

New Assignment Process



Guidance for Patients - Assignment to a GP practice.

When to complete the form

The assignment process is designed for patients that are unable to register with a local GP practice in the routine way, not for patients who choose to move practice. Practitioner Services can arrange for you to be assigned to a new practice which covers your address.

We are unable to assign you if:

- You have already been assigned recently (in last 3 months)
- You want to register with a specific GP practice
Practitioner Services must follow the NHS Board's policy – assignments are allocated on a strict rota basis.
- You feel you require particular treatment/medication
Practitioner Services do not know about practice prescribing policies. All assignments are for the provision of Primary Medical Services only.
- You wish to register outwith the area you live in.

Completing the form

The form must be completed as fully as possible; failure to do so may delay your assignment. The information you provide will help us to positively identify you and trace your previous GP Health Records.

Signing the form

The form must be signed and dated by the person that requires assignment. If you are aged sixteen years or over and unable to sign the form, you can have it signed on your behalf by your representative.

Forms for children under the age of sixteen must be signed by a parent or guardian - not the child.

Returning the form

If you have been issued with a pre-addressed return envelope you should use it to post your form alternatively post your form to:

Practitioner Services – Medical
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB

What happens next?

We will email your form to the new practice and instruct them to add your details to their GP system.

When this is completed a medical card will be sent to you showing your new practice. (Exceptionally some patients will receive a letter instead.) You will receive your card within 5 days of us receiving your request.

If you require **urgent** medical attention before then, you can approach any practice on a temporary basis or contact NHS24 by telephoning: 08454 24 24 24

After Assignment

You will need to show your new practice some form of identification/proof of residency e.g. Passport, Student ID Card, Visa, birth certificate and proof of your address. This is required by all patients registering with the NHS. **Please take your ID to the practice as soon as possible as failure to do so may result in your assignment being cancelled.**

You will have **four** weeks to make contact with the practice and present suitable documentation to them failure to do this may result in you being removed from the practice list as it will be assumed you are no longer in the area and do not require GP services.

Further Information

You can obtain further information from:

- Health Rights Information Scotland (www.hris.org.uk)
- NHS Inform (www.nhsinform.co.uk)
- How to use the NHS (www.how-to-use-the-nhs.com)
- NHS Inform Helpline: Telephone 0800 22 44 88

IF YOU ARE FROM ABROAD:

DATE YOU FIRST CAME TO LIVE IN THE UK?

0 2 4 1 2 Y 7

IF PREVIOUSLY RESIDENT IN THE UK, DATE OF LEAVING.

YOUR MOST RECENT COUNTRY OF RESIDENCE

IF YOU HAVE SERVED IN THE BRITISH ARMED FORCES:

SERVICE / PERSONNEL NUMBER

ARE YOU A RESERVIST IN ANY OF THE BRITISH ARMED FORCES?

YES

NO

DATE OF YOUR ENLISTMENT

0 1 1 1 1 1 1

DATE OF YOUR LEAVING

IS THIS YOUR FIRST REGISTRATION WITH A GP SINCE LEAVING THE ARMED FORCES?

YES

NO

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

any of my organs and tissue or my

Kidneys

Eyes

Heart

Lungs

Liver

Pancreas

Small bowel

Tissue

for transplantation after my death.

PATIENT SIGNATURE

DATE

HOW WE USE YOUR INFORMATION

THE INFORMATION YOU HAVE PROVIDED WILL BE USED BY THE GP PRACTICE TO CARRY OUT ITS VARIOUS FUNCTIONS AND SERVICES INCLUDING SCHEDULING APPOINTMENTS, ORDERING TESTS, HOSPITAL REFERRALS AND SENDING CORRESPONDENCE.

YOUR INFORMATION, INCLUDING YOUR NAME, GENDER, DATE OF BIRTH AND ADDRESS, WILL BE PASSED TO NHS NATIONAL SERVICES SCOTLAND WHERE IT WILL BE HELD ON THE COMMUNITY HEALTH INDEX (CHI). THIS INFORMATION IS USED TO REGISTER YOU WITH A GP PRACTICE, TRANSFER YOUR MEDICAL RECORDS BETWEEN GP PRACTICES IN THE UK, MAKE PAYMENTS TO GP PRACTICES FOR MEDICAL SERVICES PROVIDED, AND TO PROCESS AND ISSUE MEDICAL CARDS, MEDICAL EXEMPTION CERTIFICATES AND ENTITLEMENT CARDS.

NHS NATIONAL SERVICES SCOTLAND SHARES INFORMATION ABOUT YOU WITHIN NHSSCOTLAND TO ASSIST IN THE PROVISION AND IMPROVEMENT OF NHS SERVICES AND THE HEALTH OF THE PUBLIC. WHEN WE DO THIS, WE MAKE SURE THAT THE INFORMATION WHICH COULD IDENTIFY YOU AS A PERSON AND YOUR HEALTH INFORMATION ARE SEPARATED OR ANONYMISED. HEALTH CONDITION AND TREATMENT INFORMATION WHICH COULD IDENTIFY YOU WILL NOT BE USED FOR RESEARCH PURPOSES BY THE NHS UNLESS YOU HAVE CONSENTED TO THIS.

FOR MORE INFORMATION ON HOW NHS NATIONAL SERVICES SCOTLAND USES YOUR PERSONAL INFORMATION VISIT OUR WEBSITE AT WWW.NHSNHS.ORG IF YOU HAVE ANY QUERIES OR CONCERNS ABOUT HOW YOUR PERSONAL INFORMATION IS USED BY THE NHS PLEASE ASK FOR THE LEAFLET 'CONFIDENTIALITY - IT'S YOUR RIGHT', VISIT THE HEALTH RIGHTS INFORMATION SCOTLAND WEBSITE AT WWW.HRIS.ORG.UK OR ASK YOUR GP SURGERY.

PATIENT DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE AND I UNDERSTAND THAT IF IT IS NOT, APPROPRIATE ACTION MAY BE TAKEN.

TO ENABLE NHS NATIONAL SERVICES SCOTLAND TO CONFIRM MY ELIGIBILITY TO LAWFULLY REGISTER WITH A GP AND FOR THE PURPOSES OF PREVENTION, DETECTION, AND INVESTIGATION OF CRIME, RELEVANT INFORMATION FROM THIS FORM WILL BE DISCLOSED TO THE NHS BUSINESS SERVICES AUTHORITY, NHS NATIONAL SERVICES SCOTLAND, THE HOME OFFICE, IDENTITY AND PASSPORTS SERVICES, HM REVENUE AND CUSTOMS, THE GENERAL REGISTER OFFICE AND LOCAL AUTHORITIES.

PATIENT / REPRESENTATIVE SIGNATURE *



REPRESENTATIVE'S NAME (IF APPLICABLE)

RELATIONSHIP TO PATIENT (IF APPLICABLE)

DATE

FOR PSD ** / PRACTICE USE ONLY

PRACTICE CODE **

GP SIGNATURE

Identification seen - Do not take or retain photocopies

GP REFERENCE NUMBER

BIRTH CERT.

STUDENT ID CARD

DRIVING LICENCE

PASSPORT or HC2 Cert

HOME OFFICE APP REG CARD

OTHER specify

INPUT BY:

DATE:

CHECKED BY: