

GARLAND HOUSE SURGERY

Dr H Smith, Dr A Santiago Martin, Dr C Hollis, Dr S Haldon,
Dr B Dawood & Dr P Orchard,

Correspondence to:

1 Church Street
Darfield
Barnsley
S73 9JX

Tel: 01226 759622
www.garlandhousesurgery.co.uk

2 Doncaster Road
Wath Upon Dearne
Rotherham
S63 7AL

Tel: 01709 763400
www.garlandhousesurgery.co.uk

Registering with the Practice

Thank you for your interest in joining our practice. You can find all the information you need about the services we offer by visiting our website or by picking up a copy of our Practice Leaflet from the surgery.

To register with the practice, you will need to:

1. Complete a registration questionnaire and a purple Registration form (GMS1) for **each** person wishing to register with the Practice. Please ensure these forms are **completed fully** and return them to the Practice at either address above. Our staff can help you fill in the forms if you have any problem.
2. We will ask for sight of proof of identity, e.g. passport, photo driving licence. Together with proof of address, e.g. recent utility or council tax bill. We will ask for a copy of birth certificates for children. Your registration will not be refused if you are unable to provide proof of identification.
3. Please allow two weeks from receipt of your forms at the surgery for your registration to be processed, we will contact you by text message once you are registered.

If you suffer from any of the following conditions, we will need to do some initial checks and you can make an appointment with our Health Care Assistants for this.

- Diabetes
- Heart Disease
- Asthma
- Chronic Obstructive Pulmonary Disorder (emphysema, lung disease)
- Hypertension (high blood pressure)
- Chronic kidney disease

Patients who are currently on repeat medication will be contacted by the Practice Pharmacist.

We offer an online service meaning that you can book appointments and order medication online. You can also see a brief overview of your medical records, allergies, and medications. Please ask our reception staff to register you for this service.

Our reception staff are specially trained and are here to help and advise you about what appointments you will need when you first join us. Please let them know if any of the above applies to you and they will be happy to book the right appointment for you.

Garland House Surgery

BLOOD AND ORGAN DONATION

If you would like to be registered as a blood donor or organ donor, please visit website: www.nhsbt.nhs.uk to register or contact the NHS Blood and Transplant helpdesk on 0300 123 2323 for more information.

GARLAND HOUSE SURGERY

FOR PRACTICE USE ONLY:

Questionnaire & proof of identity checked by (initials):	
--	--

NEW PATIENT HEALTH QUESTIONNAIRE (patient 16 years +)

Title (Mr/Mrs etc)		Surname	
First Names		Previous Surname	
Date of Birth		Mobile Number	
Home Tel Number		Work Tel Number	
Email Address			
Address			
Door Access Key Code			
Ethnicity			
British/Mixed British	Indian/British Indian	Chinese	Irish
Pakistan/British Pakistan	White/Black Caribbean	White/Black African	White Asian
Other White	Other Black	Other Asian	Other Mixed
Main spoken Language		Do you require an interpreter?	
Are you a Military Veteran?			
Are you a Carer?		Do you have a Carer?	

Are you happy to receive communication via text message?	
Are you happy to receive communication via email?	
Would you like to be set up for online access to book appointments and order repeat prescriptions?	

Do you smoke?		If yes, how many per day?	
Do you use an electronic cigarette?			
Would you like advice on giving up?			
Are you an ex-smoker?		If yes, how many per day?	

Height		Weight	
--------	--	--------	--

Alcohol Consumption (units per week)		Teetotaler	
If you are Teetotal you do not need to complete the next section relating to alcohol consumption			

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	
Total of the 3 questions above						
If you scored 5 or more, please complete the next section relating to alcohol consumption						

Questions (tick as appropriate)					
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you found that you were not able to stop drinking once you had started?					
How often during the last year have you failed to do what was normally expected from you because of your drinking?					
How often during the last year have you had a feeling of guilt or remorse after drinking?					
How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
	No	Yes, but not in the last year	Yes, during the last year		
Have you or someone else been injured as a result of your drinking?					
Has a relative or friend, Doctor or Healthcare Worker been concerned about your drinking or suggested that you cut down?					

