

# Swanage Medical Practice

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THE HEALTH CENTRE  
STATION APPROACH  
SWANAGE  
DORSET  
BH19 1HB  
Tel. 01929 422231

To Whom It May Concern

Dear Patient,

Thank you for choosing to register with us at Swanage Medical Practice.

To enable us to process your registration, please will you complete ALL sections of the attached registration form.

If you wish to decline some areas, please tick the declined box. However, completing each section fully may help with your healthcare.

You will also need to provide identification, which should be a combination of:

- Photo ID, such as Passport or Drivers Licence
- Birth or Marriage Certificate
- Something with your address on: utility bill, council tax bill, credit card/bank statements

And ideally:

- Medical Card / NHS Number

An electronic copy of our Practice Booklet, which gives full information about our services, and our latest Newsletter can be found on line at [www.swanagemedical.org.uk](http://www.swanagemedical.org.uk). (Paper copies can be requested if required).

Once you have returned the registration form in person, with your ID papers, you will be informed of your GP and will be registered on our system within 24 hours. If you don't return the form in person, please contact the surgery so we can advise you of your allocated GP.

Yours faithfully,

Swanage Medical Practice



**REGISTRATION FORM**  
**PLEASE WRITE CLEARLY AND COMPLETE ALL RELEVANT BOXES**

Title	
Surname	
First Name(s)	
Previous Surname(s)	
Date of Birth	
Precise Town, County & Country Of Birth	
Male or Female	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
NHS Number ( <b>this can be obtained from your previous surgery</b> )	

**PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING INFORMATION:**

Your previous address in UK, <b>including postcode</b>	
Name of Doctor while at this Address	
Address of previous Doctor	

**IF YOU ARE FROM ABROAD**

Your first UK address where registered with a GP, <b>including postcode</b>	
Date you first came to live in UK	
Date you expect to be leaving UK (if known)	
If previously resident in UK, date of leaving	

**IF YOU ARE RETURNING FROM THE ARMED FORCES**

Address before enlisting, <b>including postcode</b>	
Service or Personnel Number	
Enlistment Date	
Discharge Date	

**Signature**.....**Date**.....

**PATIENT DECLARATION FOR ALL PATIENTS WHO ARE NOT ORDINARILY RESIDENT IN THE UK**

**GMS1 – SUPPLEMENTARY QUESTIONS**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP Practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP Practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP Practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with the NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:



- a)  I understand that I may need to pay for NHS treatment outside of the GP Practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested.
- c)  I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me. A parent/guardian should complete the form on behalf of a child under 16.

<b>Signed:</b>		<b>Date:</b>	
<b>Print Name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a <u>non-UK</u> EHIC or PRC?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If YES, please enter details from your EHIC or PRC below:	
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code: 			
	3: Name			
	4: Given Names			
	5: Date of Birth	DD MM YYYY		
	6: Personal Identification Number			
	7: Identification number of the institution			
	8: Identification number of the card			
	9: Expiry date	DD MM YYYY		
	PRC validity period (a) From:	DD MM YYYY	(b) To:	DD MM YYYY

Please tick  if you have an S1 (eg. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Name..... D.O.B.....

**CARER INFORMATION**

Do you act as a carer for anyone? YES/NO

If Yes: Name.....d.o.b.....

Address.....

Are they registering/ed with the Practice? YES/NO

Would you like our Carers Lead to contact you re information and support in your area? YES/NO

If YES, please advise phone number for contact.....

Would you like the Practice to contact you? YES/NO

Health Questionnaire  
(Please fill in and hand into Reception)

Height(cm):                                      Weight(Kg):                                      Blood pressure:

Smoking:  
(Please fill in the relevant fields)

Never smoked [ ]                                      Ex smoker [ ]                                      Smoker [ ]

Year stopped.....Type smoked.....Amount (per day).....  
(I.e. Cigar/ Cigarette/ Pipe)

Smoking is associated with my chronic illnesses and puts you at an increased risk from high blood pressure, lung problems, cardiovascular disease, strokes, cancers and diabetes. Therefore we would advise all our patients to stop smoking.

