

Homecare Medicines Service:

Patient Registration Form Administrative Supplements (Optional) Guidance

History

Version 1 – These Patient Registration Form Administrative Supplements (Optional) have 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. This Patient Registration Form Administrative Supplements 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)
- Appendix 4c - Patient information record form (Word document)
- Appendix 4d – Patient registration form administrative supplements (optional) guidance (PDF) [*This Document*]
- 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 use of these administrative supplements are optional.

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

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

[Guidance for Use](#)

Best practice for the processing of a registration form through the system from clinical referring centre to homecare provider includes an internal compliance check performed by the pharmacy homecare team and a feedback loop from the homecare provider. The templates provided can be used to maintain a clear audit trail.

The compliance check performed by the clinical referring centre should ensure the registration form has been completed correctly and that any additional required documents (e.g. first prescription, ancillary/equipment list or individual care plan) are present and sent alongside the registration form.

The feedback loop from the homecare provider confirms acceptance of a patient onto the homecare service. This can be of particular importance where a patient has specific requirements which are not already captured and accommodated within the service specification and commercial schedule.

It is anticipated that these templates will be used to inform the development of electronic homecare patient registration systems.

Patient registration form administrative supplements (Optional)

[Optional sections for internal registration approval & registration acceptance confirmation]

FOR PHARMACY DEPT OFFICE USE ONLY

Patient name:		Patient hospital/NHS number:	
Clinical Referrer:		Date Registration Form signed by clinical referrer:	

REGISTRATION FORM APPROVED BY			
Patient individual Care Plan (PICP) updated and attached <i>If yes give reference and/or date</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PICP Ref:
Prescription attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Service request within SLA/Contract terms <i>If No, additional costs may be incurred, if required, request costs from HCP before approval</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Purchase Order attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments-			
Signature:		Name: <i>(please print)</i>	Date
APPROVED CHANGE REQUEST SENT TO HOMECARE PROVIDER BY		HCP Name:	
Signature:		Name: <i>(please print)</i>	Date & Time:

FOR HOMECARE PROVIDER USE ONLY

PATIENT REGISTRATION ACCEPTED BY HOMECARE PROVIDER (HCP)			
Additional cost to Purchasing Authority outside contract / SLA <i>if yes give details</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments:-			
Homecare Provider Signature:		Name: <i>(please print)</i>	Date/ Time: