

**Policy Name: New Patient Registration**  
**Policy Number: 17**

### **Introduction**

Patient registration is determined by the provisions of the practice GMS contract and terms of service.

Where a practice has an “open list” it is required to accept the registration of a new patient unless it has fair and reasonable grounds for not doing so. Where a list is open, the practice is also obliged to accept allocations by the Primary Care Organisation (PCO) to its list. The Chorley Surgery operates an ‘open list’.

### **Patient Choice of GP Practices**

From January 5 2015, all GP practices in England are free to register new patients who live outside their practice boundary area. This means patients are able to register practices in more convenient locations, such as a practice near their work or closer to their children’s school. This will provide them with greater choice and aims to improve the quality of access to GP services.

These new arrangements are voluntary for GP practices. If the practice has no capacity at the time, or feels it is not clinically appropriate or practical for patients to be registered so far away from their home address, they can still refuse registration. The Chorley Surgery would explain their reason for refusing registration to patients.

### **New Patient Acceptance/Refusal**

New patients should submit a New Patient Registration/Health Questionnaire, obtained from Reception. The Chorley Surgery will accept patients onto its list while it remains ‘open’. If the list is closed, the practice will only accept registrations from immediate family members of patients who are already registered and only if such relatives reside permanently at the registered patients address. Proof of residence may be required; however there is no contractual obligation to request this.

Patients will not be unreasonably refused registration and ‘unreasonable’ includes refusal based on:

- Medical condition
- Race
- Gender or sexual orientation
- Disability
- Age
- Religious group or religious beliefs
- Political beliefs



- Appearance or life style
- Homelessness

Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. If possible, practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

The majority of patients will not find it difficult to produce ID / residence documentation. However, there will be some patients who do live in the practice area but are legitimately unable to produce any of the listed documentation. Examples of this may be:

- People fleeing domestic violence staying with friends or family
- People living on a boat, in unstable accommodation or street homeless
- People staying long term with friends but who aren't receiving bills
- People working in exploitative situations whose employer has taken their documents
- People who have submitted their documents to the Home Office as part of an application
- People trafficked into the country who have had their documents taken on arrival
- Children born in the UK to parents without documentation

Reasonable exceptions therefore need to be considered and the individual registered with sensitivity to their situation. It is important that these people have equitable access to primary care services. As there is no requirement under the regulations to produce identity or residence information, the patient **MUST** be registered on application unless the practice has reasonable grounds to decline. Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification.

**Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.**

The practice will however refuse registration if the list is officially closed.

The practice will normally refuse registration (subject to a partner's discussion and agreement) if:

- The patient has been previously removed from the list
- The patient has a known history of violence

The reason for refusal will be in writing and recorded in a permanent record for that purpose. This excludes temporary residents, where no record is necessary.

The permanent record will consist of the original GMS1 registration form endorsed with the reason for refusal, together with a copy of the refusal letter, filed in surname order. Where a GMS1 has not been completed, a 'dummy' GMS1 will be prepared and filed.

The record is subject to inspection by the CCG and NHS England who may require the practice to justify a refusal to register.

There is no longer a residency condition to apply to the registration of Foreign Visitors by virtue of their foreign visitor status and this is at GP discretion, however they will be required to satisfy all other residency requirements which apply to normal patient registration eligibility.

### Online Visibility

- New patient registrations- If a patient has previously has their online visibility removed (at a previous surgery) via code '1364731000000104 Enhanced review indicated before granting access to your own health record' even though this code was previously added at their previous surgery, they will automatically be granted full access (which will back date to the 1<sup>st</sup> Nov) upon registering with us. Therefore, when these are being added to our system a search needs to be done within their record to identify if this code has previously been added. If it has we need to reapply this via the registration online access tab. This will then need reviewing by a clinician? (need a process here too) If it is deemed now appropriate (i.e. the code may be historical and no longer needs to be held back then we can add the code '1364751000000106 Enhanced review not indicated before granting access to your own health record' which will then grant them access.

Please see below the New Patient Registration Questionnaire for The Chorley Surgery.



