



## THE HAVEN PRACTICE

### **Electronic Prescription Service (EPS)**

With the current COVID-19 pandemic we are advising patient's not to attend the practice to request or collect there prescriptions.

We are advising patient to inform us of a pharmacy that is convenient for them to send there prescriptions to electronically.

Please see below for more information regarding Electronic Prescription Service (EPS) & if you have not set this up already please fill in the form below return this to the practice by email or post.

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

Your need to choose where you want your GP to send your electronic prescription. This is called 'nomination'. You can choose:

- ❖ A pharmacy
- ❖ A dispensing appliance contractor (if you use one)
- ❖ Your dispensing GP practice (if you are eligible)

Once you have been given information about the service and provided consent, any of the above healthcare professionals can register your nomination on your behalf

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

Yes. Your electronic prescription will only be seen by the same people that see your paper prescriptions now:

- ❖ GP practices
- ❖ Pharmacies
- ❖ NHS prescription payments
- ❖ Fraud agencies.

You can check your nomination status securely and confidentially at any GP, pharmacy, dispensing appliance contractors or dispensing GP practice that offers EPS.

More information about the Electronic Prescription Service, including more common questions, can be accessed on our website at: [www.cfh.nhs.uk/eps](http://www.cfh.nhs.uk/eps)

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

Yes you can. Nomination is very flexible and can be changed or cancelled at any time, inform us before your prescription is due or your prescription might be sent to the wrong place.. You can do this by either:

- ❖ Asking a member of staff at any pharmacy or dispensing appliance contractor that offers the service
- ❖ Asking a member of staff at your GP practice, or



## THE HAVEN PRACTICE

### NHS Electronic Prescription Service (EPS) Patient Nomination Request

|                             |
|-----------------------------|
| Name of Nominated Pharmacy: |
| Address:                    |
| Post Code:                  |

- ❖ Nomination has been explained to me by staff at my GP practice/ community pharmacy/ appliance contractor. I have retained the attached leaflet providing an overview of EPS and 'nomination' and I understand what I have to do.
- ❖ I understand that EPS is an NHS-funded service and the Repeat Prescription Collection Service is a separate service run by the pharmacy.
- ❖ I confirm that I have made my nomination of my own free will and have not been influenced or given a gift to select a particular nomination.

I am the patient's parent / guardian

I am the patient's representative   
(If you have ticked this box please complete information below as well as the patient's details)

#### Patient Information

|   |
|---|
| Full Name:  |
| Address:  |
| Contact Details<br>Landline:<br>Mobile:<br>Email:             |
| Date of Birth:  |
| Gender: F <input type="checkbox"/> M <input type="checkbox"/> |
| NHS Number (If known):  |

|   |
|---|
| Parent/ Guardian/ Representative:                       |
| Full Name:  |
| Address:  |
| Contact Details:<br>Telephone number:<br>Email address: |