



The Beeches Medical Practice Health Clinic Questionnaire

Please complete this confidential questionnaire.
Please complete in **BLOCK CAPITALS** and black ink.
Please complete a separate form for each family member to be registered.

Too Small?

Sorry, we know the text in this questionnaire is a little small, but we are trying to help the environment by fitting as much into as tiny a space as possible! Please ask reception for a larger print version if you need it.

Full Name (Including Middle Name):		Telephone Number:	
Mr / Mrs / Miss / Ms / Other:		Work Number:	
Address and Postcode:		Mobile Number:	
		E-mail Address:	
		Next of Kin:	
		Next of Kin Contact Number:	
Date of Birth:	NHS Number:	Town & Country of Birth:	
Marital Status:	Gender: M / F / Please Specify	Previous/Mother's Surname, if different:	
Occupation:		Other Residents of your Home:	
Names and Ages of Children:			
If under 16 years old, is the child in the care of:	Local Authority	Adopted	Fostered
Previous Address:		Previous Postcode:	
		Previous Telephone Number:	
Previous Doctor Name and Address:		Previous Doctor Telephone Number:	

Your Height:	Feet/Inches	cm	Your Weight:	Stones/lbs	kg
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Have you ever smoked?	Never smoked	Ex-smoker	Current smoker
If you are an ex-smoker, please answer the following questions:	How many did you smoke per day?	How long were you a smoker?	When did you give up?
If you are a current smoker, please answer the following questions:	How many do you smoke per day?	How long have you been smoking?	Would you like us to help you stop?
			Yes / No

What is your ethnic origin?		
Are you a Military Service Veteran?	Yes	No
Do you need an interpreter or translator?	Yes	No
Can you read English?	Yes	No
Do you need large print?	Yes	No
Do you use lip reading?	Yes	No
Do you use textphone/minicom?	Yes	No
Do you rely on British Sign Language?	Yes	No
I do not read ANY language and someone helped me to fill in this form	Yes	No

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

Do you feel you require communication support based on the above criteria?	Yes	No
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(If your answer is no, please continue to the "Specific Needs" section, if it yes then please answer the following questions)

Do you require a specific information format?	Yes	No
What type of communication support do you use?		
What is you preferred method of communication?		
What is your preferred method of contact?		

SPECIFIC NEEDS

Please detail below any specific needs you have so that the practice can ensure they are identified and accommodated by taking the appropriate action.

Please state any sensory impairment you have:(e.g. speech, hearing, sight)		
Are you an 'Assistance dog' user?		
Do you have any physical disabilities?		
Please state any mental disabilities you have:		
Do you have any learning disabilities?		
Please state any requirements you have to be able to access the practices premises:		
Please state any specific nutritional requirements you have:		
Please state any allergies and sensitivities you have:		
Please state any phobias you have:		
If you are a carer, please state the name/address/telephone number of the person you care for:	Person cared for contact details:	
If you have a carer, please state their name/address/telephone number and sign here if you wish us to disclose information about your health to your carer.	Carer contact details:	
	Signed	Date
"Living will" (A statement stating any medical treatment you would not like to receive in the future)	Yes / No	If 'Yes' can you please bring a written copy of it to your first consultation
Have you nominated somebody to speak on your behalf (e.g. a person who has Power of Attorney?)	Yes / No	If 'Yes', please state their name/address/telephone number

EXERCISE DATA

How much exercise do you take?	Light exercise	Moderate exercise	Heavy exercise
	No exercise	Exercise is not possible	

FAST ALCOHOL SCREENING TEST (FAST)

Please complete our alcohol screening test.

Please circle the appropriate answer against each of the questions below.

Even if you do not drink and have never consumed alcohol, we still need your answers for our records.

This is one unit of alcohol....



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



Pint of Regular Beer/Lager/Cider



Pint of Premium Beer/Lager/Cider



Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer



Can of Super Strength Lager



Glass of Wine (175ml)



Bottle of Wine

On average, how many units of alcohol do you drink per week?

Questions	Scoring system				
	0	1	2	3	4
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

Only answer the following questions if the answer above is numbers 1-4.