The Chorley Surgery  
24-26 Gillibrand Street  
Chorley  
Pr7 2EJ  
01257 513970

### New Patient Registration Questionnaire

Complete this form in addition to GMS1  
Please complete all sections by writing clearly or by ticking the relevant boxes.

Name	
Home Telephone No	
Mobile Telephone No	
e-mail – will be needed for online access)	

Please provide as much medical history as you can below

Ethnicity	<i>Asian/Asian British</i>	<i>Mixed</i>
<i>White</i>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> White & Black Caribbean

<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other  <i>Black/Black British</i> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black other	<input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Other  <i>Chinese/Chinese British</i> <input type="checkbox"/> Chinese	<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed  <i>Other</i> <input type="checkbox"/> Other Ethnic Group  <i>Decline</i> <input type="checkbox"/> Decline to say
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What is your First Language?.....Do you require an interpreter?.....

Are you an Asylum Seeker? Yes  No

Are you homeless? Yes  No

Are you a Military Veteran? Yes  No

**( if yes would you like this information recorded in your notes )** Yes  No

Height		<input type="checkbox"/> Metres <input type="checkbox"/> Feet and Inches
Weight		<input type="checkbox"/> Kilograms <input type="checkbox"/> Stones and Pounds

<b>Smoking Status</b>	<input type="checkbox"/> I am a current smoker, and smoke:	<input type="checkbox"/> I am an ex-smoker and used to smoke:
	<input type="checkbox"/> I have never smoked	<input type="checkbox"/> less than 1 per day <input type="checkbox"/> less than 1 per day

	<input type="checkbox"/> 1 to 9 per day <input type="checkbox"/> 10 to 19 per day <input type="checkbox"/> 20 to 39 per day <input type="checkbox"/> More than 40 per day	<input type="checkbox"/> 1 to 9 per day <input type="checkbox"/> 10 to 19 per day <input type="checkbox"/> 20 to 39 per day <input type="checkbox"/> More than 40 per day
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**Any Allergies or Reactions?** (eg to: eggs, medicines, vaccinations, medical dressings or foodstuffs)

**Any significant health problems?** If yes please give year of diagnosis:

- Atrial Fibrillation
- Absent Spleen (Asplenic)
- Asthma
- COPD (eg emphysema or chronic bronchitis)
- Coronary heart disease (eg heart failure, myocardial infarction and angina)
- Current kidney disorders
- Depression
- Diabetes
- Epilepsy
- High blood pressure
- Hypothyroidism
- Stroke / CVA / TIA
- Any other significant problem (Please detail)

**Any medical history in blood relatives under 65 years of age?**

Heart disease

Stroke

Diabetes

Other (Please detail)

<b>Alcohol Consumption</b>	
In an average week how many units of alcohol do you drink? (1 unit = half pint of beer, 1 glass of wine, 1 single spirit)	
MEN – How often do you have eight or more drinks on one occasion? WOMEN – How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost Daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost Daily



<p>How often during the last year have you failed to do what was normally expected of you because of drinking?</p>	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost Daily
<p>In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?</p> <p style="text-align: center;"><b>OR</b></p> <p><b>I WISH TO DECLINE ANSWERING ABOUT ALCOHOL</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes on more than one occasion  <input type="checkbox"/>

**Are you on any regular repeat Medication? YES / NO**

If you take medication regularly (including contraception, tablets, cream and inhalers) please give the right side of your prescription to reception, ticking any items you require. Please bring your medication with you when you attend an appointment with the doctor.

**Carers**

Do you need/have anyone who looks after you or your daily needs as a Carer? **YES / NO**

If "Yes" would you like them to deal with your health affairs here? **YES / NO**

Name & Contact Number for your Carer.....

Do you care for anyone else? **YES / NO**

**If you are a carer please complete a Carers Form which can be obtained from reception.**







## Social Worker (Children Under the age of 16)

Do you have a Social Worker? **YES / NO**

If **YES** please provide NAME.....

