

# **Marton Medical Practice**



Marton Medical Practice

Whitegate Health Centre

Whitegate Drive

Blackpool

FY3 9ES

Tel: 01253 204690

[www.marton.medicalpractice.co.uk](http://www.marton.medicalpractice.co.uk)

## **New Patient Registration Pack**

This pack contains everything you will need to register as a new patient with us.

Our Practice Leaflet is enclosed which tells you about the Practice and the services we provide. Lots more information is available on our website [www.martonmedicalpractice.co.uk](http://www.martonmedicalpractice.co.uk)

Please complete the pack and bring the following documents to reception

		✓	Surgery Use Only
<b>GMS1 – Family doctor Services registration (Purple and White)</b> This form must be FULLY COMPLETED in all sections			Accepted by Registered by
<b>Identification</b> Personal identification and Proof of address – see appendix 1			
<b>Surgery Use Only:</b>  Reception to confirm ID SEEN  Admin to confirm ONLINE PASSWORDS ISSUED AND SENT			ID seen by Online Password Issued
<b>New Patient Registration Questionnaire</b> It is very important for your care that we have up to date information regarding your health history. Please complete all sections.	Pages 4-7		HCA Input
<b>Text Messaging Consent Form</b> Text messaging is a very popular FREE patient service. Providing consent means we will text you confirmations and reminders of appointments as well as other non-urgent communications. Your mobile number is not shared with anyone else.	Page 8		Action on S1 by
<b>Electronic Prescription Service</b> Please nominate your regular pharmacy to save you time on prescription requests	Page 9		Action on S1 by
<b>National Data Opt-out</b> Please read carefully	Page 10		Action on S1 by
<b>Summary Care Record Opt-out</b> Please read carefully	Page 11		
<b>Carer Questionnaire</b> Please complete if appropriate	Page 12		Action on S1 by
<b>Accessible Information</b> Please complete if appropriate	Page 13		Summarised
<b>HIV Testing Questionnaire</b> Please complete and return	Page 14-15		Summarised Actioned by
<b>Foreign Nationals Information</b>	Page 16		Action on S1 by

Once these forms have been completed and received your registration will be considered.

If you are over 16 the receptionist will ask you to make you an appointment with our nurse for a health check.

Information about our Practice Prescribing Policy is on the following page.

Thank you

Marton Medical Practice

## **Position statement on Prescribing**

This Practice does not prescribe sleeping tablets such as Zopiclone, Zolpidem etc. or Benzodiazepines such as Diazepam, Nitrazepam etc. for longer than a three week period. All new patients registering with the Practice who are currently taking these medicines will be commenced on a reducing regime.

All new patients who are receiving prescriptions for Pregabalin (Lyrica) or Tramadol from their current Doctor will be reviewed by the Practice Pharmacist on registration with Marton Medical Practice. The Practice will only issue a 5 day supply of these medicines until the review has taken place.

Marton Medical Practice adheres to local area guidance from Blackpool CCG regarding generic prescribing and cost-effective prescribing.

Please be aware that you may be asked to come in to see the Doctor or Pharmacist as part of this medicine review.

# New Patient Registration Questionnaire

Complete this form in addition to GMS1

Please complete all sections by writing clearly or by ticking the relevant boxes. If required our nurse can assist with completion of this form during your new patient health check.

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
Family Name (Surname)										
First Name						Date of Birth				
Home Telephone No						Mobile Telephone No				
e-mail										
Occupation / School attended						Full-time / Part-time / unemployed / retired / student				

## Ethnicity

<p><i>White</i></p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p><input type="checkbox"/> White Other</p> <p><i>Black/Black British</i></p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black other</p>	<p><i>Asian/Asian British</i></p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Asian Pakistani</p> <p><input type="checkbox"/> Asian Bangladeshi</p> <p style="padding-left: 20px;">Asian Other</p> <p><input type="checkbox"/> Chinese/Chinese</p> <p style="text-align: center;"><i>British</i></p> <p><input type="checkbox"/> Chinese</p>	<p><i>Mixed</i></p> <p><input type="checkbox"/> White &amp; Black Caribbean</p> <p><input type="checkbox"/> White &amp; Black African</p> <p><input type="checkbox"/> White &amp; Asian</p> <p><input type="checkbox"/> Other Mixed</p> <p style="text-align: center;"><i>Other</i></p> <p><input type="checkbox"/> Other Ethnic Group</p> <p><input type="checkbox"/> Decline to say</p>
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What is your First Language?	If not English, do you speak English? <span style="float: right;">Yes / No</span>
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## Armed Forces

The NHS has a duty to deliver on a number of health commitments in relation to the Armed Forces community (service personnel (regular and reserves), their families and veterans), which are set out in the Armed Forces Covenant and the NHS Constitution.