Are you registered blind?		Are you partially sighted?	
Are you deaf?		Do you have hearing difficulties?	
Are you wheelchair dependant?		Do you have a speech problem?	
Do you have any other disability?			

Do you have any family history of the following? (if so, please state family member (Mother, Father etc)			
Heart Disease? (please specify under or over 60 years)		Asthma	
Hypertension		Diabetes	
Cerebrovascular Accident		Rheumatoid Arthritis	
Cancer		Epilepsy	

Do you take regular medication? (if so, please list below or attach copy of medication list)	

Which Pharmacy would you like your prescriptions to be sent to? (please state name and address)

Do you have any allergies? (if so, please list below)	

GARLAND HOUSE SURGERY

PRACTICE POLICY ON THE SUPPLY OF DRUGS LIABLE TO MISUSE

1. CONTROLLED drugs for example Methadone, Diamorphine, Buprenorphine (Temgesic) will NOT be supplied by this practice except for palliative care. Management of patients is by the Substance Misuse team.
2. SEDATIVES, TRANQUILLIZERS, HYPNOTICS (SLEEPING TABLETS) for example DIAZEPAM, TEMAZEPAM, NITRAZEPAM, ZIMOVANE:

These are licensed for NHS prescriptions for short-term use only. Therefore patients will not be supplied with prescriptions for maintenance doses of these drugs. We are prepared to work with patients in conjunction with the Substance Misuse Team, who commit themselves to stopping these drugs.

3. ANTI – DEPRESSANTS, MAJOR TRANQUILLIZERS, ANTI-CONVULSTANTS:

These drugs are prescribed only for certain disorders, often on the advice of a Consultant Psychiatrist. Repeat prescriptions will only be issued when the GP is satisfied there is a genuine need or if there is a written report from a Psychiatrist indicating that a treatment is currently recommended. We have a range of counselling services available at the Practice and are keen to help those with genuine psychiatric problems.

4. PAINKILLERS such as Codeine and Dihydrocodeine will only be supplied when the GP is satisfied there is a genuine need and in an appropriate dosage.
5. Patients needing any of these medications will normally only see the GP they are under the care of. Repeat prescriptions will only be issued after the approval of the GP and normal practice arrangements will apply (48 hours' notice needed).
6. Due to long term health risks of high dose opioids (examples of opioids include: Morphine, Oxycodone, Fentanyl, Buprenorphine), the practice does not support prescribing over 120mg of Morphine or Morphine equivalent per day (for non-cancer pain). If you are taking above this daily dose, 6 monthly reviews at the practice are required to reduce doses to safer limits.

DECLARATION FOR NEWLY REGISTERED PATIENTS

I have read and fully understand the Practice Policy on this subject. I agree to comply with its provisions at all times while I am registered at the Practice.

Signed

Print full name Date of birth

Dated

GARLAND HOUSE SURGERY

Procedure for accepting and removing patients from the practice list

Procedure for accepting patients on to the Practice List

Any patient who applies to be included on the practice list will be accepted except in the following circumstances:

- Their address is outside the practice area*
- The practice is aware that they have a history of violent or aggressive behaviour.
- They have previously been removed from the practice list due to continued missed appointments.

Any patient that is refused acceptance on any of the above grounds will be informed of the reasons for refusal in writing within 14 days.

A record of refusals will be kept for inspection by the PCT.

*Exceptions to this are:

- When a son/daughter returns home from University
- If a patient has previously been registered with the practice and there have been no problems as set out above.

An application form and GMS1 should be completed for each patient wishing to register with the practice.

Identity verification should be carried out for each patient. Documentation including photo ID (normally a passport/driving licence) and a copy of a utility bill, bank statement showing confirmation of the address should be provided and a copy taken and scanned to the patients record.

In the case of a new-born infant, confirmation of the NHS number will be obtained from the "Red Book" and a PDS match with information on the spine will confirm identity.

