Swanage Medical Practice

DR. WENDY HEARD

DR. CLAIRE HOMBERSLEY

DR. KATIE EVANS

DR. MARK LAW

DR. KIRAN QURESHI

DR. ANDREW MCINTOSH

DR. SARAH BASHAM (Salaried GP)

DR. BETH LAW (Salaried GP)

DR. LINDA ARTHUR (Salaried GP)

PRACTICE MANAGER: MISS NATASHA RITCHIE

THE HEALTH CENTRE STATION APPROACH SWANAGE DORSET BH19 1HB

Tel. 01929 422231 Fax. 01929 426037

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 <u>ALL</u> 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

We also need:

Your NHS Number – this is essential

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

Once you have returned the registration form in person, with your ID papers, we will endeavour to register you on our system within 7 working days.

Yours faithfully,

Swanage Medical Practice

ETHNIC ORIGIN White, British - A White Irish - B Any other white background - C White & black Caribbean, mixed - D White & black African, mixed - E White & Asian, mixed - F Any other mixed background - G Asian/Asian British, Indian - H Asian/Asian British, Pakistani - J Asian/Asian British, Bangladeshi - K Any other Asian background - L Black/black British, Caribbean - M Black/black British, African - N Any other black background - P Chinese - R Any other ethnic group - S	Please circle or write below the appropriate letter to indicate your ethnic origin. I wish to decline the ethnicity questionnaire (Code:9SD)
First Language Spoken:	I wish to decline the First Language Spoken question (Code:13ZG)
Patient informed of their named accountable Patient informed of their named accountable	

REGISTRATION FORM Please write <u>clearly</u> in capitals & complete <u>ALL</u> 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	
Your email address	
NHS Number (ESSENTIAL & can be	
obtained from your previous surgery)	
obtained nom your profited ourgery)	
PLEASE HELP US TRACE YOUR PREVIOUS MED INFORMATION:	ICAL RECORDS BY PROVIDING THE FOLLOWING
Your previous address in UK, including	
postcode	
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, including postcode	
, 51	
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, including postcode	
Service or Personnel Number	
Enlistment Date	
Discharge Date	

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

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

	CLARATION for all patients w			e 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 to all people, while some groups who				-	
More information on ordinary resid		for NHS services ca	n be found in the \	isitor and Migrant patient	
you may be charged for your treat	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 for with NHS secondary care organisat recovery. You may be contacted o	tions (e.g. hospitals) and NHS	Digital, for the pur	poses of validation		
Please tick one of the following boxes: a)					
Signed:	-		Date:	DD MM YY	
Print name:			Relationship	22 111111 1 1	
On behalf of:			to patient:		
Complete this section if you live in but work in another EEA member	• •		•		
NON-UK EUROPEAN HEALTH INSUR	ANCE CARD (EHIC), PROVISIO	NAL REPLACEMENT	Γ CERTIFICATE (PRO) DETAILS and S1 FORMS	
Do you have a <u>non-UK</u> EHIC or PRC	? YES: NO:	If YES, please enter details from your EHIC or PRC below:			
				ur EHIC or PRC below:	
ELIDOBEAN MEALTH INICIDANCE CARD	Country Code:			ur EHIC or PRC below:	
EUROPEAN HEALTH INSURANCE CARD * * * * * US * * *	Country Code:			ur EHIC or PRC below:	
EUROPEAN HEALTH INSURANCE CARD				ur EHIC or PRC below:	
EUROPEAN HEALTH INSURANCE CAND Total Tota	3: Name	DD MM YYYY		ur EHIC or PRC below:	
EUROPEAN MEALTH INSURANCE CARD	3: Name 4: Given Names	DD MM YYYY		ur EHIC or PRC below:	
These of the second of the sec	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number	DD MM YYYY		ur EHIC or PRC below:	
If you are visiting from another EEA	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number	DD MM YYYY		ur EHIC or PRC below:	
J Annex J A	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number of the institution	DD MM YYYY		ur EHIC or PRC below:	
If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number	DD MM YYYY		ur EHIC or PRC below:	
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	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number of the institution 8: Identification number of the card			ur EHIC or PRC below:	
If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number of the institution 8: Identification number	DD MM YYYY DD MM YYYY		ur EHIC or PRC below:	
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,	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number of the institution 8: Identification number of the card	DD MM YYYY	DD MM YYYY	ur EHIC or PRC below:	
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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. PRC validity period (a) From: Please tick if you have an S1 (e) live in the UK but work in another How will your EHIC/PRC/S1 data be	3: Name 4: Given Names 5: Date of Birth 6: Personal Identification Number 7: Identification number of the institution 8: Identification number of the card 9: Expiry date DD MM YYYY g. you are retiring to the UK of EEA member state). Please go used? By using your EHIC or Eth NHS secondary care (hospital	DD MM YYYY (b) To: or you have been p five your S1 form to PRC for NHS treatments	posted here by you o the practice stafe ent costs your EHIO	r employer for work or you f . Cor PRC data and GP	

