

Early in their induction each new practice team member – including GPs and nurses – should sign the confidentiality agreement. At this time they need to be taken through the confidentiality policy in detail and shown how it works in practice. This involves:

- seeing notices/posters in the surgery about the practice's confidentiality policy
- seeing what the practice leaflet says about confidentiality
- observing systems for keeping test results, patients' records and notes, computer screens and correspondence confidential
- seeing other members of the team putting the policy into practice – including receptionists, GPs, practice nurses, practice manager and secretaries
- seeing when, why and what information is passed on to social workers, insurance companies, employers, hospitals, consultants, parents etc.

The new employee should also have the opportunity to ask questions and discuss issues. For example:

- the hazards of discussing patients' details in public places, either in the practice or outside use of the telephone
- exceptional situations when a disclosure may be necessary to prevent very serious harm.



## Discussing confidentiality issues with colleagues or at practice team meetings

Problems, unusual situations, and any breaches of confidentiality need to be discussed, anonymously, between colleagues and/or at practice team meetings.

This can include any issues or problems that arise when applying the practice's confidentiality policy. For example:

- problems with assessing the 'competence' of under 16 year old patients to give consent to treatment
- what needs to be said to parents after a teenager visits the practice: for example helping parents to understand the need for confidentiality from the young person's point of view (or 'how to say nothing' tactfully!)
- what information about teenagers should be revealed from parents' records viewed in legal cases such as divorce.

You may wish to use the case studies in the Appendix as the basis for a discussion on how to handle difficult situations.

### Receptionists

It is sometimes difficult to get all receptionists to a team meeting. One possible solution is to have a separate meeting for receptionists, attended by at least one partner who would report back to the practice team.

The practice manager is responsible for ensuring that receptionists are included in training on confidentiality.

## Updating the practice's confidentiality policy

The practice needs to review its confidentiality policy annually. This can be done by calling a practice meeting to discuss successes, problems, criticisms and feedback. Or it could be included in a team training session. It could include a review of:

- the practice's current confidentiality policy
- the posters/notices on confidentiality on display in the practice – including the content of the notices, where they are displayed and their readability
- what the practice leaflet says about confidentiality
- systems used for keeping test results, patients' health records and notes, computer screens and correspondence confidential
- how individual team members put the policy into practice – including receptionists, GPs, practice nurses, practice manager and secretaries
- when, why and what information is passed on to social workers, insurance companies, employers, hospitals, consultants and parents.

The session could also explore any problems or difficult situations which have arisen from applying the current confidentiality policy. It is useful if staff make a note of problematic scenarios. They can then bring these to the next review meeting for discussion.

Time could be set aside for the whole team to consider the points listed above. You may find it helpful to copy some of the materials in this Toolkit, for use either as handouts or as overheads. For example:

- sample confidentiality policy
- sample confidentiality statements for patients
- some difficult scenarios (for discussion or role play)
- useful addresses and useful resources

You may also wish to use feedback from patients (see below).



## Feedback from patients

The practice could get feedback from patients by:

- asking them about their experience of how the receptionists, nurses and GP have dealt with confidential issues
- asking for their opinion about practice confidentiality and suggestions for improvements
- including a question about confidentiality within a written questionnaire which forms part of a wider audit of patient opinion.

Some practices have asked young patients to 'test the system' with mystery shopping and report back to their GP. Staff have been advised in advance that this might happen.

## Feedback from members of the practice team

Every member of the team has a responsibility to take action if they are aware of a breach of confidentiality. An appropriate member of the practice team such as the practice manager should be informed. The team should be encouraged to suggest ways of improving the confidentiality of the practice.



# APPENDIX

## Training materials

This Appendix contains materials that you may wish to use in a team training session or at a practice team meeting. Pages can be copied as handouts or overheads and used in a variety of combinations to suit the training context.

This section also contains sample confidentiality agreements and posters, plus case studies from general practice and hospital settings, with discussion points and expert advice from members of the RCGP Adolescent Health Group. There is also an accompanying PowerPoint presentation which can be downloaded.



