

highgrove surgery

Barking Community Hospital
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personal, friendly and efficient medical care

ADULT NEW PATIENT REGISTRATION FORM

Personal Details

Surname

First Names

Date of Birth

Are you a carer for another person? YES .918G NO

Emergency contact

Name Relation

Phone

Is this person a patient at Highgrove Surgery? YES NO

Ethnic Origin

British White	<input type="checkbox"/> .9i0	Other Mixed	<input type="checkbox"/> .9i6	Other Black	<input type="checkbox"/> .9iD
Irish White	<input type="checkbox"/> .9i1	Indian/British Indian	<input type="checkbox"/> .9i7	Chinese	<input type="checkbox"/> .9iE
Other White	<input type="checkbox"/> .9i2	Pakistani/British Pakistani	<input type="checkbox"/> .9i8	Other Ethnic	<input type="checkbox"/> .9iF
White&Black Caribbean	<input type="checkbox"/> .9i3	Bangladeshi/Br. Bangladeshi	<input type="checkbox"/> .9i9	Not Stated	<input type="checkbox"/> .9iG
White&Black African	<input type="checkbox"/> .9i4	Black/British Black Caribbean	<input type="checkbox"/> .9iB		
White & Asian	<input type="checkbox"/> .9i5	Black/British Black African	<input type="checkbox"/> .9iC		

Medical & Lifestyle Details

Do you smoke? Yes No If yes, do you smoke Cigarettes
Cigars
Pipe

How many per day?

Are you an Ex Smoker? Yes No If yes, which year did you stop?

How often do you have a drink containing alcohol?

Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	Two or four times a month <input type="checkbox"/>	Two to three times per week <input type="checkbox"/>	Four or more times a week <input type="checkbox"/>
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How many drinks containing alcohol do you have a typical day when you are drinking?

1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 to 9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
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How often do you have 6 or more drinks on one occasion?

Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Two to three times per week <input type="checkbox"/>	Four or more times a week <input type="checkbox"/>
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Please list any drugs you are allergic to

DATA SHARING CONSENT / DISSENT

Dear Patient

This letter is trying to explain very important issues around the sharing of the data we record within your medical records. It is important that you read this letter and return the attached Opt in/Opt out form to us as soon as possible.

1. HSCIC data sharing

You will have received a leaflet about the upload and use of patient identifiable data to the Health & Social Care Information Centre (HSCIC) in the post recently. This leaflet explains that from April onwards the HSCIC will extract patient identifiable data from us to match it with hospital care data and use it for commissioning and research and make it also available to private enterprises. We as a practice are being forced to participate in this scheme and cannot withhold information unless you opt out.

IF YOU DO NOT WISH YOUR DATA TO BE UPLOADED, YOU HAVE TO LET US KNOW BY COMPLETING PART 1 OF THE ATTACHED FORM. WE THEN ADD THE FOLLOWING ENTRIES TO YOUR RECORD WHICH WILL PREVENT THE UPLOAD:

'Dissent from disclosure of personal confidential data by HSCIC' and
'Dissent from secondary use of GP patient identifiable data'.

Adding these codes should safeguard your confidentiality fully as we have been advised that HSCIC is not allowed to process data coded in this way.

Unfortunately, the leaflet sent out by HSCIC is very confusing and does only cover record sharing with HSCIC and so called 'secondary use' – which usually means research units and private enterprises.

In our opinion patients should be asked for their explicit consent before sharing of any data.

Pto

There are 2 further areas of record sharing, which require your consent or dissent:

2. GP to Secondary Care (Hospital / walk-in centres etc) record sharing

In order for us to be able to refer you via the choose & book system, we require your consent to share your data with other providers of care. This does not mean that your entire record will be shared, but it will enable us to forward relative parts of your record to a hospital consultant who may be looking after you in future. ONLY MEDICAL/ADMINISTRATION STAFF DIRECTLY INVOLVED IN YOUR CARE WILL HAVE ACCESS TO THIS DATA.

Also, if you are being treated in a unit (another GP, walk-in centre etc) which uses the same clinical software as our practice, you can consent for us to see any letters or consultation notes that are entered there directly within your patient record at our surgery. You will be asked each time you attend another centre if you are happy for your GP to see the data that is entered or not. They are able to code individual consultations as private and not to be shared.

This sharing saves time and can have a positive impact on the level of care we can provide for you.

We therefore would like to ask you for permission to share your data for these purposes (part 2 on the attached consent form).

I would like to reiterate that no personal identifiable data will be sent to HSCIC from your record, even if you agree for us to share information with hospitals and other care units you might attend.

3. Summary Care Record

The Summary Care Record is a different upload of patient identifiable data again. Initially only Medication, Allergies and Adverse Drug Reactions will be uploaded. This critical data can be accessed by an authorised clinicians at the urgent care settings within the NHS across England where you attend, such as:

1. GP Out Of Hours (OOH)
2. Walk-in-centres (WIC)
3. Acute pharmacy
4. A&E
5. Ambulance Services

The viewing clinician / organisation will if possible seek permission from you prior to accessing your Summary Care Record. ("Can I View / Retrieve your SCR").

The Summary Care Record may help in ensuring that patients' receive safer and quality care in the urgent or emergency situation when other sources of information are not available i.e. the GP practice is closed / Patient travelling across England / Patient is unconscious.

Unfortunately, there is no guarantee given that in future more data than just the essentials will be uploaded once a record has been created.

No data is uploaded from our practice to the Summary Care Record at present.

Part 3 of the attached consent form relates to the Summary Care Record.

Further Information:

<http://systems.hscic.gov.uk/scr>

<http://www.hscic.gov.uk/patientconf>

<http://www.pulsetoday.co.uk/your-practice/practice-topics/it/over-40-of-gps-intend-to-opt-themselves-out-of-caredata-scheme/20005648.article>

or search the internet for 'care data', 'Summary Care Record' or 'NHS data sharing'.

We understand that this whole area of data sharing and upload is very confusing to patients and believe that the Department of Health is not doing enough to ensure patients fully understand all issues surrounding consent.

We will be grateful if could complete, date and sign the attached consent form and then return it to us as soon as practically possible.

We are sorry for all the confusion, but this has unfortunately been caused by the HSCIC and the Department of Health.

If you have any further questions, please feel free to contact me directly. You can also e-mail the surgery with any concerns via the 'contact us' link on our website www.highgrovesurgery.co.uk.

Kind regards



Frank Rudolph

Finance & Information Governance

RECORD SHARING CONSENT / DISSENT FORM

1. Record Sharing of patient identifiable data with the Health & Social Care Information Centre and secondary use.

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

2. Record Sharing of patient identifiable data with secondary care or other providers my GP practice refers me to

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

Record Sharing of patient identifiable data from other care settings where I am being treated with my own GP practice

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

3. Record upload to the Summary Care Record

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I have received sufficient information to make an informed choice about the above and confirm that this is my own choice and I have not been forced or persuaded by any person to answer in a specific way.

First Name _____ Surname _____

Date of Birth _____

Signature _____ Date _____