C	ARER INFORMA	TION
Oo you act as a carer for anyone?	YES/NO	
f Yes: Name		d.o.b
Relationship to you		
Address		
Are they registering/ed with the Pr	ractice? YES/NO	
f YES, please advise phone num	ber for contact	
Our Carers Lead will contact you	re information & support	in your area
<u>He</u>	ealth Questionnaire (Plea	ase fill in)
Height(cm):	Weight(Kg):	Blood pressure:
Smoking: (Please fill in the relevant fields)		
Never smoked []	Ex smoker []	Smoker []
	Type smoked(I.e. Cigar/ Cigarette/ Pipe)	Amount (per day)
		an increased risk from high blood pressure, etes. Therefore we would advise all our
Medical conditions: (i.e. Diabetes	s, Hypothyroidism and Cance	r)
	Condition:	
Repeat Medications – if you a this in or attach your prescription	<u> </u>	dications it is ESSENTIAL you fill
1		
Next of Kin	NoK Telephor	ne Number

D.O.B.....

Your Name.....

Allergies:	
Family medical conditions: (i.e. Diabetes, Hypothy	yroidism and Cancer)
Condition:	Relationship: (i.e. sibling, parent, child)
Specific Needs:	
Rese	arch
Swanage Medical Practice takes part in a r (please see attached leaflet). If you would pre	· · · · · · · · · · · · · · · · · · ·
Signature	Date
Declined consent for researcher t	to access clinical record (XaX2F)
Communication	Needs (Xa4G3)
Do you have any special communication need Interpreter Needed (Xal8X) ☐ Sign Language interpreter (XaLTC) ☐ Large Print (XaPSp) ☐ Communication via Text (Xabsc) ☐ Braille Grade 1 (Xabsb) ☐ Braille Grade 2 (Xabsa) ☐ Requires communication verbally (XaPSq)	ds? □ Yes □ No
Other:	

Online Access

By signing up for online access, once registered with us, you can book appointments, view your medical record, view test results and request repeat medication. You access this via the practice website: www.swanagemedical.org.uk. Tick Y below and we will post you a unique password.

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

NEW Service – E-Consult

You can now consult with a Swanage GP online via the website homepage. A quicker, easier & more efficient way of dealing with your medical problems. You will receive a response within 48 hrs, often sooner, on working days.

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.

Patient Consent Form (it is important you fill out this section so we can contact you easily)

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 <u>quickly</u> when there is an important 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/

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
	3	

For Patients aged 16 and over

Fast Alcohol Screening Test (FAST)

Questions		Sc	oring Syste	m		Your
Questions	0	1	2	3	4	Score
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	
Only answer the follow	ing ques	tions if yo	ur answei	above is	monthly	or less
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 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 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.

The Electronic Prescription Service (EPS)

The Electronic Prescription Service (EPS) is an NHS
Service that your GP uses to send your prescription to a pharmacy of your choice for your medicines or appliance

What does this mean for you?

From 21st March 2020 all prescriptions will be issued direct to the pharmacy of your choice. This means you don't have to queue at your surgery and again at your pharmacy to collect your medication.

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 made-up before you arrive. Most pharmacies are able to send you a text when your medications are ready for collection if you provide them with your mobile number.

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.

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

<u>Please note:</u> some medications are non-compliant with EPS, if this is the case you will be issued with a paper prescription.

How can you use EPS?

You need to choose a place for the practice to electronically send your prescription to. This is called *nomination*. You can choose a pharmacy or a dispensing appliance contractor (if you use one). To do this:

It is ESSENTIAL you fill in the form below.

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

Yes but from 21st March 2020 you will be given a token with a barcode on it and <u>not the actual prescription</u>. The token can be given to any pharmacy who will scan the barcode to retrieve the prescription from the NHS Spine.

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.

For more information about EPS visit www.cfh.nhs.uk/eps, your pharmacy or GP practice.

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

Pharmac	y Nomination	Slip
		_

would like to nominate:	Boots, Station Road		
(please tick accordingly)	Well (was Day Lewis), 40 Station Road		
	Well (was Co-op), 22 Station Road		
Your Name			
Date of Birth			
Signature			