



# **PATIENT PROFILING PILOT PROJECT**

**Dr Pugh and Partners  
The Surgery  
31 Portland Road  
Kilmarnock**

# Contents

1. EXECUTIVE SUMMARY .....	3
2. BACKGROUND.....	4
3. INTRODUCTION.....	5
4. ACCOMPLISHMENTS AT PRIMARY CARE SETTING .....	6
5. FINDINGS AT SECONDARY CARE SETTING.....	8
6. PRACTICE EVENT .....	12
7. NEXT STEPS .....	13
8. RECOMMENDATIONS .....	15
9. CONCLUSION.....	17
Appendix 1.....	18
Appendix 2 Reading language: Code in Gpass .....	22
Appendix 3 Example Flow of Patient Referral from GP Practice to Acute Hospital.....	23
Acknowledgements .....	24

# 1. EXECUTIVE SUMMARY

The purpose of the project was to identify at least one general medical practice in the NHS Ayrshire & Arran area that was willing to collect more personal information from their population. The prerequisite of additional personal information had to be shown to add value for patients and not simply be an information gathering exercise.

After identifying a practice, the main objectives of the project were agreed as follows:

- To explore whether ethnicity, communication and disability / impairments information collected and stored at primary care level (GP practice) could be transferred to secondary care using the electronic referral method i.e. SCI referral system.
- If this information could be transferred, to establish whether the acute sector would make use of the information to support the patient journey.

By collecting this information, when a patient arrives at secondary / acute services for their first appointment a language interpreter will be available for them, if for example their first language is not English. Likewise if the patient requires a sign language interpreter, one could be made available.

The journey from primary to secondary care was tracked and the possibility of transferring all personal information was considered. Whilst a number of achievements were made, barriers to transferring the information were highlighted.

Some of the outcomes were as follows:

- All new patients registering with the practice were willing to provide the additional personal information (ethnic group, communication needs and disability/impairments information) with no negative responses received.
- The additional personal information was stored on GPASS and each had a valid Read code assigned to it.
- The additional personal information can be included in the electronic referral system (SCI Gateway), however, requires some system re-design.
- The additional personal information can be transferred to secondary / acute care and with some staff training can be actioned.

This report outlines the changes made to assist the process and sets out some recommendations to allow the patient's journey from primary to secondary care to be integrated and inclusive.

## **2. BACKGROUND**

### **2.1 Aim of the Project**

The purpose of the project was to identify at least one general medical practice in the NHS Ayrshire & Arran area that was willing to collect more personal information from their population.

### **2.2 Identifying a GP Practice**

Consideration had to be given to which general medical practice would be willing to, but also have the capacity to, undertake the proposed project. Mr Paul Ardin, Director of Primary Care Development, was contacted in this respect and offered some possible practices. Dr Pugh and partners, 31 Portland Road, Kilmarnock were identified as an exemplar practice and when approached, agreed to pilot the profiling process. Another GP practice in a different locality was contacted with a view to simultaneously collecting personal information but the offer was declined.

### **2.3 Demographics**

The practice list size as at October 2008 was 10,908 with a gender split of 5,586 females and 5,322 males. Of the patients registered with the practice, 67 were registered blind or were visually impaired, with a further 400 patients who were hearing impaired. From April 2007 to date the number of patients registered who have declared their ethnicity is 1,083.

The practice is also linked with the East Ayrshire Carer's Centre. The Centre, run by the Princess Royal Trust, provides information, advice and support to carers in East Ayrshire. The Princess Royal Trust workers attached to the surgery accept referrals from the practice team and also offer to see patients by appointment.

# 3. INTRODUCTION

## 3.1 Initial Discussions

An initial meeting was organised between the practice, the Equality and Diversity Information Programme Manager, ISD and the Assistant Director – Performance, NHS Ayrshire and Arran. At this meeting the various strands of diversity were discussed with detailed discussion around what personal information would be collated. The outcome of the discussions was that information would be collated in relation to ethnicity and disability. The practice did not feel the collection of sexual orientation and religion/faith information would, at this time, have any benefit in the way they developed their services or for the health of their patients.

