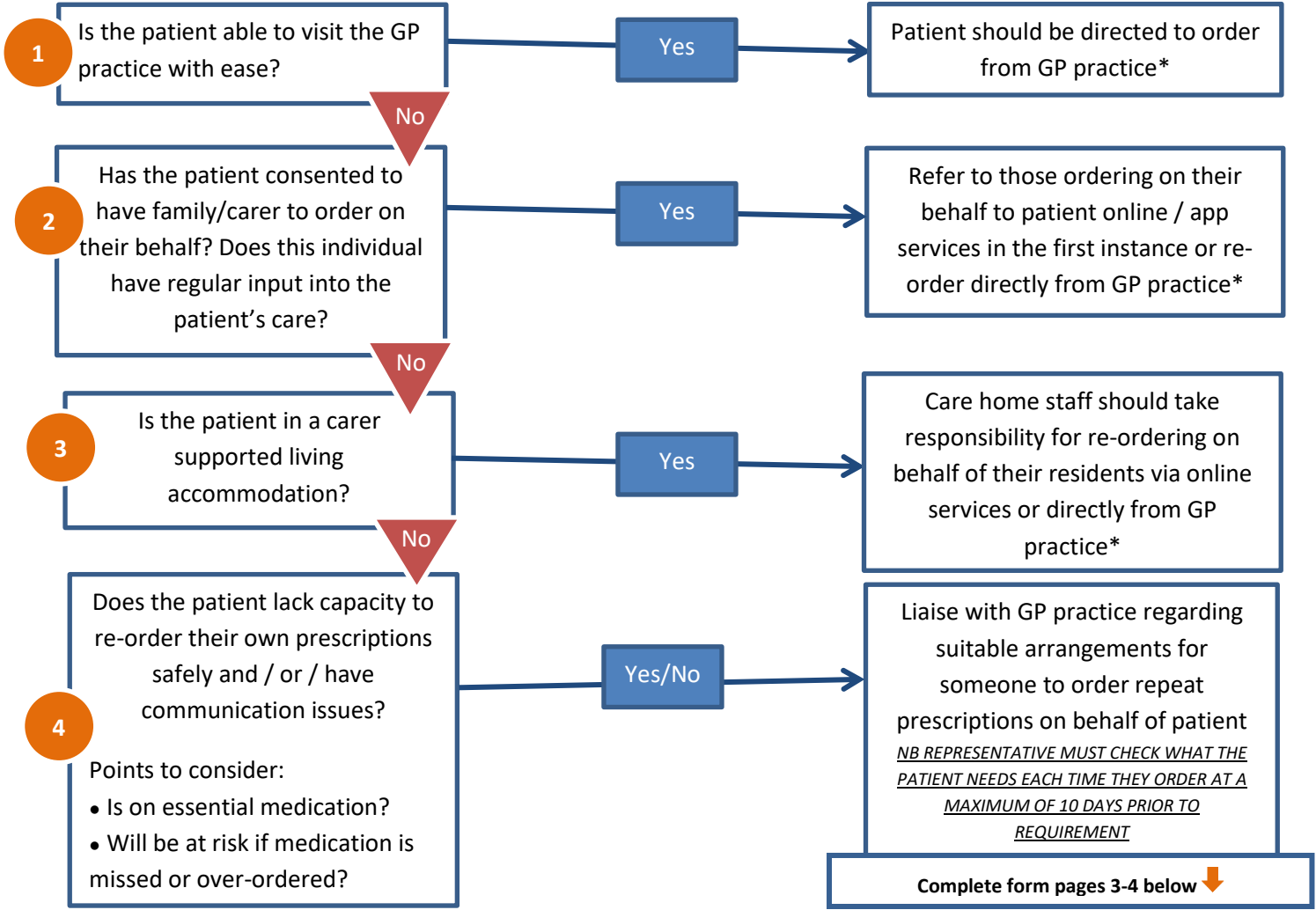
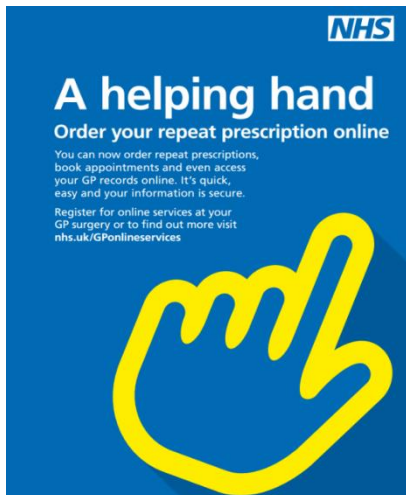


Assessing the Suitability of Community Pharmacy Repeat Prescription Management System

If the patient able to access and use the internet / smart phone, please direct patient to order their medication using patient online services e.g. NHS App. *NB This form is **not suitable** for those that are able to order online only for the 'less able' patient. This may include: housebound patients; patients with impaired capacity; patients with multiple co-morbidities; patients who are frequently hospitalised*



How can you help?



1. Encourage patients to re-order their own medicines
2. Explain how to get started with Patient Online Service e.g. NHS App and the benefits, e.g. it's quick, easy, secure and 24/7
3. Remind patients & carers to only order what they need
4. Help the public understand why the change is happening, e.g.
 - Ordering repeat prescriptions directly from the GP practice means better monitoring of medications and compliance
 - Avoids the build-up of unused medication; those medicines cannot be re-used and can lead to safety concerns. Unused medicines or 'medicines waste' is estimated to cost £4 million over 3 years in South West London.

