

Manor Park Surgery

Tel: 0113 239 4416

Web: manorparksurgery.co.uk

Email: reception.manorparksurgery@nhs.net

Fax: 0113 290 5528

Manor Park Surgery, Bellmount Close, Bramley, Leeds, LS13 2UP

Our GP Partners:

Dr Gilmore (m) MB ChB FPCert (1983)

Dr Birnage (f) MB ChB MRCGP (1991)

Dr Barton (m) MB ChB MRCGP MRCS (2008)

For further details of our clinic staff visit our website: manorparksurgery.co.uk

Our reception opening times:

Monday to Friday - 07:00 to 19:00*

* Please note that our telephones and doctors are available 08:00 - 18:00 We also offer weekend and late evening appointments at The Gables Surgery.

Welcome

Manor Park Surgery is situated in Bramley, West Leeds. We are a growing practice that constantly tries to listen as much as possible to our patients to improve the healthcare services we offer.

How to register

We would be delighted to welcome you as a patient at Manor Park Surgery. Simply come to surgery with photographic ID and proof of address (utility bill or other). You will need to complete a registration form and a health questionnaire for the surgery. If you are registering a baby we require that the parent / legal guardian with whom they live, is also registered with the practice.

Accessibility

Our surgery has been designed to be accessible with our entrance and consulting rooms suitable for wheelchair access. We also have accessible toilets and parking spaces in our main surgery car park. We try to support all our patients where possible, if you have particular communication needs please ask about our "Accessible Information Standards".

Our Services

GP Access every morning Early morning and late evening appointments

Midwifery

Integrated Pharmacy

Onsite Physiotherapy Service

Onsite Ultrasound Service

Online access

Onsite 'Pharmacy First' scheme

We are registered as a GP training surgery

SystmOnline

Register for our online service! Book appointments, order medication, see results and view your record on the web. Registration is easy, ask reception for details.

Prescriptions

There are various ways to order your regular medications:

- Complete a 'back copy' on your existing prescription asking for the same again and leave it at reception
- Request the medication via SystmOne online
- Request that a local pharmacy arranges the ordering of the medicine

Please allow 48 hours for your prescription to be ready using any method.

Results

If you have had a blood test or scan, it is important that you find out the result. Whilst we try to contact all patients with abnormal results you should not assume that no news is good news. If you register for SystmOnline you can view your results over the web or you can call the surgery number after 10:30.

Out of Hours Service

The practice telephones close at 18:00 and open again at 08:00 the next day (Monday to Friday). If you have need of non-emergency assistance during these times you should call the free NHS111 service. Simply dial 111 from any telephone.

The surgery is also closed one afternoon each month for staff training, usually a Thursday, details will be published on our website. Again, if you need non-emergency assistance during these times dial 111.

If you have a life-threatening emergency call 999!

Please only attend A & E if your problem is an emergency. There are alternative routes for less serious accidents, Minor Injuries ONLY (cuts, bites, stings, acute muscle joint injuries, sprains etc.)

St George's Minor Injury Unit, St George's Road, Middleton, LS10 4UZ (via 111) Open 08:00-23:00 7 days a week.

Wharfedale Minor Injuries Unit, Wharfedale General Hospital, Newall Carr Road, Otley, LS21 2LY (0194 346 5522) Open 08:00 –23:00 7 days a week

Walk in service at Shakespeare Medical Practice, Burmantofts Health Centre, Cromwell Mount, LS9 7ST (0113 295 1132)

Open 08:00-20:00 every day (inc bank holidays)

Pharmacy First – All pharmacies - (for minor ailments such as coughs and colds, sore throats, athletes foot, thrush, hay fever and earaches.)

Appointments

We offer a variety of appointments with different types of clinician. We release some appointments daily at 08:00 and 13:00, the rest can be booked in advance.