Medical conditions: (i.e. Diabetes, Hypothyroidism and Cancer)

Condition:

Medication


Next of Kin..... NoK Telephone Number.....

Relationship to patient.....

Allergies:

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Family medical conditions: (i.e. Diabetes, Hypothyroidism and Cancer)

Condition:	Relationship: (i.e. sibling, parent, child)

Specific Needs:

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Swanage Medical Practice takes part in a number of research programmes each year (please see attached leaflet). If you would prefer not to be contacted, please sign below:

Signature..... Date.....

Declined consent for researcher to access clinical record (XaX2F)

**Communication Needs (Xa4G3)**

Do you have any special communication needs?  Yes  No

- Interpreter Needed (XaI8X)
- Sign Language interpreter (XaLTC)
- Large Print (XaPSp)
- Communication via Text (Xabsc)
- Braille Grade 1 (Xabsb)
- Braille Grade 2 (Xabsa)
- Requires communication verbally (XaPSq)

Other:

**SystemOnline**

Once you are registered with the Practice, you can sign up for SystemOnline to book telephone appointments and request repeat medication. You access this via the practice website:- <http://www.swanagemedical.org.uk/>

I would like to register for on-line appointment booking and prescription requests Y / N

(If yes: Please return to the surgery 7-10 days after registering, and your on-line details will be available to collect)

**Electronic prescribing**

At this surgery patients receive their prescriptions electronically via a local pharmacy of their choice. Please complete the enclosed form indicating your choice of pharmacy and return to the surgery.

**Patient Consent Form**

I am happy for messages to be given as follows (Please tick as appropriate):

	Non-clinical	Clinical
Next of Kin If yes, name..... Relationship.....	Y / N	Y / N
Home answerphone	Y / N	Y / N
Mobile answerphone	Y / N	Y / N

## Text Messaging

### Consenting to text messaging means you will:

Receive appointment reminders \* Have the ability to cancel appointments easily by text \* We can send relevant health information pertinent to you \* We have the ability to contact you quickly when there is a personal message for you from your GP.

Y / N

### Your Electronic Patient Record & Sharing of Info

In accordance with a locality agreement, we share your medical records with other services treating you. For full details, please see our patient leaflet, attached, or our website at [www.swanagemedical.org.uk/](http://www.swanagemedical.org.uk/)

Please be aware that we will automatically share your medical records with other services unless you wish to 'opt out'. Please speak to a receptionist if this is the case.

Name.....Signature.....Date.....



## For Patients aged 16 and over

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a W.H.O. collaborative study. ©2006 Institute of Health & Society, Newcastle University. Produced by Design Services, Gateshead Council.

UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

### Fast Alcohol Screening Test (FAST)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Only answer the following questions if your answer above is monthly or less</b>						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: A total of 3+ indicates hazardous or harmful drinking

Total Score

I wish to decline the alcohol screening test

# Swanage Medical Practice

## Sharing your medical information

### Background

For a number of years, work has been ongoing to improve the way that medical records are made available to treating clinicians. As a result of this work we are now able to share clinical information between certain health professionals. This means that **with your consent**, we are able to share your medical records with those in the NHS who are involved in your care. NHS staff can only access shared information if they are involved in your care and being an electronic service an audit log is maintained showing when and who has accessed medical records. This helps clinicians to make decisions based upon a wider knowledge of you and also helps to reduce the number of times that you or your family members are asked the same question. **In short it assists clinicians to provide more 'joined up care'.**

We already share records of children for child protection reasons and patients who are under the care of the District Nursing Team.

