**OUT OF AREA REGISTRATION (WITHOUT HOME VISITS): WHO TO CONTACT**

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.

Out of area registration is not suitable for patients who may rely on Community Services such as District Nurse, Health Visitor etc, as we would be unable to access these services for you if you are out of the catchment area.

If accepted but 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.

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.

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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