### The Armed Forces Covenant

- The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.
- Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted.
- Veterans should receive priority treatment for a condition which relates to their service, subject to clinical need.
- Those injured in service should be cared for in a way that reflects the nation's moral obligation to them, by healthcare professionals who understand the Armed Forces culture.

Have you ever served in the British Armed Forces?      Yes       No

Are you a Family member of Serving Armed Forces Personnel?      Yes       No

**Medicines**

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.

<p>If you are over 60 years of age or suffer from a chronic disease have you been immunized against Pneumococcal infection (Pneumonia)</p> <p>No / Yes date</p>												
<p>If you are between 70 – 80 years of age have you been immunized against Shingles</p> <p>No / Yes date</p>												
<p>Any Allergies or Reactions? (eg to: eggs, medicines, vaccinations, medical dressings or foodstuffs)</p>												
<p>Any significant health problems? If yes please give year of diagnosis:</p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Atrial Fibrillation</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Depression</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Absent Spleen (Asplenic)</td> <td style="border: none;"><input type="checkbox"/> Diabetes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asthma</td> <td style="border: none;"><input type="checkbox"/> Epilepsy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> COPD (eg emphysema or chronic bronchitis)</td> <td style="border: none;"><input type="checkbox"/> High blood pressure</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coronary heart disease (eg heart failure, myocardial infarction and angina) <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Hypothyroidism</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Current kidney disorders</td> <td style="border: none;"><input type="checkbox"/> Stroke / CVA / TIA</td> </tr> </table>	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Depression	<input type="checkbox"/> Absent Spleen (Asplenic)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> COPD (eg emphysema or chronic bronchitis)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Coronary heart disease (eg heart failure, myocardial infarction and angina) <input type="checkbox"/>	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Current kidney disorders	<input type="checkbox"/> Stroke / CVA / TIA
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<input type="checkbox"/> Current kidney disorders	<input type="checkbox"/> Stroke / CVA / TIA											
<p><input type="checkbox"/> Any other significant problem (Please detail)</p> <p><input type="checkbox"/> Are you under care of a consultant or specialist?</p> <p><input type="checkbox"/> Are you taking any medication which was started or is supervised by the consultant or specialist?</p>												

<p>Any medical history in blood relatives under 65 years of age? Please state relative (e.g. Mother/Father) <input type="checkbox"/></p>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Angina or Heart Attack</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Glaucoma</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asthma</td> <td style="border: none;"><input type="checkbox"/> High Blood Pressure</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cancer</td> <td style="border: none;"><input type="checkbox"/> Stroke</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Diabetes</td> <td style="border: none;"><input type="checkbox"/> Other (Please detail)</td> </tr> </table>	<input type="checkbox"/> Angina or Heart Attack	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (Please detail)
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<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke							
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (Please detail)							

<p>Are you pregnant?    <input type="checkbox"/> NO            <input type="checkbox"/> Yes    Number of weeks [    ]</p> <p>Have you had HPV vaccinations?    <input type="checkbox"/> NO            <input type="checkbox"/> Yes</p> <p>What method of contraception do you currently use?</p> <p>When did you last have a cervical smear test and what was the result?</p>
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## Smoking Status

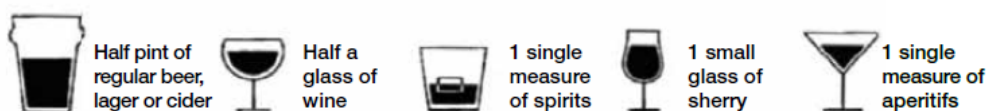
<input type="checkbox"/> I have never smoked	<input type="checkbox"/> I am a current smoker, and smoke: <input type="checkbox"/> less than 1 per day <input type="checkbox"/> 1 to 9 per day <input type="checkbox"/> 10 to 19 per day <input type="checkbox"/> 20 to 39 per day <input type="checkbox"/> More than 40 per day	<input type="checkbox"/> I am an ex-smoker and used to smoke: <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
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For advice on stopping smoking contact Smoke Free Blackpool: 0808 1964324

## Exercise

In an average week how often do you exercise?	
Note: Twenty minutes of vigorous walking counts as one exercise session.	
<input type="checkbox"/> No regular exercise	<input type="checkbox"/> 1 to 3 twenty minute sessions per week
<input type="checkbox"/> More than 3 twenty minute sessions per week	<input type="checkbox"/> I am a competitive athlete

## Alcohol



...and each of these is more than one unit

AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 - 2	3 - 4	5 - 6	7 - 9	10+	
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	
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	

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence



## **Text Messaging**

Our free text message service continues to prove very popular with patients. It has quickly become the preferred method of communication for many patients who receive appointment confirmations and reminders, especially when its difficult to make contact by telephone. The service is never used for medical emergencies. To utilise this service simply let us have your mobile phone number and sign the following 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, unless stated in the message.

