

## Information for new patients: about your Summary Care Record

### Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and Additional Information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations 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 and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

If you choose to complete the consent form overleaf, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

## Changes made during the COVID-19 pandemic

Due to its helpfulness in a medical emergency, Additional Information (Option b above) was automatically uploaded to people's Summary Care Records during the COVID-19 pandemic under a temporary policy change. This was done without peoples' explicit consent, unless they had previously stated they did not want an SCR (Option c above) or only wanted a Core SCR (Option a above). This change proved beneficial, with many clinicians reporting that this Additional Information supports them to provide better and safer care to patients. This temporary change has been extended by NHS England, whilst a permanent change is considered.

## Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

### Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions **only**.

**or**

Express consent for medication, allergies, adverse reactions **and** Additional Information.

### No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of Patient: .....

Address: .....

Postcode: ..... Date of Birth: .....

NHS Number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

**Please circle one:**    Parent                      Legal Guardian                      Lasting power of attorney  
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS England on 0300 303 5678 or speak to your GP practice.