Home Visits

To request a home visit please ring the surgery and your details will be passed on to a doctor who will ring you back. If they decide you require a home visit you will be placed on the home visit list. Please note that home visits are **only** available to patients who live within the practice boundary. (see over)

Patient Rights

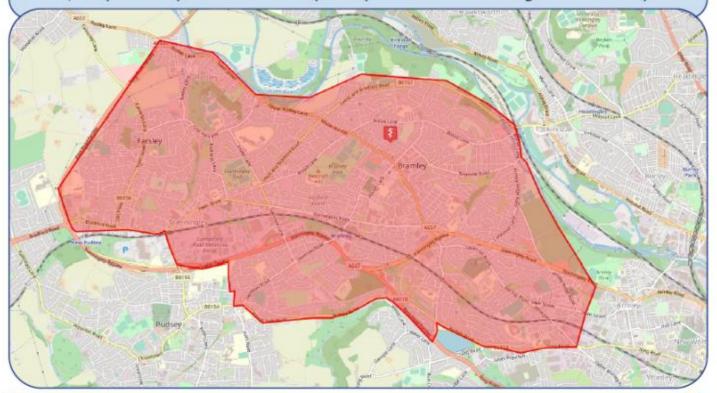
We are committed to achieving the highest possible standard of primary health care and, we recognise the centrality of the patient's personal dignity, individuality, and right to privacy.

Zero Tolerance

We operate a zero-tolerance policy at the practice. If you act violently, either verbally or physically, towards any member of staff, you will be removed from our list and provided with an explanation of the reason why.

Practice Boundary

We no longer require you to be within our practice boundary to be registered at this practice. However, if circumstances dictate that you require a home visit from a doctor, they will only be able to visit you if you are within the agreed boundary.



Feedback

We are always seeking to enhance our service and welcome suggestions. You can do this; in person at reception, via our website, by email or in writing to:

Frontline Services Manager, Manor Park Surgery, Bellmount Close, Bramley, LS13 2UP.

Formal complaints must be submitted in writing.

Confidentiality

We always operate a strict code of confidentiality in accordance with Caldicott Guidelines, the NHS Code of Conduct and the Data Protection Act. Every use of patient identifiable information must be lawful. A person in each organisation handling patient information is responsible for ensuring that the organisation complies with legal requirements. All our staff, both clinical and non-clinical, have been made fully aware of their responsibilities and obligations. You can find our full Data Protection Notice on our website.

Named GP

All patients have the right to express a preference to see a particular practitioner, and whilst the practice will endeavour to comply it might not always be possible. Patients will also be assigned a "Named GP" who will take overall account of those patients. Patients can ask to change their named GP at any time.

Chaperones

We have trained staff available to act as chaperones if you require one. Please ask one of our team on reception.

Patient Participation Group

The patient group is open to any registered patient to join, and its purpose is to engage patients and their voices in the future development of the NHS. Do you have ideas for improving services in the practice? Are there services you would like to see available? The group is your opportunity to let us know your view, to change the landscape. The group meets three times per year. Ask reception for details.

Private Fees

You may have to pay a fee for certain services that are not covered by the NHS, which covers the time taken by a clinician or the admin team. For example, insurance claims, medicals and some travel vaccinations. Further details can be found on our website, or ask at reception.

Annual Reviews

Patients with long term conditions, such as Asthma, Diabetes, COPD and Heart Disease, will be invited for an annual review appointment with a doctor or nurse. We aim to do these during your birthday month.

Interpreters

The practice does have access to the service of interpreters if needed. Please make sure that you let us know if you will require this service.

Child Immunisations

Mother and baby have their postnatal check at 8 weeks and at this time baby will be given their first immunisations. The surgery will send mum an appointment for this and it is important to register baby at the earliest convenience. Information about subsequent immunisations is available from reception. If you have recently moved from another country and have a young child it is helpful to us if you can supply the child's immunisation history as we won't have this information.

Travel Immunisations

If you are planning to travel outside the UK you may need to be vaccinated against some of the serious diseases found in other parts of the world. Please call the surgery for advice at least eight weeks in advance. Some travel vaccines are given free on the NHS, others, such as yellow fever and rabies, are chargeable. Further details can be found on our website.

