

# *New Southgate Surgery*

*Drs. Fyfe, Brain, Hallott, Ahmed,  
Cosimini, Schofield, Welch, Ladak & Parkin*

## NEW PATIENT INFORMATION

**PLEASE NOTE:**

You will automatically be allocated a GP when your registration is accepted at the Practice. However, this does not mean that you **ONLY** have to see your allocated GP – you can see any clinician that is available. If you wish to know who your allocated GP is, please ask at reception or at your next consultation.

*Please complete the details below:*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The Department of Health and the NHS use the following set of sixteen categories in line with those developed for the 2001 population census. Please choose ONE section from A to E and tick the appropriate box to indicate your ethnic group.

<p><b>A: White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other White (.....)</p>	<p><b>B: Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed (.....)</p>
<p><b>C: Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Other Asian (.....)</p>	<p><b>D: Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black (.....)</p>
<p><b>E: Chinese or Other Ethnic Group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other (.....)</p>	

- 1) What is your main spoken language? \_\_\_\_\_
  - 2) What is your preferred method of contact? (e.g. phone call/letter) \_\_\_\_\_
  - 3) Do you have any communication format requirements? (e.g. large print?) \_\_\_\_\_
  - 4) When is the best time to contact you? (Morning, Afternoon, Evening until 18.30) \_\_\_\_\_
  - 5) Do you consent to the use of text messaging to remind you of appointments? \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- 6) Do you care for a family member or friend? \_\_\_\_\_
  - 7) Are you being cared for by a family member or friend? \_\_\_\_\_

Please provide any other information which you feel we need to be aware of (house-bound, visually impaired etc.)

\_\_\_\_\_

## Data Sharing Questionnaire

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Please complete this questionnaire to ensure we can record your preferences for the use of the data we store and share about you. For more information about any section of this form please see reception or the practice website. This form must be returned to reception upon registration.

### Section 1 – Personal Details

<b>Title</b>	<b>Mr/Mrs/Miss/Ms</b>	<b>Date of Birth</b>	
<b>Forename</b>		<b>Surname</b>	
<b>Current Address</b>	<b>Postcode:</b>		

### Section 2 – Summary Care Record (SCR)

The NHS in England is using the Summary Care Record in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

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

<b>Yes I would like a summary care record</b>		<b>No, I do not want a summary care record</b>	
<b>Please sign to consent to this</b>		<b>Date:</b>	

For more information visit the NHS Care Records Service website at [www.nhscarecords.nhs.uk](http://www.nhscarecords.nhs.uk) or telephone the dedicated NHS Summary Care Record Information Line on 0845 603 8510 for more information.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

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If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

## **Section 3 – Enhanced Data Sharing Model (EDSM)**

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.

Our GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. You have a choice to make about how the practice shares information about your care from your electronic patient record. This form is asking your sharing preferences regarding your full electronic GP record.

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

<b>Sharing Out:</b> This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:-	<b>Yes (Shared)</b>	<b>No (Not Shared)</b>
<b>Sharing In:</b> This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services. Please record your preference:-	<b>Yes (Viewable)</b>	<b>No (Not Viewable)</b>
<b>Please sign to consent to this</b>		<b>Date:</b>

### Admin Use Only

<b>Preferences Recorded:</b>	<b>SMS</b>		<b>SCR</b>		<b>EDSM</b>	
<b>Date:</b>		<b>Staff Name:</b>				

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## **Section 4 – Risk Stratification**

Risk stratification data tools are increasingly being used in the NHS to help determine a person's risk of suffering a particular condition, preventing an unplanned or (re)admission and identifying a need for preventive intervention. Information about you is collected from a number of sources including NHS Trusts and from this GP Practice. A risk score is then arrived at through an analysis of your de-identified information using software managed by eMBED on behalf of NHS Wakefield Clinical Commissioning Group, and is only provided back to your GP as data controller in an identifiable form. Risk stratification enables your GP to focus on preventing ill health and not just the treatment of sickness. If necessary your GP may be able to offer you additional services.

Please note that you have the right to opt out. Please advise a member of staff of your decision.

## **Section 5 – Care Data**

The NHS use confidential information from medical records to improve and plan NHS services. This programme, led by NHS England and NHS Digital, focuses on bringing together health and social care information from different settings securely, in order to see what works well in the NHS and what could be done better. 'Sensitive' codes such as HIV, STIs, pregnancy termination, IVF, marital status, complaints, convictions, abuse, will not be extracted, but all other codes, including diagnostic codes, investigation results and information about prescriptions are.

Please note that you have the right to opt out. Please advise a member of staff of your decision.

**If you would like any more information about how your information is used, please visit our website or ask a member of staff for our 'Fair Processing and Privacy Notice for General Practice' booklet.**

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## **Online Services**

New Southgate Surgery allows patients to access a variety of services online, 24/7. There is no charge for this service and, once registered, you will be able to:

- View and book appointments with a GP
- View and order your repeat medication
- View your Summary Medical Record, which includes a list of allergies and current medications.

It is a 'read only' service, meaning you can only view and if necessary, print information from your records. You will not be able to alter your medical record in any way.

