**DOWNING DRIVE SURGERY**

**155 DOWNING DRIVE, EVINGTON, LEICESTER, LE5 6LP**

**0116 2413801**

[**www.downingdrivesurgery.nhs.uk**](http://www.downingdrivesurgery.nhs.uk)

Dear Patient(s),

We would like to welcome you to our Practice and explain a few of our registration procedures to you.

Please fill in the accompanying form(s) and return to the surgery with ‘ideally’ a proof of your new address:

1. Proof of where you are living currently, in the form of a utility bill, a bank statement, allowance book or driving licence, with your name and address on it

2. Medical card if possible

3. Any vaccine details (red book for children)

4. Consent form to leave messages or speak to another person

5. Sharing Consent forms signed

6. ID is required to register for on-line services in the form of a Driving Licence, Passport, Buss Pass, Bank Statement or Utility Bill.

Please allow approximately 10 working days for your registration to be completed.

When registered and if you need to see a Doctor please book a double appointment for your first visit.

If you have requested on-line services, you will receive the username and password via text message or be asked to collect it from the surgery

Thank you for providing this information. We look forward to providing you with a high standard of care in a friendly and professional manner.

For patients who live just outside of our contracted practice area but have been accepted to join the practice by the Doctors, please be aware that any visitors to your address cannot be seen as temporary residents. Registrations will need to be contacted as above and please ask for the specific GP that covers your address.

For further information about Downing Drive Surgery, please visit our website www.downingdrivesurgery.nhs.uk.

Yours sincerely

Katie Billson Practice Manager

**GP Service – Patient Registration Form (Adult)**

|  |
| --- |
| **FOR OFFICE USE ONLY**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_** |
| **PHOTO ID  TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS ID  TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Aged 16 and over only) |

Downing Drive Surgery  
155 Downing Drive, Leicester, LE5 6LP  
0116 2413801  
downingdrivesurgery.nhs.uk

Thank you for applying to join Downing Drive Surgery.   
We would like to gather some information about you and ask that you fill in the following questionnaire. You don’t have to supply answers to all the questions but what you do fill in will help us give you the best possible care.   
**You may need to supply TWO forms of Identification with your completed form, a photographic form of ID (such as a PASSPORT or DRIVING LICENSE) and proof of your home address (such as a recent BANK STATEMENT or UTILITY BILL).**

Please complete the form in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form. Fields marked with an asterix (\*) are **mandatory**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Title: | \*Surname: |  | \*First names |
| \*Any previous surname(s) (if applicable): | |  | \*Date of Birth **DD / MM / YYYY** |
| \*Male Female Non-binary Prefer not to say  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \*NHS No. |
| Town and country of birth: | |  | \*Home address |
| \*Home telephone No.: | |  |  |
| \*Mobile No. (if you have one): | |  | \*Postcode: |
| Which is your preferred number?  \*Home telephone no. Mobile No. | |  | Email address: |
| **Please help us trace your previous medical records by providing the following information** | | | |
| \*Previous address in the UK (if applicable): | |  | Name of previous doctor: |
|  | |  | Address of previous doctor: |
| \*Postcode: | |  |  |

**If you are from abroad**

|  |  |  |
| --- | --- | --- |
| \*Your first UK address where you registered with a GP if you were previously living abroad |  | \*If previously a resident in the UK, date of leaving: |
|  |  | \*Date you first came to live in the UK (if applicable): |
| \*Postcode: |  |  |

**If you are returning from the Armed Forces**

|  |  |  |
| --- | --- | --- |
| Address before enlisting |  | Service or Personnel No. |
|  |  | Enlistment date: |
| Postcode |  |  |

**Additional details about you**

|  |
| --- |
| \*What is your ethnic group?  **White**  British  Irish  Other White (please specify):  **Black**  Caribbean  African  Other Black (please specify):  **Asian**  Indian  Pakistani  Other Asian (please specify):  **Mixed**  White & Black Caribbean  White & African  White & Asian  **Other**  Prefer not to say  (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Information and Communication Needs – PLEASE ANSWER ALL QUESTIONS.**

