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| FMClogo | **Fremington Medical Centre**  **11/13 Beards Road**  **Fremington**  **Barnstaple**  **EX31 2PG**  **Tel: 01271 376655**  **Email: d-icb.fremington@nhs.net**  **www.fremingtonmedicalcentre.co.uk** |
| **New Patient Registration Pack**  **(Over 16 Years)** | |
| In this pack you will find the following:   * GMS1 Registration Form * GP Online Services Application Form * Important GP Online Services Information * New Patient Questionnaire * Fremington Medical Centre Privacy Notice * Population Health Management Privacy Notice * Data Sharing Preference Form * Pharmacy Nomination & Repeat Prescriptions Form * Patient Participation Group Registration Form   To register, please complete all the necessary forms in **BLOCK CAPITALS** and read through all the information contained within this pack carefully and retain for your records.  Once completed, please return all the application forms to reception along with some photographic ID (preferably a passport or driving licence), where a receptionist will then photocopy this and give it back to you. Please note that we will not be able to process the registration for you on the spot and it will take a few days for it to be finalised. If an urgent appointment is required with a clinician, please let the receptionist know and we will do our best to get you registered as soon as possible.  **Note:** If you would like to be recorded on our system as gender neutral, please select the "Mx" tick box in the title section on the GMS1 registration form.  **\*\* It is a requirement that a handwritten signature is provided for registration \*\*** | |

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|  | | | | | | | **Fremington Medical Centre**  **Registration Form** | | | | | | | | | | | | | | | |  | | | | | | | | **GMS1** |
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| **PART 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | Mr  Mrs Miss  Ms  Mx | | | | | | | | | | | | | | | | **First Name(s):** | | | | | | | | |  | | | | | |
| **Date of Birth:** |  | | | | | | | | | | | | | | | | **Surname:** | | | | | | | | |  | | | | | |
| **NHS Number:** |  |  |  | |  | | |  |  | |  |  |  |  | | | **Previous Surname(s):** | | | | | | | | |  | | | | | |
| **Gender:** | Male  Female | | | | | | | | | | | | | | | | **Preferred Name:** | | | | | | | | |  | | | | | |
| **Marital Status:** |  | | | | | | | | | | | | | | | | **Town & Country of Birth:** | | | | | | | | |  | | | | | |
| **Home Address:**  (Including Post Code) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Telephone:** |  | | | | | | | | | | | | | | | | | | |  | | | | Please tick **one** box to indicate your preferred contact number | | | | | | | |
| **Mobile Telephone:** |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| **Email Address:** |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Is the patient being registered as housebound?** (To be completed by nursing / residential homes only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please help us trace your previous medical records by providing the following information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Address in UK:**  (Including Post Code) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Previous Surgery:** | |  | | | | | | | | | | | | | | | | **Name of Previous GP:** | | | | | | | | | | |  | | |
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| **PART 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you a previous UK resident returning from living abroad or have you just moved to the UK for the first time?**  *If yes, please enter your previous UK address in* ***PART 2*** | | | | | | | | | | | | | | | | **Date you left the UK:** | | | | | | | | | | | | **Date you entered the UK:** | | | |
| Yes No | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
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| **Have you ever been in the armed forces?** | | | | | | | | | | **Date you joined the forces:** | | | | | | | | | | | | | | | **Date you left the forces:** | | | | | | |
| Yes No | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |
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| **PART 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of patient:** | | | |  | | | | | | | | | | | | | | |  | | | **Date:** | | | | |  | | | | |
| **Signature on behalf of patient:** | | | |  | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |
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| **FOR PRACTICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Doctor’s Name / Pooled List** | | | | | | | | | | | | | | | **HA Code** | | | | | | | | | | | | | | | | |
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| **Verified By (Initials):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Date:**  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | | | | | | | | | | | | | | **Practice Stamp:** | | | | | | | | | | |

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|  | | **Fremington Medical Centre**  **Registration Form** | | | | | |  | | | **GMS1** | |
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| **PART 5** | | | | | | | | | | | | |
| |  | | --- | | **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:** | | | |  | | | |
| **Print Name:** |  | | | | **Relationship to patient:** | | | |  | | | |
| **On Behalf Of:** |  | | | |
|  | | | | | | | | | | | | |
| **PART 6** | | | | | | | | | | | | |
| **Complete this section if you live in another EEA country, 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 non-UK EHIC or PRC:** | | | Yes No | | | | **If yes, please enter details from your EHIC or PRC below:** | | | | | |
| If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital. | | | **Country Code:** | | | |  | | | | | |
| **3: Name:** | | | |  | | | | | |
| **4: Given Names:** | | | |  | | | | | |
| **5: Date of Birth:** | | | |  | | | | | |
| **6: Personal Identification Number:** | | | |  | | | | | |
| **7: Identification number of the institution:** | | | |  | | | | | |
| **8: Identification number of the card:** | | | |  | | | | | |
| **9: Expiry Date:** | | | |  | | | | | |
| **PRC validity period (a) From:** | | | **DD** | **MM** | | **YYYY** | **(b) To:** | | **DD** | **MM** | | **YYYY** |
| Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff. | | | | | | | | | | | | |
| **How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.  Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS cost from your home country. | | | | | | | | | | | | |

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| FMClogo | | | | **Fremington Medical Centre**  **11/13 Beards Road**  **Fremington**  **Barnstaple**  **EX31 2PG**  **Telephone: 01271 376655**  **Email: d-icb.fremington@nhs.net**  **www.fremingtonmedicalcentre.co.uk** | | | | | | | | | |
| **GP Online Services Application Form (Over 16s)**  **Please read the GP online services information before completing this form!** | | | | | | | | | | | | | |
| **Full Name:** | |  | | | | | **Date of Birth:** | | | | |  | |
| **Address:** | |  | | | | |  | | | | | | |
| **Post Code:** | | | | |  | |
| **Home Telephone:** | |  | | | |  | Please tick **one** box to indicate your preferred contact number | | | | | | |
| **Mobile Telephone:** | |  | | | |  |
| **Email Address:** | |  | | | | |
|  | | | | | | | | | | | | | |
| **I wish to have access to the following online services (please tick all that apply):** | | | | | | | | | | | | | |
| ● | Booking appointments | | | | | | | | | | | |  |
| ● | Requesting repeat prescriptions | | | | | | | | | | | |  |
| ● | Accessing my medical record - Summary Record Access | | | | | | | | | | | |  |
| ● | Accessing my medical record - Full Record Access | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| **I wish to access my medical record online and agree with each statement (tick):** | | | | | | | | | | | | | |
| ● | I will be responsible for the security of the information that I see or download | | | | | | | | | | | |  |
| ● | If I choose to share my information with anyone else, this is at my own risk | | | | | | | | | | | |  |
| ● | If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | | | | | | | | | | | |  |
| ● | If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | | | | | | | | | | |  |
| ● | If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| **Signature of patient:** | | |  | | | | |  | **Date:** | |  | | |
| **Signature on behalf of patient:** | | |
|  | | | | | | | | | |  | | | |
| **FOR PRACTICE USE ONLY** | | | | | | | | | | | | | |
| Patient’s NHS Number: | | | | | ID Verified By (Initials): | | | | | | | | |
| Date: | | | | | Method:  Vouching  Vouching with information in record  Photo ID and/or proof of residence | | | | | | | | |
| Access Granted:  Appointment booking  Repeat prescription ordering  Summary record access  Full record access | | | | | Comments: | | | | | | | | |
| Authorised By: | | | | | Access Declined (Reason): | | | | | | | | |

**IMPORTANT INFORMATION**

**Please read the following before filling out the online services registration form**

**Getting Started**

With GP online services you no longer need to wait on the phone to speak to your GP surgery. Just like online banking, you can look at your GP records on a computer, a tablet or a smartphone, using a website or app.

You can choose to:

* Book and cancel appointments with your doctor or nurse online when it suits you (your surgery will choose which appointments can be booked online).
* Order repeat prescriptions online. You don’t need to make a journey to the practice or wait on the phone, you can see which repeat prescriptions need to be ordered and only order the ones that you need.
* Look at your GP records online. You can you look at your records whenever you want, from the comfort of your home and find answers to questions you may have without ringing the doctor. This includes blood test results, your medications, allergies, illnesses and immunisations.
* Update your personal details – including telephone numbers and email addresses to make sure that you receive reminders and information.

**GP online services are FREE to use and are just another way of contacting your surgery.**

**How To Register**

Fremington Medical Centre uses SystmOnline for its GP online services. It is not hard to start using SystmOnline. The surgery will need to check who you are to make sure you only see your record and not someone else’s. Just like your bank or the post office when you pick up a parcel, the practice wants to protect your records from people who are not allowed to see them.

* Complete the online services registration form, tick and sign to confirm you agree with the information on the form.
* The surgery will then check you are who you say you are, so you will need to supply some Photo ID and proof of address, for example a passport or driving licence and a bank statement or council tax statement.
* If you do not have any ID but are well known to the practice, a member of staff may be able to confirm your identity.
* If you do not have any ID and are not well known to the surgery, they may ask you questions about the information in your record to confirm the record is really yours.
* The practice will then either email or post out a letter to you with your unique username and password. It will also tell you about the website where you can log in and start using SystmOnline. You will need to change your unique allocated password the first time you login into SystmOnline and change it to one you will remember.
* The practice is not able to provide online access to records for children under the age of 16, however parents or guardians of children under 16 can have parental access to their GP Online Services until the child is 16. This only includes booking appointments or requesting repeat medication on their behalf. You will need to fill out a separate under 16s proxy online access application form as well as provide a birth certificate for proof of ID. This is available from reception upon request.

When you ask the surgery to register you for online services, they might discuss with you why you want to use these services, for example, if they think your record may be seen by someone who shouldn’t see it, they might decide to give you access to book appointments or order your repeat prescriptions only. If the practice doesn’t think it is in your best interest to use GP online services, they will discuss their reasons with you.

**Things To Remember**

* The surgery has a responsibility to look after your GP records. You must also take care online and make sure that your personal information is not seen by anyone who should not see it.
* SystmOnline has been developed and tested using standards set out by a government body, NHS Connecting for Health. All personal information used by SystmOnline is secure and protected.
* Please allow one hour after the registration has been made before you log on.
* You can access the service at any time of the day or night from anywhere in the UK. However, if you are travelling overseas, you will not be able to access the service from outside the UK.
* No one should force you to share your username, password or GP records. You have the right to say no. If someone asks to see your records and you don’t want them to, tell the practice as soon as you can.
* You can choose to let another person see your medical records, for example members of your family or carer. To do this safely, speak to the practice.
* You can choose to stop using online services at any time by telling the surgery.
* If you change surgeries, you will need to register again for online services at your new surgery.
* If you lose or forget your login details, please contact the surgery to find out how to reset your account.

