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THURSBY SURGERY

2 Browhead Road
Burnley
Lancashire
BB10 3BF

Daneshouse Branch
Old Hall Street
Burnley
Lancashire
BB10 1LZ

Tel: 01282 644330

Email: thursbysurgery@nhs.net

HOW TO REGISTER AS A PATIENT AT THURSBY SURGERY

This leaflet informs you of the registration process we ask our new patients to follow. We understand that there are a lot of forms to fill in, but all the information is vital to be able to register you with our practice.

YOU WILL NOT BE REGISTERED UNTIL ALL THESE FORMS ARE COMPLETED.

1. NHS REGISTRATION FORM (PURPLE FORM)

Please complete the front page, signing the bottom left hand corner - this must be signed by the patient unless they are under 16 years old whereby the parent/legal guardian would sign on behalf of the patient. If you have previously been registered with another practice, please provide their details and include your NHS number. If you are new to the country, please provide the date you entered the UK.

2. NEW PATIENT APPLICATION FORM

Please fully complete the new patient registration form and paying particular attention to:

- NHS Number
- Place of Birth (If new to the country or never been registered with a GP)
- Ethnicity
- Language spoken and if an interpreter is required
- Patient declaration – print, sign and date (back page)
- Email address (required for patient access)

3. PROOF OF ID AND ADDRESS

We need to take some form of photographic ID e.g. passport or driving licence. We also need to take proof of address e.g. utility bill or bank statement which clearly states your name and address and it must have been issued within the last 3 months.

4. NEW PATIENT APPOINTMENT

Once you have completed all of the above please email the forms along with your proof of ID and address to thursbysurgery@nhs.net in the first instance. If you are unable to access emails, please bring these into the surgery. Once the forms have been checked by the practice we will then contact you to arrange a new patient appointment with one of our Nurses.

You are not registered with us until you have attended this appointment.

On the day of your appointment please bring with you:

- A fresh sample of urine (in a clear plastic container)
- If you are on any repeat medication, please provide the tear off slip on the right-hand side from your last repeat prescription given by your previous GP (you can ask your previous GP for this)

We understand that this is a lengthy process, but it helps us to offer you the best level of care.

Thank you for registering with us 😊

PRESCRIPTION ORDERING, PATIENT ACCESS AND PATIENT PARTICIPATION GROUP (PPG) AT THURSBY SURGERY

PRESCRIPTION ORDERING

At Thursby Surgery **we do not** accept paper prescription requests. You can order your prescriptions by one of the following ways:

1. EMAIL

You can send your prescription request via email - stating your name, date of birth and the medication you require to thursby.prescriptions@nhs.net

2. PATIENT ACCESS FOR PRESCRIPTIONS

One way you can order your medication is via patient access which allows you to order online without contacting the surgery.

If you would like to be set up with patient access for requesting your prescriptions online please tick the box below and we will send your registration details to the email address you have provided us on the application form. If no email address has been provided this will not be done.

☐

Please set me up for patient access using my ID provided and send me details to me by email

Please note you have to be aged 16 or over to register for patient access

3. PHONE

If you do not have email or internet access you can ring the surgery on 01282 644330 to order your prescription. **THIS MUST BE DONE BY THE PATIENT; WE ARE UNABLE TO ACCEPT THIRD PARTY REQUESTS UNLESS A THIRD-PARTY CONSENT FORM HAS ALREADY BEEN COMPLETED.**

PATIENT ACCESS

If you would like to register for patient access to view your medical records online, you will need to come into the surgery with photo ID and fill in the online access application form. **THIS MUST BE DONE BY THE PATIENT.** We will then give you your online registration details and will put your request through. Please bear in mind **full online access** will not be granted to view your medical records for some time as this is a lengthy process and requires authorisation by the GP.

