



# BRYN CROSS SURGERY

## **Confidentiality and Data Protection Information for Patients**

Please read the following information regarding your confidential data and how it is stored and shared. Please then complete and sign the back page and return this part to the Practice at the time of registration. The remainder of information can be retained for you to refer to at any time.

A separate signed and dated form must be completed for each patient. There are four of these forms included with this information. If you require extra forms, please just ask at reception.

Patients aged 16 and over must complete and sign the forms personally, for those under the age of 16 a parent or guardian can sign and date the form.

**The details provided will be included in your medical record.**

**Please use BLOCK CAPITALS and answer all questions.**

**PHOTOGRAPHIC ID is REQUIRED for registration.**

**For Practice Use Only**

Photo ID (e.g. Driving Licence/Passport Number):.....

Proof of Address (e.g. Utility Bill/Council Tax): .....

Date Of New Patient Check: .....

## **Confidentiality**

The practice is registered with the Information Commissioners Office and fully abides by the principles of the Data Protection Act. We are bound by the General Medical Council guidelines on confidentiality, which is more restrictive than the Data Protection Act.

Confidentiality is one of the keystones of medicine and is central to maintaining trust in the doctor-patient relationship; information you give us is treated in the strictest confidence.

### **With whom may information about me be shared?**

Other than the doctor or nurse treating you, any member of staff may need to have access to your health records. Every member of staff is bound by strict confidentiality codes of conduct, which includes what information they can access and when.

By giving us private information, it is generally understood that that information may be shared with some individuals or organisations without your direct permission. This is called implied consent. Examples include:

- Other doctors or nurses within the practice may be asked for a second opinion on your case.
- Administration staff will need to access your records to get results, print prescriptions, type referral letters etc
- If you need to be referred to another health professional, such as physiotherapist, counsellor or hospital specialist, we will need to share relevant information with them. However, such referrals will usually have been discussed with you first
- If you request us to undertake work on your behalf, relevant information may need to be shared without your express consent, for example: whilst booking an ambulance, the ambulance service will need us to tell them your name, date of birth, address and any significant medical conditions
- Selected external organisations may undertake work on our behalf. For example, the practice pharmacist will need to be able to view patient records to ensure patients are on the best medication for them. In most cases this will be done on the premises, but in some circumstances this may be undertaken at another location. Any organisation undertaking work on our behalf will be bound to the same rules of confidentiality.
- We are a teaching practice, so interesting cases may be discussed with other doctors as part of our continued learning, or with registrars and medical students attached to the practice. Wherever possible this is anonymised.
- We may be required to provide anonymous data to xxxxx Commissioning Group for the purposes of strategic health care planning. This information is collected by Lancashire Commissioning Support Unit and stripped of any details that may identify you personally xxxxxx are both NHS organisations and bound by the same rules on confidentiality

The only other circumstances when information would be shared would be where we are required by law (such as when directed by the courts) or where we believe that a crime may be committed that would endanger other people (an obvious example of this would be suspected child abuse.)

The law also allows us to break confidentiality where it is in your best interest; this is only ever used in very exceptional circumstances, such as finding a patient unconscious or incapacitated.

### **With whom will information about me not be shared?**

We will not share medical information with anyone else without your express (and usually written) permission. This includes employers the police (except where we directly ordered by the courts or in the detection of serious crime), insurance companies, council and so on.

We will also not share information with relatives, including spouses, without permission.

### **Local Sharing**

It surprises many people that in this modern age, each organisation holds its own records and the systems currently do not 'talk' to each other – the hospital cannot see a patient's GP records and vice versa. This means that patients have to keep repeating their medical problems and there is no way of checking what medication they are on.

### **Summary Care Record**

The Summary Care Record is a national initiative to reduce these problems by having a central database that holds a record of patients' medication and allergies. These are uploaded from GP records every time a change is made to a patient's drug list. The Summary Care Record can only be accessed by selected health organisations and, except in an emergency, only with a patient's permission. You have the right to opt out (or opt back in) at any time by informing the practice.

### **Local Record Viewing**

The Summary Care Record allows only a limited view of the records. GPs, hospitals and other relevant Health and Social Care agencies providing care to patients in East Lancashire are co-operating to allow each other access to records. The amount of access to read records will be dependent upon the organisation and what it safely needs to treat you – trigger for the release of data will be linked to that required to treat you appropriately.

