



Merchiston Surgery

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Swindon
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www.merchistonsurgery.co.uk

Dr D John Dr S Adams
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Welcome to Merchiston

To enable us to register you we require sight, and copies of two of the following - one photo ID and one proof of your **current** address:

- Passport – (this is essential for foreign nationals)
- Driving licence
- ID card
- Birth certificate
- Utility bill
- Letter from benefits agency/benefit book/signing on card
- Papers from the Home Office
- Bank statement

If you do not have photo ID please talk to us.

Please complete the forms on pages 7-14 enclosed in this pack and the purple form (GMS1.). If you have regular repeat medication please also give us a copy of your medication list which you can obtain from your previous surgery.

Once we have received all of the above information from you, we will register you on our system and allocate you a Usual GP. This will take up to 5 working days but once you are on the system you will be able to book appointments. All information provided is strictly confidential and will be processed using the Practice's Patient Confidentiality and Data Protection protocols.

Please read all the enclosed information as our procedures may be different to your previous practice.



HOW TO ORDER YOUR MEDICATION

The NHS Prescription Ordering Direct (POD) service is the easy way for you to order your repeat prescription!

The POD is staffed by dedicated, experienced and fully trained prescribing clerks and clinical member of the Medicines Optimisation team at the NHS Swindon Clinical Commissioning Group.

Call POD on 01793 683755
Monday-Friday
9am to 5pm

You strongly recommend you order your medicines 7 days before you run out, and visit the pharmacy a week after calling POD to collect them. Alternatively you may register for online access and order your repeat medications online anytime.

We do not accept paper prescription requests

Already use a pharmacy to order your repeat medication?

Please review if your current pharmacy is still suitable. If you move from outside Swindon you will need to make new arrangements with a local pharmacy close to your home, place or work or within a favourite supermarket. Please inform the pharmacy that you are using POD to order your prescriptions and confirm any delivery arrangements that you are unable to travel to the pharmacy. If you have a current arrangement with a local pharmacy to deliver your prescription then this still continues.

ELECTRONIC PRESCRIPTIONS

No more paper! No need to come to the Practice to collect your prescription! You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose a pharmacy or a dispensing appliance contractor (if you use one). We can add a nomination for you so you don't need a computer to do this.

Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to a receptionist or your pharmacy. You must tell us before your next prescription is due or your prescription may be sent to the wrong place.

Remember to change your nominated pharmacy if you have moved into the local area otherwise your prescriptions will be sent to your old one.

ONLINE APPOINTMENTS AND REPEAT PRESCRIPTIONS PATIENT INFORMATION

Online account

Patients will need to produce a photographic identity document (passport/driving license etc.) to staff at Reception who will then issue patients with an individual username and password. It is also recommended that patients provide an email address for communication purposes

PLEASE NOTE THAT IT CAN TAKE ONE HOUR FOR THE PASSWORD TO BE ACTIVATED BEFORE ATTEMPTING TO ACCESS AN ONLINE ACCOUNT

The following Services are available to patients:

- Detailed Coded Access to your medical record
- Making Appointments (GP Appointments only)
- Past & Future Appointments
- Ordering Repeat Medication
- Change of Password
- Updating Contact Details
- Grant Additional Users

Using SystemOnline responsibly and patient confidentiality

Patients are requested to use the Online System responsibly. If a patient does not then the Practice reserves the right to remove their online access. Examples of improper use of the online system may include repeatedly booking/amending appointments with no intention of attending or repeatedly requesting medication that is not required.

Confidentiality with regard to patient medical information applies equally to the Online System and is strictly adhered to by the Practice and all members of staff.

Help with your online account

Please click on the "help" button to access the online system guide for full details of how to make best use of your account.

WHAT WE DO WITH YOUR MEDICAL INFORMATION

What information do we record about our patients?

The practice stores information on a database about each of its patients. The database is used to record your medical history and any consultations that you may have with a doctor, nurse or health care assistant.

This includes information on all medication (current and discontinued).

We may need to refer you to hospital or other services and we need to gain your consent to do this (see section on YOUR OPTIONS ON SHARING DATA).

All letters, faxes, emails relating to tests, discharge from hospital, out of hours reports, accident and emergency reports are also scanned into each relevant patients records so we have a full and complete medical history.

There is usually a paper file kept for each patient too. Paper files are kept in a locked room.

How else might your data be processed?

If you get referred to another service, your information will be shared with this service. Your consent will have been obtained during the GP consultation.

Sometimes the practice is involved in national or local health audits and we may be required to send data to an NHS organisation. However, on these occasions data is sent without personal details so individuals can not be identified.

The practice may be approached by social services or the police for information on patients. Information is not disclosed unless there is a risk to the patient or wider society. The police are usually required to supply a warrant to access data about a patient.

How we store your data

All computerised data is stored on a system that is password protected, with regular password changes. All manual files are kept in a locked room.

