

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

27/06/2019 15:08

To be completed by the GP Practice

Practice Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date / /

Practice Stamp

SUPPLEMENTARY QUESTIONS QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 YY
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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
<p>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.</p>	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

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.

Computer Number: _____

NEW PATIENT QUESTIONNAIRE

Welcome to the Crown Medical Centre. To help us provide you with the best possible service, we would be very grateful if you would take the time to answer the following questions. Thank you.

Surname:	Title: Mr/Mrs/Miss/Dr/Other
Forenames:	Previous Surname:
Date of Birth:	NHS Nmb:
Gender:	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Under specialist gender identity clinic
Gender at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Postcode:	Home Phone:
Email:	Mobile Phone:

Have you been registered here before? ☐ Yes ☐ No

NEXT OF KIN

Name:	Relationship:
Address (if different from above):	
Telephone Nmb:	

ARE YOU A CARER?

☐ Yes ☐ No If yes for whom? (e.g. husband/wife/child) _____

MARITAL STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Living with partner	<input type="checkbox"/> Widowed

ETHNICITY DATA

White		Black		Asian		Mixed	
White British		Caribbean		Indian		White & Black Caribbean	
Whit Irish		African		Pakistani		White & Black African	
Other white		Other Black		Bangladeshi		White & Black Asian	
				Chinese		Any other mixed background	
				Other Asian			
Other (please specify):							
Please state your first language:							

Computer Number: _____

FAMILY HISTORY

Does anybody in your family have any of the following illnesses? (Please tick and say who)

Condition		Relative	Condition		Relative
High Blood Pressure			Diabetes		
Heart Attack			Asthma		
Angina			Glaucoma		
Stroke (CVA)			Epilepsy		
Cancer – Where?			High Cholesterol		

WOMEN ONLY

How many pregnancies have you had?			
How many children do you have?			
Date of birth(s) of children			
Date of last cervical smear?			
What contraceptive method do you use?			
<input type="checkbox"/> Pill	<input type="checkbox"/> Depo	<input type="checkbox"/> Coil	<input type="checkbox"/> Implant
Date of replacement (coil & implant only):			

MEDICAL HISTORY

Past Medical History:

Please state any on-going illnesses or disabilities or any significant past illnesses, operations or accident and the years they happened or started.

Current Medication:

Please list medications that you are taking at the present time and the dosage – Please attach a medication list or “right hand side” if you can.

Allergies:

Please state any allergies that you have and the date which they started.

LIFESTYLE INFORMATION

Weight: _____	Height: _____	BMI: _____
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Computer Number: _____

DO YOU EXERCISE AT ALL?

<input type="checkbox"/> Not at all	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently	<input type="checkbox"/> A lot	<input type="checkbox"/> Not physically capable
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DO YOU SMOKE?

<input type="checkbox"/> Never	<input type="checkbox"/> Current smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Roll ups	<input type="checkbox"/> Pipe	<input type="checkbox"/> Cigars
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If yes, how many a day? _____

ALCOHOL AUDIT

	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often have you have 6 or more units if female or 8 or more units if male, on a single occasion this year	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected of you, because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed an alcoholic drink in the morning, to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or somebody been injured as a result of your drinking?	No		Yes but not in the last year		Yes – During the last year
Has a relative or friend, doctor or health worker been concerned about you're drinking or suggest that you cut down?	No		Yes but not in the last year		Yes – During the last year

Scoring:

0 – 7	Lower risk
8 – 15	Increasing risk
16 – 19	Higher risk
20+	Possible Dependence

TOTAL SCORE: _____

Computer Number: _____

VACCINATION HISTORY

Please give us the date of your last vaccinations:

Tetanus vaccination	
Polio vaccination	
Shingles vaccination	
Pneumococcal vaccination	

If you have a copy of your immunisations from your previous GP surgery, please attach them to this questionnaire.

Register your Type 1 Opt-out preference

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

Type 1 Opt-outs may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: <https://www.nhs.uk/your-nhs-data-matters/>

You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

Details of the patient

Title										
Forename(s)										
Surname										
Address										
Phone number										
Date of birth										
NHS Number (if known)										

Details of parent or legal guardian

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

Name										
Address										
Relationship to patient										

Register your Type 1 Opt-out preference

Your decision

☐

Opt-out

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

OR

I do not allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes except their own care.

