



Date as on Collection

Dear Patient,

Ledbury Health Partnership

Welcome to the Ledbury Health Partnership.

We have pleasure in enclosing a copy of the **Practice booklet** which gives you important information regarding our Practice, including opening times, staffing, clinics and other relevant material. You can also view our Practice website www.ledburyhealthpartnership.com which provides valuable health information as well as online Patient Access to your own appointments, prescriptions and limited clinical information.

We would be grateful if you would answer the questions in the attached **Family Doctor Services Registration (GMS1)** and the **Practice New Patient Registration Forms**.

If you are currently on medication and will require repeat prescriptions, please also make an appointment to see a doctor. Your new doctor will authorise the medication and it will avoid the need to be seen when a prescription is ordered.

We are keen for you to have online access to your own medical records which provides you with the ability to book appointments, request medications and view your records. If you wish to have access to this please also complete the **Online Access Request Form**. Please bring proof of identity to register for this service, either a passport, photo driving licence, student card or a household bill over 6 months old. Parents may be able to apply for proxy access for children under the age of 11. Please ask at reception for details.

We pride ourselves on aiming to give excellent clinical care to all our patients, underpinned by first-rate administration and prescription services. If you do feel, at any time, that we have failed to meet your expectations, then please discuss this with us. We do welcome feedback to improve our standards.

Should you have any further queries or concerns, please feel free to contact a member of our Reception Team, who will do their best to help you.

With best wishes,

on behalf of the
Partners of Ledbury Health Partnership

Enc

 01531 825 925

 ledbury.healthpartnership@nhs.net

 www.ledburyhealthpartnership.com

 Ledbury Health Partnership
Market Street, Ledbury, Herefordshire, HR8 2AQ

New Patient Registration Form



The information you supply on this form will be treated in confidence.

Section 1 Personal Details

Title:		Last Name:	
First Names:			

Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	

E-mail address:	
Date of Birth:	
NHS Number:	

Town and Country of Birth	
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Address:	
Previous Address:	
Name of Previous GP Surgery:	

Telephone Number:	
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Section 2 Ethnic Origin

We are required to record details of ethnic origin for all new patients registering at the Surgery. Please tick the box below that most appropriately applies to your ethnic category. The categories are those as defined in the 2001 census.

British or mixed British		Pakistani or British Pakistani	
Irish		Bangladeshi or British Bangladeshi	
Other White background		Other Asian background	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Other Black background	
Other Mixed background		Chinese	
Indian or British Indian		Other	
		Not prepared to disclose	

Which of the following best describes how you think of yourself?

Woman (including trans woman)	<input type="checkbox"/>	Man (including trans man)	<input type="checkbox"/>
Non-Binary	<input type="checkbox"/>	Other sexual orientation not listed	<input type="checkbox"/>

Is this the gender you were given at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Which of the following best describes how you think of yourself? (optional)

Heterosexual or straight	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Transgender	<input type="checkbox"/>

What is your first language:

Do you require an interpreter?

Yes No

The Practice has a Patient Participation Group where your views and opinions are sought from time to time via email. Please indicate whether you would like to be part of this

Yes No

We can send your repeat prescriptions electronically to a pharmacy of your choice. Please nominate a pharmacy and location

Pharmacy Name		Location	
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Section 3 Next of Kin Details

First Names:		
Title:	Full Name:	
Address:		
Postcode:		
Home Telephone Number:		
Mobile Telephone Number:		
Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Patient:		

Section 4 Further Information

Are you a Military Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have served in the British Armed Forces please indicate which service	British Army	<input type="checkbox"/>
	Royal Air Force	<input type="checkbox"/>
	Royal Navy	<input type="checkbox"/>

Section 5 About You

I would like to receive SMS text messages for appointments and my healthcare. (#sms1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like to receive SMS text messages for results of investigations (#sms2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your occupation:		
Online Access – would you like access to make appointments, order repeat prescriptions and view your medical records? A leaflet regarding patient access is enclosed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Important - If you are requesting access on behalf of your child or someone you care for – please discuss this with a member of the Reception Team who will be able to help you. A leaflet regarding Proxy Access is enclosed.</i>		

If you are registering a child under 5

Previous Health Visitor:	
Mother's Surname:	
Mother's Forename:	
Father's Surname:	
Father's Forename:	
Previous Address of Child:	
Address of Previous GP:	

Section 6 Specific Needs

Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Please state any Sensory Impairment you have (ie. Speech, Hearing, Sight)	
Are you an Assistance Dog User?	
Please state any physical disabilities you may have?	
Please state any requirements you have to be able to access the Practice premises	
Please state any Religious or Cultural needs	

