**Out of area registration:**

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice.

The new arrangements mean 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 is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**.

In order to do this the practice will need to see a summary of your medical record. You can request this from your current G.P practice or if you currently are registered for online access.

This is so the practice can determine If you have any clinical conditions which mean registration without the ability to do home visits would compromise clinical care.

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

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

If your health needs change we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

To register as an out of area patient you will be asked to complete a GMS1(Registration form) and sign the acknowledgment enclosed with this letter.

This new arrangement only applies to GP practices and patients who live in England. For further information visit the NHS Choices website (www.nhs.uk)

Kind Regards

Hazelvalley Family Practice

Out of area registration patient acknowledgement:

(Circle as appropriate)

I / on behalf of:–

Name:

Date of birth:

Would like to be considered to register as an out of area patient at the practice.

I understand I will not be eligible to request a home visit as I live outside of the practice boundary.

In the event of an urgent health need when I am unable to get to the surgery I know who to contact to access care.

I understand that my registration is subject to review and if my health needs change I may be required to register with a G.P closer to home.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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