☐

Withdraw Opt-out (Opt-in)

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

OR

I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care.

Your declaration

I confirm that:

- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making a choice for set out above (if applicable)

Signature

Date signed

When complete, please post or send by email to your GP practice

For GP Practice Use Only

Date received		
Date applied		
Tick to select the codes applied	Opt – Out - Dissent code: 9Nu0 (827241000000103 Dissent from secondary use of general practitioner patient identifiable data (finding))	
	Opt – In - Dissent withdrawal code: 9Nu1 (827261000000102 Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))]	

THE CROWN MEDICAL CENTRE

Application for online access to my medical record – Only available to patients over the age of 16

Surname:	Forename:
Date of birth:	
Address:	
Postcode:	
Email address:	
Telephone number:	Mobile number:

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>

If you wish to access your medical record online including your coded medical problems and lab results please ask receptionist for the form to complete.

Signature	Date:
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For practice use only

Patient NHS number		Practice computer ID number
Identity verified by (Initials)	Date:	Method: Photo ID & proof of residence <input type="checkbox"/> Children (See policy) <input type="checkbox"/>

Notes to be reviewed within 21 days of receipt

Version 1 June 2016

FOR PATIENT INFORMATION

Welcome to The Crown Medical Centre

The aim of this booklet is to provide you with all the useful information you will need, including information about the doctors, nurses, and services that we offer.

Opening hours

Doors and telephone lines are open, Monday – Friday 08.30 – 18.30. We do offer extended hours telephone appointments which are done in the evening; please let reception know if you require one of these. If you require medical advice or treatment after our opening hours, please contact NHS 111 for further advice and in a medical emergency, please dial 999.

Making appointments

The practice offers different types of appointments to cater for the many different needs of our patients. We offer a limited number of slots that can be booked in advance, morning and afternoon. These are usually about four weeks ahead and can be booked as follow ups for routine reviews. We also open a bundle of slots every morning which are bookable on the day for both routine and urgent appointments.

Telephone appointments

The GP's can offer telephone consultations, where you can leave a message with reception with an up to date phone number and ask for the doctor to ring you back. Please be aware that this may not be on the same day if it is very busy, however you feel you need to speak to someone urgently that day, the receptionist will be able to help you.

Doctor's working days

Doctor	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Dr Lucy Pendered	√				√	√	√			
Dr Anna Lambert	√		√	√			√	√		
Dr Harriet Muray	√						√	√		√
Dr Thomas Langston	√	√	√	√					√	√
Dr Kate Foot		√	√	√					√	
Dr Rebecca Moss	√				√	√	√			
Dr Hannah Jenkins		√	√		√	√	√	√		
Dr Alison Foster	√		√		√				√	√
Dr Christian Jennings		√					√	√	√	√

Nurse appointments

We have a very experienced and friendly team of practice nurses, with certain specialities including diabetes, asthma, COPD, anti-coagulation. Our nurses provide a wide range of services including blood tests, dressings, ear syringing, cervical smears, ECGs, blood pressure monitoring, pill checks, diabetic reviews, travel advice and flu vaccines.

Our practice nurses are:

- Mrs Gemma Bull – Lead Nurse
- Miss Elizabeth Towler
- Mrs Keeley Angrave
- Ms Sophie Illingworth
- Mrs Belinda Hutchinson
- Mrs Maria Oliver

The Management Team:

Our practice manager is Mrs Claire Gregory, who has responsibility for the management of the practice. If you would like to discuss any queries, problems or grievances or wish to make a constructive suggestion as to how we could improve our services, please either ask to speak to her or write. Claire is supported by a team of experienced managers and staff each with their own role who will be more than happy to help you as well.

Receptionists and their role:

The reception staff play a key role in ensuring you receive the best service from the Crown Medical Centre. They are here to help you to arrange appointments, deal with all your requests and arrange telephone consultations or home visits as necessary.

Our reception staff are:

Mrs Sharon Grinter (Reception supervisor)	Mrs Vivienne Postma (Operations assistant)
Mrs Melanie Bromiley (Prescriptions lead)	Mrs Jane Bennie (Contract Administrator)
Mr Michael Brimacombe	Mrs Gabrielle Armstrong
Miss Louise Chidzey	Miss Maddison Bryant
Miss Laura Rossiter	Mrs Karen Marsden
Our medical secretaries are:	
Miss Charlotte Barham (Executive Assistant)	Mrs Louise Gorringer
Miss Keira Bird	Miss Lorien Quinby

Prescription service:

Our Prescription Service is run by a dedicated team of Prescription Clerks who are there to help you. They deal with the day to day running of the prescription service, including issuing medications, updating patients records, reminds patients of review dates and dealing with all enquiries regarding medication.