# CONFIDENTIALITY

## Why do young people need it?

- Fear about confidentiality deters some teenagers from seeking early sexual health advice
- Young people need to trust the confidentiality of general practice to seek advice on other personal issues too, such as drugs, bullying and depression



# CONFIDENTIALITY

## What do young people worry about?

- Deliberate breaches of confidentiality to parents/carers, particularly concerning pregnancy
- Informal, inadvertent breaches of confidentiality during a parent's visit
- 'Gossipy' receptionists
- Confidential information sent by post and intercepted by parents or carers
- Breaches of confidentiality by pharmacists, particularly in rural areas



# CONFIDENTIALITY

## What does confidentiality mean?

- What is 'consent'?
- What is 'confidentiality'?
- What is competence?
- At what age can a person consent to medical treatment?
- Can a health professional give contraception to young people under 16?
- Can confidentiality be maintained even if treatment is refused?



# CONFIDENTIALITY

## A young person is competent to consent to treatment if:

- The young person understands the doctor's advice
- The doctor cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice
- The young person is very likely to begin or continue having intercourse with or without contraception
- Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer
- The young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

These are the Fraser guidelines which were issued following a House of Lords' judgement in 1985. They relate to contraception but similar principles apply where other medical conditions are under consideration.



# CONFIDENTIALITY

## Codes of practice for health professionals

- Doctors, nurses and health professionals have a duty of confidentiality to patients of all ages, including under 16s
- Only in exceptional circumstances may confidentiality be broken. Such a situation may arise if the health, safety or welfare of the patient, or others, would otherwise be at grave risk.
- Whenever possible, the patient should be informed before confidentiality is broken, unless to do so would be dangerous to the patient or others.



# CONFIDENTIALITY

## Why we need a confidentiality policy

- To provide a quality service to all patients
- To ensure a consistent approach from all members of the practice team
- To support staff.



# CONFIDENTIALITY

## Signing up to a practice policy

- Everyone in the practice should receive their own copy of the practice's confidentiality policy
- Everyone in the practice should sign a 'confidentiality agreement' to ensure they have read, understood and agreed to abide by the policy
- People who are working in the practice, but are not employees (for example students, observers or volunteers) should also sign the confidentiality agreement
- Other workers, such as contract cleaners or builders, do not have to read the policy, but must sign a simplified confidentiality agreement
- The team should be aware of actions to be taken in the event of a breach of confidentiality (deliberate or otherwise).



# CONFIDENTIALITY

## Managing difficult situations with young people (1)

- Discuss involvement of parents or another appropriate person but respect the young person's final decision
- The only exception to this is if there appears to be grave risk to their own, or others' health, safety or welfare which disclosure to another person or to an external agency might prevent.



# CONFIDENTIALITY

## Managing difficult situations with young people (2)

In the rare situation when a disclosure might be necessary against the young person's wishes, the health professional should address the following:

### Key Questions:

- How can the patient be best helped to protect him/herself, or others, from harm?
- Would further outside advice or intervention be helpful? If so, what is the best way of working with the patient towards a voluntary disclosure?
- Is the situation so serious and urgent that disclosure against the patient's wishes should be considered?
- What support or counselling will the patient be offered?



# CONFIDENTIALITY

## Managing difficult situations with young people (3)

### Actions:

- Address all the key questions
- If concerns remain, consult within the practice team
- Seek advice from appropriate sources, eg the British Medical Association, General Medical Council, Royal College of Nursing, while maintaining the young person's anonymity
- Keep the young person informed at all stages
- Agree a 'safe' way to contact the young person
- As all health professionals are individually accountable, the staff member seeing the young person should record any discussion and decisions at the time they are made.



# CONFIDENTIALITY

## Managing difficult situations with young people (4)

### Non-clinical members of staff

- Non-clinical staff members must not take any decisions about disclosure of confidential information on their own
- Concerns should be discussed with the GP or other health professional
- The final decision about disclosure rests with the health professional.



# CONFIDENTIALITY

## Accidental disclosures

### Disclosures of information may be accidental:

- an overheard conversation
- a computer screen seen displaying confidential patient information
- patient records or correspondence left where they can be seen by others.

### If an accidental disclosure does happen:

- a full apology and explanation need to be given to the young person, who may wish to invoke the complaints procedure
- the practice should have a critical incident analysis to identify how the disclosure happened, and to make sure that it doesn't happen again
- disciplinary action against the staff member may be considered.



# CONFIDENTIALITY

## Reassuring young people

- A statement about confidentiality in the practice leaflet
- A specific leaflet for young people
- A poster about confidentiality in the waiting room
- Talking about confidentiality in the consultation
- Informing other professionals, such as teachers and youth workers, that young people will be seen confidentially.



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 1

Lisa, aged 16, telephones the surgery asking for an urgent appointment for emergency hormonal contraception. You offer her an appointment for the same morning but she says she can't come during the day as she can't get out of school. The next available appointment after school time would be outside the 72-hour time limit.

#### Discussion Points:

- Providing accessible services for young people without the need for disclosure of the problem.
- Requests for emergency contraception as a marker of sexual activity and ongoing sexual health advice and provision.

#### RCGP Adolescent Health Group expert says:

*“My practice has a range of ‘on the day’ appointment times for all patients which would hopefully avoid this situation in the first place. There is a need for flexibility. However we also have arrangements with the local school nurse and pharmacists, but even if they provide emergency contraception they would encourage the patient to come to the practice for longer term contraception.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 2

Sean, 17, is sent to see you by his grandma after losing three stone. His mum had died of breast cancer when he was six. Grandma wanted to know what the GP was going to do about it. What can you do, and what are the issues?

#### Discussion Points:

- Weight loss and its implications in teenagers.
- Engaging young people when the problem is presented by another family member.

#### RCGP Adolescent Health Group expert says:

*“I would want to work out a way of seeing Sean on his own to find out whether or not he thinks that he has a problem. I would consider physical illness, but I would also want to exclude substance and alcohol misuse, psychological causes such as depression, and eating disorders. Although I would take his grandmother’s concerns seriously, I would want Sean to know that I would be treating all information in strict confidence, whilst still encouraging him to confide in someone else.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 3

A mother and her daughter, Amy, aged 14, come into your surgery. The mother tells you that she is concerned that her daughter has a urinary tract infection. You ask the daughter about her symptoms and she tries to explain but is interrupted by her mother. The daughter then fails to engage with you. How do you get around this situation?

#### Discussion Points:

- Facilitating independent consultation with teenagers.
- Urinary tract symptoms as a possible indicator of sexual activity in teenagers.

#### RCGP Adolescent Health Group expert says:

*“It is important to try to get a full and complete history from Amy, including knowing whether or not she is sexually active. She is unlikely to disclose this with her mother in the room. Amy is entitled to a confidential consultation and so I would try to negotiate seeing Amy on her own. If this proved difficult I may have to try to create an opportunity, perhaps by sending mum to reception to make a follow-up appointment.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 4

Rhianna has been into the surgery for a chlamydia screen. Her mother phones the following week for the result. When you say that you are unable to give this to her for confidentiality reasons, the mother says that her daughter is only 14 and that she is entitled to know. How would you handle this situation?

#### Discussion Points:

- Policies for handling and reporting results in young people aged under 16.
- Negotiating with parents.

#### RCGP Adolescent Health Group expert says:

*“Ideally it would have been better to have agreed with Rhianna in advance about how she would like to be informed about the results and to make sure this is documented in her records. I would normally clarify at this stage whether or not anyone else knows, or whether it is okay to inform a parent. In the current situation I would explain to Rhianna’s mum that it is the practice policy to only give results to a young person themselves. The worry is that her mum might suspect we are concealing a positive result!”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 5

Chloe, a 14-year-old girl with a body mass index of 17, presents worried about heavy periods and contraception (she has an older boyfriend) and wants to go on the pill. She comes with her mother whose concern is anorexia. What are you going to do, and what are the issues?

#### Discussion Points:

- Dealing with differing agendas of a young person and their parent.
- Signs of eating disorders.
- Implications of relationships between younger teenagers and older partners.

#### RCGP Adolescent Health Group expert says:

*“I would want to see Chloe on her own for at least some of the consultation. I would want to explore her own perception of her problems (including both her periods and weight). The issue of the ‘older boyfriend’ needs exploring to ensure that Chloe is not being coerced or abused in any way – the greater the age difference then the higher degree of concern that I would have. Of course, before considering prescribing the pill I would want to follow Fraser guidelines and ensure that she was Gillick competent. However as she has come with her mum in the first place it is possible that this is being done with her consent.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 6

Jo, a 15-year-old girl, presents at a drop-in family planning clinic with severe pain in her right lower abdomen. She had been seen previously and assessed as Gillick competent and prescribed the pill.

A pregnancy test is negative and appendicitis is suspected. She refuses referral to hospital because she says her mum will know she's having sex. She threatens to walk out. How can you get her to hospital?

#### Discussion Points:

- The limits of 'Gillick Competence' in relation to the specific circumstances.
- Acting in the 'best interests' of the young person.

