
THE BELLINGHAM PRACTICE

Tel: 01434 220203

Fax: 01434 220798

www.thebellinghampractice.co.uk

Partners:

Dr AL Gray, MB, ChB, DCH, DRCOG, MRCP

Dr A Sewart, MB, ChB, MRCP, MRCP

Dr H Jarvis, MB, BS, MRCP, DFRSH, MRCP

The Surgery

Bellingham

Hexham

Northumberland

NE48 2HE

Dear Patient,

The Summary Care Record (SCR) is an electronic copy of your GP medical record, uploaded onto the national database known as the "spine". This will allow access by authorised healthcare staff outside of the practice, should you require medical assistance out of normal practice hours, or whilst temporarily staying elsewhere in the country.

Before any part of your GP record is made available on the national spine, your prior consent is required. It is important that you choose one of the following three options and inform us of your decision by completing and returning the slip **below**, either by post or in person (please do not do this by telephone or during a GP consultation).

The three choices are explained here:

Full consent enables your SCR to be enhanced to include additional medical information for authorised healthcare staff

Partial consent only uploads your medication and any known allergies we have recorded

No consent - if you choose this option, NONE of your medical record will be uploaded to the national spine and therefore other clinicians will not be able to view any part of it

If you would like further information before completing the slip at the bottom, please visit:

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

Complete and tear/cut along this line

Yours sincerely

The Bellingham Practice

SUMMARY CARE RECORD (SCR)

Please choose one of the following three options by ticking the box to the right of your preferred choice, complete and sign the bottom and return it to a member of our staff.

1) I understand the above information and give FULL consent, allowing my SCR to be enhanced with additional medical information.

2) I understand the above information and give PARTIAL consent, allowing only details of my medication and known recorded allergies in my GP record to be uploaded

3) I understand the above information and DO NOT give my consent to have any part of my GP record uploaded

Please print your name and date of birth clearly. Please do not enter details of other patients apart from yourself (separate sheet for each patient please)

NAME:.....

DATE OF BIRTH:.....

SIGNATURE.....

TODAY'S DATE: