

PRACTICE HEADED PAPER

PRIVATE AND CONFIDENTIAL

Patient name

Patient address

<<date4>>

Dear *Insert patient name*

NHS number <<nhs number>>

Important changes to repeat prescription ordering – Please read on if your pharmacy orders your repeat medicines for you.

- We are changing the way that patients order their medication.
- This will only affect you if your prescriptions are ordered via a pharmacy or appliance contractor. The only exception is prescriptions for feed solutions supplied by Abbott.
- If you request your prescription directly from the surgery nothing will change.
- The dispensing and delivery arrangements will not change; it is just the ordering process that will change.
- If your prescriptions do not go electronically you will need to either collect the paper script yourself from the surgery or state their designated pharmacy on the request so that the pharmacy can collect it for you.

What is changing?

From **1st September 2019**, we will no longer accept prescription requests from pharmacies for the majority of our patients. Therefore we are ask you to order your medicine directly from the surgery, rather than allowing your pharmacy to do it for you.

How can my medication be ordered?

From the **1st September 2019** the surgery will only accept repeat requests from patients, a nominated family member or from a carer. From this date onwards, your prescription will need to be ordered using one of the following options:

- Online ordering (via website or smartphone app) – If you do not already have this set up, please see details attached. If you are still having problems, please contact us.
- Ask us, or your pharmacy, for a right hand-side of your repeat prescription to order the items you need. Drop this off or post it to the surgery (with a stamped addressed envelope if you want your prescription posted back to you).

We encourage patients to nominate a pharmacy for the free Electronic Prescription Service. This service allows us to send your prescription directly to your chosen pharmacy. Further information about this service can be found on the on-line ordering system or from the practice.

Why is this happening?

When patients are in control of ordering their own medication less waste is created. This is because you know what you need. Less waste means we can have more funds available for the NHS locally. Please

also consider whether you need to obtain the item on prescription or whether you could purchase it over the counter if it is for minor illnesses.

What should I do if I need the pharmacy to order on my behalf?"

In very rare cases, the current method of ordering may continue. If you believe this is the case for yourself, please contact us by 1st July 2019 via one of the following methods:

- In writing by return to the Practice (see tear-off slip below):
- By email(insert practice email address) (Be sure to include your name and date of birth)
- By phone: ☎ 01xxxxxxxxxxxx

Things to consider when ordering medication

- Please remember to allow enough time when ordering your repeat prescription. It usually takes two working days for the prescription to be issued, and another 2-3 working days for it to be dispensed.
- It is important to order the medication that you take on a regular basis. GP practices usually prescribe 28 or 56 days' supply for most items. It should only be necessary for you to order your medication ONCE every four or eight weeks.
- If you have been advised to take certain medication only when required e.g. pain relief, please only order this medication when you need it.
- Please consider whether you need prescriptions for items that can be bought over the counter.

What will happen once the medication has been ordered and then issued?

- This part of the process has not changed and you should continue to receive/ collect your medication in the same way as you have done in the past.

Yours sincerely,

INSERT PRACTICE SIGNATURE

----- TEAR HERE -----

Due to exceptional circumstances, I need my community pharmacy/supplier to continue ordering repeat prescriptions on my behalf*.

NAME: DATE OF BIRTH:

.....SIGNATURE:

PRACTICE NAME: DATE:

.....

REASON FOR WHY PHARMACY/APPLIANCE CONTRACTOR NEEDS TO CONTINUE ORDERING ON YOUR BEHALF:

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.....

*Please note that somebody may be in contact with you to discuss if we are able to provide you with further support. I am happy/unhappy (please circle) to receive this contact.