

Welcome to Rosegarth and Siddal Surgeries

You will be registered with Dr David Taylor. This does not prevent you from seeing any other clinician in the practice.

It is essential that you provide proof of I.D. for each person over the age of 16. Acceptable forms of I.D. are: driving licence, passport, utility bill or bank statement from the last 3 months.

Once you have registered with the practice your medical records will be requested from the Health Authority. It may take some time before your full record is available to us, so any information you have available will ensure a smooth transition of your care to us, and will be appreciated.

Patient Name: _____ DoB: _____

<p>Are you are a registered carer?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>If Yes, whom are you caring for? What relation are they to you:.....</u></p> <p>Name:.....</p> <p>Address:</p> <p>Tel Numbers</p>
<p>Do you have a carer?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>If Yes, who is your carer ? What relation are they to you:.....</u></p> <p>Name:</p> <p>Address:</p> <p>Tel Numbers:</p>
<p>Do you have a Next of Kin?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>If Yes, who is your Next of Kin and what relation are they to you?</u></p> <p>Name:</p> <p>Address:</p> <p>Tel Numbers:</p>

YOUR NEW PATIENT PACK CONTAINS:

- **GMS1form – This form is compulsory.**
More information on blood and organ donor registration is available on www.nhs.uk or 0845 60 60 400.
- **New Patient Questionnaire – This form is compulsory**
- **Your Electronic Health Record - sharing consent/opt out for Summary Care Record & Enhanced Sharing. This form is compulsory.**
- **Others: ‘How to Order Your Prescriptions’ leaflet; “Online Services” Leaflet**

Please visit our websites www.rosegarthsurgery.co.uk or www.siddalsurgery.co.uk for more information.

Your Electronic Patient Record & Sharing of Information

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter, email, fax or phone. At times, this can slow down your treatment and mean information is hard to access. You can avoid this by consenting for your electronic records to be shared:

1. SystemOne (enhanced) Sharing

Your GPs computer (SystemOne) system has two settings to allow you to control how your medical information is shared:

Sharing Out – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated who use the same system as ours. Please record your preference:

Please tick: Sharing Out **Yes** (shared) or **No** (not shared)

Sharing In – This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services who use the same system as ours. . Please record your preference:

Please tick: Sharing In **Yes** (viewable) or **No** (not viewable)

2. Summary Care Record

The Summary Care Record is used by other NHS organisations such as A&E and Out of Hours. These organisations can only access this information with your permission, but there may be circumstances where staff cannot ask you. For example, if you are unconscious, healthcare staff may look at your record without asking you.

Summary Care Record Consent Options (Please tick ONE option only)

I consent for medication, allergies and adverse reactions to form a Summary Care Record

OR

I wish to Dissent/Opt Out from the Summary Care Record

Section A:

Full nameDate of Birth.....

SignatureDate.....

Section B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your nameYour signature.....

Relationship to patient

(PLEASE RETURN COMPLETED FORMS TO ROSEGARTH SURGERY OR SIDDAL SURGERY)

ROSEGARTH/SIDDAL SURGERY PATIENT HEALTH QUESTIONNAIRE – ADULT							
<i>Please complete the following health questionnaire in full and hand it in with your registration documents.</i>							
Name:				D.O.B:		Age:	
Address:							
Home Phone:			Mobile:			Email:	
Ethnicity:				First Language:			
Medication: Please list any medicines/tablets you are taking at the moment:							
Past Medical History: Please list your past medical history:							
Allergies: Are you allergic to any medicines, substances or foods? Yes/No							
If Yes, please give details:							
Family History: Do any members of your family have any of the following conditions?							
Condition	Yes	Age	How Related	Condition	Yes	Age	How Related
Diabetes				Skin Disease			
High Blood Pressure				Nervous Disorders			
Heart Attack				Congenital Disorders			
Stroke				Cancer			
Epilepsy/Fits				Allergies to Medicine/Food			
Asthma				Any other Disease			

We would like to invite you to make an appointment for a new patient health check please make an appointment with our health care assistant.

