

BALDWINS LANE SURGERY

New Patient Registration Pack (Adult over 16)

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Checklist for Patient Registration (For office use only - aid for Reception staff)

<input type="checkbox"/>	Eligibility to register as an NHS patient checked using flowchart in Patient Registration and the Practice Area Map?
<input type="checkbox"/>	New Patient Registration form fully completed and signed?
<input type="checkbox"/>	NHS Summary Care Record form completed and signed?
<input type="checkbox"/>	Online Appointments form completed and signed (Optional)?
<input type="checkbox"/>	Carer Information form completed (if applicable)?
<input type="checkbox"/>	Appropriate ID and proof of address provided and photocopied (if provided)?
<input type="checkbox"/>	New Patient Health Check Booked?

Please ensure all boxes are ticked when accepting a new registration. Sign below and attach to registration documents.

Receptionist Name _____ Date _____

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Confidential New Patient Questionnaire

To help the doctor provide good medical care, please fill in the following details and hand in with your registration documents

Surname

Forename

Address

.....**Postcode**

Occupation

Date Of Birth.....

Communication

Do you have any information or communication support needs?

.....
Have you had any important illness or operations? YES / NO

If yes please state:

Date	Illness/Operation
.....

.....
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.....
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Are you attending hospital at the moment? YES / NO

If so why?

Are you taking any Medications?

Are you Allergic to anything? YES / NO

If so, please state what

Do you smoke? YES / NO

If so, how many per day?

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Do you drink?

YES / NO

If so how much per day?

Are there any illnesses that run in your family e.g Diabetes, Blood pressure etc.

Relationship to you

Suffering from

.....

.....

.....

.....

Are you a carer?

YES / NO

If so are you registered as a carer?

YES / NO

Do you have a carer?

YES / NO

**If yes, please specify the following carer's details:
Please complete the attached Carer Detail Documents**

Do you live on your own?

YES / NO

If no, please specify who else is in the household.

.....

WOMEN ONLY

Details of Pregnancies

Date

Outcome

.....

.....

.....

.....

Method of Contraception used?

Have you had Hysterectomy?

YES / NO

If yes, when?

Date of last Smear Test

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This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

Are You?	Male		Female	
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Age Group	Under 16		17 – 24		25 – 34	
	35 – 44		45 – 54		55 – 64	
	65 – 74		75 – 84		Over 84	

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

White:					
British Group		Irish			
Mixed:					
White & Black Caribbean		White & Black African		White & Asian	
Asian or Asian British:					
Indian		Pakistani		Bangladeshi	
Black or Black British:					
Caribbean		African			
Chinese or other ethnic Group:					
Chinese		Any Other			

How would you describe how often you come to the practice?

Regularly		Occasionally		Very rarely	
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Name of next of kin/emergency contact details:

Name of person: Their relationship to you:.....

Their contact telephone number/s:.....

Their address (inc postcode please):.....

Thank you.

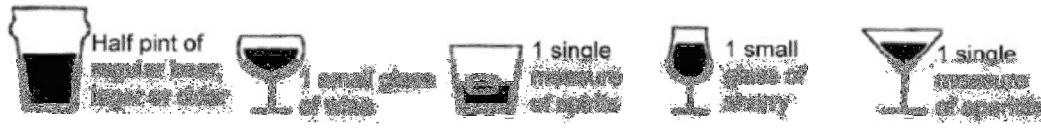
Please note that no medical information or questions will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

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This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your 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+ times 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	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



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Score from AUDIT- C (other side)

SCORE

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
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	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

TOTAL



Your Summary Care Record

Care professionals in England use an electronic record called the **Summary Care Record (SCR)**. This can provide those involved in your care with faster secure access to key information from your GP record.

What is a SCR?

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one.

It includes the following basic information:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

What choices do you have?

You can now choose to include more information in your SCR, such as significant medical history (past and present), information about management of long term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

If you would like to do this, talk to your GP practice as it can only be added with your permission.

Remember, you can change your mind about your SCR at any time. Talk to your GP practice if you want to discuss your option to add more information or decide you no longer want an SCR.

Vulnerable patients and carers

Having an SCR that includes extra information can be of particular benefit to patients with detailed and complex health problems. If you are a carer for someone and believe that this may benefit them, you could discuss it with them and their GP practice.

Who can see my SCR?

