

PARKLANDS SURGERY- PATIENT PREFERENCES/SERVICES

Please use this form to advise Parklands Surgery of your preferences or any services you would like being set up. **You do not need to complete every section if you do not wish.** If you complete Section 4 you will need to bring the form to the practice together with some photo ID, otherwise you can post the form to the practice if you prefer. Please ensure you sign overleaf.

Please put ticks ✓ in boxes as required

Surname	Date of Birth
First Name	Telephone
Email	Mobile
Consent for the Surgery to send emails to this email address Y / N	Consent for the Surgery to send text messages to this mobile number Y / N

Section 1	<u>SUMMARY CARE RECORD (SCR)</u>		
	<p>You will already have a Basic SCR (unless you previously instructed us that you did not want one). This gives health and care professionals in other NHS organisations, e.g. St Richard's Hospital's Accident & Emergency Department, details of important information about your health that we hold. We recommend that you make the Enhanced SCR available but the choice is yours. You can indicate your preference below:</p>		
	Tick One	Option	Information available to other Care Professionals
	<input type="checkbox"/>	No SCR	None
<input type="checkbox"/>	Basic SCR	<ul style="list-style-type: none"> Medicines you are taking Allergies you are suffering from Any bad reactions to medicines 	
<input type="checkbox"/>	Enhanced SCR	<p>As for Basic SCR plus:</p> <ul style="list-style-type: none"> Your illnesses and health problems Operations and vaccines 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 Who should be contacted for more information about you. 	

Section 2	<u>COMMUNICATING WITH PATIENTS</u>	
	<p>We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send to you. If, potentially because of some form of impairment, you find it hard to read our letters or if you need someone to support you at appointments, please let us know.</p> <p>For example: You may need information in braille, large print or easy read. You may need a British Sign Language Interpreter or advocate. You may want us to support you to lip-read or use a hearing aid or a communication tool.</p>	
	Tick One	Option
	<input type="checkbox"/>	I have no specific communication requirements
<input type="checkbox"/>	It would help if you could communicate with me in the following way(s):	

Section 3

ELECTRONIC PRESCRIPTIONS SENT DIRECT TO THE PHARMACY

If you get regular prescriptions, the Electronic Prescription Service (EPS) may be able to save you time by avoiding unnecessary trips to Parklands Surgery. EPS makes it possible for your prescriptions to be sent electronically to the pharmacy of your choice. This means you'll no longer have to collect a paper repeat prescription from the practice – instead, you can go straight to the nominated pharmacy to pick up your medicines.

Please tick below if you wish to nominate a pharmacy for us to send your prescriptions to:

<input type="checkbox"/> Boots	<input type="checkbox"/> Doctors Direct (DDP)	<input type="checkbox"/> Kamsons Eastage
<input type="checkbox"/> Sainsburys	<input type="checkbox"/> Stephens	<input type="checkbox"/> Summersdale
<input type="checkbox"/> Tescos	<input type="checkbox"/> Other (Please state):	

Section 4

ONLINE SERVICES

Online services enable you to book/cancel appointments, order repeat medication, view test results and view the coded information in your medical records on your home computer, smartphone or tablet computer. Please complete this section if you wish to apply for access.

If this is a new application for online services, you will need to bring this form and photo ID to the surgery. If you are just adding services, you can post the form.

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 will need to indicate that you have read and understood 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.** 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 us.
- **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.
- **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.
- **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.

I wish to apply for the following online services (tick all that apply):

<input type="checkbox"/> Appointment Booking	<input type="checkbox"/> Repeat Medication
<input type="checkbox"/> SCR Access	<input type="checkbox"/> Detailed Coded Record Access

You must agree to all of the following:

<input type="checkbox"/> I have read and understood the information above	<input type="checkbox"/> I will be responsible for the security of the information that I see or download
<input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/> If I see information that is not about me or is inaccurate, I will contact the practice as soon as possible

I have completed these Sections

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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Signature

Date

Please apply these changes accordingly