## **Security**

Your medical records will remain as secure as they currently are in the Practice, however you have control over the viewing of this information by using your unique log in details. You will be responsible for keeping these details safe.

**Patients are reminded to ALWAYS log out of online services when they have completed their session, and they should NEVER share their log in details. If you feel your details have been used by an unauthorized user or you have forgotten your password, you should contact the surgery to request a new password immediately.**

To request access to online services, please fill out the attached form and hand it in along with your new patient registration documents and identification. Once your registration has been processed, you will receive your log in details via your chosen method, (email or text message).

If you have any queries regarding the online services we offer, including requesting access to your Detailed Coded Record, please contact the surgery.

# New Southgate Surgery

## Application for Online Access to Services

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### Section 1 – Your Details

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
	<b>Postcode:</b>		
<b>Email Address</b>			
<b>Mobile Phone</b>			

I am aged 16 years or above and I am requesting access to my own online services	
I am aged 14–15 and I am requesting access to my own online services ( <b>GP Consent Required</b> )	

### Section 2 – Terms of Agreement

**I wish to access my online services and understand and agree with each statement below;**  
*(Please tick)*

I have read and understood the information leaflet provided by the Practice about online access	
I will be responsible for the security of my login details as well as any of the information that I see or download	
If I choose to share my information with any else, this is at my own risk	
I understand that abusing the online services offered will result in the online service being removed	
I will contact the Practice as soon as possible if I suspect that my account has been accessed without my agreement.	
If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible.	
I consent to the Practice using my email address and phone number for reminders and communication from the practice	

### Section 3 – Communication

**Please confirm how you would like to receive your login details;**

I wish to have my login details sent to the EMAIL address provided above	
I wish to have my login details sent by SMS to the mobile number provided above	

*You may receive a verification email/SMS asking you to confirm your identity before your login details can be sent*

### Section 4 - Consent

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to Reception. The Practice will be in contact to confirm your access details.**

*If you require access to another patients records please complete the additional form*  
*“Application for Online Access to Services for Another Patient”* S:\Share (172.23.10.89)\Master Copies\Website  
 Forms\Registration documents.docx

# New Southgate Surgery

## Application for Online Access to Services for Another Patient

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This form should be completed **in addition** to the “Application for Online Access to Services” if you require access to another patients online services.

### Section 1- Patients Details

<b>Patients Name</b>		<b>Patients Date of Birth</b>	
<b>Patients Address</b>			
	<b>Postcode:</b>		

### Section 2 – Application Type

I am requesting access to the online services of a child aged 13 and under for whom I have parental responsibility	
I am requesting access to the online services of a child aged 14–15 for whom I have parental responsibility because:	
<i>The patient is lacking competency in managing their own healthcare</i>	
<i>The patient is competent and has given consent for my access</i>	
I am requesting access to the online services of a patient aged 16 and over who lacks the competency to manage their own healthcare ( <i>GP assessment or Legal Documentation required</i> )	
I am requesting access to the online services of a patient and I have consent from the patient.	

### Section 3 – Terms of Agreement

**I understand and agree with each statement below with regards to the patient’s online information;** (*Please tick*)

I have read and understood the information leaflet provided by the Practice about online access and will treat the patients information as confidential	
I will be responsible for the security of any of the information that I see or download	
I will contact the Practice as soon as possible if I suspect that the account has been accessed without my agreement.	
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 this information as strictly confidential.	

### Section 4 – Consent

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand the risks of allowing the user access to the services ticked and I understand that I reserve the right to remove this access at any time.

<b>I am allowing the user proxy access to the following services;</b>	
Online appointment management	<input type="checkbox"/>
Online prescription management	<input type="checkbox"/>
Online access to my summary medical record	<input type="checkbox"/>

**Patient Consent**(if appropriate)

**Patients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be completed in addition to the “Application for Online Access to Services”*

## PRACTICE USE ONLY

RECEPTION STAFF USE			
<b>Patient NHS No:</b>		<b>Method of Identity Verification;</b> <input type="checkbox"/> Documentation including proof of relationship (copy attached) <input type="checkbox"/> Vouching with information from both records <input type="checkbox"/> Vouching by GP/Management:-  (Name _____)	
<b>Date:</b>			
<b>Staff Name:</b>			
<b>THIS FORM SHOULD BE SENT TO ADMINISTRATION</b>			

ADMIN STAFF USE					
<b>Request Sent to (GP):</b>		<b>Date:</b>			
<b>Account created by:</b>		<b>Date:</b>			
<b>SMS/Email Verification:</b>	Verified: <input type="checkbox"/>	Sent on: / /			
<b>Username sent:</b>	SMS/EMAIL / /	<b>Password sent:</b>	SMS/EMAIL	/ /	

Notes: \_\_\_\_\_

### GP USE

<b>GP Name:</b>					
<b>I am allowing the applicant access to the following services for the patient named in this application;</b>			<b>I do not feel the applicant should be allowed access to the patients' online services.</b> <input type="checkbox"/>		
Online appointment management					
Online prescription management					
Online access to summary medical record					
Notes: _____					
Signature of GP: _____				Date: _____	
<b>GP NOTE: Please ensure you have documented any notes in the patients record</b>					

*This form must be completed in addition to the "Application for Online Access to Services"*