

SYSTEMONLINE GUIDANCE POLICY

Park Surgery is pleased to offer you the facility to use 'SystemOnline' which provides internet services for all patients.

- View, book or cancel doctor appointments
- View a list of your current medication and send repeat prescription requests.
- Fill in health questionnaires
- Change your contact details

Appointments

It is currently only possible to book a single doctor appointment via the online system; please continue to contact reception for nursing and other appointments. If you are unsure as to whether you need a doctor or nurse appointment, please contact the surgery.

Appointments are currently set at 10 minutes. If you feel that you need longer with your doctor, please contact the surgery to make an appropriate appointment.

If an appointment for the doctor of your choice is not available at the time you require this is because there are currently no pre-bookable slots available; please try again on the next working day. If you subsequently decide that you no longer require the appointment, please ensure that it is cancelled to enable the time to be offered to someone else.

Please cancel via either the online facility or by telephoning reception. (Failure to cancel 2 online appointments will result in your online account being removed).

Repeat Prescriptions

We require 3 working days to process requests (this increases to 5 working days if your prescriptions are sent to a pharmacy).

Registering

If you would like to register for our online services, please complete the 'SystemOnline Application Form' attached to this sheet.

Please return it to the practice **in person** with **photographic proof of identification** e.g. passport or driving licence. To ensure confidentiality we are only able to accept registrations in person - i.e. you cannot give your details to anyone else to register for you.

Our reception staff will register you and provide you with unique login details, a secure password and instructions for the website.

The aim of this service is to improve our communications with you and to ease telephone congestion.

PHARMACY PRESCRIPTION COLLECTION SERVICE

Did you know that you can arrange to collect your prescription at a pharmacy of your choice, rather than coming into the surgery? Local pharmacies will come and collect prescriptions directly from us – saving you a trip to the surgery!

To sign up, most pharmacies will ask you to visit them to complete a registration form for this service – they will then send the details to us so that we can amend your records accordingly.

We have listed the contact details of some of the local pharmacies in the area for your information (these are listed in the order of nearest to furthest distance from Park Surgery):

<p>Day Lewis Pharmacy Park Surgery Albion Way Horsham West Sussex RH12 1BG Tel: 01403 263395</p>	<p>Superdrug Pharmacy 35-37 Swan Walk Horsham West Sussex RH12 1HQ Tel: 01403 253567</p>
<p>Boots Pharmacy 1 Swan Walk Horsham West Sussex RH12 1HQ Tel: 01403 253053</p>	<p>Sainsburys Pharmacy 7 Worthing Road Horsham West Sussex RH12 1SQ Tel: 01403 254430</p>
<p>Nories Pharmacy 23 Oakhill Road Horsham West Sussex RH13 5SD Tel: 01403 265671</p>	<p>Roffey Chemist 10 Fitzalan Road Roffey West Sussex RH13 6AA Tel: 01403 259417</p>
<p>Day Lewis Denne Pharmacy Unit 3-4 Shopping Precinct North Heath Lane Horsham, West Sussex RH12 5PJ Tel: 01403 253943</p>	<p>Tesco Pharmacy Tesco Store Wickhurst Lane Broadbridge Heath RH12 3YU Tel: 01403 342847</p>
<p>Boots Pharmacy Holbrook Unit 2, Chennels Brook 17 Bartholomew Way Horsham West Sussex RH12 5JL Tel: 01403 272518</p>	<p>Boots Pharmacy Southwater Unit 2 Lintot Square Fairbank Rd Southwater Horsham RH13 9LA Tel: 01403 730496</p>
	<p>Rudgwick Pharmacy 22 Martlet Court Church Street Rudgwick RH12 3GF Tel: 01403 823791</p>

SYSTEMONLINE APPLICATION FORM

You need to bring along some **photographic proof of identification** to become registered.
To ensure confidentiality we are only able to accept registrations in person.

Name.....

Address.....

Home Telephone Number.....

Work Telephone Number.....

Mobile Telephone Number.....

Next of Kin Name:

Contact Number(s)

I consent to receiving patient relevant information via email and SMS text messaging

I would like to join the practice's email reference group to receive occasional surveys from the practice

Email address.....

Date of Birth..... Age.....

I have understood and will adhere to the Park Surgery Practice Guidance policy which I have been given for the use of 'SystemOnline'. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering and that this form will be kept on my electronic records.

Signed..... Date.....

The following information is optional but very useful for us to keep our records accurate – please tick the appropriate option

I have never smoked I am an ex-smoker I am a current smoker and smoke approx.....per day

We are required to give our patients an opportunity to disclose ethnicity and have followed the government guidelines taken from the 2001 census. Please do note that you do have the right to choose not to disclose this information to us and can indicate this by ticking the 'I do not wish to disclose my ethnicity' box:

- | | | |
|---|--|---|
| <input type="checkbox"/> I do not wish to disclose my ethnicity | <input type="checkbox"/> British or mixed British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Indian or British Indian | <input type="checkbox"/> Pakistani or British Pakistani |
| <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Bangladeshi or British Bangladeshi | <input type="checkbox"/> African | <input type="checkbox"/> Caribbean |

For staff use only
Photographic proof received and verified
Contact details checked and updated if necessary
Over **14** years of age – or a parent or guardian
SystemOnline registration activated
Internet instructions, log in and password given to patient
Policy sheet returned to patient

Completed by..... Date.....
Scanned onto medical record