Do you provide unpaid support or care to a family member or friend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the name of the person(s) you are caring for:		
Does the person cared for suffer from dementia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you happy for us to make an entry in your medical records to say that you are a carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7 Health Information

Please specify any allergies:

Smoking Status	Current Smoker	<input type="checkbox"/>
	Ex-Smoker	<input type="checkbox"/>
	Never Smoked	<input type="checkbox"/>
If you smoke, how many a day do you smoke?		
We advise that you do not smoke. Would you like to be referred to a 'Stop Smoking' Adviser?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer YES or NO if any of the following family members have or had the following:

Heart Disease or Angina

When under 60 years of age	Father	Y/N	Mother	Y/N	Brother	Y/N	Sister	Y/N
When over 60 years of age	Father	Y/N	Mother	Y/N	Brother	Y/N	Sister	Y/N
Stroke	Father	Y/N	Mother	Y/N	Brother	Y/N	Sister	Y/N
Diabetes	Father	Y/N	Mother	Y/N	Brother	Y/N	Sister	Y/N

FAST Alcohol Screening Test (FAST)

Please complete our alcohol screening test. Even if you do not drink and have never drunk alcohol, we still need your answers for our records.

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have: Women – 6 or more drinks Men – 8 or more drinks On one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or Almost Daily	
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 been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes during the last year	

Section 8 Data Sharing

You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information to be shared outside your GP practice, you will need to let us know your decision. This will prevent your confidential information being used other than where necessary by law, (for example, if there is a public health emergency).

You will also be able to restrict the use of information held by other places where you receive care, such as hospitals and community services. The data sharing initiatives are described below.

Summary Care Record (SCR)

A Summary Care Record is a national electronic record which contains information about the medicines you take and any allergies you may have along with your demographic details and NHS number. This is used when someone attends a hospital/A&E Department and can be accessed by some Out of Hours Services to help treat an individual patient.

You have the choice of what information you would like to share as below:

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your 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.
- **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.

Risk Stratification

This system uses confidential information from your medical record to identify patients who may need more care and support. In particular to identify people at high risk of emergency hospital admission so more care can be offered to improve their health and try to avoid a hospital admission. Identifying each person's risk of future admission is called risk stratification. The information from a patient record along with your postcode and NHS number will be sent to a secure system where it can be linked with information from hospitals if there has been a recent hospital admission. Personal results can only be seen by your own GP practice. Anonymised information which does not identify you can also be used to help those planning NHS Services in Herefordshire – but they will not be able to link this information to you as an individual in any way. Please note that this local use of information for risk stratification is not the same as the Summary Care Record which is a national shared record, neither is it the same as the local sharing of records in the Local Health Record Network.

Herefordshire One Record

This is a local Herefordshire project backed by the GPs in the County to create the ability for GP records to be accessed by some healthcare providers when you need care locally.

Until recently your health records could not be viewed by anyone outside this practice; so if you needed to seek medical care when we were not available, the onus would have been on you to remember all the relevant details. With the introduction of the Herefordshire One Record, approved medical professionals, involved in providing your healthcare, within Taurus, Wye Valley Trust, St. Michael's Hospice and 2Gether NHS Foundation Trust will be able to view and access your medical history to help treat you more effectively. All access is logged to track precisely who has accessed your

information. Your personal information will be processed fairly and lawfully relying on a legal basis. This information, as well as your rights, can be found in our Privacy Notice.

Herefordshire One Record as detailed above uses a different legal provision and therefore an individual right to opt out does not apply in the same way as the Summary Care Record. You can restrict processing, but you will not have the ability to opt out in total.

Other data held on you in other databases (National Data Opt-out)

NHS Digital collects your date of birth, NHS number and gender and stores it in a way so that you cannot be identified by it. It then collects information about family history, diagnoses, referrals, investigation results, and medication. NHS England says it will "find more effective ways of preventing or managing illnesses; advise local decision makers how best to meet the needs of local communities; promote public health by monitoring risks of disease spread; map out pathways of care to streamline inefficiencies and reduce waiting times; determine how to use NHS resources most fairly and efficiently".

From 25th May 2018 a National Data Opt-out will allow a patient to choose that they do not want their confidential patient information to be used for purposes beyond their individual care and treatment, such as for planning and research. It will be made available via www.nhs.uk/your-nhs-data-matters

If you have previously objected to your health data being shared by NHS Digital (previously Health and Social Care Information Centre) this will be recorded in your electronic record as a code – 9Nu4 – this will be converted to the new national data opt-out and you should be informed of this change by NHS Digital.

