

**Interim**

**NI Community Pharmacy**

**Medicines**

**Adherence**

**Service**

**Phase 1: Cohort 3 Hospital discharge  
patients**

**Service Specification and Guidance**

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## 1. Background

1.1 An interim NI Community Pharmacy Medicines Adherence Service is being introduced by all community pharmacies located within NI for patients being discharged from Hospital Trust care. It is anticipated that the service will support patients on discharge to adhere to their prescribed medication regimen, leading to improved outcomes, harm prevention and reduced readmissions.

This will be the first phase of the interim NI Community Pharmacy Medicines Adherence service, and relates specifically to this group of patients (referred to as Cohort 3 – Trust discharge).

1.2 Discharge from hospital is associated with increased risk of avoidable medication-related harm.<sup>i</sup> Reducing harm at transitions of care is one of the three main elements of the World Health Organization's (WHO) Global Patient Safety Challenge: Medication without Harm,<sup>ii</sup> which aims to reduce avoidable harm from medicines by 50% over five years. Issues with medications arising at discharge are often the result of poor communication between healthcare providers and studies have been conducted which demonstrate the benefit of effective communication systems when transferring patients from one care setting to another<sup>iii iv v</sup>

1.3 Due to the increased risk of avoidable medication-related harm<sup>v</sup> upon discharge from hospital, NICE guideline NG5<sup>vi</sup> has included the following recommendation:

*'Medicines-related communication systems should be in place when patients move from one care setting to another'*

1.4 One key area of this relates to patients ready for discharge from hospital. Medication regimens may have changed and become more complex, and patients may now require support at home to manage their medicines. Family and friends may be able to help some patients and others will require domiciliary care support. In many cases, solutions will need to be put into place to support the safe administration of medication.

## **2. Service aims and objectives**

The interim adherence service is being established to promote and support better adherence to a patient's medicines on discharge.

Its aims are to support patient adherence and reduce wastage by:

- Determining the adherence support required by individual patients to help them manage their medicines safely and effectively
- Providing an appropriate adherence solution in order that patients can obtain the maximum benefit from their prescribed medicines.
- Reducing harm from inaccurate administration of medicines after transfers of care.
- Reducing hospital readmissions due to medicine non-adherence.
- Supporting effective team-working across hospital pharmacy, community pharmacy, domiciliary care, other Trust teams and General Practice teams
- Developing good shared communication channels across all teams involved in the service ensuring appropriate governance arrangements are in place.

## **3. Service description**

Suitable patients are assessed prior to discharge by an appropriate HSCT health and social care professional e.g. occupational therapist, social worker etc. An adherence support plan is commenced by the HSCT health and social care professional and subsequently shared with a HSCT pharmacist for approval who then shares with the patient's nominated community pharmacy for on-going implementation and management. See [Appendix 1](#) for patient eligibility.

In all cases, the suitability of patients referred to this service will be based upon the clinical judgement of the HSCT health and social care professional. Following HSCT pharmacist review, the HSCT pharmacy team member will then contact the community pharmacist regarding the referral. Community pharmacists must not accept referrals from other sources. In such cases the enquirer should be asked to contact their relative HSCT department.

### **Patient consent**

The HSCT health and social care professional will obtain the patient's consent to refer them into the service and explain that their information will be shared for the referral and service to take place. The patients consent to use the service enables information derived from the service to be shared with:

- a. The community pharmacist and relevant staff as required to provide the service
- b. The patient's GP
- c. Relevant other health and social care professionals who may be involved in the patient's care
- d. Regional Strategic Planning and Performance Group, SPPG, formerly HSCB, the Business Services Organisation (BSO), the Department of Health (DoH), healthcare practitioners and other health and social care bodies for the purposes of administering and managing health and social care service and to verify that the service has been delivered by the community pharmacy as part of post-payment verification.

Patients' consent will be recorded on the patient's Adherence Referral Form, (ARF) by the HSCT health and social care professional. In some circumstances the HSCT health and social care professional may identify a patient who would benefit from this service but the patient is unable to provide consent. The HSCT health and social care professional may make a clinical decision that it is in the patient's best interests to be referred into the service. This will be documented in the ARF.

