

On the record:

Health and care communication card



A national charity since 1911

Name: _____

Date of birth: ____ / ____ / ____

NHS number (if known): _____

I need support to contact your service and communicate well during appointments.

Please accept this information as a formal notification of my access needs and update your records accordingly.

My communication needs (Please tick)

I use hearing aids/cochlear implants

I use British Sign Language

I use hearing loop systems

I lipread

Other (please specify): _____

I need professional communication support at my appointment (Please tick)

I need a BSL interpreter

I need a lipspeaker

I need a speech-to-text reporter

I need a notetaker

Other (please specify): _____

I need to be contacted by: (Please tick)

Telephone

Email

SMS text

Text relay

Other (please specify): _____

I need other support for my appointment: (Please note the other support that you need)

For example: I need support to lipread; I need a longer appointment;

I need information by email/in large print/braille/Easy Read or BSL video.

Please ensure that this information is recorded and flagged on your record system in line with NHS England's Accessible Information Standard.

To find out more about the Accessible Information Standard, go to:

england.nhs.uk/accessibleinfo

Scan to view this card in BSL:



Communication tips for staff members

You can help people with hearing loss communicate well by following simple communication tips, including:

- Make sure you have the person's attention before speaking to them.
- Always face the person you're talking to and don't obscure your lip movements with hand gestures or other objects – this is particularly important for people who lipread
- Speak clearly at a normal volume – shouting is uncomfortable for people who use hearing aids and may seem aggressive.
- Hold conversations in quiet, well-lit rooms or areas without background noise.

Communication professionals

Only communication professionals registered with the **National Registers of Communication Professionals working with Deaf and Deafblind people** (NRCPD) should be used for appointments.

This provides assurance that professionals have appropriate qualifications, Disclosure and Barring Service (DBS) clearance and are signed up to a relevant code of conduct.

To find out more, please visit the NRCPD website at nrcpd.org.uk or call **0191 383 1155**.

Further information

To find out more about hearing loss and how NHS and adult social care services can become more accessible, please visit the **Action on Hearing Loss website** or contact the **Action on Hearing Loss Information Line**.

☎ Telephone: 0808 808 0123

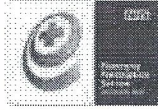
☎ Textphone: 0808 808 9000

📠 SMS: 0780 000 0360

✉ Email: information@hearingloss.org.uk

🌐 Website: actiononhearingloss.org.uk

Action on Hearing Loss is the trading name of The Royal National Institute for Deaf People.
A registered charity in England and Wales (207720) and Scotland (SC038926). A1255/0716



Appendix 10 - Patient Nomination Request (Consent Form)
Electronic Prescription Service
Patient Nomination Request



Patient name..... DOB

NHS Number

Address

..... Telephone Number.....

Post Code

Nomination has been explained to me by staff at my GP practice / community pharmacy / appliance contractor and I have also been shown the patient information leaflet that explains nomination.

I have read the leaflet 'Explaining the Electronic Prescription Service – Information for Patients and carers in England' and understand what I have to do.

I confirm that patient nomination has been explained to me and I understand what I am consenting to.

I confirm that I have made my nomination of my own free will and have not been influenced or given a gift to select a particular nomination and that I can change my mind at a later date.

Name and address of nominated dispenser (please print)

Please cross out where appropriate:

I am the patient named above / carer of the patient named above.

Patient/Carer

Name:.....

Signature:.....

Address If different from above:

.....

.....

Date.....

Staff Name:

Staff Signature:

The Medical Centre

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Limited access to parts of my medical record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity 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	
Contractual minimum <input checked="" type="checkbox"/>			
Other.....			

Accessing GP Records Online

The Medical Centre - Patient Information Leaflet

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and contractually from 1st April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2016 coded data.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity.

Please note:

- **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.**
- **The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

Key considerations

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.



Your emergency care summary

My Summary Care Record Choice

A. Please complete in BLOCK CAPITALS

Title.....Surname / Family name.....

Forename(s).....

Address.....

Postcode Phone No..... Date of birth.....

NHS Number (if known).....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name..... Your signature.....

Relationship to patient Date

Summary Care Record Options	Please Tick
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had	
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records <i>Please indicate what information you would like adding if you know</i>	
NO I do not want a Summary Care Record	

If you do not return this form, a Summary Care Record will be created for you based on implied consent.

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now, with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.



Your emergency care summary

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Also, if you specifically choose to do so, your Summary Care Record can hold other information you have agreed with your GP Practice to have included.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had**
- **YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records**
- **NO I do not want a Summary Care Record**

If you know that a Summary Care Record was created for you by your previous GP Practice, we would still be grateful if you could complete this form to confirm your current choice.

For more information talk to our Patient Advice and Liaison Service (PALS) (0800 587 4132), GP practice staff or visit the website www.nhscarerecords.nhs.uk

Additional copies of the opt out form can be collected from the GP practice or printed from the website www.nhscarerecords.nhs.uk.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses either to notify us that they would like their child to have an enriched Summary Care Record (with other information agreed with the GP Practice to be included) or to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Please return this form to the practice as soon as possible

Yours sincerely

Practice Manager