**Keeping Your Username & Password Safe**

When you register to use GP online services, the surgery will give you a username and password, which you will use to login. You should not share your login details with others.

To protect your information from other people:

* You should keep your password secret and it is best not to write it down. If you must write it down, keep a reminder of the password, not the password itself. This should be kept in a secure place.
* You should not share your username or password. If you think someone has seen your password, you should change it as soon as possible. You may want to call the surgery if you are not able to change it right away, for example when you do not have access to the internet.

**Incorrect Information In Your Records**

On rare occasions, information in your GP records might be incorrect.

If you find any incorrect information, you should let the practice know as soon as possible.

If you see information about anyone else in your records, log out immediately and let the surgery know as soon as possible.

**Using A Shared Computer**

You need to take extra care when using a shared computer to look at your GP records online. This could be at the library, at work, at university or at home. To protect your personal information from others when using a shared computer, you should:

* Look around to see if other people can see what is on your computer screen. Remember, your GP records contain your personal information.
* Keep your username and password secret. Just like your bank account PIN, you would not want others to know how to get into your GP records.
* Make sure you log out when you finish looking at your records, so that no one else can see your personal information or change your password without your knowledge.

**Remember!**

Your GP records are important and you should keep them safe and secure, just like your bank account details.

No one should force you to share your GP records. You have the right to say no. If this happens, tell your surgery as soon as you can.

Take care when using a shared computer. Keep your login details in a safe place and remember to log out.

For more information on how you can protect your GP records, go to:

<https://www.nhs.uk/nhsengland/thenhs/records/healthrecords/documents/patientguidancebooklet.pdf>

**GP Online Services App**

If you would like to access your SystmOnline account from your smartphone or tablet, you can download the Android app from Google Play or the Apple app from the app store.

The NHS App also links in with your SystmOnline account. You can also download the NHS App for Android from Google Play or for an Apple device from the app store.

**Please note that it may take a few weeks for your request to be processed and a username and password sent out to you.**

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| **Fremington Medical Centre**  **New Patient Questionnaire** | | | | | | | | | |
| **Full Name:** |  | | | | |  | **Date of Birth:** | |  |
|  | | | | | | | | | |
| **Are you a carer?** | | | | Yes No | **If yes, what is your relationship to the person you care for:** | | | | |
|  | | | | |
| **Do you have a carer?** | | | | Yes No | **If yes, please state their name and contact details:** | | | | |
|  | | | | |
| **Do you have a**  **‘Living Will’?** | | | | Yes No | **If yes, please provide us with a written copy so**  **that we can add it onto your medical record.** | | | | |
| **Would you like to nominate someone to speak on your behalf?** | | | | Yes No | **If yes, please complete a proxy access form which**  **are available on our website or from reception.** | | | | |
| **Do you have a social worker or have had support from a social worker in the last 12 months?** | | | | Yes No | **If yes, please state their name and contact details:** | | | | |
|  | | | | |
| **Are you a military veteran?** | | | | Yes No | **If yes, please ensure you have provided us with your enlistment dates on the GMS1 registration form.** | | | | |
| **Do you receive support from any other professional agency e.g. probation services, mental health teams, domestic abuse services or social services?** | | | | Yes No | **If yes, please provide details:** | | | | |
|  | | | | |
| **Have you accessed support from any other professional agency in the last 3 months?** | | | | Yes No | **If yes, please provide details:** | | | | |
|  | | | | |
| **Do you require support to access the service specified above following a relocation?** | | | | Yes No |  | | | | |
|  | | | | | | | | | |
| **What is your height and weight?**  (Within the last 3 months) | | | | **Height (cm):** | | | | **Weight (kg):** | |
|  | | | |  | |
|  | | | | | | | | | |
| **How much exercise do you get?**  (Please tick **one** of the following) | | | | I exercise regularly  I get a little exercise | | | | I get no exercise  I am unable to exercise | |
|  | | | | | | | | | |
| **Do you smoke?** | | Yes No | **If yes, please specify if you are a cigarette, cigar, pipe or e-cigarette smoker:** | | | | | | |
|  | | | | | | |
| **Have you ever smoked?** | | Yes No | **If yes, when did you give up:** | | | | | | |
|  | | | | | | |
| **If you do smoke, please also answer the following questions:** | | | | **How many per day?** | | | | **How many grams per week?** | |
|  | | | |  | |
|  | | | | | | | | | |
| **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 standard alcoholic drinks do you have on a typical day?** | | | | 1-2 3-4 5-6 7-9 10+ | | | | | |
| **How often do you have 6 or more standard alcoholic drinks on one occasion?** | | | | Never Monthly or less Monthly  Weekly Daily or almost daily | | | | | |

