

Factsheet 93

NHS GP Services

September 2026

About this factsheet

This factsheet provides information about NHS GP services and what you can expect from a GP practice including:

- How to find and register with a GP practice
- Services which may be provided by your GP practice
- How to book and make the most of your appointment, including online services
- How to access support to manage your GP care, including repeat prescriptions
- How to access your medical records, and
- How to raise concerns about your care.

The information in this factsheet is correct for the period September 2026 to August 2027.

For further information about how the NHS can support you, see Age UK factsheet 44, *NHS Services*.

The information in this factsheet is applicable in England. If you are in Scotland, Wales or Northern Ireland, please contact Age Scotland, Age Cymru or Age NI for advice. Contact details can be found at the back of this factsheet.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisation* section.

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1 Introduction

General practices or GP surgeries are *primary healthcare* services meaning that they are often your first point of contact with the NHS. By using your GP practice, you can access other NHS services including secondary care or specialised care.

You do not need to be '*ordinarily resident*' in England to receive NHS primary *medical* care. Anyone can register with a practice and consult with a GP without charge. Your immigration status does not affect your right to register with a GP practice.

The government has outlined plans to provide more healthcare services in the community rather than in hospitals. Digital technology will help to support this change. This means that how you access and use NHS services has changed, including GP practices.

This factsheet describes national guidelines for England but there may be variance in how services operate depending on local arrangements.

2 GP Practices

GPs are doctors working within communities who provide ongoing medical care and advice to registered patients either in person or remotely.

GPs can diagnose many common illnesses, help you manage long-term conditions, arrange tests, prescribe medications and refer you to secondary care or specialist services if necessary.

They also play an important role in health promotion by offering preventative advice to support healthy living and administering vaccinations and screening programmes.

They work with other healthcare professionals to provide holistic care for their patients throughout the life course.

Commissioning

GP practices are businesses that enter into a contract with the NHS to provide NHS primary care services. Your local Integrated Care Board (ICB) manage those contracts in response to the needs of the local population.

The contract sets out *essential services* that must be provided by the practice such as chronic disease management and *enhanced services* such as minor surgery which a practice can choose to offer or not.

Differing population needs and decisions about whether to provide enhanced services mean that there can be regional variances in the services offered.

If a particular service you need is not offered by your practice, you can contact your local ICB for further advice.

Range of health professionals

GP practices offer services to prevent and treat illnesses and support people with long-term conditions such as diabetes, heart disease, asthma, and chronic obstructive pulmonary disease (COPD). As well as doctors and nurses, the team may include other health professionals, such as:

Care navigator – often first point of contact, trained members of the team who direct patients to the most appropriate service or clinician

District nurse – provide nursing assessments and care to housebound patients with a physical need

Mental health practitioner – offer assessment and guidance for adults experiencing mental health difficulties and can refer to specialist services

Nurse practitioner – registered nurses with further training so that they can assess, diagnose and treat patients for a number of health problems

Occupational Therapist – support patients to maintain or regain independence with activities of daily living e.g. washing and dressing

Paramedic – provide assessment for acute illnesses, minor injuries, or urgent home visits under the supervision of a GP

Pharmacist – prescribe and manage medicines, carry out medication reviews, treat some minor illnesses and involved in health promotion

Physician Associate (PA) – work with doctors under the direction of a named senior doctor to provide care to patients. See the Royal College of General Practitioners for more detail about the role of PA's in general practice

Physiotherapist – work with patients to restore or maintain movement, function and independence

Social prescribing link worker – support people to connect with non-clinical community-based services to improve health and wellbeing

This list is not exhaustive and can differ between practices depending on local arrangements.

2.1 Specialist clinics

Many practices offer *group clinics* for patients with the same health condition e.g. diabetes. These clinics offer you the opportunity to meet with a clinician or healthcare professional in a supportive environment to discuss your condition, learn from other people's experiences and ask questions.

Ask your practice about availability of clinics.

2.2 Health checks

When you register with a practice, they should invite you for a new patient check to discuss your general health. If necessary, you can ask for this health check to take place at home.

