PARENTAL/LEGAL CARER ACCESS TO CHILDS/YOUNG PERSONS GP RECORDS:

TEMPLATE LETTER

This is a template (precedent) letter that parents or carers can use if a GP practice removes or plans to remove their access to a child's online GP records purely because the child has reached a certain age (often 11–13).

This template is intended to help parents raise the issue clearly and respectfully with their GP practice so that decisions are made based on the child's individual circumstances rather than a rigid age-based rule.

MORE INFORMATION – BE EMPOWERED:

Many GP systems automatically switch off parental access when a child reaches a particular age. However, there is no fixed legal age in England at which a parent must lose access to a child's medical records. Decisions should instead be based on an individual assessment of the child's capacity (often referred to as "Gillick competence") and their best interests.

For some children – particularly those with neurodevelopmental disabilities such as Fetal Alcohol Spectrum Disorder (FASD) or other conditions affecting executive functioning – managing healthcare independently may not be possible. In these circumstances, continued parental access may be necessary to ensure the child can safely access healthcare, medication and appointments.

HOW TO USE THIS TEMPLATE:

1. Replace the sections in square brackets with the correct details (for example: son/daughter and examples of the support your child needs).
2. Send the letter to the GP Practice Manager or the child's GP.
3. Keep a copy of the letter for your records.
4. If the issue is not resolved, the letter also asks the practice to confirm its formal complaints procedure.

Important

This template provides general information and a suggested format for raising concerns and does not constitute legal advice. It should be adapted to reflect the child's individual situation.

TEMPLATE LETTER – PARENT/LEGAL CARER ACCESS TO GP RECORDS OF A CHILD/YOUNG ADULT

Dear Practice Manager / GP

Parental access to GP records – capacity, disability and reasonable adjustments under the Equality Act 2010

I am writing further to recent discussions regarding my access to my **[daughter's/son's]** GP records.

I understand that the practice operates a policy under which parental online access is routinely withdrawn at age **[12]**, However, I am concerned that the proposed removal of access at that point is being treated as automatic and policy-driven, rather than based on an individual assessment of my **[daughter's/son's]** capacity and needs.

Legal position

As you will be aware, there is no fixed legal age at which parental responsibility or access to a child's medical records ends. Decisions of this nature must be based on an individual assessment of Gillick competence and the child's best interests, not on age alone.

My **[daughter/son]** has a diagnosis of irreparable brain damage through Fetal Alcohol Spectrum Disorder (FASD), which significantly affects her executive functioning, understanding, and ability to manage practical tasks. As matters stand, she is not able to:

- **[independently request or manage repeat prescriptions],**
- **[arrange or attend GP appointments without support],** or
- **[understand and weigh information relating to her medical care without assistance]**.

In these circumstances, she cannot be regarded as Gillick-competent to manage her own primary care, and continued parental access is necessary to ensure safe and effective healthcare. This is not a request to undermine her confidentiality, but rather to enable her access to care and treatment with appropriate support.

A rigid application of 'policy' without regard to disability or capacity risks fettering the practice's discretion and failing to make reasonable adjustments for a disabled child, as required under the Equality Act 2010.

FASD

Many individuals with FASD present as more able than they actually are, or where their 'symptoms' are misinterpreted as 'behaviour' due to spiky cognitive and neurodevelopmental profile. There is also often an assumption that symptoms of FASD will improve over time, or a child will outgrow their emotional regulation challenges or proper adaptive functioning for example, when the opposite is true, the developmental gap continues to widen and diverge away from the norm over the course of childhood. This leads children and young adults particularly vulnerable and necessitates increased, rather than decreased need for support and services. FASD should be understood as an enduring brain injury, similar to any other acquired brain injury.

Formal Request

I therefore formally request that:

1. A documented, decision-specific assessment of my **[son's/daughter's capacity]** (Gillick competence) is undertaken in relation to managing her GP care, including appointments and repeat medication;
2. Continued parental online access is maintained as a reasonable adjustment, subject to review; and
3. Any future decision regarding access is based on her individual needs and best interests, rather than a fixed age threshold.

I hope this matter can be resolved informally. If this matter cannot be resolved, please treat this correspondence as a request for confirmation of the practice's formal complaints procedure.

I would be grateful if you could confirm how the practice intends to proceed.

Yours sincerely

[Name]