To allow us to process your application swiftly please tick one of the following boxes that relates to your medical history

I am aged under 40 with no long term health problems <input type="checkbox"/>	Under 40 with long term health problems <input type="checkbox"/>
I am between the age of 40 and 75 years and do not have any long term health problems such as asthma/COPD/Diabetes/Coronary Heart Disease/Epilepsy/Peripheral Vascular Disease/Atrial Fibrillation/Rheumatoid Arthritis/Hypertension/Stroke <input type="checkbox"/>	
I am 75 years or older with no problems <input type="checkbox"/>	I am 75 years or older with problems <input type="checkbox"/>
I am under the age of 75 years and suffer from a long term health problems e.g. Asthma /COPD /Diabetes Coronary Heart Disease/Epilepsy/Peripheral Vascular Disease/Atrial Fibrillation/Rheumatoid Arthritis/Hypertension/Stroke	
THIS BOX IS TO BE COMPLETED BY PRACTICE STAFF	
NHS Health Check Appointment booked <input type="checkbox"/>	Smoking Cessation Advice Appointment booked <input type="checkbox"/>
Annual Review Required (Diabetes etc IT) <input type="checkbox"/>	New Patient Health Check Offered (XaCGg) <input type="checkbox"/>
Patient taking 5+ medications task to pharmacist <input type="checkbox"/>	

PATIENT AUDIT (for patients aged 16+)

Name: _____

Date of Birth: _____

Can you please answer the following questions:

Alcohol: How many units of alcohol do you drink each week?
 (1 unit = half pint of beer, 1 small glass of wine, or a pub measure of spirits)

UNIT GUIDE

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)



1 unit is typically

The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" Lager, 250ml glass of wine (12%)



The following questions are validated as screening tools for alcohol use

AUDIT-C QUESTIONS	Scoring System					Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
If your score is less than 5 please go to the smoking section (if you smoke).					Total	
AUDIT Questions (after completing the 3 questions above if your score is 5 or more).	Scoring System					
	0	1	2	3	4	Score
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
If your score is 7 or more please book an appointment with one of our practice nurses for advice.					Total	

SMOKERS		
Smoking:		
Do you smoke? Yes/No	If Yes, how many per day?	What age did you start smoking?
Smokers: Would you like to be referred to our smoking cessation clinic Yes/No		
Ex-smokers:	What age did you stop?	How many did you smoke per day
We strongly advise that you stop smoking. We can offer counselling and treatment to help you stop. Please make an appointment or you may be referred to the Stop Smoking Services, would you like us to make you an appointment.		Yes / No (Please circle)
ARE YOU A CARER?		
Are you a carer? A carer is someone who looks after a relative, friend or neighbour who could not manage without their help.		Yes No
Is the person you care for registered with our practice? Yes / No	What relation are they to you: Relative / Friend / Neighbour / Other	
If the person is register with our practice please provide their name and telephone number in the box opposite.		

EMERGENCY CONTACT DETAILS

Notes

If you feel we should have an emergency contact for you, please complete the following information. You should notify the individual(s) you have named above that you have provided us with this information and we will hold this information within your medical records.

Completion of this section is voluntary.

CONTACT IN EMERGENCY	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
NAME:	
ADDRESS:	
TELEPHONE NUMBERS (home/ work/mobile):	

OTHER CONTACT IN EMERGENCY	RELATIONSHIP to you (Please indicate if this person is your NEXT OF KIN):
NAME:	
ADDRESS:	
TELEPHONE NUMBER:	

Thank you for completing this form please hand it to one of our reception staff with your registration documents.
Updated 16/11/2017

Consent to access GP online services

The patient

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

Repeat Prescriptions

I would like to: Collect in Person or Pharmacy to collect on my behalf

Which Pharmacy?