Collecting information on the ethnic group of people who use the health service is important to ensure that the NHS in Scotland is treating people fairly. Regular monitoring is essential in order to:

- Monitor the impact of NHS services and policies on different ethnic groups. For example statistics on the use of NHS services could highlight the need to improve access for some groups.
- Better understand the health needs of different ethnic groups. For example statistics on health problems that are more common in particular groups could help target services more effectively.
- Check that NHS Scotland is making progress towards meeting its targets on tackling racism and discrimination and promoting equality.

Likewise, systematically recording patient needs for an interpreter / sign language (and the specific language or signing support needed) or format requirements (e.g. large text / easy read) will enable NHS service providers better to plan their services and methods of communication to meet the needs of their population.

## 3.2 Agreed Objectives

Agreement was reached with the practice as to what personal information would be collated i.e. ethnicity information, communication requirements including preferred language and disability / impairments information. The next step was to agree what the project was striving to achieve. The main objectives were as follows:

- To explore whether ethnicity, communication and disability / impairments information collected and stored at primary care level (GP practice) could be transferred to secondary care using the electronic referral method i.e. SCI referral system.
- If this information could be transferred, to establish whether the acute sector would make use of the information to support the patient journey.

By collecting this information, when a patient arrives at secondary / acute services for their first appointment a language interpreter will be available for them, if for example their first language is not English. Likewise if the patient requires a sign language interpreter, one could be made available.

# 4. ACCOMPLISHMENTS AT PRIMARY CARE SETTING

## 4.1 Patient Registration Form

Before embarking on the collection of patient's personal information, it was agreed that the existing registration form used by the practice required some re-design. The font size and style of the registration form made it difficult to read and some of the questions being asked did not necessarily provide the practice with a greater understanding of the patient's needs. Therefore, the font style was changed to Arial Narrow with a font size of 14 for better visibility.

The existing registration form was over 2 pages. In order to maintain this and include the relevant ethnicity, disability / impairment questions and language choice it was agreed to print the registration form as double sided. The practice piloted the use of the new form (attached as Appendix 1) and to date no negative responses have been received to the completion of this form. As well as updating the registration form, the practice's information leaflet was also updated (attached at Appendix 2).

## 4.2 BlueBay and Chronic Disease Management System Screens

In order to ensure the additional personal information was being used in a pro-active way, the practice made changes to their BlueBay system<sup>1</sup> to include ethnicity and disability / impairment sections. As a pilot, the practice also agreed to start asking patients at their diabetic clinics to provide this additional information. Therefore, amendments were also made to all chronic disease management screens including diabetes to allow space to record this information.

## 4.3 Read Codes<sup>2</sup>

It was agreed at the start of the project that the collection of this additional personal information would require to be used and that it would not merely be a data collection exercise. Therefore, to make the best use of the information appropriate read codes were established to ensure that when electronic transfer of the information took place, that the person receiving the information would understand what the various codes referred to.

---

1 <http://www.bludebaymedicalonline.co.uk/BlueBaywebsite/Default.aspx>

2 <http://www.connectingforhealth.nhs.uk/systemsandservices/data/readcodes>

## **4.4 Electronic Referral System**

Some time was spent with staff at the GP practice to understand the electronic referral system and the ability to input and transfer the additional personal information. The SCI referral system<sup>3</sup> used has the ability to hold the information and when it is printed out the information appears at the end of the referral, thus allowing acute sector staff to action the information on behalf of the patient prior to attendance at the hospital.

## **4.5 Language Line Telephone Interpreter Service**

In July 2008, NHS Ayrshire and Arran agreed to pilot the use of Language Line telephone interpretation services<sup>4</sup> for all general medical practices. The pilot scheme will run for a period of one year initially and consideration for a more substantive service provision will be given at the end of the pilot period in line with work taking place at national level.

## **4.6 Portable Loop System**

As the practice was aiming to collect information on hearing impairments the use of a portable loop system was established at the reception desk. The practice ensured the relevant signs were placed at the reception desk to advertise its availability. By using a portable loop system, the doctor has the ability to take the portable box into the consulting room to use with the patient allowing clearer discussion pathways between the patient and doctor, and at the same time, increasing patient confidentiality by reducing the need for a carer or family member to be in attendance.

