

# Changes to the supply of Appliances

## Summary

In 2010 changes were made to the Terms of Service for pharmacies that dispense appliances listed in Part IX of the Drug Tariff. These changes came into effect from 1 April 2010, and affect all pharmacies - even if they do not normally supply these appliances.

The changes mark the end of a long consultation process, which set out to improve the service provided to patients, and to harmonise the arrangements so far as possible, between supply made by a pharmacy and a supply made by a Dispensing Appliance Contractor (DAC).

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of his business'.

The information in this section of the website and the associated [Regulations](#) and [Secretary of State Directions](#) are essential reading for those pharmacies that dispense appliances after 1 April 2010. For other pharmacies, this website section provides a summary of the changes, and identifies those changes to practice which may be needed for all pharmacies.

---

## Specified Appliances

The new arrangements apply to all appliances, but some, known as 'Specified appliances', have additional requirements. 'Specified appliances' are:

- catheter appliances (including a catheter accessory and maintenance solution); tracheostomy and laryngectomy appliances; anal irrigation systems; a vacuum pump or constrictor ring for erectile dysfunction, or a wound drainage pouch; that are listed in Part IXA of the Drug Tariff;
  - incontinence appliances that are listed in Part IXB of the Drug Tariff; and
  - stoma appliances listed in Part IXC of the Drug Tariff.
- 

## Essential Services

Under the new arrangements, all pharmacy contractors choosing to dispense qualifying products in the normal course of their business are required to comply with new Essential services requirements:

**A home delivery service and supply of wipes and disposal bags:** there is a requirement to make available home delivery for all qualifying items in Part IXA, Part IXB and Part IXC of the Drug Tariff. It is the patient's choice whether they collect their appliance from the pharmacy or have it home delivered. A reasonable supply of wipes and disposal bags for qualifying items should be supplied with the appliances. Entries in the Drug Tariff indicate whether the supply of wipes and disposal bags, or home delivery applies to the products listed.

**Provide appropriate advice:** there is a requirement to ensure that pharmacy contractors provide appropriate advice to patients about any stoma or incontinence appliance provided to them in order to enable them to utilise, store and dispose of the appliance appropriately. Pharmacy contractors must also ensure that a patient may consult, if the patient so wishes, someone to obtain **expert clinical advice** regarding the appliance being dispensed.

**Signposting:** if a pharmacy cannot dispense the item prescribed or cannot provide the required stoma appliance customisation, there is a requirement - with the patient's consent - to refer the prescription form or repeatable prescription to another pharmacy or dispensing appliance contractor (DAC). If the patient does not consent to referral, then contact details for at least two other contractors who may be able to dispense the required item or provide the specific service should be provided, where these details are known. Pharmacy contractors cannot accept or receive any gift or reward for making such referrals.

**Emergency Supply:** a prescriber may request an emergency supply of a medicine or an appliance, provided that he undertakes to furnish a prescription within 72 hours (or transmit an electronic prescription). This is the same provision that applies to the emergency supply of Prescription Only Medicines. Note, that although the facility exists, the decision on whether to make the supply in accordance with the request remains with the pharmacist.

PSNC has produced a [summary of the changes](#), with suggested actions that pharmacy contractors can take to comply with the new requirements. A detailed description of the changes to Essential services can be found in Annex 1.

---

## Advanced Services

All pharmacies are able to provide two new Advanced services if they wish to do so and have the necessary facilities and knowledge. The requirements for these new services are defined in the [Secretary of State Directions](#).

**Appliance Use Reviews (AURs):** Pharmacy contractors are able to choose to provide AURs in relation to Part IXA (qualifying items), Part IXB or Part IXC prescription items. Such reviews must be conducted by a pharmacist or by a specialist nurse - working on behalf of the pharmacy contractor that dispensed the appliance. It is permitted to conduct AURs at the patient's home or at the pharmacy contractor's premises. If the AUR takes place at the pharmacy contractor's premises, it must be conducted in a clearly designated area for confidential consultation. AURs are intended to complement the care provided by healthcare professionals working in the NHS, therefore the pharmacist or specialist nurse must maintain close contact with the NHS healthcare professional looking after the patient wherever possible.