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff:

- Need to have a Smartcard with a chip and passcode
- Will only see the information they need to do their job
- Will have their details recorded every time they look at your record.

Care professionals will ask for your permission if they need to look at your SCR. If they cannot ask you because you are unconscious or otherwise unable to communicate, they may decide to look at your record because doing so is in your best interest. This access is recorded and checked to ensure that it is appropriate.

SCRs for children

If you are the parent or guardian of a child under 16, and feel they are able to understand this information you should show it to them. You can then support them to come to a decision about having an SCR and whether to include additional information.

Confidentiality

For information on how the NHS will collect, store and allow access to your electronic records visit NHS Choices at www.nhs.uk/records.

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For more information talk to the staff at your GP practice or visit www.hscic.gov.uk/scr/patients
You can also phone the Health and Social Care Information Centre (HSCIC) on 0300 303 5678

Summary Care Record OPT OUT FORM

YOUR NAME: _____ DATE OF BIRTH: _____

Baldwins Lane Surgery offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications,
- and any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your 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.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **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. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please sign below if you do not want a Summary Care Record:

No I do not want a Summary Care Record

Date _____

Signed _____

Hand this form in at your Surgery if you wish to "Opt-Out"

HealthSpace information

In addition, patients over 16 can register on a secure website called HealthSpace for a 'Basic' account which gives you access to a Personal Health Organiser. Register at www.healthspace.nhs.uk to do this. If you go a stage further you can register for an 'Advanced' account which will entitle you to see a copy of your Summary Care Record once it has been created.

Complete the Advanced Registration application and print off the form and contact your Patients' Advice and Liaison Service (PALS) office to find out where you should go to register for an Advanced HealthSpace Account. You can do this by emailing community.pals@glos.nhs.uk or by telephoning the PALS on **0800 0151 548**. Advisers are available Monday to Friday from 9.00am to 5.00pm. When you register you must remember to bring along with you 3 items of identification, Passport and/or Driving Licence and 2 Utility Bills current within the last 3 months.

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Carer Identification and Referral Form

If you are a Carer or are cared for we would like to hold this information in your medical record. This will help us provide support as necessary and have a better understanding of your needs. By completing this form you agree that we can retain this information in your medical record.

Please complete this form and hand it to a member of our Reception team.

If you're a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need. To be able to do this, we need to know certain facts about your caring situation, as listed in the form overleaf.

It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a Carer.

As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

Section A – I AM a Carer

Carers Details:	
Your Name:	
Date of Birth:	
Your Address:	
Home Tel:	Mobile:
I care for:	
Full Name:	
Address:	
Contact Tel:	Date of Birth:
Relationship (if any)	
Is the person you care for registered with Baldwins Lane Surgery? Yes / No	
Please refer me to Care Services for a Carer's Needs Assessment Yes / No	
Signed:	Date:

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Carer Identification and Referral Form

Section B – I HAVE a Carer

Patient Details:		
Your Name:		
Date of Birth:		
Your Address:		
Home Tel:	Mobile:	
I am cared for by:		
Full Name:		
Address:		
Contact Tel:	Date of Birth:	
Relationship (if any)		
Is the person who cares for you registered with Baldwins Lane Surgery? Yes / No		
Are you registered disabled? Yes / No		
Signed:	Date:	
Agreement by Patient to allow Carer access to their personal details and / or copies of correspondence		
1	I give permission for my Carer to have access to my personal details and medical records held by Baldwins Lane Surgery	Yes / No
1a	This Permission relates to all of my Records:	Yes / No
1b	This permission relates to a specific condition: Specify the condition: _____	Yes / No
1c	This permission relates to part of my records: Please specify the parts of the record to which access is allowed and any areas specifically excluded: _____ _____ _____	Yes / No
2	I consent to my Carer receiving copies of all correspondence relating to my treatment	Yes / No
3	I confirm that my GP has sole discretion to withhold any or all information from my carer	Yes / No
4	I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time	Yes / No
Signed by Patient:		Date:
Accepted by Doctor:		Date:

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Patient Online Access

We have a new optional service called Emis Online Access. This will let you book and cancel appointments, order repeat medication and view test results over the internet.

You will need to complete this form to access this service (or if you are already registered with the practice you can complete the application form online) and once registered you will be given information that will enable you to create your username and password.

When your account has been created and activated you will be able to book some routine appointments with available doctors, view existing appointments and cancel appointments if required.