How often during the last year have you failed to do what is normally expected from you because of 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
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year

REMAINING ALCOHOL QUESTIONS

Questions	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 - 3 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 - 8	10+
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 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
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year

WELLBEING REVIEW

Over the last two weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
Feeling anxious, nervous, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>		+	+	+
Total score (add your column scores) =				

YOUR MEDICAL BACKGROUND

What illness have you had and when?			
What operations have you had and when?			
Do you have any medical problems at present?			
Please list any tablets, medicines or other treatments you are currently taking including dose and frequency or attach current repeat. prescription			
Are there any medicines/drugs that have disagreed with you or to which you are allergic?			
Are you able to administer your own medicines?	Yes	No - please detail specific issues (e.g. swallowing, opening containers etc.)	

Are there any serious diseases that affect your parents, brothers or sisters: (Tick all that apply)	Diabetes	Heart problems	Heart attack under age of 60	Cancer
	Breast cancer	High blood pressure	Asthma	Stroke
	Thyroid disorder	Any other important family illness?		

What immunisations have you had? (Tick all that apply)	Diphtheria	Meningitis	Tetanus	Polio
	MMR	Whooping cough	Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis)

Patient Signature: _____ **Date:** _____

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

TO BE COMPLETED BY WOMEN ONLY

Pregnancies

Please list details of all pregnancies including miscarriages and terminations

Date	Type of Delivery		Birth Weight		Place

Cervical Smear

Please give details of date, place and result of last smear.

Date	Place	Result

Contraception

Please indicate current methods.

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Family history

Have you any family history of breast cancer, uterine cancer, ovarian cancer or infertility?

If so, please give details.

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Patient signature: _____ **Date:** _____

DECLARATION

Please read and complete as necessary.

Enhanced Data Sharing

The Enhanced Data Sharing Model is a new service that allows Out of Hours, Ambulance and Emergency services as well as GPs and Hospital Consultants access to medical record data.

The data made available on the Enhanced Data Sharing Model is limited, it includes allergy information, medication, diagnosis, tests and treatments. It does not include any information relating to sexual health, abuse or complaints.

Patients are able to Opt Out of the Enhanced Data Sharing Model if they wish.

Patient consent will be required by ANYONE accessing their records (unless they are unconscious).

If you would like to OPT OUT of the Enhanced Data Sharing model then please tick below.

I would like to OPT OUT of the EDSM	Signed	Date

Summary Care Record (SCR)

The Summary Care Record is a National Programme and will enable Healthcare professionals across the country access to the SCR database and patient information.

The SCR will consist of Patient information which will be uploaded from our clinical system on a regular basis. This information will be very limited: Medication, allergies and adverse drug reactions

Patient consent will be required by ANYONE accessing their records (unless they are unconscious).

If you would like to OPT OUT of the SCR please tick below.

I would like to OPT OUT of the SCR	Signed	Date

General Practice Extraction Service (GPES)/CARE.DATA

Patient information is extracted by GPES in order that the practice can submit data on work performed within the practice. This includes items such as: Childhood vaccinations and the Quality & Outcomes scheme. The extracted information is then used to pay the practice for the work it has done, and to provide information that forms the basis of our achievement and performance. This is where the data for League Tables will originate from.

Such information will be anonymised and therefore patients cannot opt out of this extraction.

However, some patient identifiable information may be extracted for the purposes of improving healthcare and informing commissioning decisions. The type of information that will be extracted may include personal confidential data such as referrals, NHS prescriptions, date of birth, postcode, NHS number and gender.

The GP practice is just one area that GPES obtain its information from - they also look at information from other health/social care settings, such as hospitals.

You can opt back into your personal information being extracted as above at any time by informing the practice.

If you would like to prevent any patient identifiable information from leaving the practice, or prevent information from being passed from hospital and other healthcare settings, please tick below.

I wish to OPT OUT of the GP extraction patient identifiable data	Signed	Date

I wish to OPT OUT of information being passed from hospitals/other providers	Signed	Date

ELECTRONIC INFORMATION

We are always looking at ways to improve our communication to patients.

Emails and text messages are currently being used by organisations (including dentists, banks and schools) for appointment reminders and release of general information.

Care will be taken to ensure that no personal information is released using this service and the practice will continue to observe the strictest controls with regard to holding your personal information in line with Data Protection Regulations.

If you have an email address and/or mobile phone, are over 16 and would like to receive emails and SMS messages then please complete the slip below and hand it in at reception.

You may withdraw your consent at any time by notifying reception either verbally or in writing.

I consent to the practice contacting me by electronic communication for the purposes of health advice, appointment confirmation and reminders as indicated by my preferences on this document.