|  |
| --- |
| Do you speak English?  **Yes**  **No**  **Yes, but not very well.**  Do you use non-verbal language as your main form of communication?  **No**  **I use British sign language,**  **I use Makaton sign language,**  **I use a speech to text reporter,**  What is your main spoken language?  **English**  **Gujarati**  **Punjabi**  **Arabic**  **Polish**  **French**  **Hindi**  **Bengali**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Do you need a language interpreter?  **Yes**  **No**  Do you have any communication difficulties?  **No**  **Hearing difficulties,**  **Visual difficulties,**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Do you have a caregiver or someone who will accompany you to appointment and assist with communication?  **Yes (**If yes, please provide details in the next section)  **No**  Do you require any accommodations for accessibility?  **Yes**  **No**  If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Carer/Next of Kin Relationship Information**

|  |
| --- |
| \*Do you have a Carer? Yes No If yes, their contact details:  Do you consent for your carer to be informed about your medical care? Yes No |

|  |
| --- |
| Are you a Carer? Yes No  If yes, do you look after someone who is a patient of Downing Drive Surgery Yes No  Don’t know  If yes, what is their name? Are they a: Relative Friend Neighbour |

|  |  |  |
| --- | --- | --- |
| Name of next of kin: |  | Relationship to you: |

|  |  |  |
| --- | --- | --- |
| Next of kin telephone number(s): |  | Next of kin address (if different to above): |

**Medical Details and Lifestyle Habits**

**In order to receive your repeat medications, you’ll need to make an appointment at the surgery at least one week before your next prescription is due.**

|  |
| --- |
| **Please list you repeat medications here:** |
| \*Are you allergic to any medicines?  Yes  No (if yes please specify) |

|  |
| --- |
| \*List other allergies (pollen, animal hair or certain foods. Please mark “none” if you have no other allergies that you know of: |
|  |

**Have you ever had any of the following conditions?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Epilepsy** | Yes | Year |  | **Rheumatoid Arthritis** | Yes | Year |
| **High Blood Pressure** | Yes | Year |  | **Mental Illness (Inc. Depression)** | Yes | Year |
| **Heart Attack** | Yes | Year |  | **Diabetes (type 1 or type 2)** | Yes | Year |
| **Angina (stable / unstable)** | Yes | Year |  | **Asthma** | Yes | Year |
| **Stroke** | Yes | Year |  | **COPD (or Emphysema)** | Yes | Year |
| **Transient Ischaemic Attack** | Yes | Year |  | **Osteoporosis / Bone Fractures** | Yes | Year |
| **Cancer** | Yes | Year |  | **Peripheral Vascular Disease** | Yes | Year |

|  |
| --- |
| List any serious illnesses /operations /accidents /disabilities (women: any pregnancy related problems) & the year they took place: |

**Do you have family history of any of the following?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **High Blood Pressure** | Yes | Who |  | **DVT / Pulmonary Embolism** | Yes | Who |
| **Ischaemic Heart Disease**  Diagnosed aged >60 yrs. | Yes | Who |  | **Breast Cancer** | Yes | Who |
| **Ischaemic Heart Disease**  Diagnosed aged <60 yrs. | Yes | Who |  | **Any Cancer**  Specify type: | Yes | Who |
| **Raised Cholesterol** | Yes | Who |  | **Thyroid disorder** | Yes | Who |
| **Stroke / CVA** | Yes | Who |  | **Epilepsy** | Yes | Who |
| **Asthma** | Yes | Who |  | **Osteoporosis** | Yes | Who |
| **Diabetes** | Yes | Who |  | **Other (please list)** | | Who |

|  |  |  |
| --- | --- | --- |
| Height ft. in |  | (**for women only**) Have you had a cervical smear?  Yes No  (*Please state where, when and the result if possible*) |
| Weight St. lb |
| Waist measurement in |

**Please tell us about your smoking habits**

|  |  |  |
| --- | --- | --- |
| Do you smoke?  Yes  No  If yes, what do you primarily smoke:  Cigarettes / Cigar / Pipe / VAPE **(please circle)** |  | Are you an ex-smoker?  Yes  No  When did you quit?  How many did you used to smoke a day? |
| How many do you smoke a day?  Would you like advice on quitting?  Yes  No |  |

**Please tell us about your alcohol consumption**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** (please circle your answers in the boxes below) | **Unit scoring system** | | | | |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times  Per month | 2 - 4 times per week | 4+ times per week |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 - 2 | 3 – 4 | 5 – 6 | 7 – 9 | 10+ |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| **Depending on your answers above you may be asked to complete an additional alcohol questionnaire.** | | | | | |
| **A chart of different types of alcohol  Description automatically generated** | | | | | |

