

Would you like to have a say in how we run our services?

Our **Patient Participation Group** is made of patients and practice staff who meet once every three months. The group discusses the way the practice is run and what can be done to improve our service.

There are two ways in which you can **get involved**:

1. Simply **come at the meeting**, the dates and times are displayed in the reception area.
2. **Join the group** by ticking the box below and we will contact you regarding our next PPG meeting.

- I agree that the practice uses my information to keep me informed of the next PPG meetings.
- I don't agree that the practice uses my information to keep me informed of the next PPG meetings.

If you are **undecided** on whether you want to join the PPG or not, please keep in mind that you can always request the PPG joining form from the reception staff.

Online Access

Online access allows you to request your prescriptions, access your records once you are registered, **you will automatically receive a SMS your online access pin.**

Patient/Practice Agreement

Disclosure

I, the patient named below, agree to disclose all material facts regarding my health to my General Practitioner and his/her clinical staff. We the Practice declare that we shall not disclose any information regarding the Patient without the Patient's written consent.

Confidentiality

We, the Practice, declare that we shall hold confidential all matters pertaining to the Patient and not release such information without the Patient's written consent. I, the patient named below agree that I can be contacted regarding my health by the surgery or secondary care and aware that my information will only be stored for as long as it is necessary.

Appointments

I, the patient agree to attend on time for all appointments that I book with the Practice and to cancel in advance any appointment that I cannot attend. I acknowledge that should I arrive late for an appointment I may be asked to rebook for another time. I am aware that after 2 consecutive DNAs, the Practice has right to take further action.

Emergency Calls 8am - 9am (0208 800 9781)

I agree to attend emergency clinics **only** for the treatment of clinical emergencies that have occurred within the 72 hours that require immediate medical treatment. I shall not abuse this service by requesting that routine matters be considered within the emergency consultation. I agreed to call to request for emergency between 8am and 9am on the day.

Sick notes & Medical certificates

I agree that I will not ask to book an emergency appointment for receiving a sick note or a medical certificate. I understand that it is my duty to book appointments ahead of time.

Home Visits

I shall only request a home visit from the practice under circumstances that I am house bound or where I cannot physically attend at the practice; I will endeavour to make this request no later than 10:30am.

Mobile Phone

I agree to the silent my mobile phone before entering the practice and to keep it silent at all the time while I am within the practice building. If I forget to silent my phone before entering the practice building, I agree to silent it **immediately, should it ring** while I am within the building.

Telephone result

I appreciate that I can telephone for test results, and I agree to phone between the hours of 12pm and 2:00pm.

Repeat prescription

I agree to request repeat prescriptions giving the practice **48 hours notice** of my need for medication to be ready. Furthermore, I agree to make my request either in person, post or via the patient online access function. I acknowledge that request **cannot be made by telephone**.

Food/Drink

I agree that in the interest of fellow patients it is unacceptable to consume food/drink within the practice building and I agree to always observe this requirement.

Telephone Consultation

Under this agreement it is your right to be informed that the doctors can also offer telephone consultations and advice.

Change of Address

I agree to inform the practice of and change of circumstance including updating my address, telephone number and e-mail address.

Surgery email address - lkwueke.grovesurgery@nhs.net

I agree to make better use of the surgery e-mail address for updating my address, telephone number and e-mail address.

Responding to Letters and Invitations

I agree to respond to Practice invitations for matters relating to my health.

Treatment of staff

I agree with the policy of **ZERO TOLERANCE FOR ABUSE towards ALL NHS staff** and I agree **NOT** to behave in an abusive, threatening or otherwise aggressive manner with any member of the Practice Staff. I acknowledge the right of the practice to remove me from their list without appeal should I behave in a manner prohibited.

Named GP

I agree that upon my registration with the practice I will be allocated a named GP. I understand that I am entitled to see any other Doctor that works at the surgery.

The practice thanks you for signing this agreement

Patient's name: **Date of Birth:**...../...../.....,.....

Signature: **Date:**/...../.....

IMPORTANT NOTICE

The surgery's catchment areas are N4, N15, N16 & N17 postcodes

IF your address is outside our community catchment area, you are very welcome to register at our practice but **please read the important details below.**

Arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients can approach any GP Practice even if they live outside the practice area, to see if they will be accepted on to the patient list.

If a practice chooses to register someone living out of area it will have no obligation to provide home visits.

Registering with a GP surgery outside your local area can affect the NHS services that you can access including:

- **home visits from your GP, including out of hours care.**
- **community services, such as physiotherapy or mental health.**

Out of Area registrations will be subject to review if we are unable to meet to your medical needs.

Should you wish to continue with your request please answer the question below and then sign where indicated and return this letter to the surgery. **We cannot register you without this being completed.**

Patient's name: **Date of Birth:**...../...../.....,.....

Signature: **Date:**/...../.....