If you do not have a pre-existing health condition and you are aged between 40 and 74 years, you should be offered an NHS Health Check every five years. The NHS Health Check considers your cardiovascular health and how to reduce the risks of developing associated conditions such as heart disease, diabetes or a stroke. If you are over 65, you should be told about the symptoms of dementia.

Once you reach 75 years of age, you are entitled to an annual health check with your GP or practice nurse, if you have not had a consultation in the previous 12 months. An NHS over-75 Health Check is a preventative assessment that aims to support independence, monitor long-term health, and identify potential issues early.

You may be automatically invited to attend a health check, but if you do not receive an invite and would like one, contact your GP practice.

Alongside your regular health checks, you may also be invited to participate in relevant NHS screening programmes, see section 6.6 of Age UK factsheet 44, *NHS Services*.

3 Finding a GP practice

Each GP practice has a boundary, enclosing certain streets or postcodes. Practices are free to register new patients who live outside their boundary, but it is for a practice to decide if it is clinically appropriate and practical for them to do so. If you are unhappy with a practice's decision not to register you, ask to speak to the practice manager, as there are some exceptions, see section 5.

To find practices accepting new NHS patients, you can:

- go to www.nhs.uk/service-search/find-a-gp and enter a postcode. This flags local practices and should indicate if they are accepting new patients. Follow the link to a practice's website for more information
- go to www.cqc.org.uk/care-services/find-family-doctor-or-gp (from the Care Quality Commission) and enter your post code. They have details of services provided and the quality of care you can expect
- ask friends, family or neighbours who they are registered with and what their experiences have been
- use the NHS app - see section 7.

You have a right to choose which practice you register with, if they are accepting new NHS patients. GP practices can only refuse to register you on reasonable grounds, see section 5. If you cannot find a practice to register with, contact your local ICB for further advice.

4 Choosing a practice

If a practice is accepting new patients, contact them by phone or look on their website to find out how you can register. Their website should include information about the staff and services they offer, such as;

- name and qualifications of health professionals and support staff

- holding specialist clinics, for example for people with diabetes
- opening hours and how to contact a doctor out-of-hours
- how to make an appointment to see or speak to staff
- under what circumstances you can request a home visit
- how to request a repeat prescription
- information for patients with disabilities or special language needs
- how to comment or complain about services.

Identify and ask about things important to you, for example ease of parking or support for carers. Practices have a responsibility to ensure everyone who needs to use their practice can do so.

If you have difficulties getting to the practice due to disability or caring responsibilities, discuss these with the practice manager, so they can do their best to address or resolve them.

Patient charter and standards of practice

From 1 October 2025, every GP practice in England is required to display a copy of the *You and Your General Practice* patient charter which provides information about what you can expect from the practice and how to get the most from the NHS.

It is available in several different languages, for more information, see:

www.england.nhs.uk/publication/you-and-your-general-practice

All GP practices must register with the Care Quality Commission (CQC) and be inspected by them, to ensure they meet standards. To find out how the CQC regulates and rates practices, visit their website or read their booklet '*What can you expect from a good GP practice*'.

In addition, each healthcare professional has their own regulatory body that requires adherence to a professional code of conduct. For more information, see section 12 of Age UK factsheet 66, *Resolving problems and making a complaint about NHS care*.

5 Registering with a GP practice

Once you have chosen a suitable GP practice and established that they are accepting new patients, you can request to register with them. Staff give you a GMS1 registration form to complete or you can register online via the practice website. The practice must approve your registration unless there are reasonable grounds to refuse you. It is not considered reasonable to refuse registration because you do not have a proof of address or personal identification at hand. This applies if you are an asylum seeker, refugee, homeless, or an overseas visitor, whether lawfully in the UK or not.

If the practice refuses to register you, it must give written reasons for its refusal within 14 days. They may refuse to register you because:

- it has no capacity to take on new patients
- it may not accept patients who live outside its practice boundary
- in your particular circumstances, it may not be appropriate to register with a practice a long distance from where you live
- you have been removed from that GP surgery register before.

The GP contract requires that you have a named, accountable GP who takes responsibility for co-ordinating your care. You should be allocated an accountable GP within 21 days of registration and if you request a particular GP, the practice should take reasonable steps to accommodate your request. This does not mean you will see this GP every time you visit.