**Stoma Appliance Customisation:** Stoma appliance customisation refers to the process of modifying multiple identical parts for use with a stoma appliance to the same specification, where the modification is based on the patient's measurements or a record of those measurements and, if applicable, a template.

A detailed description of these new Advanced services can be found in Annexes 2 and 3.

---

## Inducements

The terms of service prohibit a pharmacy from receiving any gift or reward in respect of only providing contact details of other providers of appliances, or for only referring prescriptions to a provider. This is because the signposting to other providers and referral are requirements under the terms of service - so the NHS already funds these activities.

Some pharmacies have commercial relationships with appliance providers so that where they themselves are not able to provide appliances (or under these new provisions, cannot provide the Advanced services), they refer patients on to a third party. If the pharmacy does nothing more than forwarding the prescription, the prohibition on inducements prevents the receipt of referral fees. But, if the pharmacy undertakes any other activity in relation to the transaction, for example, contacts the provider for stock availability information so that the patient can be informed of expected delivery date; liaises with the provider over the delivery preferences of the patient; collects the prescription charge or carries out the checking of exemption claims; or provides for example, the supplementary items, then the receipt of an agency fee associated with those activities would not be prohibited.

## Fee levels (April 2010)

Service	Fee Level
Home delivery	Other than for intermittent self-catheters (ISC), a fee of <b>£3.40</b> will be paid for each of the qualifying items which is dispensed. A fee of <b>£9.30</b> will be paid for each ISC dispensed. The fee is paid per qualifying item dispensed, regardless of whether the patient has requested collection from the pharmacy or home delivery. Qualifying items for home delivery are items in Part IXB and IC of the Drug Tariff and the following products in Part IXA of the Tariff: catheter, laryngectomy and tracheostomy, catheter accessories, catheter maintenance solutions, anal irrigation system, vacuum pumps and constrictor rings for erectile dysfunction, and wound drainage pouches.
Dispensing of appliances measured and fitted	£2.60 per item (Based on the contractor's endorsement of measured and fitted. To include belts and girdles)
Stoma Customisation	£4.32 for every qualifying Part IXC prescription item dispensed. The fee is paid per qualifying Part IXC item dispensed, regardless of whether customisation was required. Qualifying Part IXC items for stoma customisation are one-piece closed bags (under "colostomy bags" chapter heading of current Drug Tariff), drainable bags (under "ileostomy bags" chapter heading) and bags with tap (under "urostomy bags" chapter heading), items under "two piece ostomy system" and "flanges" chapter headings, as well as Skin Protectors and Stoma Caps.
Appliance Use Review	£28 for AURs conducted on the pharmacy premises. £54 for AURs conducted at the patient's home. Where more than one AUR is conducted in the same, non-pharmacy location within a 24-hour period, £54 for the first AUR and £28 for each of the subsequent AURs.

---

### Timescales for implementation

Although the Regulations came into force on 1 April 2010, pharmacies that are already on the pharmaceutical list before that date have until 31 December 2010 to comply, unless they intend to provide the new Advanced services (Stoma appliance customisation service and Appliance Use Review) - in this case, the new terms of service must be complied with from the time at which the pharmacy proposes to provide the new Advanced services.

For pharmacies that are included in the pharmaceutical list on or after 1 April 2010, compliance with these new terms of service is required from the date the pharmacy opens.

---

### Template documents to support the provision of these services

PSNC has developed a range of template documents to support the provision of the new appliance services. Click on the links below to download Microsoft Word versions of the documents.

The documents can be personalised by pharmacy contractors to fit with their locally developed SOPs. The documents contain *form fields* (generally grey boxes) that direct where text or other information can be added. Many of the documents have document protection enabled to facilitate use of these *form fields*. If you wish to edit the structure of the documents you may need to unprotect the document (no password has been set for the protection).

APPL01 - AUR PCT notification form. This form can be submitted to the PCT to notify them of the intent to carry out the Appliance Use Review Advanced Service.

APPL02 - Stoma Customisation PCT notification. This form can be submitted to the PCT to notify them of the intent to carry out the Stoma Customisation Advanced Service.

APPL03 - Stoma customisation record form. A form to record the details of any stoma customisations carried out.

APPL04 - AUR record form. A form to record the details of any AURs carried out.

APPL05 - AUR GP notification template. This form would be used to inform the GP that an AUR has been conducted but that no action points have arisen that the GP needs to be aware of.

APPL06 - Appliances count sheet. This form can be used to keep track of the number of specified appliances dispensed during the year in order to determine how many AURs may be provided.

APPL07 - Clinical advice and referral form. This form can be used to record advice given and referrals made during the provision of Essential Services for appliance scripts.

---

### More information and resources

A PowerPoint presentation which may be used for training purposes is available [here](#).

An overview of the new arrangements under Part IX of the Drug Tariff for the provision of stoma and urology - and related services - in primary care (Department of Health) (N.B. the AUR fee quoted in this document is incorrect, the fee has been set at £28 not £27)

Advanced Services Declaration form for submission to NHS Prescription Services

Copies of the consultation documents that have led to the service changes, along with the responses from PSNC, can be accessed in the [PSNC online publications database](#).

---

### Frequently Asked Questions

**1) How would a contractor based in England be reimbursed for submitting a script for a Part IX item to NHS Prescription Services in England for a patient registered and residing in Wales?**

NHS Prescription Services have confirmed that this script would be reimbursed in accordance with the new English regulations.

**2) Now the regulations have changed, will I still be able to participate in an Appliances Agency Scheme?**

If the agreement between the pharmacy and the Dispensing Appliance Contractor (DAC) only consists of forwarding on the prescription, then this would be allowed under the new regulations, but the pharmacy would be prohibited from receiving referral fees for this activity.

If however, the pharmacy undertakes any other activity in relation to the transaction, for example, contacts the provider for stock availability information so that the patient can be informed of expected delivery date; liaises with the provider over the delivery preferences of the patient; collects the prescription charge or carries out the checking of exemption claims; or provides for example, the supplementary items, then the receipt of an agency fee associated with those activities would not be prohibited.

**3) I do not dispense the specified appliances, do I need to comply with the new terms of service?**

The changes apply to all contractors and as such, the relevant changes to the Essential services must be complied with, in line with the terms of service. The Essential service requirements that all contractors need to comply

with are related to minimising waste, repeat dispensing, identification of the pharmacy when dispensing any appliance and signposting. More details on these can be found [here](#).

The requirements for home delivery, provision of supplementary items and provision of expert clinical advice only apply when supplying the specified appliances.

#### **4) When do I have to be compliant with the new regulations?**

The new regulations came into force on 1st April 2010. Pharmacies that are already on the pharmaceutical list before that date will have until 31 December 2010 to comply, unless they intend to provide the new Advanced services (Stoma Appliance Customisation service and Appliance Use Review (AUR)) - in this case, the new terms of service must be complied with from the time at which the pharmacy proposes to provide the new Advanced services. For pharmacies that are included in the pharmaceutical list on or after 1 April 2010, compliance with these new terms of service is required from the date the pharmacy opens.

## Additional Essential service requirements linked to the supply of Appliances (introduced in April 2010)

### Minimising Waste

There is an obligation when dispensing prescriptions or repeatable prescriptions for appliances, that the patient should be appropriately advised on the importance of only requesting items they actually need. This is similar to the current requirement when dispensing repeat prescriptions for medicines - but note that for appliances, the obligation exists for both repeatable and standard prescriptions.

The clinical effectiveness programme (which is already part of the clinical governance framework in the Terms of Service) is expanded. The pharmacy contractor will be required to consider information in the Patient Medication Records such as the prescribing patterns for the patient and use this to inform the advice provided to the patient about the ordering and use of appliances and the importance of minimising waste. The intention is to ensure that stock-piling of appliances is avoided, and that the appliance is used correctly (for example, discarded at suitable intervals, rather than disposed of too frequently).

### Repeat Dispensing

When a pharmacist is asked to dispense a batch issue for a medicine, he must establish before dispensing it, that the patient's medication regimen has not altered in any way which indicates that there should be a review of the patient's treatment. The new addition to that requirement is that when asked to dispense a batch issue for an appliance, the pharmacist should establish whether the 'manner of utilisation' has changed, such that a review is appropriate. This is a positive obligation, and must be carried out on every occasion that a batch issue for an appliance is dispensed.

### Identification of the pharmacy

When dispensing an appliance, the patient should be provided with a written note of the pharmacy name, address and telephone number. As records of all prescriptions dispensed should be entered onto the Patient Medication Record, this information may be provided on a dispensing label if dispensing labels have all the detail required. This amendment ensures that patients have contact details associated with the supply of the appliance. If a dispensing label containing the name, address and telephone number of the pharmacy is not used, then some other written note should be provided - a patient leaflet, a dispensing bag printed with that information, or a complements slip would all be satisfactory alternatives.

### Signposting

If any prescription for an appliance is presented for dispensing and the pharmacist is unable to provide the appliance, then subject to the consent of the patient, the pharmacist can refer the prescription to another provider for dispensing. If the patient does not consent to the prescription being referred to another provider, the pharmacist must give the patient the contact details of two providers of appliances, if the pharmacist is aware of the contact details. This information may be made available by the PCT. This amendment to the service seeks to avoid the patient simply being told that the pharmacy does not stock the item, and being left to find a suitable provider himself.

### Home Delivery

If a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a 'specified appliance', the pharmacist must offer to deliver the specified appliance to the patient's home. If the patient accepts the offer of home delivery, this must be made with reasonable promptness and at a time agreed with the patient. When delivering such appliances, the packaging used for the appliance must not have any markings which could indicate the contents, and the method of delivery must not convey the type of appliance being delivered.

The offer of home delivery need not be made pro-actively on each occasion a prescription is presented. The pharmacy can use additional methods to ensure that patients know that the free service is available, for example by including this in leaflets. The appliances for which home delivery must be offered are:

(a) any of the following appliances listed in Part IXA of the Drug Tariff:

- a catheter appliance (including a catheter accessory and maintenance solution),
- a laryngectomy or tracheostomy appliance,
- an anal irrigation system,
- a vacuum pump or constrictor ring for erectile dysfunction, or
- a wound drainage pouch;

(b) an incontinence appliance listed in Part IXB of the Drug Tariff; or

(c) a stoma appliance listed in Part IXC of the Drug Tariff.

Home delivery could be made by the pharmacy staff, the Royal Mail or another carrier could be used.

## Supplementary Items

If a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a 'specified appliance', the pharmacist must provide a reasonable supply of appropriate supplementary items (disposable wipes and disposal bags). The appliances with which supplementary items should be provided are indicated in the Drug Tariff.

## Clinical Advice about Appliances

If a pharmacy normally provides appliances in the course of its business, and is presented with a prescription for a 'specified appliance', the pharmacist must ensure that the patient can consult a person to obtain expert clinical advice about the appliance or, where the pharmacist believes it appropriate to do so, to refer the patient to the prescriber or to offer the patient an [Appliance Use Review \(AUR\)](#). Where expert clinical advice is given, this must be provided by a person who is suitably trained and who has relevant experience in respect of the appliance. This might be the pharmacist, or it could be an appropriately trained nurse or other person with suitable experience. The pharmacy may be asked to confirm to the PCT during monitoring visits, how patients will be provided with expert clinical advice.

Where the pharmacist discharges the obligation to ensure that there is access to expert clinical advice by providing a telephone care line, then this must be available at all times, including during the out of hours period, (i.e. the time outside the core contractual or supplementary hours of the pharmacy) or the telephone number of NHS Direct or the website address of NHS Direct on-line should be made available through the telephone care line.

Where an AUR is required, but the pharmacist is not able to provide the AUR service, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to arrange for the service to be provided, if contact details are known to the pharmacist. The PCT may provide these details or it may be established by the pharmacist.

