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Upton Surgery, Tunnel Hill, Upton-upon-Severn, Worcestershire, WR8 0QL.  
Tel: 01684 592696 Fax: 01684 593122 Web: [www.uptondoctors.co.uk](http://www.uptondoctors.co.uk)

Our ref: NP/2

Welcome to Upton and to our Practice. With this letter you will receive a Practice Profile which will tell you most of what you will want to know.

Under the Government's arrangements for General Practice you are encouraged to attend for a general medical check with one of our nurses or your new doctor if you are on regular medication. As part of this check we would like you to fill in a medical and social history form as this will be helpful to us before your medical records reach us.

We hope you will make an appointment for this check-up within 2 months of your registering with us.

Children under 5 years of age do not need to attend for a new patient check. Parents will be contacted by a Health Visitor, who will discuss child health development and the availability of local services.

## Partnership

The practice is a partnership of six doctors. Dr Catherine Frampton works four regular sessions each week. Dr Linda Arthur works two sessions each week. Other qualified G.P.s act as Locums as needed.

## Training

This is a Training Practice. One or two Registrars are working in the practice for a year. Each Registrar, having been qualified and working in hospital for at least three years, is now spending a year gaining experience to become a qualified General Practitioner.

## Nurses

There are five Practice Nurses who are all involved in running clinics as well as giving advice, and assessing and treating minor injuries. They are available during surgery opening times Monday to Friday and are supported by a Health Care Assistant. Appointments are required for most consultations.

## Phlebotomy

A Phlebotomist is available during morning surgeries to take blood samples, for which an appointment is required. Our Phlebotomist may also be involved in health promotion campaigns.

## Dispensary

As a dispensing practice, prescriptions can be dispensed for any patient who lives more than one mile radius from a chemist. Opening times are 8.30 am - 6.30 pm, Monday - Friday.

## Reception Staff

The Practice Manager is Philippa White. The reception staff provides administrative and clerical support for the doctors and patients.

## Community Services

We share the building with our local community health team of physiotherapists, podiatrists and district nurses. There is a physiotherapy department and a child health suite enabling us to offer a comprehensive range of services. For enquiries please contact **Telephone: (01684) 612800.**

The Surgery is open from 8.30 am to 6.30 pm  
Monday to Friday.

### **Appointments**

**Telephone: 01684 592696**

*Early Mornings 7.20 - 7.50 am\**

**Morning Surgery 8.30 am - 12.00 noon**

**Evening Surgery 4.00 pm - 6.00 pm**

*Late Evenings 6.30 - 7.20 pm\**

*Saturdays 8.00 - 11.30 am\**

**Sunday - Closed**

### **\*Extended Hours**

Rota available via [www.uptondoctors.co.uk](http://www.uptondoctors.co.uk) or our **Patient Newsletter** available in Reception.

Patients who need to be seen urgently for medical reasons will be seen without an appointment. Requests for same day appointments will be triaged by our clinical team.

**Please would you notify reception of any change of name, address or telephone number.**

Appointments can also be made online from any computer with internet access, please ask at reception for a leaflet to register for EMIS Access.

### **Home Visits**

Home visits are provided when medically necessary. You may be asked to bring the patient to surgery in order to receive speedier medical attention with full facilities. Children with rashes and temperatures can be brought quite safely to surgery in a car.

### **Repeat Prescriptions**

Please use the repeat prescription slip whenever possible. Requests can also be faxed to the surgery. Please allow two working days before collecting your medication. Telephone requests for repeat prescriptions should be kept to a minimum and can only be taken on the dedicated telephone line during the following times:

**Monday to Friday 8.30 am to 10.30 am**  
**Telephone number: 01684 592840 / Fax: 592372**

Repeat prescriptions can also be ordered online from any computer with internet access, please ask at reception for a leaflet to register for EMIS Access.

## Out of Hours Calls

If you require non urgent medical information you can contact NHS direct on **0845 4647** or online at

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS Worcestershire runs the local Out of Hours GP service from Friday 6.30 pm to Monday 8.00 am and week-day nights from 6.30 pm to 8.00 am, and all Bank Holidays. A nurse will assess all calls and give advice, or ask the patient to attend the nearest Primary Care Centre or arrange for a doctor to visit.

