

PETWORTH SURGERY

GROVE STREET
PETWORTH
WEST SUSSEX
GU28 0LP



Tel: 01798 342248
Fax: 01798 343987
www.petworthsurgery.co.uk

Patient Online Access

All patients can register with TPP SystemOne online services to be given access electronically to certain functions. These currently are

- **APPOINTMENTS:** The practice currently offers patients' facilities to book, view, amend, cancel and print appointments online.
- **PRESCRIPTIONS:** The practice currently offers the facility for all patients to order online, view and print a list of their repeat prescriptions or medicines and appliances.
- **CONTACT DETAILS:** The practice currently offers the facility for all patients to view and update their contact details and address and to access their NHS number
- **SUMMARY CARE RECORDS:** The practice currently offers the facility for all patients to view some of their record online. This includes current medication, allergies and sensitivities.
- **DETAILED CODED RECORDS:** The practice will be offering this facility from 01.04.2016 and will consist of the following coded elements. Blood pressure readings, Care Plans, Diagnoses, Repeat prescriptions – Medicines, Drug sensitivities – Allergies, Pathology requests and reports, Referrals , Vaccinations. (available from 01.04.2016)

Parents are able to have a username and password for their children under 16. When a child turns 16 access will automatically cease and the child will then need to apply themselves. (Provided they have proof of ID)

Carers of people with disabilities are also able to take a username and password for them and do the ID verification. (Provided they have a signed consent form.)

Online Access Registration

To register please complete and sign the attached registration form and bring it to the Practice along with two types of documents to prove your ID. One of the documents has to have a photo of you and the other will have to show your address. (Acceptable documents are Passport, Driving License, Bank statements etc. but not bills).

Please be aware that for security reasons, we are not able to do this initial step over the telephone or by e-mail as we cannot confirm the identity of the caller / writer. This is so that we can verify that the login details are being given to the correct patient.

Before you sign the registration form you should be happy that you understand what the system does, what your responsibilities are and how your data is stored. When you are happy with this you should consent by signature and hand the form to one of our receptionist along with two forms of ID as mentioned above.

Once you have signed the consent form and your ID verified you will be issued with a username and password that will allow you to access the system from any computer, iPhone or android mobile phone.

Please note: It might take a few days to process your request. Your username and password will be posted to the address we have on your file. Processing access requests for Detailed Coded records might take a little longer.

To help you better understand your responsibilities about keeping your records safe please visit and read the links below. **'Keeping Your Health and Social Care Records Safe'**,

Leaflet: <http://www.bcs.org/upload/pdf/guidance-health-and-social-records.pdf> *

Summary: <http://www.bcs.org/upload/pdf/health-and-social-care-summary.pdf> *

To see the Terms and Conditions of using SystmonlineTPP: <https://systmonline.tpp-uk.com/privacy/privacy.html> *

You must ensure that your log-in details are kept safe and secure. Any data held by the practice concerning you is subject to the regulations laid down in the Data Protection Act (1998)

When you have your username and password to hand visit the following link to complete the registration process. <https://systmonline.tpp-uk.com> *

Appointments

It is currently only possible to book a single 10 minutes doctor appointment via the online system. If you require a longer appointment or would you like to see a nurse please contact reception.

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

Repeat Prescriptions

Please note we require 4 working days to process requests. * These links can be found on the Surgery's website

E-mail and SMS consents

On the form below you will be asked if you give consent to the practice to contact you by text message and /or e-mail for the purposes of health promotion, appointment reminders or for example if your medication is ready to be picked up.

If your answer is yes, then you must acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with you. You can cancel the text message facility at any time. Although text messages are generated using a secure facility, you must understand that they are transmitted over a public network onto a personal telephone. As such they may not be secure, and therefore the practice will not transmit any information which would enable an individual patient to be identified.

The surgery offers a reply facility to enable patient to respond to texts directly. You agree to advise the practice if my mobile number changes or if this is no longer in my possession. ***The practice does not share mobile phone contact details with any external organisation.***

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Online Access Registration Form

| | |
|---|---|
| Name: | Date of Birth: |
| Contact number: | E-mail address: |
| Home address: | |
| Telephone: | Mobile number: |
| Can we send you text messages and / or e-mails e.g. confirmation of appointments, reminders etc.? text (SMS): YES NO e-mail: YES NO (please circle as appropriate) | |
| I wish to have access to the following online services: | |
| Booking appointments : | <input type="checkbox"/> |
| Requesting repeat prescriptions: | <input type="checkbox"/> |
| Summary care record : | <input type="checkbox"/> |
| Detailed Coded Record : | <input type="checkbox"/> |
| Declaration: I have read and understood the information leaflet provided by the practice. I understand that I am responsible for the security of the information that I see or download. I understand that I am responsible for securing the username and password to prevent unauthorised persons from accessing the online records. If I choose to share my information with anyone else, this is at my own risk. If I see information in my/my child's record that is not about me/my child or is inaccurate, I will contact the practice as soon as possible. In the event that mine or my child's security details have been compromised, I will inform the practice immediately so that access can be blocked and new password issued. If at any time I wish to permanently cease internet access for me or my child, I will inform the practice in writing. | |
| I confirm that I am the patient mentioned above : | <input type="checkbox"/> |
| I confirm that I am the Parent / Guardian of the child mentioned above : | <input type="checkbox"/> |
| I confirm that I am a carer acting on behalf of the above mentioned patient and I have a signed consent form. | <input type="checkbox"/> |
| Signature: | Date: |
| Office use only: | Patient NHS number: |
| Identity verified by: Date: | Method verified by: |
| Authorised by: Date: | Vouching: <input type="checkbox"/> Vouching with information in record: <input type="checkbox"/> Photo ID and proof of residence: <input type="checkbox"/> |
| Date account created: | Date Log-in details sent: |

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Please fill out this form if you give consent to someone to act on your behalf with the online access registration.

SystemOnline Consent

I declare that this representative can obtain SystemOnline login on my behalf:

Name of Representative: _____

Relationship to patient: _____

Patient details

Name: _____

Date of Birth: _____

Address: _____

Post code: _____

Home Telephone: _____

Mobile Number: _____

Email address: _____

Signature: _____