#### **4. Service outline**

- 4.1 The service must be provided in line with both the service specification and any accompanying service guidance documents.
- 4.2 The service can only be provided from community pharmacies located within NI.
- 4.3 The pharmacy must have demonstrated that it has access to HSC secure email.

*Pharmacies experiencing difficulty accessing HSC secure email should consult the step-by-step user guide on BSO website at <http://www.hscbusiness.hscni.net/services/2972.htm> or contact the BSO e-business team on 028 9536 3681 (option 3, then option 4) or email [ebusiness@hscni.net](mailto:ebusiness@hscni.net)*

- 4.4 The service should be available during all of the community pharmacy's opening hours in line with other core services i.e. pharmacy should be able to accept patient referrals into the service from HSCT pharmacy throughout that time.
- 4.5 Community pharmacy staff must be trained and competent in order to deliver the service.
- 4.6 A Standard Operating Procedure (SOP) must be in place to support delivery of the service in line with the service specification and guidance. The SOP should include details on how issues and discrepancies in information about the adherence support will be communicated to the relevant GP practice or to HSCT where appropriate.
- 4.7 When a referral is received pharmacy staff should have access to the service specification and SOP which will outline the procedure to follow.
- 4.8 The process will be available for all eligible patients, see [appendix 1](#). Referrals will also be dependent on the selected patient's regular pharmacy. Therefore, it is not possible to estimate the number of referrals a participating pharmacy is likely to receive per month.
- 4.9 The community pharmacist should have a privacy notice displayed to explain to the patient how their personal data will be used and a copy supplied if requested ([see Appendix 2](#)).

## 5. Providing the Interim service

- 5.1 An appropriate member of the HSCT team e.g. occupational therapist, social worker etc. will assess appropriate patients prior to discharge from Hospital Trust care. The assessment will be undertaken using an agreed assessment tool to
- a. Identify if the patient is suitable for the adherence service see [appendix 1](#)
  - b. Ascertain the patient's adherence needs
  - c. Identify practical solutions to assist them with medicines-taking according to their individual need, so they can obtain the maximum benefit from their prescribed medicines.
  - d. Commence an adherence support solution using the ARF form.
  - e. Obtain patient's informed consent to refer them to the adherence service
  - f. Explain patient's information will be shared as part of the service
- 5.2 It is the HSCT pharmacist's responsibility to ensure referrals made to the community pharmacy service are appropriate and in line with the information set out in the adherence referral form (ARF).
- 5.3 A member of the HSCT pharmacy team will call the community pharmacy before the patient's discharge. No other member of the HSCT team can contact the community pharmacist. Referrals must be sent via HSCT pharmacy team only.
- 5.4 A member of the HSCT pharmacy team will ask to speak to the community pharmacist (not another member of staff).
- 5.5 A member of the HSCT pharmacy team will as standard identify themselves, their role and the service to which they are referring into. In the event that the community pharmacy which is contacted by the HSCT pharmacy team member is not the patient's regular community pharmacy, the community pharmacist should notify the HSCT pharmacy team member so that they can either send the referral to the correct pharmacy or confirm with the patient that they wish to have their information sent to a new pharmacy. Ideally



referrals should be directed to the patient's regular pharmacy wherever possible.

- 5.6 A member of HSCT pharmacy team will advise that a referral into the service is being sent via secure email and check
  - a. if the community pharmacist agrees to take on the adherence support plan for that patient
  - b. The pharmacy's secure HSC email address.
  - c. The HSCT pharmacy team member will verbally provide a password with which the community pharmacist can open the ARF.
  
- 5.7 A member of the HSCT pharmacy team will then send an email with a password protected pdf Adherence Referral Form (ARF) attached, which contains information regarding the required adherence support required. This email relating to the service is clearly marked for the attention of the named pharmacist who has been telephoned by the trust in advance. This referral email must be in the form and manner approved for the purpose of the service (see interim Adherence Referral Form [Appendix 3](#)) and only sent via the HSCT intranet system direct to Community Pharmacy contractors by the HSC secure e-mail network.
  