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.

Patient Name

Mobile number

Date of Birth

Patient Signature

Date

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

## **Online Services**

In cooperation with EMIS, our computer supplier, we can offer patients the ability to:

- Book, cancel or check appointments online
- Update address details and phone numbers
- Request repeat prescriptions
- Have online access to your patient record

***Reception will issue your unique user name and password on completion of your registration and production of your Identification documents***



# A new way to get your medicines and appliances



The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

## What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.

You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.

You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

## Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- don't get prescriptions very often.
- pick up your medicines from different places.

## How can you use EPS?

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.
- a dispensing appliance contractor (if you use one).
- your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. 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 any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

## Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

## If you are unhappy with your experience of nomination

You can complain to the pharmacy, dispensing appliance contractor (DAC) or GP practice. You can also complain to NHS England or their local NHS Clinical Commissioning Group (CCG) if your complaint cannot be resolved [www.england.nhs.uk/contact-us/complaint/](http://www.england.nhs.uk/contact-us/complaint/)

## For more information visit

[www.hscic.gov.uk/epspatients](http://www.hscic.gov.uk/epspatients), your pharmacy or GP practice.

### ***The name of your usual pharmacy for nomination***

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# National Data Opt-out

The national data opt-out enables patients to set or update their choice regarding how their confidential patient information is used for purposes of planning and research, except for certain circumstances.

The opt-out choice is set directly by the patient, either online or via a supported national telephone service without the involvement of the General Practice.

<https://www.nhs.uk/your-nhs-data-matters/>

0300 303 5678

When setting a national data opt-out the patient will be asked the following question:

Your confidential patient information can be used for improving health, care and services, including:

- \* planning to improve health and care services
- \* research to find a cure for serious illnesses

Once the person has set a preference it will apply across all health and care settings by 2020. Patients can change their mind at any time and change their setting.



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

# Carer Questionnaire

## IF YOU ARE A CARER WE WANT TO HELP YOU

Please complete the following if YOU look after someone with an illness, disability or frailty

I look after my (please state relationship e.g. mother / father / son or daughter / neighbour / friend)

Is the person you care for registered at our practice Yes / No

If YES and the person you care for consents, please provide their name

and date of birth

You can self-refer to Blackpool Carers Centre, their contact information is below. Would you like the practice to refer your details to for them to contact you? Yes / No

Signed

Dated

Blackpool Carers Centre

Beaverbrooks House

147 Newton Drive

Blackpool

FY3 8LZ

Tel: 01253 393748

Fax: 01253 393450

Email: [admin@blackpoolcarers.org](mailto:admin@blackpoolcarers.org)

Web: [www.blackpoolcarers.org](http://www.blackpoolcarers.org)

## IF YOU HAVE A CARER

We recognise that carers have an important and valuable role in the community and we know it can be demanding and sometimes isolating. We want carers to receive appropriate support by giving them information on services that can help, including schemes to take a break from caring, benefits, practical help, carers support groups and not least a listening ear when things get too much.

Please could you give us details of the person who looks after you: (this could be your wife, husband, children, friend or neighbour).

Their	Name
	Address
	Postcode
Their	Telephone No

## Accessible Information

**Do you have difficulty hearing, or need hearing aids, or need to lip-read what people say?**

**Do you have difficulty with memory or ability to concentrate, learn or understand?**

**Do you have difficulty speaking or using language to communicate or make your needs known?**

At Marton Medical Practice we want to make sure that we give you information in a way that is clear to you. We wish to ask if you find it difficult to read or understand information that we send to you or need us to communicate with you in a particular way at the surgery.

When we write to you or contact you, do you need us to communicate in a particular way?

Yes       No

If your answer is yes, please tell us which way you would prefer us to communicate with you. Please be aware that email is not a secure method of communication. We are however happy to use this method if you prefer.

Please put a tick in the boxes that describe your preferred means of communicating. You may tick more than one box but please make your preference clear.