Ordering and collecting medication:

You can order a repeat prescription by using one of the following methods:

- Patient Access/NHS App (You will need to speak to reception to sign up to online services)
- Email
- Telephone line – The phone line is open Monday 10.00 – 13.00 and 14.00 – 16.00, Tuesday to Friday 10.00 – 12.30 and the number is **01823 250150**.

Do not leave ordering your repeat medications until you have run out. Please order it well before you are due to run out as it will take at least 72 hours to process your request.

If you have signed up for prescriptions to be sent to a pharmacy of your choice, you must allow 3 working days before it can be collected from the pharmacy. Many chemists operate a prescription collection service whereby you can then collect your medication straight from the pharmacy. For housebound patients, they can offer a home delivery service.

Primary Care Practitioner:

We also have Mark Hayden working with us. Mark was previously a paramedic, and can deal with all minor ailments. Mark also does many of our home visits.

District Nursing Team:

The District Nurses work very closely with the surgery and provide nursing care to patients in their own home. They provide support for families and carers, pre and post-operative care, incontinence help, leg ulcer assessment and advice. Patients may be referred to the service via the GP's, hospital or other appropriate agencies.

Midwife Appointments:

Our surgery midwife is Robyn Berton. Robyn is available for antenatal care and early postnatal care and provides advice on all aspect of maternity care. If you know or think you are pregnant, you do not need to make an appointment with a GP unless you are concerned about your pregnancy. All you need to do is book a first "booking" appointment with Robyn.



Our Local health authority no longer accepts the paper patient register form (GMS1) as all the information transfers electronically; therefore any information added about organ donation will not be used. If you would like more information on being a donor please read the information below.

How to donate

The NHS Organ Donor Register is a confidential national database that holds the details of around 21 million people who want to donate their organs when they die.

Adding your name to the register and telling your family and friends that you want to be a donor will make it easier for them to agree to donation in the event of your death.

You can join the register in a number of ways. For example, you can:

- Complete an online form at <https://www.organdonation.nhs.uk>
- Call the free NHS Donor line on 03001232323 – lines are open 24 hours a day, 365 days a year.
- Text SAVE to 62323

Some people may need extra vaccines



Some people are **more likely to suffer serious illness** from infections and should be offered extra vaccinations to help protect them. This includes people living with a chronic illness that affects their major organs or their immune system.



Hepatitis A The vaccine is needed for people at high risk of hepatitis A, including those with liver disease and families where a case has been reported.



Hepatitis B Extra hepatitis B vaccine is also available for people with liver disease or those with a high chance of catching the infection (e.g. babies born to women with hepatitis B or people who have a partner or family member with the infection). Ask your GP practice if you or your baby should receive hepatitis B vaccination.



Tuberculosis The BCG vaccine is needed by children and adults living in areas with high rates of TB. People with close family members with TB also need the BCG vaccine.

For information on the current NHSE registration guidance (the Primary Medical Care Policy and Guidance Manual) and the BMA's rough guide to migrant health needs please visit: <https://bit.ly/2hv37zc>



**I have a right to register
and receive treatment from
a GP practice**

Are you or someone you care about ill?



Call NHS 111 if you urgently need medical help or advice but it's not a life-threatening situation. You can also call NHS 111 if you're not sure which NHS service you need.



Ask your local Pharmacist for advice – your pharmacist can give you advice for many common minor illnesses, such as diarrhoea, minor infections, headache, travel advice or sore throat.



Make an appointment with your GP if you are feeling unwell and it is not an emergency.



Visit a walk-in centre, minor injuries unit or urgent care centre if you have a minor illness or injury (cuts, sprains or rashes) and it can't wait until your GP surgery opens.



Call 999 if someone is seriously ill or injured and their life is at risk.



An A&E department (also known as emergency department or casualty) deals with genuine life-threatening emergencies. People are seen and treated in order of need.



Public Health
England

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Public Health
England

NHS

Moved to the UK:

Get up-to-date with your vaccinations



Vaccines are the safest way to protect you and your family from serious infections – they help you stay healthy



In England, most vaccinations are offered free on the NHS. Vaccinations can protect you throughout your life. To protect children as early as possible many vaccines are offered to babies and toddlers before they start school. As vaccinations are so well accepted in England, they are not mandatory.