When you are unwell it is important to choose the most appropriate way of getting help. Below are some suggestions of where to go for different kinds of issues, in order of severity.

Hang over Grazed knee Sore throat Cold

Self Care

A lot of illnesses can be treated in your home using a well stocked medical cabinet.

Unwell Unsure Confused Need help

NHS 111

This service offers confidential medical advice and information by telephone.

Diarrhoea Runny nose Painful cough Headache

Pharmacist

Your local pharmacist can give you confidential advice on a range of minor illnesses.

Vomiting
Ear ache
Stomach ache
Back ache

General Practice

Treatment advice and support for most health issues.

Cuts Strains Itches Sprains

Minor Injuries

Treatment and advice for minor injuries. See page 3 For local options.

Choking Chest pain Blacking out Blood loss

A&E or 999

Hospital and emergency care for people with urgent, life threatening issues.

Dear Patient,

Welcome to Manor Park Surgery. Thank you for choosing to register with us. We are delighted that you are joining our friendly and forward thinking Practice.

Please find enclosed:

<u>Practice Booklet</u> – Our current Practice booklet tells you more about us, our opening hours and services. This information can also be found on our Practice website: http://www.manorparksurgery.co.uk

GMS1 Registration Form (New Patient Application Form) – you must complete this form fully in order to register with us. It is very important that you fill in each section in order for us to be able to obtain your medical record from your previous practice. ID is required as below:

ID for over 16's: It is helpful for us to check your photographic ID and proof of address at registration. Seeing some form of ID helps us ensure the correct matching of a patient to the NHS central patient registry and to ensure we receive the medical records from the previous Practice.

Children of 16 and under: It is essential that we see children's ID within 4 weeks of registration. An adult with parental responsibility should normally be registered at the Practice with the child.

<u>Health Questionnaire</u> – This information is very important for your medical record with us. We need this information before we can make any referrals for you. We request that if you do not hand this in with your registration form, you submit it at your earliest convenience. *Please ensure you take your height, weight and blood pressure, a urine sample is also required.*

SystmOnline info sheet & Registration form – for patients who may wish to register for online services. Please note we cannot register you for online services without photo ID.

Practice Boundary

The Practice is required to have an agreed boundary in which registered patients can receive home visits. Patients outside of this boundary are free to register at the Practice but must be aware that there is no home visiting capacity for them under the Practice.

Additional Communication Needs

Do you require information in: Braille, Large Print or Easy Read formats?

Do you need anyone to come to appointments with you: A British Sign Language interpreter or an advocate?

Can we support you to: lip read, use a hearing aid or a communication tool? Please speak to the Care Navigator on reception.

Carers

If you provide care for somebody we can support you. If you are a carer then ask reception for a Yellow Card Referral for support services and information.

Consent to share medical information with a relative or carer

If you would like to give us consent to discuss your medical care with a relative or carer, please ask us for a 'Patient Consent to Share Information with a Carer/Relative Form'. This will allow us to discuss your care with this person. You can revoke consent at any time.

We hope that you find our Practice offers all that you need. I always welcome your feedback so if you have any questions, concerns or feedback then please do not hesitate to contact me.

Yours Sincerely

Miss Vicky Battle Site Co-ordinator

How We Use Your Information to Provide You With Healthcare

This practice keeps medical records confidential and complies with the General Data Protection Regulation. We hold your medical record so that we can provide you with safe care and treatment. We will also use your information so that this practice can check and review the quality of the care we provide. This helps us to improve our services to you.

- We will share relevant information from your medical record with other health or social care staff or organisations when they provide you with care. For example, when they refer you to a specialist in a hospital. Or your prescription to your chosen pharmacy.
- Healthcare staff working in A&E and out of hours care will also have access to your information. For example, it is important that staff who are treating you in an emergency know if you have any allergic reactions. This will involve the use of your Summary Care Record (SCR) or locally Leeds Care Record. For more information see our privacy notice on our practice website.
- You have a 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. Please speak to the practice if you wish to object. You also have the right to have any factual mistakes or errors corrected.

