



## How does Patient Access work?

Patient Access is a website that displays information from the practice's system and allows you to:

1. View and book available appointments.
2. View your medication and request further prescriptions.
3. View your medical record.

Each practice decides how much information is allowed to be seen through Patient Access and how many appointments can be booked online, rather than over the telephone. The practice are also responsible for allowing you access to Patient Access and only they can create and reset accounts if you're struggling to sign in.

Patient Access is maintained by EMIS Health. They provide clinical information systems to practices, hospitals and pharmacies in England, Scotland, Wales and Northern Ireland. On their website you'll be able to get in touch with them if you're having problems with using Patient Access. They'll certainly help you where they can, though sometimes you'll need to contact the practice with the query as we control your account and what you can do with it. If you do contact them, don't include any medical information, just the problem you're having with the website - they'll reply to your query quickly.

**To apply for Patient Access, please fill in the form overleaf and bring it in to the surgery with a form of photographic ID.**

WEST DERBY MEDICAL CENTRE  
3 WINTERBURN CRESCENT  
WEST DERBY  
LIVERPOOL  
L12 8TQ

Phone: (0151) 228 3768  
Phone: (0151) 259 2900  
Fax: (0151) 259 7008  
westderby.mc@nhs.net  
www.westderbymc.nhs.uk

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# Patient Access

The practice has a system to enable patients to book appointments, request repeat prescriptions and view certain aspects of their medical records online.

If you are interested in registering with the practice for this, please complete this form and hand it back to reception. You will be able to book, cancel or check an appointment, request a prescription or look at certain aspects of your medical records 24 hours a day, 7 days a week, 52 weeks a year.

Unfortunately, children under the age of 16 cannot be registered for this service. Each email address may only be used once on the service for one patient.

**YOU WILL NEED TO BRING A COPY OF PHOTOGRAPHIC ID (e.g. PASSPORT, DRIVING LICENCE) WITH YOU WHEN YOU BRING THIS FORM IN TO THE SURGERY.**

Name: .....

DOB: .....

Mobile telephone number: .....

Email address: .....

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DR D R ECCLES, DR C D WELSH, DR M A EDWARDS, DR A DODDRIDGE, DR D G EDWARDS,  
DR M TYAGI, DR M AHMED, DR R GRAHAM, DR A COX, DR R MILLIGAN, DR K JONES & DR W GUEST