Records must be kept of any advice given to patients or referrals made. [Form APPL07 - Clinical advice and referral](#) can be used to record advice given and referrals.

## Emergency supplies

A prescriber may request an emergency supply of a medicine or an appliance, provided that he undertakes to furnish a prescription within 72 hours (or transmit an electronic prescription).

PSNC has produced a [summary of the changes](#), with suggested actions that pharmacy contractors can take to comply with the new requirements.

## Appliance Use Review

Appliance Use Review (AUR) is the second Advanced service to be introduced into the NHS community pharmacy contract. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any '[specified appliance](#)' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

### Conditions to fulfil before conducting AURs

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. The conditions that must be satisfied are that:

1) Before beginning to provide the service, the pharmacy must notify the NHS Business Services Authority that it wishes to provide the service and inform them as to whether the service will be provided at the patient's home; and unless the AUR will only be provided solely at patient's homes, a statement of each location at which the service is to be provided. The [Advanced Services Declaration form](#) on the NHS BSA website can be used to make this declaration.

2) Before beginning to provide the service, the pharmacy must notify the PCT that it wishes to provide the service and inform them whether the service will be provided at patients' homes and / or at the pharmacy. The pharmacy contractor must also provide the PCT the following information in relation to pharmacists or specialist nurses who are to provide AURs:

- Full name;
- Documentary evidence of qualifications (i.e. education, training or experience in respect of the use of specified appliances); and
- Details of competency in respect of the use of specified appliances (i.e. details as appropriate of relevant clinical training and practice in respect of the use of specified appliances).

[Form APPL01 - AUR PCT notification](#) can be used to make these declarations to the PCT.

3) The pharmacy must be satisfactorily complying with the Terms of Service for the Essential services.

4) The pharmacy must have an acceptable system of clinical governance.

5) The pharmacy must have a Standard Operating Procedure (SOP) in place to ensure referral of patients to the prescriber of the appliance in any case where a matter relating to the patient's use of a specified appliance arises in the course of an AUR but falls outside the scope of the service.

6) Where the service is provided at the pharmacy, the consultation area must:

- be distinct from the public area;
- be clearly designated as an area for confidential consultations; and
- allows all persons taking part in the AUR to sit down together and talk at normal speaking volumes without being overheard by other visitors to or staff at the pharmacy.

Having regard to the nature of specified appliances and the underlying purpose of the AUR service, the consultation area should be suitable for a consultation to determine how a patient uses an appliance and the extent of the patient's knowledge about it. For example the discussion about appliances might require higher

standards of visual privacy than would be expected in an MUR, or access to handwashing facilities may be required in some circumstances.

There is no requirement for the PCT to accredit or otherwise approve the pharmacy before the service commences.

The Directions which establish the Appliance Use Review service do not require the pharmacist or specialist nurse to undertake a Criminal Records Bureau (CRB) check, but pharmacy contractors will wish to consider whether CRB checks should be carried out, as part of the pharmacy contractor's own risk management policies.

### Requirements when providing an AUR

- 1) The service must be provided, where reasonably possible, within 2 working days of the patient requesting a review or agreeing to one.
- 2) The pharmacist or specialist nurse must obtain the patient's written consent before providing the service.
- 3) A record must be completed, containing:
  - the date of the review;
  - the name of the pharmacist or specialist nurse who undertook the review;
  - the name of the patient, and the address at which the review took place;
  - the name of any other person present during the review (and their relationship with the patient);
  - the reason why a review is required;
  - the advice given to the patient;
  - any intervention made.

Form APPL04 - AUR record can be used to record the details of an AUR.

