

## Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	
Telephone number	

## Please help us trace your previous medical records by providing the following information

Your previous address in UK

Name of previous doctor while at that address

Address of previous doctor

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

## If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

\*Not all doctors are authorised to dispense medicines

☐ I live more than 1 mile in a straight line from the nearest chemist  
☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☐ Signature on behalf of patient

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or  
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.

## NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: \_\_\_\_

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

## To be completed by the doctor

Doctors Name

HA Code

- ☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services
- ☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- ☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or
- ☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- ☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval
- ☐ I am claiming rural practice payment for this patient.
- Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Practice Stamp

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SUPPLEMENTARY QUESTIONS

## PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	____/____/____
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

## NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC? YES: ☐ NO: ☐ If yes, please enter details from your EHIC or PRC below:



If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Country Code:	<input type="text"/>
3: Name	<input type="text"/>
4: Given Names	<input type="text"/>
5: Date of Birth	<input type="text"/>
6: Personal Identification Number	<input type="text"/>
7: Identification number of the institution	<input type="text"/>
8: Identification number of the card	<input type="text"/>
9: Expiry Date	<input type="text"/>
PRC validity period (a) From:	(b) To:

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

# Baddow Village Surgery

Dr Peter Stern (1984) MB BS MRCGP  
Dr Waseem Ahmed (1985) MB Bch MRCGP  
Dr Anja Vermeulen (1998) MB BS  
Dr Moira Langdale Brown (1987) MB ChB MRCGP  
Dr Claire Medhurst (2004) MB BS MRCGP DFRS Loc  
Dr Prabha Venkatesh (1986) MB BS MRCGP DGO DFFP

Longmead Avenue  
Great Baddow  
Chelmsford  
Essex CM2 7EZ  
Tel Surgery: 01245 473251  
Tel : Dispensary 01245 472449

## Welcome to Baddow Village Surgery

You will find all the information you need about our services, operational hours, appointment system, patient information booklet and other health care details on our website

[www.baddovvillagesurgery.co.uk](http://www.baddovvillagesurgery.co.uk)

If you cannot access the website please ask a reception team member for a copy of our patient information booklet.

Please complete the forms electronically where possible. They should then be emailed to [baddow.surgery@nhs.net](mailto:baddow.surgery@nhs.net) Please add 'New Registration' in the subject line to help us with processing.

We encourage our patients to register for online access to their medical record. After your registration has been completed please download the NHS App and link to your medical record <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/>

With online access you will be able to book appointments, request repeat prescriptions, view your summary care record and have access to your detailed coded record, subject to GP approval, which includes vaccinations, blood test results and your medical summary. Parents are also able to apply for proxy access for a child up to the age of 11 years.

For more information about online access please go to the Online Services option on our website.

If you are unable to complete the forms electronically please take to the Surgery with photographic proof of identity if you require access to your online record (a driving licence or passport). You will need to ring the bell on the window facing Longmead Avenue as we are still restricting access to the Surgery to patients who have a booked appointment.

**Please ensure you complete all sections of the consent form and sign the GMS1 form otherwise we will be unable to complete your registration.**

If you are on regular medication which is issued each month please make a telephone appointment with your usual GP within four weeks of registration.

If you normally collect repeat prescriptions from the same place, or if you collect them on behalf of someone else, you could benefit from EPS (Electronic Prescription Service).

Complete the preferred pharmacy information on the questionnaire below. The advantages to you are:

- you can collect repeat prescriptions directly from a pharmacy without visiting your GP
- you won't have paper prescriptions to lose
- you may spend less time waiting in the pharmacy
- the service is reliable, secure and confidential

### **How Baddow Village Surgery uses your information to provide you with healthcare**

You can access our Privacy Information Leaflet for Adults and our Privacy Information Leaflet for Children on our website [www.baddovvillagesurgery.co.uk](http://www.baddovvillagesurgery.co.uk)

If you do not have access to the internet and would like a printed copy of either leaflet please ask one of our reception team members.

Our Patient Privacy Notice is available on our website and in the waiting room on the Your Clinical Data/Your Care noticeboard.

