



**The Partnership of:  
Drs Brown, Deasy, Patel, Dowler, Archibong, Lotlikar &  
Stephens**

**Longfield Medical Centre  
Princes Road  
Maldon  
Essex, CM9 5DF**

|                                  |  |
|----------------------------------|--|
| Parental photo ID seen?          |  |
| Patients ID: Birth Cert/Passport |  |
| Date                             |  |
| Staff Initials                   |  |

**NEW PATIENT REGISTRATION FORM  
(UNDER 16s)**

**PATIENT DETAILS** Please complete in **BLOCK CAPITALS** and circle where appropriate

|                            |     |                          |       |
|----------------------------|-----|--------------------------|-------|
| First names:               |     | Surname:                 |       |
| Date of Birth              | / / | Previous name/s:         |       |
| NHS No:                    |     | Male/Female              | M / F |
| Town and Country of birth: |     |                          |       |
| Home Address:              |     |                          |       |
| Postcode:                  |     |                          |       |
| Home Telephone Number:     |     | Mobile Telephone Number: |       |
| Ethnicity:                 |     | Main Spoken Language:    |       |
| Email address:             |     |                          |       |

|  |          |
|--|----------|
| <b>CONSENT TO SMS</b> (This allows us to send you appointment notifications and general practice information ) | YES / NO |
|--|----------|

**ALLOCATED GP:** Please be aware that you will be allocated a named GP within the Practice who will be responsible for your overall care; however you can still choose to see any GP at the Practice.

**PARENT/GUARDIAN DETAILS**

|   |  |
|---|--|
| Name:<br>Address if different to child's: |  |
| Relationship:                             |  |
| Contact number:                           |  |

**PARENT/GUARDIAN DETAILS**

|   |  |
|---|--|
| Name:<br>Address if different to child's: |  |
| Relationship:                             |  |
| Contact number:                           |  |

**NEXT OF KIN DETAILS**

|                   |  |
|-------------------|--|
| Name and address: |  |
| Relationship:     |  |
| Contact number:   |  |

**CHILDREN UNDER 5:** Parents registering Children under the age of 5

Where possible, please provide the surgery with a copy of your Child's immunisation record.

**YOUR OWN HEALTH**

Health Problems: Please tick if you have a history of any of the following 12 health problems.....

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Cancer (please specify)                 |  | Heart Condition (please give details) |  |
| Diabetes                                |  | Depression or Mental Health problems  |  |
| Epilepsy                                |  | Kidney Disease                        |  |
| Respiratory Difficulties<br>(eg Asthma) |  | Learning Difficulties                 |  |
| Thyroid Disease                         |  |                                       |  |

If you have any other history, important illnesses or disabilities not mentioned above please give details here (include special diet requirements):

|  |
|--|
|  |
|--|

|   |  |
|---|--|
| <b>ALLERGIES:</b> Please list any allergies you have: |  |
|---|--|

|   |
|---|
| <b>MEDICATION:</b> If you are currently taking any repeat medication, please attach a copy of your repeat prescription to the form when you hand it in. |
|---|

|   |
|---|
| <b>REPEAT PRESCRIPTIONS</b> Please indicate below where you would like to collect your prescriptions from |
|   |

**FAMILY HISTORY** Has anyone in your immediate family (aged under 65) suffered from any of the following conditions?  
 (Please circle any that apply and note the relationship)

|                         |          |               |  |
|-------------------------|----------|---------------|--|
| Asthma                  | Yes / No | Relationship: |  |
| Cancer (please specify) | Yes / No | Relationship: |  |
| Diabetes                | Yes / No | Relationship: |  |
| Heart Disease           | Yes / No | Relationship: |  |
| High Blood Pressure     | Yes / No | Relationship: |  |
| Stroke                  | Yes / No | Relationship: |  |

**ADDITIONAL COMMUNICATION REQUIREMENTS** (Tick all that apply)

Do you have any specific communication needs? By leaving this section blank we will not record the need for alternative communication methods in your record

|  |                          |
|--|--------------------------|
| Braille Grade 1  | <input type="checkbox"/> |
| Braille Grade 2  | <input type="checkbox"/> |
| British Sign Language                                  | <input type="checkbox"/> |
| Contact via Carer/Third party                          | <input type="checkbox"/> |
| Easy read  | <input type="checkbox"/> |
| Electronic - Email                                     | <input type="checkbox"/> |
| Electronic – Test message                              | <input type="checkbox"/> |
| Large print font                                       | <input type="checkbox"/> |
| Interpreter (please state Language) .....              | <input type="checkbox"/> |
| Verbally over the telephone (no written communication) | <input type="checkbox"/> |
| Other .....  | <input type="checkbox"/> |

**APPOINTMENTS:** We ask that you read our appointment schedule and our procedure for appointments not attended – see attached leaflet

|                                      |  |
|--------------------------------------|--|
| SIGNATURE OF PATIENT:                |  |
| OR SIGNATURE on behalf of a patient: |  |
| DATE:                                |  |

**Please note by signing this form you are consenting to receiving texts and emails from the practice.**

**THANK YOU FOR FILLING IN THIS NHS GP REGISTRATION FORM!  
IT HELPS US TO HELP YOU!**

### REQUEST TO ACCESS SYSTMONLINE (children 0-10)

|                      |  |
|----------------------|--|
| Date of Birth:       |  |
| Name:                |  |
| Address:             |  |
| Email:               |  |
| Mobile Phone Number: |  |

I confirm I am the patient named above/OR I have parental responsibility for patient named above (*please delete where appropriate*). I would like to request a password and login to enable me to access SystmOnline to book appointments, request repeat prescriptions, view my coded medical record and my summary care record. I understand the importance of keeping my log in and password details safe for security purposes.