The system has safeguards in place:

- (1) a patient has to be registered with the service for the service to access the records
- (2) except in an emergency, a patient has to be present to give permission for records to be accessed
- (3) organisations can define exactly which part of a record another organisation can access: we can define a different profile for different services

- (4) the system keeps a record of everyone who accesses the system and exactly which part of the record they have viewed
- (5) The GP computer system can lock individual patient records and even individual entries, if there is something particularly sensitive.
- (6) The records themselves never leave the organisation holding the record. Unlike the summary care record.

You have the right to opt out of this service by advising your GP or hospital. However, we recommend that you do not exercise this right given the safeguards in place and the benefits to you in an emergency.

### **Health and Social Care Act 2012**

Under the powers of this act, the Health and Social Care Information Centre (HSCIC) can, under certain circumstances, require personal confidential data from GP practices without seeking patient consent first. One of the first initiatives using these new powers is the care.data service. This will merge data from GPs, hospitals and other sources so that the NHS can provide a better level of integration and service planning. In future, approved researchers will have access to the information. For more information about care.data, see [www.nhs.uk/caredata](http://www.nhs.uk/caredata).

The information will be held securely and confidentially. GPs have no legal right to block requests from the HSCIC for information. However, patients do have a right to block HSCIC using their data. If you wish to opt out, you should inform the practice (you can also opt back in at any time).

### **Data Protection Act**

The practice is registered under the above act and stores information for the following purposes:

- Provision of healthcare
- Healthcare administration
- Medical audit

You have the right to view your medical records. You may request to do so by speaking with the Practice Manager. However, we do charge for this, to cover the administrative costs. The maximum amount we can charge is set by law - you are advised to check the current charges with the Practice Manager. We also reserve the right under the Act to withhold any information which we would consider detrimental to your health or which identifies third parties.

If you have any questions or concerns about how we use your information and confidentiality, feel free to speak to the practice manager or our doctor.



## Letter for new patients: important information about your Summary Care Record

Dear patient

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

### You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record.** If you want a record you do not need to do anything further, one will be created for you when you register with your GP practice. If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.
- **No, I do not want a Summary Care Record.** If you do not want a record, you need to fill in the Summary Care Record opt out form and hand it in to your GP practice. **You should do this even if you have already completed a form at your previous practice.** Opt out forms are available from your GP practice or you can print one from the website below.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or call the Health and Social Care Information Centre on 0845 300 6016.

Yours sincerely

*Bryn Cross Surgery*

[ ] I wish to opt out of the Summary Care Record. I understand that any records already uploaded will remain on the summary care record system, but will not be accessible. I understand that if I opt out of the Summary Care Record, health services will not be able to access my essential health records in an emergency [XaXj6]

[ ] I wish to opt in to the Summary Care Record [XaXbZ/XaXbY]

Signed: .....

Date: .....

## **NEW PATIENT REGISTRATION INFORMATION**

Bryn Cross Surgery is a Practice operating from Ashton-in -Makerfield area. The Greater Manchester Integrated Care Partnership (GMICP) that we are part.

The list at Bryn Cross Surgery is currently open and you are welcome to register with the Practice if you live within the Practice locality.

In order to be accepted onto the list at Bryn Cross Surgery we kindly request that you complete all of the forms supplied within this registration pack as fully as possible. Once your completed signed and dated registration forms have been returned to the Practice we will consider your application, as you may not be active on our list until a new patient health check is complete. There is no requirement for you to inform your current Practice that you are leaving their list as your medical records will be requested automatically. Please be aware however that it can take anything up to eight weeks for us to receive these records and therefore the more information you can provide us with at registration, the better we can assess your immediate medical needs.

We have an excellent team of clinical and administrative staff. We are a training practice for General Practitioners on a rotational basis. These are fully trained doctors with a wealth of hospital experience who are being trained for the Primary Care setting. There are three partner GP's, and Advanced Clinical Practitioner (ACP) working at Bryn Cross Surgery – two female, we have an excellent nursing team that consists of a Practice Nurses and Health Care Assistant's. We work hard to provide a friendly, reliable and efficient service to meet the primary health needs of the local community. On occasion when calling to book an appointment you may be asked to give a reason for the booking. This is purely to enable the receptionist to book you in with the clinician most relevant to your needs and it is entirely your choice as to whether you wish to give this information. All of our administrative team adhere to the same Data Protection Act as the clinicians and any information you do provide will of course be treated in the strictest of confidence.

When you return your registration forms to the Practice our receptionists will offer you an appointment for a New Patient Check. It is important that you attend this appointment within six weeks of registering with the Practice so that we can fully complete your application and offer you medical care tailored to your specific needs.

We look forward to being your local primary care provider for many years to come and hope that you find us to be efficient in providing that service. Please take a moment to look over all of the information in this Registration Pack. Should you have any queries at all or need any assistance in completing any of the required information, please do not hesitate to approach a member of our reception team.

Further information and current news about our Practice is also available on our website at:

<https://www.bryncrosssurgery.co.uk/>

Kind regards,

Bryn Cross Surgery

## Pre-Registration Questionnaire

<b>Full Name</b> (including title)		<b>Date of Birth</b>	
<b>Telephone</b>	<b>Home:</b>	<b>Mobile:</b>	
<b>Occupation</b> (if under 18 and in education, please provide name of school or college)		<b>Marital Status</b>	
<b>Are you Registering a child under 5 years of age?</b> <input type="checkbox"/> (tick) I wish the child above to registered with the practice for child health surveillance			
<b>Preferred Method of Contact</b> (phone, text, letter etc.)		<b>Have you ever served in any of the UK Military Services?</b> (delete as appropriate Yes or No)	
<b>Language (Main spoken language)</b>	If English is not your first language, can you speak English? (please tick)  Yes <input type="checkbox"/> No <input type="checkbox"/>  Do you have any problems understanding & speaking English?  Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Religion:</b>	<b>Height:</b>	<b>Weight:</b>	

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<b>Consent to Join Bryn Cross Surgery</b>	
<input type="checkbox"/> Signature of Patient	
<input type="checkbox"/> Signature on behalf of Patient	Date .....
Name of signatory Relationship to Patient	..... .....
(all persons over the age of 16 must sign their own form)	

Do you or any family member suffer / or have ever suffered from any of the following	FAMILY MEMBER				
CONDITION	Self	Mother	Father	Grandparents	Siblings
Stroke					
Liver/Kidney Problems					
Hypertension					
Diabetes					
Depression / Anxiety					
Asthma					
Epilepsy					
Heart Disease					
Cancer					
Other					

**FOR WOMEN ONLY:**

Are you currently pregnant? Yes ☐ No ☐

If yes, when is your expected due date? \_\_\_\_\_

Have you ever had a cervical smear?

Yes ☐ No ☐

If yes, on what date was your most recent one? \_\_\_\_\_

We provide an appointment reminder service and may contact you SMS (text message). If you **do not** wish to be contacted via this method, please tick this box ☐

If we cannot make contact with you, are we able to leave a voicemail?

Yes - Landline ☐ Yes - Mobile ☐ No ☐

Are you happy for the Practice to contact you via postal mail? ☐ Yes ☐ No

Are you regularly / have you ever been vaccinated against Influenza (Flu)? Yes ☐ No ☐



**CURRENT MEDICATIONS:**

If you regularly take prescribed medication please bring a copy of your repeat slip with you when attending for your New Patient Check. Should you require repeat medication before your appointment for your New Patient Check, please allow the surgery to have sight of your repeat slip as soon as possible. In most cases, repeat medications can be added onto the system without the need to see a GP, but there may be occasions when it is necessary you are seen and the sooner the doctor has sight of your requested medication, the sooner we can advise you of this.

**For women prescribed the oral contraceptive pill:** We kindly request that you book an appointment for a pill check with the GP **before** your next prescription is due.

**Please list all current medication/drugs prescribed or not (illicit drugs):-**

NAME OF MEDICATION	DOSE	QUANTITY

**Do you suffer / have you ever suffered from any allergies?**

Yes ☐ No ☐

If yes, please give details below:

Medication	Reaction (i.e.) rash / itch etc.