Vaccinations are usually given by practice nurses at your GP practice. Practice nurses are specially trained to give advice and offer vaccines. The nurse will carefully check the medical history but, as long as you or your child is well, an examination by a doctor is not needed.

Older children are offered some vaccinations in school. Vaccinations for adults are normally offered at your GP practice or pharmacy.



If you are unsure if you or your child has had all the recommended vaccinations in England – check with your GP practice. It is never too late to catch-up on the vaccinations recommended in England.

Registering with a GP practice

Anyone in England can register with a GP practice and see a primary care doctor or nurse for FREE. You do not need to provide proof of identity or of immigration status in order to register with a GP practice.

This also applies if you are an asylum seeker, refugee, a homeless patient or an overseas visitor, whether lawfully in the UK or not.

You should register even if you are fit and well. You never know when you may need health care and the practice can offer preventive services to keep you healthy.



If you need a chaperone or an interpreter, ask your GP practice.

Everyone in England should register with a GP. You can see them for free and you do not need proof of address

You can find details on how to register with a GP in this leaflet and at www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice

You may have to pay for some treatment on the NHS, but routine vaccinations are free.

What to do if you have problems accessing health care?

If you are still having problems dial 111.

Different countries offer different vaccines

It is good to check with your GP practice and make sure you have had all of the vaccines we offer for free here in England. It does not matter why you have missed them, it is important to catch up and get protected.

Some infections can be more common in other countries, so it is also important to check if you need any extra vaccines before you travel overseas to visit family and friends – some travel vaccines are not free on the NHS.



When and what vaccines are given routinely in England?



Vaccinations are offered to new-born babies, young children, teenagers, pregnant women and older people. You can find out more about the vaccination schedule here www.nhs.uk/conditions/vaccinations.

If you have missed any of the vaccines in the UK schedule, you may still need protection, even at an older age. Ask your GP or nurse to check if you need a catch-up dose.



Babies and toddlers need vaccinations to protect them from childhood infections including measles, mumps, rubella (MMR), rotavirus, diphtheria, whooping cough, meningitis, polio, tetanus, hepatitis B, TB and more.



Pre-school children need booster vaccinations for some of the diseases listed above. This helps to protect children better and for longer. Primary school children are offered flu vaccination every year.



Teenagers need another top up (booster) vaccination for some of these infections, including meningitis, to give longer lasting protection into adulthood. They are also offered the HPV vaccine which can prevent some cancers.



If you are planning a baby then you should check you have received all of your vaccinations – especially two doses of MMR – before you get pregnant.

If you are pregnant you need vaccinations to protect you and your baby from whooping cough and flu. You should also be screened (have a blood test) for infections such as hepatitis B which can pass from mother to child. Some babies may need an extra hepatitis B vaccination at birth.



Older people need vaccinations to protect them against flu, pneumonia and shingles.

Talk to your GP or practice nurse to check if you or your child need any routine or extra vaccines.

THE CROWN MEDICAL CENTRE

PATIENT DATA – USE, SHARING AND DISCLOSURE OF PATIENT INFORMATION A GUIDE FOR PATIENTS

1. Introduction

This protocol exists to provide information and guidance to patients about the use, sharing and disclosure of confidential patient information.

2. What are we trying to achieve?

- Ensure that patients are aware of the regulatory requirements relating to patient data and how we as a practice need to adhere to these
- Inform patients of the regulatory requirements affecting their personal records and provide information about the options for patient 'preferences'

3. A quick overview

This information leaflet is quite long. The box below provides a high level summary of the main points

Patient information

When you visit the surgery as a patient we want you to feel able to discuss anything with your doctor that might relate to your health. This may include your relationships, drugs, drinking, your mental health, your job etc. You would like to reassure you that anything you tell us will remain absolutely confidential.

We take great care to ensure that no information that patients offer is passed on either inadvertently or through the deception of others. This includes other family members (unless we have their written consent).

Releasing information without patient agreement

There are a few situations when a patient's doctor is allowed to release information without their consent. These situations are very rare and are clearly defined by law.

