



Dear New Patient,

Welcome to Fellview Healthcare. We are a large practice operating over 4 sites within the West Cumbria area.

Patients can make appointments at any of our four sites which are:

- Flatt Walks Surgery – Whitehaven
- Beech House Surgery – Egremont
- Cleator Moor Surgery – Cleator Moor
- Griffin Close Surgery – Frizington.

We currently have over 22,000 registered patients.

To register can you please complete each of the following forms contained within this registration pack:

- GSM1 Form (Purple form A5 form, front and back)
- New Patient Questionnaire
- Pharmacy Nomination form (Electronic Prescription Service)
- Online Patient Access Form – Order your Medication, Book Appointments, and view your medical record online.
- Mobile Phone Number consent form
- Summary Care Record consent form

We hope that you will be happy with the care and services we can offer you and your family.

Thank You

Fellview Healthcare Ltd

Company Branches:

V2.4

Beech House Medical Centre  
St Bridget's Lane  
Egremont  
Cumbria  
CA22 2BD  
TEL: 01946 820203

Cleator Moor Health Centre  
Birks Road  
Cleator Moor  
Cumbria  
CA25 5HP  
TEL: (01946) 810427

Flatt Walks Health Centre  
3 Castle Meadows  
Whitehaven  
Cumbria  
CA28 7QE  
TEL: (01946) 692173

Griffin Close Medical Centre  
Griffin Close  
Frizington  
Cumbria  
CA26 3SH  
TEL: (01946) 810777

E-Mail: [cuccg.fellviewhwc@nhs.net](mailto:cuccg.fellviewhwc@nhs.net)

Website: [www.fellviewhealthcare.nhs.uk](http://www.fellviewhealthcare.nhs.uk)

Facebook: @FVHealthcare

*Fellview Healthcare is a trading name of North Cumbria Primary Care Ltd. North Cumbria Primary Care Ltd is a registered company (Registration No: 11172424).  
Registered Office: Voreda House, Portland Place, Penrith, Cumbria, CA11 7QQ*

## Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

## Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

## If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

*\*Not all doctors are authorised to dispense medicines*

☐ I live more than 1 mile in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☐ Signature on behalf of patient

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: \_\_\_\_\_

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

## To be completed by the doctor

Doctors Name

HA Code

- ☐ I have accepted this patient for general medical services
 ☐ For the provision of contraceptive services  
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- ☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or  
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- ☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval  
☐ I am claiming rural practice payment for this patient.

Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

## SUPPLEMENTARY QUESTIONS

## 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:			

Complete this section if you live in another EEA country, or 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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>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.</p>	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:	

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 costs from your home country.

**ETHNIC ORIGIN** (Optional)

- |    |                         |     |
|----|-------------------------|-----|
| A) | White British           | [ ] |
| B) | British/Mixed           | [ ] |
| C) | Irish                   | [ ] |
| D) | Other White             | [ ] |
| E) | White & Black Caribbean | [ ] |
| F) | White & Black African   | [ ] |
| G) | White & Asian           | [ ] |
| H) | Other Mixed             | [ ] |
| I) | Indian British          | [ ] |
| J) | Pakistani/British       | [ ] |
| K) | Bangladeshi/British     | [ ] |
| L) | Other Asian             | [ ] |
| M) | Caribbean               | [ ] |
| N) | African                 | [ ] |
| O) | Other Black             | [ ] |
| P) | Chinese                 | [ ] |
| Q) | Refused                 | [ ] |

**FIRST LANGUAGE**

What is your first language?

.....

Do you speak any other languages?

.....

**RELIGION**

.....

Refused Religion [ ]

A member practice of  
North Cumbria Primary Care  
Alliance



Fellview Healthcare

**BEECH HOUSE SURGERY**  
Tel: 01946 820203

**CLEATOR MOOR SURGERY**  
Tel: 01946 810427

**FLATT WALKS SURGERY**  
Tel: 01946 692173

**GRIFFIN CLOSE SURGERY**  
Tel: 01946 810777

**NEW PATIENT QUESTIONNAIRE**

**Please complete the form to the best of your knowledge**

**If you are registering more than one member of your family,  
please ask for additional questionnaires.**

It would be helpful to the doctor if you could fill in as much of the following information as possible.

