

Case Study: Work Based Learning
Confidentiality and Young People: "We are here to
listen not to tell"

David Lewis, GP Watford david.lewis@nhs.net

Overview of Workshop

1. Setting the scene
2. The slideshow
3. The video
4. The case studies
5. Accepting the terms: the practice confidentiality agreement.

Why do young people need confidentiality?

- Up to a third of young people have sex under 16
- 50% of under 16s use no contraception at first sex
- Britain has the highest teenage birth rate in Western Europe

Why do young people need confidentiality?

- 16-19 year old women have the highest rate of Chlamydia of any age group
- Improving young people's trust in the confidentiality of their practice should help remove one of the main obstacles that deter 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

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

What does confidentiality mean?

What is 'consent'?

What is 'confidentiality'?

- 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?
- Fraser Guidelines
- Health Professionals' Duties
- Professional Code for Practice Staff

Confidentiality

- The Legal Framework and Child Protection Guidelines (U.K.)
- 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
- Signing up to a practice policy

Everyone in the practice should

- Receive their own copy of the practice's confidentiality policy
- 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 not employees 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

Managing difficult situations with young people

- 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
- 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 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?
- Address all the key questions
- If concerns remain, consult within the practice team
- Seek advice from appropriate sources, while maintaining the young person's anonymity
 - BMA, LMC, GMC, RCN, Professional defence body

- Keep the young person informed at all stages. Agree a 'safe' way to contact him/her
- 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
- 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 responsible health professional

Accidental Disclosures

- Examples
 - An overheard conversation
 - A computer screen seen displaying confidential patient information
 - Patient records or correspondence left where they can be seen by others
- Actions
 - A full apology and explanation need to be given to the patient, 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

NOTES