When we print off personal information and it is no longer needed, it is kept in shredding consoles and destroyed onsite regularly, by a company called SHRED IT.

How do we ensure that your data is safe?

At Merchiston we have systems in place to ensure that all data stored about each of our patients is processed lawfully.

This means that we have policies in place and staff members are trained to deal with your data sensitively.

Everyday confidentiality

All staff have access to your medical and personal details which is required in relation to their roles. Staff members do not access data unless it is part of their job.

All staff undergo training on confidentiality and have signed a 'Confidentiality Agreement'. They are trained not to disclose information to a third party.

If a relative wants to know information about one of our patients we will not disclose this unless we have written consent from the patient.

If you have concerns or a complaint about how your data is used please speak to one of our receptionists or ask to speak to our Data Protection Officer who will do their best to assist you.

Young people

There is a separate policy and information leaflet for young people. Please ask a member of staff if you would like a copy of our leaflet for Young People which includes information about confidentiality.

YOUR RIGHTS TO ACCESS YOUR DATA

Under the General Data Protection Regulations 2018, individuals have the right to request access to their own medical record.

Ask at reception for an access form entitled 'Application to Access Medical Records'.

Ensure that the form is fully completed, using a separate sheet of paper if necessary.

Your request will be considered and you will be advised as soon as possible, and within 30 days.

DATA SHARING OPTIONS

Please complete this form and return to reception with your registration form

The GENERAL DATA PROTECTION REGULATIONS 2018

The General Data Protection Regulations 2018 (GDPR) came into force on 25th May 2018. The regulations require that we gain patient consent regarding how we use your data.

There are 2 parts:

- **Who we share your data with**
- **Whether you consent to having a Summary Care Record.**

Please tick the boxes on the following two pages.

1. Who we share your data with

We need you to consent to how we share your data.

There are 3 OPTIONS:

(Please select only ONE option)

We share your information with partner organisations such as the hospital (if you need a referral), community teams, Out of Hours services and the Swindon Clinical Commissioning Group who process referrals or via the anonymised audits conducted by NHS England.

You can request that we share with other organisations (as above) but only with added security. This will mean that you get sent a text or email with a pin number when you go to another organisation and they need to access your medical record. They will not be able to open your record without this pin number.

You can request that none of your data is shared with any organisation. If you do need a referral to hospital we will gain your explicit consent at the time of the referral.

2. Consent to the Summary Care Record

The Summary Care Record is a basic shared record across health care organisations.

It contains patients' medication, allergies and sensitivities and it may include enhanced information, for example for patients who are at the end of their life and the hospital or a pharmacy may need urgent information about medications.

You have the right to opt out of the Summary Care Record.

Please tick ONE option below:

YES I would like a Summary Care Record.
(medication and allergies AND additional information)

YES I would like a Summary Care Record.
(medication, allergies only)

NO I would not like a Summary Care Record.

At Merchiston Surgery we have systems in place to ensure that all data stored about each of our patients is processed lawfully.

This means that we have policies in place and staff members are trained to deal with your data sensitively.

Name _____ Date of Birth: _____

NEW PATIENT QUESTIONNAIRE

Please complete this form and return to reception with your registration form. Please complete in **block capitals**.

Date: Surname: _____ First name: _____

Address: _____

Post code: _____

Telephone Numbers: Mobile: _____ Home: _____ Work: _____

Email Address: _____

Date of Birth: _____ Marital Status: _____ Occupation: _____

Text messaging

I consent to Merchiston Surgery contacting me by text message.

- I acknowledge the responsibility of attending or cancelling appointments still rests with me.
- I will inform the surgery if I change my mobile telephone number.
- YES- I agree

Email

- I consent to Merchiston Surgery contacting me by email.
- I will inform the surgery if I change my email address.
- YES- I agree

Do you consider you have a disability? (please circle) NO / YES

If YES, please state type of disability: _____

If appropriate please state how you wish to be communicated with? (e.g. large font letters)

Do you have a carer? (please circle) NO / YES

Name and address of carer: _____

Are you a carer? (please circle) NO / YES

Name of person you care for: _____ Merchiston patient: YES/NO

Ethnic group: (please circle)

This information is important for us when assessing any medical risks associated with your ethnic group.

White - British Irish Other White Background (please specify) _____

Mixed - White & Black Caribbean White & Black African White & Asian

Other mixed background (please specify) _____

Asian or British Asian – Indian Pakistani Bangladeshi Other Asian (please specify) _____

Black or Black British - Caribbean African Other Black background (please specify) _____

Chinese Any other ethnic group (please specify) _____ 1st Language _____

If English is not your 1st language do you need an interpreter for consultations? YES/NO

Language required: _____

GENERAL MEDICAL HISTORY

Serious or chronic illnesses (please circle)

Blood Pressure: YES / NO Diabetes: YES / NO Heart Disease: YES / NO
Epilepsy: YES / NO Asthma: YES / NO Stroke: YES / NO
COPD: YES / NO Depression: YES / NO Cancer: YES / NO
Kidney Disease: YES / NO Glaucoma: YES / NO Severe Mental Illness/Issues: YES / NO

Other serious / chronic illnesses or serious operations: _____

Do you have a family history of?

