

North Trafford Group Practice

Please note! If your medical query is urgent, then call the practice. If the practice is closed, contact 111 or, for a medical emergency, call 999.

How to submit an online request by Accurx

If you want to submit a routine request to your GP practice, please follow the following steps

Step 1: Visit our website

<https://www.ntgp.co.uk/appointments>

and click the link **"BOOK YOUR APPOINTMENT THROUGH AccuRX"**

Step 2: Choose Type of Request

I have a health problem

Choose this option if you need help with a medical concern or would like to request a clinical assessment.

I have an admin or routine care request

Choose this option for requests such as:

- Sick (fit) notes
- Test or blood result queries
- Administrative enquiries
- Routine care requests
- Other non-urgent administrative matters

Label

What would you like help with?

Online requests will be read within 2 working days
If you need more urgent help, call your GP practice. If it's closed, visit [NHS 111 online](#) or call 111. In an emergency [call 999](#).

Available options

I have a health problem Available 9am to 6:30pm
Contact your GP about new or ongoing symptoms →

I have an admin or routine care request Available 9am to 6:30pm
Including fit (sick) notes, repeat prescriptions, reviews, screening and vaccinations →

I want to read online advice
Read NHS information on conditions, symptoms and treatments →

I want to self-refer
Find local services you can access without a GP referral →

Use your NHS login to submit your request faster.

[NHS](#) Continue with NHS login

For issues with NHS login please go to the [NHS Login Help Centre](#)

Read our [security & privacy for patients](#) to find out about how Accurx facilitates your care securely and safely.

If you selected "I have a health problem"

Step 3 – Tell us who the request is for

Select whether the request is for:

- Yourself
- Someone else (for example, your child or someone you care for)

Patient information

Who is the patient?

Me Someone else

Patient date of birth

Day Month Year

Patient information

Who is the patient?

Me Someone else

Patient date of birth

Day Month Year

Step 4 – Check for emergency symptoms

You will be asked whether you or the patient is experiencing any emergency ("red flag") symptoms.

Different guidance is shown for adults and children.

If any of the listed emergency symptoms apply, please follow the advice provided on the screen rather than continuing with the online request.

If none of the symptoms apply, select **Continue**.

Confirm this is not an emergency

Adults Children

Call 999 now if you or someone has any of these:

- **signs of a heart attack**
chest pain, pressure, heaviness, tightness or squeezing across the chest
- **signs of a stroke**
face drooping on one side, cannot hold both arms up, difficulty speaking
- **sudden confusion (delirium)**
cannot be sure of own name or age, slurred speech or not making sense
- **suicide attempt**
by taking something or self-harming
- **severe difficulty breathing**
not being able to get words out, breathing very fast, choking or gasping
- **heavy bleeding**
spraying, pouring or enough to make a puddle
- **severe injuries**
after a serious accident
- **seizure (fit)**
shaking or jerking because of a fit, or unconscious (can't be woken up)
- **sudden, rapid swelling**
of the lips, mouth, throat or tongue
- **labour or childbirth**
water breaking, more frequent intense cramps (contractions), baby coming, or just born
- **signs of a severe infection (sepsis)**
blue, grey, pale or blotchy skin, lips, tongue, palms of soles; a rash that does not fade when you roll a glass over it or high temperature with a stiff neck / bothered by light

British Sign Language (BSL) speakers can [make a BSL video call to 999](#) .

Deaf, hard of hearing or speech-impaired people can use 18000 to contact 999 using text relay or a textphone.

⚠ In an emergency do not use this form as your request will not be seen immediately.

Confirm that none are present.

Step 5 – Tell us about your problem

Please complete the form with as much information as possible.

Helpful information includes:


- What your symptoms are
- When they started
- Whether they are getting better or worse
- Any treatment you have already tried
- Any other information you think may help

Providing detailed information helps our clinicians assess your request appropriately and determine its clinical priority.

Select **Continue** when you have finished.

I want help for a medical issue

Medical request

 Make it clear if you are filling this in on behalf of someone else.

Please describe the medical problem

For example, I have back pain

Type response here

500 characters remaining

+ Attach a photo (optional)

How long has this been going on for? Is it getting better or worse?

For example, 2 weeks, it is getting worse

Type response here

500 characters remaining

Have you tried anything to help?

For example, I have tried physio which helps a little

Type response here

500 characters remaining

Is there anything you are particularly worried about? (optional)

For example, I am worried about it affecting my work

Type response here

500 characters remaining

How would you like us to help?

For example, I would like to help manage my pain

Type response here

500 characters remaining

Please tell us the best times to contact you (optional)

We can't guarantee a time and will only contact you during practice opening hours

Type response here

500 characters remaining

Back

Continue

Step 6 – Confirm your personal details

Please check that your personal details are correct.

Select **Continue**.

Your details

First name

Last name

Postcode

[Back](#) [Continue](#)

Step 7: Please provide contact details and verify your number.

Contact preferences

Preferred contact method (select all that apply)
It may not always be possible to use your preferred method

<input type="checkbox"/> Text message
<input type="checkbox"/> Phone call
<input type="checkbox"/> Email

[Back](#) [Continue](#)

Step 8 – Review your request

You will see a summary of the information you have entered.

Please check everything carefully before submitting your request.

If you have a preferred clinician, you may include this in the appropriate section. Please note that while we will always try to accommodate requests where possible, this cannot be guaranteed.

When you are happy with your request, select **Submit Request**.

When you are finished, select the '**Submit Request**' button at the bottom of the screen.

[Submit request](#)



Step 9 – Confirmation

Once your request has been submitted successfully, you will see a confirmation page.


Request submitted


What happens next?

The practice will review your request within 2 working days

For urgent help, contact your GP. If they are closed, visit [NHS 111 online](#) 
or call 111. In an emergency [call 999](#) 

How was your experience with this request form?

Accurx created this form and regularly seeks feedback to improve 
it. Click here to share your thoughts with them.

Your ref ID: 3f7958e8-fcbe-440d-bf80-28786677680d 

 Keep this ID and provide it if you need to contact Accurx about your request.