---

3 [http://www.sci.scot.nhs.uk/products/gateway/gateway\\_prod\\_overview.htm](http://www.sci.scot.nhs.uk/products/gateway/gateway_prod_overview.htm)

4 [http://www.languageline.co.uk/page/industry\\_healthcare](http://www.languageline.co.uk/page/industry_healthcare)

# 5. FINDINGS AT SECONDARY CARE SETTING

The findings at secondary care setting were in two parts. Firstly, examination of the electronic referral system (SCI Gateway) had to be considered to find out if the information being collected would adequately transfer. Secondly, if the information could transfer what action would be taken.

## 5.1 SCI Gateway Referral System

A meeting was convened to discuss the possibilities of the project in terms of electronically referring patients to secondary / acute sector. At the time, all GP practices operating on the GPASS system use the SCI gateway for their referrals. However, a few GP practices currently operate on EMIS / VISION but they are also connecting to the SCI gateway for referrals. One GP practice does not currently use any electronic system. If a broad roll-out of this project was carried out across NHS Ayrshire & Arran (59 GP practices excluding branch surgeries) then further consideration would require to be given to the practice with no electronic system.

Approximately 7,000 referrals per month are carried out using the SCI gateway and referrals can be made to anywhere in Scotland – all NHS Board areas are covered. However, locally most referrals are made to the main hospitals.

Examination of the SCI referral system established that there are sections to include ethnicity and language requirements, as well as disability / impairment information. At the moment this information appears at the end of the referral screens, however, the referral is not entirely prescriptive and there is opportunity to have this information displayed at an earlier stage, for example, on the front page.

Discussions confirmed that in order for the process to be seamless, from GP practice to acute setting, some system and process re-design would be necessary and further work in this area has commenced.



## **5.2 Medical Records Department**

The meeting with the Head of Health Records Services prompt two valuable pieces of information – the process followed by medical records staff and the Patient Management System - which are outlined below.

### **5.2.1 Process followed by Medical Records staff**

The referrals are printed off three times per day and are date stamped as proof of receipt. The referrals are then distributed amongst the medical records staff who check the information contained within the referral against the Master Patient Identifier (MPI). The staff has to verify whether or not the patient has attended secondary care previously and, if not, an MPI record and hospital number are generated and this is linked to the patient's Community Health Index (CHI) number.

Once the MPI record has been created, the patient's information and referral information (for example, date, specialist to which referred, name of consultant, appointment priority etc) is inputted into the Out-Patient system. The referral is then passed to the appropriate medical member of staff to vet i.e. consultant or designated doctor. The consultant will check the clinical information and advise what course of action is required for the patient. This can also include advising of any other actions required at this stage e.g. other investigations to better inform diagnosis.

Once the consultant has completed this course of action, the referral is received back in medical records where an appointment is made or the patient is listed on the out-patient waiting list. In both cases a letter advising of the next stage will be issued.

As is often the case there are exceptions to this process but for the majority of referrals to secondary care this is the basic process followed.

### **5.2.2 Patient Management Systems**

At the moment there are a number of systems currently being used in secondary care for logging and recording patient information. An indication of these is highlighted below:

- Ayr Hospital – Integrated Hospital Information Support System (HISS) covering A&E / In-patient / Out patient / In-patient waiting lists
- Crosshouse Hospital – Various areas having differing Patient Management Systems – radiology / A&E / physiotherapy
- Community e.g. mental health and psychology – use a manual system.

Both Ayr and Crosshouse systems have a field which can record ethnicity information but there are no fields available to record disability / impairment needs.

Discussion with the Head of Health Records Services indicated that members of staff have a rapport with some groups of patients, e.g. sensory impaired following initial visit to the hospital whereby they are aware of the patient's specific requirements. However, this does not allow a fully comprehensive first visit to secondary care for the patient.

Whilst there are different systems covering the two main hospital sites in NHS Ayrshire & Arran at the moment, implementation of a new Patient Management System (PMS), is currently being procured on behalf of NHS Scotland, by a consortium of Boards which includes NHS Ayrshire & Arran. The anticipated date for the new system to be implemented is 1 April 2010 and it is hoped that it will

have the capacity to incorporate all ethnicity and disability / impairment information which will be available regardless of which department the patient attends. Therefore, by collecting ethnicity and disability information at primary care level, it is envisaged that the system can pull this information up whenever a patient's record is accessed.

