

The Partnership of: Drs Deasy, Patel, Dowler, Archibong, Lotlikar, Al-Juboori & Brazier

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)

Please be advised all information given will be held in the strictest of confidence as in line with our confidentiality policy.

PATIENT DE	AILS Please complete in BLOC	K 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 Lan	guage:
Email address:			
	MS (This allows us to send you appo		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		
News		
Name: Address if different to child's:		
Address if different to criffe s.		
Relationship:		
Contact number:		
PARENT/GUARDIAN DETAILS		
AKENI/GOAKDIAN DETAIES		
Name: Address if different to child's:		
Relationship:		
Contact number:		
NEXT OF KIN DETAILS		
NEXT OF KINDETAILS		
Name and address:		
Relationship:		
Contact number:		
	registering Children under the age of 5	
Where possible, please provide the	urgery with a copy of your Child's immunisation record.	
(0.15.0)		
YOUR OWN HEALTH	ave a history of any of the following 10 health problems	
Cancer (please specify)	ave a history of any of the following 12 health problems Heart Condition (please give details)	
Diabetes	Depression or Mental Health problems	
Epilepsy	Kidney Disease	
Respiratory Difficulties	Learning Difficulties	
(eg Asthma)	Esaming Dimodities	
Thyroid Disease		
	ortant illnesses or disabilities not mentioned above please give deta	ils here
(include special diet requirements		11010
The state of the s	,-	

ALLERGIES: Please list any allergies you have:					
MEDICATION: If you are currently taking a to	ny repeat medica the form when yo	•	a copy of	your repeat prescr	ription
REPEAT PRESCRIPTIONS Please indicate	te below where yo	ou would like to col	lect your	prescriptions from	
FAMILY HISTORY Has anyone in your immedi (Please circle any that apply and note the relation		der 65) suffered from	any of th	e following conditions	s?
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 REQUIR Do you have any specific communication need communication methods in your record	•		<u>rill not</u> rec	cord the need for alto	ernative
Braille Grade 1					
Braille Grade 2					
British Sign Language					
Contact via Carer/Third party					
Easy read					
Electronic - Email					
Electronic – Test message					
Large print font					
Interpreter (please state Language)					
Verbally over the telephone (no written communi					
Other					

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.		

APPOINTMENTS: We ask that you read our appointment schedule and our procedure for appointments not

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

attended - see attached leaflet

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 "SystmOne"
- 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"

SystmOne 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.

SystmOne 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 "SystmOne" database helps to deliver better and safer care for you.

It is the policy of this GP practice to automatically opt registered patients into "SystmOne" 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.

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 (XaXbY)
Express dissent – Patient does not want a summary care record and fully understands the
risks involved with this decision (XaXj6)
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.
Patient's Signature
Date
Signature on behalf of patient
Relationship to Patient

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 (1st 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 (2nd 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 (3rd 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.