

NHS Numbers for patients potentially suitable for Electronic Repeat Dispensing (eRD) request form

To support GP practices to maximise the benefits of the Electronic Prescription Service (EPS) and eRD we can provide NHS Numbers of patients who may be suitable for eRD to practices who request this information and meet the requirements outlined on this form.

The purpose of the data we may provide in response to this request is to assist healthcare professionals with direct clinical care of patients to assess their suitability for eRD. If a patient is deemed suitable for eRD a conversation must be held with them and they should only be transferred to eRD with their consent.

To request this information please complete this form and email it to NHSBSA.EPSsupport@nhs.net and copy in the senior/lead partner of your practice to make them aware that you have made this request. Requests should be sent from an nhs.net email address. Please include in the subject field - Electronic Repeat Dispensing (eRD) - Patient NHS Numbers. Information will only be provided to an individual within the practice who is directly responsible for patient care.

Name of GP Practice:

GP Practice Code:

GP Practice address:

GP Practice telephone number:

Name of requestor:

Requestor's role within the practice:

Requestor's secure NHS.net email address:

(email address must end @nhs.net the information being provided will be returned to this email account which must be secure)

Senior/Lead partner email address:

(We will use this information to check that the request has been received from the practice you are making the request on behalf of).

Lead GP Name:

Lead GP Prescriber code:

Declarations

To receive patient NHS Numbers you must make the following declarations by placing a tick in the box next to each statement:

- I declare that I have direct clinical care of the patients within the practice
- I accept responsibility for the safe guardianship of the data once I am in receipt of the data.
- I confirm the information will not be used beyond the purpose of the request.
- I confirm that I will destroy the data supplied by NHSBSA relating to any patient who either declines to be included in eRD, or any patient who the practice decides is not suitable for inclusion.
- I confirm that the entire list of patient details supplied will be securely deleted by the practice if the above conditions are met and following the patient's next direct contact with a GP, where the transition to eRD is discussed, either during a consultation or review.
- I confirm that patients will be informed that the GP practice will make use of this data, provided by the NHSBSA, by placing a notification both in the practice and on the practice website. An example of potential wording:

'Our practice is collaborating with NHS Business Services Authority (NHSBSA) which is providing NHS numbers for those patients that may be suitable for electronic repeat dispensing prescriptions. The information is obtained from NHS prescriptions submitted to the NHSBSA. A member of our clinical team will contact these patients soon to explain the benefits of this service.'
- I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me.

You must supply all of the information requested or we will be unable to provide the data. Due to the sensitivity of the information, we may ask for further clarification of your right to request the data.