

# The Family Practice Group



## 1. Registration & Information for Patients

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Information for patients

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## 1. Information for Patients

### 1.1 Patient Guide

**With regards to the Patient guide and in observance of NHMS Core Standard C1, it is the responsibility of the Registered Manager to ensure that:**

- 1.1.1 The Patient Guide is given to all prospective patients.
- 1.1.2 It is reviewed every 12 months and that the Healthcare Commission is kept up to date with any changes.
- 1.1.3 It contains information about the clinic's ethos and contact information, treatments offered and prices of such.
- 1.1.4 That it contains information on how to complain both at the clinic and the Healthcare Commission, including how to complain about the Patient Guide.
- 1.1.5 The contact address and telephone number of the Healthcare Commission is contained within the patient guide
- 1.1.6 An up to date copy of the Patient Guide is kept in the Policies Folder in the Shared Folder on the clinic's server, as well as hard copies being available on reception.

### 1.2 Statement of Purpose

**The practice's Statement of Purpose can be found in [Appendix 134 providers statement of purpose template for publication](#).**

**A copy of the statement, outlining the practice's ethos, aims and objectives is available to patients upon request and visible on posters within the surgery.**

### 1.3 Availability of Annual Report to patients

**As per our registration, an annual inspection of the practice is carried out and a report is produced by the Care Quality Commission. This report is available at the CQC and our practice websites, and is a public document to which any patient has access. A copy of this report is to be kept on site and made available to patients upon request.**

#### 1.4 Misleading information

**It is the responsibility of the registered manager to ensure that** information published by the practice about its services is accurate. This includes:

- 1.4.1 Information given to patients and prospective patients as to what the treatment on offer will be likely to achieve.
- 1.4.2 Information contained in advertisements, i.e. meeting the requirements of the Advertising Standards Authority.

#### 1.5 New Patient Registrations – Acceptance / Refusal

New patients should submit a **New Patient Registration form** (GMS1) and complete a Health Questionnaire. Ethnicity will also be requested.

**Proof of residence will be required.** (Utilities bill, driving licence with current address, tenancy agreement or Bank statement is acceptable).

**Proof of identity will be required.** (Passport/identity card or driving licence with photograph is acceptable).

Patients will not be registered with an individual GP but with the 'practice'.

Patients will not be unreasonably refused registration, and "unreasonable" includes refusal based on:

- Medical condition
- Race
- Gender or sexual orientation
- Disability
- Age
- Religious group or religious beliefs
- Political beliefs
- Appearance or lifestyle

The Practice will however refuse registration if:

- The list is officially "Closed".
- The patient resides out of the publicised Practice area

The Practice may refuse registration (subject to a Partners' discussion and agreement) if:

- The patient has been previously removed from the list
- The patient has a known history of violence

The reason for refusal will be in writing and recorded in a permanent record for that purpose. This excludes Temporary Residents, where no record is necessary.

Immediately necessary treatment may be provided without proof of entitlement to NHS services but the patient's records will be noted that no identification has been seen and the patient will be asked to bring proof the next time they attend the surgery. Only minimal short term prescribing will occur until identification is provided. The practice may also contact a patient's previous GP (or current GP in the case of temporary residents) for example if proof of identification is not provided or controlled drugs are requested.

If any of our registered patients live more than one mile from a dispensing pharmacy they are eligible to be one of our dispensing patients and our Dispensing Manager will complete the process for this.

All new patients will be provided with a Practice Booklet along with our Patient and Practice Charter.

Patients may also register online from our website [www.brigstockfamilypractice.com](http://www.brigstockfamilypractice.com) where this is done we will still need proof of identity and residence before full acceptance on to the practice list.

### Practice Catchment Area



## 1.6 Activating Patient Online Access

### **Introduction**

The surgery provides on-line access to order medication and make appointments using EMIS's "Patient Access", linked from the surgery website. "Patient Access" can also allow patients to access information about:  
Medication – acute and repeat

- Immunisations
- Allergies
- Documents (e.g. clinic letters from hospitals)
- Test Results
- Consultations and other coded information.