Online Services

I wish to have access to the following online services (please tick all that apply):	
1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Detailed medical records	<input type="checkbox"/>
I wish to access my medical record online and understand and agree with each statement (tick)	
I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Patient Consent

I consent to the practice providing me with the online facility to book/cancel appointments and order repeat prescriptions through SystmOnline. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records. I will use this service responsibly and in the case of any abuse of the service, Rosegarth & Siddal Surgery can prevent me from accessing the service by removing access to the service. Examples of irresponsible use of the system may include failure to attend appointments or repeat booking and cancelling of appointments. I understand the practice is committed to protecting my privacy online. The personal information I enter on this website is strictly controlled using a secure website. Information entered is available only to members of staff with appropriate access rights at Rosegarth & Siddal Surgery and is strictly controlled and monitored. **Personal information will not be shared with any third parties and will NEVER be sold to third parties.**

Signature	Date
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Photo Identification

One of the following forms of **Photo Identification** can be accepted:

Photocard Driving Licence Passport Bus Pass NHS/College/School

To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.

The following documents **WILL NOT** be accepted as proof of identity: -
Library card - DVD rental card - Health club card - Private rent card - Birth Certificate

For back office practice use only

The patient's NHS number	Identity verified by (initials)	Date
Method of verification	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Date account created	Date passphrase sent	
Level of record access enabled Appointments, Summary Record & Repeat medication <input type="checkbox"/>	All <input type="checkbox"/>	Limited parts <input type="checkbox"/>

Rosegarth & Siddal Surgery Unacceptable Behaviour Policy

Violence and Abuse

Rosegarth & Siddal Surgery aim to provide the best possible health care for their patients. However, there may be circumstances when it would be considered reasonable, or in the best interests of the patient, to remove patients from the list. The purpose of this policy, therefore, is to define the practice guidelines for when it is reasonable to remove a patient from the practice list for unacceptable behaviour and to ensure that any concerns about removing patients from the list are dealt with fairly.

The practice supports the Government's Zero Tolerance Campaign in relation to violence and abuse. The staff and GPs at the surgery have the right to care for others without the fear of being attacked or abused. Violent patients can be reported to the police and offending patients will be removed from the GPs list. We ask that you treat your GP and practice staff without any violence, intimidation or verbal abuse. Situations which justify removal:

Violence

When a patient:-

- Is physically violent or threatening towards a doctor, practice staff or other patients on the practice premises. This may include but not limited to swearing, throwing objects, spitting, threatening behaviour, being rude, raising voice, shouting or raising ones voice beyond reasonable levels, sarcasm, pointing fingers aggressively, Intimidating staff or repeatedly insisting points being made for argumentative purposes, any mention or display of any object that could be used as a weapon. This may be via any forms of communication e.g. face to face/telephone or by email
- Causes physical damage to practice premises or other patient's property.
- Gives verbal abuse or makes threats towards the doctor, practice staff or other patients.
- Gives racist abuse, orally or physically.
- Is violent or uses or condones threatening behaviour to doctors (or some other members of the primary health care team) while visiting the patient's home. Such behaviour may involve the patient, a relative, a household member, or pets (such as unchained dogs).

Breakdown of the Doctor-Patient Relationship

Where a patients behaviour falls outside of that which is normally considered reasonable and leads to an irretrievable breakdown of the doctor-patient relationship. This includes where a patient:-

- Fraudulently obtains drugs for non-medical reasons.
- Deliberately lies to the doctor or other member of the primary/secondary health care team (e.g. by giving a false name or false medical history) in order to obtain a service or benefit by deception.
- Attempts to use the doctor to conceal or aid any criminal activity. Steals from practice premises.

Guidance on removing patients due to irretrievable breakdown of the doctor-patient relationship

Occasionally patients persistently act inconsiderately and their behaviour falls outside that which is normally considered to be reasonable. In such circumstances there may be a complete breakdown in the doctor-patient relationship.

Warning

The patient will be warned verbally or written that they are at risk of removal from the practice within 12 months before the date of the request to the Primary Care Organisation. Should the patient not heed the verbal or written warning then they may be removed from the practice list.

However no warning is required if:

- The practice has reasonable grounds for believing that the issue of such a warning would be harmful to the physical or mental health of the patient.
- The practice has reasonable grounds for believing that the issue of such a warning would put at risk the safety of members of the practice or those entitled to be on the practice premises.

