**ACCESS/PROXY ACCESS TO ONLINE SERVICES**

**(PATIENT IS AGED 16 OR OVER)**

**INFORMATION AND APPLICATION FORM**

You can request access to online services to book, check and cancel appointments, request repeat prescriptions and see parts of your medical record including immunisations and test results.

Being able to see your record online might help you to manage your medical conditions. It also means that you can access it from anywhere in the world should you require medical treatment on holiday.

To request access you will need to complete the application form in full (see page 5). You will need to provide ID documentation (see request form for details). Depending on the level of access requested, there is a waiting time between two and 20 working days for access to be approved.

Once access is approved you will be given account details and a list of online service providers.

**ACCOUNT DETAILS**

You will be provided with three pieces of information which will enable you to register with an online service provider:

* Linkage Key
* ODS Code
* Account ID

You must keep this information safe and secure. When you register you will be asked to create a password and choose a security word (which must have more than eight characters). You must also keep this password and security word safe and secure.

**ONLINE SERVICE PROVIDERS**

There are many online service providers through which you can access online services. A couple are recommended on the document with your account details. The three most popular are Patient Access, NHS App and Evergreen Life.

Pennine Medical Centre is not affiliated to any online service providers and is unable to provide help resetting passwords and security words.

**YOUR RESPONSBILITY**

It will be your responsibility to keep your login details, password and security word 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 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 has the right to remove online service access for anyone who does not use it responsibly.

**THINGS TO CONSIDER BEFORE APPLYING FOR ONLINE ACCESS**

Depending on the level of access that you request, please consider the following:

* **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 is up to you whether you share your information with others – perhaps family members or carers. It is 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.

* **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.

**FURTHER INFORMATION**

Please view the following websites for further information:

<https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/>

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

**PENNINE MEDICAL CENTRE’S ONLINE ACCESS POLICY**

The NHS’s ambition is to embrace technology as part of its drive to offer modern, convenient and responsive services to patients, their families and carers. At Pennine Medical Centre we promote the use of online services in line with the GP Forward View and GMS Contract requirements the use of online systems for patients.

This Policy should be read in conjunction with (click links or see website for embedded leaflets):

* **[Giving Another Person Access to your Online record – NHS Patient leaflet](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-give-another-person-access.pdf)**
* [**Young People’s Access to GP Online Record – NHS England**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-clr-young-people-gp-online.pdf)
* [**Keeping Your Online Record Safe – NHSE**](https://www.nhs.uk/nhsengland/thenhs/records/healthrecords/documents/patientguidancebooklet.pdf)
* [**Giving employed carers access to your GP online services- NHSE**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-give-employed-carers-access.pdf)
* [**What you need to know about your GP online records - NHSE**](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-need-to-know.pdf)

**WHAT YOU CAN EXPECT**

Please note that following receipt of this correctly completed form, it **will take between 2 to 20 working days** to approve and grant access depending on the level of access requested. This is due to the records needing to be reviewed for third party and any data that may cause harm. We will do our best to get the access granted as soon as possible.

**APPOINTMENTS**

We currently offer blood test and smear appointments online.

**REPEAT PRESCRIPTIONS**

You will be able to view and request all medication that is on repeat prescription. If you cannot see a medication that you think should be on repeat, please contact the surgery.

**LABORATORY TEST RESULTS**

If you are requesting access to test results, please be aware you may be able to view results before a Doctor has contacted you to discuss them. It is important to understand that the terminology used on the clinical system may not be clear or readable by a non-clinical person and it is, therefore, better to wait for your clinician to contact you.

We have robust systems in place to assess and contact patients should any results be concerning. By requesting access you are confirming you accept this.

**DOCUMENTS**

Only documents that are available on our clinical system (EMIS) will be visible; documents held on DOCMAN and paper documents are only available to view via a Subject Access Request (SAR) using a SAR form.

**PROBLEMS**

This is the term used on our clinical system (EMIS) for specific diagnoses that have been coded in your electronic medical records.

**CONSULTATIONS**

All consultations with clinicians – free text

**ALL CODED INFORMATION**

Not all coded information is a problem/diagnosis. Many pieces of information are given a code; for example, bowel screening, so that we can easily search for patients who have taken part and contact those patients yet to participate.

***Please note prior to 2013 notes are held in paper format. Copies can be requested via a Subject Access Request (SAR) using the SAR form.***

**THIS PAGE IS BLANK FOR PRINTING PURPOSES**

**PLEASE RETAIN PAGES 1 TO 3 FOR YOUR INFORMATION**

**ACCESS TO ONLINE SERVICES**

**APPLICATION FORM**

1. **PATIENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME:** |  | **LAST NAME:** |  |
| **DATE OF BIRTH:** |  |  | |
| **MOBILE NO:** |  | **LANDLINE:** |  |
| **EMAIL ADDRESS:** |  | | |
| **HOME ADDRESS:** |  | | |

1. **YOUR INFORMATION (IF NOT THE PATIENT) - PROXY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ARE THESE RECORDS REGARDING YOU?** | | | | **YES / NO**  If yes, go to section 3  If no, please complete the following with **YOUR DETAILS**: | | | |
| **YOUR FIRST NAME:** | |  | | | **YOUR LAST NAME:** | |  |
| **DATE OF BIRTH:** |  | | | |  | | |
| **MOBILE NO:** |  | | | | **LANDLINE:** |  | |
| **EMAIL ADDRESS:** |  | | | | | | |
| **HOME ADDRESS:** |  | | | | | | |
| **RELATIONSHIP TO THE PATIENT:** | | |  | | | | |
| **REASON YOU FEEL YOU ARE LAWFULLY ALLOWED ACCESS TO THE PATIENT’S RECORDS UNDER THE DATA PROTECTION ACT:** | | | | | | | |
|  | | | | | | | |