Reports for other people

Sometimes we may need a report prepared by a patient's GP for someone else who is not involved in their care. This may be the patient's employer, an insurance company or solicitor. We will never release any information to any other party without a patient's written consent. We use a specific consent form designed by Somerset Local Medical Committee (LMC) and this is used in every case. Patients have the right to see these reports before they are sent off.

Access to medical records

Patients have the right to see their own medical record, both hand-written and electronic.

GDPR

Under the new Data Protection Act 2018 it has become even more important that as a practice we ensure we do not release data without being able to justify the reason for this and being confident that the receiving organisation has safeguards on place to protect the data we release.

Practice staff

Practice staff e.g. Nurses, Medical Secretaries and Receptionists support the Doctors in providing patient care. Staff are only allowed to access a patient record if required to directly perform their duties. Staff should never access a patient record unless access is required for them to carry out their duties. Accessing records outside this remit would be deemed a serious breach of confidentiality and information governance and may lead to disciplinary action. All staff are bound by a confidentiality agreement.

4. Registration under the Data Protection Act 1998

The practice maintains an ongoing registration with the Information Commissioner's Office. This can be viewed at www.ico.gov.uk

5. Patient information and confidentiality

Patients have a right to keep their personal health information confidential between themselves and their health care professionals (doctors, nurse etc.) and to know who has access to their records. This applies to everyone, although the law does impose a few exceptions to the rule. Very sensitive, personal information is strictly controlled by the law and anyone who receives information about a patient is under a legal duty to keep it confidential.

Some information held about patients may be shared with other people responsible for their health care, e.g. doctors, nurses, therapists and technicians involved in the treatment or investigation of your medical problems.

The duty of confidentiality owed to a person under the age of 16 is the same as that owed to any other person. However, young people under 16 may not be competent to consent to treatment and it may therefore be necessary to involve their parent or carer in the consenting process.

Providing patient consent has been given, disclosure is justified as long as it will not compromise the confidentiality of another person without that individual's consent. Disclosure to the patient may be withheld if it is thought that it may cause serious harm to the mental or physical health of the person.

There is a requirement to maintain patient confidentiality for deceased people.

Patients' personal health information will be shared with the health care team and can be disclosed to other organisations providing health or social care as part of the management and treatment of medical conditions.

Information will only be disclosed if there is a genuine need. Wherever possible, data is anonymised by the removal of personal details to keep disclosure to a minimum.

Medical information about a patient will not be disclosed over the phone (including test results) unless we are absolutely sure that we are talking to the patient or if we have prior consent to do so.

If as a patient, you feel that it is appropriate/useful for your partner/spouse/relative to be able to share your medical information at all times, we require this to be put in writing.

All staff have a duty to ensure that unintentional improper disclosure of confidential patient information does not occur and this is a contractual requirement for them.

6. Patient access to medical records

Under the Data Protection Act 2018 patients are entitled to access their medical records.

Applications can be made through a subject access request (SAR). It is best practice for the request to be made in writing but this is not mandatory. There is no fee payable. The Practice is obliged to comply with a request for access subject to certain exceptions, within one month of receiving the request. The Practice also has a duty to maintain the confidentiality of patient information and to satisfy itself that the applicant is entitled to have access before releasing information.

For deceased persons, applications are made under sections of the Access to Health Records Act 1990 (these sections were not replaced by the Data Protection Act 1998). The right of access to the health records of deceased individuals is for their personal representative and others having a claim under the estate of the deceased.

The Medical Reports Act 1988 covers the rights of individuals to access medical reports prepared about them for employment or insurance purposes.

The secretarial team deals with all SAR and medical report requests following a strict protocol.

7. Sharing information with patients

As a patient, you have a right to information about your health care, which should be presented in a way that is easy to follow and understand. You have the right to full information about any condition or disease from which you are suffering, including any proposed treatments or onward referrals, in order to allow you to make proper and informed choices about your care. However, we must respect the wishes of any patient who asks us not to give them detailed information.

Patients can be offered an appointment with their GP to discuss their records in order that they can seek explanation of any questions that they may have.

8. Copying letters to patients

Patients have the right to receive copies of letters written about them by our clinicians to another health or social care professional. Patients will not automatically be sent copies of letters, but will be made aware of their right.