I fully understand that it is my responsibility to provide the practice with any change of email address or mobile phone number.

Surname: _____
Forename(s): _____
Date of birth: _____
Address: _____

Email address: _____
Mobile phone number: _____

Patient signature: _____ **Date:** _____

Disclaimer

If you agree to the practice contacting you via the email address/mobile telephone number provided above, we agree to adhere to the following:

1. The email address/mobile telephone number you have provided will only be used by the practice in relation to the healthcare services offered by the practice. You will not be contacted in relation to any other types of products or services and your information will not be passed onto any other parties.
2. If at any time you would like to opt out of the above service, please make a personal request to the practice and you will be opted out of the service within 48 hours. We would ask that you provide your reason for opting out to help us review and improve our service in the future.

3rd PARTY AUTHORITY TO DISCUSS MEDICAL RECORD WITH A NOMINATED PATIENT REPRESENTATIVE

My details

Full Name:		
Date of Birth:		
Address:		
Telephone Number:		
Patient Signature:		Date:

I, give permission for the Beeches Medical Practice to discuss/share my medical records with the following nominated representative/s:

Full Name:	
Date of Birth:	
Relationship to Patient:	
Address:	
Telephone Number:	
Signature of Representative:	
Full Name:	
Date of Birth:	
Relationship to Patient:	
Address:	
Telephone Number:	
Signature of Representative:	

The following can be discussed/shared with my nominated representative:

Full record	Appointments	Medication only	Results	Consultations	Referrals

Other

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

Full name (including Middle Name):	Date of Birth:
Address and 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"/>
3. Accessing my medical record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice.	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>
3. If I choose to share information with anyone else, this is at my own risk.	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.	<input type="checkbox"/>

Patient Signature: _____ Date: _____

For Practice Use Only

Patient NHS Number:		EMIS Number	
Identify Verified By (Initials)	Date:	Method:	
		Vouching	<input type="checkbox"/>
		Vouching with information in record	<input type="checkbox"/>
		Photo ID and Proof of residence	<input type="checkbox"/>
Authorised By:		Date:	

Date Account Created:	
Date Passphrase Sent	
Level of Record Access Enabled:	Notes/Explanation
Prospective <input type="checkbox"/>	
Retrospective <input type="checkbox"/>	
All <input type="checkbox"/>	
Limited Parts <input type="checkbox"/>	
Contractual Minimum <input type="checkbox"/>	

CHECK LIST WHEN REGISTERING

- Catchment Area** - Please check that you are within our boundary by going to our website www.thebeechesmedicalpractice.co.uk and clicking on the new patient tab, this will take you to a map showing the practice area from which we are able to register.

- Photographic ID** - Please bring photographic ID to show at reception such as :- Passport, Driving Licence (only 16 years of age or over), Birth Certificate.

- Proof of Address** - Please provide proof of address. This must contain both your new address and your name. Suitable documents are:- Council Tax form, Utility bill, Bank statement (only 16 years of age or over).

- GMS1 Form (Family Doctor Services Registration Form)** - Please sign at the base of the form.

- Health Clinic Questionnaire** - Please complete and sign the Health Clinic Questionnaire.

- Declaration** - Please read and complete as necessary the declaration form regarding Enhanced Data Sharing, Summary Care Record (SCR) and General Practice Extraction Service (GPES)/CARE.DATA.

- Electronic Communication** - If you would like to receive electronic communication reminding you of an appointment you have booked, health advice etc., please fill in the electronic communication form.

- 3rd Party Authority form** - If you would like a nominated patient representative to be able to discuss your medical records, please complete the 3rd party authority form.

- Application for Online Access to my Medical Records** - If you would like to have secure access to your online records, please complete and sign the Application for Online Access to my Medical Records form.

- Current Repeat Medication Slip** - you should obtain enough medication from your current GP practice to cover you for 28 days.

- Patient Summary** - Please bring a patient summary from your existing GP practice or arrange for one to be sent over to thebeeches.medicalpractice@nhs.net.

<p>For practice use only</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirm patient is in the catchment area <input type="checkbox"/> Check all sections of health questionnaire is completed <input type="checkbox"/> Check the list above has been completed <p>Name of Verifier:</p>	<p>I.D verified through:-</p> <ul style="list-style-type: none"> Vouching <input type="checkbox"/> Photo I.D. (Driving licence/Passport etc.) <input type="checkbox"/> Proof of residence <input type="checkbox"/> <p>Date:</p>
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ONLINE SERVICES RECORDS ACCESS

Patient information leaflet 'It's your choice'

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.