**If you require urgent health advice out of hours, please telephone 0300 123 3211.**

## Clinics

All clinics are by appointment. Times and frequencies of clinics may vary.

Clinics include: Ante-natal and Post-natal, Respiratory, Minor Surgery, Child Health Surveillance, Diabetes, Vascular Disease, Healthy Travel, Immunisations, Smoking Cessation, Weight Management, Counselling, Anti-Coagulation; Urology and Consultant led Clinics.

## Minor Injuries

The surgery offers a service to treat minor injuries for registered patients.

## Social Services & Complex Care Team

Social Workers and Care Managers are based at the Surgery providing care and support.

## Further Information

The aim of the practice is to provide total health care for the community.

Please do visit our website for further information:

[www.uptondoctors.co.uk](http://www.uptondoctors.co.uk)

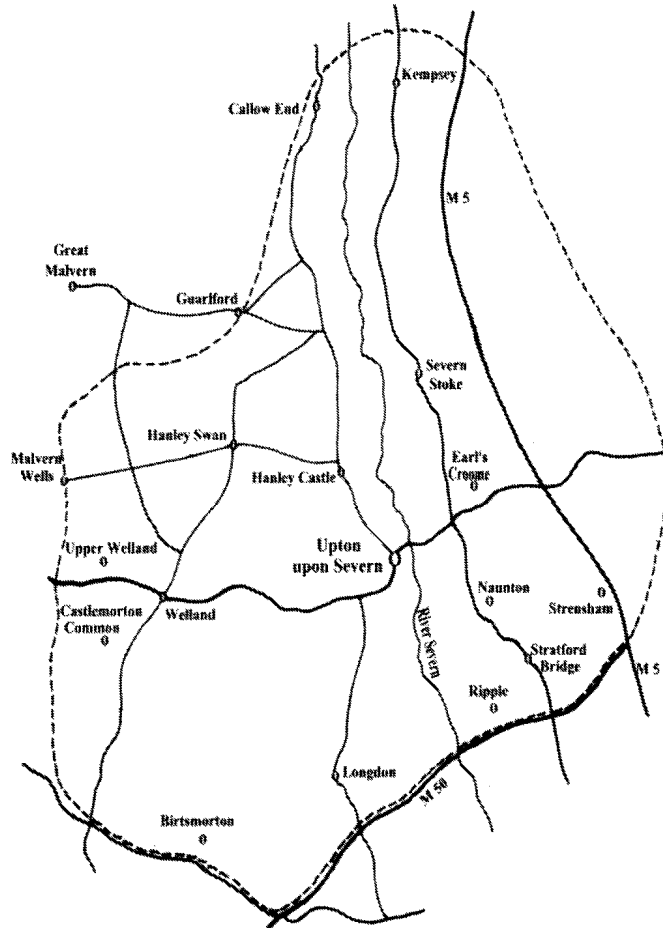
If you have any suggestions or complaints, please contact the Practice Manager.

# TIMETABLE

# PRACTICE AREA



8.30 am to 12.00	Monday Dr. Everitt Dr. Barrell Dr. Havercroft Dr. Miller Dr. L. Arthur	Tuesday Dr. Everitt Dr. Barrell Dr. Havercroft Dr. Evans Dr. Miller Dr. Bunyan	Wednesday Dr. Everitt Dr. Evans Dr. Miller Dr. Bunyan Dr. Frampton	Thursday Dr. Everitt Dr. Barrell Dr. Frampton Dr. Evans	Friday Dr. Barrell Dr. Miller Dr. Bunyan Dr. Havercroft
4.00 pm to 6.00 pm	Monday Dr. Barrell Dr. Miller Dr. Bunyan Dr. L. Arthur	Tuesday Dr. Everitt Dr. Havercroft Dr. Miller	Wednesday Dr. Everitt Dr. Bunyan Dr. Frampton	Thursday Dr. Everitt Dr. Barrell Dr. Havercroft Dr. Frampton	Friday Dr. Barrell Dr. Havercroft Dr. Miller Dr. Bunyan