Although the new system will not be in place until 1 April 2010, the Head of Health Records Services advised that if ethnicity and disability / impairment information is collected and inputted into referral letters, the medical records staff in the booking centres at both sites could begin the process of taking action on this information.

As highlighted previously in the report, the ethnicity and disability / impairment information is printed at the end of the referral. This is an issue, as the medical records staff action only the information on the front page of the referral, hence the reason for modification of the SCI referral to have the information displayed on the front page. If the outcome of the system and process re-design is successful, then some staff training will be required with the medical records staff as to what processes should be undertaken to accommodate the additional patient information.

A process map of the current activity at both primary and secondary care is included at Appendix 2. It is evident that communication requirements are vital in order to ensure the patient's journey is seamless.

### 5.3 Costs

The practice was asked to provide information on the cost to them of undertaking this particular pilot project to allow the opportunity for future service development across the wider general medical practice population of NHS Ayrshire and Arran.

A breakdown of the work undertaken, also in collaboration with NHS Ayrshire and Arran and ISD, is provided below:

Amend practice registration form and patient information sheet	60.00
Printing costs 2,400 @ 10p	240.00
Amendment to Bluebay screens	300.00
Training	300.00
Manager & admin costs	500.00
GP costs	500.00
<b>TOTAL COSTS TO PRACTICE</b>	<b>£1900.00</b>

The costs outlined above include significant time spent meeting with the practice to discuss options and ways forward that have resulted in the outcomes discussed in this report.

The practice was also asked to quantify approximate costs per patient of continuing to ask, input and store this information. The practice estimated that per patient it would cost approximately £1.60 (which includes additional time interviewing patient and inputting data, and changes to BlueBay system). Additional printing costs at 10p per patient would also be envisaged. Therefore, ongoing costs for 500 new patients per year would be **£850**.

Whilst there are 59 GP practices across NHS Ayrshire and Arran and recurring costs would appear to be circa £50,000, there are extenuating circumstances which would reduce this figure significantly. A standardised registration form could be produced via NHS Ayrshire and Arran based on the work carried out with Dr Pugh and partners; not every practice will have 500 new patients every year, and printing costs and IT support could be streamlined.

## 6. PRACTICE EVENT

On Thursday 30 October 2008 an event was held with the practice including GPs, nursing staff, admin staff, and representatives from the East Ayrshire Carer's Trust to feedback our findings from the project, to ascertain the practice's opinion on the collection of the additional personal information and to discuss possible ways forward.

The event began with an equality and diversity quiz to give the attendees a flavour of what equality and diversity means in today's society. This was then followed by a presentation from Joan Jamieson, Equality and Diversity Information Manager, Information Services Division (ISD). Joan provided the group with an overview of the Equality and Diversity Information Programme and some of the key issues being considered.

The group were then shown two scenarios from the "*Happy to Ask, Happy to Tell*" training DVD which has been developed to support patient profiling. This was followed by some group discussions around what was perceived to be positive and negative practice in the scenarios. At this juncture the opportunity was given to discuss the benefits of collecting equality and diversity information and what use would be made of the information.

Elaine Savory, Equality and Diversity Project Manager, NHS Ayrshire and Arran, subsequently gave a presentation outlining the findings from the project and the benefits to be gained by the collection of ethnicity, disability / impairment and communication requirements information. A copy of the process map for referral of a patient was also provided at this point.

Ideas for the next steps for the GP practice, the Equality and Diversity Information Programme and NHS Ayrshire & Arran were offered and the event closed with one of the GPs summing up and confirming that the project had offered a lot to consider before moving forward.

# 7. NEXT STEPS

Having completed the first step of collecting additional personal information from the practice population and discovered what the barriers to the process were, the next steps were considered. The following outlines potential next steps, however, they have as yet to be confirmed.

## 7.1 GP Practice

Explore the potential to disaggregate and analyse anonymous patient information by age, gender and ethnic group. This would be undertaken by the Equality and Diversity Information Programme Manager in collaboration with the practice.