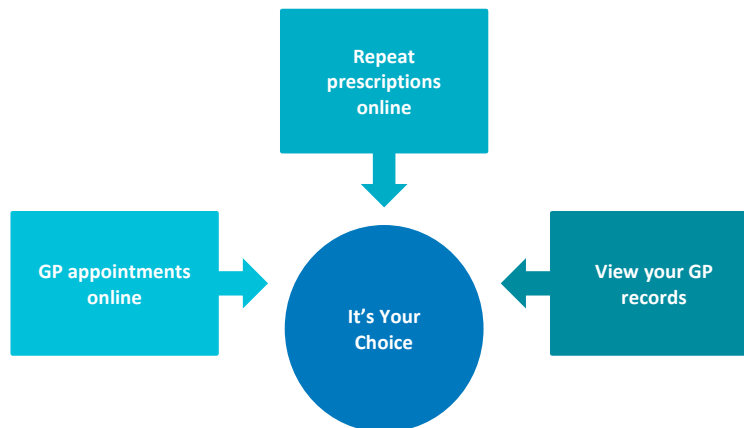
Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat 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.

Please note that we are unable to accept responsibility for any entries, clinical or otherwise, which may have been made in a patient's medical record prior to the patient's registration with The Beeches Medical Practice.

If you wish to apply for online access please complete the following request form and hand it in at Reception. Access to your online record will be given subject to satisfactory confirmation of identity.



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.

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.

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>

PATIENT PRIVACY NOTICE

How we use your personal information

1. Being transparent and providing accessible information to patients about how we will use your personal information is a key element of the GDPR Regulations.
2. The following notice reminds you of your rights in respect of the above legislation and how your GP Practice will use your information for lawful purposes in order to deliver your care and the effective management of the local NHS system.
3. This notice reflects how we use information for:
 - The management of patient records;
 - Communication concerning your clinical, social and supported care;
 - Ensuring the quality of your care and the best clinical outcomes are achieved through clinical audit and retrospective review;
 - Participation in health and social care research; and
 - The management and clinical planning of services to ensure that appropriate care is in place.

Data Controller

4. As your registered GP practice, we are the data controller for any personal data that we hold about you.

What information do we collect and use?

5. We are committed to protecting your privacy and will only use information collected lawfully in accordance with: -
 - The General Data Protection Regulations Legislation (GDPR)
 - Human Rights Act 1998
 - Common Law Duty of Confidentiality
 - Health and Social Care Act 2012
 - NHS Codes of Confidentiality and Information Security
6. Personal data must be processed fairly and lawfully, whether is it received directly from you or from a third party in relation to your care. 'Personal data' means any information relating to an identifiable person who can be directly or indirectly identified from the data. This includes, but is not limited to name, date of birth, full postcode, address, next of kin and NHS Number; and 'Special category / sensitive personal data' includes such as medical history including details of appointments and contact with you, medication, emergency appointments and admissions, clinical notes, treatments, results of investigations, supportive care arrangements, social care status, race, ethnic origin, genetics and sexual orientation.
7. We will collect the following types of information from you or about you from a third party (provider organisation) engaged in the delivery of your care:
 - Details about you, such as your address, legal representative, emergency contact details
 - Any contact the surgery has had with you, such as appointments, clinic visits, emergency appointments, etc.
 - Notes and reports about your health
 - Details about your treatment and care
 - Results of investigations such as laboratory tests, x-rays etc.
 - Relevant information from other health professionals, relatives or those who care for you
 - Your records will be retained in accordance with the NHS Code of Practice for Records Management

8. Your healthcare records contain information about your health and any treatment or care you have received previously (e.g. from an acute hospital, GP surgery, community care provider, mental health care provider, walk-in centre, social services). These records may be electronic, a paper record or a mixture of both. We use a combination of technologies and working practices to ensure that we keep your information secure and confidential.

Why do we collect this information?

