

**Almondsbury Surgery**

Sundays Hill

Almondsbury

Bristol

BS32 4DS

Tel. 01454 613161

Fax. 01454 615745

Dear Patient,

You have been given this letter because you have enquired about **Out of Area Registration.** New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients can approach any GP Practice even if they live outside the practice area, to see if they will be accepted on to the patient list. **If a practice chooses to register someone living out of area it will have no obligation to provide home visits.**

A practice will be unable to register patients who live in other countries of the UK as NHS England cannot instruct them to commission urgent care services should you be unable to attend this surgery.

**We can only register you without home visits if it is clinically appropriate and practical in your individual case.** For example if you have complex long term conditions that involve a package of home based care or community based support it would be difficult for us to coordinate this remotely, or if you already rely on frequent home visits from your current practice this type of registration would not be practical. To assess this we 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 about why it is practical for you to attend this practice (for example how many days during the week would you be able to attend)

Should you become ill at home during working hours ie 8am – 6.30pm you will need to contact us to assess your urgent care needs. If you require urgent care we will liaise with NHS 111; they hold the Directory of Services for the country and will arrange for a local practice to provide appropriate care.

Out of Area registrations will be subject to review and a trigger for review will include, but is not limited to, exceptional use of the ‘home’ service put in place to provide urgent care in the area where you live. Should you wish to continue with your request please answer the question below and then sign where indicated and return this letter to the surgery.

**Thank you**

**To help us determine eligibility please tell us how many days per week you will be able to access services here ……….. days per week (we cannot assess eligibility without this being completed)**

**I UNDERSTAND AND ACCEPT THE TERMS AS OUTLINED ABOVE**

**FULL NAME ( please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New address and telephone contact details:**

**………………………………………………………………………………………………………………**

**…………………………………………………………………..Postcode………………………………**

**Landline……………….. Mobile…………………….**

**For Office Use Pt Number**

|  |  |  |
| --- | --- | --- |
| **Task** | **Date & Initial** | **Completed/Queries** |
| Deducted |  | Use “Other” |
| Message |  | Add new address |
| Code |  | “emisnqdxpm” or “912n” or “9135” |
| Re-Registered |  | **DO NOT** accepted deduction but “Re-Register” |
| Message Amended |  | Remove new address |
| Scanned |  | Can be at any point |
| Code named GP |  | “9nn60” and “67dj” |

|  |
| --- |
| Current Address: Often needed for Re-registering |
|  |