

Partners

Dr G Micklethwaite
Dr N Hughes
Dr B Tighe
Dr A Saeed
Dr D Riley

**Salaried GP's**

Dr R Evans
Dr D Ganesh
Dr A Inglis
Dr M Nathu
Dr K Cork

OUT OF AREA REGISTRATION
PATIENT LETTER

You are requesting to be registered as an 'OUT OF AREA' patient. As you now live outside the surgery boundaries, we have to make you aware that as such, your GP will no longer be able to provide any home visits, if required.

If you are currently registered for online services, we will need to set up a new account for you.

You may on occasion, develop an **urgent** illness or injury at home that means attending this GP surgery as normal would **not** be appropriate. This does not include routine prescription requests. If this is the case and you require a GP please contact this practice in the first instance. If we determine you need access to services local to where you now 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. You will need to register with this healthcare provider, on a temporary basis. You are allowed a maximum of 2 home visits and 4 consultations or telephone consultations per year with the temporary practice. If you exceed this limit, your registration as an Out of Area Registered patient will be reviewed.

If this is in the out-of-hours period when GP surgeries are normally closed – between 6.30pm and 8.30am weekdays and during weekend – NHS 111 will direct you to the local out-of-hours provider.

Yours Sincerely

Voyager Family Health

Voyager Family Health

Farnborough Centre for Health, Apollo Rise, Southwood Business Park, Farnborough, GU14 0NP

T: 01252 545078

WWW.VOYAGERFAMILYHEALTH.CO.UK

Enquiries: nehfccg.voyagerfh@nhs.net

Scripts: nehfccg.voyagerfh.scripts@nhs.net

Secretaries: nehfccg.voyagerfh.secretaries@nhs.net

OUT OF AREA PATIENTS - Patient questionnaire - *complete ONE per patient*



Request to remain a Registered Patient at Voyager Family Health
Please return the completed form as soon as possible for us to process.

★ You are requesting to change the way that you are registered here at VoyagerFH so that we will continue to be involved in your health care provision. To assist us with answering your request, we require the following information to ensure that your records contain the correct and up to date information:

Today's date _____ Patient signature (parent / carer if under 16) _____

Name of current registered GP at VoyagerFH _____

Name of patient _____ Email _____

Place of Birth _____ Date of birth _____

Home telephone number _____ Mobile _____

New address _____

ETHNIC ORIGIN – <i>Please circle the following options:</i>		Prefer not to say
White British		Other White
White Irish		
Mixed White / Black Caribbean		Other Mixed
Mixed White / Black African		
Mixed White / Asian		
Indian		Other Asian
Pakistani		
Bangladeshi		
Black Caribbean		Other Black
Black African		
Chinese		Other Ethnic Group

ALCOHOL CONSUMPTION - *Over 16 only* - Please circle the answers to all questions

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
How Many standard alcoholic drinks do you have on a typical day when drinking?	1-2	3-4	5-6	7-8	10+
How often do you have 6 or more standard drinks on an occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

DO YOU SMOKE? YES / NO **If Yes**, how many cigarettes do you smoke each day ? _____

Are you already registered for Online Services with us? YES NO

If yes, you will be emailed a new PIN document to enable you to set up your online services account again.

We recommend that you do not smoke.
Please ask at Reception for details on 'Quit Smoking Clinics'

APPROVAL _____

Opt In/Out Patient Choice Form

For more information on data sharing please see our web site under GDPR and also www.nhsdatasharing.info.

Please tick the relevant option:

To receive SMS text reminders for appointments and/or health promotion information YES NO
Please note that by opting out of SMS texting you will not receive appointment reminders

To receive Email reminders for appointments and/or health promotion information YES NO

IMPORTANT INFORMATION ABOUT YOUR HEALTH RECORD (Please read carefully)

The NHS shares data from your medical record in a number of ways. You have the right to control how your personal information is used and who has access to it. You can opt out of this data sharing by completing the form below. We will then add relevant coding to your record to stop the extraction and processing.

I agree to the following information to be extracted and uploaded from my GP record for the following purposes:

National Data Opt-Out

This information is used by NHS England and Public Health England to determine future demand on services, or for research into the treatment of conditions. This will also include the National Diabetic Audit and other National Audits that the practice may part in. (<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit>)

To **Opt Out** of this please visit <https://www.nhs.uk/your-nhs-data-matters/> where you will need to register your preference not to take part.

The following options are for data sharing related to your direct health care. You are opted in by implied consent unless you let us know.

The Summary Care Record— Please opt me out of the Summary Care Record YES NO

The Summary Care record is a national record which can be accessed by healthcare professionals who may need to treat you in other parts of the country. It contains information on your main diseases, medications and allergies which may be crucial to your care in an emergency situation. If you do not want your data to be available to other services on the national spine, please let the practice know and we will ensure you are **Opted out** of this data sharing

The Care and Health Information Exchange, (CHIE) - Please Opt me out of the Hampshire CHIE YES NO

CHIE is a Hampshire wide database which healthcare professionals in other practices and the local hospitals can access if they need to treat you. They can ask you to view your practice record, such as when you visit a local Hub – and this may be important to providing you with the correct care. It is not available to health services outside of Hampshire – who would use the Summary Care Record to obtain important information about you.

Please ensure that no further information is uploaded about me. I understand that I can opt back in to any or all of these databases at any time in the future by informing the Practice in writing.

***ONLY SIGN HERE IF YOU HAVE TICKED NO ON ANY OF THE HEALTH RECORD QUESTIONS**

Patient Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____