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| **Fremington Medical Centre**  **New Patient Questionnaire** | | | | | | |
| We are now required to collect ethnicity and first language information from all our patients when registering with the practice. Please indicate your ethnicity group and first language by ticking one option from each of the tables below. | | | | | | |
| **ETHNICITY** | | | | | | |
| White British | | | | Other Asian Ethnic Group | | |
| White Irish | | | | Black African | | |
| Other White Ethnic Group | | | | Black Caribbean | | |
| Indian | | | | Other Black Ethnic Group | | |
| Pakistani | | | | Mixed Origin | | |
| Bangladeshi | | | | Other Ethnic Group | | |
| Chinese | | | | Ethnic Group Not Stated | | |
|  | | | | | | |
| **FIRST LANGUAGE** | | | | | | |
| English | | | | Polish | | |
| British Sign Language | | | | Cantonese | | |
| French | | | | Mandarin | | |
| German | | | | Ukrainian | | |
| Spanish | | | | Russian | | |
| Italian | | | | Other (please specify): | |  |
|  | | | | | | |
| **Will you need any help from an interpreter or translator during contact with us?** | | | | | | Yes No |
|  | | | | | | |
| **Please detail below if any of the following apply to you:** | | | | | | |
| **Sensory impairment?** | Yes  No | **If yes, please specify:** | | | | |
|  | | | | |
| **Assistance dog user?** | Yes No | | | | | |
| **Physical disability?** | Yes  No | **If yes, please specify:** | | | | |
|  | | | | |
| **Special requirements to access the practice premises?** | Yes  No | **If yes, please specify:** | | | | |
|  | | | | |
| **Mental and/or hidden disability?** | Yes  No | **If yes, please specify:** | | | | |
|  | | | | |
| **Allergies or sensitivities?** |  | | | | | |
| **Religious or cultural needs?** |  | | | | | |
|  | | | | | | |
| **ACCESSIBLE INFORMATION STANDARD** | | |  | | **YOUR MEDICAL HISTORY** | |
| If you require communication support such as by email or large format letters due to a disability, impairment, or sensory loss, please specify below: | | |  | | If you have any serious illnesses or chronic conditions, please specify below: | |
|  | | |  | |  | |

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| **Fremington Medical Centre**  **New Patient Questionnaire** | | | |
| **FAMILY HISTORY** | |  | **SUPPORT** |
| **Heart Disease:** | Over 60 Under 60 |  | If you would like support from StopForLife Devon to  help stop smoking, please fill out their referral form:  [https://stopforlifedevon.org](https://stopforlifedevon.org/) |
| **Diabetes:** | Type 1 Type 2 |
| **Stroke:** | Yes No |
| **High Blood Pressure:** | Yes No | If you are looking for physical activity, weight management or alcohol reduction services, we recommend looking at the NHS Better Health website:  <https://www.nhs.uk/better-health> |
| **High Cholesterol:** | Yes No |
| **Cancer (please specify):** |  |
| **Others (please specify):** |  |

**FREMINGTON MEDICAL CENTRE**

**PRIVACY NOTICE**

This privacy notice describes the data, the practice holds about you, why we hold it, where and how we store it, how long for and how we protect it. It also tells you about your rights under the Data Protection Legislation and how the law protects you.

**Who we are and what do we do?**

Fremington Medical Centre

11-13 Beards Road

Fremington

Barnstaple

EX31 2PG

Tel: 01271 376655

Email: d-icb.fremington@nhs.net

Fremington Medical Centre is a Data Controller for the data we hold about you. We hold your data in order to provide you with health and social care.

**What is personal data and what data do we use?**

Your personal data is any information that can be connected to you personally. If you can be identified from the data, it is personal data. The types of personal data we use and hold about you are:

* Details about you: your name, address, contact number, email address, date of birth, gender, ethnicity and NHS number. We may also hold information about your emergency contact, next of kin and carer
* Details about your medical care: medical diagnosis, record of treatment received, referrals, history of prescribed medication, results of investigations such as X-rays etc
* Information provided by you: this includes correspondence relating to feedback, concerns and complaints about the service you have received
* Relevant information from other healthcare professionals, relatives or those who care for you

We may also hold the following information about you:

* Religion or other beliefs of a similar nature
* Family, lifestyle and/or social circumstances
* Employment details
* Financial details

When we collect your mobile number we use it to text you to remind you of appointments, provide you with test results, respond to e-consults, provide you with information and other aspects relating to your care. If you no longer wish to receive communication this way, please let a member of staff know who will be able to update your preferences.

When we collect your email address, we use it to respond to e-consults and emails you have sent to the surgery. If you no longer wish to receive communication this way, please let a member of staff know who will be able to update your preferences.

**Why do we process your data and what legal basis do we have to process your data?**

In order to process your personal data or share your personal data outside of the practice, we need a legal basis to do so. If we process or share special category data, such as health data, we will need an additional legal basis to do so.

We rely upon Article 6(1)(e) (public interest task) and Article 9(2)(h) (health and social care) for most of our processing and sharing, in particular to:

* Provide you with health and social care
* Share data from, or allow access to, your GP record, for healthcare professionals involved in providing you with health and social care
* Receive data from or access your data on other NHS organisation clinician systems
* Work effectively with other organisations and healthcare professionals who are involved in your care
* Ensure that your treatment and advice, and the treatment of others is safe and effective.
* Participate in National Screening Programmes
* Use a computer program to identify patients who might be at risk from certain diseases or unplanned admissions to Hospitals
* Help NHS Digital and the practice to conduct clinical audits to ensure you are being provided with safe, high quality care
* Support medical research when the law allows us to do so
* Supply data to help plan and manage services and prevent infectious diseases from spreading

We rely upon Article 6(1)(d) (vital interest) and Article 9(2)(c) (vital interests) to share information about you with another healthcare professional in a medical emergency.