Other important information about how your information is used to provide you with healthcare

Registering for NHS care

- All patients who receive NHS care are registered on a national database.
- This database holds your name, address, date of birth and NHS Number but it does not hold information about the care you receive.
- The database is held by NHS Digital a national organisation which has legal responsibilities to collect NHS data.

Identifying patients who might be at risk of certain diseases

- Your medical records will be searched by a computer programme so that we can
 identify patients who might be at high risk from certain diseases such as heart disease
 or unplanned admissions to hospital.
- This means we can offer patients additional care or support as early as possible.
- This process will involve linking information from your GP record with information from other health or social care services you have used.
- Information which identifies you will only be seen by this practice.

Safeguarding

- Sometimes we need to share information so that other people, including healthcare staff, children or others with safeguarding needs, are protected from risk of harm.
- These circumstances are rare.
- We do not need your consent or agreement to do this.

<u>How your information is used for medical research and to measure the quality of care</u>

Medical research

We share information from medical records:

- to support medical research when the law allows us to do so, for example to learn more about why people get ill and what treatments might work best;
- we will also at times use your medical records to carry out research within the practice.

If we share information with medical research organisations, we would do this with your explicit consent or when the law allows. You have the right to object to your identifiable information being used or shared for medical research purposes. Please speak to the practice if you wish to object

Checking the quality of care - national clinical audits

We contribute to national clinical audits so that healthcare can be checked and reviewed.

- Information from medical records can help doctors and other healthcare workers measure and check the quality of care which is provided to you.
- The results of the checks or audits can show where hospitals are doing well and where they need to improve.
- The results of the checks or audits are used to recommend improvements to patient care.
- Data is sent to NHS Digital a national body with legal responsibilities to collect data.
- The data will include information about you, such as your NHS Number and date of birth and information about your health which is recorded in coded form - for example the code for diabetes or high blood pressure.
- We will only share your information for national clinical audits or checking purposes when the law allows.
- You have the right to object to your identifiable information being shared for national clinical audits. Please contact the practice if you wish to object.

How your information is shared so that this practice can meet legal requirements

The law requires practices to share information from your medical records in certain circumstances. Information is shared so that the NHS or Public Health England can, for example:

- plan and manage services;
- check that the care being provided is safe;
- prevent infectious diseases from spreading.

We will share information with NHS Digital, the Care Quality Commission and local health protection team (or Public Health England) when the law requires us to do so.

National screening programmes

- The NHS provides national screening programmes so that certain diseases can be detected at an early stage.
- These screening programmes include bowel cancer, breast cancer, cervical cancer, aortic aneurysms and a diabetic eye screening service.
- The law allows us to share your contact information with Public Health England so that you can be invited to the relevant screening programme.

NHS Family doctor services registration GMS1

Patient's details	Please complete in BLOCK CAPITALS and tick $lackbreak{arVert}$ as appropriate			
Mr Mrs Miss Ms				
Date of birth First names				
NHS Previous surna	me/s			
☐ Male ☐ Female Town and cour of birth	ıty			
Home address				
Postcode Telephone nun	nber			
	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			
	nent date: DDMM Y Discharge date: DDMM Y (if applicable) ers will not affect your entitlement to register or receive services or ty and service charities services.			
If you need your doctor to dispense medici	nes and appliances* *Not all doctors are			
☐ I live more than 1.6km in a straight line from the nearest chemist authorised to				
☐ I would have serious difficulty in getting them from a chemist				
☐ Signature of Patient ☐ Signature	on behalf of patient			
	Date			
NHS Organ Donor registration I want to register my details on the NHS Organ Donor Regi after my death. Please tick the boxes that apply. Any of my organs and tissue or	ster as someone whose organs/tissue may be used for transplantation			
☐ Kidneys ☐ Heart ☐ Liver ☐ Corn	neas Lungs Pancreas			
Signature confirming my consent to join the NHS Org	an Donor Register Date//			
Please tell your family you want to be an organ donor. If yo www.organdonation.nhs.uk or call 0300 123 23 23 to reg	ou do not want to be an organ donor, please visit ister your decision.			
NHS Blood Donor registration I would like to join the NHS Blood Donor Register as some	one 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				
My preferred address for donation is: (only if different from				
All blood types are needed, especially O negative and B neg	Postcode: gative. Visit <u>www.blood.co.uk</u> or call 0300 123 23 23.			
NHS England use only Patient registered for	GMS Dispensing			



To be completed	by the GP Pi	ractice			
Practice Name				Practio	e Code
☐ I have accepted t	his patient for o	general medical services on b	ehalf of th	e practice	
Ш					
☐ I will dispense me	dicines/appliand	es to this patient subject to	NHS Englar	nd approval.	
I declare to the best of r	ny belief this info	rmation is correct		Practice Stam	D
					r
Authorised Signature		B-t-			
Name		Date/	_/		
		<u>(IONS</u> - These questions and ent to register or receive se			re optional and your
		ON for all patients who a			t in the UK
		GP practice and receive free m			
	_	ent' in the UK you may have to			
		lawfully in the UK on a proper	-		
	•	omic Area must also have the st f suspected infectious diseases :			
1	-	ot ordinarily resident here are	-		_
		exemptions and paying for N	HS services c	an be found in t	he Visitor and Migrant
you may be asked to p		ractice. ntitlement in order to receive t	ree NHS tre	atment outside	of the GP practice, otherwise
		. Even if you have to pay for a			
1	_	ent, regardless of advance pay			
		vill be used to assist in identify (e.g. hospitals) and NHS Digita		_	-
recovery. You may be	contacted on beh	alf of the NHS to confirm any	-	-	
Please tick one of the	following boxes:				
a) I understand th	at I may need to	pay for NHS treatment outside	of the GP	oractice	
		ption from paying for NHS tr			
provide documents to		nmigration Health Charge ("th n requested	e Surcharge	"), when accom	panied by a valid visa. I can
c) I do not know n		•			
_	-	this form is correct and compl	ete Lunders	tand that if it is	not correct appropriate
action may be taken a		and room is contest and comp.			moreon est, appropriate
A parent/guardian sho	uld complete the	form on behalf of a child und	ler 16.		
Signed:			Date:		DD MM YY
Print name:			Relatio	nship to	
On behalf of:			patient	t .	
Complete this section	n if you live in a	nother EEA country, or have	moved to	the UK to stud	ly or retire, or if you live in
the UK but work in a	nother EEA mei	mber state. Do not complete	this sectio	n if you have a	an EHIC issued by the UK.
NON-UK EUROPEAN DETAILS and S1 FORM		ANCE CARD (EHIC), PROVISIO	NAL REPLA	ACEMENT CERT	IFICATE (PRC)
Do you have a non-Ul		YES: NO:			details from your EHIC or
		Country Code:	PRC	below:	
THE PARTY OF THE P		3: Name			
- Indiana and a second	1 Mary and the Control of the Contro	4: Given Names			
	Telephone comments	5: Date of Birth	DD MM Y	YYY	
		6: Personal Identification			
If you are visiting from		Number			
country and do not hol EHIC (or Provisional Rep	olacement	7: Identification number of the institution			
Certificate (PRC))/S1, yo for the cost of any trea	ou may be billed	8: Identification number			
outside of the GP pract		of the card			
at a hospital.		9: Expiry Date	DD MM Y		
PRC validity period	(a) From:	DD MM YYYY		(b) To	
Please tick if you h	nave an S1 (e.g.)	ou are retiring to the UK or n another EEA member state	you have b	een posted her	e by your employer for
		rranother EEA member state ised? By using your EHIC or F			·
and GP appointment	data will be sha	red with NHS secondary care	(hospitals)	and NHS Digita	
		ot be shared in the cost reco be shared with The Departn			s for the numose of
TOUT EMIC, PKC OF ST	miormation Will	pe shared with the Departh	ient for Wo	rk and Pension	is for the purpose of

recovering your NHS costs from your home country.

