**Patient Sign-up Form**

**Medicines Collection Box @ HOLT**

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| **Section A – Eligibility** |
| There are some medicines that cannot be collected from the box due to storage restrictions. Please answer the following 3 questions by circling Yes or No.  |
| 1. Is the patient regularly prescribed controlled drugs (CDs)?
 | YES NO |
| 1. Are any of the patient’s regular items stored in the fridge?
 | YES NO |
| 1. Does the patient regularly order more than 6 items a month?
 | YES NO |
| **If you answered YES to any of the above**, please speak to a member of staff as the Collection Box will NOT be suitable for the patient.**If you answered NO to all the above questions**, please complete Section B. |
| **Section B – The Patient’s Personal Details** |
| First Name |  | Surname |  |
| Date of Birth |  | Mobile Number |  |
| Current Age  |  | NHS Number |  |
| Address  |  |
|  |
| **Section C – Exemptions & Payments** |
| **Is the patient exempt from paying prescription charges?** (circle) | YES NO |
| **If you answered “YES”** you must confirm the reason the patient is exempt (please tick) |
| A [ ] Age (60 years or over OR Under 16) | L [ ]  HC2 (full help) certificate |
| B [ ] 16/17/18 and in Full Time Education | H [ ] Income Support or Income-related Employment and Support Allowance |
| E [ ]  Medical exemption certificate | K [ ]  Income-based Jobseeker’s Allowance |
| F [ ]  Prescription prepayment certificate | D [ ]  Maternity exemption certificate |
| W [ ]  HRT only prepayment certificate | S [ ]  Pension Credit Guarantee Credit |
| G [ ]  MOD prescription prepayment certificate | U[ ]  Universal Credit and meets the criteria |
| **Section D – User Declaration** |
| **The Mobile Number** |
| By signing you confirm you understand that the mobile number you have provided will be sent an SMS text message, containing a unique collection PIN, each time you have medication ready to collect. This mobile number does not need to be your own mobile number. It could belong to a friend or relative who has agreed to collect your medication for you.You must keep us updated with any changes to this mobile number.  |
| Signature |  | Date |  |
| **The Exemption Status** |
| By signing you confirm you understand that it is your responsibility to update us immediately with any changes to the exemption status. A failure to provide accurate exemption information may result in you being wrongly charged for medication or you may be issued with a Penalty Charge Notice from the NHS, even if your mistake was unintentional. If you have said that the patient is NOT exempt, the Collection Box is pre-programmed to charge for the items. Payment is contactless only.  |
| Signature |  | Date |  |
| **Section E – Collections for Under 16s**  |
| * Parents or Guardians of **patients under 11 years** old can choose to collect their children(s) medication from the Box without further consent.
* Parents or Guardians of **patients aged 11 – 16** can choose to collect their children(s) medication from the Box ONLY IF the Young User confirms they understand that the mobile phone owner will be contacted every time they have medication to collect. We can take this confirmation in person or over the phone.
* **When a Young User turns 16 years old**, they will automatically be contacted by us and asked to attend to complete a form on their own behalf. They can still nominate a third-party mobile number should they wish.

**If the patient you are completing the form for is Under 16, please sign to confirm you understand the above.**  |
| Signature |  | Date |  |
| Print Name |  |
| Relationship to Patient |  |

**Step by Step Guide to Using the Box:**

1. **ORDER:** Order your prescription in the usual way, ideally via the NHS App, giving 7 days’ notice.
2. **RECEIVE TEXT:** Once your prescription is ready to collect from the Box, a text will be sent to the mobile number provided containing your **UNIQUE COLLECTION PIN**.
3. **COLLECT**: Go to the Box at your earliest convenience and enter the unique PIN into the keypad. **The PIN is only valid for 3 days**.
4. **PAY:** If you pay for your medication, the machine will ask for payment. You can only pay by contactless payment methods. If you are exempt, you will not be charged.
5. **BAG DROP:** Wait whilst the Box finds your prescription bag and drops it into the collection tray at the bottom of the machine.
6. **OPEN FLAP:** You then have **60 seconds to PUSH open the flap** and collect your bag.

**Terms & Conditions of Use:**

**Getting started:**

You will be shown how to use Medicines Collection Box by our team. Full instructions, demonstration videos and infographics are available on our website. We recommend your first collection is during opening hours, so we are on hand to answer any queries if they arise.