<input type="checkbox"/> By phone	<input type="checkbox"/> I prefer to use the phone and I use a hearing aid <input type="checkbox"/> I prefer to use the phone and do not use a hearing aid
<input type="checkbox"/> By text message	<input type="checkbox"/> I use a text to speak app <input type="checkbox"/> I do not use a text to speak app
<input type="checkbox"/> With Easy Read pictures and words	
<input type="checkbox"/> By letter using large type	
<input type="checkbox"/> By email I give my express consent to communicate in this way _____ signature	<input type="checkbox"/> I use a screen reader <input type="checkbox"/> I do not use a screen reader

When you come to the surgery do you need a British Sign Language interpreter?

If you need anything that is not on the list above, please tell our receptionist when you come in for your next appointment and we will do our best to meet your needs.

## We offer routine HIV testing for all our patients as part of Standard medical care

We are one of a few GP Practices to offer a routine HIV test, as recommended by the Department of Health:

- On Registration with the Practice
- As part of their routine care

We are happy to offer the test to any patient who is registered with our Practice.

### What is HIV?

HIV (Human Immune-deficiency Virus) is a virus which attacks the body's immune system making it difficult to fight infections. A person with HIV may then go on to develop certain serious illness, a condition which is called AIDS (Acquired Immune Deficiency Syndrome)

### Why have an HIV test?

- 73,000 people living with HIV in the UK, a third of whom not had their infection diagnosed. The only way to identify those people is to encourage everyone to have an HIV test.
- There is now an effective treatment for HIV with minimal tolerable side effects, if any.

### What about the test?

- It is a blood test
- The test result is confidential
- You or your GP do not need to inform insurance companies if you have undertaken HIV test and it is negative.
- Taking the test does not affect insurance policies, but if the result is positive you may have to discuss it with your insurance company, as you may do so with any other illness you might have, to maintain a valid policy.

### How would you know your results?

- No news is good news if you have not heard from us within 2 weeks.
- Receptionists are not permitted to give results by telephone. They will ask a Doctor or nurse to contact you. We do this for both positive AND negative results.
- We do not give HIV test results on Fridays under any circumstance, as there is limited support over the weekend should your result be positive.
- We will contact you only if we need to repeat your test. We may also advise referral to a specialist in this field.
- Being told that you are HIV positive may be a very upsetting experience. However, you are often in a better position to take control of your health through regular medical monitoring and if required, medications to treat and prevent problems arising.

If you have any further questions please do not hesitate to ask us.

# Patient Questionnaire

## Practice survey of HIV Testing

We are always looking at ways in which we can improve our service.  
What you think informs us of how we can develop our service in a way which best helps you.  
We are especially interested in what you think about HIV testing at your GP Practice

*We can assure you that your answers will be treated in the strictest confidence.*

Firstly it will help us to understand your answers if we know a little about you

### 1. Which ethnic group do you belong to?

**White**  British  Irish  Traveller of Irish Heritage  Gypsy/Roma  European

**Mixed**  White & Black Caribbean  White & Black African  White & Asian

**Asian/ Asian British**  Indian  Pakistani  Bangladeshi

**Black/ Black British**  Caribbean  African

**Chinese**  Chinese

### 2. How would you describe your sexual orientation?

Heterosexual  Gay/Lesbian  Bisexual  Prefer not to answer

The HIV Test

### 3. Have you agreed to having an HIV test?

Yes  *If 'YES' please go to question 2 If 'NO' please indicate why*

No

If 'NO' please indicate Why

- Don't think I am at risk  
 Don't think it is a good idea  
 Worried about the impact of the results  
 Other

Please specify:

Information and routine testing

- |   | Yes                      | No                       | Not Really               |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did you find the information leaflet useful?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you think routine offering of HIV testing at GP Practices is a good idea? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for taking the time to complete the questionnaire, it will help us plan for future health care provision within the Practice and across Blackpool and the wider NHS

## Information on Foreign Nationals entitlement to free Hospital Care

Dear Patient,

Hospital treatment is free to people classed as ordinarily resident in the UK. This is not dependent on nationality, payment of UK taxes, National Insurance contributions, being registered with a GP, having an NHS Number, or owning property in the UK. To be considered ordinarily resident, you must be living in the UK on a lawful and properly settled basis for the time being – you may be asked to prove this.

Since 6 April 2015, non-EEA nationals who are subject to immigration control must have the immigration status of indefinite leave to remain (ILR) at the time of treatment and be properly settled, to be considered 'ordinarily resident'.

However, if you are a family member of an EEA national who is resident in the UK, you may not be subject to immigration control, even though you yourself are from outside the EEA. For more information about applying to join family living permanently in the UK, visit GOV.UK.

Some people who are not considered ordinarily resident in the UK ('overseas visitors') are exempt from charges for NHS hospital treatment under the current regulations.

All other patients are charged for treatment, except that treatment that is free to all.