**Preferred Chemist:** I wish to opt in to the Electronic Prescription Service (prescriptions will be ordered in the usual way but collected directly from the patients preferred Pharmacy rather than the Surgery, prescriptions will **always** be sent to the specified preferred Pharmacy unless stated otherwise)

**Nominated Pharmacy (add name)** \_\_\_\_\_

***Please be aware that we require 2 working days to process a repeat prescription, however making use of the electronic prescription service available can speed up this process.***

## Next Of Kin / Emergency Contact

<b>Name</b> (Title, First Name, Last Name)	
<b>Relationship To You</b>	
<b>Address</b>	<p>.....</p> <p>.....</p>
<b>Telephone Number</b>	
<b>Do you give authority for your medical details to be discussed with this named person?</b> (Please note if 'Yes', should your circumstances change and you are no longer happy for us to do this, you will need to inform us).	

<b>Your ethnic group</b> Please choose one of the sections below and tick your group		
(Please tick one box only) The ethnic group descriptions are a national standard taken from the 2001 census	<b>White</b> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other	<b>Mixed</b> <input type="checkbox"/> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other .....
	<b>Asian/Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other .....	<b>Black/Black British</b> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Somali <input type="checkbox"/> Other .....

We provide an appointment reminder service and may contact you SMS (text message). If you **do not** wish to be contacted via this method, please tick this box

If we cannot make contact with you, are we able to leave a voicemail?

Yes - Landline ☐      Yes - Mobile ☐      No ☐

**Are you happy for the Practice to contact you via postal mail?**      Yes ☐      No ☐

**Do you have a carer?** Yes ☐ No ☐      **Are you carer?** Yes ☐ No ☐

### ORGAN DONOR

As from 20th May 2020 all adults in England are now considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the following excluded groups:

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England, and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

If you wish to opt out please go to the following website <https://www.organdonation.nhs.uk/>

## LIFESTYLE QUESTIONNAIRE

**Is your dietary history:**

☐ Good

☐ Average

☐ Poor

**Do you exercise regularly?**

☐ Enjoy light exercise

☐ Enjoy moderate

Exercise

☐ Enjoy heavy exercise

☐ Physically unable to Exercise

**Communication:**

If you have any difficulties with communication please inform the practice and we will make every effort to accommodate your needs.

**Hearing Loss**

Partial ☐

Total ☐

Hearing Aids Worn ☐

Do you use sign language? ☐

Any other hearing issues or needs?

.....

**Sight Loss**

Partial ☐

Total ☐

Do you wear glasses? ☐

Any other sight issues or needs?

.....

**Speech**





☐ Partial

☐ Total

☐ Do you use sign language?

Any other speech issues or needs?

.....

	half pint of regular beer/lager/cider		1 small wine glass		1 single measure of spirits		1 single measure of aperitif or small sherry	= 1 Unit
<b>Alcohol Use</b>		<b>Units</b>		<b>Current Frequency i.e. daily, weekly</b>				
Beer/Cider/Lager	✓							
Super Strength Beer/Lagers								
Wine								
Spirits								
Alcopops								

<b>Alcohol Screening Questions</b>	<b>SCORING SYSTEM</b>	<b>YOUR</b>
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	0	1	2	3	4	SCORE
How often do you have 8 (men) / 6 (women) or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many standard drinks do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more	
<b>TOTAL SCORE</b>						

Smoking Status	
Are you a current smoker ( <b>137R.</b> ), ex smoker ( <b>Xa1bv</b> ) or have you never smoked? ( <b>XE0oh</b> )	
If 'Yes' how many do you smoke per day?	
If 'Yes', are you interested in giving up smoking? <b>Declined (XaRFh) Advice (Ua1NZ)</b>	

### PATIENT DECLARATION

I understand that, in order to qualify for free primary medical care, I have to be lawfully and ordinarily resident in the UK. I further understand that I am "ordinarily resident" if I am living in the UK voluntarily and for a settled purpose as part of the regular order of my life for the time being.

My answers to the questions above are true to the best of my knowledge and belief. I understand that, if I have given false answers to any of the above questions, I may be removed from the Practice list of registered patients.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

## PRACTICE POLICY ON HYPNOTICS AND ANXIOLYTICS

Any new patients currently prescribed hypnotics or anxiolytics will be placed on a withdrawal regime at the time of registration unless a GP feels this is not appropriate.

<b>Patient name</b>		<b>Date of birth</b>	
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Please sign a) OR b) below:

a) I am **not** currently prescribed or taking any of the following medications:

Diazepam, Flurazepam, Loprazolam, Lorazepam, Lormetazepam, Nitrazepam, Oxazepam, Temazepam, Zopiclone, Zolpidem and Zaleplon.