If you have previously objected to your health data leaving the practice – code 9Nu0 – you MUST opt out yourself by completing the National Data Opt-out online at www.nhs.uk/your-nhs-data-matters, by phoning 0300 303 5678 or by sending off a form available online. Unfortunately, practices are unable to register this preference for you. To access this online – you must be aged 13 years or older, have access to an email address or mobile phone and have your NHS number or your postcode registered with your GP surgery.

National Audits (including National Diabetes Audit):

These are audits that measure the effectiveness of healthcare against NICE Clinical Guidelines or NICE Quality standards in England and Wales. This information is used to drive changes and improve the quality of services and health outcomes for patients.

ARE THERE OTHER IMPLICATIONS OF REFUSING THESE DATA EXTRACTIONS?

No. Asking for any of these extractions to be blocked will not:

- Have any effect on the medical care that you are entitled to receive from your GP surgery or from anywhere else within the NHS or private sector
- Have any effect on your GP surgery and the way that it is paid by the NHS or on the services that it provides
- Have any effect on the way that hospitals are paid for treating you
- Have any effect on your prescriptions, vaccinations, screening procedure, investigations, monitoring of chronic conditions or referrals to specialists
- Prevent your GP from either referring you to a specialist under Choose and Book
- Prevent you from requesting your prescriptions online, emailing your GP surgery or accessing your medical records online (if available to you)
- Prevent your GP from sharing your data within the NHS, where appropriate, for the purposes of your direct medical care

Disclaimer: All information in this document was correct at the time of writing but guidance given to practices and requirements of GPs to engage with future data extractions and sharing may be subject to change, as stipulated by NHS England or other statutory bodies.

Data Sharing Opt Out Form

Whilst we believe that the appropriate sharing of your records will improve the quality of healthcare you receive, we also respect the fact that the decision is entirely yours. Please tick the following boxes as appropriate.

Summary Care Record

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)

Risk Stratification

Yes - I am happy for my personal confidential data to leave the GP practice as part of the Local Risk Stratification Scheme. *Express consent.*

No - I do not want my personal confidential data leaving the GP practice as part of the Local Risk Stratification Scheme. *Express dissent*

Other data held on you in other databases

No - I do not want confidential patient information held in my GP medical record to be used for purposes other than my individual care.

Dissent from secondary use of general practitioner patient identifiable data

National Data Opt-out

I **DO NOT** wish my confidential patient information to be shared by NHS Digital for purposes beyond my individual care and treatment: You **MUST** opt out yourself by completing the National Data Opt-out online at www.nhs.uk/your-nhs-date-matters, by phoning 0300 303 5678 or by sending off a form available online.

National Audits

Yes – I am happy for my data to be shared as part of any National Clinical Audit

No - I do not want my data shared as part of any National Clinical Audit (9M1)

Yes – I am happy for my data to be shared as part of the National Diabetes Clinical Audit (if applicable)

No - I do not want my data shared as part of the National Diabetes Clinical Audit (if applicable) (9M10)

**If you are filling out this form on behalf of another person or child
their GP will consider this request**

Patient's Signature	
Date	



Carers Trust 4all – CarerLinks Service Supporting Unpaid Carers

<p>Who are Carers Trust 4all</p>	<p>Carers Trust 4all support unpaid carers of all ages by offering a number of services across Cheshire & Warrington, Greater Manchester, Merseyside, Shropshire and Herefordshire. These services include information and advice, social groups for carers, end of life care, support for parent carers and young carer services.</p>
<p>How can Carers Trust 4all CarerLinks can help:</p>	<p>In Herefordshire, they provide an information and advice service called CarerLinks to support individuals who are new to caring for someone or for existing carers who need additional support.</p> <p>Through their team of Carer Advisors, they work in the community to identify hidden carers or carers needing support.</p> <p>How CarerLinks can help:</p> <ul style="list-style-type: none"> • By supporting carers to think about their own needs and plan action for change • By listening and offering a range of services and support to help carers improve their health and wellbeing, including; 1:1 support, information, advice, advocacy and signposting • By working in partnership to link carers with all other sources of help and support • By offering support with applications for attendance allowance, carers allowance and blue badges
<p>How to contact Carers Trust 4all</p>	<p>You can call during office hours on 01432 663057 or 0333 323 1990 Or email herefordshire@carerstrust4all.org.uk</p> <p>Office Opening Hours 9am-5pm Monday-Friday</p>
<p>Website</p>	<p>www.carerstrust4all.org.uk</p>

Admin Action Only

Informed Accountable GP	<input type="checkbox"/>																														
Allocated and Informed on Reception Template	<input type="checkbox"/>																														
New Patient Check Offered	<input type="checkbox"/>																														
ID Check Completed	<input type="checkbox"/>																														
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