For more information about registering with a GP practice, see:

www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery

5.1 Registering with a practice if you live in a care home

Your GP may be willing to continue to care for you if you move into a local care home permanently. Otherwise, you must register with a new practice.

Each care home belongs to a Primary Care Network (PCN) and has a clinical lead responsible for *Enhanced Health in Care Homes*. Their aim is to be more proactive and increase NHS support for people living in care homes.

Ask your care home manager which GP practices are within their PCN. Residents have the same entitlement to health care as anyone else and should not be asked to pay for any NHS services which the GP says they need.

5.2 'Out of area' patient registration option

GP practices are free to register patients who live outside their practice boundary. If they do offer out of area registrations, they can agree to accept your application but without any obligation to offer home visits. You may want to consider this if you are in relatively good health and move just outside your current practice boundary or would like a practice close to your place of work.

Before agreeing to your request, the GP must:

- be satisfied it is clinically appropriate and practical in your case, and
- make sure you understand the consequences of this type of registration.

The practice should explain what happens during normal hours when illness means you cannot reasonably be expected to visit the surgery. Your practice must monitor the effectiveness of this arrangement and if your health needs change, can consider whether it would be better to register with a practice closer to home.

Practices do not have to offer out of area registration so an application may be refused. This applies only to GP practices based in England, not in cross border situations with Scotland or Wales.

5.3 Registering as a temporary resident

If you are going to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you unless their list is full.

If you become ill while staying with friends, approach a local practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a specific practice. Otherwise, call NHS 111.

Your existing medical records remain with your usual GP and once your temporary registration ends, any notes on treatment or care received are sent to your usual GP and integrated into your medical records.

5.4 Changing your practice

You do not need to tell your practice if you want to change or have found another one to accept you. You may wish to tell them as a courtesy.

Once a new practice accepts you, your old practice transfers your medical records to the new practice, including your unique 10-digit NHS number.

5.5 Removing a patient from the practice list

A practice can make a written request to NHS England for you to be removed from their list. This happens if you tell them you are moving outside the practice boundary or relocating abroad. It can happen if the practice believes your behaviour towards staff or other patients is unacceptable or your relationship with staff has irrevocably broken down. Removal from the practice list would usually take place on the eighth day after the request is received by NHS England.

If the practice intends to request to remove you from their list, it must have given you a written warning in the previous twelve months prior to requesting your removal.

This does not apply if you were violent, threatened staff or other patients, and the police were informed; or if the practice believed issuing a warning was not reasonable or practical.

The practice should provide you with specific reasons for wanting your removal, unless it reasonably believes the circumstance surrounding the request mean it is not appropriate to give a specific reason, and there has been an irrevocable breakdown in your relationship with the practice. If it is difficult to register with a new practice, contact your local ICB.

If you disagree with the reasons for your removal and believe you have been treated unfairly, complain to your local ICB. See section 15 for information about making a complaint.

5.6 Home visits

The practice leaflet or website should explain the criteria for home visits. Staff should make decisions on a case-by-case basis based on clinical need, rather than insisting on meeting a specific set of criteria. It is advisable to call the practice as early as possible and give a full description of your condition to help the doctor decide if you need a home visit.

If a home visit is not necessary, you may be offered, or you can request, a telephone or video consultation if appropriate.

If you are not happy with the decision, you can make a complaint using the NHS complaints process. See section 15.

Note

You are expected to make your own way to your GP appointment. If you do not have your own transport, you should consider public transport, asking friends or family or local community transport schemes. Ask your GP practice about availability of local schemes.

6 Arranging to see a GP

6.1 Contacting your GP surgery

You can contact your GP practice by telephone or online, via the NHS website or NHS App, or in person during core hours, which are Monday to Friday, 8am until 6.30pm.

Practices must offer these different means of contact and take your preferred choice into account where appropriate.

You should be told how your initial request will be dealt with and should not be asked to call back at another time. Your request will be triaged so that you can be directed to the most appropriate member of the team or service.

If the surgery is closed, there should be a message telling you how to contact out of hours GP services. Alternatively, you can use the NHS 111 online tool or call 111 for advice.