Please note this service is only available for use by yourself. If another member of your family wishes to use this service they will also need to register with a separate email address.

If you are interested in this service, please complete this form and return it to the practice. We will contact you again in the near future with details on how to fully complete your registration.

Forename:	
Surname:	
Date of Birth:	
Email Address:	

I confirm I wish to register for Emis Online Access.			
Patients Signature:		Date:	

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Acceptable Identification Documents for Registration at the Practice

Name Identification	Address Identification
<ul style="list-style-type: none">• Current signed full passport• Current UK driving licence• Blue disabled drivers pass• Current benefits or State Pension notification letter confirming rights to benefits for the current period• Current HMRC tax notification e.g. PAYE coding, statement of account (P45's & P60's are not official HMRC documents)• Shotgun or Firearms certificate• Travel documents issued to foreign nationals granted permission to remain in the UK• Current EU/EEA driving licence• Residence permit issued by the Home Office to EU nationals• EU/EEA member state identity card	<ul style="list-style-type: none">• Recent utility bill or statement showing current address in our area• Local Authority tax bill for current year• Bank or Building society statements• Credit/store card statement• Mortgage statement• Local Council rent card• Tenancy agreement• Solicitors letter confirming recent purchase of your property
<p><u>Under 16's</u> Children under the age of 16 whose Parent/Guardian is registered with the Practice or registering at the same time will need to provide either:</p> <ul style="list-style-type: none">• Original Birth Certificate or a certified copy• Passport	

If you are unable to provide any of the above documents please speak to a member of the Reception team who will be able to advise alternative documents.

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PRACTICE PATIENT PARTICIPATION GROUP



Do you want to improve health and health services in your local community?

Do you want to have the opportunity to have a voice and get involved in the way your health service is run?

Do you want to help shape and improve services and even get involved in shaping and delivering new and exciting services?

If you answered **YES** to any of the above questions then you may be the right person to join our *Practice Patient Participation Group*.

Let us hear about your experiences, views and ideas for making services better.

The Practice is looking for people from all ages and backgrounds who are enthusiastic about influencing and improving the way that local healthcare is delivered.

If you are interested, please ask at Reception.

If you have any questions or queries please do not hesitate to contact Practice Manager Mark O’Gara

**On
0121 744 1290**

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PATIENT PARTICIPATION GROUP APPLICATION FORM



Making Services Better: Your Views

Baldwins Lane Surgery is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for making services better.



If you are interested in getting involved, please complete and return this form to
Mark O’Gara, Practice manager at the Surgery

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

Name:		Postcode:	
Email Address:			

What sort of things might you be interested in taking part in?

Please tick all Blank boxes that apply to you.

Attending meetings during the day	
Attending meetings during the evening	
Questionnaires	
Telephone Interviews	
Face to face interviews	
Receiving newsletters and updates	
Other events and initiatives	
Please tell us if you have any ideas about other ways you could tell us your views:	

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Opening Hours

RECEPTION

Reception is open from 8.00am to 6.30pm Monday, Tuesday & Friday, Thursday 8.00am to 7.00pm and Wednesday 8.00- 12.30

APPOINTMENTS

Consultations are by appointment only. The Practice offers appointments from:
9.00am- 6.00pm Mon, Tues & Fri
9.00am – 7.20pm on Thursday
9.00am- 12.00 Wednesdays.

Out of Hours Service

Always telephone the surgery first and listen carefully to the recorded answer machine message. The out of hour's service number is as follows

Weds 12.30–6.30pm call Badger medical services on 0300 555 9999

Mon–Fri 6.30pm–8.00am, Weekends and Bank Holidays please call 111

Birmingham & Solihull CCG is responsible for commissioning the out of hours services for this practice

Home Visits

Patients do NOT have an automatic right to a home visit from a GP. The GP will decide if a home visit is appropriate based on information regarding the condition of the patient. The home visit is NOT an emergency service if the patient's condition is urgent, then the patient should dial 999.

*The local walk in centre is:-
Solihull Health and Walk in Centre,
Lode Lane, Solihull, B91 2AE
0121 709 7711
Open 8am – 8pm every day*

Non-NHS Services

There are some services outside of the NHS for which the doctors will make a charge, e.g. completing private health insurance forms. These services and fees are displayed in the waiting area and are reviewed on a regular basis. All fees are in line with current BMA scales.