### **Keeping in Touch**

Please consider giving consent to your email address being added to our PPG (Patient Participation Group) contact list so that we can send information on behalf of the PPG such as newsletters and patient questionnaires and the Practice can send information that is not related to your direct health care. Please note that historically we have sent three or four emails each year.

You can withdraw your consent at any time by emailing [baddow.surgery@nhs.net](mailto:baddow.surgery@nhs.net)

# Baddow Village Surgery

## Adult New Patient Questionnaire

Thank you for taking the time to complete this questionnaire. The information given is strictly confidential and is important for the nurse or GP who may need to treat you before we have your medical records from your previous GP.

<b>Your Details</b>	<b>Date Completed:</b>
Title: Mr/Mrs/Miss/Other  (Please delete as appropriate)	Surname:
Date of Birth:	First Names:
Home Telephone No:	Previous Surname:
Mobile Phone No:	Email Address (please write clearly)
Marital Status:	
Have you ever been registered at Baddow Village Surgery? Yes/No	
Occupation: Please state if not working, retired, homemaker or if a student in full or part time education please state the school/college/university you are currently attending:	
Preferred Pharmacy:  (please include name and address of the Pharmacy where you would like your prescriptions sent)	

<b>Next of Kin</b>	
Name:	Relationship:
Address:	Home Telephone No:
	Mobile Telephone No:
Post Code:	

<b>Do you help to care for a person</b> who would not be able to manage without your help? This may be a partner, relative or friend. <b>Yes/No</b> (please delete as appropriate)	
Name of person you care for:	
Relationship to person cared for:	Is person registered at this surgery?

**Gender**

Please choose one category and mark the appropriate box

Male (including trans men)	Woman (Including trans women)
Non-binary	In another way (please state)
Is this the gender you were assigned at birth?	Yes / No

**Sexual Orientation**

Please choose one category and mark the appropriate box

Lesbian or Gay	Straight or Heterosexual
Bisexual	Other (please specify)

**Ethnicity**

Please choose one category and mark the appropriate box

Please choose one category and mark the appropriate box				
A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or other ethnic group
British	White and Black Caribbean	Indian	Caribbean	
Any other white background. Please write in:	White and Black African	Pakistani	African	Any other Chinese group. Please write in:
	White and Asian	Bangladeshi	Any other Black background. Please write in:	
	Any other mixed background Please write in:	Any other Asian background Please write in:		

**First Language:****Past Medical/Surgical History:**

Please give details of any relevant history and dates of any hospital admissions, surgery, serious illness, tests or investigations:

1

2

3

4

5

### Allergies

Please list and give details of any allergies

1

2

3

### Family History

Please tell us something about you and your family. Has any parent, grandparent or sibling suffered or died from any of the following

Disease	Family Member
Heart Disease	
Stroke	
Diabetes (Type 1 or Type 2)	
Asthma	
Cancer	

### Immunisations/Height and Weight

Date of last Tetanus if known:

Height:

Weight:

### Exercise and Activity

How much walking do you do each day? \_\_\_\_\_ minutes

Do you take any regular exercise (more than one hour per week) or participate in any sport? Eg visit the gym, cycle, job, play tennis, football, netball, etc

YES/NO

If yes please specify what you do, how many times per week and length of time spent on each activity

If you are active in other ways such as gardening, DIY or household chores, please specify

<b>Smoking</b> ([please tick appropriate box])	
Never Smoked <input type="checkbox"/>	
I currently smoke <input type="checkbox"/>	How many cigarettes per day
I am an ex-smoker <input type="checkbox"/>	I gave up in .....(year)
If you are currently a smoker but are considering stopping, an information leaflet is available at reception for advice and tips.	
Would you like us to refer you to a community smoking cessation provider?	
<b>YES/NO</b>	

<b>Alcohol</b> Please circle the answer that best describes your drinking habits for the following 3 questions					
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

<b>Are you a Veteran?</b> (Please tick box)	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Women, Trans Men and Non-Binary people with a cervix (or other people with a cervix)</b>	
Date of last cervical smear	
Date of last mammogram	
Method of contraception (if applicable)	



## Patient Online: Registration form

### Application for online access to my medical record

**DO NOT COMPLETE IF YOU ARE ABLE TO DOWNLOAD THE NHS APP**

Surname			
First name			
Date of birth			
Address			
Postcode			
Telephone number		Mobile number	

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my summary care record	<input type="checkbox"/>
4. Accessing my medical record – Detailed Coded Record (will need GP approval)	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (please tick)

5. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
6. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
7. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
8. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
9. If I see information in my record that it not about me, or is inaccurate I will contact the practice as soon as possible	<input type="checkbox"/>
10. I consent to receiving information by email. Please clearly write email address and tick box to indicate consent:	
11. I consent to receiving SMS text messages. Please tick box to indicate consent.	
Signature	Date

#### For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)		Date	
NHS number	Practice computer ID number		
Date account created			
Date password given			
Level of record access enabled	Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		



## **Fact sheet provided by NHS Digital**

### **What you need to know about your GP online records**

Wouldn't it be great if you could look at your GP records online? Well, you can! You can also book and cancel appointments at your GP surgery and order repeat prescriptions online. You can already see some of the information in your GP online records, including your medications and allergies. Now you are able to see even more. This includes illnesses, immunisations and test results and, if you have access to your full clinical record you will also be able to view hospital letters and consultations. Each GP surgery will make this information available at different times, as their computer systems become ready.

Just like online banking, you can look at your GP records on a computer, a tablet or a smartphone, using a website or an app. If you would like to start using online services, see the *Getting Started with GP Online Services* guide for more information. Information on how to get started is also available online at [www.nhs.uk/patientonline](http://www.nhs.uk/patientonline) or from your surgery or on their website.

### **What's in it for you?**

You can look at your records whenever you choose to, without needing to print them. Online records are up to date and more secure than a printed paper record which could get lost or seen by others.

People who have long term conditions, for example diabetes, hypertension or coronary heart disease, have found that looking at their test results online helps them make positive changes to improve their health. They can see if their condition is improving or getting worse by looking at past test results. Adam, a patient at University Health Centre said 'Record access is useful for those, like me, who need to have more regular contact with their GP'.

You can look at your medical records before your appointment to see if there is anything you need to discuss with your doctor or nurse. This could be your test results, illnesses you have had in the past or any new information added to your records. This would help you discuss any concerns you may have and help you benefit more from your appointment.

Sometimes when you see your doctor, you are given a lot of information which you may not be able to remember it later. You may also want further information once you have had time to think about what was said. You can look at your online records after your appointment to make sure you understood what your doctor or nurse said.

One of the most useful things patients have found is that you can make sure your medical information is accurate. For example, you will be able to let your doctor know if you have an allergy to a medicine and it is not recorded.

Before you go on holiday, you can check if your vaccinations are up to date without having to go to your surgery.

## **Understanding your records**

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to the NHS Choices website by using this link [www.nhs.uk](http://www.nhs.uk). NHS Choices is the NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites frequently used to search for information on illnesses and test results are Patient – [www.patient.info](http://www.patient.info) and Lab Test Online UK – [www.labtestsonline.org.uk](http://www.labtestsonline.org.uk). Although these are not owned or checked by the NHS, other patients have found them useful.

## **A few things to think about**

There are a few things you need to think about before registering for online records. On very rare occasions your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records. You may see your test results before your doctor has spoken to you about them. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.

If you see someone else's information in your record, please log out immediately and let your surgery know as soon as possible.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.

## Consent for Communications and Accessibility Information Standard

**Please ensure you complete all sections of this form including consent for email, SMS and telephone call recording**

**Consent** - Please sign each box where you give your consent

**SMS** – Text messages are used to send confirmation of booked appointments, reminders about reviews and specific clinics i.e. 'flu

Sign here

**Email** – Email is an efficient and cost effective form of communication and is a faster way to get information to you than post

**Email address:**

**Email** – Consent for your email to be kept on your health record and used to send information regarding your healthcare i.e. reminders about reviews and requests to call the surgery following a test

Sign here

**Email** – Consent for your email to be kept on a contact list which is used to send other information from the surgery including newsletters, PPG (Patient Participation Group) notices and any other surgery related information

Sign here

**Preferred Method of Contact** - Please indicate how you would prefer us to contact you.

**Telephone Call Recording** - all incoming and outgoing calls are recorded. This is our standard operational procedure. If you do not consent to your telephone call being recorded we will **not** be able to provide medical services to you

Sign here

You have the right to withdraw consent for any of the above forms of contact. You can do this via SystmOnline, send an email to [baddow.surgery@nhs.net](mailto:baddow.surgery@nhs.net) or inform a member of staff.