**PREFERRED TITLE:** Mr/Mrs/Miss Other .....

**NAME:** .....

**PREVIOUS NAMES:** .....

**DATE OF BIRTH:** ..... **AGE:** .....

**TEL:** .....

**MOBILE:** .....

(Your mobile number will be used to send you appointment reminders over text message and important health information)

**E-MAIL ADDRESS:** .....

(Your e-mail address will not be given out to third parties, and will only be used by Fellview Healthcare)

**Are you a Carer?** Yes/No

Who do you care for? .....

### **MEDICATION**

What medicines, tablets, drops or injections are you presently taking?  
Please include dose and strength

.....  
.....  
.....  
.....  
.....  
.....

**Are you currently awaiting a hospital appointment?**

.....

**Which consultant are you under?**

.....

### **ALLERGIES**

Please list any allergies you may have

.....

### **SMOKING** (please tick)

Never Smoked [ ]

Ex-Smoker [ ] When did you stop? .....

Smoker [ ] How many? .....

### **ALCOHOL**

How many units of alcohol do you drink per week on average?  
(A unit = 1/2 pint, a single measure of spirits or a glass of wine)

.....

### **BRANCH LOCATION**

Please can you state which branch surgery you will be using as you main contact, i.e booking appointments, ordering prescriptions etc – (Please tick)

Beech House, Egremont [ ] Flatt Walks, Whitehaven [ ]

Cleator Moor, Cleator Moor [ ] Griffin Close, Frizington [ ]

### **SUMMARY CARE RECORD (SCR)**

Please see the information sheet in your registration pack for more information about Summary Care Records and full consent form.

Opt in, I consent to having a Summary Care Record [ ]

Opt in, I consent to having an Enriched Summary Care Record [ ]

Opt out, I do not want a Summary Care record [ ]

### **SPECIAL REQUIREMENTS**

Do you have any special requirements?

e.g. letters is large text size if you have a sight impairment, do you have issues with your hearing? Are you deaf? Are you a wheel chair user? Do you need an interpreter etc.

.....

.....





## ELECTRONIC PRESCRIPTION SERVICES FORM

Fellview Healthcare are changing the way they do prescriptions. We now require you to nominate a Pharmacy that you choose your prescriptions to be sent to, via the electronic prescription transfer service (EPS). This means that your repeat medication will be sent directly to the pharmacy that you have nominated within 48 working hours of you ordering your prescription. The benefit of this new service is that we can never misplace your prescription, and it can be tracked and audited.

Below is a list of local Pharmacy's in our area, please place a tick in the box next to the pharmacy you would like to nominate, sign and complete the details at the bottom of this page. Once complete please hand into reception.

### Egremont Area

Boots Pharmacy, Main Street, Egremont ☐

Cohen's (was Murray's), Main Street, Egremont ☐

### Cleator Moor Area

Cohen's (was Murray's), Birks Road, Cleator Moor ☐

### Frizington Area

Boots Pharmacy, Main Street, Frizington ☐

### Other Nomination

Pharmacy Name and Full Address:

### Whitehaven Area

W Fare Ltd, Market Place, Whitehaven ☐

Boots Pharmacy, 26 King Street, Whitehaven ☐

Whitehaven Late Night Pharmacy, Lowther Street, Whitehaven ☐

Morrisons Pharmacy, Flatt Walks, Whitehaven ☐

Tesco Pharmacy, Bransty Row, Whitehaven ☐

Seacliffe Pharmacy, Kells, Whitehaven ☐

Mirehouse Pharmacy, Meadow road, Whitehaven ☐

### Patient Details

Name Printed:

DOB:

Address:

Signature of patient:

Date:

## Application form for access to the practice online services

**Before you apply for online access to your record, there are some other things to consider.**

Although the chances of any of these things happening are very small, you are asked that you have read and understood the following before you are given login details.