Prescription charges can apply for out-patient or day patient treatment.

The legal duty to assess patients on their eligibility for hospital treatment lies with the NHS body providing treatment. Most hospitals have Overseas Visitors Managers or their equivalents to do this assessment. They make their assessments in line with the Charging Regulations and based on evidence provided by the patient.

Patients should expect to be asked to prove that they are entitled to free NHS Hospital Treatment.

From 6 April 2015, individuals living outside the EEA who do not have personal health insurance will be charged 150% of the cost of NHS treatment for any care they receive, unless they are exempt.

Should it become necessary to refer you to see a Consultant for Specialist Secondary Care we are obliged to inform our hospital colleagues of any patient who may not be automatically entitled to receive treatment.

### Definition of 'ORDINARILY RESIDENT'

- The expected period of stay is likely to be in excess of 6 months (not necessarily at the time of treatment)
- Residency should be lawful
- There should be a "settled purpose" and the residency should be part of the person's normal life pattern with a reasonable degree of continuity
- Their passport would normally be open-ended, allowing a stay for at least a year and would be free of restrictions
- It is unlikely that anyone in the UK for an intended stay period of less than 6 months will satisfy residency criteria
- Refugees are regarded as ordinarily resident
- Eligibility for state benefits, taxes or other fiscal factors does not influence eligibility for NHS treatment
- **Check with practice manager if in any doubt**



# Appendix 1

## Identification Check

**We ask to check your identity so that we know you are who you say you are, and that your current address is within our Practice Boundary.**

All documents provided must be in **current name** (or provided with marriage certificate)

At least one document must show **current address**

**Children under 16 years who are in full time education and living with parents are not expected to provide proof of address.**

**If you can't fulfil either route, please speak with our team so we can help you.**

### **ROUTE 1**

One document from Group 1

**And ONE** further document from either Group 1, Group 2a or Group 2b which must confirm current address

### **ROUTE 2**

**This route is to be used if Group 1 documents cannot be provided**

One document from Group 2a:

**And ONE** further document from either Group 2a or Group 2b which must confirm current address

### **List of Valid Identity Documents**

#### ***Please note***

If a document in the List of Valid Identity Documents is:

- Denoted with \* - it should be less than three months old.
- Denoted with \*\* - it should be issued within the past 12 months.
- Not denoted – it can be more than 12 months old.

<b>Group 1 – Primary Trusted Identity Credentials</b>
Current valid <b>Passport</b> (Any nationality)
Biometric <b>Residence Permit</b> (UK)
Current <b>Photocard Driving Licence</b> (UK) (Full or provisional) Must be presented with the associated paper counterpart licence
<b>Birth Certificate</b> (UK) - <u>issued at the time of birth</u> Full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces

<b>Group 2a – Trusted Government/State Issued Documents</b>
Current <b>Old Version Paper Driving licence</b> (UK)

<p>Current <b>Non-UK Photo Driving Licence</b> Valid only for applicants residing outside of the UK at time of application</p>
<p><b>Birth Certificate (UK)</b> - <u>issued after the time of birth</u></p>
<p><b>Marriage/Civil Partnership Certificate (UK)</b></p>
<p><b>Adoption Certificate (UK)</b></p>
<p><b>HM Forces ID Card (UK)</b></p>
<p><b>Fire Arms Licence (UK)</b></p>

Group 2b – Financial/Social History Documents
<p><b>Mortgage Statement **</b></p>
<p><b>Tenancy Agreement</b> as evidence of current address **</p>
<p><b>Bank/Building Society Statement *</b></p>
<p><b>Bank/Building Society Account Opening Confirmation Letter (UK)</b></p>
<p><b>Credit Card Statement *</b></p>
<p><b>Financial Statement</b> e.g. pension, endowment, ISA (UK) **</p>
<p><b>P45/P60 Statement (UK) **</b></p>
<p><b>Council Tax Statement (UK) **</b></p>
<p><b>Work Permit/Visa (UK) (UK Residence Permit) **</b></p>
<p><b>Utility Bill (UK) *</b> Not Mobile Telephone</p>
<p><b>Benefit Statement *</b> e.g. Child Allowance, Pension</p>
<p><b>A document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement (UK) *</b> e.g. from the Department for Work and Pensions, the Employment Service , Customs &amp; Revenue, Job Centre, Job Centre Plus, Social Security.</p>
<p><b>EU National ID Card</b></p>
<p><b>Cards carrying the PASS accreditation logo (UK)</b></p>
<p><b>Letter from Head Teacher or College Principal</b> 16/17 year olds in full time education only (only to be used in exceptional circumstances when all other documents have been exhausted)</p>