- It is, in the opinion of the contractor, not otherwise reasonable or practical for a warning to be given.
- If no reason is given an explanation in writing should be made and retained for potential future inspection by the PCO or NHS England.

Family Members

When a decision is made to remove a patient from the practice list, the removal may well be extended to other members of the family or household i.e. if the patient is deemed violent and we worry for the staff's safety, or the named responsible person for children is deregistered. The practice manager will write to the family / household offering an explanation for the removal. They will be allowed 4 weeks to re-register rather than being removed from the practice list immediately.

Repeatedly Missing Appointments

The Surgery is under a lot of pressure to provide as many appointments as possible. If they choose to patients may receive an SMS text reminder for their appointments and can text back to cancel their appointment. If you would like to take advantage of this service please let us know and give us your mobile number. Please note the text back facility cannot be used when there are less than three hours before the appointment.

Missed appointments are a waste of resources and we must take action to keep these to a minimum; therefore it is an unacceptable behaviour for patients to repeatedly miss booked appointments. Patients who frequently miss booked appointments will be contacted by letter with a behaviour warning and reminder of this policy.

Patients who persistently miss booked appointments risk being removed from the practice register

Please do not use the telephone to order your prescriptions

WHY?

4 out of every 100 telephone calls contain an error in the information received during a telephone request

When prescriptions are requested over the phone mistakes are more likely due to: -

- Confusion with drug name pronunciation
- Errors made when writing out the request

Written Requests Allow:

- Records to be matched more accurately
- Requests to be processed with no interruption from further calls

Rosegarth Surgery
Rothwell Mount
Halifax
HX1 2HB

For online services and practice information go to our website:
rosegarthsurgery.co.uk

Siddal Surgery
117 Oxford Lane
Siddal
Halifax
HX3 9DG

For online services and practice information go to our website:
siddalsurgery.co.uk



The Rosegarth Practice

**HOW TO
ORDER YOUR
PRESCRIPTIONS**

Patient Information Leaflet

What is a repeat prescription?

- If you are taking medication regularly, long-term then the doctor may decide that you do not need to see him/her each time you need a new supply of medicines. The doctor will add the medicine you need regularly to your records as a “repeat drug”, which you can order when your medicine is running low
- If you have medicines on repeat you will be issued with a “repeat request slip” attached to your prescription otherwise items will remain on ‘acute’ but can be requested in the usual way.
- Before you ask for a repeat prescription, please STOP and THINK, are you still using ALL the medication on your repeat prescription? If not then please inform the surgery.

Requesting a prescription

Using the repeat request slip

- Tick the box(es) next to the prescription item you will require within the next ten days
- If you do not have a repeat slip, a request form can be obtained and filled in at reception.
- If you are ordering dressings, catheters or ostomy bags then it is

useful to the receptionist if you give the code/reference number

Using online services

- If you want to register to view and request medication online from our Practice website, please speak to a receptionist.

Please do not order your medicines if you already have enough supply for two weeks or more unless there are exceptional circumstances

- You can deliver or post, or online order your medication using online services (**see details overleaf**)
- The surgery will take a maximum of 2 working days to process your request and issue a prescription which can then be collected at the surgery

Many pharmacies offer a medicines collection and delivery service. Ask your pharmacist for more information

- If you wish the prescription to be sent directly to the pharmacy then please indicate the appropriate pharmacy on the request form **or ask your local pharmacy to set up a nomination so they receive your prescription electronically**
- After receiving items on repeat prescription for a length of time, the doctor may request that you make an appointment to attend

the surgery for a medication review with either a doctor or a nurse

What is a medication review?

- Medication reviews are important to ensure that your medicines and doses are appropriate and that you are not experiencing any unwanted side effects
- It is important that you attend review appointments even if you feel well and are happy with your medicines in order for the doctor to monitor your progress
- If you are asked to attend the surgery for a review then no further prescriptions will be issued until you have attended the review appointment

Please do not use urgent appointments for a medication review