6.2 Booking an appointment

Nearly all GP practices are members of a Primary Care Network (PCN). This means they are required to offer bookable appointments between 6:30pm and 8pm on weekdays and between 9am and 5pm on Saturdays, in addition to core hours. You may be asked to attend a different surgery to access appointments outside of core hours.

On initial contact, you will be asked details about your condition so that you can be directed to the most appropriate service.

If an **urgent** appointment is needed, you should be offered one on the same day, either in person or remotely, or be directed to the most appropriate service to meet your needs.

An urgent need is generally described as something that cannot safely wait for a routine appointment, such as signs of an infection or breathing problems which are not life threatening.

Note: In an emergency

If you have a serious or life-threatening emergency, call 999 or go to your nearest A&E department.

For **non-urgent** appointments, (sometimes referred to as '*routine*'), you should be offered an appointment within two weeks.

You have the right to request an appointment with a specific clinician, and the practice should do their best to accommodate this, but it may not always be an option, for example if the person you have requested is on leave.

Using online access

Practices are required to keep their online tool for non-urgent requests open during core hours (8am to 6:30 pm, Monday to Friday)

Some practices allow you to book a GP appointment via the NHS App or website, but not all do. Check with your practice whether this is something they offer.

Alternatively, some practices allow you to access advice via the NHS App or online. You can find this option under the '*your GP services*' tab, if this function is available at your surgery.

See Age UK guides to using the NHS App and the NHS website:

www.ageuk.org.uk/siteassets/documents/information-guides/id205842-nhs-app-guide_digital.pdf

and

www.ageuk.org.uk/siteassets/documents/information-guides/id205842-nhs-website-guide_digital.pdf

6.3 Making the most of your appointment

You may be offered a consultation by telephone or video call or an in-person appointment, depending on your needs. If you have a preference, let the surgery know. They should support your preference if possible.

Questions to consider

- If you are worried about new symptoms, try to remember when you first noticed them. Does there seem to be a pattern or certain times when they are better or worse? Could they be linked to changes in medication?
- Family history?
- Have you taken any over-the-counter medicines?
- If you do not understand the answer to your questions or any words used, ask for an explanation or for the answer to be written down.
- Take a family member or friend with you to help remember the details.
- If your GP recommends further tests, ask how long you may have to wait, where will the tests be done and when will you get results and who to contact if you do not receive them.

- If you are going for test results and to discuss treatment, your doctor should tell you if there is more than one treatment, the pros and cons of each, and whether there are common side effects, as well as what may happen if you decide not to have treatment.
- Ask what happens next. Do you need to come back? What happens if symptoms worsen? Can you get further information, such as support groups or other sources of help?

Prepare for your appointment by making notes to remind yourself what you want to say or ask the doctor and start with what is concerning you the most.

A typical appointment slot is 10 minutes. If you have complex or multiple health concerns to discuss, ask your GP practice to consider a double appointment. They will try to accommodate this if possible, but they are not obliged to accept your request.

Condition specific charities may have questionnaires to help guide you, such as the British Heart Foundation, Arthritis UK and Macmillan Cancer Support.

6.4 Chaperones

Chaperones are trained members of the practice team who are there to support, reassure and advocate for you. You can request a chaperone for any examination or procedure, but one should be routinely offered if an intimate examination is needed. You do have the right to refuse to be assisted by a chaperone.

The chaperone should take into account your personal preferences such as gender and religion. The presence of a friend or family member does not replace the need for a chaperone.

6.5 Confidentiality

Your GP has a legal duty to maintain confidentiality and cannot share your personal medical information without your consent.

This includes sharing information with family or friends or the Department for Work and Pensions (DWP). You can state that specific information is not to be shared. If you are claiming benefits, the DWP should only ask for information that is relevant to your benefit claim. However, if you refuse to share information with the DWP, it may impact upon your ability to claim a benefit.

Your GP can share information with other healthcare professionals directly involved in your care without permission, as consent is implied – see section 6.6. Guidance from the General Medical Council (GMC) states that if a patient would be surprised to see how their data is being accessed or disclosed for direct care, then the GP should seek explicit consent (if practicable to do so).

If you lack mental capacity to consent to the sharing of information, a GP may consult friends or family without your consent, where appropriate, if it is in your '*best interests*'.