#### RCGP Adolescent Health Group expert says:

*"Jo has previously been assessed as 'Gillick competent in relation to being prescribed oral contraception. However it does not follow that she is competent to make a decision such as this, which potentially has life and death implications. Clearly she needs to be assessed in hospital for possible appendicitis, but I would try to negotiate an alternative entry point to the healthcare system (such as A&E) without the need to disclose the original source of advice."*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 7

Amy, who is 14-years old, presents with anal herpes. Her partner is 19 and she feels she can't tell him or her family. How do you proceed?

#### Discussion Points:

- Managing potential sexually transmitted infections in young people, including issues of contact tracing.
- Balancing confidentiality with risk to the young person.

#### RCGP Adolescent Health Group expert says:

*“Firstly, anal herpes does not always indicate sexual activity or anal sex. However Amy admits to being sexually active. I would want her to be screened for other infections, ideally at a genito-urinary clinic. However our local clinic is quite inaccessible for young people and this may need to be done elsewhere. I am concerned about the age gap here and whether or not Chloe is in a consensual relationship. Although there is a risk I would consult a local child protection colleague on an anonymous basis and arrange for Amy to see me again.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 8

Mrs Beechwood comes in with 'a tablet' found in her teenage son's room and wants to know what it is. It's Viagra. What do you do now?

#### Discussion Points:

- What constitutes a 'confidential relationship'.
- Supporting parents of teenagers.

#### RCGP Adolescent Health Group expert says:

*"My approach would really depend on my relationship with the son and also her mother. In isolation, without having consulted with the son, then I don't think I have any legal or ethical duty of confidentiality or need to withhold information. My main role here is to advise his mother about what constitutes 'normal teenage behaviour' which includes a degree of experimentation. I would talk about what constitutes 'risky' teenage behaviour and make suggestions as to how she might approach this, offering support if needed."*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 9

Adrian, who is 15 years old, presents with ‘pearly penile papules’. He says he’s been having sex with a teacher but doesn’t want to get him into trouble. What are the issues here?

#### Discussion Points:

- Approaches to issues of sexuality.
- Child protection issues in relation to sexual relationships with responsible adults.

#### RCGP Adolescent Health Group expert says:

*“This is difficult! Firstly, I must make sure that my approach to Adrian is non-judgemental and no different from that which I would take if he were having a heterosexual relationship. Secondly this is an occasion where I think that I would need to disclose the information about the relationship, partly because the teacher is abusing his position, and partly because he may pose a risk to other young people for whom he is responsible. I would only do this after trying to get Adrian to agree to it, and also taking advice from my local child protection team.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 10

Zoe, a 12-year-old girl, comes into the surgery requesting advice about contraception. She explains that she is in a steady relationship with her 13-year-old boyfriend and that they are thinking of having sex for the first time.

#### Discussion Points:

- Implications of young people under 13 years of age disclosing sexual relationships.
- Applying Fraser guidelines.

#### RCGP Adolescent Health Group expert says:

*“The GMC recommend that I should ‘share information’ about sexual activity in under 13 year olds. It is certainly the case that younger girls are less likely to be Gillick competent. However Zoe has shown a degree of maturity by actually coming to discuss this (and fortunately our receptionists allowed her to be seen on her own). As she is only contemplating having sex then I have no duty to disclose information at this stage, and my initial approach would be to see whether she could be persuaded to defer this decision and empower her to delay having sex until she was older.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 11

Laura, aged 15, comes into the surgery asking for a contraceptive implant. She has heard about this in sex and relationship education at school and thinks it sounds like a good method for her, but her mother is against the idea of putting hormones in your body. Laura doesn't want her to know about her choice.

#### Discussion Points:

- Respecting informed choice in young people.
- Maintaining confidentiality.

#### RCGP Adolescent Health Group expert says:

*“Laura has a right to make autonomous decisions, subject to adequate information and understanding. However I would encourage her to discuss this with her mother first. I would also want to make sure that Laura is either already in a sexual relationship or considering starting one – it's just possible that she has heard about the implant and wants it ‘just in case’.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 12

Mrs Puri rings up to see if it would be all right for her 15-year-old daughter, who is overweight, to join a slimming club.

#### Discussion Points:

- Weight issues in young people.
- Dealing with young people in their own right.