9. The NHS Act 2006 and the Health and Social Care Act 2012 invests statutory functions on GP Practices to promote and provide the health service in England, improve quality of services, reduce inequalities, conduct research, review performance of services and deliver education and training. To do this we will need to process your information in accordance with current data protection legislation to:

- Protect your vital interests;
- Pursue our legitimate interests as a provider of medical care, particularly where the individual is a child or a vulnerable adult;
- Perform tasks in the public's interest;
- Deliver preventative medicine, medical diagnosis, medical research; and
- Manage the health and social care system and services.

How do we use this information?

10. To ensure that you receive the best possible care, your records will be used to facilitate the care you receive. Information held about you may be used to protect the health of the public and to help us manage the NHS. Information may also be used for clinical audit to monitor the quality of the service provided. In addition, your information will be used to identify whether you are at risk of a future unplanned hospital admission and/or require support to effectively manage a long term condition.

How is the information collected?

11. Your information will be collected either electronically using secure NHS Mail or a secure electronic transferred over an NHS encrypted network connection. In addition physical information will be sent to your practice. This information will be retained within your GP's electronic patient record or within your physical medical records.

Who will we share your information with?

12. In order to deliver and coordinate your health and social care, we may share information with the following organisations:

- NHS Trusts / Foundation Trusts
- GP's
- NHS Commissioning Support Units
- Independent Contractors such as dentists, opticians, pharmacists
- Private Sector Providers
- Voluntary Sector Providers
- Ambulance Trusts
- Clinical Commissioning Groups
- Social Care Services
- NHS Digital
- Local Authorities
- Education Services
- Fire and Rescue Services
- Police & Judicial Services
- Other 'data processors' which you will be informed of.

13. Your information will only be shared if it is appropriate for the provision of your care or required to satisfy our statutory function and legal obligations.

14. Your information will not be transferred outside of the European Union.

Who do we receive information from?

15. Whilst we might share your information with the above organisations, we may also receive information from them to ensure that your medical records are kept up to date and so that your GP can provide the appropriate care.

16. In addition we received data from NHS Digital (as directed by the Department of Health) such as the uptake of flu vaccinations and disease prevalence in order to assist us to improve "out of hospital care".

How do we maintain the confidentiality of your records?

17. We are committed to protecting your privacy and will only use information that has been collected lawfully. Every member of staff who works for an NHS organisation has a legal obligation to keep information about you confidential. We maintain our duty of confidentiality by conducting annual training and awareness, ensuring access to personal data is limited to the appropriate staff and information is only shared with organisations and individuals that have a legitimate and legal basis for access.

18. Information is not held for longer than is necessary. We will hold your information in accordance with the Records Management Code of Practice for Health and Social Care 2016.

Do I need to give my consent?

19. The GDPR sets a high standard for consent. Consent means offering people genuine choice and control over how their data is used. When consent is used properly, it helps you build trust and enhance your reputation.

20. However, consent is only one potential lawful basis for processing information. Therefore, your GP practice may not need to seek your explicit consent for every instance of processing and sharing your information, on the condition that the processing is carried out in accordance with this notice. Your GP Practice will contact you if they are required to share your information for any other purpose which is not mentioned within this notice. Your consent will be documented within your electronic patient record.

What will happen if I withhold my consent or raise an objection?

21. You have the right to write to withdraw your consent to any time for any particular instance of processing, provided consent is the legal basis for the processing. Please contact your GP Practice for further information and to raise your objection.

Health Risk Screening / Risk Stratification

22. Health Risk Screening or Risk Stratification is a process that helps your GP to determine whether you are at risk of an unplanned admission or deterioration in health. By using selected information such as age, gender, NHS number, diagnosis, existing long term condition(s), medication history, patterns of hospital attendances, admissions and periods of access to community care your GP will be able to judge if you are likely to need more support and care from time to time, or if the right services are in place to support the local population's needs.

23. To summarise Risk Stratification is used in the NHS to:
- Help decide if a patient is at a greater risk of suffering from a particular condition;
 - Prevent an emergency admission;
 - Identify if a patient needs medical help to prevent a health condition from getting worse; and/or
 - Review and amend provision of current health and social care services.
24. Your GP may use computer based algorithms or calculations to identify their registered patients who are at most risk, with support from the local Commissioning Support Unit and/or a third party accredited Risk Stratification provider.
25. Your GP will routinely conduct the risk stratification process outside of your GP appointment. This process is conducted electronically and without human intervention. The resulting report is then reviewed by a multidisciplinary team of staff within the Practice. This may result in contact being made with you if alterations to the provision of your care are identified.
26. A Section 251 Agreement is where the Secretary of State for Health and Social Care has granted permission for personal data to be used for the purposes of risk stratification, in acknowledgement that it would overburden the NHS to conduct manual reviews of all patient registers held by individual providers. You have the right to object to your information being used in this way. However, you should be aware that your objection may have a negative impact on the timely and proactive provision of your direct care. Please contact the Practice Manager to discuss how disclosure of your personal data can be limited.
27. The National Data opt-out service is available from May 25th 2018. Patients can decide if they want to share their personally identifiable data to be used for planning and research purposes. Please see information in the Practice for more details or refer to www.digital.nhs.uk.