1. **SERVICES/ACCESS REQUIRED** (see the access policy on page 4 for service information)

|  |
| --- |
| **PLEASE STATE WHICH SERVICES YOU WOULD LIKE ACCESS TO:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | | **YES/NO** | **APPROVAL TIME** |
| **A** | **BOOK & CANCEL APPOINTMENTS** |  | **48 HOURS (2 WORKING DAYS)** |
| **B** | **REPEAT PRESCRIPTIONS** |  | **48 HOURS (2 WORKING DAYS)** |
| **C** | **ALLERGIES** | Yes | **Automatic access** |
| **D** | **MEDICATION** | Yes | **Automatic access** |
| **E** | **LABORATORY TEST RESULTS** |  | **UP TO 20 WORKING DAYS** |
| **F** | **DOCUMENTS** |  | **UP TO 20 WORKING DAYS** |
| **G** | **IMMUNISATIONS** |  | **48 HOURS (2 WORKING DAYS)** |
| **H** | **PROBLEMS** |  | **UP TO 20 WORKING DAYS** |
| **I** | **CONSULTATIONS** |  | **UP TO 20 WORKING DAYS** |
| **J** | **ALL CODED INFORMATION** |  | **UP TO 20 WORKING DAYS** |

**Application form continues on page 6 …**

1. **DECLARATION AND SIGNATURE**

|  |
| --- |
| **I UNDERSTAND AND ACCEPT THE FOLLOWING STATEMENTS (PLEASE TICK ALL BOXES):** |

|  |  |
| --- | --- |
| **IF I CHOOSE TO SHARE MY INFORMATION WITH ANYONE ELSE, I WILL DO SO AT MY OWN RISK** |  |
| **IF I SEE INFORMATION IN MY RECORD THAT IS NOT ABOUT ME OR IS INACCURATE, I WILL INFORM THE PRACTICE AS SOON AS POSSIBLE** |  |

**Please sign to confirm:**

* **you have read and understand all the information on pages 1 and 2**
* **you have completed all sections of the application form on pages 3 and 4 correctly and truthfully**
* **you have read and agree to abide by the Online Access Policy on page 5**

|  |  |
| --- | --- |
| **PATIENT/PROXY SIGNATURE:** |  |
| **PRINT NAME:** |  |
| **DATE:** |  |

1. **ID DOCUMENTS**

If you are the patient:

You will need **two** identification documents; one with proof of name and date of birth, eg. Birth certificate, passport, driving licence, and a recent proof of address, eg. a utility bill within the last three months.

If you are the proxy:

You will need **two** identification documents as per above **PLUS** the patient’s birth certificate showing parentage (if the patient is your child) or written and signed consent from the patient.

1. **WHAT HAPPENS NEXT**

Hand this completed form and two ID documents to a Receptionist at one of the GP Surgeries. Your ID documents will be photocopied and handed back to you.

You will receive an email (if email address provided) within 48 hours with your account details and online service provider information (see page 1). If no email address provided, you will receive a text or telephone call asking you to attend the surgery to collect your account details and online service provider information.

After registering with online service provider using the account details provided, you will have automatic access to services C and D (see page 3).

If you have requested access to services A, B and/or G, you will be able to view these straight away.

If you have requested access to services E, F, H, I, and/or J, this will take up to 20 working days to come through.

**FOR PRACTICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE RECEIVED:** |  | | **DUE DATE:** |  |
| **CLINICIAN TO RETURN FORM TO:** | |  | | |

**GP**

\*If access has been requested to services E, F, H, I, J (see page 5) then a GP must sign to confirm that:

* the record can be accessed
* they are happy this request is lawful
* they are happy that patient understands their responsibilities under the Data Protection and GDPR laws

**I confirm that ….**

|  |  |
| --- | --- |
| **NAME (the requester):** |  |

**… is approved or denied (as ticked below) access to online medical records for:**

|  |  |
| --- | --- |
| **PATIENT NAME:** |  |
| **NHS NO:** |  |

**Services/access given (tick as appropriate):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE** | **REQUESTED** | **ACCESS**  **APPROVED** | **ACCESS**  **DENIED** | **REASON FOR DENIAL** |
| **LABORATORY TEST RESULTS** |  |  |  |  |
| **DOCUMENTS** |  |  |  |  |
| **PROBLEMS** |  |  |  |  |
| **CONSULTATIONS** |  |  |  |  |
| **ALL CODED INFORMATION** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP’S SIGNATURE:** |  | **DATE** |  |
| **PRINT NAME:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMIN** | **YES/NO** | **WHO BY** | **DATE** |
| Relevant ID documents checked and photocopied |  |  |  |
| Online services switched on and services A, B & G ticked (if requested) |  |  |  |
| Remaining relevant services ticked on EMIS (as per request) after GP approval |  |  |  |
| Patient has been contacted by (delete as appropriate):  **accuRx / email / letter / phone call** to confirm approval |  |  |  |
| Consultation added to patient’s notes in EMIS stating patient has been granted access – please state in consultation which specific services granted |  |  |  |

**Application form and ID documents must now be scanned into patient’s record**