High blood pressure: YES / NO Heart Disease: YES / NO Diabetes: YES / NO
Glaucoma: YES / NO Stroke: YES / NO Asthma: YES / NO
Cancer: YES / NO Depression: YES / NO

Smoking

Do you smoke? YES / NO (please circle) Never smoked Ex-smoker
What do you smoke and how much?
Are you interested in Smoking Cessation Advice? YES/NO

Alcohol

How much on average do you drink in a week? _____
(1 unit = ½ pint of beer, 1 glass of wine, or a pub measure of spirits)

Diet

Do you add salt to your food after cooking? Yes/No
Do you have a varied diet including milk, meat, vegetables and fruit? Yes/No
Has your Cholesterol been checked in the last 2 years?

DRUGS AND MEDICINES

What medicines / tablets are you taking? (including contraceptives for females)

Do you have any allergies?
Please specify:

HEALTH SCREEN

Current Height: _____ Current Weight _____
Current Waist measurement: _____

VACCINATIONS

Which vaccinations have you had and when?

Diphtheria..... Polio..... Tetanus..... Measles

HIB Hepatitis A Hepatitis BMMR

German Measles / RubellaWhooping Cough / Pertussis..... Meningitis.....

Typhoid BCG Yellow Fever Influenza

HIB Pneumococcal Others

Do you have private medical insurance? YES / NO

Military Veteran? Service RN/Army/RAF Service No

Enlistment Date..... Discharge Date

FEMALE PATIENTS ONLY

Have you ever had a Cervical Smear? (please circle) YES / NO

When was your last cervical smear test? _____

Who did it? (please circle) GP Clinic Hospital

What method of contraception do you use at present? (please circle) Pill Coil
Injection Implant

Have you any children? (give ages) _____

Have you had any miscarriages? YES / NO Date:

Have you had a termination of pregnancy? YES / NO
Date: _____

Have you had a hysterectomy? YES / NO
Date: _____

Date of last mammogram: _____

MERCHISTON PHYSICAL ACTIVITY QUESTIONNAIRE

Please complete this form and return to reception with your registration form.

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g.: retired, retired for health reasons, unemployed, full time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g.: shop assistant, hairdresser, security guard, childminder etc.)	
d	My work involves definite physical effort including handling heavy objects and use of tools (e.g.: plumber, electrician, carpenter, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g.: scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities?

		None	Some bit less than 1 hour	1 hour but less than 3 hours	3 or more hours
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time.				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow less than 3mph)		Steady average		Brisk		Fast (over 4mph)	
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Dear Patient

CARERS

Do you look after someone who is ill, frail, disabled or mentally ill? If so, you are a carer. We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often "hidden" looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating for the carer. We further believe carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits and respite care and not least, a listening ear when things get too much.

We hold a Carer's Cuppa meeting on the last Thursday of every month between 10 and 11.45 at Grange Leisure Centre. This is for carers only and is a great opportunity to chat informally with others in a similar position. There is no need to book please just turn up.

If you are a carer, this is an opportunity to let the Practice know so that we can update our records and pass on your details to the Carers Service who can provide relevant information and advice, local support services, newsletter and telephone linkline. We can also refer you to Adult Care Services for a carer's assessment. This is a chance to talk about your needs as a carer and the possible ways help could be given. It also looks at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

Please complete the attached sheet only if you are a carer and return it to the surgery.

We look forward to hearing from you.

Yours sincerely

Paula Cooke,
Operations Manager

MERCHISTON SURGERY CARER CONSENT FORM

Thank you for completing the Carer Registration Form. We have now marked your notes to say that you are Carer.

If the person for whom you care is also registered at this practice, it would assist us greatly if we could enter your name and telephone number onto his/her computer notes. This would be particularly helpful in the event of an emergency.

You are under no obligation to agree to this, but if you are willing, please could you complete and sign the relevant section below and return this form to the surgery. The person for whom you care also needs to sign this form. Many thanks.

CARER DETAILS:

I hereby give permission for my name and telephone to be entered onto the notes of the person named below.

Name: Address:

Date of Birth:

Signature:

CARED-FOR DETAILS:

I hereby give permission for the name and telephone of the person named-above to be entered onto my notes as my main Carer.

Name: Address:

Date of Birth:

Signature:

I GIVE/ DO NOT GIVE (DELETE AS APPROPRAITE) permission for my carer named above to have access to my medical records and personal details held by the Practice. I understand my GP may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

Signature: Date:.....