



Dear Sir/Madam

We would like to welcome you to Newbridge Surgery which is a well-established family practice, in modern purpose-built premises with an on-site pharmacy. As a dynamic, forward thinking team we consistently achieve extremely high scores against the national quality criteria. Access is through book ahead, appointments and telephone appointments, and pre-bookable Saturday morning clinics.

Continuity of care is delivered for the whole family with GPs, a Nurse Practitioner, Community staff, Midwives and Occupational Therapists working together on site. Online repeat prescriptions and a range of complementary therapies, child and travel clinics are available.

If you are registering with us, we will need to see your passport/photo ID and a utility bill confirming your identity and residency.

If you are **asthmatic, diabetic** or have **high blood pressure**, you have the opportunity to make an appointment with one of our Health Promotion Nurse's for an initial review of your problems.

Should you be on **repeat medication** for any other problem, or have **other health concerns**, then you will need to speak to/make an appointment with a Doctor or Nurse Practitioner.

NHS health checks are offered every 5 years. You will be routinely invited for these between the ages of 40 and 70 (these will include a cholesterol check).

Please look at our website, [www.newbridgesurgerybath.co.uk](http://www.newbridgesurgerybath.co.uk), giving details of surgery times and our services. Once you have registered with our online services, you will also be able to request repeat medication, book and cancel appointments and view your summary care record from the website, but only after you have had your initial consultation with a Doctor or Nurse (see above). If you would like one of our surgery leaflets, please ask at Reception.

You will be allocated a named GP who will oversee the co-ordination of your care, however; you can see any GP that you wish.

We look forward to meeting you and shall be pleased to discuss any further questions you may have about your registration and primary care.

Yours faithfully

On behalf of the Partners and Practice Team Newbridge Surgery.

Newbridge Surgery

129 Newbridge Hill

Bath

BA1 3PT

Office:

T. 01225 425807

F. 01225 447776

Appointments:

T. 01225 425820

**Partners:**

Dr Susan Cooper

Dr Ruth Grabham

Dr Matt Brooks

Dr Shanil Mantri

**Associates:**

Dr Clare Amos

Dr Kathryn Boyd

Dr Daniella Calandrini

**Business Manager:**

Martin Pickbourne

**Patient Services**

**Manager:**

Ruth Elms

# NEWBRIDGE SURGERY

129 NEWBRIDGE HILL · BATH · BA1 3PT

**PATIENT NAME:** .....  
 (Please use CAPITALS)

**DOB:** .....

Please complete the sections below and overleaf

## MARITAL STATUS

Please circle:  
 Single / Married / Divorced / Separated / Cohabiting / Widowed

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## ETHNICITY STATUS –

A government directive requires all GP Practices to record the diversity of ethnic origins with a focus on race equality.

Please tick the appropriate box ↓

For office use only

|                               |                            |  |
|-------------------------------|----------------------------|--|
| White                         | British                    |  |
|                               | Irish                      |  |
|                               | Any other White background |  |
| Mixed                         | White and Black Caribbean  |  |
|                               | White and Black African    |  |
|                               | White and Asian            |  |
|                               | Any other mixed background |  |
| Asian <b>or</b> Asian British | Indian                     |  |
|                               | Pakistani                  |  |
|                               | Bangladeshi                |  |
|                               | Any other Asian background |  |
| Black <b>or</b> Black British | Caribbean                  |  |
|                               | African                    |  |
|                               | Any other Black background |  |
| Other ethnic groups           | Chinese                    |  |
|                               | Any other ethnic group     |  |
| Not stated                    | Not Stated                 |  |

Please sign **ONLY** if you wish your ethnic status **NOT** to be recorded.

Signature .....

## YOUR FIRST LANGUAGE

For example: English, Mandarin, Hindi, Polish etc .....

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## NEXT OF KIN DETAILS

Details of the person/s to notify in case of an emergency:

Name  
 Relationship  
 Address  
 Telephone

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## COMMUNICATION

Do you have any communication needs? YES / NO

If 'YES', please inform us of any ways we can assist you:

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## ARMED FORCES

Are you connected with the Armed Forces? If so, please indicate:

Regular  
 Reserve  
 Veteran

Immediate family, ie partner / spouse / son / daughter etc

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## CARER INFORMATION

Do you 'Care' for a relative, friend or neighbour? YES / NO

If 'YES', please ask the surgery for a carers leaflet.