Record of Assessment of Suitability for Community Pharmacy Prescription Management System

The assessment form MUST be completed for all new & existing patients to assess eligibility for community pharmacy ordering

ACTION for the Community Pharmacist

If the patient able to access and use the internet or a smart phone, please direct patient to order their medication using patient online services e.g. NHS App.

Please use the assessment tool to assess patient's suitability for community pharmacy repeat prescription management system, discuss with the patient and the GP practice, and fill out the form below for appropriate 'less able' patients **ONLY**. Sign and date the form to confirm the patient wishes the pharmacy to order prescriptions from the surgery on their behalf. Once completed, please send the signed form to the patient's registered GP Practice.

NB COMMUNITY PHARMACY MUST CHECK WHAT THE PATIENT NEEDS EACH TIME THEY ORDER [A MAXIMUM OF 10 DAYS PRIOR TO REQUIREMENT]

Dear GP Practice,

If there has been an agreement for community pharmacy ordering for this patient, please sign and scan the Record of Assessment into the patient's record and add a screen message on the clinical system that the community pharmacy can order and collect prescriptions on behalf of the patient.

NHS South West London Medicines Optimisation group is encouraging patients to **manage their own repeat prescriptions items according to need**. Patients should be encouraged to take responsibility for their own medicines and order directly from the GP Practice using electronic ordering system e.g. NHS App.

Whilst the aim is to encourage patients to take responsibility for ordering their own medicines, it is important not to disadvantage those who are less able to manage the ordering process. This assessment tool seeks to identify those patients who are suitable for the community pharmacy to order and collect prescriptions from the surgery on their behalf

Community Pharmacists should:

- **Ensure** that there is a signed, dated record of assessment to confirm the patient has been assessed as eligible for the pharmacy to order and collect prescriptions from the surgery on their behalf
- **Ensure** there is an up to date Standard Operating Procedure (SOP) and only trained staff deal with requests for repeat prescriptions for this group of patients.

SOP details should include:

1. **Before reordering** contact the patient /carer **a maximum of 10 working days** before the new supply is due to confirm what items are required.
2. **Ensure** the SOP distinguishes between regular and when required medicines or non-calendar pack medicines e.g. inhalers, insulin etc. to avoid routine reordering regardless of needs
3. **Consider** if the patient would benefit from other pharmaceutical services or support

COMMUNITY PHARMACIST PLEASE COMPLETE THE FORM BELOW



Patient Name:	
Patient Date of Birth:	
NHS Number:	
Registered GP Practice:	
Nominated Regular Pharmacy & Address and Name of Pharmacist:	
Date:	

Assessment questions – To be answered in discussion with the Patient and GP Practice

PLEASE MARK 'X' IN THE YES/NO BOX AS APPLICABLE	YES	NO
<p>1. Is the patient able to use and access the Internet / smartphone?</p> <p><i>If YES, refer to Patient Online Services e.g. NHS App. The patient is not suitable for community pharmacy ordering, do not continue with the form.</i></p> <p><i>If No, move to Q2</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the patient able to visit the GP practice with ease?</p> <p><i>If YES, patient should be directed to order from GP practice (if they are unable to re-order using Patient Online Services e.g. NHS App). The patient is not suitable for community pharmacy ordering, do not continue with the form.</i></p> <p><i>If No, move to Q3</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has the patient consented to have family/ carer to order on their behalf? Does this individual have regular input into the patient's care?</p> <p><i>If YES, refer representative to Patient Online Services e.g. NHS App or re-order directly from practice. The patient is not suitable for community pharmacy ordering, do not continue with the form.</i></p> <p><i>State name and contact information and discuss with the GP practice:</i></p> <p>Family Member</p> <p>Carer</p> <p>Power of Attorney</p> <p><i>If No, move to Q4</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. If the patient is in a care home or supported living accommodation, will the staff order the medication directly with the GP Practice?</p> <p><i>If YES, care home staff should take responsibility for re-ordering on behalf of their residents using the agreed process. The patient is not suitable for community pharmacy ordering, do not continue with the form.</i></p> <p><i>Please state the name and contact information and discuss with GP practice:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> Care Home Supported Living <p><i>If No, move to Q5</i></p>		
<p>5. Does the patient lack capacity to re-order their own prescriptions safely? <i>If YES, liaise with GP practice regarding suitable arrangements for someone ordering repeat prescriptions on behalf of patient. The patient may be suitable for the community pharmacy to order prescriptions from the surgery on their behalf.</i></p> <p>Please specify why the patient lacks capacity:</p> <p><i>If no, patient is not suitable for community pharmacy ordering. However, if it still believed necessary, please fill out other reasons below.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Any other reason(s) why the patient is unable to order their own medication directly with the GP practice, please specify. *Reasons to be assessed by the GP Practice.*

RECORD DETAILS OF THE DISCUSSION BETWEEN GP SURGERY AND COMMUNITY PHARMACY REGARDING THE AGREEMENT/DISAGREEMENT TO ORDER ON PATIENT'S BEHALF *NB COMMUNITY PHARMACY MUST CHECK WHAT THE PATIENT NEEDS EACH TIME THEY ORDER A MAXIMUM OF 10 DAYS PRIOR*

	Name	Signed	Date of Agreement
Community Pharmacist:			
GP Practice:			