

**WELCOME TO LITCHDON MEDICAL CENTRE – FOR CHILDREN 0 - 16YRS**

*Please complete this New Patient Questionnaire for our records*



**For children – To be completed by parent/carer or Child over 11 years**

First Names:	Surname:	Any previous surname:	DOB:
Home Address: ..... ..... ..... ..... Postcode: .....		Parent/ Guardian Contact Details	
		Home Tel:	
		Mobile Tel:	
		Email Address:	
		Please sign:	
<p><b>Please tick the box confirming that you are happy for the surgery to send you text message reminders regarding appointments, services, and feedback on the service.</b></p>			<input type="checkbox"/>

Parental Responsibility

Information **cannot** be shared with parents/carers following the child turning 11 years old without further consent being received.

Who has parental responsibility?				
Please tick to indicate	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Joint <input type="checkbox"/>	Guardian <input type="checkbox"/>

Next of kin

Name:	Tel number:
Address: ..... ..... ..... ..... ..... Postcode: .....	Details of relationship: (i.e., Mother, Father, Guardian)  .....  Sign:  .....

Please answer the following questions in relation to your child's health.	Yes/No	Comments: (If yes please comment)
Does your child have any ongoing chronic disease (ie. Asthma/Diabetic)		
Is your child taking any medication at present? Please list and specify preferred pharmacy.		
Does your child care for someone (ie. Parent/grandparent)		
Does your child have any allergies?		
Is your child fully up to date with vaccinations?		
Has your child had any serious illness or operations?		
Does your child have a social worker? If so, please provide their name if possible.		

If your child takes any regular medication, we advise patients to register at the surgery with at least a 4 week supply of medication. If you do not have this, please contact the surgery you are currently registered at and they will be able to send your medication to a local pharmacy electronically to cover you until your electronic medical records arrive at the surgery.

Additional questions:		Please comment:	
What is your child's first language?			
Does your child have any communication needs? (ie. Partially sighted and wears glasses, Mild hearing loss, wears hearing aids, registered deaf)			
Does your child require a language interpreter or uses sign language?			
Do you know your child's height and weight?		Height:  Weight:	
Please state any serious illness, in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease and which family member it relates to:			
Please state your child's ethnicity:			
White	British	Irish	
Black	Caribbean	African	
Asian	Indian	Pakistani	
Mixed	Other (please state):		

### **Online registrations service information**

**Proxy Access:** Parents may request proxy access to their children's records, to book appointments and request prescriptions. The summary and coded record will cease when the child reaches the age of 11. (Appointment booking & prescription requests can continue). All proxy access is removed automatically when the child reaches the age of 16. Any subsequent proxy access will need to be authorised by the patient. A competent patient can choose and consent to relatives/carers having access to book appointments and request prescriptions. (Proxy form MUST be completed)

If you wish to use this service please enquire at the reception when returning these forms.

<p><b>Has your child had any of the following immunisations? (Please circle answer)</b></p>	
<p><b>8 Week-</b> Diphtheria, Tetanus, Pertussis (whooping cough) Polio &amp; Haemophilus influenza type b (HIB), Pneumococcal disease, Rotavirus &amp; Meningococcal group B disease (MenB)</p>	<p><b>Yes/No</b></p>
<p><b>12 Week-</b> Diphtheria, Tetanus, Pertussis (whooping cough) Polio &amp; Haemophilus influenza type b (HIB), &amp; Meningococcal group C (MenC), Rotavirus.</p>	<p><b>Yes/No</b></p>
<p><b>16 Week-</b> Diphtheria, Tetanus, Pertussis (whooping cough) Polio, Pneumococcal disease &amp; Meningococcal group B disease (MenB).</p>	<p><b>Yes/No</b></p>
<p><b>52-59 Week-</b> Haemophilus influenza type b (HIB), Meningococcal group C (MenC), Pneumococcal disease, Measles, mumps &amp; Rubella (German Measles), Meningococcal group B disease (MenB).</p>	<p><b>Yes/No</b></p>
<p><b>Two, three &amp; four years old &amp; children in school years 1 &amp; 2-</b> Influenza</p>	<p><b>Yes/No</b></p>
<p><b>Three years four months old or soon after-</b> Diphtheria, Tetanus, Pertussis (whooping cough) Polio, Measles, Mumps &amp; Rubella.</p>	<p><b>Yes/No</b></p>

## **SHARING YOUR NHS PATIENT DATA**

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

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

**We will still require patient consent to allow the data to be shared** (unless there are circumstances where a patient does not have capacity to consent, and clinicians will act in the patient's best interests).

