

FRM-PCS-250

INDEPENDENT PRESCRIBING SERVICE (IPS)

Community Pharmacy Independent Prescribing Service
Consultation Record

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Document Version	v1
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Status	Approved
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Document author:	Daniel Hallett
Approved by:	Liz Sayce
Date approved:	17/11/2021
Review date:	27/10/2022

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
27/10/2021	d0-1	Lydia Hutton	Document created with 2021 risk groups
15/11/2021	d0-2	Daniel Hallett	Document reviewed and updated
17/11/2021	v1	Daniel Hallett	Initial release

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
17/11/2021	d0-2	Liz Sayce	Primary Care Services Project Manager

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Daniel Hallett
Role:	National Clinical Informatics Lead (Community Pharmacy)
Signature:	<p style="text-align: center;">X</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Author</p>

Approver's Name:	Liz Sayce
Role:	Primary Care Services Project Manager
Signature:	<p style="text-align: center;">X</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Approver</p>

1.4 DOCUMENT LOCATION

Type	Location
Electronic / MS Teams	DHCW Choose Pharmacy Project / 1.7 Clinical Lead / Paper Based Consultation Templates

REFERENCES

DOCUMENT	VERSION

DEFINITIONS

TERM	DEFINITION

STEP 1	Record patient details	Patient Surname	
		Patient first name	
		Date of Birth (dd/mm/yyyy)	
		Postcode - <i>The postcode must relate to the address at which the patient is registered with their GP</i>	
	Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Registration Status	Is patient already registered for IPS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(proceed to Step 2)</i>
	Reason for changing pharmacy? <i>(proceed to Step 2)</i>	Are they registered: <input type="checkbox"/> at this pharmacy <i>(Proceed to Step 3)</i> <input type="checkbox"/> at another pharmacy <i>(see below)</i> <input type="checkbox"/> temporary change-work <input type="checkbox"/> temporary change-holiday <input type="checkbox"/> temporary change-pharmacy closed after 6pm <input type="checkbox"/> temporary change-pharmacy closed at weekend <input type="checkbox"/> temporary change-service not available <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Change of address <input type="checkbox"/> Other	
STEP 2	Confirm patient identify	If patient is under 13 (or under 16 and not fraser competent) – record details of parent/guardian	
		Relationship to child	
	Please record document used to confirm eligibility <i>(record the documentation of the ADULT accompanying a child aged <14)</i>	<input type="checkbox"/> known to pharmacist <input type="checkbox"/> driving licence <input type="checkbox"/> passport/driving licence <input type="checkbox"/> utility bill/bank statement <input type="checkbox"/> other (please specify)	
STEP 3	GP Information	Practice Name and Address	

STEP 4	Consultation details	Consultation undertaken as	<input type="checkbox"/> face to face consultation at pharmacy <input type="checkbox"/> telephone consultation <input type="checkbox"/> video consultation <input type="checkbox"/> face to face consultation at other location
		Date & time of consultation	
		Referred by	<input type="checkbox"/> self-referral as unable to see GP <input type="checkbox"/> Other- self-referral <input type="checkbox"/> General Practitioner <input type="checkbox"/> Out of hours <input type="checkbox"/> optometrist <input type="checkbox"/> A&E <input type="checkbox"/> NHS Direct/NHS 111 <input type="checkbox"/> other healthcare professional <input type="checkbox"/> other <input type="checkbox"/> other pharmacy
		Presenting symptoms/problem	
		Known Allergies	
STEP 5	Assessment notes	Assessment of symptoms	Share information with GP: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Medical/Social/Family History	Share information with GP: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Examination findings	Share information with GP: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Tests undertaken & results	Share information with GP: <input type="checkbox"/> YES <input type="checkbox"/> NO

STEP 6	Outcome	Additional allergies information	
	Treatment Provided/Advice only		
	Referral	Referred to: <input type="checkbox"/> General Practitioner <input type="checkbox"/> Dentist <input type="checkbox"/> Optometrist <input type="checkbox"/> Out of hours <input type="checkbox"/> A&E <input type="checkbox"/> other	
	Timescale for referral	Timescale: <input type="checkbox"/> within 24 hours <input type="checkbox"/> within 48 hours <input type="checkbox"/> within 7 days <input type="checkbox"/> within 14 days <input type="checkbox"/> within 28 days	
	Medicine 1 (include name/strength/ form/quantity/dosage)		
	Medicine 2 (include name/strength/ form/quantity/dosage)		
	Medicine 3 (include name/strength/ form/quantity/dosage)		
	Share this information with GP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Advice and follow up	Share information with GP: <input type="checkbox"/> YES <input type="checkbox"/> NO	

STEP 7	Additional Information	Does the IPS consultation include information relating to HIV/AIDS or sexually transmitted diseases, fertilisation and embryology, termination of pregnancy or gender reassignment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		What would the patient have done if they had not accessed this service today	<input type="checkbox"/> made appointment with GP <input type="checkbox"/> made appointment with OOH <input type="checkbox"/> made appointment with health visitor <input type="checkbox"/> made appointment with other healthcare professional <input type="checkbox"/> attended A&E <input type="checkbox"/> called NHS Direct/111 <input type="checkbox"/> bought medication <input type="checkbox"/> other	
		Did the patient express a wish for the service to be provided in Welsh?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If Yes, was the service provided in Welsh?	<input type="checkbox"/> yes - completely <input type="checkbox"/> yes - mostly <input type="checkbox"/> yes - partly <input type="checkbox"/> no <input type="checkbox"/> not applicable	

Paper consultation records to be used ONLY when the Choose Pharmacy application is unavailable

- Please transfer paper records onto the Choose Pharmacy application as soon as practically possible to ensure accurate records and payments
- Paper records to be retained/destroyed in line with pharmacy policy.

Name of Pharmacist transferring record to Choose Pharmacy:

GPhC Number:

Date record transferred