- 5.8 The e-mail content will not be encrypted but the attached ARF will be password protected. (Password provided to the community pharmacist during the initial phone call - see above).
  
- 5.9 The outcome of the assessment and details of the solution provided will be communicated to the patient's GP by the HSCT as required via the discharge information. The HSCT should record on the patient's discharge letter which community pharmacy the ARF was sent to and recommendation made. HSCTs will provide enough medication to cover the patient between discharge and set-up of the service. This should be discussed between Trust pharmacy and community pharmacist with the initial phone call. The recommendations by HSCT detailed in the ARF cannot be put into action until

the discharge letter is processed by General Practice and the community pharmacy has received a legally valid prescription.

- 5.10 Where an MCA/MDS has been requested, the GP or GPP should read code the patient's notes 'on monitored dosage system', 8B1A. Notes should be clearly annotated, MCA/MDS patient, to highlight, in the event of a medication change that would need communicated to the community pharmacist.
- 5.11 No other methods of communication will be used for this service.
- 5.12 Community pharmacists will consider any communication as described as constituting a referral into the service. As per the contractual requirements, community pharmacies will ensure that appropriate referrals received in this way will be acted upon.
- 5.13 The community pharmacist reviews the ARF and uses the information to identify the correct corresponding patient on the pharmacy records.
- 5.14 The community pharmacist will place a note or message on the patient's PMR to indicate that they have received an adherence referral, and the date of referral. This will ensure that all other relevant pharmacy staff are aware that the patient is active in the adherence service at that point.
- 5.15 The community pharmacist will then implement the adherence support laid out in the ARF, ideally within 72 hours\* of receipt of the first post discharge prescription (\*in exceptional circumstances only, up to a maximum of 5 days – discuss and agree the time frame with the HSCT pharmacy team member if this is the case). Note Community Pharmacists cannot dispense medication or implement adherence plans until they receive a HS21 prescription from the GP practice. The community pharmacist should contact the GP practice if they do not receive a HS21 prescription within the expected time frame.
- 5.16 The community pharmacy must maintain a secured register of patients for whom they have received referrals. See template [Appendix 4](#).

- 5.17 When the patient or carer presents / calls for their initial discharge medication the community pharmacist will explain the adherence support, and demonstrate use where appropriate. The community pharmacist should use their professional judgement and or personal knowledge of the patient as to the appropriate interval of supply e.g. weekly supply or otherwise.
- 5.18 The community pharmacy will continue to implement the plan each time a prescription is dispensed for the patient and so the plan may be in use as long as this remains an appropriate option for the patient.

### **Provision of adherence solutions**

5.19 The choice of an appropriate adherence solution will be made by the HSCT health and social care professional. The community pharmacist can only provide the adherence support laid out in the most recent ARF for the patient within the confines of this interim service.

5.20 The community pharmacist should be able to provide a range of adherence solutions including, but not limited to:

- Medicines reminder card
- Medicines administration record chart
- Multi-compartment Compliance Aid / Monitored Dosage System (MCA/MDS)

and be able to source others as noted on the adherence support plan.

5.21 The community pharmacist will work with the patient or carer to ensure they understand the appropriate use of the adherence support solution(s).

5.22 If the patient or carer has any issues with the adherence support provided under the service, these should be raised with the community pharmacist in the first instance. Where possible a community pharmacist may be able to address the problem e.g. demonstrate proper use of a device.