**Communication Preferences**

|  |
| --- |
| \*Do you consent to receive the following types of communication from Downing Drive Surgery?  **Email** Yes No  **Mobile phone text messages** Yes No  **Answering machine messages** Yes No  **Letter** Yes No |

**GP Online Services – Patient Online Access**

|  |
| --- |
| Once your application to join our practice has been accepted you’ll be able to order your repeat medications, book appointments and view certain aspects of your medical record via the internet using GP Online Services. This service is known as **SystmOnline**.  Once you are a fully registered patient of our practice you can visit the surgery to begin your **SystmOnline** registration. This service is available to everyone with a valid email address. ***We can only accept your request for SystmOnline if your email address is valid and not shared by another person.***  **Would you like to use SystmOnline?** Yes  No  If yes, please specify the e-mail address you wish to use for GP Online access \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  You will either get a text message with your log in details or asked to collect it from the surgery. |

**Data Sharing**

|  |
| --- |
| **Electronic Data Sharing Module (EDSM)**  Healthcare places can usually share information from your records by letter, email, or phone but this can slow down your treatment or mean information is hard to access. However, you can choose to share your record electronically between care services. **For more information, please visit our website at** www.downingdrivesurgery.nhs.uk  **Tick this box if you wish to opt-in to the EDSM**  **Tick this box if you wish to opt-out to the EDSM** |

|  |
| --- |
| **Summary Care Record (SCR)**  As you are registering with this practice, we would like to recommend that you take advantage of the Summary Care Record (SCR). It includes important information about your health: Medicines you are taking; allergies you suffer from, any bad reactions to medicines.  **You can also choose** to have additional information included in your SCR, which can improve the care you receive. This information includes: Your illnesses and health problems; operations and vaccinations you have had in the past; how you would like to be treated – such as where you would prefer to receive care; what support you might need; who should be contacted for more information about you.  You may need to be treated by health and care professionals outside of the practice who do not know your medical history. Having the additional information SCR can help the staff involved in your care access information more quickly, allowing them to make informed decisions about your healthcare. **More information can be found by visiting www.nhscarerecords.nhs.uk**  **Tick this box if you wish to opt-in to the Core SCR**  **Tick this box if you wish to opt-in to the Core an Additional SCR**  **Tick this box if you wish to opt-out of the SCR** |

|  |
| --- |
| **Medical Interoperability Gateway (MIG)**  Whilst the SCR mentioned above shares a very small portion of your medical record across the whole NHS, the MIG shares a much fuller view of your records but only with local NHS providers – and only when you give explicit consent at the point of care.  **For more information please visit the Sharing Your Medical Record page on our website at** www.downingdrivesurgery.nhs.uk  **Tick this box if you wish to opt-out of the MIG**  **Tick this box if you wish to opt-in of the MIG** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** | **DD / MM / YYYY** |
| **\*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.** | | | |
| **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:** |  | |
| **3: Name** |  | |
| **4: Given Names** |  | |
| **5: Date of Birth** | **DD / MM / YYYY** | |
| **6: Personal Identification**  **Number** |  | |
| **7: Identification number**  **of the institution** |  | |
| **8: Identification number of the card** |  | |
| **9: Expiry Date** | **DD / MM / YYYY** | |
| **PRC validity period (a) From:** | **DD / MM / YYYY** | **(b) To:** | **DD / MM / YYYY** |
| 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. | | | |

|  |
| --- |
| **Please record any additional information about you that you think is important for us to know** |

|  |  |  |
| --- | --- | --- |
| **\*Signed** |  | **\*Date DD / MM / YYYY** |

|  |  |
| --- | --- |
| **\*Signed on behalf of patient** (*if applicable*)  (e.g. for minors under 16 years old, adults lacking capacity) |  |
|  |  |

**Patient Consent**

Any patient wishing for someone else to contact the Surgery about their medical care will have to give the Practice signed consent. Reception staff will not be able to discuss any part of your medical notes with anyone else without prior consent.

