

Ref no: 200070514
From: Not given
Date: 07/05/14
Subject: Patient Records

REQUEST

I would like to know whether your trust has a policy in place regarding access to clinical information before patient treatment begins or as soon as practicable afterwards. This clinical information would be found in the patient notes at the Trust, the Summary Care Record and the GP record accessed either electronically or by ringing the practice. Please supply a copy of the policy. What are the timeframes for such access? Are records stored off-site and if so, at what distance with what arrangement to access the records? Is there a different arrangement for the A&E department and the hospital admissions ward?

If there is no such policy in place do you have plans to implement one, and if so, when?

It would be helpful if you were to provide any brief notes which might be necessary to understand the context of the information that will be provided,

RESPONSE

The Trust has an Access to Health Records Policy which is attached.

All patient health records used in the Trust are available electronically, including documentation from A&E attendances, admissions, out-patient and inpatient episodes.

Please see the attachment with this response.