Patient Participation Group

The group meets every two months to:-

- give Practice staff and patients the opportunity to discuss topics of mutual interest in their Practice.
- provide the means for patients to make positive suggestions about the Practice and their own healthcare.
- encourage health education activities within the Practice.

Please consider joining

Patient Access

The surgery has wheelchair access on ground floor. If you wish to see a clinician in the upstairs consulting room please inform a receptionist and provisions will be made for you. We have a hearing loop in reception.

We can arrange interpretation and translation services in person or by telephone for patients who do not speak English. Please let the practice know if you require this service when booking an appointment.

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Reviewed 24/04/2018
Next review date 25.09.2018



Dr Yosry Gabriel (male)

PhD, FRCS, MRCS, DPM, DFRH

Dr Fekry Younan (male)

MB BCH, FRCS (England)

265 Baldwins Lane, Hall Green
Birmingham, B28 0RF
Telephone 0121 744 1290
Fax 0121 745 1126
www.baldwinslansurgery.info

*Late evenings – Thursday every week –
clinic run by Dr Younan*

We are a member practice of
Birmingham & Solihull CCG
Eartholomew House
142 Hagley Road
Birmingham B16 9PA

BALDWINS LANE SURGERY

Our Services

Welcome to Baldwins Lane Surgery. We are a well established, fully computerised friendly practice. We aim to treat all patients promptly, courteously and in complete confidence. We are a training practice and sometimes have junior doctors

The Practice Nurses assist the doctors with clinical work and health promotion. The Practice Nurses have appointments throughout the day.

The nurse provides a range of services including: travel vaccinations; baby immunisations; cervical smears; family planning; dressings and ear syringing

In conjunction with the Doctors, the nurse offers clinics for Diabetes, Asthma & Coronary Heart Disease. We also provide a wide range of minor surgery techniques, sexual health and family planning services

How to Register

Registration forms and new patient questionnaire can be collected from Reception

Your medical records will be requested from your previous practice if applicable. You can choose to see whichever GP you prefer but we encourage you to see the same GP throughout an illness for continuity of care, although this may sometimes be difficult in the case of an emergency.

Appointments

Please arrive on time for your appointment. If you are late you will not be seen and will be asked to re-book. Please always attend your appointment or cancel in plenty of time. You may be asked to leave the surgery if it is considered a repeat issue

Practice Staff

GP
GP Locum
GP Locum
Practice Nurse
Practice Nurse
HCA
Business Manager
Phlebotomist
Practice Manager
Practice Secretary
Reception team
- Dr Yosry Gabriel (M)
- Dr Fekry Younan (M)
- Dr Sania Husain (F)
- Irene Donnelly
- Noelleen Heekin
- TBA
- Heike Gabriel
- Wendy Leek
- Mark O'Gara
- Lennie Watson
- Claire, Marie, Julie, Wendy

Repeat Prescriptions

If your doctor decides you need a repeat prescription you will be issued with a computerised request slip. When you require a repeat prescription please hand the request to reception indicating which items you require. Please only order items which you have run out of, we strongly encourage all patients not to stock pile drugs as drugs do have an expiry date. The practice operates a 2 working days repeat prescription system. You can order via post, fax, online or in person

Concerns

The Manager is available to advise you about administration and non-medical aspects of your care. We aim to provide the highest standard of care. If you feel that this has not happened please contact the practice manager. The practice has an in-house complaints procedure in line with NHS regulations and any member of staff will be able to give you a copy of this on request. We are keen to hear from patients as to how you feel about the services which we provide. If things are not going well, this gives us a chance to put them right. But we also like to hear from you if things are going well and you are pleased with the service.

Please speak to Mark O'Gara, Practice Manager.

Zero Tolerance

The Practice operates a zero tolerance attitude towards any form of verbal or physical aggression. Breaches of this policy will result in instant removal from the Practice list.

Patients' rights, responsibilities & personal health information

You have a right of confidentiality and we ensure that the information we hold is secure and only available to health professionals involved in your care. Patients & staff have a right to courteous treatment and we ask everybody to respect this when in the surgery.

Data Protection Act

We are registered with the Data Protection Act and are bound to terms of the agreement.

Test Results

If your doctor has advised you to obtain the results of hospital investigations, please call after 1.30pm

Practice List Area

Please ask reception for more details

