

Electronic Sharing

There are several initiatives that share patient data under the NHS Care Record Guarantee. Everyone needs to be aware of these and this document should explain each one briefly. Further information can be gained by clicking the hyperlink given.

Electronic Data Sharing Module (eDSM)

This is a patient sharing initiative by Ipswich East and West Suffolk Clinical Commissioning Groups.

The NHS uses a secure electronic computer system called SystemOne to hold your records – and with your consent, it allows the healthcare professionals who care for you to share your medical information with each other to make sure you receive the best possible care.

Imagine you're receiving care from three different NHS services: your GP, a district nurse and a skin specialist. You want your GP and district nurse to share information with each other and you want them both to know your progress with your skin specialist. However, you don't want the skin specialist to see any of your other medical information.

The GP can share information IN and OUT

The District Nurse can share IN and OUT

The Skin Specialist can only share information OUT but not IN

Your health care provider's computer system has two settings to allow you to control how your medical information is shared:

Sharing Out:

This controls whether your full electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:

Please tick: Sharing Out **Yes** (shared) or **No** (not shared)

Sharing In:

This controls whether this health service can view information recorded by other NHS Care Services where you have received treatment. Please record your preference:

Please tick: Sharing In **Yes** (shared) or **No** (not shared)

Summary Care Record

Summary Care Records first started in 2009/10 but initially they were felt to hold too much information. They have now been revised to include only demographic information plus medications (acutes and repeats), allergies and sensitivities. These are intended to be used for emergency care by units such as A&E and paramedics. Inclusion is automatic for children aged under 15 years and 9 months and by implied consent otherwise. Patients can opt-out if they wish. More information can be found at <http://www.nhscarerecords.nhs.uk/> This is expected to be rolled out April 2015.

All opt-out forms are available at our website <http://www.latticebarnsurgery.co.uk/>

I do NOT want my personal confidential data to be released by my GP surgery for the summary care record

Care.data

The Care.data initiative was due to begin on 1st April 2014 but is currently on hold. It is expected that this will start again in Sept/Oct 2014. Patient information is uploaded from all health and social care environments to the Health and Social Care Information Centre (HSCIC). The primary purpose of this is for the HSCIC to use this information to ascertain health and social care needs for the UK. There is a secondary option to share the information further in the future but there is no detail on this at present. Inclusion is by implied consent, patients should opt-out if they do not wish to be included. Patients can opt-out of the practice sharing information with the HSCIC or from sharing outside the HSCIC. More information can be found at

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx>

If you do not wish to have your data shared for this initiative please tick the box below:

I do NOT want my personal confidential data to be released by my GP surgery for the care.data programme.

I do NOT want my personal confidential data from hospitals and other care providers to be released by the Health & Social Care Information Centre (HSCIC) for the care.data programme.

It is important that you complete this next section accurately and please use BLOCK CAPITALS

Title	
Forename(s)	
Surname	
Address	
Phone No.	
Date of Birth	
NHS Number (if known)	
Patient's signature	
Date	

If you are filling out this form on behalf of another person or child, their GP practice will check that you have the authority to do so. Please ensure you fill out their details in addition to your details above

Your name	
Relationship to patient	
Your signature	
Date	

*****Please return this completed form to your GP surgery (or the patient's registered GP surgery if you are completing this form for somebody else)*****