Please note that a patient should not be refused registration if they do not have any identification documents.

Procedure for removing patients from the Practice List

It is the policy of the practice that patients will be removed from the practice list in the following circumstances:

- Where a patient moves to an address outside the practice area.
- Where a patient fails to attend for three appointments with the nurse or doctor, without good reason, within a 12month period
- Where a patient demonstrates violent or aggressive behaviour towards a member of staff or clinician.
- Where there has been an irrevocable breakdown in the relationship between the doctor and patient.

1) Where a patient moves to an address outside the practice area

When the practice becomes aware that a patient has moved to an address outside the practice area, a letter should be sent to the patient informing them that they can no longer be retained on the list and they should find another doctor as soon as possible. The letter gives information about receiving help from SRHSSA.

After 30 days, if the patient has not registered with another GP, a letter will be sent to the PCT notifying them that the patient has moved outside the practice area and should be removed from the practice list after 30 days if they have not already been accepted by another GP.

2) Where a patient fails to attend for appointments with the doctor or nurse

Stage 1 - After one failed appointment, a telephone call will be made to the patient asking for the reason for the missed appointment. A less than satisfactory reason will result in the failed appointment being documented on their records. If the practice cannot contact the patient a letter will be sent informing them of the importance of keeping or cancelling appointments (except patients who are terminally ill or have dementia) unless an apology has been received from the patient or their representative*.

Stage 2 - After a second failed appointment during a 12month period a further letter will be sent to the patient asking for a reason for the missed appointment and informing them of the importance of keeping or cancelling appointments (except patients who are terminally ill or have dementia) unless an apology has been received from the patient or their representative*.

A less than satisfactory reason will result in the missed appointment being documented on the patients record.

Stage 3 – After a third failed appointment during a 12month period, the issue will be discussed at the practice meeting and may result in the patient being removed from the practice list.

*If an apology is received regarding a missed appointment then this appointment will not count in the above procedure. The next missed appointment will count unless it is more than 12months since the first missed appointment.

If any missed appointments are out of the 12month time period then the process will start again unless the next missed appointment is within a 12month period when stage 2 will be reached.

If it is decided that a patient is to be removed, a letter will be sent informing the patient that they will be removed from the practice list in 28 days and asking them to find another GP in the area and how they can get further details and help from the SRHSSA.

At the same time, a letter will be sent to the SRHSSA informing them that the patient is to be removed from the list. In the circumstances where a patient has previously been removed from the practice list for repeated DNAs, the stages to be followed after the first DNA should start at Stage 2 i.e. the patient will only be given two chances of missing appointments before they are removed from the list.

b. Where a patient demonstrates violent or aggressive behaviour towards a member of staff or clinician.

Any incidences should be reported to the Police.

Patients will be removed from the list with immediate effect and the SRHSSA will be informed by telephone or fax.

A letter will be sent to the patient (if appropriate because of the patient's physical or mental health and provided this will not put staff at further risk) and the reason for the removal recorded in the patient's notes.

Once SRHSSA has processed the removal of a patient, for whatever reason, we will return the medical records to SRHSSA within six weeks of the date of removal.

c. Where there has been a breakdown in the doctor/patient relationship

Patients will be removed from the practice list where there has been an irrevocable breakdown in relationship and there are reasonable grounds to remove the patient.

The SRHSSA will be informed of the reasons for the removal however, if this is not appropriate, a statement that there has been an irrevocable breakdown in relationship will be sufficient.

At the same time a letter will be sent to the patient informing them of the reasons for the removal from the practice list and that the removal will take place 8 days after the SRHSSA receives the notice, or sooner if they register with another GP

d. Where a patient re-applies to be included in the practice list after a previous removal for reasons of failed attendances

Where a patient re-applies to be included in the practice list after a previous removal because of previous failed attendances, the practice will re-accept the patient after a period of six months. If a patient continues to fail to keep appointments they will be removed after two further non-attendances.

Information for new patients: about your Summary Care Record

Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

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

Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of Patient:

Address:

Postcode: Date of Birth:

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.