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#### **OFFICE USE ONLY**

Type of Photo ID seen for <b>Online Services</b> (if other please state)	
Staff Name or Initials:	
Date:	

### **NEW PATIENT REGISTRATION FORM (ADULT)**

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



There are Number Plate Recognition cameras in operation at LMC, to avoid a fine being issued from the Parking Company, you will need to put the vehicle number plate into the system every time you visit. It is <u>your</u> responsibility to input your vehicle number plate to the system (or the vehicle you have travelled in). You will find the Parking Station within the reception area.

# PLEASE ENSURE that you have completed all the sections on the PRF 1 form – Register with a GP Surgery

Your Name				
Date of Birth				
NHS Number				
Address				
CONSENT TO SMS & Ema	ail (This allows us to send you	YES	1	NO
appointment notifications an	d general practice information)	123	,	140
<b>ALLOCATED GP: Please</b>	e be aware that you will be a	llocated a named GP wit	hin tl	he Practice who will be

OCCUPATION:

responsible for your overall care; however you can still choose to see any GP at the Practice.

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**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:	
DATIENTO A OFO OF AND OVER			
PATIENTS AGES 65 AND OVER	.0	V	
Have you had a flu vaccination this year	r?	Yes	No
If No, would you like one this year? (Vaccines are in stock September – Jar	nuary each year	) Yes	No
Have you had a Pneumonia/Pneumoco	ccal vaccination	i? Yes	No
In No, would you like one?		Yes	No
prescr	iption from the surg		collect your
Please indicate below where you would like to collect 1. Dispensary (in surgery)			
1. Dispersary (iii surgery)			
		. Tollesbury	
2. Boots (Maldon)	6	. Tollesbury	don)
2. Boots (Maldon)  3. Tesco (Fullbridge)		. Tollesbury . Blackwater Pharma (Malo	don)
	6	<ul><li>Tollesbury</li><li>Blackwater Pharma (Malo</li><li>Vision (Maldon)</li></ul>	don)
3. Tesco (Fullbridge)	6 7 8	. Tollesbury . Blackwater Pharma (Malo . Vision (Maldon)	
3. Tesco (Fullbridge)  4. Allied (Heybridge)  FOR FEMALES AGED 15 TO 65 – If you u	se any form of co	. Tollesbury . Blackwater Pharma (Malo . Vision (Maldon)	which one.
3. Tesco (Fullbridge)  4. Allied (Heybridge)  FOR FEMALES AGED 15 TO 65 – If you used to be a second of the control of the con	se any form of co	. Tollesbury . Blackwater Pharma (Maldon) . ontraception please circle	which one.

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#### 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	
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 communication)	
Other	

#### **APPOINTMENTS - GENERAL INFORMATION**

There are many appointments that are pre-bookable with Practice Nurses, HCA's and Pharmacists who complete our medication reviews. You can book these appointments by calling Reception between 8am and 6.30pm Monday to Friday on 01621 876433, via the Systmonline Services (once you are registered) or by using Patchs (once you are registered).

Clinical appointments with a GP, Advanced Nurse Practitioner, Physician Assisant or Prescribing Pharmacists are bookable using the PATCHS system, please see page 5. There are also Enhanced Access Clinics on evenings and weekends that are pre-bookable up to two weeks in advance via the PATCHS system. More information can be found on our practice website.

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Surname:

What is your relationship with the person you care for?

Title

**Forenames** 

Date of



#### **CARERS QUESTIONNAIRE**

**Who is a Carer**? A Carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly, physical or mental illness, addiction or disability.

We would be grateful if you could complete the following questions for the practices Carer's Register. The register enables the practice to proactively manage carer's needs with the practice and to consider the provision of services to carers.

Details of the person(s) you are caring for

NHS No (if

Birth				known)	
Address					
(inc.					
Postcode)					
Telephone				Mobile No.	
	IF YOU ARE E	BEING <u>CARED F</u>	<u>OR</u> – I	Please complet	e this section
What is y	our relationship with	your Carer?			
		Details of the per	son(s)	you are caring f	or
Title		Surname:			
Forenames					
Date of			NHS	No (if known)	
Birth					
Address			•		
(inc.					
Postcode)					
Telephone				Mobile No.	
If you consent to your Carer being informed of any medical information about you which is held at the practice, please sign and date below; if NOT the leave blank  Signed: Date:					

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#### REQUEST TO ACCESS SYSTMONLINE

(Access can only be processed when Photo ID has been verified)

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

You will be given access to the following online services:

- Booking appointments
- Requesting repeat medications
- Accessing Summary Care Record
- Full medical record from date of registration

Signature				
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.				