### Things to consider

#### **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. 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.

### **More information**

For more information about keeping your healthcare records safe and secure, we recommend that you read [Protecting your GP Online Records](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-protecting-your-records.pdf) <https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-protecting-your-records.pdf> and this helpful leaflet produced by the NHS in conjunction with the British Computer Society:

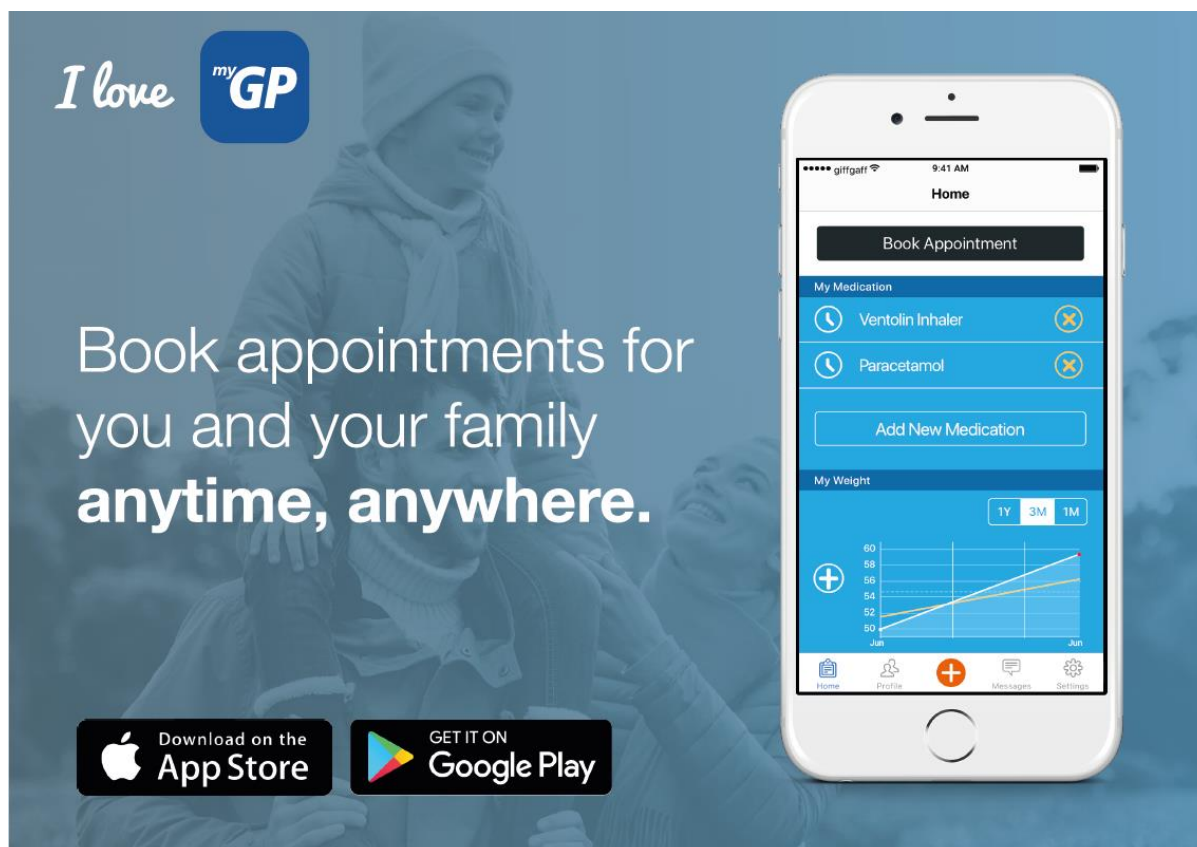
[Keeping your online health and social care records safe and secure](https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf)