## 7.2 NHS Ayrshire and Arran

For NHS Ayrshire and Arran the first piece of work was pulling together a comprehensive report outlining what had been undertaken, what the findings were and what recommendations should be considered. A copy of this report will be submitted to the Equality and Diversity Steering Group for consideration, with the possibility of going to the NHS Board for information.

As well as advising NHS Ayrshire and Arran Directors and Senior Staff of what had been accomplished, the report will also be provided to the GP practice involved in the process.

Follow up on the local SCI gateway referral process to ascertain if the equality and diversity information can be displayed on the front page. If this materialises then some training and process re-design will be required within the Medical Records Department.

Make contact with the staff from the Carer's Trust to discuss possible equality and diversity work with a group of their carers. By engaging with the carers, NHS Ayrshire and Arran will gain a more informed picture of the needs of the local population. This will be done in conjunction with ISD.

Discuss the possibility of rolling out the project to other GP practices across NHS Ayrshire and Arran to obtain a more comprehensive view of the diversity of the population across all 3 local authority areas.

### **7.3 Information Services Division (ISD)**

As outlined in the next steps for the GP practice and NHS Ayrshire and Arran, ISD will undertake joint working in the following two areas:

- a) Disaggregate and analyse patient information in collaboration with the GP practice should they decide to agree to this piece of work.
- b) Engage with the Carer's Trust to consider working with a group of carers and raising awareness of the field of equality and diversity.

At a national level it is imperative that dialogue continues with the following groups to ensure equality and diversity is embedded into future work programmes:

- Primary Care at the Scottish Government Health Department
- eHealth Strategy
- HEAT/Performance Management team in terms of including measures from an equality and diversity perspective
- National SCI Protocols

## 8. RECOMMENDATIONS

The process of informing the patient's journey with additional personal information from primary care to secondary / acute care was relatively straightforward. However, some very important issues became apparent as the various stages were encountered.

### 8.1 Issues, Challenges and Recommendations

1. One very key issue was the lack of understanding of equality and diversity by colleagues within the secondary care sector. Therefore, an area for consideration by NHS Ayrshire and Arran is the provision of mandatory training or awareness raising in Equality and Diversity. As well as the provision of training, there is also the requirement for culture change throughout NHS Ayrshire and Arran to integrate equality and diversity in all that we do. The roll out of Equality and Diversity Impact Assessment should support this change.
2. As outlined under section 3.1, it was agreed that information would be collated in relation to ethnicity and disability. The practice did not feel the collection of sexual orientation and religion/faith information would, at this time, have any benefit in the way they developed their services or for the health of their patients. However, it is worth highlighting the possible benefits to be gained by collecting this information:
  - Dietary requirements for religious / cultural beliefs
  - When it is appropriate to carry out clinical interventions for religious / cultural reasons
  - Targeting the right audience for health promotion in terms of sexual orientation
  - Providing appropriate health promotion advice needs some knowledge of sexual orientation
3. Whilst, there is currently no incentive for primary care to collect and record additional personal information, discussions indicate that the provision of the best service possible for the patient's of NHS Ayrshire and Arran was important for all involved. Therefore, through the collection of the additional personal information of our patients, the requirement for repetitive questioning could be negated. Currently an Ethnicity Monitoring and Interpreter Needs Directed Enhanced Service in Scotland is being offered to run from 1 November 2008 to 31 March 2011 as part of the GP contract<sup>5</sup>.

4. As indicated in section 5 of the report, system and process re-design was necessary for the SCI gateway referral to allow equality and diversity information to be displayed on the front page of the referral. Whilst discussions are taking place at local level, the SCI gateway is an integral to eHealth Strategy<sup>6</sup> and, therefore, further discussion would be required at national level.
5. One major area where the process is lacking is the eHealth systems currently in place. At the moment, CHI and most PMS systems do not support the collection of equality and diversity information. Therefore, to ensure a seamless journey for patients with a fuller picture of individual needs, equality and diversity impact assessment must be undertaken when developing the new PMS systems.
6. To date there is no HEAT<sup>7</sup> or QoF<sup>8</sup> targets for NHS Boards or GPs respectively to be performance managed against, thus no incentive for them to collect the additional personal information. We would recommend that the Equalities and Planning Directorate in collaboration with ISD and NHS Boards strongly influence this change via the Mutuality, Equalities and Human Rights Board, especially given the national driver for patient profiling/monitoring. If it becomes a national target then there is incentive for organisations to undertake the collection.

