

## **SHOTFIELD MEDICAL PRACTICE**

### **ELECTRONIC PRESCRIPTION SERVICE (EPS) - PATIENT INFORMATION**

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the pharmacy for you to collect the items from there.

#### **What does this mean for you?**

- If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there should be time for your repeat prescriptions to be ready before you arrive.

#### **Is this service right for you?**

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription
- collect your medicines from the same place most of the time or use a prescription collection service now

It may not be right for you if you:

- don't get prescriptions very often
- pick up your medicines from different places

#### **How can you use EPS?**

You need to choose a place for your GP practice to electronically send your prescription to. This is called ***nomination***. You can choose:

- a pharmacy convenient for you and close to your home or place of work
- a dispensing appliance contractor (if you use one)
- your dispensing GP practice (if you are eligible)

Ask any pharmacy or dispensing appliance contractor that offers EPS to add your nomination for you. You don't need a computer to do this. The form to use is on the reverse of this information sheet or you can pick up a new form at the pharmacy.

#### **Can I change my nomination or cancel it and get a paper prescription?**

Yes you can. If you don't want your prescription to be sent electronically tell your GP at the time. If you want to change or cancel your nomination speak to the relevant pharmacist or dispensing appliance contractor that offers EPS. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

#### **Is EPS reliable, secure and confidential?**

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser.

For more information visit [www.hscic.gov.uk/epspatients](http://www.hscic.gov.uk/epspatients) or ask your pharmacist for more information.

If you wish to nominate a pharmacy for EPS in the future please complete the form on the reverse of this information sheet and return it to the relevant pharmacy as soon as possible, they will do the rest and advise you on what you do when your next prescription is due. Alternatively the pharmacist will provide you with a form when you attend.

## **Electronic Prescription Service**

### **Shotfield Medical Practice - Patient Nomination Request**

***Please complete in full and ensure you write clearly & in block capitals to avoid errors***

Patient full name:

.....

Address:

.....

.....

.....

Telephone Contacts:

Home Tel: .....

.....

Work Tel:

.....

Mobile Tel:

.....

Email Address:

.....

DOB: ..... NHS No:

.....

**Please choose and delete as appropriate from the 2 statements below:**

- I am the patient named above. Nomination has been explained to me by staff at my community pharmacy or appliance contractor. I have also been given a leaflet about this. I have read the leaflet and understand what I have to do.
- I am the patient's parent / guardian / carer / advocate (delete as appropriate) and I am nominating on behalf of the above named patient.

SIGNATURE:

.....

FULL NAME: ..... (if not named patient)

ADDRESS:

.....

..... (if different to above)

Telephone Number: ..... (if different to above)

Date: .....

Name and address of nominated dispenser:

Signature: ..... (pharmacy staff member)

Date: .....

***Please complete and return this form to your nominated pharmacy or they will provide you with a form to complete there***