## 6. Community pharmacy record keeping

- 6.1 The pharmacist should keep a register for every patient for which the service is provided. See [appendix 4](#)
- 6.2 The ARF must be retained as a record in the pharmacy for a period of eight years after the conclusion of treatment for adults; for children and young people, the record will be kept until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or eight years after death. This is in line with Department of Health's Good Management, Good Records, Section M, which outlines the requirements for retention and disposal of community pharmacy held records.
- 6.3 In line with GDPR requirements, Community pharmacists will now have access to a patient's adherence requirements that will need to be stored securely in line with other patient records. Sensitive patient information should not be retained for longer than necessary. The ARF will be managed by the community pharmacist and may be either printed or scanned into the patient's medication record. The community pharmacy must not retain the initial e-mail once the referral recommendations have been completed for each patient. The initial referral e-mail must be deleted completely following Strategic Planning and Performance Group, SPPG, guidance on deletion of e-mails [see link](#). If a hard copy was made of the email this needs to be destroyed as per confidential waste policy in the pharmacy. It is important to note that the sensitive patient information supplied by the Trust must not be used for any other purpose other than providing the service to the patient.
- 6.4 Pharmacists may wish to keep additional clinical records over and above the dataset required in the service documentation to support their ongoing care of the patient.
- 6.5 The pharmacy will make available to SPPG any records maintained as part of the service upon request.

- 6.6 Community pharmacists must keep a register of patients for whom they have received referrals under this service. If, due to unforeseen circumstances, the community pharmacy is unable to continue providing the required adherence support, they should inform the SPPG as soon as possible.
- 6.7 The community pharmacist must use their judgement as to who has access to the information in order to supply the service. The contractor has responsibility to ensure only relevant staff have access to HSC email. Such staff should be trained in and aware of the pharmacy's data security processes and procedures.
- 6.8 Community Pharmacists should have appropriate processes in place to reduce the risk of cyber security threats and/or data loss.
- 6.9 SPPG would remind Community Pharmacies to review their information governance arrangements. As Data Controllers, Community Pharmacies must process data in line with data protection principles outlined in GDPR. This includes identifying processors such as PMR supplier and ensuring that they have provided sufficient assurances, as required under GDPR. Further guidance is available on the ICO website. In addition, CPNI have produced booklets and FAQs in relation to GDPR to advise pharmacy contractors.

## **7. Situations where the service cannot be provided / issues**

7.1 Patient uncontactable or withdraws consent: where the patient withdraws consent to receive the service, or the first prescription post-discharge is not received by the pharmacy contractor and no contact is made by the patient, reasonable attempts must be made by the community pharmacist to contact the patient or carer using the contact details set out in the referral email. In this scenario, it is possible that the patient has been readmitted to hospital, admitted to a care home or has died.

7.2 The situation may occur where the service has been delivered by a pharmacy contractor and the patient wishes to use a different pharmacy contractor for their ongoing care. The original community pharmacy must facilitate this and should either

- a. Contact the new community pharmacist providing the service to confirm the HSC email address and advise on the password needed to open the ARF document.
- b. If the pharmacy does not want to transfer the information by email or the patient requests it, a print out of the ARF can be supplied to the patient/ carer instead as long as the pharmacist is satisfied as to their identity. (Proof of identity can be requested if needed). The new pharmacy should scan this onto the pharmacy clinical system and destroy the paper version (unless the patient wishes to retain it).

The new community pharmacist must contact the GP practice to advise on change of service provider.

7.3 It is expected that a member of the HSCT pharmacy team will ring the community pharmacy before sending the email. In the event that emails arrive and there has been no phone call in the previous 24 hours, the community pharmacist should reply to the email address (without the attachment), and request follow-up from HSCT.

7.4 A primary care prescriber may decide to amend secondary care medication recommendations, this may delay processing of HS21 for community

pharmacy to action recommendations from the ARF. In the event that this happens, the GP or GPP should contact the community pharmacist to advise on this delay.

7.5 If any further queries persist or arise the community pharmacist should contact the GP to clarify and/or rectify. The community pharmacist will record any further clarifications received from the GP.

7.6 Referrals to the service must be made via secure HSCT email account to the community pharmacy's secure HSC email account. Community pharmacists must not accept referrals from outside the secure network. In such cases, the enquirer should be asked to contact the HSCT.