Would you like to be referred to the

Carer's Centre? YES/NO

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|   |                     |
|---|---------------------|
| <b>ELECTRONIC PRESCRIPTION SERVICE</b>  |                     |
| <p>This service means that your GP will be able to send your prescriptions electronically to the Pharmacy you choose to get your medication from. The Electronic Prescription Service is reliable, secure and confidential.<br/>If you would like to use the Electronic Prescription Service please indicate which Pharmacy you would like to nominate:</p> <p>.....</p> <p><b>If you have used this service in your last surgery YOU MUST visit your new preferred local pharmacy to change your nomination.</b></p> | For office use only |

|   |                     |
|---|---------------------|
| <b>TEXT MESSAGE CONSENT FORM - Declaration</b>  |                     |
| <p>By completing this form, I consent to the surgery contacting me by text message for the purposes of health promotion and appointment reminders.<br/>I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.</p> <p>Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure; however Newbridge Surgery will not transmit any information which would enable an individual patient to be identified. <b>This facility is for those 15+ only</b></p> <p>Mobile Telephone Number:.....</p> | For office use only |

|  |                     |
|--|---------------------|
| <b>EMAIL ADDRESS CONSENT FORM - Declaration</b>  |                     |
| <p>We would like to be able to send patients occasional emails with information and news about Newbridge Surgery and any changes that we might make to the services we offer our patients. We will not send information by email about your medical treatment or conditions. We will keep secure all email addresses provided to us and they will not be passed to a third party in any circumstances. We are registered under the Data Protection Act.</p> <p>If you are happy for us to communicate with you in this way, please write your email address below.<br/>If you change your email address in future, please inform us. <b>This facility is for 15+ year olds only</b></p> <p>Email Address:.....</p> | For office use only |

|                       |                          |                                   |  |
|-----------------------|--------------------------|-----------------------------------|--|
| <b>SMOKING STATUS</b> |                          | Please tick the appropriate box ↓ |  |
| I smoke               | <input type="checkbox"/> | For office use only               |  |
| I am an ex-smoker     | <input type="checkbox"/> |                                   |  |
| I have never smoked   | <input type="checkbox"/> |                                   |  |

|  |                                      |       |                   |                       |                      |                       |  |                     |
|--|--------------------------------------|-------|-------------------|-----------------------|----------------------|-----------------------|--|---------------------|
| <b>ALCOHOL STATUS</b>  |                                      |       |                   |                       |                      |                       |  | For office use only |
| <b>Questions</b>   | <b>Scoring System</b>                |       |                   |                       |                      |                       |  |                     |
|  | <b>Please circle relevant option</b> |       |                   |                       |                      |                       |  |                     |
| How often do you have a drink that contains alcohol?                                   | N/A                                  | Never | Monthly or less   | 2 – 4 times per month | 2 – 3 times per week | 4+ times per week     |  |                     |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | N/A                                  | 1 – 2 | 3 – 4             | 5 – 6                 | 7 – 8                | 10+                   |  |                     |
| How often do you have 6 or more standard drinks on one occasion?                       | N/A                                  | Never | Less than monthly | Monthly               | Weekly               | Daily or almost daily |  |                     |

|  |                     |
|--|---------------------|
| <b>CHILD IMMUNISATIONS</b>   |                     |
| <p>If this is a CHILD'S REGISTRATION:<br/>Please supply an up to date copy of their Immunisation History. (This can be obtained from the 'Red Book' (if under 5 years old) or by requesting a printout from your child's previous surgery)</p> | For office use only |

# NEWBRIDGE SURGERY

129 NEWBRIDGE HILL · BATH · BA1 3PT

**Please read this leaflet carefully. It will give you information about how your data is shared for the purposes of direct patient care.**

## ***Your electronic health record***

As a practice we aim to provide you with the best quality care that is safe and effective. To facilitate that we now work with a wider team to provide a comprehensive range of health related services to you and your family. The practice uses the clinical computer system called SystemOne, which enables your full electronic record to be shared to anyone involved in providing direct care to you, across different healthcare services.

## ***Why is sharing my health information important?***

Your electronic health record contains lots of information about you, including your medical history, the types of medication you take, any allergies you have and demographic information like your home address, and your next of kin.

In many cases, particularly for patients with complex conditions, the shared record plays a vital role in delivering the best care. Health and social care professionals can ensure coordinated response, taking into account all aspects of a person's physical and mental health. Whilst some patients have extensive knowledge of their conditions and care requirements, this is not true for everyone. Many patients are understandably not able to provide a full account of their care. The shared record means patients do not have to repeat their medical histories at every care setting, or make guesses about their previous care.

