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| **Dr P C Dye****GP** | **Tel: 01886-880207****Fax: 01886 880037****cradleysurgery@nhs.net****VAT No. 878-6550-65** | **CRADLEY SURGERY****Bosbury Road****Cradley****Malvern****Worcestershire****WR13 5LT** |
| **Dr Chris Spruce***Associate GP* |

**Essential Information about Cradley Surgery Repeat Dispensing and Delivery Service**

* By signing the attached form you are agreeing to the delivery of your repeat medication to the agreed address, by Cradley Surgery.
* There is no delivery guarantee and patients must have a back-up system in place in case of driver illness, incorrect medication requests or adverse weather conditions.
* As this is a free service provided by the surgery, last minute medication requests cannot be accommodated and it is therefore the patient’s responsibility to ensure that they do not run out of medication.
* A signature is required on receipt. If no one is available to sign for the medication it will be returned to the surgery.

Medication will not be delivered unless the surgery is contacted.

* If there is no one available to sign for your medication on three occasions then you will be removed from the delivery service.
* We can only deliver to the patient or nominated representative at a previously agreed local address.
* You do not have to have all the items on your prescription every time. If you have got enough of one medicine please advise the dispenser. You should also tell the doctor or dispenser if you stop taking your medication for any reason. If your medication should change then the doctor or dispenser will advise you.
* If you pay for your prescriptions, you will have to pay the prescription charge to the delivery driver. If you are exempt from paying prescription charges or have a pre-payment certificate this or your NI number must be shown to the delivery driver for verification before your medication can be delivered.
* If you have any concerns, please phone the dispensary the day before delivery.

Calls to the Dispensary will be taken between 11am to 1pm and 2pm to 3pm.

**Patient Agreement to Delivery**

**Of Repeat Medication**

**By Cradley Surgery**

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| --- |
| **Patient Details** |
|  |
| **Title** | **Given Name:** | **Surname:** |
| **Date of Birth:** |  |
| **Address:** |
| **Home Tel No** |  | **Mobile Tel No** |  |
| **My prescriber or a member of practice staff has explained repeat dispensing to me. I have also read the information on delivery, and I understand what I have to do. I agree to the repeat dispensing arrangements.** |
| **Signature** | **Date** |

|  |
| --- |
| **Delivery Address of Medication if Different from Above** |
|  |
| **Title** | **Given Name:** | **Surname:** |
|  |
| **Address:** |
| **Home Tel No** |  | **Mobile Tel No** |  |

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| --- |
| **Prescriber’s Details – Responsible Doctor** |
| **Name** |  |
| **Signature of prescriber or member of practice staff**  |  |
| **Enter READ Code 8BMd** | **[ ]  please indicate this has been done** |

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| **Dr Chris Spruce***Associate GP* |

**If** **you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01886 880207 or email cradleysurgery@nhs.net**

Dear Patient,

**THURSDAY DELIVERY SERVICE**

The delivery service offered by Cradley Surgery is a free service provided by the surgery to our patients. It is designed to provide support for patients on routine monthly medication who find it difficult to get to the surgery on a regular basis.

It, however, is just an aid to independent living. Cradley Surgery does not offer a guarantee of delivery and, at all times, all patients and their families must have a back-up system in case of driver illness, adverse weather conditions, or any apparent discrepancies that might arise from medication requests or dispensing. It is also recommended that repeat medication is not left until the last minute so that you do not run out of medication.

You will be asked to sign at the bottom of this letter to indicate that you understand and accept the terms of our delivery service.

Yours faithfully,

*Electronically Authorised.*

Caron Cooke

For Cradley Surgery

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_