

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Sefton Practices – Temporary Residents	Doc. No.	PCS026				
Scope		All staff						
Purpose		In order to avoid any form of discrimination based on criteria other than those set out below, the practice policy relating to the registration of temporary residents will apply equally to UK residents visiting the practice area, and to those visiting from overseas.						
PRO	CEDURE		RESPONSI	BILITY				
1.	Co Re Co su Pr fol	 ons for temporary registration will be subject to: ompletion of a GMS3 Form egistration of an address within the practice area ompletion of a Health Questionnaire and a obsequent health check consultation oduction of TWO forms of identification from the llowing list, one of which will verify the registration ddress and patient / family name: Bank card/ credit card National Insurance/NHS number card Recent bank statement Recent utility bill Recent correspondence from a government body For patients from overseas – a passport or ID card 	Patient					
2.		eview of the application to register (temporary or ermanent) will be completed by the Practice Manager.						
3.	In the UK a patient can only be a temporary patient for a maximum of three months. After that they must become a regular patient.							
4.	to the Pra Note: the residency	here a patient is unable to satisfy the above criteria, refer the Practice Manager who will review the application. te: the requirement to produce identification to satisfy the bidency criteria within the practice area is not an official quirement and may be dispensed with.						

PrimaryCare:24

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Title		Sefton Practices – Temporary Residents						Doc. No.	PCS026
Version					V1				
Supersedes					N/A New SOP				
Approving Managers/Committee				ee	Head of Service				
Date Rati	ified				July 2019				
Department of Originator					Service Delivery				
Responsible Executive Director				or	Director of Service Delivery				
Responsible Manager/Support				t	Head of Service				
Date Issued					July 2019				
Next Review Date					July 2020				
Target Au	udiena	e			All staff				
Version	Date)	Contro	Control Reason			Accountable Person for this Version		
V1	July	2019	Existin to PC2		idance document trans P	ferred	Head of Service		
Reference documents E				E	Electronic Locations	Locatio	ons for Hard Copies		
Cor				Cor	nary Care 24 Intranet / porate Policies/ Current PS/		Standard Operating Procedures File in the Call Centre.		
Document Status: This is a controlled document. Whilst this document may be printed, the electronic version maintained on the PC24 Intranet is the controlled copy. Any printed copies of the document are not controlled.									

Appendix 1 - First letter



Dear

I have noticed from our records that you failed to attend *[insert number]* consecutive appointments at the surgery.

This may have been an oversight on your part, but I need to bring to your attention that the practice now has a policy regarding missed appointments and I enclose an explanation leaflet for you to explain the procedure.

If you have specific problems that you wish to discuss that are preventing you from informing us when you cannot attend for an appointment, then please ring me on the above telephone number and I will try and help where I can.

Thank you for your co-operation in this matter.

Yours sincerely,

Practice Manager