



## Tabled Questions for Meeting 06.11.2017

### **1. How do you opt back into the Summary Care Record if you have once opted out?**

If a patient has previously opted out of having a Summary Care Record, but then decides that they want to opt back in, there is a form available at reception that should be completed. A copy of the form is scanned into the patient's medical record and amendments made to allow upload of the necessary information. This includes medications, allergies and adverse reactions. Any additional clinical information that patients wish to be added to their SCR will need to be agreed with the GP and this information manually added to the record.

### **2. There are some confusing discrepancies in the national, public information on flu jabs:**

#### **a. How is it that pharmacies are able to offer the annual flu jab earlier than the start of October which is when Paxton Green and many other Practices seem to start?**

We tend to receive our flu jabs usually around the middle of September and start immunising at that time. In case there is a delay in delivery we do not organise the walk-in Saturday clinics until October to remain consistent year on year. We have had issues in the past where we had to cancel clinics as the flu deliveries were delayed. Starting the flu clinics in October is not a problem as the peak season for flu is not until January and there is plenty of time for people to build up their immunity.

#### **b. Why does NHS England specify eligibility for people with a birthdate on or before 31 March 1953 and some services say 65 years of age and older?**

This cut-off date for being '65 or older' is a date of birth of 31<sup>st</sup> March 1953. Hence, you can be 64 and a half by October 2017 and be eligible. Saying 65 or over is a shortcut. We will try and make this clearer in future.

### **3. Why are patients sent a surface mail letter, often 2<sup>nd</sup> class, request making an appointment (phone or in person) to discuss a significant test result when the practice already has and uses their mobile number to text other types of personal message? This is more costly and slower so may delay the start of any necessary course of action.**

Patients should be asked to confirm how they wish to receive results when tests are requested. Current practice policy is that texts regarding results should only be sent to patients when they have expressly agreed to this means of communication for these specific results.

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If there is no record in the notes that patients have agreed to this method of communication, and the mobile number has not been verified, then, ordinarily, a letter will be sent by 2<sup>nd</sup> class post asking the patient to make contact. The urgency of the method of contact is always assessed by the clinician reviewing the results and other more urgent action (e.g. telephoning or visiting the patient) will be undertaken, dependant on clinical need.

**4. In England, patients are encouraged to use NHS 111 as a non-emergency 24/7 option for health care. What access to a caller's GP records does NHS 111 have please?**

NHS 111 provides diagnostic advice to patients that need to speak to a health professional outside of the normal surgery hours. The clinical staff at NHS 111 do not have access to the GP records, however if it is necessary and with the permission from the patient they can access the Summary Care Record of the patient. This contains key health information such as details of allergies, current prescriptions and bad reactions to medicines along with any medical conditions that patients have specifically agreed to be added to their SCR.

**Dr Stephen Miller  
November 2017**