---

6 <http://www.scotland.gov.uk/Publications/2008/08/27103130/0>

7 <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

8 <http://www.isdscotland.org/isd/3305.html>



## 9. CONCLUSION

In conclusion, the pilot project looking at the collection of additional personal information has shown that with small but significant changes at local, intermediate and national level, major achievement can be found in the way patients' access to healthcare services can be enhanced.

Equality and diversity is everyone's business and if everyone plays a small part, for example the patient providing the information to the NHS and the NHS body actively using the information, the patients' journey will be more streamlined and the number of 'Did Not Attends' both at primary, secondary and tertiary care could be reduced.

# Appendix 1

Version 3 updated 19 June 08  
The Surgery  
Dr Pugh & Partners



Date

## NEW PATIENT QUESTIONNAIRE

It can take considerable time for your medical records to be sent to a new practice. This questionnaire will give the doctors basic information about your medical history. We should be grateful if you could complete one for each family member joining the practice.

<b>NAME</b>				<b>DOB</b>		
<b>ADDRESS</b>						
<b>TEL NO</b>				<b>OCCUPATION or CURRENT SCHOOL</b>		
<b>SOCIAL STATUS</b>	Married/Civil partnership	Single	Separated	Divorced	Widowed	Co-habiting

<b>MEDICAL HISTORY</b>	<b>YES</b>	<b>NO</b>	<b>Further Comment</b>
Allergies			
Epilepsy or Blackouts			
High Blood Pressure			
Heart trouble			
Chest trouble e.g. Asthma			Date of diagnosis
Kidney or Bladder trouble			
Depression or Mental Breakdown			
Diabetes			
Surgical Operations			
Other Hospital Admissions			
Do you smoke			If yes, how many daily
Have you ever smoked			
Date stopped smoking			
Alcohol Consumption			Weekly Consumption

<b>FAMILY HISTORY</b> (first degree relative eg parent or sibling)	<b>YES</b>	<b>NO</b>	<b>Nor known/Not applicable</b>
Stroke			
Diabetes			
High blood pressure			
Heart attack before age 60			
Heart attack after age 60			
<b>MEDICATION</b>			
	<b>YES</b>	<b>NO</b>	<b>Comment</b>
Are you regularly taking any medication If using an inhaler, date of last prescription			If yes, please attach a copy of your Re-order list
<b>HOUSEBOUND STATUS</b>			
	<b>YES</b>	<b>NO</b>	<b>REASON</b>
Are you housebound			
<b>WOMEN</b>			
	<b>YES</b>	<b>NO</b>	<b>TYPE OF ADVICE REQUIRED</b>
Do you wish contraceptive advice			
	<b>YES</b>	<b>NO</b>	<b>YEAR</b>
Have you ever had a cervical smear			

## COMMUNICATION WITH THE NHS

If English is not your first language, do you need an interpreter?

Yes       No

If you do need an interpreter what language do you speak?

Please state \_\_\_\_\_

If hearing impaired, do you require a sign language interpreter?

Yes       No

Are you registered Blind?       Yes       No

Are you visually impaired?       Yes       No

If you have a visual impairment, would you prefer information by:

Letter with Large Font       Yes       No

Email       Yes       No

Phone       Yes       No

Fax       Yes       No

**Are you a Carer with responsibility for a family member / friend / neighbour?**      YES/NO  
**Do you have a Carer**      YES/NO

If yes please speak with the receptionist – you will be asked if you wish to be referred to our member of staff from the Princess Trust Support for Carers.

**Have you ever been registered with this Practice before?**      YES/NO

**Have you been registered with another practice within Kilmarnock in the last 6 months?**      YES/NO

If yes which practice? \_\_\_\_\_

**ETHNICITY<sup>9</sup>**

Which of the following best describes your ethnic background? (Please tick selection from **ONE** group).