## **8. Professional responsibility**

8.1 It is the responsibility of individual pharmacists to have suitable indemnity insurance cover.

8.2 At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations.

8.3 At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.

8.4 The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance.

8.5 Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP.

## 9. Service monitoring and post payment verification

- 9.1 The pharmacy contractor will be required to securely submit all records requested by SPPG in relation to the Interim Community Pharmacy Medicines Adherence Service within 14 days of receipt of the request.
- 9.2 The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the service.
- 9.3 In the event where SPPG cannot assure service provision by a pharmacy, recovery of the payment will be sought.
- 9.4 This interim service will be kept under review to ensure it is functioning as planned.

## 10. Remuneration and Reimbursement

The fees payable to pharmacy contractors for this service are:

- A one-off fee of £600 per patient per annum
- A claim form should be completed and submitted monthly for processing and payment of service fees, see [Appendix 5](#)

<b>Contact Details for Local Integrated Care Offices:</b>				
<b>Belfast</b>	<b>South Eastern</b>	<b>Southern</b>	<b>Northern</b>	<b>Western</b>
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
<a href="mailto:pharmacyservicesbelfast@hscni.net">pharmacyservicesbelfast@hscni.net</a>	<a href="mailto:pharmacyservicesse@hscni.net">pharmacyservicesse@hscni.net</a>	<a href="mailto:pharmacyservicesouth@hscni.net">pharmacyservicesouth@hscni.net</a>	<a href="mailto:pharmacyservicesnorth@hscni.net">pharmacyservicesnorth@hscni.net</a>	<a href="mailto:pharmacyserviceswest@hscni.net">pharmacyserviceswest@hscni.net</a>



## 11. Service evaluation

Community pharmacists participating in the service will be required to take part in the service evaluation.

## 12. Promotion of the service

The pharmacy contractor shall not publicise the availability of the service at this time.

## 13. Other terms and conditions

13.1 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.

13.2 The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service.

13.3 The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

<i>Contact Details for Local Integrated Care Offices:</i>				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena	Gransha Park House 15 Gransha Park Clooney

	BT2 8BS		BT42 1QB	Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
<a href="mailto:pharmacyservicesbelfast@hsc.ni.net">pharmacyservicesbelfast@hsc.ni.net</a>	<a href="mailto:pharmacyservices@hsc.ni.net">pharmacyservices@hsc.ni.net</a>	<a href="mailto:pharmacyservicesouth@hsc.ni.net">pharmacyservicesouth@hsc.ni.net</a>	<a href="mailto:pharmacyservicesnorth@hsc.ni.net">pharmacyservicesnorth@hsc.ni.net</a>	<a href="mailto:pharmacyserviceswest@hsc.ni.net">pharmacyserviceswest@hsc.ni.net</a>

## **Appendix 1**

### **Patient eligibility for referral into the NI Community Pharmacy Medicines Adherence Service phase 1 cohort 3 Trust discharge**

The service will be available to patients who meet all of the following criteria:

- Patient in hospital and ready for discharge
- Patient prescribed regular medicines
- Patient normally lives in their own home with no family/advocate support able to assist with safe medicines administration (those in nursing or residential care homes are excluded from the service)
- Patient/advocate consents to be referred into the service where possible (please see Consent section for detail)

## Appendix 2 Community Pharmacy Medicines Adherence Service Privacy Notice



### Community Pharmacy Interim NI Community Pharmacy Medicines Adherence Service Privacy Notice for person accessing this service “Protecting & Using Your Information”

At \_\_\_\_\_ (insert pharmacy details) we are committed to the highest privacy standards. During your participation in the interim NI Community Pharmacy Medicines Adherence Service with our pharmacy, we will only collect data that is necessary for us to deliver the best possible service. This policy provides detailed information on why we collect your personal information as part of this service, how we use it and the very limited conditions under which we may disclose it to others. Personal information that is processed about you is governed by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

What is an Interim NI Community Pharmacy Medicines Adherence Service?