Please note that if you are requesting a password and login for a young person under the age of 11 years (this will make you a "Proxy" user). Once this young person reaches 11 years of age, for the purpose of patient confidentiality your access to their SystmOnline account will automatically be disabled.

If you are registering for your own online services you will need to complete this form and return it with photographic ID. If you are registering for a "proxy" user you will need to supply photographic ID and proof that you have parental responsibility for the young person (i.e. their birth certificate)

|  |  |
|--|--|
| I wish to have access to the following online services (please tick all that apply): |  |
| Booking appointments   |  |
| Requesting repeat medications  |  |
| Accessing my Summary Care Record   |  |

|   |  |
|---|--|
| I consent to my username and password for accessing my online services be sent to me by text/email both requires verification which will be sent to you once the registration process is complete (please tick this box to show your consent) |  |
|---|--|

| Signature  |  |
|--|--|
| Patient Signature/Signature on behalf of patient                         |  |
| If you are not the patient please state your relationship to the patient |  |
| Date   |  |



## SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of “sharing NHS patient information”

- SCR = The NHS Summary Care Record
- EDSM = The Enhanced Data Sharing Model “SystemOne”
- CARE.DATA = The Extraction of Data for Research

The first two elements are about ensuring continuity and safety in your personal care and the third is about extracting anonymous data for research to improve the future commissioning of health and social care services and the health of the nation.

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

### SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

## **EDSM = ENHANCED DATA SHARING MODEL “SYSTMONE”**

SystemOne is a clinical computer system produced by a company called TPP. It lets NHS staff record patient information securely onto a computer. This information can then be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies.

SystemOne is currently used in GP practices, Child Health Services, Community Services, Prisons, Hospitals, Urgent Care and Out of Hours services, Palliative care services and many more.

**Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you.**

It is the policy of this GP practice to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

**Sharing OUT** controls whether information recorded at our GP practice can be shared with other NHS health care providers.

**Sharing IN** determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

To The GP Admin Support Team

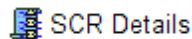
## NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete and/or tick the grey boxes below to detail your personal decisions regarding the 3 aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

|                        |  |
|------------------------|--|
| Patients full NAME     |  |
| Patients DATE OF BIRTH |  |

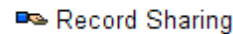
### 1. SCR - NHS SUMMARY CARE RECORD



Please tick only one box.

|  |  |
|--|--|
|  | Express consent for medication, allergies and adverse reactions only <b>(XaXbY)</b>  |
|  | Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision <b>(XaXj6)</b> |

### 2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”



**Sharing Out** – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

|  |   |
|--|---|
|  | YES share data with other NHS organisations   |
|  | NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision |

**Sharing In** – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

|  |  |
|--|--|
|  | Consent Given  |
|  | Consent Refused; I fully accept the risks associated with this decision. |

|                                       |  |
|---------------------------------------|--|
| <b>Patient's Signature</b>            |  |
| <b>Date</b>                           |  |
| <b>Signature on behalf of patient</b> |  |
| <b>Relationship to Patient</b>        |  |



## Information for Patients who do not attend their Appointments

### Introduction

Due to the increasing number of appointments wasted through non-attendance the Practice have, with the support of the Patient Participation Group (PPG), introduced the following policy.

### STAGE ONE.

Patient has failed to attend a pre-booked appointment (1<sup>st</sup> in a twelve month period).  
Patient will receive DNA1 letter and a copy of this leaflet.

### STAGE TWO

Patient has failed to attend a pre-booked appointment (2<sup>nd</sup> in a twelve month period) **OR** patient has failed to attend a “same day” appointment i.e. an appointment booked for attendance the day it’s booked.  
Patient will receive DNA2 letter and a copy of this leaflet.

### STAGE THREE

Patient has failed to attend a pre-booked appointment (3<sup>rd</sup> in a twelve month period) **OR** patient has failed to attend a “same day” appointment i.e. an appointment booked for attendance the day it’s booked for the second time.

### What will happen if a patient reaches Stage 3?

At this stage, one of two things will happen:

The Partners will request the removal of the patient from their Practice List and will write to the patient advising that this is the course of action they have taken.

#### **OR**

The Partners will write to the Patient advising that they may remain registered at the Practice on the condition that all appointments are attended **thirty minutes** before their allocated appointment time. This allows us the opportunity to offer the appointment to another patient should this not be adhered to.

Should the patient opt to remain registered at the Practice they will be requested to sign an agreement stating that they understand and will comply with the conditions applied to their continued registration at the Surgery.

### What will happen if a patient does not arrive THIRTY MINUTES before their appointment time?

Patients not arriving thirty minutes before their allocated appointment time will have their appointment cancelled.

Patients subsequently attending the Surgery once their appointment has been cancelled will not be offered another appointment for that same day.

Patients not arriving thirty minutes before their allocated appointment time and not offering any explanation for this will be written to and removed from the Practice List.

### How long will these conditions remain valid for?

Stage Three will remain in place for a minimum of three appointments and a maximum period of one year.

### CANCELLING YOUR APPOINTMENT:

Should you wish to cancel your appointment please give us as much notice as possible but certainly no less than thirty minutes allowing us adequate time to offer the appointment to another.

### TEXT MESSAGES:

Effective November 2014 we started sending text confirmation of your appointment to your mobile number (if you have given us your consent). Please ensure that the reception team have your current mobile phone number for this purpose.

For children under 16 we will be texting the parent whose number is on that child’s record.

Please note that it is your responsibility to remember your appointment and to ensure you let us know in good time if you cannot attend.

Should you have any queries regarding this policy, please address them to the Head of Operations, Samantha Young.