

## GP Direct registration checklist



### 1) Do you reside within our catchment area?

Please check if you reside within our catchment area before completing the forms. You can check online by going to our website [www.gpdirect.co.uk](http://www.gpdirect.co.uk) and clicking on the **Register at GP Direct** tab ([www.gpdirect.co.uk/register-at-gp-direct](http://www.gpdirect.co.uk/register-at-gp-direct)). Alternatively you can provide one of our receptionists with your postcode and they can check this for you. However for postcodes beginning with **HA1** or **HA2** you do not need to check as these are always within our area.

### 2) Completing your registration form

Please complete the mauve coloured GMS1 form, please ensure each section is completed to try and ensure that your registration is processed smoothly. Below is the checklist.

#### a) GMS1 form check list:

- Title
- Surname
- First name
- Previous Surname **if** there has been a surname change
- Gender
- Country and Town of Birth
- Address
- Phone Number
- Previous GP **if** you have been registered in the NHS previously
- Previous address **unless** this is the first address you are using in the NHS
- When you arrived to the UK, if not born in the UK
- GMS1 form DATED and SIGNED?
- Please ensure you complete the pre-registration form in full

**b) Summary Care Record:** Please ensure either the opt-in form or opt-out form is completed. **Only one** form should be completed.

**c) Alcohol Screening Questionnaire:** If you are aged 16 or over please complete the Alcohol Screening Questionnaire. If you are teetotaler please tick this box on the form.

### 3) Proof of ID and/or address

- Evidence of your ID, preferably in the form of visual ID such as a passport or driving licence. If you do not have either of these please try and bring any other official visual ID or a birth certificate
- Proof of address, one of the following: Council Tax bill, tenancy agreement or a utility bill (gas, electric, water bill or home phone bill), bank or credit card statement or a TV license dated within the last three months.

The mauve coloured GMS1 form and pre-registration form must be completed in full and brought to anyone of our three surgeries during their opening hours to submit your registration. The opening hours and addresses are on the reverse of this page. The person requiring registration must attend in person for identification and consent purposes unless they are aged 15 or under in which case the person with parental responsibility can submit the registration form on their behalf along with the necessary identification documents. Please allow two working days for the registration to be completed.

**Eligibility to register for primary care services (i.e. registering with a GP Practice) does not necessarily entitle you to secondary care services (i.e. services at hospital). Hospitals have their own guidance on eligibility for NHS care therefore you may be asked to provide them with additional evidence.**

**Thank you for your co-operation - GP Direct Management**

## Opening hours

GP Direct operates from three sites. However we operate a single switchboard for the three sites. This is open from **8am to 6.30pm Monday to Friday**.

### Welbeck Road

Day	Time
Monday	8.30am to 8pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 8pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Saturday	9.00am to 12 noon
Sunday	CLOSED

### Eastcote Lane (closed from 1.00pm to 2.00pm for lunch everyday)

Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Saturday	CLOSED
Sunday	CLOSED

### Butler Avenue

Day	Time
Monday	8.30am to 1pm
Tuesday	2pm to 6.30pm
Wednesday	8.30am to 1pm
Thursday	2pm to 6.30pm
Friday	8.30am to 1pm
Saturday	CLOSED
Sunday	CLOSED

**The Surgery is closed on all public holidays. Correct as of 1<sup>st</sup> December 2013.**

### Our addresses:

3-7 Welbeck Road, Harrow, Middlesex, HA2 0RQ

32a Eastcote Lane, South Harrow, Middlesex, HA2 8BS

43 Butler Avenue, West Harrow, Middlesex, HA1 4EJ

## Patient's details

Please complete in **BLOCK CAPITALS** and tick  as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

## Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

## If you are from abroad

Your first UK address where registered with a GP

---

If previously resident in UK, date of leaving	Date you first came to live in UK
---	-----------------------------------

## If you are returning from the Armed Forces

Address before enlisting

---

Service or Personnel number	Enlistment date
-----------------------------	-----------------

## If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

*\*Not all doctors are authorised to dispense medicines*

- I live more than 1 mile in a straight line from the nearest chemist
- I would have serious difficulty in getting them from a chemist

Signature of Patient     
  Signature on behalf of patient     
 Date

### NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate

- Kidneys  
  Heart  
  Liver  
  Corneas  
  Lungs  
  Pancreas  
  Any part of my body

*Signature confirming consent to organ donation*

*Date*

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

*Signature confirming consent to inclusion on the NHS Blood Donor Register*

*Date*

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: .....