### If I agreed, who could see my records?

Clinicians treating you, who have access to the same system can **view** and in some cases **update** your medical records. Locally this includes the Walk-In-Centre, many departments at local hospitals (including A&E) and community services, such as the District Nursing Team. It is anticipated that over time more health services will be able to use this system to access records if appropriate.

Clinicians outside of the surgery who wish to access your medical records will **ask for your permission** to do so and will need to have been issued with a NHS Smartcard. This is a 'chip and pin' card -similar to a bank card.

### Can I choose who sees my record?

Yes you can—there are two levels of consent. The first is to agree to sharing your medical records OUT of the practice. This is your agreement that records maintained by your GP can be seen, **subject to your authority at the time**, by clinicians working outside of the surgery. The second is agreeing to share your records IN. This means that your GP can see the records made by other health professionals who have access to EDSM.

However, as the treating clinician needs to ask your permission to see the records at the beginning of each period of care **you are in control of who can see your medical information.**

### What can I do if I don't want to allow access to my records?

As we feel this access will enhance patient care we will automatically 'opt you in' to both parts of the scheme.

**If you prefer not to be then please mention it to a member of the reception team. You are free to change your mind at any time.**

## **I can see the benefits of the other people treating me seeing my notes, but what if there is a matter that I want to stay just between me and my doctor?**

You can ask for any consultation to be marked as **private**, this means that viewing is restricted to the surgery, but allows the rest of the record to be viewed by whoever else is treating you. It is your responsibility to ask for a consultation to be marked as private.

## **How is this different from previous arrangements?**

In the past other NHS Services see your current medications and the drugs that you are allergic or sensitive to via a **Summary Care Record**.

## **Can I change my mind?**

**Yes**, you can always change your mind and amend who you consent to see your records. For instance you can decline to share your records out from the surgery, but if you built up a relationship with the physiotherapist who was treating you and they asked you if they could look at an x-ray report, you could give your consent at that point for them to view your records.

You will be referred back to us to change your preference, so the physiotherapist treating you should—with your permission—be able to see your records by the time of your next appointment.

## **If I decline—what happens in an emergency?**

In the event of a medical emergency, for instance if you were taken unconscious to A+E, and the clinician treating you feels it is important to be able to see your medical records he is able to override any consents set.

However, the doctor has to give a written reason for doing so. Where this happens an audit is undertaken by the local Caldicott Guardian (the person with overall responsibility for Data Protection compliance).

## **Can anyone else see my medical records?**

**Not unless you give your written consent for this to happen.**

On a daily basis, we get requests from Insurance Companies to either have copies of medical records or excerpts from patients' medical records. This requires your signed consent as it has not been requested to treat/care for you.

Occasionally we are asked for information from the medical records for legal reasons, again this has to be done with your written consent, or in very exceptional circumstances, by court order.

## **Any questions?**

If you have any questions, please speak to reception. If necessary the receptionist will arrange for another member of the team to give you a call.

# A New Way To Get Your Medicines And Appliances

**The Electronic Prescription Service (EPS) is an NHS Service that gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.**

## **What does this mean for you?**

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.

You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.

You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

## **Is this service right for you?**

Yes, if you have a stable condition and you don't want to go to your GP practice every time to collect your repeat prescription or you collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you don't get prescriptions very often or pick up your medicines from different places.

*Please note:* some medications are non-compliant with EPS, if this is the case then a paper prescription will go to the chemist in the usual way.

## **How can you use EPS?**

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose a pharmacy, a dispensing appliance contractor (if you use one).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this

## **Can I change my nomination or cancel it and get a paper prescription?**

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

## **Is EPS reliable, secure and confidential?**

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now. Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser.

**For more information about EPS visit [www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps), your pharmacy or GP practice.**

Source: Information taken from <http://www.connectingforhealth.nhs.uk/systemsandservices/eps>

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### **\*\*Nomination Slip – to be returned to the Practice\*\***

I would like to nominate.....pharmacy for electronic prescribing.

Name.....

Date of Birth.....

Signature.....