We rely upon Article 6(1)(e) (public interest task) and Article 9(2)(g) (substantial public interest) to support safeguarding for patients who, for instance, may be particularly vulnerable to protect them from harm or other forms of abuse.

We rely upon Article 6(1)(c) (legal obligation) and Article 9(2)(h) to share your information for mandatory disclosures of information (such as NHS Digital, CQC and Public Health England).

We rely upon Article 6(1)(c) (legal obligation) and Article 9(2)(f) (legal claims) to help us investigate legal claims and if a court of law orders us to do so.

We rely upon Article 6(1)(a) (consent) and Article 9(2)(a) (explicit consent), in order to:

* Help the practice investigate any feedback, including patient surveys, complaints or concerns you may have about contact with the practice
* Help manage how we provide you with services from the practice, for example, when you nominate individuals to contact the practice on your behalf
* Share your information with third parties, for example, insurance companies and medical research organisations

We also use anonymised data to plan and improve health care services. Specifically, we use it to:

* Review the care being provided to make sure it is of the highest standard
* Check the quality and efficiency of the services we provide
* Prepare performance reports on the services we provide

Healthcare staff will respect and comply with their obligations under the common law duty of confidence.

**How do we collect your data?**

The practice collects data that you provide when you:

* Receive treatment or care from the practice
* Contact the practice by telephone (all telephone calls received and made by the practice are recorded), online or in person
* Complete a form electronically or in paper
* Contact the practice via a Social Network (for example if you communicate with the practice through Facebook)
* Visit the practice’s website (via cookies - see website for cookies policy)

We receive information about you from other providers to ensure that we provide you with effective and comprehensive treatment. These providers may include:

* The GP Practices within the Barnstaple Primary Care Network
* Other GP Practices
* NHS Trusts/Foundation Trusts
* NHS Commissioning Support Units (CSUs)
* Community Services (District Nurses, Rehabilitation Services and out of hours services)
* Ambulance or emergency services
* Independent contractors such as Pharmacies, Dentists and Opticians
* Devon Integrated Care Board (ICB)
* NHS Digital
* NHS England
* Local authorities
* Health and Social Care Information Centre (HSCIC)
* Police and Judicial Services
* Educational Services
* NHS 111
* Public Health England and Screening
* Non-NHS health care providers
* Research providers

We also use eConsult which is an online tool that allows you to get advice and treatment, request sick notes and results or self-help.

eConsult is provided by a third-party organisation and by using eConsult, you are submitting your information to them. This information is then provided to the practice to be reviewed. Further information on eConsult can be found: <https://econsult.net/privacy-policies/>

You can also use eConsult via the NHSApp. Further information regarding the role of NHS England and the practice can be found: <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/privacy/online-consultations/>

**Who do we share your data with?**

In order to deliver and coordinate your health and social care, we may sometimes share information with other organisations. We will only ever share information about you if other agencies involved in your care have a genuine need for it. Anyone who receives information from the practice is under a legal duty to keep it confidential and secure.

Please be aware that there may be certain circumstances, such as assisting the police with the investigation of a serious crime, where it may be necessary for the practice to share your personal information with external agencies without your knowledge or consent.

We may share information with the following organisations:

* The GP Practices (Brannam, Litchdon, Queens) within the Barnstaple Primary Care Network
* Other GP Practices
* NHS Trusts/Foundation Trusts
* North Devon Collaborative Board
* Devon Integrated Care Board (ICB)
* NHS Commissioning Support Units
* Community Services (District Nurses, Rehabilitation Services and out of hours services)
* Ambulance or emergency services
* Independent contractors such as Pharmacies, Dentists and Opticians
* Local authorities
* Multi-Agency Safeguarding Hub (MASH)
* Health and Social Care Information Centre (HSCIC)
* Police and Judicial Services
* Educational Services
* Fire and Rescue Services
* NHS 111
* The Care Quality Commission, ICO and other regulated auditors
* Public Health England and Screening
* NHS England
* NHS Digital
* Non-NHS health care providers
* Research providers

The practice will also use carefully selected third party service providers that process data on behalf of the practice. When we use a third party service provider, we will always have an appropriate agreement in place to ensure that they keep the data secure, that they do not use or share information other than in accordance with our instructions and that they are operating responsibly to ensure the protection of your data. Examples of functions that may be carried out by third parties includes:

* Organisations that provide IT services & support, including our core clinical systems; systems which manage patient facing services (such as our website and service accessible through the same); data hosting service providers; systems which facilitate video consultation, appointment bookings or electronic prescription services; document management services etc
* Organisations who are delivering services on behalf of the practice (for example conducting Medicines Management Reviews to ensure that you receive the most appropriate, up to date and cost-effective treatments or supporting practices in offering choices of providers and appointments to patients who are being referred via the NHS E-Referral system)
* Delivery services (for example if we were to arrange for delivery of any medicines to you)
* Payment providers (if for example you were paying for a prescription or a service such as travel vaccinations).

