



ROWDEN SURGERY

Rowden Hill, Chippenham, SN15 2SB

Telephone: 01249 444343

Patient Information Leaflet - Data Sharing

Introduction

This leaflet explains **why** information is collected about you, the **ways** in which this information may be used and who will be collecting it.

Shared Administration

Shared Administration means we will be sharing our practice records with the other surgeries within our Primary Care Network (PCN).

This means that clinicians and authorised administrators will be able to access the notes of patients in all of the five practices across our Primary Care Network.

This streamlines how we access information and means you could have faster access to a physiotherapist in another practice in our network, or be seen by PCN staff including First Contact Physiotherapists, Mental Health Nurses or the Living Well Team.

We have strict confidentiality rules in place for accessing your medical records within the PCN, however you can choose to opt out if you wish. If you would like to know more, please

visit: <https://www.rowdensurgery.co.uk/primary-care-network>

TPP SystemOne Data Sharing

The practice uses a clinical computer system called SystemOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and other NHS bodies. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history including medication and allergies. You can control how your medical information is shared with other organisations that use this system.

1. Sharing Out - *This controls whether your information stored in the practice can be shared with other NHS services*

2. Sharing In - *This controls whether information made shareable at other NHS care services can be viewed by us, your GP practice, or not.*

Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions.

Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Allow results of investigations, such as X-rays and laboratory tests to be shared
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises
- Enable other clinicians to find out basic details about you, such as address and next of kin

Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside this Practice, complete the sheet enclosed in this leaflet. This will prevent your confidential information being used other than where necessary by law.

Do I need to do anything?

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.

Rowden Surgery

Data Sharing

Please complete the information below with your choices on sharing your data and hand to Rowden Surgery Reception Team.

Name: **Date of Birth:**

Address:
.....
.....

Shared Administration

Do you consent for your records to be shared across the Chippenham, Corsham & Box Primary Care Network for the purpose of your care?

☐ **Yes (*recommended option*)**

☐ **No**

Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ **Yes (*recommended option*)**

☐ **No, never**

Do you consent to you GP Practice viewing your health record from other organisations that care for you?

☐ **Yes (*recommended option*)**

☐ **No**

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ **Yes (*recommended option*)**

☐ **No**

Signature	<input type="checkbox"/> Signed on behalf of patient
Name	
Date	