Manor Park Registration Health Questionnaire

Title: Surname:	
Forename(s):	Date of Birth:
Address:	
	Postcode:
Mobile Telephone:	Home Telephone:
Email address:	
How do you identify your gender?	
N	
Their relationship to you?	
Next of kin contact number:	
Please use the patient self-testing area —	
Blood Pressure: /	
Pulse Reading:	Weight:
How do you identify your ethnicity? Please	e tick one
White British	Pakistani
White Irish	Bangladeshi
Mixed white and black Caribbean Mixed white and black African	Caribbean African
White and Asian	Chinese
Indian	Russian
Polish	Other (please state)
What is your first spoken Language	
Do you require an interpreter?	
Do you take regular exercise?	Yes No No
If yes, what exercise do you take?	
How long does each exercise session take	e you?
How many times per week do you exercis	se?
Do you Smoke? Please tick one	
Yes No Never	I am an Ex-smoker
If you have much do you smake of the fell	lowing per days
If yes, how much do you smoke of the fol	lowing per day:
Cigarettes Cigars	Ounces of tobacco
If you are an ex-smoker:	
How old were you when you stopped smoking?	
How much did you smoke per day?	

Do you drink alcohol?	Yes	No	If yes please complete the following

For the following please circle the answer which best applies to you: $(1 \text{ drink} = \frac{1}{2} \text{ pint of beer}, 1 \text{ glass of wine or } 1 \text{ single spirit})$

Questions		Scoring system				Your
		1	2	3	4	score
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Audit C Score	

If you score 5 or more, please complete the following additional questions. (We may follow these results up with you).

Questions		Scoring system				
		1	2	3	4	score
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Has there been any before the age of 65		ng in your fa	amily (Father, Mother, Brother, Sister)		
Heart disease, Heart attack or Angina	Yes	No	Which family member?		
Stroke	Yes	No	Which family member?		
Cancer	Yes	No	Which family member? Site of cancer?		
Please provide details of any medication that you take (prescribed or otherwise) this can be a written list or a copy of your current repeat template. Are you allergic to any medications, substances or foods? If yes, please give details.					
Yes If yes, would you like (a receptionist can he Yes	them to help delp delp delp with these a	N eal with youi rrangements N	r health affairs at the surgery? o ionist about carers support)		

Application for online access to my medical record

Patient Information

- It is your responsibility to keep your login details and password safe and secure.
- If you forget your password, you will need to come to the practice, and show your photo ID, for us to provide your login details.
- The practice may not be able to offer online access due to a number of reasons such that it may cause harm. The practice has the right to remove online access to services for any patient.
- If you suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.
- It is up to you whether, or not, you share your information with others; perhaps family members or carers.
- If you think that you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for online access at this time.

Application for online access to my medical record

Surname:		Date of Birth:	
First Name:			
Address:			
		Postcod	0.
Email Address:		FUSICOU	С.
Telephone Number:		Mobile Number:	
receptione trainisers		Tiobile Italiberi	
I wish to have access to the f	following onlin	ne services (please ticl	k all that apply):
1. Booking appointments			
2. Requesting repeat pres			
3. Accessing my medical	record		
[a: .			
Signature		Date	
For practice use only			
Patients NHS number		Practice computer ID	number
Identify verified by:	Date:	Method:	
(initials)			Vouching
		_	formation in record
		Photo ID and	proof of residence
Authorised by			Date
Date account created			<u> </u>
Date paraphrase sent			
Level of record access enable	-	Notes/explanation	
All			
Prospected			
Retrospective Detailed coded			
	ted access		
LIIII	ica access		

New Patient Urine Samples

Name:	
D.O.B:	
Telephone No:	

The practice tests new patients urine for glucose and protein, we will only contact you if the GP requires to discuss this result with you. If you would like to find out your result you can contact the practice 48hours after registration.