**NHS SUMMARY CARE RECORD - Your emergency care summary**

**Dear Patient**

**The NHS in England** has introduced the **Summary Care Record**, which will be used in emergency care. The record contains information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your **Summary Care Record** is available to authorised healthcare staff providing your care anywhere in England but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

The Quarter Jack Surgery supports **Summary Care Records** and as a patient you have a choice:

* If you would like a **Summary Care Record** you do not need to do anything and a record will be created for you.
* If you do not want a **Summary Care Record** you need to complete an opt out form and hand it to a member of The Quarter Jack Surgery staff. Opt out forms are available from our website [www.quarterjacksurgery.co.uk](http://www.quarterjacksurgery.co.uk) Services/Downloadable documents or from Reception. You can also complete an online form on our website.

For more information visit the website <https://digital.nhs.uk/summary-care-records> or telephone NHS Digital on **0300 303 5678.**

You can change your mind at any time and opt out or back in by informing us of your preference.

If you do nothing we will assume that you are happy to have a **Summary Care Record**. Children under 16 automatically have a Summary Care Record unless a parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, you should make this information available to them.

**SUMMARY CARE RECORD ADDITIONAL INFORMATION**

**If you would like the clinical team to have access to an enriched medical summary to help YOUR care in the event that you need medical help when our surgery is closed or you are on holiday in the UK, please complete the form overleaf and hand to reception.**

 

NHS Summary Care Record with

additional information

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

* Medicines you are taking
* Allergies you suffer from
* Any bad reactions to medicines

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 an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

**You can choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

* Your 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
* Who should be contacted for more information about you

**What to do next**

**If you would like this information adding to your SCR** (or the SCR of someone you are a carer for), then please complete this form and return to the surgery.

Name of Patient: ………………………………………………..…...........................................................................

Date of Birth: ………………………………………. Patient’s Postcode: ………………………………………...

Surgery Name: ………………………….. Surgery Location (Town): ………………………….…….................

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………………………………………………………………………………………………………………….

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| --- | --- | --- | --- |
| Capacity:  please circle one | Parent | Legal Guardian | Lasting power of attorney for health and welfare |

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**For practice use:** To update the patient’s consent status to ‘Express consent for medication, allergies, adverse reactions and Additional Information’ use the SCR consent preference dialogue box or add Read code **XaXbZ**.