There are a few limited circumstances when GPs are not required to maintain confidentiality, such as if it is in the public interest to do so, such as an infectious disease, or to protect you from serious harm, or as a result of a court order.

6.6 Consent

Consent means giving permission for a procedure or intervention (or the sharing of information). Your consent is required for any type of medical examination, test or treatment.

For consent to be valid, it must be voluntary and informed, and the person consenting must have mental capacity to make the decision.

The meanings of these terms are:

- **voluntary** – the decision to either consent or not to consent to treatment must be made by you, and must not be influenced by pressure from medical staff, friends or family
- **informed** – you must be given all the information about what any treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what happens if treatment does not go ahead

- **capacity** – you must be capable of giving consent, which means you understand the information given to you and can use it to make an informed decision. Your capacity is assumed unless proven otherwise.

If you have the capacity to make a voluntary and informed decision to consent to, or refuse, a particular treatment, your decision must be respected. You should be fully involved in decisions about your treatment and care and be provided with enough information to make an informed choice.

This includes details about any proposed treatment, the purpose, benefits, risks, side effects, and any alternatives so that you can give **explicit** consent that you are happy to go ahead. Consent can be given verbally, non-verbally (implied), or written and recorded in your notes, but for significant procedures, a written consent form should be completed.

Implied consent is assumed consent based on your actions and circumstances. Rolling up your sleeve for a blood test is an example of implied consent. Agreeing to a referral to a hospital means it is assumed or implied that you give consent for the sharing of relevant information for your direct care.

Consent remains valid unless you change your mind, or your condition or circumstances change, and it can be withdrawn at any time. Your healthcare professional should review your consent decision regularly and at each stage of treatment. There are some exemptions where treatment can be given without consent, see www.nhs.uk/tests-and-treatments/consent-to-treatment

If you lack the mental capacity to make a specific decision about your healthcare at the time it is needed, GPs must follow principles set out in the Mental Capacity Act. For more information, see Age UK factsheet 22, *Arranging for someone to make decisions on your behalf*.

6.7 Seeking a second opinion

If you have doubts about a diagnosis or treatment after discussing it with your GP, you can request to see a different GP at your practice to get a second opinion. You do not have a right to a second opinion, but GP's rarely refuse, unless they believe it is unnecessary.

Note

Jess's Rule encourages GP's to rethink a diagnosis if a patient presents three times with the same concerns or escalating symptoms. It aims to make GP teams Reflect, Review and Rethink when a patient presents in this way to avoid late or misdiagnoses.

6.8 Referrals

If your GP needs to refer you to a consultant-led team for a physical or mental health condition, you have the right to choose which hospital or service you are referred to for your first outpatient appointment.

There are limited circumstances where you would not be able to exercise choice, for example if you needed urgent or emergency care, or there is no provision for NHS care.

For further information about the choices open to you, see the *NHS Choice Framework - what choices are available to you in your NHS care* guide at:

www.gov.uk/government/publications/the-nhs-choice-framework

7 Online services

You can download Apps such as the NHS App or myGP App to a smartphone or tablet – some practices may use a different online system.

Online tools let you book or cancel appointments, order repeat prescriptions, view your GP record and link to register as an organ donor. For general information, see the NHS website at:

www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services

If you have *proxy access* (see over page), you can use online services for that person. You can ask your practice receptionist to explain how to register and use online services.

7.1 Proxy access

If you find it difficult to manage your GP care, you can give permission to allow '*proxy access*' to a trusted family member/friend or carer so that they can help you. If you grant proxy access, your nominated person can access online services to support you to order repeat prescriptions, book appointments, speak with the surgery, view test results, or access your GP records.

If you ask for someone else to be given access, you can still access your GP services yourself and you decide the specific level of access the person has and what information you are happy to share with them.

For more information, see:

www.nhs.uk/nhs-services/gps/gp-services-for-someone-else-proxy-access/information-for-adults-help-with-gp-services

8 Managing repeat prescriptions

Electronic Prescription Service (EPS)

Most prescriptions are now signed, sent, and processed electronically. This aims to improve efficiency and safety when dispensing medicines.