## Dr S M A Everitt and Partners

Upton Surgery  
Tunnel Hill, Upton-upon-Severn  
Worcs. WR8 0QL

Website: [www.uptondoctors.co.uk](http://www.uptondoctors.co.uk)

Tel: 01684 592696  
(8.30am – 6.30pm)

Fax: 01684 593122

Repeat Prescription Tel: 01684 592840  
(8.30am – 10.30am)

Repeat Prescription Fax: 01684 592372

Dr. Susanna Everitt  
St. Bartholomew's MB BS 1980

Dr. Julian Barrell  
Charing Cross MB BS 1982

Dr. Andrew Havercroft  
Sheffield MB ChB 1989

Dr. Catherine Evans  
Royal Free MB BS 1995

Dr. Caroline Miller  
Newcastle MB BS 1996

Dr. Paul Bunyan  
Birmingham MB ChB 1998

- Appointment delays are sometimes unavoidable due to emergencies or unforeseen circumstances, or because we are exceptionally busy. Please do not blame the reception staff.

- Please try to manage minor self-limiting conditions, such as colds. Our Practice Nurses are available for help and advice.

- As from 01 January 2005, responsibility for all visits outside normal working hours was taken over by NHS Worcestershire. This includes from Friday 6.30 p.m. to Monday 8.00 a.m. and weekday nights from 6.30 p.m. to 8.00 a.m.

- If you are unhappy with any aspect of the Practice, the Practice Manager will be available to discuss the problem. Please remember that everyone is human and sometimes inadvertent errors may occur.

# UPTON SURGERY



## Practice Charter

**This charter outlines the high standards we are striving to achieve to enable our patients to receive the best possible health care from the resources available to us.**

**Dr S M A Everitt & Partners**

**Upton Surgery**

**Tunnel Hill**

**Upton-upon-Severn**

**Worcester**

**WR8 OQL**

**01684 592696**

## **OUR RESPONSIBILITIES TO YOU**

- You will be greeted courteously at all times and treated in absolute confidence.
- You will receive the treatment and care considered the most appropriate and no treatment will be given without your informed consent.
- When considered necessary, you will be referred to a consultant acceptable to you and re-referred for a second opinion, if appropriate.
- You have the right to see your confidential medical records subject to limitations in the law.
- Practice Leaflets, setting out the services we provide, are available at Reception.
- You will be able to speak to a doctor on the telephone through the reception staff.
- Appropriate health care or advice will be provided for you at all times.
- You will be advised on how to obtain results of any tests carried out in the Surgery.
- You will be offered a health check by the Practice when registering as a patient.
- You will be able to choose whether or not to take part in research or medical student training.
- You have the right to see any doctor.
- As far as is possible, appointment times will be adhered to. Due to our accessibility delays may occur.
- You will be able to see a doctor in an emergency.
- You will be able to see the doctor of your choice at his/her first available appointment.

- You will receive a home visit, if appropriate, on the day of request by contacting the Surgery before 11.00 a.m.
- Requests for emergency visits will be assessed by the duty doctor who will take appropriate action.
- You may be asked to bring the patient to the Surgery in order to receive speedier medical attention. Children with rashes and temperatures can be brought quite safely to Surgery in a car.
- All repeat prescription requests will be processed within two working days of receipt.
- Urgent prescriptions will be processed with the minimum of delay.

## **YOUR RESPONSIBILITIES TO US**

- Please treat the doctors and staff with the same courtesy and respect we afford you.
- Please follow any medical advice offered.
- Please do not use other people's medication, nor give your medication to anyone else.
- Please do not ask children under fourteen years of age to collect medicines for you.
- Please accompany children under twelve years of age to see the doctor.
- Please give two working days notice for repeat prescriptions.
- Please arrive on time for an appointment and let us know if you are unable to keep an appointment, so that we may offer it to another patient.
- Please remember, an appointment is for one person only.