#### RCGP Adolescent Health Group expert says:

*“I would want to know more about Mrs Puri’s perception of her daughter’s problem and why she is asking the question. I would suggest seeing her daughter in order to make a medical assessment and determine whether there is a genuine problem and whether or not she sees it as one. Even if the daughter is overweight it would be important to consider her motivation to change. I would want to find this out by seeing her on her own, at least for part of the consultation, and emphasising the confidentiality of the consultation at this point in order to facilitate a longer term trusting relationship.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 13

A coroner contacts you after an inquest into the death of a baby, abandoned by its 15-year-old mother, who is one of your patients. She had been seen in the practice early in the pregnancy and referred for a termination for which she failed to attend. The coroner wants to know if more could have been done to support the teenager or explain pregnancy choices.

#### Discussion Points:

- Management of teenage pregnancy.
- Learning from significant events in the practice.

#### RCGP Adolescent Health Group expert says:

*“This is a tragic situation. I would want to know how we, as a practice, managed the situation, as there are numerous potential learning points for us as a team. It would seem that there was an initial contact once she was pregnant, but did we offer realistic choices and support, and was she concerned about the risk of disclosure. Clearly there had been a failure of follow-up.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 14

Susan, a 15-year-old girl with Down's Syndrome, attends your family planning clinic asking to go on the pill. What are the issues?

#### Discussion Points:

- Assessing competence in young people with possible learning difficulties.
- Taking an holistic approach.

#### RCGP Adolescent Health Group expert says:

*“Firstly, the fact that Susan has Down's syndrome does not render her ‘incompetent’. I would want to know why she is requesting the pill and the nature of the relationship (if any) that has made her seek advice. It would be important to establish details of her social network and support and whether her parent(s) or carers know about her decision. Subject to these factors I would assess her Gillick competence.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 15

Liam, a 13-year-old boy, comes in with a black eye, marched in by his mother who says he's been "getting drunk" at the weekends, and has been in a fight with his friends. How do you handle this?

#### Discussion Points:

- Medicalising 'anti-social behaviours'.
- Engaging reluctant young people.

#### RCGP Adolescent Health Group expert says:

*"I would start by assessing the physical problem and any significant injury that Liam had received. I would want to avoid siding with his mother as this would prevent any chance of developing a trusting relationship with Liam. I would suggest seeing Liam separately, partly to relieve the tension between them and to establish the facts of the situation. However, whilst offering support, I would want to avoid 'medicalising' the situation, whilst bearing in mind that behavioural problems can sometimes be a sign of other psychological or social problems."*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 16

Ramona, a 15-year-old, presents with her stepfather for an abortion referral. He does all the talking, and says his wife works full time and couldn't come to the appointment. The girl seems very withdrawn. How do you handle it?

#### Discussion Points:

- Need for independent informed consent for any procedure or treatment.
- Signs of potential sexual abuse.

#### RCGP Adolescent Health Group expert says:

*“There is an uneasy feel about this: how supportive or coercive is the relationship between the stepfather and Ramona? I would want to speak to Ramona alone, and would facilitate an opportunity to do this, perhaps by accompanying her to get a urine sample for testing. I would ask about her partner and her feelings about the pregnancy, reassuring her about confidentiality, subject to the limitations of child protection issues.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 17

Karen, aged 15, comes to see you asking for sleeping pills. She says she's not sleeping, feels depressed, and has GCSEs coming up. You notice some recent scars on her forearm.

#### Discussion Points:

- Identifying mental health problems in young people.
- Managing potential self-harm in the context of a confidential relationship.

#### RCGP Adolescent Health Group expert says:

*“Sleep problems are a common presentation of depression in young people, and so I would want to carry out a full assessment to determine whether this is a possibility or whether this normal teenage ‘angst’. Many young people cut themselves when stressed – I would want to encourage Karen to tell me about this herself. Unless she was at risk of significant self-harm I would reassure her that I would keep this confidential, whilst suggesting alternative ways of coping with stress.”*

**NOTE:** Confidentiality issues also arise in other healthcare settings, including hospitals. Here are a couple of case studies to consider.



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 18

Anna, aged 14, turns up at Accident & Emergency, presenting with right iliac fossa pain. It emerges that her period is late but she is accompanied by her parents and denies having had sex. The diagnosis is a possible ectopic pregnancy, but to admit her appropriately to a gynaecology ward for emergency surgery, a pregnancy test must be done and consent must be obtained. How do you ask so that they agree to have the test done, and how do you give the result?

#### Discussion Points:

- Discussion sexual activity when parents are present.
- Consent for operations.

