Your role in SPIRE and how you can help

SPIRE has been developed to help doctors, the National Health Service (NHS) in Scotland and researchers to learn more from patient information held at GP practices. They will use it to help all NHS patients in Scotland. So information from your medical records – and those of millions of other people in Scotland – will help medical professionals to improve the quality of care for all patients, plan services, develop new treatments, find out about side-effects and respond to major epidemics.

SPIRE moves information electronically and securely, from GP practice records to NHS National Services (NSS). They will then use SPIRE and other IT systems to give better information to the NHS in Scotland, and to approved researchers.

How SPIRE protects your privacy

- if researchers need to identify you, they will ask your permission
- the Scottish Government will not be able to see your personal information
- personal information will not be sold to make money
- it uses only selected and coded parts of the health record, not the whole record
- staff and researchers are carefully trained and are only allowed to use the least information they need for each project. Only a small number of authorised staff can find out who the information is about
- researchers from outside NHSScotland must be independently approved

If doctors at your GP practice have agreed to let SPIRE use patient information, it means they believe it will help all patients in Scotland, and that they have tight security checks in place to keep your information safe.

For more information and answers to your questions, please also see www.spire.scot/your-questions

Choosing not to take part in SPIRE

If you do not want your health information to be used, please fill in this form and return it to your practice. They will make sure your personal information is not used. When you have done that, NSS will not get any personal information from your GP practice’s health records.

You can choose not to take part, or you can change your mind and take part at any time. Your choice will not affect the care you get from your GP practice or hospital.

☐ I have read this and do not want my personal information to be used in NHSScotland’s SPIRE programme.

Patient Name:_________________________ Patient date of birth: ☐/☐/☐

Address: ________________________________________________________________

____________________________________________________________

Postcode: _______________ Signature: _______________________________________

If you are signing on behalf of someone else, please print your name and state your relationship to the patient ______________________________

Notes:

- If another member of your family also chooses not to be involved they should fill in their own separate form
- Children under the age of 12 will need a parent or guardian to fill in a form for them
- If you have a Welfare Power of Attorney you will need them to fill it in for you

Date signed: ☐/☐/☐