<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Surname		Date of birth																								
First name																										
Address																										
Postcode																										
Email address																										
Telephone number	Mobile number																									
<p>I understand that my email address and/or mobile number may be used by the practice to contact you to provide health and care services. For example:-</p> <ul style="list-style-type: none"> <li>• appointment reminders,</li> <li>• health campaign messages</li> <li>• messages relating to your own health and care e.g. test results</li> <li>• surveys about our services</li> </ul> <p>If you do not wish to be contacted by either of the following please tick:</p> <p>Email <input type="checkbox"/></p> <p>Mobile <input type="checkbox"/></p> <p>I wish to have access to the following online services (please tick all that apply):</p> <table border="1"> <tr> <td>1. Booking appointments</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Requesting repeat prescriptions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Sending secure messaging</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Access to detailed medical record</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Proxy Access to records for family members who I care for with separate login details</td> <td><input type="checkbox"/></td> </tr> </table> <p>I wish to access my online services and understand and agree with each statement (tick)</p> <table border="1"> <tr> <td>1. I have read and understood the information provided by the practice</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. I will be responsible for the security of the information that I see or download</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. If I choose to share my information with anyone else, this is at my own risk</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. 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.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. If I see something in my records that I am unsure of and have not yet been contacted by the surgery, I will wait until usual opening times and not contact the out of hours or emergency services</td> <td></td> </tr> </table>			1. Booking appointments	<input type="checkbox"/>	2. Requesting repeat prescriptions	<input type="checkbox"/>	3. Sending secure messaging	<input type="checkbox"/>	4. Access to detailed medical record	<input type="checkbox"/>	5. Proxy Access to records for family members who I care for with separate login details	<input type="checkbox"/>	1. I have read and understood the information provided by the practice	<input type="checkbox"/>	2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>	3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>	4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>	5. 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"/>	6. 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.	<input type="checkbox"/>	7. If I see something in my records that I am unsure of and have not yet been contacted by the surgery, I will wait until usual opening times and not contact the out of hours or emergency services	
1. Booking appointments	<input type="checkbox"/>																									
2. Requesting repeat prescriptions	<input type="checkbox"/>																									
3. Sending secure messaging	<input type="checkbox"/>																									
4. Access to detailed medical record	<input type="checkbox"/>																									
5. Proxy Access to records for family members who I care for with separate login details	<input type="checkbox"/>																									
1. I have read and understood the information provided by the practice	<input type="checkbox"/>																									
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>																									
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>																									
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>																									
5. 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"/>																									
6. 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.	<input type="checkbox"/>																									
7. If I see something in my records that I am unsure of and have not yet been contacted by the surgery, I will wait until usual opening times and not contact the out of hours or emergency services																										
Signature		Date																								



For practice use only		
Patient NHS/EMIS number		
Identity verified by (initials)	Method used	Personal Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Date account created		
Date login credentials emailed/given		
Level of record access enabled Detailed coded record <input type="checkbox"/> All prospective <input type="checkbox"/> All retrospective <input type="checkbox"/>	Notes / explanation	
Date clinical assurance completed	Assured by (initials)	
Reason for refusal if record access is refused after clinical assurance.		



To use this service please provide us with your Mobile Telephone Number and Consent to communicate with you via your mobile phone.

Each member of your family over the age of 16 needs to have their own mobile phone number recorded on their medical practice record.

When you download the app, you will register with your own mobile number, if family members have the same mobile number this can confuse the system and you may receive an error when trying to register.

Please complete the form below, so we can input the information you give us on to your medical practice record.

Full Name: .....

Date Of birth: .....

Postcode: .....

Unique/Personal Mobile Telephone Number: .....

Signature: ..... Date: .....

By signing this form I have consented for Fellview Healthcare to use my mobile phone number to communicate with me about appointments/reminders, practice services, and practice information.

