

## **Homeward** Pharmacy



9.00am - 5.00pm MONDAY - FRIDAY

Homeward Pharmacy PO Box 17531 Redditch Worcestershire B97 9RQ

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## **Homeward** Pharmacy



As a distance selling pharmacy there is no public access to the site. When the pharmacy is closed, if you urgently need medical help or advice but it's not a life-threatening situation, contact NHS 111 by calling 111.

Information can also be accessed at

#### www.nhs.uk

If you require an emergency supply of Nutricia products please contact your Nutricia Homeward Patient Coordinator who will be able to assist you further.

#### **NHS SERVICES**

Dispensing of NHS electronic, paper and Repeat Dispensing Prescriptions.

Please remember:

Keep all medicines out of reach and sight of children.

Our staff can advise you on safe storage of medicine.

#### **CLINICAL GOVERNANCE**

Audit, Patient Satisfaction Survey, Complaint Report, Patient Safety Incident Reporting.

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### **Homeward** Pharmacy



From time to time you may receive a leaflet with your prescription items regarding a current public health message. The aim is to increase patient and public knowledge and understanding of key healthy lifestyles and these messages will hopefully empower our patients to take actions that will improve their health.

#### **UNWANTED MEDICATION**

Disposal of Unwanted medicines
If you would like us to dispose of your unwanted medications,
Please send to:

Homeward Pharmacy PO Box 17531 Redditch Worcestershire B97 9RQ

Please ensure they are properly secured and packaged.

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#### **SIGNPOSTING**

The Pharmacy will inform or advise people of other health and social care providers and support organisations when appropriate.

This enables our patients to contact and/or access further care and

support appropriate to their needs.

#### SUPPORT FOR SELF CARE

Advice and support will be available, on request, to help patients self- manage a self-limiting or long term condition, including advice on the selection and use of any appropriate medicines.

If the pharmacist deems the advice to be clinically significant, then they may wish to make a record of the advice given on the patient pharmacy record.

#### PRESCRIPTION COLLECTION

Patients registered with **Nutricia Homeward** should send their paper feed prescriptions to:

Freepost Plus RSTX-URZX-BHSR

**Nutricia Homeward** 

**Nutricia Limited** 

**Newmarket Avenue** 

White Horse Business Park

**Trowbridge** 

BA14 0XQ





Patients registered on the **Nutricia Homeward Service** that also want their pharmaceutical prescriptions dispensed by Homeward Pharmacy need to complete the Homeward Pharmacy Registration form on our website and send their paper prescriptions to the address below.

Patients NOT registered with Nutricia Homeward need to register using the Homeward Pharmacy Registration form and then send their paper prescriptions to:

#### **Homeward Pharmacy**

PO Box 17531 Redditch Worcestershire B97 9RQ

ALL **Electronic prescriptions** intended for Homeward Pharmacy must be directed to Homeward Pharmacy (FL377)

For more information on what we do with your prescription please visit our website:

www.homewardpharmacy.co.uk



We know that you value your privacy and the security of personal information held about you.

As part of providing a professional, safe and efficient service, there is certain information that we record.

We keep records of all your prescriptions dispensed by us. This helps us to check for possible problems, such as reactions between medicines and will help us deal with any queries you may have.

We also keep records of any advice that we have provided to you or any other relevant information on your pharmacy record.

We process your personal data, which includes information from your prescription and any other pharmacy and health care services we provide to you, for the purpose of:

**Your Care** – Providing pharmacy services and care to you and, as appropriate, sharing your information with your GP and others in the wider NHS, for example, other health professionals such as nurses.

Our Payments – Sharing your information with the NHS Business Services Authority, others in the wider NHS, and sometimes Local Authorities, and only limited information to those external to the NHS who negotiate and check the accuracy of our payments; and,

**Management** – Sharing only limited information with the NHS Business Services Authority and others in the wider NHS, and sometimes Local Authorities; as well as those external to the NHS who ensure we maintain appropriate professional and service standards and that your declarations and ours are accurate.