Patients may elect to share information with carers, or in the instance of children, their parents. Parents do not have the automatic right to make requests on behalf of their children, (national guidelines apply for confidentiality and consent for young people)

There are some circumstances where it may be impractical, unlawful or undesirable to copy letters, including:

- where the patient does not want a copy
- where the letter contains information about a third party
- where the clinician feels that there is the potential harm to the patient
- where the letter contains abnormal results or significant information that has not been discussed with the patient, in which case alternative arrangements should be made to discuss its contents with the patient
- 'Raw' data such as single test results should not normally be sent directly to the patient, some other means of communicating the results to patients will be necessary.

As a general rule the content of copied letters should reflect the discussion that took place during the patient's consultation with the health professional, there should be no new information in the letter which might surprise or upset the patient.

This procedure only covers letters written by the practice team. Where patients wish to receive copies of letters received by our clinicians from external professionals, the request should be made directly to that professional.

9. Disclosure of children's records

Parents do not have an automatic right of access to their children's medical records. It cannot be presumed that children under the age of 16 lack the capacity to make decisions about their own health. An individual child may demonstrate a level of understanding at a younger age, sufficient in law to be able to make their own decisions.

Although children under the age of 16 have the same rights to confidentiality as any other patient, they may not be competent to give consent to treatment. If a child lacks the capacity to make their own decisions, the doctor or other health team member must provide treatment in the child's best interests, which is usually in agreement with parental wishes.

If the doctor finds himself in conflict with the child's parents then legal advice will be sought.

For requests for access to a child's records, the doctor will assess whether the child is sufficiently mature to understand the implications of allowing or refusing disclosure. If the child is considered competent and mature, disclosure will only be allowed with that child's consent.

10. Patients lacking competence to give consent

Problems occur when it is considered that patients are incapable of giving consent to treatment or disclosure because of immaturity, illness or mental incapacity. In such instances relevant information in their medical interest may be passed on to the appropriate person or authority. Where possible the patient should be informed of any disclosure prior to the information being disclosed.

It should be noted in the patient's records what steps were taken to obtain consent and the reasons for deciding to disclose information.

If patients cannot give or withhold consent when it is believed that they are a victim of neglect or physical, sexual or emotional abuse, it is important that the appropriate person or statutory agency is informed. As long as it is considered to be in the best interests of a child, the person with parental responsibility should be informed.

11. Disclosure after a patient's death

Our obligation to maintain professional confidence extends beyond a patient's death. Information can only be made available in certain circumstances. Where possible information should be anonymised and disclosure should not cause distress to the deceased's partner or family.

Disclosure may be made in order to help determine payment under a life insurance policy; to assist the coroner, or other official in connection with an inquest or fatal accident inquiry; work to help clinical audit, education or research; information included on death certificates and data relating to public health surveillance.

12. Sharing information with the health care team

Medical care is not restricted to the consulting room or given in isolation. Both those who give clinical care and those who provide administrative support have access to personal health information. All those who come into contact with this information must adhere to their duty of confidentiality.

Our doctors, practice nurses, community nurses, midwives and health visitors all have access to the medical records of their patients in order to fulfill their clinical care responsibilities.

Other practice staffs have limited access to a patient's medical records in order to allow them to perform basic administrative duties such as filing and computer updating. By asking for certain information, a patient is giving permission for a member of staff to look in their records for specific clinical data.

13. External agencies

The practice sometimes has / may have inspections carried out by other NHS organisations such as the Clinical Commissioning Group (CCG) or agencies such as the Care Quality Commission (CQC). During these visits it may be necessary to verify certain health related information to check the quality of patient care at the practice and also the quality of our record keeping. On such occasions we will ensure that confidentiality forms are signed by the representative from the organisation and anonymise records that need to be accessed if we do not have patient consent.

14. Summary Care Record (SCR)

The SCR is individual to each patient and contains basic information about allergies, adverse reactions and prescriptions you have recently received.

SCR is a national system and patients are automatically included (beyond the control of the Practice) UNLESS they 'opt out' (please see separate leaflet on this).

The intention is to help the clinicians in A&E and Out of Hours (OOH) to give patients safe, timely and effective treatment. Clinicians will only be allowed to access a patient record if they are authorised to do so and even then only if you give your express permission. Patients will be asked if healthcare staff can look at their SCR every time they need to unless it is an emergency, for instance if the patient is unconscious.

15. Care Data

A separate leaflet is available for Care Data.

Confidential information from patient medical records can be used by the NHS to improve the services offered so we can provide the best possible care for everyone. This information along with details such as postcode and NHS number but **not** name, are sent to a secure system where it can be linked with other health information. This allows those planning NHS services or carrying out medical research to use information from different parts of the NHS in a way that does not identify the patient as an individual.