## To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services  
 For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHSlist and will provide Child Health Surveillance to this patient **or**  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is

*I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.*

Authorised Signature

Name

Date

Practice Stamp

## GP DIRECT PATIENT PRE-REGISTRATION FORM

This information is required for your medical records and is strictly confidential.

Have you ever been registered at GP Direct before, even as a temporary, immediate necessary or private patient? Yes  No

How did you hear about GP Direct?

- Word of mouth (friends or family)                       GP Direct Website  
 NHS Choices Website     Previous patient at GP Direct  
 Other, please specify:.....

Personal Details	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	
Surname:	
Given name:	
Middle name(s):	
Date of birth:	Town & Country of birth:
Address:	
Postcode:	
Home telephone number:	
Mobile number:	
Are you also happy for us to text you on your mobile? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work number:	
Email address (please write clearly):	
Religion:	
Ethnic origin:	
Main language:	
Can you communicate in English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any special communication needs?	
Marital status:	
Occupation	
Previous occupations:	
Next of kin name:	
How are they related to you:	
Phone number(s):	

Family History		
Have any of your relations had any of the following illnesses or diseases?		
Illness	Relation	Age diagnosed
Heart Attack / Heart disease		
Diabetes		
Cancer – Ovary Bowel Breast Other		

Stroke		
Mental Illness		
Asthma/Eczema		
Epilepsy		
High blood pressure		

If deceased		
Relation	Cause of death	Age
Mother		
Father		
Brother		
Brother		
Sister		
Sister		

\* These fields **must** be completed

Your health	
*Height (if known):	
*Weight (if known):	
Have you any special handicaps? Do you receive any care from Social Services?	
<p>* Smoking</p> <p>Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How many of the following do you smoke in a <u>day</u>?</p> <p>Cigarettes:</p> <p>Cigars:</p> <p>Pipe (ounces):</p> <p>Water pipe (shisha) – how many times a <u>week</u>?</p> <p>If yes, do you intend to stop? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please ask at reception)</p> <p>If you are an ex-smoker when did you stop (please state the year &amp; quantity)?</p>	
<p>* Alcohol</p> <p>What is your average <u>weekly</u> intake in units?</p> <p>(1 unit = half a pint of beer or cider, one glass of wine or sherry or 1 measure of whisky/rum/gin/vodka)</p> <p>If you do not drink Alcohol at all, i.e. are a teetotaler please tick here: <input type="checkbox"/></p> <p>If you are not a teetotaler and aged 16 or over please complete the Alcohol FAST questionnaire at the end of this health questionnaire.</p>	
Are there any medicines or drugs that have disagreed with you or to which you have an allergy?	
What drug?	What happens?

**Please state what, if any, medicines you take regularly, whether prescribed or purchased over the counter**

<b>Name</b>	<b>How often?</b>	<b>Prescribed or over the counter</b>

**If you need to add more please complete on a separate sheet of paper.**

**Have you ever misused drugs or solvents? Yes  No**

**If yes please give more details:**

**Have you any medical problems at the moment? Yes  No**

**If yes please list the medical problems you currently have:**

**Have you any problems that it might be helpful for your doctor to know about?**  
(e.g. your personal life, your childhood, your family, your home life or accommodation)

**How much exercise do you take?**

**Is there anything special or unusual about your diet?**

**Please state what immunisations you have had? (e.g. tetanus, diphtheria, whooping cough, polio, MMR, rubella, cholera, typhoid etc) Please give dates.**