## **Summary Care Record (aka SCR)**

If you are registered with a GP practice in England your SCR is created automatically, unless you have opted out. Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system who are involved in your care (for example Hospitals, Out of Hours services and Ambulance paramedics).

Access to SCR information means that care in other settings is safer, reducing the risk of prescribing errors. It also helps avoid delays to urgent care.

At a minimum, the SCR holds important information about your

- current medication
- allergies and details of any previous bad reactions to medicines
- your name, address, date of birth and NHS number

**You can, however**, also choose to include **additional information** in the SCR, such as details of long-term conditions, significant medical history, or specific communications needs. This type of Summary Care Record is known as the **Additional Summary Care Record**. (this is recommended)

## **LOCAL SHARED CARE RECORD (Requires patient consent to opt in)**

This is a Devon wide service initiative and includes: - Out of hours health services, hospital wards and A&E within Devon, Community Health services- such as District Nurses, Podiatrists, Occupational Therapists and SWAST (South West Ambulance Service Trust). It includes data such as recent diagnosis, test results, allergies, medications, current or past (and significant) illnesses, encounters and referrals.

Access will only be granted to health care professionals on a need to know basis with your consent.

## **Additional Summary Care Record (requires patient consent to opt in)**

Benefits of using additional information in Summary Care Record

If you consent to the inclusion of **additional information** in your SCR, this will mean that more information will be available to health and care staff viewing the SCR. It will then be automatically updated when your GP record is updated. This is an effective way to:

- improve the flow of information across the health and care system
- increase safety and efficiency
- improve care
- respond to particular challenges such as winter pressures

It's particularly beneficial for patients who:

- have complex or long term conditions.
- suffer from frailty
- are eligible for flu vaccinations
- have dementia or learning disabilities
- have physical, sensory, or other disabilities, who can benefit from recording any specific needs, for example communication needs, so that health and care staff can make reasonable adjustments
- are non-English speakers
- patients with carers whose details they want to share or who have appointed someone to have Health and Welfare Lasting Power of Attorney
- patients with specific care preferences

## **ENHANCED DATA SHARING MODEL (aka EDSM) (Requires patient consent to opt in)**

The database and software used by our practice to store your GP health record is called "SystemOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hours services, children's services, community services and some hospitals. Most GP Practices in the North Devon locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the "SystemOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystemOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in"

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

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

## **RESEARCH AND PLANNING**

**Research and planning** - Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. **You can choose whether your confidential patient information is used for research and planning.**

To find out more visit: [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) and Your Data Matters campaign at [ico.org](http://ico.org)

## **SHARING YOUR NHS PATIENT DATA**

Please complete and tick the boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing.

It is very important you sign this form to say that you understand and accept the risks to your personal health care, if you do decide to opt out of SCR or EDSM.

Hand the completed form in to your GP surgery: they will scan this form into your NHS GP medical records and enter the appropriate computer codes.

When we refer you to another health professional for care, we need to give them your medical history, so they are aware of your health & any medication you are taking.

If for any reason you do not want us to share your medical history, please inform the doctor at the time of referral.

Patient full NAME	
Patient DATE OF BIRTH	

### **1. SCR NHS SUMMARY CARE RECORD**

Please tick **only one box**

- YES** Express consent for medication, allergies and adverse reactions only (XaXbY)
- YES** Express consent for medication, allergies and adverse reactions and additional information (**recommended**) (XaXbZ)
- NO** Express dissent – patient does not want a Summary Care Record and fully understands the risks involved in this decision. (XaXj6)

### **2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”.**

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

- YES** Share data with other NHS organisations (**recommended**)
- NO** Do Not share any data recorded by my GP practice; I full accept the risks associated with this decision.

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

- Consent given (**recommended**)
- Consent refused; I full accept the risks associated with this decision.

### **3. Local Shared Care Record**

- YES** I consent to a local Shared Care Record (XaKRv)
- NO** I dissent to a local shared care record (XaKRw)

Patient/ parent/ guardian signature:	Date
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*If you have any queries or questions please contact the surgery on **01271 323443***

*Or*

*Email the surgery [D-CCG.AdminLitchdon@nhs.net](mailto:D-CCG.AdminLitchdon@nhs.net)*

**Thank you for completing this questionnaire**