## Patient's details

Please complete in **BLOCK CAPITALS** and tick  as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				Surname			
Date of birth				First names			
NHS No.				Previous surname/s			
<input type="checkbox"/> Male <input type="checkbox"/> Female				Town and country of birth			
Home address							
Postcode				Telephone number			

## Please help us trace your previous medical records by providing the following information

Your previous address in UK				Name of previous doctor while at that address			
				Address of previous doctor			

## 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			
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## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number				Enlistment date			
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## If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

*\*Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

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 would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate

- Kidneys  
  Heart  
  Liver  
  Corneas  
  Lungs  
  Pancreas  
  Any part of my body

*Signature confirming consent to organ donation*

*Date*

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone 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 consent to inclusion on the NHS Blood Donor Register*

*Date*

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: .....

## To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services  
 For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHSlist and will provide Child Health Surveillance to this patient **or**  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is

*I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.*

Authorised Signature

Name

Date

Practice Stamp

**PATIENT QUESTIONNAIRE**

**CARERS:**

**Are you a Carer? Yes / No**

If you are Carer, please complete the name(s) of the person(s) you care for and your relationship:

Cared for: \_\_\_\_\_

Relationship to Carer: \_\_\_\_\_

**FOR WOMEN ONLY:**

Have you ever had a cervical smear? Yes / No

What was the date of the last one? \_\_\_\_\_

Are you using either contraceptives or a coil? \_\_\_\_\_

If so, which one? \_\_\_\_\_

How long have you been using the above \_\_\_\_\_

**PREGNANCIES:**

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had a hysterectomy? Yes / No

If so, when and where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you very much for completing this questionnaire.**

**Please make sure you have a Practice Leaflet.**

This questionnaire is designed to help your new doctor get to know you and to assist with any medical problems you may have. If you are concerned or have difficulty with any of the questions, please leave them blank and they can be discussed with doctor when you attend surgery.

Please bring the completed questionnaire with you for your first appointment and also a sample of urine, in the container provided.

Any information given will be handled in the strictest confidence.

Date Questionnaire completed \_\_\_\_\_

**PERSONAL HISTORY:**

SURNAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

MARITAL STATUS: Single / Married / Separated / Divorced / Widowed / Other

OCCUPATION: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT TELEPHONE NUMBER \_\_\_\_\_

**FAMILY HISTORY** (Please give particulars as to your family)

	LIVING STATE OF HEALTH	DECEASED AGE AT DEATH	DECEASED CAUSE OF DEATH
FATHER			
MOTHER			
BROTHERS			
SISTERS			

**PERSONAL HEALTH HISTORY**

**IMMUNISATION HISTORY** – please state if you have been immunised against any of the following illnesses, **giving dates where possible**

Whooping Cough	_____	Typhoid	_____
Diphtheria	_____	Cholera	_____
Polio	_____	Influenza	_____
Tetanus	_____	Tuberculosis	_____
Measles, Mumps, Rubella	_____	Hib	_____
Any Others	_____	Meningitis	_____

**PAST MEDICAL HISTORY**

Please list, giving dates of any:

- Operations:
- Hospital Admissions:
- Serious Accidents:
- Disabilities:

**PRESENT MEDICAL HISTORY**

Are you under the care of a Hospital Consultant at present? \_\_\_\_\_

If so, who? \_\_\_\_\_

where? \_\_\_\_\_

Are you awaiting any investigations to be carried out? \_\_\_\_\_

Are you awaiting any results of any investigations? \_\_\_\_\_

Do you have any private medical insurance? \_\_\_\_\_

please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

Please list all medications you are presently taking, giving strengths and dosage.

NAME OF MEDICATION	STRENGTH	DOSAGE (how many times per day)

**ALLERGIES**

Are you allergic to any medications, foods, animals etc.?

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

\_\_\_\_\_

**SMOKING AND ALCOHOL**

Do you smoke? Yes / No

What do you smoke? Cigarettes / Pipe / Cigars

How much do you smoke? \_\_\_\_\_

How long have you smoked? \_\_\_\_\_

Have you ever smoked? \_\_\_\_\_

When and how many \_\_\_\_\_ per day for \_\_\_\_\_ years  
until \_\_\_\_\_ years ago.