#### RCGP Adolescent Health Group expert says:

*“I would tell the patient and her parents that it’s departmental policy for all girls who have started their periods to have a pregnancy test. It is imperative that this is done because there is a serious risk to Anna if the diagnosis were to be missed. However I would try to explain this to Anna on her own first.”*



# CONFIDENTIALITY

## What would you do?

### CASE STUDY 19

George, aged 15, is brought into Accident & Emergency drunk, accompanied by friends of a similar age. The patient is well and just needs somewhere with a responsible adult to sleep things off. You can't discharge him as he's not safe to leave by himself. He doesn't want his parents to know, but he can't stay in A&E all night as it would be an inappropriate admission. The patient won't give a phone number, but you have the address. What do you do?

#### Discussion Points:

- Confidentiality versus parental responsibility.
- Managing young people under the influence of drugs or alcohol.

#### RCGP Adolescent Health Group expert says:

*“George is entitled to having his medical information kept confidential whatever the clinical setting. However, whilst under the influence of alcohol he is a risk both to himself and to others. He does not require medical care, and so responsibility must pass to his parents. I would suggest he agrees for us to inform his parents, rather than having a police car go round to the house.”*



# Self assessment tools

## Auditing and developing confidentiality in your practice

- 1 Does your practice have a policy on confidentiality?**  
 Yes  No
- 2 Is this a written confidentiality policy?**  
 Yes  No
- 3 Does the policy mention teenagers and young people under 16?**  
 Yes  No
- 4 When was the confidentiality policy last discussed at a practice meeting?**  
 Less than 3 months ago  
 3-12 months ago  
 More than 1 year ago  
 Never
- 5 Do new members of the team have to sign up to the confidentiality policy when they join?**  
 Yes  No
- 6 Is there a statement about confidentiality and young people in your practice leaflet?**  
 Yes  No
- 7 Does it specifically mention young people under 16?**  
 Yes  No
- 8 Are there notices in your practice which explain the confidentiality policy ...**  
... in the waiting room/reception area?  
 Yes  No  
... in the corridors?  
 Yes  No  
... in the GP consulting rooms?  
 Yes  No  
... in the nurse consulting rooms?  
 Yes  No
- 9 Do members of your team meet to discuss issues in applying the confidentiality policy when they arise, for example at practice meetings?**  
 Yes  No
- 10 Do you provide training in how to apply your confidentiality policy for ...**  
... receptionists?  
 Yes  No  
... nurses?  
 Yes  No  
... GPs?  
 Yes  No  
... secretaries and other members of staff?  
 Yes  No



## Examples of statements for the practice

# Here to listen, not to tell

We provide a confidential service to all our patients, including under 16s. This means that you can tell others about this visit, but we won't.

## Confidentiality

You can be sure that anything you discuss with any member of this practice - family doctor, nurse or receptionist - will stay confidential.

Even if you are under 16 nothing will be said to anyone - including parents, other family members, care workers or tutors - without your permission. The only reason why we might have to consider passing on confidential information without your permission, would be to protect you or someone else from serious harm. We would always try to discuss this with you first.

If you are being treated elsewhere - for example at a hospital or a young people's centre - it is best if you allow the doctor or nurse to inform the practice of any treatment you are receiving.

If you have any worries about confidentiality, please feel free to ask a member of staff.



# Confidentiality agreement

I understand that all information about patients held by this practice is strictly confidential: from the most sensitive diagnosis, to the fact of having visited the surgery or being registered at the practice.

I also understand that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

I have read and understood the practice's confidentiality policy and agree to be bound by its terms.

I will not disclose personal information learnt in the course of my employment to anybody outside the practice. If I feel disclosure is necessary in the interests of a patient, his or her family, or the public, I will inform the patient beforehand, unless to do so would be dangerous for the patient or others.

I have received information and training on this matter and understand that a breach of this obligation may result in my dismissal.

Signed: .....

Date: .....

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# Confidentiality agreement

I understand that all information about patients held by this practice is strictly confidential, including the fact of a particular patient having visited the surgery.

I also understand that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

I will not disclose personal information learnt in the course of my work in the surgery to anybody outside the practice.

I understand that a breach of this obligation may result in my contract being discontinued.

Signed:.....

Date: .....

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# Training record

Insert the dates you have completed the following tasks:

Confidentiality policy updated

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Annual training session held

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Checklist used

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Confidentiality practice

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Leaflet reviewed

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Confidentiality agreement signed by new staff

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