

# LOXWOOD MEDICAL PRACTICE

*Your Partner for a healthier future*

The Surgery, Farm Close, Loxwood, BILLINGSHURST  
West Sussex RH14 0SU  
Telephone 01403 752246 Appointments 01403 753499  
Emergency 01403 752246 Fax 01403 752916  
[www.loxwoodmedicalpractice.co.uk](http://www.loxwoodmedicalpractice.co.uk)

## SYSTEMONE ONLINE APPLICATION

We are pleased to offer you the facility to use 'SystmOne Online' which provides internet services for all patients over the age of 16 years to:

- View, book or cancel doctor appointments
- View a list of your current medication and send repeat prescription requests
- View summary care records, including your sensitivities and allergies
- View your detailed coded record
- Access to the detail coded record of your children up to the age of 11

### Appointments

It is currently possible to book a doctor appointment or nurse 'minor illness' appointment via the online system, please continue to contact reception for other nursing appointments. If you are unsure as to whether you need a doctor or nurse appointment, please contact the surgery. Appointments are currently set at 10 minutes for a GP or 20 minutes for a 'minor illness', if you feel that you need longer with your doctor, please contact the surgery to make an appropriate appointment.

If you subsequently decide that you no longer require the appointment, please ensure that it is cancelled to enable the time to be offered to someone else. Please cancel by either the online facility or by telephoning reception.

### Repeat Prescriptions

We require 2 working days to process requests.

### Registering

If you would like to register for our online services, please complete **Part 1** of this 'SystmOne Online Application Form' and if you would like to view your coded record please also complete **Part 2** the 'Consent Form' available on our website [www.loxwoodmedicalpractice.co.uk](http://www.loxwoodmedicalpractice.co.uk) or from reception, or complete the 'sign up' request form via SystmOnline. Please return completed forms to the practice in person, with photographic proof of identification e.g. passport or driving licence. To ensure confidentiality we are only able to accept registrations in person - i.e. you cannot give your details to anyone else to register for you.

Our reception staff will register you, provide you with unique login details, a secure password and instructions for the website as well as an information leaflet about access to GP medical records.

- Your Medical Record is important and you should keep all information safe and secure, just like your Bank Account details.
- No one should force you to share your GP record. You have the right to say *NO*. If this happens, tell us as soon as possible.
- Take extra care if using a shared computer, keep your login details safe and remember to log out. If you think someone has seen your password, change it as soon as possible or call our reception.

*For more information on how to keep your GP online record safe go to;*

[www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf](http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf)

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**PART 1**

**SystemOnline will help empower you to take greater control of your own health and wellbeing. Our aim is to offer you more choice and control as well as convenience. Patients who are informed and involved in their own care, have better health outcomes. In addition it will allow more telephone access for our patients with limited computer skills.**

You need to bring along some photographic proof of identification to become registered.  
To ensure confidentiality we are only able to accept registrations in person.

Name.....

Address.....

Home Telephone Number.....

Work Telephone Number.....

Mobile Telephone Number.....

I consent to receiving patient relevant information via email and SMS text messaging

Email address.....

Date of Birth..... Age.....

I have understood and will adhere to the Loxwood Medical Practice Guidance policy which I have been given for the use of 'SystemOne Online'. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details and that this form will be kept on my electronic records.

Signed..... Date.....

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**The following information is optional but very useful for us to keep our records accurate**

I have never smoked       I am an ex smoker       I am a current smoker and smoke approx.....per day

My current height is ..... My current weight is .....

We are required to give our patients an opportunity to disclose ethnicity and have followed the government guidelines taken from the 2001 census. Please do note that you do have the right to choose not to disclose this information to us and can indicate this by ticking the 'I do not wish to disclose my ethnicity' box:

Please tick the ethnicity below which you feel most closely represents you.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I do not wish to disclose my ethnicity | <input type="checkbox"/> British or mixed British  | <input type="checkbox"/> Irish                              |
| <input type="checkbox"/> Other White background                 | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African            |
| <input type="checkbox"/> White and Asian                        | <input type="checkbox"/> Indian or British Indian  | <input type="checkbox"/> Pakistani or British Pakistani     |
| <input type="checkbox"/> Other mixed background                 | <input type="checkbox"/> Other Asian background    | <input type="checkbox"/> Bangladeshi or British Bangladeshi |
| <input type="checkbox"/> Caribbean                              | <input type="checkbox"/> African                   | <input type="checkbox"/> Other Black background             |

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**PART 2**

**PATIENT CONSENT FORM FOR DETAILED CODED RECORD ACCESS**

You can now view some of your GP medical record online. You can request to look at test results, coded detail of consultations, your medical history as well as current and past medication.

THIS ONLINE SERVICE IS DIFFERENT TO A FORMAL REQUEST FOR A COPY OF YOUR FULL MEDICAL RECORD FOR WHICH THERE IS A PAYABLE FEE, WHICH YOU ARE STILL ENTITLED TO MAKE AN APPLICATION FOR.

If you would like to have secure access to view your coded medical record, we need to make sure that you understand what this involves. The following form will take you through the things you need to think about. By signing this form you will be giving us your permission to go ahead with setting you up with access to this service. If you decide not to join or wish to withdraw, this will not affect your healthcare treatment in any way.

Access is granted at the discretion of your GP. Your request can take up to 40 days to process. You will be informed if access is not granted.

**DECLARATION** (Please tick as appropriate)

- 1. I agree to Loxwood Medical Practice giving me access to my coded record online.
  - 2. I have been provided with an information leaflet which I have read and understood.
  - 3. I agree to use the online system in a responsible manner in accordance with all instructions, and understand that access may be withdrawn.
  - 4. If I see information that does not relate to me, I will immediately log out and report the matter to Loxwood Medical Practice as soon as possible.
  - 5. I agree that it is my responsibility to keep my username and password secure. I am also responsible for keeping safe any information I might print from the coded record.
  - 6. I understand that online access is granted at the discretion of my GP, taking into account my best interests. I will be informed of any decision to withdraw the service.
- Please note this does not affect your rights of Subject Access under the Data Protection Act.*

**OTHER CONSIDERATIONS**

Loxwood Medical Practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.

- 1. If I notice any inaccuracies, errors or omissions with my coded record, I will put them in writing addressed to my GP as soon as possible.
- 2. I understand that I may see information on my record that I was unaware of or have forgotten about that could cause me some distress.
- 3. I understand that as before, I will be informed directly by Loxwood Medical Practice of any test results which require further action. However I understand that I may see these results, which need further action before the surgery has been able to contact me.

Name:..... Date of birth .....

Address:..... Postcode .....

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

**For staff use only**

- Appointments, medications and SCR only
- Photographic proof received and verified
- Over 16 years of age – or a parent or carer
- Internet instructions, log in and password given to patient
- Request for access to view the coded medical record
- Contact details checked and updated if necessary
- SystemOne Online registration activated
- Online access information leaflet supplied

Completed by..... Date.....

Scanned onto medical records

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