

SUMMARY CARE RECORD:

Your emergency care summary

What is the Summary Care Record?

It is NHS centrally held electronic record which contains:

- Your recent and current **Medication** (from last 12 months)
- **Allergies** you suffer from
- Any **Adverse Reactions to Medicines** you have had.

Why do I need a Summary Care Record?

Summary Care Records are being introduced to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record, it will give healthcare staff faster, easier access to essential information about you, and help to give you safe treatment during an emergency, when admitted to hospital or when your GP surgery is closed.

For example, a person who lives in London is on holiday in Brighton. One evening, they're knocked unconscious in a car accident and taken to an accident and emergency (A&E) department. Under the current system of storing health records, it would be difficult for A&E staff to find out whether there are any important factors to consider when treating the person (such as any serious allergies to medications), especially as their GP surgery is likely to be closed. If healthcare staff cannot get the relevant health information quickly, some patients may be at risk.

A Summary Care Record is an electronic record that's stored at a central location. As the name suggests, the record will not contain any other information about your medical history. It will only contain: your last 12 months medication, your allergies and adverse reactions to medicines.

Who can see it?

Access to your Summary Care Record will be strictly controlled. The only people who can see the information will be healthcare staff directly involved in your care who have a special smartcard and access number (like a chip-and-pin credit card).

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, e.g. because you're unconscious, healthcare staff may look at your record without asking you. If they have to do this, a record will be made.

How do I know if I have one?

Summary Care Records are now in Camden and all patients will have a summary care record created, and it will include just their medications (last 12m), allergies and adverse reactions to medicines.

Do I have to have one?

No, if you choose not to have one, then you will need to complete a form and bring it along to the surgery. You can download a form, or obtain one from your surgery. You can change your mind at any time – just tell your Practice.

More Information

For further information visit www.nhscarerecords.nhs.uk, email scr.comms@hscic.gov.uk or call the information line on 0300 303 5678 option 2.

Recording Consent of New Patients for Data Sharing Initiatives in Camden

<p>Camden Integrated Digital Record Local Initiative</p>	<p>Camden Integrated Digital Record (CIDR), enables your Camden care providers, when they are treating you, to view the relevant information about the care you receive, and so give you the best possible care.</p>	<p>I want to:</p> <p>Opt in to CIDR. <input type="checkbox"/></p> <p>Opt out of CIDR. <input type="checkbox"/></p>
<p>Summary Care Record National Initiative</p>	<p>If you have a Summary Care Record your health care providers can view your medication, bad reactions to medications and allergy information when treating you in an emergency or when your practice is closed.</p>	<p>I want to have a Summary Care Record. <input type="checkbox"/></p> <p>I do not want to have a Summary Care Record. <input type="checkbox"/></p>
<p>Care.data National Initiative</p>	<p>Care.data aims to make increased use of information from medical records with the intention of improving healthcare via research.</p>	<p>I want my medical record to be part of Care.data. <input type="checkbox"/></p> <p>There are 2 levels of opt out, you can opt out of both:</p> <p>I do not want my personal and confidential data to leave the Health and Social Care Information Centre <input type="checkbox"/></p> <p>I do not want my personal confidential data to leave the GP Practice <input type="checkbox"/></p>

Please read the above text and make your selection by ticking the box or boxes next to the right statement. Then please fill out the required information below, sign and date the form and return it to reception.

Name:

Date of Birth:

Signature:

Date:

CHILD QUESTIONNAIRE

DATE.....

MALE/FEMALE

Please answer the following questions about your child. If there is anything you do not understand please ask at reception.

SURNAME..... FIRST NAME(S).....

ADDRESS.....

DATE OF BIRTH..... NHS NO.....

PARENT/GUARDIAN/CARER.....RELATIONSHIP.....

TEL NO (HOME)..... (WORK).....

WHERE WAS YOUR CHILD BORN.....

HAS YOUR CHILD ANY MEDICAL PROBLEMS AND/OR ANY REGULAR MEDICATION.
PLEASE GIVE DETAILS.

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If your child is on medication – please make an appointment with the doctor.

ARE THERE ANY ILLNESSES WHICH RUN IN EITHER PARENTS FAMILY – SUCH AS
ANAEMIA, DIABETES OR EPILEPSY?

WHAT PAST ILLNESSES SUCH AS MEASLES, MUMPS ETC HAS YOUR CHILD
HAD.....

IMMUNISATION HISTORY	1 ST DATE	2 ND DATE	3 RD /Booster DATE	AT A CHILD CLINIC	AT A GP RUN CLINIC
DTaP/Pol/Hib					
Prevenar					
Men C Booster Hib/Men C					
Single Hib					
MMR					
Pre School DTap/Pol					

HAS YOUR CHILD HAD THE FOLLOWING DEVELOPMENTAL CHECKS: **Please tick**
7 MTH HEARING TEST..... 7-9 MTH CHECK..... 18MTH CHECK..... 3YR CHECK.....

WHAT SCHOOL OR NURSERY DOES YOUR CHILD ATTEND.....

WHAT IS THE OCCUPATIONS OF: FATHER.....MOTHER.....

**PLEASE ENSURE YOU HAVE A PRACTICE LEAFLET GIVING DETAILS OF OUR BABY CLINICS AND CHILD DEVELOPMENT CLINICS.
THIS INFORMATION IS HELD ON COMPUTER AND PROTECTED UNDER THE DATA PROTECTION ACT.**

PLEASE COMPLETE FOR YOUR CHILD

1.) To which of these ethnic groups do you feel your CHILD belongs?

Please tick one box, or write your ethnic group in the 'any other' space if you feel none of the choices best describes your child:

<p>WHITE</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background, <i>please write below:</i></p>	<p>ASIAN or ASIAN BRITISH</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, <i>please write below:</i></p>
<p>MIXED</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background, <i>please write below:</i></p>	<p>BLACK or BLACK BRITISH</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, <i>please write below:</i></p>
<p>CHINESE</p> <p><input type="checkbox"/> Chinese</p>	<p>ANY OTHER ETHNIC BACKGROUND</p> <p><input type="checkbox"/> Any other ethnic group, <i>please write below:</i></p>
<p><input type="checkbox"/> I do not wish to answer this question.</p>	

2.) What is/will be Child's Main Spoken Language?

This is the language you speak in your home or family environment, regardless of how well you speak English.

Any other Language

3. Do you need an Interpreter to help you with spoken English?

- I need an interpreter
- I do not need an interpreter