**White**

Scottish     other British     Irish

Any other White background (please write) \_\_\_\_\_

**Mixed**

Any mixed background (please write) \_\_\_\_\_

**Asian, Asian Scottish or Asian British**

Indian     Pakistani     Bangladesh     Chinese

**Black, Black Scottish or Black British**

Caribbean     African

Any other background (please write) \_\_\_\_\_

Any other ethnic background (please write) \_\_\_\_\_

If you do not want to give this information, please tick this box

**NEXT OF KIN DETAILS**

Name	
Address	
Contact Tel No	
Relationship	

**FOR ADMINISTRATION USE:**

Reading language: Code in Gpass

<sup>9</sup> Please note the new Census 2011 Ethnicity classification is available at <http://www.scotland.gov.uk/Publications/2008/07/29095058/0>

# Appendix 2

The Surgery  
Dr Pugh & Partners



YOU ARE NOW  
REGISTERED WITH THE  
PRACTICE  
Information for New Patient  
Registration Appointments



- The Receptionist will give you a Practice Leaflet, or if you have access to the internet, please visit our practice web site – the address is [www.portlandroadsurgery.com](http://www.portlandroadsurgery.com) it contains important information on Practice Policies and Procedures e.g. how to order a prescription. Please read it carefully and ask the Receptionist if there is anything of which you are unsure.
- All New Patients registering with us must see one of our healthcare team within 12 weeks of the application for a simple health check, which includes a blood pressure check and urine testing. You will be asked for details of your medical history and your current medication will be reviewed, so please remember to bring all current medication with you, including inhalers and contraceptive pills. Please bring a sample of urine with the label completed (containers are available from the Receptionist).
- An appointment will be arranged according to your particular needs, for instance if you have a medical condition which requires monitoring e.g Diabetes. Details of the appointment will be sent to you in due course
- Should the appointed time prove to be unsuitable, you are welcome to re-arrange to a more appropriate date and time
- You can receive medical attention from the practice whilst you are waiting for your new patient appointment. The doctor may be required to seek information from your previous GP to assist with any treatment plan.
- If you are Housebound, please let the Receptionist know, so that a Home Visit New Patient Assessment can be arranged. You will be asked if a relative or other person can come in to the surgery to pick up the Form (which needs to be completed before the home visit) and sample container. Collection would be the preferred method, but we can post our pack to your home. A GP will visit at the earliest opportunity; we will give prior notification of the date and time.
- If you require any help or information on any of the above, please do not hesitate to ask the Receptionist.