Please complete the appropriate box:

|  |  |
| --- | --- |
|  | I give consent for …………………………………. to discuss any aspect of my medical treatment on my behalf. |
|  |  |
|  | I give consent for …………………………………… to discuss only part of my medical treatment on my behalf. Please give details below: |
|  |  |
|  | I do not give consent for any 3rd party to discuss any aspect of my medical care on my behalf. |

|  |  |
| --- | --- |
|  | This consent is to remain in force until further notice of cancellation by me. |

Signed: …………………………………………. Date: \_\_\_/\_\_\_/\_\_\_\_

Print Full Name: ………………………………

Date of birth: \_\_\_/\_\_\_/\_\_\_\_

**N.B For patients who are unable to give their consent for whatever reason, please discuss the situation with one of our doctors. Thank you.**

**Access to GP online services**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | | |
| Telephone number |  | Mobile number |  |

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

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Accessing a summary of my medical record – medication and allergies | 🞏 |
| Accessing your detailed coded record | 🞏 |

**Application for online account access**

I wish to register for online services and access a summary of my medical record online.

I understand and agree with each statement (please tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | 🞏 |
| 1. I understand the consequences of sharing my account details with anyone and that until I reset my password, they will be able to see my medical details as I can. I will be responsible for the security of the information that I see, print off or download. If I choose to share my information with anyone else, this is at my own risk. | 🞏 |
| 1. If you are registering on behalf of a patient for online services by proxy ie through your own online account, please confirm that you understand that this access will cease for children at the age of 13 years and that parents and carers must act responsibly with the sharing of account details and medical information. | 🞏 |
| 1. I confirm that I have not been coerced into having an online account. | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement. | 🞏 |
| 1. If I see information in my online account that is not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible. | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | Name of verifier | Date |
| Name of person who authorised  (if applicable) |  | | Date |
| Date account created |  | | |
| Date passphrase sent |  | | |

****

Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group  
East Leicestershire and Rutland Clinical Commissioning Group

**NHS Enhanced Summary Care Record with additional information**

If you are registered with a GP practice in England you will have a core Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

* Medicines you are taking
* Allergies you suffer from
* Any bad reactions to medicines

**You can also choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

* Your illnesses and health problems
* Operations and vaccinations you have had in the past
* How you would like to be treated – such as where you would prefer to receive care
* What support you might need
* Who should be contacted for more information about you

**Healthcare leads across LLR recommend that all patients sign up.** You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an enhanced SCR can help the staff involved in your care access information more quickly, enabling them to make better and safer decisions about your treatment.

**What to do next**

If you would like your SCR to be enhanced with additional information (or the SCR of someone you are a carer for), then please complete this form, to be returned to your GP surgery.

Name of patient: ………………………………………………………………………………………………

Date of birth: ……………………………… Patient’s postcode: …………………………………………

Surgery name and location: …………………………….......................................................................

NHS number (if known): …………………………………………………………………………………......

Signature: ……………………………………………………. Date: ………………………………………..

If you are filling out this form on behalf of another person, please ensure that you fill out their details and sign the form above, and provide your own details below:

Name: ……………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Parent | Legal Guardian | Lasting power of attorney for health and welfare |

Capacity:

Please circle one

If you require any more information, please visit <https://digital.nhs.uk/summary-care-records>or speak to your GP Practice.

**Summary Care Record – your emergency care summary**

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

This practice is supporting Summary Care Records and as a patient you have a choice:

• **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

• **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the practice staff**.

If you need more time to make your choice you should let us know.

For more information please telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020 or visit **www.nhscarerecords.nhs.uk** .

Additional copies of the opt out form can be collected from the practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt out form on their behalf requesting us to consider opting them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

Katie Billson Practice Manager

Downing Drive Surgery

**Sharing your GP medical record with other healthcare professionals involved in your care**

Health services in Leicester, Leicestershire and Rutland are introducing a new system of sharing medical records between a GP practice and other NHS organisations.

The system will allow the healthcare professional who provide you with care, to view information in your GP medical record.  Viewing your record will help to improve the quality of your care and potentially save lives.

**Who will be able to view my medical record and what will they use it for?**

A qualified healthcare professional who has obtained your consent will be able to view your GP medical record. This will only ever be done for the specific problem you are presenting with. This will allow the clinician assessing you to have faster, easier access to relevant information about you, to help provide you with safer and better care.

