

Homecare Medicines Services: Patient Information Record Form Guidance

History

Version 1 – This patient information record form has been developed through a re-working of the national template registration and consent form (v3)

Introduction & Scope

The Patient Registration Form template has evolved over time therefore this Patient Registration Form template is an updated version of the original template published in the Royal Pharmaceutical Society Handbook for Homecare Services in England¹ in May 2014.

The homecare patient registration process has been reviewed in light of the General Data Protection Regulations (GDPR) with a number of refinements made to improve the process flow. The most notable change is the intent to use an alternative legal basis to process personal data. The NHS will no longer be using patient consent as the basis of processing personal data in homecare services.

The registration document set comprises of:

- Appendix 4a - Patient registration form guidance (PDF)
- Appendix 4a - Patient registration form template (Word document)
- Appendix 4b - Patient change request form
- Appendix 4c - Patient information record form guidance (PDF) [*This document*]
- Appendix 4c - Patient information record form (Word document)
- Appendix 4d – Patient registration form administrative supplements (optional) guidance (PDF)
- Appendix 4d – Patient registration form administrative supplements (optional) (Word Document)

The document set is intended for use across all homecare medicines services; including those funded by manufacturers (Medicines Authorisation Holders).

The key aims are to:

- Reduce unnecessary variation of registration forms in use across the homecare market
- Enable streamlined switching of patients between homecare providers
- Minimise the risk of transcription or interpretation error
- Ensure key data fields are captured in line with current guidance

This Patient Information Record Form is intended to provide a clear audit trail demonstrating that patients referred into a homecare medicines service, have received the appropriate information about the service from their referring clinical team.

¹ Royal Pharmaceutical Society Handbook for Homecare Services. <http://www.rpharms.com/support-pdfs/homecare-services-handbook.pdf>

[Guidance for Use](#)

The Patient Information Record Form should be provided by the referring clinician and signed by the patient at the point of consultation regarding referral onto a homecare medicines service. The completed form should be held in the patient's notes as a record of the information provided.

The Patient Information Record Form is an internal NHS document and as such is not required by the homecare provider.

Patients being referred to homecare services should be given up to date information regarding the products prescribed, information about the homecare service as well as information about the homecare provider that will be providing the service. It is considered good practice to capture the patient's (or carer's) signature on the patient information record form.

It should be noted however the registration process for patients' who were registered for homecare services under the previous legacy process remains valid: re-registration is not required.

Homecare Medicine Service: [Template] Patient Information Record Form

Homecare Service – Patient Information Record Form			
Patient name:		Patient hospital/NHS number:	

➤ I have been appropriately informed about the homecare service that my prescriber is referring me into.
➤ I understand that I can withdraw from the homecare service at any time by contacting my clinical team.
➤ I have been directed to, or provided a copy of, the hospital's Privacy Notice which includes a description of how my personal data will be managed, who by and my rights regarding my personal data.
➤ I understand that my homecare prescriptions will be sent directly to the hospital's chosen homecare provider and for them to supply me with medicines and associated items requested by the hospital. I understand that the hospital's chosen homecare company may request repeat prescriptions on my behalf from my prescriber.
➤ I understand that the hospital may change the chosen homecare provider with appropriate notification to me.
➤ I understand that I must still attend my regular hospital and G.P. appointments so that my health is monitored effectively and the hospital can ensure the treatment and homecare service provided is appropriate for me.
➤ I understand that all deliveries must be signed for by an adult and I may be contacted to verify the homecare services provided to me.
➤ I understand that I may occasionally be contacted to obtain feedback on my satisfaction with the service.
➤ I understand that if I am not able to or do not comply with the service requirement I will be withdrawn from the homecare service. If I am withdrawn from the homecare service the hospital will make reasonable efforts to find an alternative treatment solution for me and/or refer me back to my G.P for reassessment of my needs.
➤ I understand that I may be sent information about additional, optional patient support programmes that may be available alongside my homecare service. I understand that I can withdraw from any patient support programme(s) at any time by contacting my clinical team.
➤ I understand that this homecare service, and any patient support programmes may be funded by a pharmaceutical company.

*Note: The above statements relate to the patient. Where the signatory is not the patient (e.g. parent / carer), statements should be interpreted accordingly.

Patient Signature:		Print name:		Date:	
If not signed by patient, state relationship to patient:					

This form is not used for the purposes of obtaining consent for the sharing of personal data. Personal data will be shared with other organisations under Article 6 1(e) and Article 9 2(h) of the General Data Protection Regulations.

For further information please refer to:

[\[Link to Trust Privacy Notice\]](#)

Private and Confidential (When Complete)
For internal hospital use only – to be stored in patient notes
Not for transmission the homecare Provider