The surgery can choose which of these aspects to activate. The purpose of this document is to set out our policy about:

- what aspects of the patient medical record we will make available to patients under "Patient Access",
- what controls we will use to safeguard patient confidentiality

### **Responsibility & Applicability**

This SOP applies predominantly to reception and administration staff, including medical secretaries. However, all staff occasionally book appointments and should have an awareness.

All staff are responsible for any judgement they make about urgency or necessity regarding communications, and where there is any doubt, they are responsible asking a clinician, or the practice manager.

### **Guiding Principles**

The following are the guiding principles we have used to determine our policy

There is a clear patient desire for on-line access. Nationally, 59% agree that they would be interested in accessing their medical records online. We fully support this, and can see the benefits for both patients and ourselves if patients can access information directly, 24/7, rather than contacting the surgery. However, there are significant risks that need to be managed, in particular:

- Maintaining patient confidentiality, verifying identity and getting appropriate consent
- Ensuring access is not inappropriately granted to friends and family, but only to the patient themselves
- Ensuring patients understand the risks of inadvertently passing on access by sharing and/or storing passwords
- Access for under 16s

- Access for patients who lack capacity
- Making sure that patients are able to understand and use their information safely, appropriately and effectively, and do not:
  - receive distressing news in an inappropriate and inhumane manner.
  - discover information likely to cause serious harm to themselves or anyone else
  - discover information about another person who does not consent.

## **Policy Statement**

What we will make available

The surgery currently makes the following aspects of patient records available to patients through EMIS patient access:

- Current Medication – including acute, as well as repeats
- Immunisation
- Allergies
- Documents

At this point, we have not made test results available online. This is because test results are multi-faceted and complex, and can unduly worry patients in the absence of a clinician who can contextualise and interpret them. Should a patient wish to know test results, they are welcome to ring the surgery, where a receptionist will either give them the results directly (if the GP has reviewed them and noted that the patient can be told), or message a GP to call the patient.

## **Process and checks**

The surgery will validate each patient's identity before switching on any access to medical records for that patient. The patient must present in person, and show the receptionist:

- a passport or driving license
- one other form of address identification – bank statement, tax statement or utility bill
- less than 3 months old

The receptionist will:

- verify that the photograph is recognisably the patient
- verify that the name, date of birth and address matches the patient record

Once satisfied, the receptionist will give the patient a handout sheet explaining the importance of keeping PIN numbers private.

The receptionist can then switch on the relevant access immediately.



Where the patient is new to patient access, switching on access will result in a pin number and access instructions being printed. The pin number must be handed to the patient directly and immediately, and not sent by post or handed to any 3rd party, friend or family member.

#### Under 16s

Parents and legal guardians of children 12 and under may request limited on-line access for their children in order to:

- book appointments
- order repeat medication

They will not be given access to wider medical records.

Receptionists need to be alert to potential issues around who has parental authority, and, if in any doubt, defer to the doctor or practice manager.

Patients aged 16 and over must request access in their own right, as per an adult. Access will not be granted to parents.

Patients over 12 and under 16 represent a difficult area. While it is clearly convenient and appropriate for some parents to order medication and make appointments on their children's behalf, there are other cases where a "Fraser Competent" child has a confidential relationship with the GP in their own right, and that confidentiality must be guarded. We therefore will not provide access for 12 to 16 year olds – either to the parent, or to the child themselves.

#### Patients lacking capacity

Where patients lack capacity, access can be granted to an individual with appropriate Legal Power of Attorney. This must be discussed with the practice manager

#### Patients with Carers

Where patients have carers, they understandably may feel that it is convenient for the carer to be able to access their medical record for various reasons, including:

- booking appointments
- ordering repeat medication
- providing information to (e.g.) the ambulance service and other health and social care professionals in a crisis.

However, the risk to patient confidentiality is too high. Professional carers move on, and the patient may not have a strong understanding of technology and may not close down the access etc. For these reasons, we will not give access to anyone other than the patient themselves, and we will strongly recommend that the patient does not pass on their passwords to carers or anyone else.

## **Useful references**

<http://www.medicalprotection.org/docs/default-source/pdfs/BookletPDFs/onlinemedrecordsbooklet.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2014/10/npo-guidance-291014.pdf>