Patients have a choice. Patients are automatically '**opted in**' but if they are not happy for their information to be used in this way they can elect to '**opt out**'. If a patient has any concerns or wishes to prevent this from happening, please speak to the Contracts Administrator (Jane Bennie) and ask for more information. Alternatively more information can be found at www.nhs.uk/caredata.

16. Referrals to other professionals

When a patient consents to proposed treatment it is considered that they have given consent to the disclosure of personal health information in connection with the safe delivery of this treatment.

In instances of medical emergencies, it may be necessary to disclose relevant information about a patient to ensure they receive appropriate care without first discussing this with the patient.

17. Use of information for education, research, audit & monitoring purposes

We also use patient information we hold to help us protect the health of the public generally; to assist with the planning of NHS services to ensure that they run efficiently and meet patient needs in the future; to prepare statistics on NHS performance and activity; to educate medical staff and to carry out health research for the benefit of everyone. We also use the information to review the care that we provide to make sure that it is of the highest standard and to investigate complaints or legal claims.

We may use patient records for education purposes. Information used should be anonymised to protect patient identity. If it is not possible to anonymise information, then the patient's consent to use identifiable data should be sought before any disclosure is made.

We are involved in research at the practice and this is included in our data Protection registration. If we do not have patient consent to release information then we will only use anonymised data. If you are participating in a research study we will go through the consent process with you.

18. Disclosing information to Health Authorities

We have to inform Health Authorities of patient registration changes, additions (including births) and deletions. We may share limited information with them in order to help organise national health programmes (such as childhood immunisations, cervical smears and breast screening) and to report on certain procedures undertaken for which we are paid to perform.

19. Statutory or judicial disclosure

We are required by law to pass on certain information about patients including the notification of food poisoning, infectious diseases, notification of drug addicts, notifications of births and deaths.

Law Courts can insist that GPs disclose medical records to them. A judge or presiding officer of a court may order the disclosure of information. Doctors may object to the disclosure if the request appears to relate to irrelevant matters.

Solicitors often ask for medical records but such requests must be accompanied by the patient's signed consent for us to disclose information.

Doctors may disclose information in response to an official request from a statutory regulatory body for any of the health care professionals, where that body determines that is it necessary in the interests of justice and for the safety of other patients. Wherever possible, this should first be discussed with the patient.

20. Disclosures in the public interest

In cases where patients withhold consent, personal information may be disclosed in the public interest where the benefits to an individual or to society of the disclosure outweigh the public and the patient's interest in keeping the information confidential.

DVLA

If a patient is known to have continued to drive against medical advice or when unfit to do so, then the doctor should contact the appropriate medical advisor at the DVLA with any relevant medical information. The patient should be informed of the disclosure and the reason for it.

Prevention of Crime

Disclosure may also be appropriate if it will prevent or detect a serious crime that may put someone at risk of death or harm. The patient again should be informed.

21. Disclosure to third parties

Police

Without the patient's consent the police have no automatic access to personal health information unless it is felt that the crime under investigation is serious enough to warrant disclosure. However, under the Road Traffic Act 1988 a doctor may be obliged to provide information in response to enquiries by police which may lead to the identification of the driver involved.

Social Services & Benefit Agencies

Social Services & the Benefits Agency may, with the patient's consent, require medical reports from time to time to ensure the continuation of benefit payments or other support.

Medical Reports

With a patient's consent, life insurance companies, medico-legal solicitors, Benefits Agency, potential employers or CICA (Criminal Inquiries Compensation Authority) often ask for medical records from prospective clients / employees. We will disclose all relevant medical conditions, unless the patient asks us not to. In such instances we will advise the insurance company that we have been instructed not to make a full disclosure.

In all cases we will check whether or not the patient wishes to see the report before it is sent off.

22. GDPR/DPA 2018

The Data Protection Act (DPA) 2018 makes our data protection laws fit for the digital age when an ever increasing amount of data is being processed. It empowers people to take control of their data.

Under the DPA the practice is classed as the data controller. Organisations requesting patient data are defined as the data processor. As the data controller we need to ensure that we are very clear that any release of information can be justified, even if it is anonymised data. There is a separate policy on this.

Privacy notice

A copy of the practice privacy notice is available on the practice website or nhs choices website.