Currently the following organisations are taking part, but as more organisations sign-up, this list will change. Reception can provide you with up-to-date information:

1. University Hospitals of Leicester NHS Trust
2. Leicestershire Partnership NHS Trust
3. Northern Doctors Urgent Care Ltd

* Oadby and Wigston Walk-in Medical Centre
* Melton Mowbray Hospital Minor Injury and Illness Service
* Market Harborough Minor Injury and Illness Unit
* Rutland Memorial Hospital Minor Injury and Illness Unit

1. Central Nottingham Clinical Services

* LLR Out of Hours Service
* Urgent Care Centre, Loughborough

1. Derbyshire Health United – NHS 111
2. East Midlands Ambulance Service NHS Trust
3. George Eliot Hospital NHS Trust – Urgent Care Centre Leicester
4. SSAFA Walk-in Centre

**What information can be viewed?**

* personal information, such as name, date of birth, gender
* allergies
* medication
* attendances, hospital admission and referral dates
* vaccinations and immunisations
* test results, including measurements such as blood pressure
* diagnoses (current and post problems)
* treatment and medical procedures

**What information will be blocked from viewing?**Information sealed as ‘private’ within the GP Practice clinical system will not be available to view in other organisations, however this can be overridden in a clinical emergency. For further information regarding your record please see your GP Receptionist.

**What will happen when the healthcare professionals want to view my GP medical record?**

You will be asked directly to give your explicit consent, at the point of contact, for your GP medical record to be viewed. You can say yes or no; the Consultant/Doctor will only view your record if you say yes.

You will be asked beforehand for permission by the assessing healthcare professional each time your medical record is viewed. Your healthcare professional is only viewing your record. They are not downloading and storing any of your data. This means that when they close your record it is no longer accessible outside of your surgery.

If  you are unable to give consent, for example if you are unconscious and it is deemed to be vital for your survival, then a healthcare professional may view your GP medical record in order to be able to provide appropriate care for you.

**If I give permission to view my GP medical record, how long does this permission last?**

Your GP medical record will only be viewed while you are currently being treated. When you are discharged back to the care of your GP, electronic access to your medical record will stop until someone asks you again.

**Can I refuse to allow my GP to share my medical record?**

If you are concerned about sharing your GP medical record you can opt out of allowing it to be shared. If you do not wish for your information, or even part of it, to leave your GP practice clinical system then please ask your GP receptionist who will arrange this. This can be done at any time – now or in the future.

**Can I change my mind?**

Yes you can change your mind about opting-in or opting-out at any time by asking the GP Receptionist.

**How will my information be kept secure and confidential?**

A secure system will be used to allow access to your GP Practice System by another organisation. All organisations involved must sign an Agreement to confirm that they will adhere to the strict controls in place around the computer system itself and around any staff who are allowed to access the system. Everyone working for the NHS has a legal and contractual duty to keep information about you secure and confidential.

**How can I find out who has viewed my GP medical record**

Every time your GP record is accessed by another organisation, a message is sent back to your GP Practice system and stored in an audit log

**Is there a danger someone else could hack into my record or that my information could be lost?**

The NHS has the strongest security measures available and there is strong protection to prevent any information from being accessed without permission. As the organisations are only viewing your record, it is not possible for them to delete any information or for it to be lost.

**For further information**

Please see our other leaflet “How we use your medical records” (also available on our website or from GP Reception). It explains how you can access your own health records, how you can get further information and what to do if you have any concerns about your information.

For further information you can discuss the sharing of your medical records with your GP or you can contact the NHS Leicester, Leicestershire and Rutland IM&T Strategic Projects Team on the following should require more detail; Tel: 0116 295 0756 Email: imtpmo@lcr.nhs.uk

**Patient Online: Records Access - Patient information leaflet ‘It’s your choice’**

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| If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It’s your choice.  Being able to see your GP record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. Online access may also benefit you by saving time making phone calls, making car journeys, improving access for you and be more convenient for you. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to help you in the same way as before. This decision will not affect the quality of your care.  You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.  **The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.** | **Repeat prescriptions online**  **GP appointments** **online**  **View your GP records**  **It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.**  **If you can’t do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.**  **If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.** |

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| Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details. | | |
| Things to consider | |
| Forgotten history There may be something you have forgotten about in your record that you might find upsetting. |
| Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. |
| Choosing to share your information with someone It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure. |
| Patients under the age of 16 Patients under the age of 16 are required to have a competency assessment to make sure they are able to fully understand the implications of on line access and the sharing of confidential data such as their login details and medical information with parents/guardians. This competency assessment can only be done from the age of 13 so the practice has made the decision that anyone under 13 cannot register for on line services until we get assurance for our System supplier that there is a failsafe way of us being alerted to amend an on line registration for these children once they reach the age of 11. |
| Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time. |
| Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation. |
| Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |
| More information For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:  Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf> | |