Sharing of Electronic Patient Records within the NHS

28. Electronic patient records are kept in most places where you receive healthcare. Our local electronic systems EMIS enables your record to be shared with organisations involved in your direct care, such as:
- GP practices
 - Community services such as district nurses, rehabilitation services, telehealth and out of hospital services.
 - Child health services that undertake routine treatment or health screening
 - Urgent care organisations, minor injury units or out of hours services
 - Community hospitals
 - Palliative care hospitals
 - Care Homes
 - Mental Health Trusts
 - Hospitals
 - Social Care organisations
 - Pharmacies
29. In addition, NHS England have implemented the Summary Care Record which contains information about medication you are taking, allergies you suffer from and any bad reactions to medication that you have had in the past.
30. Your electronic health record contains lots of information about you. In most cases, particularly for patients with complex conditions and care arrangements, the shared record plays a vital role in delivering the best care and a coordinated response, taking into account all aspects of a person's physical and mental health. Many patients are understandably not able to provide a full account of their care, or may not be in a position to do so. The shared record means patients do not have to repeat their medical history at every care setting.

31. Your record will be automatically setup to be shared with the organisations listed above, however you have the right to ask your GP to disable this function or restrict access to specific elements of your record. This will mean that the information recorded by your GP will not be visible at any other care setting.

32. You can also reinstate your consent at any time by giving your permission to override your previous dissent.

Invoice Validation

33. If you have received treatment within the NHS, the local Commissioning Support Unit (CSU) may require access to your personal information to determine which Clinical Commissioning Group is responsible for payment for the treatment or procedures you have received. Information such as your name, address, date of treatment and associated treatment code may be passed onto the CSU to enable them to process the bill. These details are held in a secure environment and kept confidential. This information is only used to validate invoices in accordance with the current Section 251 Agreement, and will not be shared for any further commissioning purposes.

Change of Details

34. It is important that you tell the person treating you if any of your details such as your name or address have changed or if any of your details such as date of birth is incorrect in order for this to be amended. You have a responsibility to inform us of any changes so our records are accurate and up to date for you.

Your Right of Access to Your Records

35. The General Data Protection Regulations allows you to find out what information is held about you including information held within your medical records, either in electronic or physical format. This is known as the "right of subject access". If you would like to have access to all or part of your records, you can make a request in writing to the organisation that you believe holds your information. This can be your GP, or a provider that is or has delivered your treatment and care. You should however be aware that some details within your health records may be exempt from disclosure, however this will in the interests of your wellbeing or to protect the identity of a third party. If you would like access to your GP record please submit your request in writing to:

The Practice Manager
The Beeches Medical Practice
1 Beeches Road
Bayston Hill
Shrewsbury
SY3 0PF

Complaints

36. In the event that you feel your GP Practice has not complied with the current data protection legislation, either in responding to your request or in our general processing of your personal information, you should raise your concerns in the first instance in writing to the Practice Manager at the address above.

37. If you remain dissatisfied with our response you can contact the Information Commissioner's Office at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF - Enquiry Line: 01625 545700 or online at www.ico.gov.uk.

HOW WE USE YOUR MEDICAL RECORDS

Important information for patients

- This practice handles medical records in-line with laws on data protection and confidentiality.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we will also share medical records for medical research, for example to find out more about why people get ill.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- You have the right to be given a copy of your medical record.
- You have the right to object to your medical records being shared with those who provide you with care.
- You have the right to object to your information being used for medical research and to plan health services.
- You have the right to have any mistakes corrected and to complain to the Information Commissioner's Office. Please see the practice privacy notice on the website or speak to a member of staff for more information about your rights.
- For more information ask at reception for a leaflet OR visit our website www.thebeechesmedicalpractice.co.uk