You can nominate a pharmacy to dispense your repeat prescriptions on a regular basis. When you contact your practice or go online to order a repeat prescription, it sends it to that pharmacy automatically, via the practice IT system. This eliminates paper prescriptions and errors due to handwriting.

If your prescription is unlikely to change, the GP can agree to set up automatic delivery of your prescription for a specified number of repeats. You can amend your nominated pharmacy or amend it temporarily if you are going away and likely to need a prescription during that time.

Many pharmacies offer a **home delivery service**. This is a helpful service but can limit the opportunity to ask questions about your medicines and may be a charged-for service. Most pharmacists are happy to speak to you on the phone, so always call the pharmacy if you have questions about your medicines.

Online pharmacies

Some pharmacies operate online only services for prescribed medications on behalf of the NHS. Their services can vary so it is a good idea to explore the different options, such as whether there is any charge for home delivery or how medication is packaged.

Check whether they are registered with the General Pharmaceutical Council (GPhC) and therefore required to adhere to their standards of practice.

9 Carers

If you are an unpaid carer, ask the practice to note this in your records. This can help your GP understand your needs better and support you and the person you care for.

Practices are encouraged to identify and record that a patient is an unpaid carer in their records, so that targeted support can be offered, such as vaccinations, more manageable appointment times or longer appointment slots and any other available community support.

For further information, including a letter template to help register your role, see:

www.carersuk.org/help-and-advice/your-health-and-wellbeing/talking-to-your-gp

10 Frailty

The term '*frailty*' describes a medical condition that means you are more susceptible to illness and at a greater risk of falls, delirium, and reduced independence, more common with increasing age. A relatively minor health problem can have a long-term impact on your wellbeing, physical and mental health if you are living with frailty.

GP practices must take steps to identify people over the age of 65 living with moderate to severe frailty.

Early identification can enable GP practices to offer targeted support to help you stay well and maintain independence for longer. This could include support from falls prevention services or medication reviews, for example.

11 Accessing your health records

A health record is a historical record of your illnesses and NHS care. It contains information about your physical and mental health, medication, vaccinations, investigations such as blood tests, hospital referrals and discharge letters. You may have both paper and electronic records.

Staff in your GP practice add to your GP record at each appointment. Hospitals you visit hold their own records about your care, as do dental practices and opticians.

You have the right under the *Data Protection Act 2018* to apply for personal information held about you, free of charge, by making a *Subject Access Request* ('SAR'). You can request electronic access or paper copies and give another person permission to access your records.

Contact the GP practice by letter or phone. Include your full name, address and contact telephone number. Reference the one month deadline that applies when dealing with requests. Mention you have the right to make the SAR for free under the *Data Protection Act 2018*.

Access can be refused if disclosure:

- would cause serious harm to your physical or emotional health or another party; *or*
- relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for you) and after taking into account the balance between the duty of confidentiality to the third party and right of access of the applicant, concludes it is reasonable to withhold third party information.

Contact the Information Commissioners Office (ICO) for more details.

Summary Care Record

You have a **Summary Care Record (SCR)**, created from your GP record, unless you choose not to have one. It contains information about your current medication, allergies and any medication that you react badly to.

You can access your SCR if you have one, either online or by contacting your practice. You can choose to include additional information about, for example, long term health conditions, treatment or end of life preferences or any significant medical history.

Access to your SCR helps an authorised doctor or health professional to treat you and respect your preferences, if you cannot communicate, and need care away from the practice, particularly in an emergency.

12 Charged for services

GPs can charge for non-NHS services (services not included in the NHS contract). This includes some reports, such as an accident or sickness insurance certificate, or a '*fit to travel*' letter. Ask the reception team for details of any relevant charges, as there is no fixed fee for these services.

Guidance from the Information Commissioners Office (ICO) states that generally there should not be a charge for a SAR (see section 11), unless the request is considered to be '*manifestly unfounded*' or '*excessive*', in which case a '*reasonable*' fee be charged.

13 Accessible Information Standard

The Accessible Information Standard aims to make sure that when you have a disability or sensory loss, you receive information you can access and understand, as well as the communication support you need, when engaging with NHS or social care staff.

They may send correspondence or information in large print, easy read, Braille, or audio format, or by email, or arrange for a lip reader or British Sign Language Interpreter to be available for your appointment.

