**WE NEED YOUR VOICE**

**Would you like to have a say about the services provided at Town Hall Surgery?**

The Patient Participation Group is a group of volunteers working with the practices here to improve the service to patients, and to provide the patients perspective.

Town Hall Surgery is very proud to have a strong and firmly established group but we would love all of our patients to get involved. The aim is to help patients to get the best service from their practice and just as importantly, for the practice to respond to your ideas and needs.

As a new patient you will have automatic membership to the group so that you can be included in any surveys or events and you are welcome to attend any of our meetings and talks. Information about this can also be found on the practice website: **www.townhallsurgery.co.uk** and on our Notice board in the surgery waiting room. You do not have to attend the meetings should you choose not to, We can keep you updated via email/website and newsletters.

As our aim is to assist the provision of services, the Doctors will see the results of any surveys we issue on their behalf or on behalf of the NHS.

Any contact information is confidential and securely maintained and is not used for any other purpose. In the event of you leaving the practice, please let us know and your contact details will be immediately erased.

Your views and opinions are important to us but if you do not wish to be considered a member please tick the ‘’opt out’’ box below.

Tick-Box - The Hip HorticulturistPlease tick if you wish to join our Patient Participation Group

**Tick-Box - The Hip HorticulturistOnline appointments and prescriptions –** We register all patients for our online access to allow you to book appointments and requests prescriptions online. Please tick if you **Do** wish to benefit from this service.

**If you would like online access to your medical records, please contact us 12 weeks after you have registered as we need to receive your records from your previous practice.**

**Town Hall Surgery**

112 King Street, Dukinfied, SK16 4LD

0161 330 2125

TGCCG.townhallsurgery@nhs.net

Dr A Ehsan

Dr S Ahmad

**New Patient Registration document requirements**

Thank you for asking to register at our Medical Practice, before we can consider your registration please complete the follow registration.

Incomplete forms can cause a delay and will result in you being refused registration.

**Please allow ten working days for you registration to be processed.**

To prevent miss use of NHS resources, we must ask you to provide the following original documentation when you register and copies will be taken of these documents for record purposes. Please note that we are required to register patients in accordance with the details as stated on the legal documentation provided e.g. passport/ Visa/ Driving Licence.

**This applies to all applicants.**

1. **Photographic identification (please provide photocopy)** Passport, Home Office Registration card, driving Licence or ID card which has an up to date photograph.
2. **Proof of address (please provide photocopy)** utility Bill, lease document or similar which confirms your residence. This must be less than three months old.

**This applies to Patients registering from outside the UK.**

**In addition to the above we will need:**

1. **EU Countries: proof of stay in the UK –** European Insurance Card (EH1C), letter from the employer, college, letting agent or similar – indicating that your intended stay in the Uk is 6 months or more from the date of entry.
2. **Non EU Countries:** Current Visitors Visa, letter from the home office or proof of eligibility to remain in the UK. If you are unable to supply these details, please obtain your Home Office Reference Number to enable us to confirm eligibility to treatment.

--------------------------------------------------------------------------------------------------------------------------

**As a reminder – No Medication** can be issued by the practice until you are accepted by the practice. One your registration has been accepted, We will write to you to confirm. When you receive this letter, you need to book a new patient check appointment with one of our HCA’s

--------------------------------------------------------------------------------------------------------------------------

For administrative Use only

I confirm that I have checked the documentation is correct and that the questionnaire has been filled in completely.

Staff Name: Signature: Date:

**New Patient Questionnaire**

Our Doctors and staff would like to welcome you to the practice. Once you have registered, it can take up to three months before your Medical records arrive from your previous Doctor. This questionnaire will assist your new doctor to help you if you have occasion to visit the Surgery in the near future.

*\*\*Please note that patients under the age of 16 are not required to complete this questionnaire but the practice will require details of immunisations to date for all children.\*\**

Title: Forenames:

Surname: Country of Birth:

Nationality: Main spoken Language:

Date of Birth: Age:

Marital Status: Occupation:

Gender: Mobile Telephone:

Home Telephone: Email Address:

**Ethnicity (please tick):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White British/ Mixed British |  | White/ Black Asian |  | Other Asian |  | Chinese |  |
| White/ Black African |  | Pakistani/ British Pakistani |  | Other Black background |  | White/ Black Caribbean |  |
| Irish |  | Indian/ British Indian |  | Any other Ethnic Group please Specify: | | |  |

**We send messages to you to help your care, this can be appointment reminders, asking you to book appointments, make you aware of health care initiatives in the practice or simply inviting you to practice events. WE WILL NOT BE BOMBARD YOU WITH MESSAGES.**

I consent to receive health care text messages 

I do not consent to receive health care text messages 

I consent to receive health care messages by Email 

I do not consent to receive health care messages by Email 

Next of Kin and relationship to you:

Next of Kin Contact number(s):

Are you a carer? (Someone who looks after a sick/ elderly person) Yes / No

If yes, whom do you care for?

Do you have any allergies? Yes / No

If yes, please list:

Height: Weight:

**Consent to discuss my care**

I give my consent for the following person(s) to obtain any medical information on my behalf:

Nominated Person(s) details:

Signature: Date:

**Smoking:**

Do you currently smoke tobacco? Yes / No How many per day?

Have you smoked in the past? When did you Stop?