PATIENT PARTICIPATION GROUP (PPG)

Here at Thursby Surgery we want to involve our patients as much as we can as we move forward. One way of us doing this is by joining our Patient Participation Group. This will involve regular communication between patient representatives and staff to discuss topics of mutual interest in the practice, and to provide a platform to test and modify ideas and plans.

☐

Please add me to the patient participation group with the email address I provided

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS
No.

Previous surname/s

☐ Male ☐ Female

Town and country
of birth

Home address

Postcode

Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK

Name of previous GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK,
date of leaving

Date you first came
to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

☐ I live more than 1.6km in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

*Not all doctors are
authorised to
dispense medicines

☐ Signature of Patient

☐ Signature on behalf of patient

Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas

Signature confirming my consent to join the NHS Organ Donor Register

Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming my consent to join the NHS Blood Donor Register

Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only

Patient registered for

☐ GMS

☐ Dispensing

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NEW PATIENT APPLICATION FORM

PLEASE ANSWER ALL QUESTIONS CAREFULLY IN BLOCK CAPITALS.

Incomplete applications will not be processed.



Recent changes to legislation state that overseas visitors, when accessing healthcare, are legally obliged to declare that they are from overseas. When a patient answers 'no' the practice will share the patient registration form with the overseas visitors team at East Lancashire Hospitals NHS Trust.

Are you permanently resident in the UK?	Yes		No	
Are you legally entitled to live in the UK?	Yes		No	
Do you hold either a non-UK issued EHIC/SI form? (If yes provide a leaflet explaining the rules and entitlements for overseas patients accessing NHS services in England)	Yes		No	
DATE OF APPLICATION			DATE OF BIRTH	
FIRST NAMES			PLACE OF BIRTH	
SURNAME			CURRENT GP	
NHS NUMBER - Available from your current GP surgery				
ADDRESS/POSTCODE				
HAVE YOU BEEN REGISTERED HERE BEFORE?	Yes	No	Home Tel:	
			Mobile:	
			EMAIL:	
Language(s) Spoken:				
If English is not your first language – would you need additional support from Language Line for your appointments? Or are you able to bring someone with you to interpret?				
Childs Parents/Guardians Name, DOB and Address: (If applicable)			Relationship to patient: Name: DOB: Address: Relationship to patient: Name DOB: Address:	

School Name and Address (If applicable - CHILDREN)	
Accessible Information - Please tell us of any particular communication needs we should consider prior to contacting you. (e.g. impaired vision/hearing loss).	
Please give the reason for leaving your last Practice	
Please give the reason for choosing our Practice	

When returning these forms you must bring the following with you –

- 📄 PHOTO ID (Passport (& visa)/ Driving licence)
- 📄 PROOF OF ADDRESS (Recent utility bill etc. – not driving licence)
- 📄 **FOR CHILDREN UNDER 5 YEARS OLD – THEIR ‘RED BOOK’ OR OTHER IMMUNISATION RECORD.**
- 📄 DETAILS OF ANY ON-GOING MEDICAL CONDITIONS AND LIST OF CURRENT MEDICATION (From your current GP)

If you are accepted as a patient and given an appointment, please bring:

- 📄 A sample of urine with you.
- 📄 A print off showing your repeat items from your previous GP.
- 📄 If you have children up to the age of 5 please bring their red book to your appointment.

Out of Area Registration

- 📌 New arrangements introduced from January 2015 give people greater choice when choosing a GP practice and GP practices now have the option to decide whether to accept, as registered patients, new patients or retain existing patients who live outside the GP area. When a new patient or existing patient is identified as living outside of the Practice area the Practice will review each case before deciding whether it is practically/clinically appropriate to accept or re-register an existing patient as an ‘Out of Area’ patient but without the obligation to provide home visits or whether to ask the patient to register with a GP closer to home.

