Dear Patient

RE: Your application to register as an Out of Area Patient at the ***Dog Kennel Lane Surgery***

This letter aims to explain the process of registration as an Out of Area patient at this

Surgery and it describes the service that you can expect to receive from us.

New arrangements introduced from January 2015 give people greater choice when choosing

a GP practice. Patients may approach any GP practice, even if they live outside the practice

area, to see if they will be accepted on to the patient list.

The new arrangements mean that GP practices now have the option to register patients who

live outside the practice area but without any obligation to provide home visits. Out of area

registration remains voluntary for GP practices meaning that patients may be refused

because they live outside the practice area.

* Your application, which requires that you complete the registration form provided with

this letter, will be reviewed by a clinician in the practice

* The purpose of the review is to establish whether it is clinically appropriate and

practical, in your individual case, to be registered without access to home visits. If it

is not possible to reach a decision from the initial information provided the clinician

may

* Ask you or the practice you are currently registered with questions about your

health to help decide whether to register you in this way

* Ask you questions why it is practical for you to attend this practice

If you are accepted you will be able to attend the practice and, other than home visits, you

will receive the full range of services provided as normal at the surgery. If you require

referral to other services we will agree with you whether these are best carried out close to

your home or the practice depending on the circumstances. If you have an urgent care need

and the surgery cannot help you at home we may ask you to contact NHS 111 and they will

put you in touch with a local service.

We may decide that it is not in your best interests or practical for you to be registered in this

way. If this is the case we will let you know within two weeks and your registration will not

progress any further.

If your registration is accepted but your health needs change in the future we may review

your registration and invite you to register with a GP practice closer to your home.

If you wish to proceed with your application please read the attached form, complete and

sign the two sections and complete the ne patient questionnaire. As soon as we have this information a decision can be made.

A copy of the Home Visit Policy for Out of Area Patients is attached below for future

reference as the second page of the letter should be handed in to reception when it is

complete.

Yours sincerely

*Dr A Naeem and Dr S Aslam*

**Out of Area Registration**

**Dog Kennel Lane Surgery**

**Home Visit Policy for Out Of Area Patients**

You have recently asked to register at the practice as an ‘out of area’ registered patient. If your

registration is accepted this means that the practice will not provide home visits.

You may on occasion, develop an urgent illness or injury at home that means attending the GP

surgery as normal would not be appropriate. If this happens you will need to contact the practice in

the first instance. If we determine you need access to services local to where you live we may ask you

to call NHS 111.

In these circumstances NHS 111 will direct you to the local service that has been established by NHS

England for patients such as you. This local service could be a GP practice near to where you live, the local walk-in or urgent care centre, A&E or minor injuries unit. This local service will then decide if you can attend for an urgent face to face appointment with a healthcare professional or if a home visit is needed which will be based on your individual circumstances.

**If this is in the out-of-hours period when GP surgeries are normally closed (between 6:30pm**

**and 8:00am weekdays and during weekends/bank holidays) NHS 111 will direct you to the local**

**out-of-hours provider.**

**I can confirm I have read and understood the above policy regarding Home Visits as**

**an Out of Area patient. If you need help understanding this document, please ask a**

**member of the reception team.**

**Patient Name (please PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please hand this form to the receptionist with your completed new patient registration forms

and you will receive a response within the next two weeks.