A shared record ensures health or social care professionals always have the most accurate, up to date information. They can rely on their colleagues, sharing accurate and relevant data in a timely way, to provide you with safe and efficient care.

## ***You have choices about whether or not your information is available to other providers who care for you.***

When you register with us you have the choice on how your record will be shared. Existing patients also have this choice to set their preferences. Until you are registered at one of the other care services, no information about you will be shared to them.

Should you decide not to share, when you visit other care services that use SystemOne you can give your permission to override your previous dissent, allowing them to view your record including any items marked as private.

If you would prefer that the override option above is never made available, you have the ability to request your doctor prevents it. However, this means your data will never be available at other care services.

## ***Which services could I go to that could access my medical record with your consent:***

- GP practices
- Community services such as district nurses, therapists and health visitors
- Child health services that undertake scheduling of treatments such as vaccinations
- Urgent care organisations such as Minor Injury Units and Out of Hours services
- Community hospitals
- Palliative care hospices and community services

- Offender health – care providers within the health units
- NHS Hospitals (including A/E Departments) and Mental Health Trusts
- Care Homes
- Pharmacy
- Social care – registered and regulated professionals within social care organisations coordinating care (not social care providers)

### ***Providing consent to view***

When you start receiving care from a care service (that uses SystmOne), you have the right to either agree or disagree that they may view your SystmOne record. The health or social care professional seeing you should ask your permission for them to view your electronic record.

***If you answer YES:*** That care service will be able to view information recorded on your electronic record by other care services (excluding any data you have requested to keep private (see below)).

***If you answer NO:*** That care service will not be able to see any information recorded anywhere else (even if your record has been set to share from any other care services).

As a patient, you have control over who can see your health information. Even if you give permission on one occasion, you can still change this at any time.

### ***Can I choose what is made available?***

To give you the most personalised care, it is recommended that you share your whole health record with every service that cares for you. However, you have control over your record and have the choice to specify specific elements of the record you don't want to be shared. For example, if you have had a consultation about a particularly sensitive matter, you can ask for this section of the record to be marked as private. That way, even if you consent for another service to see your record, that consultation will not be shown. If a consent override is used, then consultations marked as private will be accessible.

### ***What choices do I have?***

When thinking about how your information is shared, you as the patient can specify three main controls:

1. Do you enable your record to be shared at all? If you have said 'yes' to sharing out from this organisation, for every care setting you visit you still get to decide if they can view your record. You do not have to make the same choice for every organisation.
2. You can specify entries in your record that you want to remain confidential. These can only be viewed by the care service they were originally recorded at (unless the consent override is used for the reasons stated above). You can then decide if the rest of your record is shared at each care setting you visit.
3. Saying no at this stage means no other care service can see any of your record. If you don't want your record to ever be viewed by anyone you have a further choice to request that consent override is prevented.

Locally the people who are most likely to view your medical record and provide additional valuable information are the community (district) nurses, Health Visitors (for under 5's), Dorothy House Hospice and the RUH urgent care and A&E departments.

**If you would like more information on how your data is shared please talk to us.**

We offer our patients the choice of having a Summary Care Record. One will be created unless you opt out.

### 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. 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.

**Please tick the box and sign below if you do not want a Summary Care Record.**

**No** I do not want a Summary Care Record

**For more information visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or call if you cannot find the answers to your questions 0300 123 3020.**



### Your Electronic Patient Record & the Sharing of Information

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services i.e. RUH, Sirona Care and Health, District Nurses, Health Visitor's (for under 5's) etc. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR) see above, it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

Your GPs computer system has two settings to allow you to control how your medical information is shared:

#### **Sharing Out:**

This controls whether your information recorded at the surgery can be shared with other NHS Care Services where you are treated i.e. RUH etc.

#### **Sharing In:**

This controls whether information recorded at the NHS Care Services where you are treated can be shared with us.

**Please tick:** Sharing In      **Yes** (shared)       or      **No** (not shared)   
Sharing Out      **Yes** (shared)       or      **No** (not shared)

**PLEASE COMPLETE ALL RELEVANT SECTIONS ABOVE REGARDING A SCR AND SHARING, SIGN AND RETURN TO RECEPTION.**

Patient Name (Print Name): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_