Thank you  
Fellview Healthcare

## Information for new patients: about your Summary Care Record

### Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

## Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

### Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

**or**

☐ Express consent for medication, allergies, adverse reactions and additional information.

### No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: ..... Surgery location (Town): .....

NHS number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

### Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
--------	----------------	--

For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

### For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

## Why we collect your information

In the National Health Service we aim to provide you with the highest quality of health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

These records may include:

- Basic details about you such as address, date of birth, next of kin
- Contact we have had with you such as clinical visits
- Notes and reports about your health
- Details and records about your treatment and care
- Results of x-rays, laboratory tests, etc.
- Relevant information from people who care for you and know you well such as health professionals and relatives

## How your records are used

The people who care for you use your records to:

- Provide a good basis for all health decisions made in consultation with you and other health care professionals
- Deliver appropriate health care
- Make sure your health care is safe and effective, and
- Work effectively with others providing you with health care

## Others may also need to use records about you to:

- Check the quality of health care (such as clinical audit)
- Protect the health of the general public
- Keep track of NHS spending
- Manage the health service
- Help investigate any concerns or complaints you or your family have about your health care
- Teach health workers and
- Help with research

Some information will be held centrally to be used for statistical purposes. In these instances we take strict measures to ensure that individual patients cannot be identified

We use anonymous information, wherever possible, but on occasions we may use personal identifiable information for essential NHS purposes such as research and auditing. However, this information will only be used with **your consent**, unless the law requires us to pass on the information

## You Have the Right

You have the right to confidentiality under the Data Protection Act 1998 (DPA), the Human Rights Act 1998 and the common law duty of confidence (the Disability Discrimination and the Race Relations Acts may also apply)

You also have the right to ask for a copy of all records about you (a fee may or may not be charged)

- Your request must be made in writing to the organisation holding your information.
- There may be a charge to have a printed copies of the information held about you, if you have had the same information in the past.
- We are required to respond to you within 40 working days.
- You will need to give adequate information (for example full name, address, date of birth, NHS number etc.).
- You will be required to provide ID before any information is released to you.
- You have the right to obtain a copy of records in permanent form.
- You have the right to request that information is in an intelligible format with medical abbreviations explained.
- You have the right to view the records without obtaining a copy.

**If you think anything is inaccurate or incorrect, please inform the organisation holding your information.**



## How we keep your records Confidential

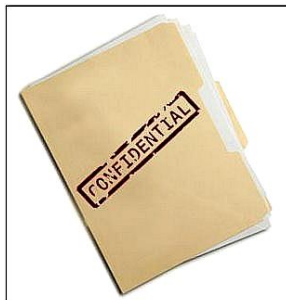
Everyone working for the NHS has a legal duty to keep information about you confidential

We have a **duty** to:

- Maintain full and accurate records of the care we provide to you
- Keep records about you confidential and secure
- Provide information in a format that is accessible to you (e.g. large type if you are partially sighted)

We **will not** share information that identifies you for any reason unless:

- you ask us to do so
- we ask and you give us specific permission
- we have to do this by law
- we have special permission for health or research purposes, or
- we have special permission because the interests of the public are thought to be of greater importance than your confidentiality— for example, if you had a serious medical condition that may put others you had come into contact with at risk



## Information Sharing

We may be required or asked to share information, **with your consent** and subject to strict sharing protocols on how it will be used, with:

- NHS England
- Clinical Commissioning Groups
- Social Services
- Education Services
- Local Authorities
- Voluntary Sector Providers
- Private Sector

Anyone who receives information from us also has a legal duty to:

## Keep it Confidential!

**If you require this leaflet in a different format or you need further information or assistance, please contact us.**

## How We Use your Health Records



### Beech House Surgery

St Bridget's Lane  
Egremont  
Cumbria  
CA22 2BD  
TEL: 01946 820203

### Cleator Moor Surgery

Birks Road  
Cleator Moor  
Cumbria  
CA25 5HP  
TEL: 01946 810427

### Flatt Walks Surgery

Catherine Street  
Whitehaven  
Cumbria  
CA28 7QE  
TEL: 01946 692173

### Griffin Close Surgery

Griffin Close  
Frizington  
Cumbria  
CA26 3SH  
TEL: 01946 810777

[www.fellviewhealthcare.nhs.uk](http://www.fellviewhealthcare.nhs.uk)

This Leaflet explains:

- Why the NHS collects information about you and how we use it
- Who we may share your information with
- Your right to see your Health Records and how we keep your records confidential.