If accepted as an ‘Out of Area’ Patient

- You will be able to attend the practice and receive the full range of available services.
- If you have an urgent care need and are unable to visit the surgery please contact the practice. If we determine you need access to services closer to your home we may ask you to call NHS 111 who will direct you to a service that has been established by NHS England specifically for ‘Out of Area’ patients. In these circumstances you will need to provide our practice details (above) to the care provider to allow them to transfer your consultation data to us so we can update your records.
- We may review your registration in the future to see if your health needs have changed and whether it would be more appropriate for you to be registered with a practice closer to your home. For further information visit the NHS Choices website www.nhs.uk

APPOINTMENTS POLICY

- When booking an appointment please provide staff with as much information as possible. The GPs ask that you be prepared to answer a few questions about your symptoms/reason for requesting an appointment so the receptionists can navigate you to the appropriate service or clinician.
- All consultations (with a doctor or a nurse) are by appointment only. GP and Nurse Appointments are available to book on the day and in advance. Requests for urgent appointments will be assessed by a clinician who will decide on an appropriate course of action.

- Home visits for housebound patients and must be requested before 10:30 am.
- We are a group practice and you can request to see any of the GPs. Not every GP will be in surgery every day and your GP of choice may not always be available. All patients are allocated a named GP. This does not mean you will always see this GP but he/she will be ultimately responsible for overseeing your care.

MISSED APPOINTMENTS

- Each failure to attend will be recorded in your patient records and a letter will be sent reminding you of the Practice Policy. The practice will immediately remove patients from the register at the third failed appointment. If you cannot attend an appointment you must cancel at least 2 hours before your appointment time. If an appointment is cancelled too late for us to re-book, it will be recorded as a failure to attend.

PRESCRIPTION POLICY

- Prescriptions can be ordered by emailing thursby.prescriptions@nhs.net – please state your name, date of birth and the medication required, registering for online access or calling the surgery on 644330.
- **It always takes us two working days (we do not work weekends or bank holidays) from receipt of your request for your prescription to be ready to collect if it is due.**
- **Prescriptions will not be issued before they are due. If you are going on holiday and need to order early you must state this on your request telling us when you are going away and how long for (we may need proof of this).**
- Prescriptions are issued for 28 days. Some long-term medications may be issued for a maximum of 56 days at the doctor's discretion.
- Ladies taking the contraceptive pill must see the nurse for a health check each time they need a prescription. If you do not book your appointment in time, we cannot guarantee to be able to process your prescription on time.
- Patients taking warfarin or methotrexate must provide details of their last blood test results and daily dose when ordering. Ask for more information if this applies to you.
- **Calls are recorded for training and monitoring purposes**

Patient/Family Medical History Please tick all that apply								
	You	Family Member		You	Family Member		You	Family Member
Heart Disease			Heart Attack/Stroke			Asthma		
Diabetes			COPD			Vascular Disease		
Epilepsy			Kidney Disease			Chronic Arthritis		
Dementia			Rheumatoid Arthritis			Indigestion		
High Blood			Depression			Mental Health Problems		
Tuberculosis Pressure			Chronic Back Pain			Substance Misuse		
Learning Difficulties			Physical Disability			Deafness/Hearing		
Hepatitis			Blindness/Sight			Thyroid Problems		
Pneumonia			Rheumatic Fever					
Anemia			Cancer			Type of Cancer?		
Are you currently prescribed or taking any of the following medications?				Please Tick				
				YES		NO		
Diazepam								
Flurazepam								
Lorazepam								
Nitrazepam								
Oxazepam								
Temazepam								
Zolpidem								
Zaleplon								
Zopiclone								
Any new patients currently prescribed hypnotics (sleeping tablets) or anxiolytics included in the list of medications above will be placed withdrawal regime at the time of registration unless a GP feels this is inappropriate.								
Other								
Have you had any serious illnesses or operations? X-								
What medicines are you taking?								
Have you any allergies to medicines or								
How much tobacco or cigarettes do you								
How much alcohol do you consume per week?				Wine		Beer		Spirits
Which vaccinations have you had and when?								
Diphtheria			Polio			Tetanus		
German Measles			Typhoid			Measles		
Cholera			BCG			MMR		
Whooping Cough			Tuberculosis			Other		
Female Patients Only							Dates	
Have you had children? Please give ages			Have you had a miscarriage?		Yes		No	
Have you had a miscarriage?					Yes		No	
Have you had a termination of pregnancy					Yes		No	
Have you had a hysterectomy?					Yes		No	
What method of contraception are you using at the moment?								
When was your last smear test?								