**GP Direct has a “zero tolerance” policy. This means that we will immediately remove any patient (and their family if appropriate) if they are seen to be rude, aggressive or pose a danger to any one of our staff.**

## Fast Alcohol Screening Test (FAST) and Alcohol Users Disorders Identification Test (AUDIT)

Name (please print): \_\_\_\_\_

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

Male  
 Female

Are you a teetotaler, i.e. do not drink alcohol at all? Yes  No



Questions	Scoring System					Your Score	
	0	1	2	3	4		
<b>1</b>	How often do you have 8 (men) or 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>2</b>	How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>3</b>	How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>4</b>	Has a relative /friend /doctor /health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>Please add your score for questions 1 – 4</b>							
<b>If your score so far comes to 3 or more please continue with the questionnaire, if it is 2 or less please stop</b>							
<b>5</b>	How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2-3 times per week	4+ times per week	
<b>6</b>	How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 8	10+	
<b>7</b>	How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>8</b>	How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>9</b>	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>10</b>	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
<b>Please add your score for questions 1 – 10</b>							

**FAST** (first 4 questions) = **2 or less** no need to continue, **3 or more** you will need to complete all 10 questions

**AUDIT** (all 10 questions): **0-7** = sensible    **8-15** = Hazardous    **16-19** = Harmful    **20+** = Possible Dependence



# NHS Summary Care Record

## Your emergency care summary

**Please read this leaflet carefully. It will give you information about the new Summary Care Record – your emergency care summary. You need to make a choice.**

### What do I do now?

If you are happy for us to make a Summary Care Record for you, you do not need to do anything, we will automatically make one for you.

If you do not want us to make a Summary Care Record for you, please fill in an opt-out form and **return it to your GP practice.**

Opt-out forms are available at [www.nhscarerecords.nhs.uk/options](http://www.nhscarerecords.nhs.uk/options) or your GP practice, or you can ask us to send you one by phoning the Summary Care Record Information Line on **0300 123 3020**.

### Where can I get more information?

For more information about Summary Care Records and your choices:

- phone the Summary Care Record Information Line on **0300 123 3020**;
- contact your local Patient Advice @ NHS England
- visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk).

### About your Summary Care Record

If you decide to have a Summary Care Record it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. You may want to add other details about your care to your Summary Care Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

### How will Summary Care Records help me?

- Healthcare staff will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England.

### How will you control who can see my Summary Care Record?

Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and pass code (like a bank card and PIN);
- will only see the information they need to do their job; and
- will have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious or in certain circumstances such as a court order, healthcare staff may look at your record without asking you. If they have to do this, they will make a note on your record.

### How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure. We publish the NHS Care Record Guarantee for England. This says how the NHS will collect, store and allow access to your electronic records and your choices for how your information is stored and looked at. If you would like a copy, there is information on how to get one on the back of this leaflet. No matter how careful we are, there are always risks when

information is held on computers as there is when they are held on paper. In every place we treat you there are people responsible for protecting your confidentiality. Ask your local NHS for more information.

## What are my choices?

- **You can choose to have a Summary Care Record:**

Please complete the attached opt in form and return to the practice.

- **You can choose not to have a Summary Care Record:**

You need to let your GP practice know by filling in and returning an opt-out form. (see attached)

## You can change your mind at any time

- If you choose not to have a Summary Care Record but then change your mind later we can still make one for you. You need to let your GP practice know.
- If you choose after we have made your Summary Care Record that you do not want it, you need to tell your GP practice. We will make sure that healthcare staff who try to look at your Summary Care Record will not be able to. We will only make your record available again if whoever wants to see it asks in writing and investigation has found it necessary.
- You can ask to have your record deleted, but that may not be possible if the record has already been used to give you care.

## Children and the Summary Care Record

Children will automatically have a Summary Care Record made for them.

If you **do not** want your child to have a Summary Care Record you will need to fill in an opt-out form on behalf of your child and return it to your child's GP practice. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about.