For further information of who we share your personal data with and our third-party processors, please contact the Quality Assurance Lead.

**Where do we store your data?**

We use a number of IT systems and tools to store and process your data, on behalf of the practice. Examples of tools we use include our Core Clinical System (TPP/Systm1), NHSmail, Microsoft 365 including Teams, eConsult and AccuRx.

For further information on this, please contact the Quality Assurance Lead.

**Enhanced Data Sharing Module**

We share your record using the Enhanced Data Sharing Module to make sure that, whether you are visiting the practice, attending hospital, or being seen in the community or at home by a care professional, everyone knows the care you need and how you want to be treated. Your electronic health record is available to the practices in Barnstaple PCN, North Devon Hospice, Hospicecare and the medical examiners service, with via SystmOne EDSM who are involved in your care. This includes the sharing of, personal contact details, diagnosis, medications, allergies and test results. Your records will be treated with the strictest confidence and can only be viewed if you use their service.

Please note that if you have previously dissented (opted-out) to sharing your records, this decision will be upheld, and your record will only be accessed by the practice. Should you wish to opt-out of, please speak to reception who will be able to update your personal preferences. **Please note that by opting out of this sharing, other health professionals may not be able to see important medical information, which may impact on the care you receive.**

**Summary Care Record (SCR)**

NHS England have implemented the SCR which contains information about you; including your name, address, data of birth, NHS number, medication you are taking and any bad reactions to medication that you have had in the past. This information is automatically extracted from your records and uploaded onto a central system.

Many patients who are seen outside of their GP Practice are understandably not able to provide a full account of their care or may not be in a position to do so. The SCR means patients do not have to repeat their medical history at every care setting and the healthcare professional they are seeing is able to access their SCR. The SCR can only be viewed within the NHS on NHS smartcard-controlled screens or by organisations, such as pharmacies, contracted to the NHS.

As well as this basic record, additional information can be added to include further information. However, any additional data will only be uploaded if you specifically request it and with your consent. You can find out more about the SCR here: <https://digital.nhs.uk/services/summary-care-records-scr>/

**General Practice Data for Planning and Research Data Collection (GPDfPR)**

As well as using your information to support the delivery of care to you, your data may be used by NHS Digital to help improve the way health and social care is delivered to patients and service users throughout England. From the 1st September 2021, NHS Digital will securely extract your information to provide access to patient data to the NHS and other organisations who need to use it, to improve health and social care for everyone.

NHS Digital will primarily use your information in a way that does not identify you (your information will be pseudonymised). However, they will be able to use their software to identify you in certain circumstances, and where there is a valid legal reason to do so. NHS Digital may also share your information with third parties such as Local Authorities, primary care networks (PCNs), integrated care boards (ICBs), research organisations, including universities, and pharmaceutical companies.

At the time of publication (May 2021), patients who have a [“type 1” opt- out](https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/care-information-choices), will  be excluded from this programme and will not have their data extracted for this purpose.

Further information about GPDfPR can be found here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/transparency-notice>

We will rely on Legal Obligation (Article (6)(1)(c)), Health and Social Care (Article 9(2)(h)) and Public Health (Article (9)(2)(i)) as the legal basis for processing your data for this purpose.

**National Screening Programmes**

The NHS provides national screening programmes so that certain diseases can be detected at early stages. These screening programmes include bowel cancer, breast cancer, cervical cancer, aortic aneurysms and a diabetic eye screening service. More information on the national screening programmes can be found at: <https://www.gov.uk/topic/population-screening-programmes>

**Clinical Practice Research Datalink (CPRD)**

This practice contributes to medical research and may send relevant data to CPRD. CPRD collects de-identified patient data from a network of GP practices across the UK. Primary care data is linked to a range of other health related data to provide a longitudinal, representative UK population health dataset. Further information regarding CPRD can be found here: <https://cprd.com/transparency-information>.

**How long do we hold your data?**

We only hold your data for as long as necessary and are required to hold your data in line with the NHS Records Management Code of Practice for Health and Social Care 2016 Retention Schedule. Further information can be found online at:

<https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016/>

**What rights do you have?**

You have various rights under the UK GDPR and Data Protection Act 2018:

**Right of access:**

You have the right to request access to view or request copies of the personal data, we hold about you; this is known as a Subject Access Request (SAR). In order to request access, you should:

Write to or email the practice using the contact details on this privacy notice.

Please note that you are entitled to a copy of your data that we hold free of charge; however, we are entitled to charge in certain circumstances where the law permits us to do so. We are also entitled to refuse a request, where the law permits us to do so. If we require a fee or are unable to comply with your request, we will notify you within 1 calendar month of your request.

**Right to restrict or object the use of your information:**

There are certain circumstances in which you can object from your data being shared. Information regarding your rights to opt-out is detailed below:

**Consent:**

If the practice is relying on the consent as the basis for processing your data, you have the right to withdraw your consent at any time. Once you have withdrawn your consent, we will stop processing your data for this purpose.

However, this will only apply in circumstances on which we rely on your consent to use your personal data. Please be aware that if you do withdraw your consent, we may not be able to provide certain services to you. If this is the case, we will let you know.

**Summary Care Record:**

The SCR improves care; however, if you do not want one, you have the right to object to sharing your data or to restrict access to specific elements of your records. This will mean that the information recorded by the practice will not be visible at any other care setting.