**The text message:**

Each time you collect from the Box you will get a text containing a unique PIN collection code. Each code is only valid for one collection. Do not share your unique code with anyone else (unless you have asked them to collect your medication for you).

**You only have 3 days to collect your medication:**

The text will contain a unique PIN collection code which is valid for 3 days. You should collect your medication as soon as possible after receiving the text. You will get a reminder text when you have just 24 hours left to collect.

**If you do not collect your medication within 3 days:**

After 3 days your code will no longer be valid, and your medication will be removed from the Box and returned to Kelling Pharmacy where it will be available for you to collect, in person, during usual opening hours (8.30am – 1pm and 2pm – 6.30pm).

**You have 60 seconds to get your bag from the tray:**

Once your medication bag has dropped into the collection tray at the bottom of the Box, you have 60 seconds to remove it.

 **After 60 seconds the collection flap will lock:**

Once the flap is locked you will not be able to get your medication out.

* If you lock the flap **OUTSIDE of opening hours** (after 6pm and before 8.30am), you should go home and collect your medication, the next day, from the Kelling Pharmacy counter.
* If you lock the flap **WITHIN opening hours** (between 8.30am and 6pm), please go home and we will let you know where to collect your medication from, once we have unlocked the Box.

**If the Box is locked when you arrive to use it:**

If the machine is locked, no one else can use it until the blocked medication is removed from the collection tray and the Box is re-set.

* If this happens during opening hours (between 8.30am and 6pm), we will attend the Box and re-set the machine as soon as possible.
* If this happens when we are closed (between 6pm and 8.30am) the machine will remain locked until the following morning when we will attend as early as we can to unlock and re-set the Box.

**Acute Medication**

Acute medication will not be available to collect from the Box. This will be available to collect from Kelling Pharmacy, at Holt Surgery, during normal working hours.

**3 Strikes**

If you fail to collect your medication within the 3-day window OR fail to take it out of the tray within the 60 seconds permitted, and this occurs to you on three separate occasions, you will no longer be permitted to collect your items from the Box and you will be asked to nominate an alternative collection point.

**The Box is Not Suitable for Everyone:**

There may be some medicines which are not suitable to be collected from the Box, such as controlled drugs, fridge items or larger orders (which will not fit). It may be that your regular medicines change and start to contain these excluded items or become too bulky to fit in the Box. In this instance, you will no longer be able to collect from the Box and we will need to discuss other options.

**Keeping your Information Up to Date:**

It is your responsibility to ensure that we have up to date contact details and exemption status information. If these change, you must inform us immediately.

**Data Protection and GDPR**

All information supplied to us will be treated in confidence and will be stored in accordance with current GDPR and Data Protection legislation. A copy of this sign-up form will be securely retained for our records.

**Please sign below to confirm you have read and understood the Step-by-Step Guide to Using the Box and the Terms and Conditions of Use and that you were provided with a copy to take away with you.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**For Staff Use Only:**

|  |
| --- |
| ***For completion by counter staff:*** |
| **Patient’s Name** |  |
| Nomination for which Box? (circle) | BLAKENEY HOLT |
| Pt eligible to use Box? | Y / N | Initials |  | Date |  |
| A4 Form completed fully by patient or parent/guardian? | Y / N | Initials |  | Date |  |
| Copy T & Cs given to patient/Parent/Guardian? | Y / N | Initials |  | Date |  |
| Counter staff to print and sign name | Print Name………………………………………………………….Signature……………………………………………………………. |
| ***For completion by Pharmacy back-office staff:*** |
| If pt is 11-16, have you got their consent to texts being sent to parent/guardian? | Y / N | Initials |  | Date |  |
| If pt is 11 – 16, have we added them to the Young User spreadsheet? | Y / N | Initials |  | Date |  |
| A4 Form Data entered on PSL? | Y / N | Initials |  | Date |  |
| Text sent to pt to say all ok and ready? | Y / N | Initials |  | Date |  |
| Scan A4 sign up form to Noticeboard | Y / N | Initials |  | Date |  |
| Back-office staff to print and sign name confirming EVERYTHING complete | Print Name………………………………………………………….Signature……………………………………………………………. |

**Patient Copy:**

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