# GDPR - Practice Privacy Notice

## Your data, privacy and the Law. How we use your medical records

- This practice handles medical records according to the laws on data protection and confidentiality.
- We share medical records with health professionals who are involved in providing you with care and treatment. This is on a need to know basis and event by event.
- Some of your data is automatically copied to the Shared Care Summary Record
- We do share some of your data with local out of hours / urgent or emergency care service
- Data about you is used to manage national screening campaigns such as Flu, Cervical cytology and Diabetes prevention.
- Data about you, usually de-identified, is used to manage the NHS and make payments.
- We share information when the law requires us to do, for instance when we are inspected or reporting certain illnesses or safeguarding vulnerable people.
- Your data is used to check the quality of care provided by the NHS.
- We may also share medical records for medical research

For more information ask at reception or please see our practice website at [www.fellviewhealthcare.nhs.uk](http://www.fellviewhealthcare.nhs.uk)

# Privacy Notice Direct Care

## Plain English Explanation

This practice keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this practice who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS.

GPs have always delegated tasks and responsibilities to others that work with them in their surgeries; on average a Fellview GP has between 4000 - 5000 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, predominantly within the surgery but occasionally with outside organisations. If your health needs require care from others elsewhere outside this practice we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the practice but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case.

Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.

People who have access to your information will only normally have access to that which they need to fulfil their roles, for instance admin staff will normally only see your name, address, contact details, appointment history and registration details in order to book appointments, the practice nurses will normally have access to your immunisation, treatment, significant active and important past histories, your allergies and relevant recent contacts whilst the GP you see or speak to will normally have access to everything in your record.

You have the right to object to our sharing your data in these circumstances but we have an overriding responsibility to do what is in your best interests. Please see below.

**Data Controller:** Mr Mark Megan, Fellview Healthcare, Flatt Walks Surgery, Catherine Street, Whitehaven, Cumbria. CA28 7QE. TEL: 01946 692173

**Data Protection Officer:** Information Governance Team Details to be confirm????

### **Purpose of Processing:**

Direct Care is care delivered to the individual alone, most of which is provided in the surgery. After a patient agrees to a referral for direct care elsewhere, such as a referral to a specialist in a hospital, necessary and relevant information about the patient, their circumstances and their problem will need to be shared with the other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.

### **Lawful Basis for Processing:**

The processing of personal data in the delivery of direct care and for providers' administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the GDPR:

*Article 6(1)(e) '...necessary for the performance of a task carried out in the public interest or in the exercise of official authority...'*

*Article 9(2)(h) 'necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...'*

We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality"\*

**Recipient or categories of recipients of the processed data:**

The data will be shared with Health and care professionals and support staff in this surgery and at hospitals, diagnostic and treatment centres who contribute to your personal care.

**Rights to Object:**

You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection that is not the same as having an absolute right to have your wishes granted in every circumstance.

**Rights to Access and Correct:**

You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.

**Retention Periods:**

The data will be retained in line with the law and national guidance.

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

or speak to the practice.

**Right to Complain:**

You have the right to complain to the Information Commissioner's Office, you can use this link <https://ico.org.uk/global/contact-us/> or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)

\* “Common Law Duty of Confidentiality”, common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- where the individual to whom the information relates has consented;
- where disclosure is in the public interest; and
- where there is a legal duty to do so, for example a court order.