

KINGFISHER FAMILY PRACTICE OUT OF AREA REGISTRATION INFO FOR THE PATIENT

Out of area registration:

GP practices information to patients registered as out of area patients (without home visiting)

Who you need to contact when you have an urgent care need

We have recently registered you at the practice as an 'out of area' registered patient. We are aware that you live outside the practice area (catchment area) and when we registered you we explained that we are not required to provide you with a home visit.

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 you require a GP please 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 – NHS 111 will direct you to the local out-of-hours provider.

GP Practices are advised to review the appropriateness of out of area registration status of patients who have consulted in their home area at least four times in any 12 month period (or receive a home visit on at least two occasions). GP Practices will receive notification of attendances directly from the provider providing such services. There is no threshold for the frequency of consultation in the patient's home area which should trigger an invitation to register closer to home, but it may usefully highlight underlying causes or circumstances which may require discussion with the patient about their registration away from home without home visits.

-----please return this half signed to the surgery-----

KINGFISHER FAMILY PRACTICE OUT OF AREA REGISTRATION INFO FOR THE PATIENT

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Name of patient: Date of birth:

Patient Signature Date