If you require someone to have online access on your behalf, please ask reception for an 'Online Proxy Access Form'. You, as the patient, must complete the form and both you and your 'Proxy' will need to bring Photo ID to reception for verification.

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### **Contact us online**

We use an online consultation service called PATCHS. You can access PATCHS by visiting our practice website: https://www.longfieldmedicalcentre.nhs.uk/

Patients are expected to contact us via PATCHS, if they have the means to do so, this reduces the telephone queue for people that cannot use PATCHS. Other benefits include:

- A more efficient way of requesting an appointment with a clinician (telephone or F2F). You will be able to submit requests from 8am to 6.30pm Monday to Friday using the 'New or Ongoing Health Problem' tab until all available requests for that day have been allocated. The tabs will be blue when clinical requests are available and shadowed out when they have all been allocated. Patchs will advise when next open for clinical requests. Once you have completed a request through these tabs your request will be triaged by a Senior Clinician please do not call Reception to see if your request has come through they do not have the capacity to check.
- No gueuing on the telephone.
- ♣ Ability to submit requests throughout the day or night. (please note, we can only respond during our opening hours).
- Submit requests for prescriptions, consultations, Med3 certificates, checking results etc.
- Submitting requests on behalf of someone you care for (consent from the patient you care for will be required if the patient is over the age of 13 years old. You will find a consent form on our website or ask at reception).
- If the clinician telephones you and decides you need to be seen, they will see you ASAP (usually on the same day, however appointments can be pre-booked for another day if the clinician deems this appropriate). Face-to-face appointments are arranged at the discretion of the clinician.

Using PATCHS also has advantages for us, this includes:

- Seeing your request details in writing helps us signpost you to the most appropriate staff member.
- Reducing the telephone queue for people that cannot use PATCHS.
- Allows us to increase our direct communication with patients.

\*PLEASE NOTE: Patchs requests should not be used for emergencies\*

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#### Information for Patients who Do Not Attend (DNA) their Appointments

A significant amount of time is invested at Longfield Medical Centre to create a rota in order to maximise access and appointments for our patients. Factors such as staff training, annual leave and known peak times e.g. winter and after bank holidays are taken into account.

Any patient who fails to attend for their own or their registered representative's (i.e. child) appointment without informing the practice causes wasted clinical time and resources. This also has an impact on other unwell and vulnerable patients who could have benefited from these missed appointments.

Please help us to help you by always cancelling an appointment that you are unable to attend or no longer need, with as much notice as possible, so that it may be offered to someone else.

There are 4 ways you can cancel your appointment:

- Call the dedicated 'Cancellation Line' on 01621 876433 option 1.
- Email Reception at reception.lmc@nhs.net
- Cancel your appointment via your online access if you have registered for this service.
- Cancel your appointment via your Patchs account and use the 'admin' tab.

Please help us to maximise appointment availability in the future by remembering that <u>your missed appointment is another patients denied appointment.</u>

What happens when you Did Not Attend (DNA):

A Did Not Attend (DNA) message will always be sent automatically to the mobile number on record, this will then be followed by:

<u>First DNA:</u> you will receive a message via Patchs, text message, email or letter to state that you have missed an appointment and the practice will be monitoring further DNAs. You will also be asked to inform the practice why you did not attend the appointment, so these circumstances can be taken into account and documented within your medical records.

<u>A Second DNA</u> within a 12 month period will activate another message on Patchs, text message, email or a letter. You will be reminded of this policy and that if you DNA a 3<sup>rd</sup> appointment, you may be removed from the surgery list.

<u>A 3<sup>rd</sup> DNA</u> within a 12 month period and the matter will be brought to the attention of the Practice Manager and GP Partners to review and possible removal from the practice list will be considered.

If you are a parent, legal guardian or registered representative please note that the policy above will also apply to patients who are not brought to their appointments. Missed appointments will trigger a discussion in a practice meeting and review with our safeguarding lead. Failure to bring children to their appointments can be a sign of other problems that would need further action.

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#### **ZERO TOLERANCE**

The Practice takes it very seriously if a member of staff or one of the doctors or nursing team is treated in an abusive or violent way.

The Practice supports the government's 'Zero Tolerance' campaign for Health Service Staff. This states that GPs and their staff have a right to care for others without fear of being attacked or abused. To successfully provide these services a mutual respect between all the staff and patients has to be in place. All our staff aim to be polite, helpful, and sensitive to all patients' individual needs and circumstances. They would respectfully remind patients that very often staff could be confronted with a multitude of varying and sometimes difficult tasks and situations, all at the same time. The staff understand that ill patients do not always act in a reasonable manner and will take this into consideration when trying to deal with a misunderstanding or complaint.

However, aggressive behaviour, be it violent or abusive, will not be tolerated and may result in you being removed from the Practice list and, in extreme cases, the Police being contacted.

In order for the practice to maintain good relations with their patients the practice would like to ask all its patients to read and take note of the occasional types of behaviour that would be found unacceptable:

- Using bad language or swearing at practice staff
- Any physical violence towards any member of the Primary Health Care Team or other patients, such as pushing or shoving
- Verbal abuse towards the staff in any form including verbally insulting the staff
- Racial abuse and sexual harassment will not be tolerated within this practice
- Persistent or unrealistic demands that cause stress to staff will not be accepted. Requests will be met wherever possible and explanations given when they cannot
- Causing damage/stealing from the Practice's premises, staff or patients
- Obtaining drugs and/or medical services fraudulently

We ask you to treat your GPs and their staff courteously at all times.

#### Removal from the practice list

A good patient-doctor relationship, based on mutual respect and trust, is the cornerstone of good patient care. The removal of patients from our list is an exceptional and rare event and is a last resort in an impaired patient-practice relationship. When trust has irretrievably broken down, it is in the patient's interest, just as much as that of the practice, that they should find a new practice. An exception to this is on immediate removal on the grounds of violence e.g. when the Police are involved.

#### Removing other members of the household

In rare cases, however, because of the possible need to visit patients at home it may be necessary to terminate responsibility for other members of the family or the entire household. The prospect of visiting patients where a relative who is no longer a patient of the practice by virtue of their unacceptable behaviour resides, or being regularly confronted by the removed patient, may make it too difficult for the practice to continue to look after the whole family. This is particularly likely where the patient has been removed because of violence or threatening behaviour and keeping the other family members could put doctors or their staff at risk.

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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).

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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:

health care if you do decide to opt	rm to say that you understand and accept the risks to your personal out of SCR or EDSM. Hand the completed form in to your GP Surgery; they Medical Records and enter the appropriate computer codes.
Patients full NAME	
Patients DATE OF BIRTH	
1. SCR - NHS SUMMARY CARE REC Please tick only one box.	CORD SCR Details
Express consent for medicati	on, allergies and adverse reactions only (XaXbY)
	es not want a summary care record and fully understands the
	risks involved with this decision (XaXj6)
YES share data with other NH NO do NOT share any data re decision	HS organisations ecorded by my GP Practice; I fully accept the risks associated with this
care services that may care for you?  Consent Given	r GP Practice viewing data that is recorded at other NHS organisations and
Consent Neruseu, Fruily acce	pt the risks associated with this decision.
Patient's Signature	
Date	
Signature on behalf of	
patient	

**Relationship to Patient** 

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### Register your Type 1 Opt-out preference

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

Type 1 Opt-outs may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: <a href="https://www.nhs.uk/your-nhs-data-matters/">https://www.nhs.uk/your-nhs-data-matters/</a> You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

Details of the patient

Details of the patient					
Title					
Forename(s)					
Surname					
Address					
Phone number					
Date of birth					
NHS Number (if known)					

#### **Details of parent or legal guardian**

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

Name	
Address	
Relationship to patient	

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(if

### Your decision

own care. OR I practice for purp  Withdra	identifiable patient data to be shared outside of the GP practice do not allow the patient above's identifiable patient data to be shapes except their own care.  Saw Opt-out (Opt-in)  Entifiable patient data to be shared outside of the GP practice for partice for patient data.	ared outside of the GP
care. OR	the patient above's identifiable patient data to be shared outside	
	their own care. Your declaration I confirm that:	of the Of practice for
	nation I have given in this form is correct parent or legal guardian of the dependent person I am making a c	choice for set out above (if
Date Wher	complete, please post or send by email to you	r GP practice
For GP Practice U	Jse Only	
Date received		
Date applied		
Tick to select the codes applied	Opt – Out - Dissent code:  9Nu0 (827241000000103  Dissent from secondary use of general practitioner patient identifiable data (finding) )	
	Opt – In - Dissent withdrawal code:  9Nu1 (827261000000102  Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding) )]	