## Introduction to Summary Care Records

Today, records are kept in all the places where you receive care. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down treatment and sometimes information can be hard to access. We are introducing Summary Care Records to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you, to help provide you with safe treatment when you need care in an emergency or when your GP practice is closed. We are telling you about this before a Summary Care Record is made for you, so that you have time to think about your choices. **You can choose to have a Summary Care Record:** You do not need to do anything. This will happen automatically. Healthcare staff will ask your permission every time they look at your Summary Care Record. **You can choose not to have a Summary Care Record:** If you don't want a Summary Care Record, you need to let your GP practice know by filling in and returning an opt-out form. (see attached)

**PLEASE ONLY COMPLETE EITHER ONE OF THE FORMS ATTACHED. DO NOT COMPLETE BOTH FORMS.**

Thank you

GP Direct Management



Your emergency care summary

CONFIDENTIAL

OPT-IN FORM

Request for my clinical information to be included in the Summary Care Record

If you DO want a Summary Care Record please complete this form and return it to your GP practice

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....
Forename(s) .....
Address .....
Postcode ..... Phone No ..... Date of birth .....
NHS Number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or a child, the GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B.

Your name ..... Your signature .....
Relationship to patient ..... Date .....

C. Please indicate your choice below

- I give my explicit consent for medication, allergies and adverse reactions only to be included in my Summary Care Record
I give my explicit consent for medication, allergies, adverse reactions AND additional information to be included in my Summary Care Record (please specify overleaf)

If you have any questions, or if you want to discuss your choices, please:
• Phone the Summary Care Record Information Line on 0300 123 3020; or
• Visit the Summary Care Records website at ww.nhscarecords.nhs.uk; or
• Contact your local Patient Advice Liaison Service (PALS) (0208 8795 6771)

FOR NHS USE ONLY

Actioned by practice: yes/no

Date: .....

I would like the following additional information included in my Summary Care Record:



Your emergency care summary

CONFIDENTIAL

## OPT-OUT FORM

# Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

### A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient ..... Date .....

### What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

### FOR NHS USE ONLY

Actioned by practice yes/no

Date .....

Ref: 4705

## GP DIRECT

Dear Patient

Do you look after someone who is ill, frail or mentally ill? If so, you are a carer. We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often "hidden" looking after a family member or helping a friend or neighbour with day to day tasks. These people may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community, which is often a 24 hour job that can be very demanding and isolating for the carer. We further believe carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits and respite care and, not least, a listening ear when things get too much.

As a carer, you are also entitled to have your needs assessed by Adult Care services. A Carer's Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also looks at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

If you are a carer, this is an opportunity to let the Practice know so that we can update our records and pass on your details to Carers Support Harrow who can provide relevant information and advice, local support and a telephone helpline.

Please complete the attached sheet only if you are a carer and return it to the Surgery.

We look forward to hearing from you.

Yours sincerely,

**DO YOU LOOK  
AFTER  
SOMEONE WHO  
IS ILL, FRAIL,  
DISABLED OR  
MENTALLY ILL?**

If so, you are a carer and we would like to support you.

Please complete this form and hand it in the Reception.

If you are agreeable, we will pass your details to Carers Support Harrow, which is an organisation providing relevant information and advice on local support services.

**Your details**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	
<b>Any Relevant Information</b>	

**Details of the person you look after**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone Number</b>	
<b>Any Relevant Information</b>	

Would you like your details to be passed on to Harrow Carers? Yes  No

# How information about you helps us to provide better care

This leaflet has been produced by Health & Social Care Information Centre.

## Introduction

Information about you and the care you receive is shared, in a secure system, by healthcare staff to support your treatment and care.

It is important that we, the NHS, can use this information to plan and improve services for all patients. We would like to link information from all the different places where you receive care, such as your GP, hospital and community service, to help us provide a full picture. This will allow us to compare the care you received in one area against the care you received in another, so we can see what has worked best.

Information such as your postcode and NHS number, but not your name, will be used to link your records in a secure system, so your identity is protected. Information which does not reveal your identity can then be used by others, such as researchers and those planning health services, to make sure we provide the best care possible for everyone.