Patient Name:

Patient DOB:

**The Accessible Information Standard** aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

- Do you have communication needs? Yes ☐ No ☐
- Do you need a format other than standard print? Yes ☐ No ☐
- Do you have any special communication requirements? Yes ☐ No ☐
- How do you require to be contacted? Email ☐ Letter ☐ Text ☐ Telephone ☐  
Via Carer ☐ Interpreting Service ☐
- What is your preferred method of communication?

\_\_\_\_\_

- Can you explain what support would be helpful?

\_\_\_\_\_

- What is the best way to send you information?

\_\_\_\_\_

(e.g. requires letters in larger print)

- Tell us about your vision: Normal Vision ☐ Impaired vision ☐ Registered partially sighted ☐  
Registered blind ☐ Wears glasses ☐ Wears contact lenses ☐

- Tell us about your hearing: Hearing normal ☐ Hearing loss ☐ Presbycusis ☐  
Mild hearing loss ☐ Moderate hearing loss ☐ Severe hearing loss ☐ Profound hearing loss ☐  
Registered deaf ☐

- Do you wear hearing aids? YES / NO

- Do you require an interpreter? YES / NO If YES which language? .....

- What communication support could we provide for you?

.....

Name: ..... Date of birth: .....

If you have a carer do they need communication assistance? Yes ☐ No ☐

If 'Yes' what is your Main Carer's name:

.....

Do you consent to the practice contacting your main carer regarding your care?  
Yes ☐ No ☐

What is the best way to contact them?.....

Signed: ..... Date: .....

Please complete and/or tick the white boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing: It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM.

Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

<b>Patient's FULL NAME</b>	
<b>Patients DATE OF BIRTH</b>	

### 1.SCR - NHS Summary Care Record

Please tick only one box.

- ☐ Express consent for medication, allergies and adverse reactions only
- ☐ Express consent for medication, allergies, adverse reactions and additional information
- ☐ Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

### 2. EDSM – enhanced data sharing model "SystemOne." Please ensure you tick YES or NO for BOTH the sharing out and sharing in of your data.

**Sharing Out** – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- ☐ YES share data with other NHS organisations
- ☐ NO, do NOT share any data recorded by my GP Practice. I fully accept the risks associated with this.

**Sharing In** – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that care for you?

- ☐ Consent Given
- ☐ Consent Refused, I fully accept the risks associated with this decision.

<b>Patient Signature</b>	
<b>Date</b>	
<b>Signature on behalf of patient</b>	
<b>Relationship to patient</b>	

Adult Registration Pack

v5

Reviewed 2 May 2021

# Baddow Village Surgery

## Sharing your NHS patient data



**Baddow Village Surgery**  
**Longmead Avenue**  
**Great Baddow**  
**Chelmsford**  
**CM2 7EZ**

**Website:** <http://www.baddovillagesurgery.co.uk>  
**Email:** [Baddow.surgery@nhs.net](mailto:Baddow.surgery@nhs.net)  
**Telephone:** 01245 473251

### SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of "sharing NHS patient information"

**We ask you please to read the information on this document carefully and complete the relevant fields on this form and return it to your GP surgery.**

#### SCR = NHS Summary Care Record

The NHS Summary Care Record was introduced many years ago to help deliver better and safer healthcare. It contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP Out of Hours health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary. Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

#### EDSM = Enhanced Data Sharing Model "SYSTMONE"

The database and software used to store your GP health record is called "SystmOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP Out Of Hours services, children's services, community services and some hospitals. All the GP practices in our local area use this same confidential clinical computer system.

The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care. For example, the local Community Nurses who may look after you when you leave hospital, Community Physiotherapy and Community Diabetes Service.

Allowing your GP to share your record in the "SystmOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystmOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in":

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS healthcare providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services that are providing care for you or that may provide care for you in the future (*that you have consented to share out*).