Any reasonable adjustments you require, such as the need for additional support or an interpreter should be recorded and accessible to all health and social care professionals involved in your treatment and care.

For more information, contact your GP practice, the Royal National Institute for Deaf People, or the Royal National Institute of Blind People.

14 Duty of candour

Under regulation 20 of the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*, every health and care professional, including GP's, must be open and honest with patients if something goes wrong with their treatment or care that has the potential to cause harm or distress.

The duty requires that you or your representative is informed in person, followed by a written apology and explanation of the incident, what any potential effects are, and any remedial action taken, where appropriate.

15 Resolving problems and making a complaint

Each GP practice providing NHS services must follow the NHS complaints procedure and have a senior staff member responsible for resolving concerns and problems.

Try to raise concerns at the time with the member of staff, their manager or person responsible for complaints handling so that you may resolve the problem informally. If you want to make a formal complaint, ask for a copy of the practice's complaints procedure.

If you feel uncomfortable making a complaint to the staff or organisation providing the service, raise it with your local Integrated Care Board (ICB) responsible for commissioning primary care services.

If your concerns relate to a specific healthcare professional's fitness to practice, you can raise your concerns with their regulatory body, for example, the General Medical Council regulates doctors.

For more information, see Age UK factsheet 66, *Resolving problems and making complaints about the NHS*

Useful organisations

Arthritis UK

www.arthritis-uk.org

Telephone 0800 5200 520

Charity working to improve the lives of people living with arthritis.

British Heart Foundation

www.bhf.org.uk

Telephone 0300 330 3322

Charity offering information, advice and support to people living with heart conditions and their families.

Care Quality Commission

www.cqc.org.uk

Telephone 03000 61 61 61

Regulates the quality and safety of GP practices in England.

Carers UK

www.carersuk.org

Telephone 0808 808 7777 (Monday to Friday 9am–6pm)

Provides information, advice and support to carers, has local support groups, and campaigns on carers' issues.

Department for Work and Pensions (DWP)

www.gov.uk/government/organisations/department-for-work-pensions

Government department responsible for administering social security.

General Pharmaceutical Council (GPhC)

www.pharmacyregulation.org

Telephone 020 3713 8000

Regulator for pharmacy professionals and pharmacies. Can investigate concerns raised by members of the public.

General Medical Council (GMC)

www.gmc-uk.org

Telephone 0161 923 6602

The organisation to contact if you have a concern about a doctor's 'fitness to practice'.

Healthwatch England

www.healthwatch.co.uk

Telephone 03000 683 000 weekdays 8.30am–5.30pm

National consumer champion for people using health and care services. Each local authority has a Healthwatch to advise on local services.

Information Commissioners Office (ICO)

www.ico.org.uk

Advice line: 0303 123 1113

Provides information and advice about data protection and information rights.

Macmillan Cancer Support

www.macmillan.org.uk

Helpline 0808 808 00 00

Provides information, advice and support for people with cancer, their families and carers.

NHS website

www.nhs.uk

Online information helps you find NHS services, identify options and manage long term conditions.

NHS 111

www.111.nhs.uk

Telephone 111

Free 24/7 NHS service for non-life threatening medical help and advice.

Nursing and Midwifery Council

www.nmc.org.uk

Telephone 020 7637 7181

Can investigate 'fitness to practice' concerns about nurses, nursing associates and midwives.

Patients Association

www.patients-association.org.uk

Telephone 0800 345 7115

Charity offering information and guidance to patients and campaigning for improvements in health and social care.

Royal College of General Practitioners (RCGP)

www.rcgp.org.uk

Professional membership body for GPs supporting GPs to achieve high standards of patient care.

Royal National Institute for Deaf People (RNID)

www.rnid.org.uk

Telephone 0808 808 0123 or UK Relay 18001 then 0808 808 0123

Charity supporting people who are deaf, have hearing loss or tinnitus.

Royal National Institute of Blind People

www.rnib.org.uk

Telephone 0303 123 9999

Charity supporting people affected by sight loss.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice or Age Cymru Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.wales

0300 303 4498

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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Our publications are available in large print and audio formats

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The evidence sources used to create this factsheet are available on request.

Contact resources@ageuk.org.uk

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