



# Working together to improve care

## Integrating care in North West London

### Dear Patient,

We've listened carefully to what's important to you and are making important changes in North West London to improve how we help you stay well. We are creating an integrated care record between health & social care for each patient so you benefit joined-up care; meaning you'll be able to plan how you receive your care whether it's from your GP, local hospital or other local care services.

### What information will be shared?

Only GPs, hospital doctors, nurses, social workers and other health and social care professionals, who are in direct contact with you, will have access to your health and social care information, known as your Integrated Care Record.

Your information is protected under the Data Protection Act 1998, which means your personal information will only ever be used to support your own direct care. It will not be shared with, or sold to, **anyone** else.

It is also separate from care.data and the Summary Care record.

**You have the choice about whether to share your integrated care record and who can see it. If you are happy to share your information you will be giving consent to the following:**

- Your care information may be shared with other professionals (for instance, acute consultants, mental health consultants, community health professionals, social care workers)
- Your care plan may be discussed at a case conference to get advice from the multidisciplinary team
- Some care information will be made anonymous and shared with other organisations to help them improve services across the system

If you would like any further information on integrated care please visit  
[www.integration.healthiernorthwestlondon.nhs.uk](http://www.integration.healthiernorthwestlondon.nhs.uk)

If you DO NOT want to share, please complete form and hand it into  
your GP Practise.





# Opting Out Form

**Section A: Please complete in BLOCK CAPITALS**

TITLE: .....

SURNAME/FAMILY NAME: .....

FORE NAME: .....

ADDRESS:.....  
.....

POSTCODE: .....

PHONE NUMBER: .....

DATE OF BIRTH: .....

NHS NUMBER (if known): .....

**If you are filling this form out on behalf of another person, their GP will consider this request. Please complete their details in section A and your details in Section B (please use BLOCK CAPITALS)**

**Section B:**

YOUR NAME:.....

YOUR RELATIONSHIP TO THE NAMED PERSON:  
.....

YOUR SIGNATURE:  
.....

DATE:.....