We hold your information for as long as advised by the NHS.

We process your personal data in the performance of a task in the public interest of the provision of healthcare and treatment.

Pharmacists have a requirement under their Professional Code of Ethics to keep patient information confidential, secure and accurate.

We comply with General Data Protection Regulations (GDPR) and the NHS code on confidentiality.

If you think any information we hold is inaccurate or incorrect, please let us know.

If you want to discuss the records we keep, please contact us via email and we will respond accordingly.

You may choose to opt out of the NHS using your data for planning and research purposes – please ask for details.





If you would like information about any of our services we provide, email: <a href="mailto:pharmacy@homewardpharmacy.co.uk">pharmacy@homewardpharmacy.co.uk</a>.

Our aim is to provide you with the highest possible standard of service. We would like you to tell us what you think about the service we provide at this pharmacy and any suggestions of ways in which we can improve our services to you.

If you have any comments, suggestions or complaints, please email using the email address:

complimentsandcomplaints@homewardpharmacy.co.uk.

We operate a complaints procedure as part of the NHS system for dealing with complaints. Our system meets national criteria.

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NHS England also welcomes concerns, compliments and complaints as valuable feedback that will help us learn from your experiences and make improvements to services it commissions.

You can complain or give feedback:

By post to: NHS England PO BOX 16738 Redditch B97 9PT

By email to: England.contactus@nhs.net

If you are making a complaint, please state: 'for the attention of the complaints team' in the subject line.

By telephone: 0300 311 22 33

Opening hours are 8am to 6pm Monday to Friday, except Wednesdays when they open at the later time of 9:30am.

British Sign language (BSL): If you use BSL, you can talk to us via a video call to a BSL interpreter.

Visit: NHS England's BSL Service.





#### **YOUR RIGHTS**

You have the right to confidentiality under the General Data Protection Regulations (GDPR) and [the Data Protection Act 2018] and the common law duty of confidence.

We comply with the NHS code of Practice on Confidentiality and Information Security.

You have the right to ask for a copy of your pharmacy records (generally in paper or electronic form).

There will be no charge for a printed copy of the information we hold about you.

Your request must be made in writing giving adequate information in order for pharmacy staff to identify you (for example a copy of ID such as a passport, full driving licence, utility bill containing name and address).

We are required to respond to your request within 30 days.

Our guiding principle is that we process your records in strict confidence.

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This form gives us the permission to order and collect your prescription either in person or by electronic transfer and to access your **S** Summary Care Record to support your treatment.

The Summary Care Record contains basic information about the medicines you are taking, your allergies and reactions to certain medicines. More information is available at WWW.NHS.UK

Homeward Pharmacy PO Box 17531 Redditch Worcestershire B97 9RQ

Owned by:
D & M Gompels Ltd
1 Bank Street
Melksham
Wiltshire
SN12 6LF



Date & Time of Phone call

Signature of staff member

# **Homeward** Pharmacy

### Registration Form

First NameSu	rname
Date of Birth DD / MM / YYYYY	
Address	
Postcode	
Alternative delivery instructions	
Telephone	
Mobile	
Surgery Address	
NHS Number (if known)	
I give consent for a suitably qualified mem	ber of the Pharmacy Team to:
1.Access my Summary Care Record where Yes No No	e needed for my treatment until further notice
By signing below I authorise suitably qualif	ied members of the Pharmacy Team to:
<ul><li>2. Order and Collect my prescriptions either</li><li>3. Contact me using the above information</li></ul>	er in person or by electronic transfer for issues relating to the pharmacy service
Signed	
Date DD//MM/YYYY	
For staff use only:	
Details obtained over phonecall?	$\checkmark$
Patient authorised to sign on behalf	$\checkmark$

DD//MM/YYYYY 00:00