How your information is used and shared is controlled by law and strict rules are in place to protect your privacy.

We need to make sure that you know this is happening and the choices you have.

**Please take time to read this leaflet. You need to make a choice.**

## Benefits of sharing information

Sharing information can help improve understanding, locally and nationally, of the most important health needs and the quality of the treatment and care provided by local health services. It may also help researchers by supporting studies that identify patterns in diseases, responses to different treatments and potential solutions.

Information will also help to:

- find more effective ways of preventing, treating and managing illnesses;
- guide local decisions about changes that are needed to respond to the needs of local patients;
- support public health by anticipating risks of particular diseases and conditions, and help us to take action to prevent problems;
- improve the public's understanding of the outcomes of care, giving them confidence in health and care services; and
- guide decisions about how to manage NHS resources fairly so that they can best support the treatment and management of illness for the benefit of patients.

## What will we do with the information?

We will only use the minimum amount of information we need to help us improve patient care and the services we provide.

We have developed a thorough process that must be followed before any information can be shared. We sometimes release information to approved researchers, if this is allowed under the strict rules in place to protect your privacy. We are very careful with the information and we follow strict rules about how it is stored and used.

We will make sure that the way we use information is in line with the law, national guidance and best practice. Reports that we publish will never identify a particular person.

## Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside your GP practice, ask your practice to make a note of this in your medical record. This will prevent your confidential information being used other than where necessary by law, (for example, if there is a public health emergency).

You will also be able to restrict the use of information held by other places you receive care, such as hospitals and community services. You should let your GP know if you want to restrict the use of this information.

## Do I need to do anything?

If you are happy for your information to be shared you do not need to do anything. There is no form to fill in and nothing to sign and you can change your mind at any time.

If you have concerns or are not happy for your information to be shared, speak to your GP practice.

Your choice will not affect the care you receive.

## Where can I get more information?

Leaflets in other languages and formats are available from our website.

For more information, including a list of frequently asked questions (FAQs), please go to the website at [www.nhs.uk/caredata](http://www.nhs.uk/caredata). You can also get further information from the website at [www.hscic.gov.uk](http://www.hscic.gov.uk).

Or you can speak to staff at your GP practice.



## Patient Access - Frequently Asked Questions (FAQ)

### What is Patient Access?

Patient Access is a service provided by our clinical software provider which allows patients to make appointments, request repeat medication, message the Practice securely, update their contact details and view their medication, allergies and adverse reactions online.

We believe that the service will save you time as you can book appointments and request your repeat medicines at your convenience any time of the day. Patient Access is also available as a free smartphone App.



### What are the main features of Patient Access?

- Checking, booking and cancelling appointments
- Checking your medication and ordering repeat medication
- Updating your contact information, including mobile phone number and email address
- Sending messages to your practice, so avoiding the need for a phone call for routine (non-clinical) enquiries
- Viewing your medication, allergies and adverse reactions online

### How can I use Patient Access?

This service is available to anyone to use provided they have access to the internet. All you need to do is come to the Surgery and request a 'Patient Access PIN' which the receptionist will be happy to provide to you from any of our Surgeries. We require that you show visual ID in the form of a Passport or Drivers License as we don't want to take the risks with your confidentiality. You can also start your registration for Patient Access online without the PIN document however you will ultimately have to show your proof of visual ID at the Practice.

If you are requesting an account for your child you can do this provided they are aged 10 or under (but we ask that you bring in their ID as well as yours for their own confidentiality). If you are aged between 11 and 15 it will be at a doctor's discretion whether you can register for your own Patient Access account.

### So I have my PIN, what next?

Once you have your PIN all you need to do is register to use the service online. The website address is <https://patient.emisaccess.co.uk/Register>. Once you have created your account you will have instant access to this service. You can start the registration process online without a PIN document however you will ultimately have to show proof of visual ID to gain full access to your Patient Access account.

### GP Direct Management

Updated September 2014