Summary Care Record

The NHS in England is introducing the Summary Care Record, which will be used 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. In emergency situations Health Care Professionals will always ask for your permission before they look at your medical summary.

As you are applying for registration with Thursby Surgery we need to have your formal permission for other health care agencies to access your Summary Care Record.

You will have been automatically 'opted in' at your previous surgery but as a new patient with us you can choose to 'opt out'.

If you are happy to 'opt in' you do not have to do anything.

If you wish to 'opt out' you must complete the form opposite.

For more information visit www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.



Your emergency care summary



CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS number (if known) Signature

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient..... Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no

Date

Ref: 4705

Opt_Out_V2.indd 1

30/08/2011 15:48

Appropriate Appointment Guide

Conditions appropriate for 999	Conditions appropriate for A&E
<ul style="list-style-type: none"> Chest Pains in patients over 40 Difficulty Breathing/unusual for the patient Loss of Consciousness/difficulty rousing Acute Loss of Vision Severe bleeding/Haemorrhage Floppy Drowsy Babies/Children Stroke Vomiting Significant amounts of blood Suicide Attempts Early Pregnancy/Severe abdominal pain 	<ul style="list-style-type: none"> Head Injury Sprain/Fracture/Acute Injury First Fit or Prolonged Fit (10 mins or more) Epileptic Seizures Persistent Nose Bleed (15 minutes or more) New/same day injuries Serious Burns/Scalds Poisoning
Same Day Appointment with GP - Urgent/Immediate/Complex Need	
<ul style="list-style-type: none"> Allergic Reactions to Insect Bites/Stings Drug/Allergic Reactions Severe Pain not responding to painkillers Persistent Diarrhoea/Vomiting Vomiting blood Insulin dependent Diabetics 	<ul style="list-style-type: none"> Concern over Patients who are Children Elderly... and/or suffer from Chronic Conditions Multiple Conditions Terminal Illness
Same Day Appointment with Nurse – Minor Conditions (Patients over 12 months old)	
<ul style="list-style-type: none"> Coughs and Colds Sore Throats Flu-like symptoms Urine infections/cystitis Earache Chest infections Hay fever Insect bites 	<ul style="list-style-type: none"> Eye infections Sinusitis Diabetics with Acute Problem Diarrhoea or vomiting Emergency contraception Skin rashes Vaginal discharge
<p>Your local Pharmacist offers advice and over the counter medications for a wide range of minor conditions. By using Pharmacy services you will be helping your Doctors to retain 'same day' appointments for those greatest in need.</p>	
Appointments in advance (Pre-books)	
<ul style="list-style-type: none"> To discuss a new problem which may be causing concern but there is no immediate need Review of an ongoing problem Contraception and Advice BP or other regular checks 	<ul style="list-style-type: none"> Travel Vaccinations Health Checks Annual Reviews for Chronic Conditions Flu Vaccinations Review or discussion of current medications
No Appointment Required	Practice Clinics
<ul style="list-style-type: none"> Repeat Prescriptions Medication Queries Some Fit for Work Certificates (Provided upon Hospital Discharge and Continuation Certificates) 	<ul style="list-style-type: none"> Seasonal Flu - Baby Clinics Minor Ops - Green Dreams (Social Support) Anti-Natal
External Services	
<ul style="list-style-type: none"> Bloods requested by hospital District Nurse, Treatment Wound Care, Ear Syringing Minor Eye Conditions 	<p>Drop In Clinic – Burnley General Hospital</p> <p>St Peters Centre - 01282 805920</p> <p>Contact your Optician for 'drop in' availability</p>

The list is not exhaustive but is to guide patients towards accessing an appropriate type of appointment/service

Please answer the following questions to help us better understand the mix of patients we serve.