Interim NI Community Pharmacy Medicines Adherence Service is a service whereby patients discharged from hospital are referred to a participating community pharmacy to receive suitable adherence support to allow safe and effective administration of medication. This adherence support is chosen by the HSCT health and social care professional following assessment of the patient in hospital and a plan subsequently shared with the patient's chosen community pharmacy for on-going implementation and management. As part of this service, personal information will be processed about you.

Why are you processing my personal information / Lawful basis for processing?

- Your personal information will be processed to enable the provision of the Interim NI Community Pharmacy Medicines Adherence Service
- We rely on the following lawful basis when processing your personal information for the Interim NI Community Pharmacy Medicines Adherence Service

Legitimate Interests: processing is necessary for the purposes of the legitimate interests pursued by this Pharmacy except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject; and Public Task: processing is necessary for a task carried out in the public interest.

As the information we process about you constitutes health data it is classed as 'Special Category' data therefore a further lawful basis is required which we have identified as: Processing is necessary for the purposes of preventive or occupational medicine.

What categories of personal data are you processing?

Patient identifiable information including your name, address, health & care number, date of birth, contact details (address & telephone number). There will also be information as to the reasons why

you require adherence support and the type of adherence support that is considered most appropriate following assessment by a HSCT professional.

Where do you get my personal data from?

Your personal data originates from information that is provided by the hospital adherence referral form. Personal details such as your health & care number, address and date of birth may already be recorded on the pharmacy's Patient Medication Record system and used to provide the service.

Do you share my personal data with anyone else?

Your personal data may be shared with the following:

- Your GP practice to help them provide care for you
- Your new community pharmacy should you change pharmacy
- With the SPPG for service evaluation and audit
- The SPPG for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification.

How long do you keep my personal data?

This record will be retained in the pharmacy for a period of eight years after the conclusion of treatment for adults; for children and young people, the record will be kept until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or eight years after death. SPPG as a health-care organisation hold information in line with the Department of Health Retention Policy identified in the document 'Good management, Good Records' which can be viewed at Department of Health's Good Management, Good Records Section M, outlines the requirements for retention and disposal of community pharmacy held records: <https://www.health-ni.gov.uk/articles/disposal-schedule-section-m>

What rights do I have?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling

Further information on your rights is available at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr>

How do I complain if I am not happy?

If you have any questions or concerns regarding how we use your personal information you can contact: \_\_\_\_ (insert name/contact details of relevant pharmacy staff member) \_\_\_\_\_

If we cannot resolve your concerns you have the right to lodge a complaint with the Information Commissioners office:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 0303 123 1113

Email: [casework@ico.org.uk](mailto:casework@ico.org.uk) Website: <https://ico.org.uk/global/contact-us/>

Review - This document will be kept under review and updated as required; we reserve the right to make any changes and updates to this privacy policy without giving you notice as and when we need to. Our most up to date privacy policy is always available upon request

**Appendix 3 Interim Community Pharmacy Medicines Adherence Referral Form (ARF) sent to community pharmacists by HSCT Pharmacy team member**



INTERIM  
COMMUNITY PHARM

**Appendix 4: Patient Register**



EXCEL PATIENT  
REGISTER COHORT :

**Appendix 5: Claim Form**



COHORT 3 CLAIM  
FORM EXCEL FINAL



COHORT 3 CLAIM  
FORM WORD DOC I

## References

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  - iv. Sabir FRN et al (2019) 'Evaluating the Connect with Pharmacy web-based intervention to reduce hospital readmission for older people'. Available at: [https://wessexahsn.org.uk/img/projects/Sabir2019\\_Article\\_EvaluatingTheConnectWithPharma.pdf](https://wessexahsn.org.uk/img/projects/Sabir2019_Article_EvaluatingTheConnectWithPharma.pdf)
  - v. Technical report WHO Medication safety in transitions of care <https://apps.who.int/iris/bitstream/handle/10665/325453/WHO-UHC-SDS-2019.9-eng.pdf>
  - vi. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. Available at <https://www.nice.org.uk/guidance/ng5>
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