**Alcohol:**

Do you drink any Alcohol? Yes / No

If yes how many units do you consume in a week? ­­­\_\_\_\_\_\_\_\_\_\_ Units

**BMA advice suggests an upper limit of 14 units/ per week for women and 21 units for men.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fast Audit  Questions | Scoring System | | | | | Your Score |
| 0 | 1 | 2 | 3 | 4 |
| How often do you have 8 (men) or 6 (women) drinks on one or more occasion? | Never | Less than monthly | Monthly | weekly | Daily or almost daily. |  |
| **ONLY ANSWER THE FOLLOWING QUESTIONS IF YOUR ANSWER ABOVE IS MONTHLY OR LESS** | | | | | | |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than monthly | Monthly | weekly | Daily or almost daily. |  |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | weekly | Daily or almost daily. |  |
| Has a relative/ Friend/ Doctor/ Health worker ever been concerned about your drinking or advised you to cut down? | No |  | Yes, but not in the last year. |  | Yes, during the last year |  |

**SCORING:** A total of 3 or more (out of 16) indicates hazardous or harmful drinking.

**Medication:**

If you are taking any regular medication, please bring in your most recent repeat prescription slip or list below.

**Medical history:**

Do you have an existing medical condition Yes / No

Please write any conditions, which you feel the Doctor should know about.

**Females ONLY:**

Last smear result: Normal / Abnormal when is your next Smear due?

**Town Hall Surgery**

112 King Street, Dukinfied, SK16 4LD

0161 330 2125

TGCCG.townhallsurgery@nhs.net

Dr A Ehsan

Dr S Ahmad

**NHS England Care Data Programme**

**Patient decision Form**

|  |  |
| --- | --- |
| Patient Name: |  |
| Date of Birth: |  |
| Address: |  |

**The following are used to record an initial decision:**

* I DO NOT agree to my GP surgery sharing data with HSCIC.
* I DO NOT agree to HSCIC sharing data obtained about me fromother health and social care settings with third parties.
* I DO agree to my GP surgery sharing data with HSCIC.
* I DO agree to HSCIC sharing data obtained about me from other health and social care settings with third parties.

**The Following are used to update a previous decision**

* I now DO NOT agree to my GP surgery sharing data with HSCIC.
* I now DO NOT agree to HSCIC sharing data obtained about me from other health and social care settings with third parties.
* I now DO agree to my GP surgery sharing data with HSCIC.
* I now DO agree to HSCIC sharing data obtained about me from other health and social care settings with third parties.

|  |  |
| --- | --- |
| Patient Signature: |  |
| Date: |  |
| **Practice Use:** | |
| Recorded by: |  |
| Date: |  |

Information sharing

We want to improve the quality of care and health services for all. By using information about the care you have received, those involved in providing your care can see how well they are doing, and where improvements need to be made.

NHS organisations share information about the care you receive with those who plan health and social care services, as well as with approved researchers and organisations outside the NHS, if this will benefit patient care. As a patient, you receive care and treatment from a number of places such as your GP practice, hospitals and community services. By bringing this information together from all the different places, we can compare the care provided in one area with the care provided in another, so we can see what worked best.

We will use information such as your postcode and NHS number to link your records from these different places. Records are linked in a secure system so your identity is protected. Details that could identify you will be removed before information is made available to others, such as those planning NHS services and approved researchers. We sometimes release confidential information to be approved researchers, if this is allowed by law and meets the strict rules that are in place to protect your privacy.

**What are the benefits of sharing my information?**

Sharing information about the care you have received helps us understand the health needs of everyone and the quality of the treatment and care provided. It also helps researchers by supporting studies that identify patterns in diseases, responses to different treatments, and the effectiveness of different services.

**Information will also help us to:**

* Find more effective ways of preventing, treating and managing illness
* Make sure that any changes or improvements to services reflect the needs of local patients
* Understand who is most at risk of particular diseases and conditions, so those who plan care can provide preventative services
* Improve your understanding of the outcomes of care, giving you greater confidence in health and social care services
* Guide decisions about how to manage NHS resources so that they can best support the treatment and care of all patients
* Identify who could be at risk of a condition or would benefit from a particular treatment
* Make sure that NHS organisations receive the correct payments for the services they provide

**What will we do with the Information?**

We will only use the minimum information needed to improve patient care and services. We are very careful with the information and we follow strict rules about how it is stored and used, and have a thorough process that must be followed before any information can be shared. When we share information, we will make sure that we do so in line with the law, national guidance and best practice. Information that we publish will never identify a particular person.

**What choice do I have?**

We have explained how useful information about you is, and the steps that we take to protect your privacy. However, you may want to prevent confidential information about you from being shared or used for any purpose other than providing your care (except in special circumstances allowed by law, such as when there is a public health emergency). If you do not want information that identifies you to be shared outside your GP practice, Please ask the practice to make a note of this In your medical record. This note will prevent your confidential information from being used other than in special circumstances.

Information from other places where you receive care, such as hospitals and community services, is collected nationally. You should also let your GP practice know if you want to prevent the information from those places being shared for the purposes described in this leaflet.

Do I need to do anything?

If you are happy for your information to be shared you do not need to do anything. There is no form to fill in and nothing to sign. If you have any questions or are not happy for the information to be shared, please contact the surgery further or complete the included form to opt out.