Gender

- ☐ Male
☐ Female

Age

- ☐ 0 - 15
☐ 16 - 24
☐ 25 - 34
☐ 35 - 44
☐ 45 - 54
☐ 55 - 64
☐ 65 - 74
☐ 75 - 84
☐ 85+

Health Conditions

- ☐ Do you have a disability
☐ Physical impairment
☐ Psychological/emotional
☐ A learning difficulty
☐ Long term chronic condition
☐ Condition limiting physical activity
☐ Deafness or hearing impairment
☐ Blindness or visual impairment
☐ None of the above
☐ Prefer not to say

Religion

- ☐ None
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other
☐ Prefer not to say

Health

- Is your health?
☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

Ethnicity

White

- ☐ White British
☐ White/Irish
☐ Other White Background

Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Other Asian Background

Black or Black British

- ☐ Caribbean
☐ African
☐ Indian
☐ Other Black Background

Mixed

- ☐ White and Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Other Mixed Background

Other

- ☐ Any other Ethnicity
☐ Prefer not to say

Carers – Are You

- ☐ The Carer
☐ The Patient or Carer
☐ The Patient & Carer

Orientation

- ☐ Heterosexual/straight
☐ Gay/Lesbian
☐ Bisexual
☐ Other
☐ Prefer not to say

Marital

- ☐ Married
☐ Single
☐ Widowed
☐ Separated/Divorced
☐ Co-habiting

Education

- ☐ High School
☐ College
☐ Bachelor's degree
☐ Post-graduate
☐ Professional

Access

- Can you take time away from work to see a Doctor?
☐ Yes
☐ No
☐ N/A

Employment

- ☐ Yes - Full-time
☐ Yes - Part-time
☐ No - Unemployed
☐ No - Home responsibilities
☐ No - Student
☐ No - Retired
☐ No - Sick/Disabled

Children

- ☐ Under 5
☐ 6-12 years
☐ 13-17 years old
☐ 18+
☐ No children

Appointments






- How often do you visit your GP?
☐ Never
☐ Rarely
☐ Occasionally
☐ Frequently

Signing

- Are you a deaf person that uses sign language?
☐ Yes
☐ No

Patient Declaration

If accepted as a patient I confirm:

- I have completed each section of the application
- I have/have not completed the Summary Care Record 'Opt Out Form'
- I understand that if my postcode is outside the Practice Catchment area that I may be registered as an 'Out of Area' Patient and understand what this entails.
- I have been informed that I will be allocated a 'named GP' and understand what this entails.
- That registration with the Practice remains dependent upon my willingness to be considerate of all Practice policies
- To use the services offered in appropriate manner and agree not to:
 - Use routine appointments inappropriately, i.e.
 -  For repeat prescriptions (which should always be ordered 48 hours in advance)
 -  Sick notes that as a patient you have failed to order time
 -  Minor conditions that could be dealt with via an alternative route, (for example, self-care, over the counter medication).
 -  Request emergency/urgent appointments for non-urgent conditions
 -  Inform the Practice that something is urgent when it is not - Urgent means Urgent Clinical Need Demand to order repeat prescriptions over the phone.
- Fail to turn up for appointments, or, cancel/change appointments at short notice
- Adopt an aggressive or verbally abusive approach when requesting services or treatment

Any breach of this agreement will indicate a breakdown in the Practice/Patient relationship and the Practice retains the right to immediately remove you from the Practice register.

PRINT NAME	
SIGNED	
DATE	

For Office Use Only

Registration checked by	
Photo ID checked (please photocopy)	Passport Photo Driving Licence Other (please state)
Address checked (please photocopy)	Please state what evidence was provided