If you wish to discuss your options regarding the SCR, please speak to a member of staff at the practice. You can also reinstate your consent at any time by giving your permission to override your previous dissent.

**National Screening Programmes:**

If you do not wish to receive an invitation to the screening programmes, you can opt out at <https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes> or speak to the practice.

**Type 1 Opt-out:**

You have the right to object to your confidential patient data being shared for purposes beyond your direct care by asking the practice to apply a Type 1 opt-out to your medical records. A type 1 opt-out prevents personal data about you, being extracted from your GP record, and uploaded to any other organisations without your explicit consent. If you wish for a Type 1 opt-out to be applied to your record, please contact the Quality Assurance Lead.

**National Data Opt-out:**

You have the right to object to your data being shared under the national data opt-out model. The national data opt-out model provides an easy way for you to opt-out of sharing data that identifies you being used or shared for medical research purposes and quality checking or audit purposes.

To opt-out of your identifiable data being shared for medical research or to find out more about your opt-out choices please ask a member of staff or go to NHS Digital’s website:

<https://digital.nhs.uk/services/national-data-opt-out-programme>

Our organisation is compliant with the national data opt-out policy.

**Cancer Registry:**

The National Cancer Registration and Analysis Service is run by Public Health England and is responsible for cancer registration in England, to support cancer epidemiology, public health, service monitoring and research.

Further information regarding the registry and your right to opt-out can be found at:

<https://www.gov.uk/guidance/national-cancer-registration-and-analysis-service-ncras>

**Right to rectification:**

You have the right to have any errors or mistakes corrected within your medical records. This applies to matters of fact, not opinion. If the information is of clinical nature, this will need to be reviewed and investigated by the practice. If you wish to have your records amended, please contact the Quality Assurance Lead.

If your personal information changes, such as your contact address or number, you should notify the practice immediately so that we can update the information on our system. We will also ask you from time to time to confirm the information we hold for you, is correct.

**Right to erasure:**

The practice is not aware of any circumstances in which you will have the right to delete correct data from your medical record, which the practice is legally bound to retain. Although you are free to obtain your own legal advice if you believe there is no lawful purpose for which we hold the data and contact the practice if you hold a different view.

**Right to complain:**

Please let us know if you wish to discuss how we have used your personal data, raise a concern, make a complaint or compliment. You can contact us at [d-icb.fremington@nhs.net](mailto:d-icb.fremington@nhs.net).

You also have the right to complain to the Information Commissioner’s Office. If you wish to complain follow this link: <https://ico.org.uk/global/contact-us/> or call the helpline on 0303 123 1113.

**Data outside EEA**

We do not send your personal data outside of the EEA. However, if this is required, the practice would only do so, with your explicit consent.

**Data Protection Officer**

The Data Protection Officer for the practice is Bex Lovewell and she can be contacted via email on [d-icb.deltdpo@nhs.net](mailto:d-icb.deltdpo@nhs.net) or by post: Delt Shared Services Limited, BUILDING 2 – Delt, Derriford Business Park, Plymouth, PL6 5QZ.

**Cookies**

The practice’s website uses cookies. A cookie is a small file, typically of letters and numbers, downloaded on to a device (like your computer or smart phone) when you access certain websites. Cookies allow a website to recognise a user’s device. Some cookies help websites to remember choices you make (e.g. which language you prefer if you use the Google Translate feature). Analytical cookies are to help us measure the number of visitors to our website. The two types the practices uses are ‘Session’ and ‘Persistent’ cookies.

Some cookies are temporary and disappear when you close your web browser, others may remain on your computer for a set period of time. We do not knowingly collect or intend to collect any personal information about you using cookies. We do not share your personal information with anyone.

**What can I do to manage cookies on my devices?**

Most web browsers allow some control of most cookies through the browser settings. To find out more about cookies, including how to see what cookies have been set and how to manage and delete them, visit <http://www.allaboutcookies.org/> If you are concerned about cookies and would like to discuss this, please contact the Quality Assurance Lead.

**Changes to privacy notice**

The practice reviews this privacy notice regularly and may amend the notice from time to time. If you wish to discuss any elements of this privacy notice, please contact the Quality Assurance Lead.

**POPULATION HEALTH MANAGEMENT**

**PRIVACY NOTICE**

**What is Population Health Management?**

Population Health Management (or PHM for short) is aimed at improving the health of an entire population. It is being implemented across the NHS and this Practice is taking part in a project extending across Devon.

PHM is about improving the physical and mental health outcomes and wellbeing of people and making sure that access to services is fair, timely and equal. It helps to reduce the occurrence of ill-health and looks at all the wider factors that affect health and care.

The PHM approach requires health care organisations to work together with communities and partner agencies, for example, GP practices, community service providers, hospitals and other health and social care providers.

These organisations will share and combine information with each other in order to get a view of health and services for the population in a particular area. This information sharing is subject to robust security arrangements.

**How will my Personal Data be used?**

The information will include personal data about your health care. This information will be combined and anything that can identify you (like your name or NHS Number) will be removed and replaced with a unique code.

This means that the people working with the data will only see the code and cannot see which patient the information relates to.