**Signature:** ..... **Date:** .....

b) I **am** currently prescribed or taking at least one of the following medications (please tick as appropriate):

- Diazepam ☐
- Flurazepam ☐
- Loprazolam ☐
- Lorazepam ☐
- Lormetazepam ☐
- Nitrazepam ☐
- Oxazepam ☐
- Temazepam ☐
- Zopiclone ☐
- Zolpidem ☐
- Zaleplon ☐

By registering with this practice I agree to be started on a withdrawal regime unless a GP feels this is not appropriate.

**Signature:** ..... **Date:** .....

## **Policy Statement**

### **AGGRESSIVE AND ABUSIVE BEHAVIOUR BY PATIENT**

**THIS PRACTICE CONSIDERS AGGRESSIVE BEHAVIOUR TO BE ANY PERSONAL, ABUSIVE AND AGGRESSIVE COMMENTS, CURSING AND/OR SWEARING, PHYSICAL CONTACT AND AGGRESSIVE GESTURES.**

1. No abuse of staff is acceptable whether verbal or physical. All abuse will be reported to the practice manager who will keep a log of all incidents.
2. All physical abuse of any of our staff by our patients is reported to the police. The patient will then be removed immediately from our list. If the police are not informed, the health authority will inform the patient of the need to register with a new doctor.
3. Any physical abuse by a patient of another practice will be reported to the police by the practice manager and to the patient's own practice. A request for action will be requested in all cases.
4. Any physical abuse by a person not registered with this surgery is to be reported to the police by the practice manager. The practice manager or person in charge of the patient's own surgery is also to be informed.
5. Any incident of verbal abuse whether in person or by the telephone will be reported immediately to the practice manager and recorded by the practice manager. The practice manager will then send a formal letter to the patient. A copy will be kept in the medical records.
6. If another incident occurs a further letter will be written warning him/her that any further abusive behaviour will result in removal from the list. If another incident occurs after a final letter has been issued the patient will be removed immediately from the list and a letter will be sent to the patient confirming this.
7. If the patient is from another practice, the practice manager will report any incident to the practice manager or person in charge of the patient's own surgery requesting action to be taken.

I confirm that I have read & understood the above policy:

**Signed :** ..... **Date:** .....

## Bryn Cross Surgery

Patient Check List	Initials
Identity verified (photo ID / utility bill / right to reside in UK) – highlight as appropriate (photocopies must be taken of proof to reside in UK)	
Completion of forms verified	
Copies of red book taken (child over 8 weeks)	
New Patient Check booked (date / time)	
Repeat medication (copy of slip attached)	
Patient Access form generated and filed for collection	
Added to donor register (blood / organ) – highlight as appropriate	
Added to carer's register (if applicable)	
Informed patient of accountable GP (Xab9D)	
GSM1 status of patient checked and all relevant information is completed	
Completed by Member of Staff -	
Abusive behaviour signed	
Sharing Consent completed and signed by patient	

### Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Email address	
Telephone number	Mobile number
Would you like to receive future notifications via SMS text message? Yes/No	
Are you completing this form for yourself? Yes/No If <b>NO</b> then you need to complete a different form, please ask for the form at the surgery	

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	
2. Requesting repeat prescriptions	

**Bryn Cross Surgery**

**Authority to discuss Medical Records**

I ..... give consent for .....to discuss

Patients Name

Medical records on my behalf.

**Patient Signature..... Date.....**



**BRYN CROSS SURGERY**

**PATIENT PARTICIPATION GROUP**

**EXPRESSION OF INTEREST FORM**

Thank you for your interest in the Patient Participation Group.

It would be helpful to know a few things about you, so please complete the questions below.

Our Chairperson will contact you to talk through the purpose of the PPG and to establish whether you would like to be a full member, or an associate member – or would prefer to be involved in another way.

**Please would you tell us what attracts you to becoming a member of the PPG?**

**Do you have some particular experience to offer the group, eg IT skills, communication skills, typing skills, previous experience as a member of a voluntary group**

**Name:**

.....

**Address:**

.....

.....

.....

**Telephone No:** .....

**Email address:**

.....

**Do you consent to being contacted by the PPG via: Email Y/N TELEPHONE Y/N**

**Date:** .....

**PLEASE RETURN THIS FORM TO THE SURGERY RECEPTION DESK – THANK YOU**