- 4) The patient must be informed in writing that the record will be made and that it will be forwarded as follows:
  - A copy must be sent to the pharmacy contractor;
  - The information about the date of review, the identity of the patient and the pharmacist or specialist nurse who carried out the review must be sent to the patient's GP if they are registered with one. Form APPL05 - AUR GP notification template can be used to inform the GP that an AUR has been conducted but that no action points have arisen that the GP needs to be aware of;
  - Any information which the pharmacist or specialist nurse considers it necessary for the GP to be aware of, must be forwarded to the patient's GP (if they are registered with one); and
  - Any information sent to a patient's GP must also be copied to any nurse employed by a PCT who is practising with the GP and providing relevant primary medical services to the patient, if it is known that there is such a nurse
- 5) The record of the AUR must be retained for a minimum of 12 months or such longer period as the PCT requires. Records may be made and stored electronically.
- 6) Information about the number of AUR services provided each month should be declared on the FP34C submission form.
- 7) The maximum number of AURs for which claims for payment may be made is not more than 1/35 of the aggregate number of specified appliances dispensed during that financial year (1st April to 31st March). It is therefore likely that a pharmacy would need to institute a cumulative record of how many of the specified appliances have been dispensed, so that it does not unwittingly exceed the threshold of how many AURs can be undertaken. Form APPL06 - Appliances count sheet can be used to keep track of the number of specified appliances dispensed during the year in order to determine how many AUR may be provided.

## Stoma Appliance Customisation

Stoma Appliance Customisation (SAC) is the third Advanced service in the NHS community pharmacy contract. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a pharmacy is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service, if contact details are known to the pharmacist. The PCT may provide the information or it may be established by the pharmacist.

### Conditions to fulfil before providing SAC

The service can be provided by pharmacies that normally provide stoma appliances in the normal course of their business. The conditions that must be satisfied are that:

- 1) The pharmacy must notify the NHS Business Services Authority that it wishes to provide the service before beginning to provide the service. The [Advanced Services Declaration form](#) on the NHS BSA website can be used to make this declaration.
- 2) The pharmacy must notify the PCT that it wishes to provide the service before beginning to provide the service. [Form APPL02 - Stoma Customisation PCT notification](#) can be submitted to the PCT to notify them of the intent to carry out the Stoma Customisation Advanced Service.
- 3) The pharmacy must be satisfactorily complying with the Terms of Service for the Essential services.
- 4) The pharmacy must have an acceptable system of clinical governance.
- 5) The pharmacy must have a Standard Operating Procedure (SOP) in place to ensure referral of patients to the prescriber where the stoma appliance is not suitable for further customisation or where a stoma appliance has been customised and is not a proper fit for the patient.
- 6) The service must be provided from an 'acceptable location', which means:
  - an area within the pharmacy that is distinct from the public area;
  - is clearly designated as a private area whilst the service is being provided;
  - is suitable and designated for the retention of the appropriate equipment for customisation;
  - is suitable and designated for modification of the appliances; and
  - that it is suitable for the volume of customisation being undertaken at any given time.

There is no requirement for the PCT to accredit or otherwise approve the pharmacy before the service commences.

The pharmacy contractor can carry out customisation at alternative premises provided that they are distinct from public areas of the alternative premises and that they meet the above conditions. If premises other than the pharmacy are used, the pharmacy contractor must have procedures which ensure co-operation with any reasonable inspection or review of the premises by the PCT of the area where the service is provided.

### Requirements when providing SAC

The pharmacy contractor must also ensure that:

1) The service is provided only by appropriately trained and qualified persons. It is anticipated that the Department of Health guidance will clarify this requirement. Appropriate training is likely to cover knowledge of what the appliances are used for, the importance of proper fitting, hygiene etc.

2) A record of each customisation is completed which includes:

- details of advice given;
- the type of stoma appliance;
- dimensions used in respect of the modification of parts of the appliance;
- measurements of the patient (if taken);
- dimensions of any template made or modification of any existing template; and
- any referrals made to the prescriber.

Form APPL03 - Stoma customisation record can be used to record the details of any stoma customisations carried out.

3) The record must be retained for a minimum of 12 months or such longer period as the PCT reasonably requires. Records may be made and stored electronically.

4) A copy of the record must be supplied to the patient or, if requested by the patient, to the prescriber or another health care professional.

5) Three months notice must be given to the PCT and the NHS Business Services Authority before the pharmacy can cease to provide the service (unless illness or other reasonable cause prevents such notice being given).

April 2010