Examples of how the information could be used for a number of healthcare related activities include;

* Improving the quality and standards of care provided
* Research into the development of new treatments
* Preventing illness and diseases
* Monitoring safety
* Planning services

**Who will my Personal Data be shared with?**

Your GP and other care providers will send the information they hold on their systems to NHS Devon Integrated Care Board (ICB), the NHS organisation responsible for planning, commissioning (or buying) and developing healthcare services for the 1.2 million people who live in Devon.

NHS Devon ICB will link all the information together. Your GP and other care providers will then review this information and make decisions about the whole population or particular patients that might need additional support.

The ICB is legally obliged to protect your information and maintain confidentiality in the same way that your GP or hospital provider is.

**Is using my Personal Data in this way lawful?**

Health and Social Care Providers are permitted by data protection law to use personal information where it is ‘necessary for medical purposes’. This includes caring for you directly as well as management of health services more generally.

Some of the work that happens at a national level with your personal information is enabled by other legislation. Sharing and using your information in this way helps to provide better health and care for you, your family and future generations. Confidential patient information about your health and care is **only used** like this where allowed by law and, in the majority of cases, anonymised data is used so that you cannot be identified.

For more information, speak to our Data Protection Officer who will be happy to help with any queries you may have.

**Can I object to my Personal Data being used as part of the Personal Health Management project?**

You have a right to object to your personal information being used in this way. If you do choose to ‘opt out’ please contact our Data Protection Officer in the first instance. If you are happy for your personal information to be used as part of this project then you do not need to do anything further, although you do have the right to change your mind at any time.

You also have a number of other rights relating to how your personal information is used. See our main privacy policy for more information:

<https://www.fremingtonmedicalcentre.co.uk>/

If you still have concerns, you can also contact the Information Commissioner’s Office directly at the following link:

<https://ico.org.uk/make-a-complaint/your-personal-information-concerns/>

|  |  |  |  |
| --- | --- | --- | --- |
| **Fremington Medical Centre**  **Data Sharing Form**  Please complete the form below to indicate your personal decisions regarding the aspects of patient data sharing for health care purposes. It is very important that you sign this form to say you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. | | | |
|  | | | |
| **Full Name:** | | |  |
|  | | | |
| **Date of Birth:** | | |  |
|  | | | |
| **SCR - NHS Summary Care Record**  **Please tick only one box:** | | | |
|  |  | Express consent for medication, allergies and adverse reactions only | |
|  | | | |
|  |  | Express consent for medication, allergies, adverse reactions & additional info **(recommended)** | |
|  | | | |
|  |  | Express dissent for patients who do not want a summary care record and fully understand the | |
|  |  | risks involved with this decision | |
| **EDSM - Enhanced Data Sharing Model (SystmOne)**  **Sharing Out -** Do you consent to the sharing of data recorded by your GP practice with other  organisations and care services that may care for you?  **Please tick only one box:** | | | |
|  |  | Consent Given **(recommended)** | |
|  | | | |
|  |  | Consent Refused; I fully accept the risks associated with this decision | |
| **Sharing In -** Do you consent to your GP practice viewing data that is recorded with other  organisations and care services that may care for you?  **Please tick only one box:** | | | |
|  |  | Consent Given **(recommended)** | |
|  | | | |
|  |  | Consent Refused; I fully accept the risks associated with this decision | |
|  | | | |
| **Signature:** | | |  |
|  | | | |
| **Date:** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fremington Medical Centre**  **Pharmacy Nomination & Repeat Prescriptions Form** | | | |
| **Full Name:** | |  | |
|  | | | |
| **Date of Birth:** | |  | |
|  | | | |
| **You must nominate one of the pharmacies below to receive your prescriptions electronically:** | | | |
| **Boots Fremington** | | |  |
| **Boots Roundswell** | | |  |
| **Boots High Street Barnstaple** | | |  |
| **Tesco Severn Brethren** | | |  |
| **Arnolds Westward Ho!** | | |  |
| **Lloyds Direct** | | |  |
| **Pharmacy2u** | | |  |
| **Other (Please specify):** |  | |  |
|  | | | |
| Please tick **Yes** or **No** if you regularly receive medication by repeat prescription: | | | |
| Yes  No | | | |
| The practice will need to add any regular medications onto a repeat prescriptions list. This allows for easy re-ordering each time your medication is ordered.  **If you ticked YES and take regular medication, please supply any repeat prescription slips, listing your medication for the Pharmacy Team to review and add to your repeat medication list. It may be appropriate for the clinicians to review your medication with you, in which case one of the Reception Team will contact you to arrange this.**  **\*\* Please ensure you have at least 2-4 weeks’ worth of medication before registering with us \*\*** | | | |

**Fremington Medical Centre**

**Patient Participation Group Registration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PATIENT PARTICIPATION GROUP** | | | | | | |
| Fremington Medical Centre is committed to improving the services we provide to our patients.  To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It also means that we can keep you informed of opportunities to give your views and update you with developments within the Practice.  If you are interested in getting involved, please fill out the form provided below, and we will pass these details on to the group co-ordinator. | | | | | | |
| **Name:** |  | | | | | |
| **Email address:** |  | | | | | |
| **Telephone number:** |  | | | | | |
|  | | | |  |  | |
| **Signature of patient:** | |  | |  | **Date:** |  |
| **Signature on behalf of patient:** | |
|  | |  | |  |  |  |
| **Name of person signing on behalf of patient:** | | |  | | | |