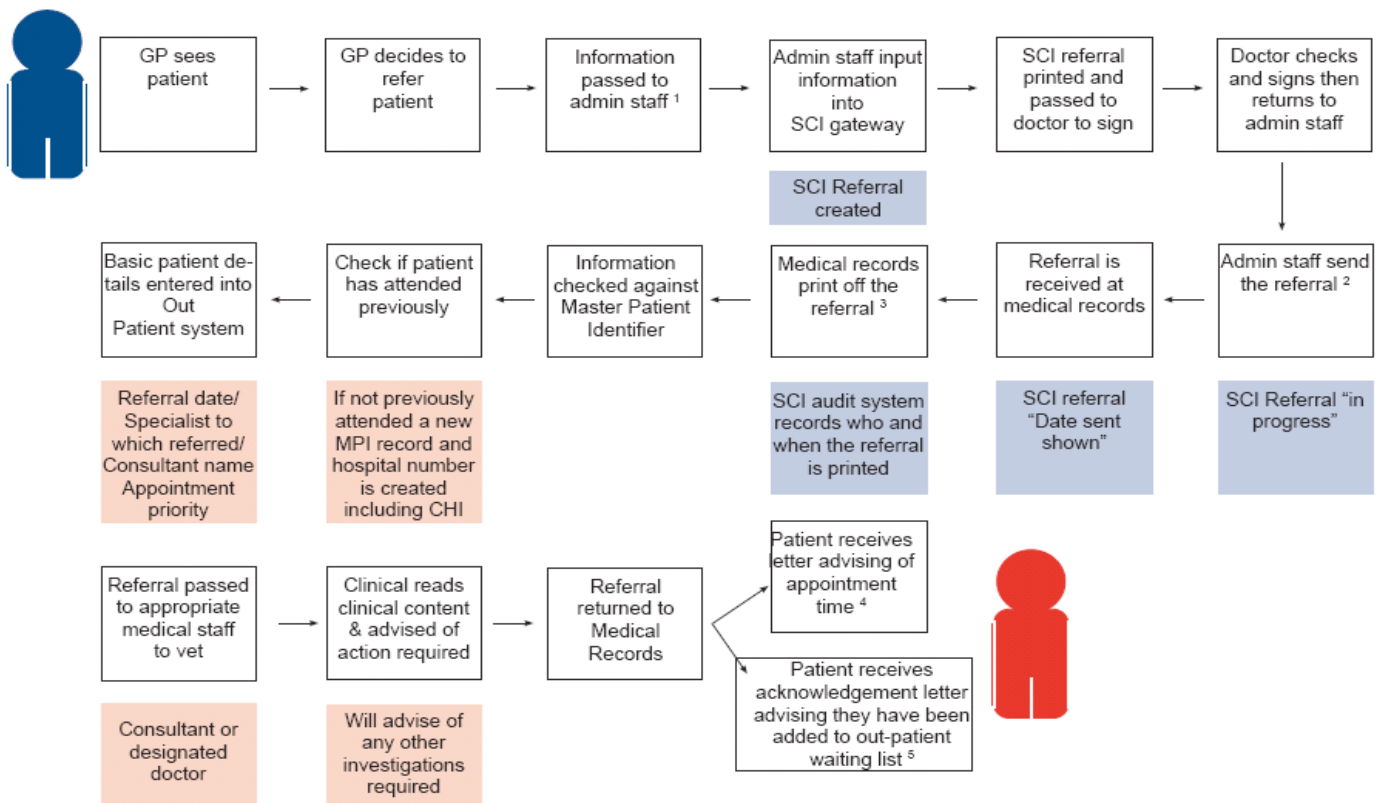
**Please help us to help you by following the above Procedure.**

**It is our Practice Policy not to refuse to register anyone on the grounds of race, gender, age, religion, background, disability or medical history.**

We may, however, refuse to register anyone who is or has been abusive to Staff in this or other Practices, or whose behaviour is not acceptable or conducive to a bond of mutual trust and respect.

**If you fail to attend for your New Patient Registration appointment, or are unacceptably late, you will not be offered another appointment, as this would be unfair to existing patients.**

# Appendix 3 Example Flow of Patient Referral from GP Practice to Acute Hospital



## Notes

- 1 This must be carried out within 48 hours of receipt.
- 2 If no CHI number is available or it is being referred to a particular service eg elderly then a fax is sent.
- 3 Medical Records Staff print off the referral three times per day and they are all date stamped as received.
- 4 Any necessary arrangements for patient can be made eg BSL/Language Interpreter booked for appointment.
- 5 This letter begins the timescale for the 18 week referral target.

# Acknowledgements

This project was carried out and report subsequently written by Elaine Savory, Equality and Diversity Project Manager and Joan Jamieson, Equality and Diversity Information Programme Manager.

Thanks to Liz Boyd (Practice Manager), GPs and all staff at the general medical practice for their support and contribution to this pilot project which we hope will highlight the benefits to be gained, for both patients and staff, through gathering more personal information.

## For further information contact:

### **Elaine Savory**

Equality and Diversity Project Manager

NHS Ayrshire and Arran

Afton House

Ailsa Campus

Dalmellington Road

Ayr

Tel: 01282 885828

Email: [Elaine.savory@aapct.scot.nhs.uk](mailto:Elaine.savory@aapct.scot.nhs.uk)

### **Joan Jamieson**

Equality and Diversity Information Programme Manager

Information Services Division (ISD)

Cirrus House

Marchburn Drive

Glasgow Airport Business Park

Abbotsinch

Paisley

Tel: 0141 282 2250

Email: [Joan.jamieson@isd.csa.scot.nhs.uk](mailto:Joan.jamieson@isd.csa.scot.nhs.uk)

Web address: [www.isdscotland.org/equalityanddiversity](http://www.isdscotland.org/equalityanddiversity)