How much alcohol do you drink per week? \_\_\_\_\_

Whereabouts do you drink? \_\_\_\_\_

**WEIGHT AND HEIGHT**

Do you know what your weight is? \_\_\_\_\_

Have you lost or gained weight recently? Lost / Gained

How tall are you? \_\_\_\_\_

# Upton Surgery

## Alcohol Users Disorders Identification Test (AUDIT)

**One standard drink is...**

	Half pint of regular beer or cider		1 small glass of wine		1 single measure of spirits		1 small glass of sherry		1 single measure of aperitifs
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**The following quantities of alcohol contain more than 1 standard drink**

<b>2</b>	<b>3</b>	<b>1.5</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>9</b>
						
Pint of Regular beer/lager/cider	Pint of Premium beer/lager/cider	Alcopop or can/bottle of Regular Lager	Can of premium Lager or Strong Beer	Can of Super Strength Lager	Glass of wine (175ml)	Bottle of wine

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone 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/friend/doctor or health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

*Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence.*

## Ethnic Group and First Spoken Language

Please indicate your ethnic group and first spoken language. This is **not** compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions. Choose **ONE** section from A to E and then tick the appropriate box to indicate your ethnic group.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Spoken Language: \_\_\_\_\_

### **A : White**

- British
  - Irish
  - Any other White background (*please write in*)
- 

### **B : Mixed**

- White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other mixed background (*please write in*)
- 

### **C : Asian or Asian British**

- Indian
  - Pakistani
  - Bangladeshi
  - Any other Asian background (*please write in*)
- 

### **D : Black or Black British**

- Caribbean
  - African
  - Any other Black background (*please write in*)
- 

### **E : Chinese or other ethnic group**

- Chinese
  - Any other (*please write in*)
- 

### **Not stated**

- Not stated

**If you do not complete this form, we will assume you are choosing not to divulge your ethnic group or first spoken language.**

## HOW TO GET INVOLVED

Bring some form of identification to Reception which shows the address that we have you registered at and also some form of photograph identification, e.g. passport or driving licence. You will then be issued with your unique registration details.

If you register to use this service, you are deemed to have read, fully understood and agree to the above terms and conditions.

## QUERIES OR COMMENTS

If you have any questions or comments about using EMIS Access, please contact the Surgery and we will be pleased to help you.

**Telephone: (01684) 592696**

**[www.uptondoctors.co.uk](http://www.uptondoctors.co.uk)**

The Surgery is very busy between 8.30 am and 10.00 am every day. We would appreciate it if you could avoid this time to register for this service and obtain your unique registration details.

## UPTON SURGERY

### DR S M A EVERITT & PARTNERS

Dr Susanna Everitt

Dr Julian Barrell

Dr Andrew Havercroft

Dr Caroline Miller

Dr Catherine Evans

Dr Paul Bunyan

Telephone: (01684) 592696



**[www.uptondoctors.co.uk](http://www.uptondoctors.co.uk)**

**Online Services**

## ONLINE SERVICES FOR OUR PATIENTS

EMIS Access is a service from our computer supplier that gives patients internet access to the Surgery. This allows you to book, cancel or check your appointments, make repeat prescription requests or notify us of a change of address. We hope it will be more convenient for you.

## HOW IT WORKS

Using the internet, you will be able to view a range of available appointments and take your time to choose the best one for you. The system is tailored for **non-urgent appointments** – please ring the Surgery on (01684) 592696 for other appointments including urgent requests for medical attention and nurse requests.

For repeat prescriptions, you will be able to view and select those drugs from your own list of repeat medication. You will only be able to see those drugs that your doctor has classed as suitable for repeat prescribing. Please allow 2 working days before collection of your medication.

For any other drugs you wish to request please contact the Surgery to arrange to speak to your doctor.

## GETTING STARTED

You must register to use EMIS Access. Bring some form of photo identification into the Surgery (your passport or new style driving licence) to be issued with your Access Code and instructions to enable you to log on and create your own unique user account.

## SECURITY

We take the security of our patients' information very seriously. All communications with the practice web site are encrypted. Only you can see the personal information you enter. The web site is administered by EMIS (our computer supplier and the choice of more than 50% of all doctors in the UK) so there is no possibility of unauthorised access.

## CONDITIONS OF USE

- You can only register to use the service if you are 16 years or over.
- Both EMIS and the Surgery reserve the right to withdraw access to any patient without warning if they feel they are abusing the system.
- Between 2.00 am and 5.00 am the system will be unavailable as it is backed up at this time.