

**Wadhurst Medical Group**  
**(Incorporating Belmont & Ticehurst Surgeries)**  
**St James's Square Wadhurst TN5 6BJ**

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**www.wadhurstmedicalgroup.co.uk**

**East Sussex CCG**

Dear Patient,

**Re: Enhanced Summary Care Record**

As part of our commitment to patients, we are writing to advise you about the provision of the Enhanced Summary Care Record.

**What is an Enhanced Summary Care Record?**

Most people in England already have a 'core' Summary Care Record which makes limited information from a patient's GP record available to other health professionals, such as current medications, allergies and bad reactions to medicines.

An 'Enhanced Summary Care Record' can also include details of illnesses and health problems, past operations and vaccinations, treatment preferences, information about the kind of support needed, and who should be contacted if more information is required.

**What are the benefits?**

By consenting to an 'Enhanced Summary Care Record' it means you can receive better, quicker care if you need to access healthcare away from your usual GP surgery, such as in an emergency, on holiday, when your normal surgery is closed, at hospital clinics or out of hours appointments.

**Further Information**

The information will be managed securely in line with the NHS Care Records Guarantee. The Record will only be accessed by doctors and nurses if consent is provided by yourself, unless you are unconscious or unable to communicate and they believe that accessing the record is in the best interest for your care.

**How can I activate my Enhanced Summary Care Record?**

Please use the form overleaf to log your consent preferences regarding the Enhanced Summary Care Record and return to the practice either via the e-mail address on the header of this letter or by post.

## **Opting Out**

The purposes of both the Summary Care Record and the Enhanced Summary Care Record are to improve the care that you receive, however, you do have the option to opt out. If this is your preference please inform us using the consent preferences form overleaf and return to the Practice either via the e-mail address on the header of this letter or by post.

Regardless of your past decisions about your Summary Care Record consent preferences, you can change your mind at any time. The following options are available to you:

- To have a Summary Care Record with Additional Information shared. This means that any authorised, registered and regulated health and care professionals will be able to see an enriched Summary Care Record if they need to provide you with direct care.
- To have a Summary Care Record with core information only. This means that any authorised, registered and regulated health and care professionals will be able to see information about allergies and medications only in your Summary Care Record if they need to provide you with direct care.
- To opt-out of having a Summary Care Record altogether. This means that you do not want any information shared with other authorised, registered and regulated health and care professionals involved in your direct care, including in an emergency situation.

Yours faithfully,

**Wadhurst Medical Group Administration**

## Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below.

Please return completed forms either via e-mail to: [hwlhccg.belmont@nhs.net](mailto:hwlhccg.belmont@nhs.net) or post to **Wadhurst Medical Group, St James Square, Wadhurst, East Sussex TN5 6BJ**

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

Express consent for medication, allergies and adverse reactions only.

**or**

### Yes – I would like an Enhanced Summary Care Record

Express consent for medication, allergies, adverse reactions and additional information.

### No – I would not like a Summary Care Record or an Enhanced 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 Digital on 0300 303 5678