### **The Deprivation of Liberty Safeguards (DoLs)**

The Deprivation of Liberty Safeguards (DoLs) are part of the mental capacity act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Is there a DoLs in place for the person registering **YES / NO**

Do you have a DNACPR (Do not attempt resuscitation) in place **YES / NO**

Are you on a Learning Disability Register? **YES / NO**

### **Patient Care Text Messaging Consent Form**

Declaration

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.



I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

The surgery does not offer a reply facility to enable the patient to respond to texts directly.

Text messages are generated using a secure facility however I understand they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Mobile number .....

Patient Name .....

Patient Signature ..... Date .....

*The practice does not share mobile phone contact details with any external organisation.*

### **EMIS Access Online**

This facility is currently available for routine doctor's appointments and Repeat Prescriptions.

All booked appointments are cancellable on-line; if an appointment booked is NOT cancelled without good reason, and results in a "did not attend" the Surgery reserves the right to revoke its use.

### **Confidentiality and Security**

Information sent via EMIS Access is encrypted so messages sent cannot be intercepted or read by others, only the Patient and the Practice are able to see any personal information.



The computer system is connected to EMIS Access through the NHS network. The Surgery will only enable the internet access facilities if requested to do so by the patient.

## Terms and Conditions

Whilst the Surgery makes all reasonable efforts to provide the Service, it is not liable for any failure to provide the service, in part or full, for any cause that is beyond its reasonable control. This includes any suspension of the Service resulting in maintenance and upgrades to the system or those of any party used to provide the Service.

You must keep your Personal Details secret and take all reasonable precautions to prevent fraudulent use of your Personal Details. If fraudulent use is suspected, contact the Surgery as soon as possible.

The Chorley Surgery reserves the right to change the Service from time to time and shall give appropriate notice of any material changes. They may, where considered appropriate for patient protection suspend, withdraw or restrict the use of the service. Patients will be notified as soon as practicable if any such action is taken. The surgery reserves the right to vary these Terms and Conditions and appropriate notice will be given of any material changes.

## Application for an EMIS Access Account

I would like to apply for an EMIS Access Account which gives me the ability to book routine GP appointments, cancel my appointments and request my repeat medication over the internet.

Please Tick

- I prefer my account details to be emailed to the address I have given above.
- I will collect the letter containing my account details from Reception in person.



- I would like to nominate a friend/relative/carer to collect my account details on my behalf. I understand the person collecting my details will have access to my confidential account information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result.

I have read and agreed with all the terms and conditions of use.

Signed: .....

Print Name:..... Date: .....





## Information for new patients: about your Summary Care Record

**Dear patient,**

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### **You have a choice**

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

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Your options are outlined below; please indicate your choice on the form overleaf.

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Person responsible for the review of this policy: Andrea Kershaw Operational Manager

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- **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.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

## Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

### 14 Yes – I would like a Summary Care Record

- Express consent for medication, allergies and adverse reactions only.

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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).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: ..... Surgery location (Town): .....

NHS number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

**Please circle one:**

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

**For GP practice use only**

To update the patient’s consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below

<b>Summary Care Record consent preference</b>	<b>Read 2</b>	<b>CTV3</b>
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

## **PATIENT REGISTRATION CHECK LIST**

<b>REQUIRED INFORMATION</b>	<b>CHECK</b>
For Office use Only To be completed by the Receptionist	
GMS1 form completed. All information checked (DOB, contact details etc).	
Check that patient has added an email address and mobile number	
Check patients photographic ID and proof of address (Make sure address is in practice area).	
Completed Questionnaire All Information Checked	
Ethnicity Form (Children and New Babies)	

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Ask if new patient takes medication or has a chronic disease (Diabetes, Asthma etc).	
New Patient Health Check (offered to all patients over 16). Booked or Declined	
Smoking Status and Cessation Advice given (Quit Squad number given if a current smoker).	
Check we have patient email address for EMIS access.	
Named GP	
Signed (Print Name and Date).	

Date and Time of any appointments booked with Dr/Nurse \_\_\_\_\_