

Telephone prescription ordering service

A small number of GP Practices in Sheffield currently have a telephone prescription ordering service run by a trained team of NHS staff. It is open Monday to Friday, 9am to 3pm, and allows patients to call and order their repeat medication.

With the patient's consent, staff look at the patient's medication record, take a list of the medicines needed, and send the request for the prescription to the doctor electronically. The patient's doctor issues the prescription and it is made ready for collection within 2 working days or dispensing by the patient's pharmacy of choice within 4 working days as normal.

The prescription order line is one of a number of ways that patients can order their medicines from their doctor. The service has its own dedicated telephone number which patients use instead of their GP practice's number to order their medicines.

NHS Sheffield Clinical Commissioning Group is considering making this service available to all GP Practices and their patients in Sheffield. We would like to hear what you think about the way you currently get your repeat medication, and a new city-wide telephone prescription ordering service.

Which GP practice are you registered at?	
	Not registered with a GP Practice

How likely would you be to use this service?							
Highly likely	<input type="checkbox"/>	Likely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>	Very unlikely	<input type="checkbox"/>
						Don't know	<input type="checkbox"/>

What would help you to use a telephone prescription ordering service?

What might stop you from using a telephone prescription ordering service?

If you have repeat medicines, how do you usually order them?

Call the surgery		Online through my registration at my surgery		Dropping off a written request at the surgery		Emailing my surgery	
Through the NHS App		Posting a request to the doctors		My pharmacy orders my medicines for me		Through a pharmacy App	
Other, please describe							

What works well about your current method of ordering your repeat prescription?**What could be better about your current method of ordering your repeat prescription?****Please tell us anything else you think we should know about ordering repeat medication**

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. S9, S35)

Please enter here

Prefer not to say

What is your sex?

Female

Male

Prefer not to say

Gender reassignment

Is your gender identity now different to the sex you were assumed to be at birth?

Yes

No

Prefer not to say

What is your age?

years

Prefer not to say

What is your sexual orientation?

Bisexual

Heterosexual

Homosexual

Other

Please specify

Prefer not to say

What is your ethnic background?

Arab

Asian

Black

Chinese

Gypsy/
Traveller

Mixed / multiple
ethnic background

Roma
Slovak

White
British

White
other

Prefer not to
say

Other

Please specify any other ethnic group here

Do you consider yourself to belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other

Please specify

Prefer not to say

Do you consider yourself to be disabled or have an additional need?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

If yes above, what type of disability, impairment, or additional need do you have? (Tick all that apply)					
Autism	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental Health condition	<input type="checkbox"/>
Physical or mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Long-standing health condition or illness	<input type="checkbox"/>		
Other	Please specify				

Do you provide care for someone?					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Thank you for sharing your views.

Please return your completed survey to your GP Practice
or post to:

FREEPOST NHS SHEFFIELD CCG