

Appendix A / MAR 1	PRIVATE AND CONFIDENTIAL
NAMED PATIENT INFORMATION	Locally Commissioned Service introduction Form
Service User Introduction Form for Pharmaceutical Care and MAR Provision	
PLEASE COMPLETE ALL SECTIONS	

PART A : Service User Details to be filled out by Adults' Services / Joint Health and Social Care Teams:	
Service User Name	
Address	
Date of Birth	
NHS Number (if known)	
GP Practice & Telephone No.	
When is service required to start? (if known)	
Any other relevant information e.g. safety concerns	
Name, Address and Telephone No of chosen pharmacy <i>(Pharmacy may complete)</i>	
Consent for sharing information has been obtained from Service User (please delete) YES / NO	
Name of WSCC referrer.....	Job title.....
Signature.....	Date:
Telephone No. of Key Contact for changes to Medication (the referrer of the Service User)	
When Part A details are completed a copy should be given /faxed by WSCC referrer to:	
1) The Patient's chosen pharmacy 2) The Home Care Manager	

Part B : To be filled out by the Pharmacist	
Pharmacist Signature:.....	
Print name:.....	Date:
<u>The Pharmacy should complete Part B, keep one copy for their records and send one copy to their local Coastal West Sussex Primary Care Team by post or fax.</u>	

Appendix B

PRIVATE AND CONFIDENTIAL

Monthly Claim for Payment and Audit Return Form under LES for the Provision of Pharmaceutical Care PLUS MAR charts

Pharmacy Address:	For the month of 20.....	
	Sheet number, if more than one being submitted in this month	:
	Return to your local CWS Primary Care Team by post or fax and mark for the attention of Jaclyn Foster.	

Signed: **Print Name:** **Date:**

The above pharmacy is claiming a payment of £7.50/month per patient for the following patients that are participating in the West Sussex PCT Local Enhanced Service for the provision of MAR charts and pharmaceutical care. Details of the Service User that **have commenced/are using/have ceased** to use the Local Enhanced Service provided by pharmacies for the provision of pharmaceutical care plus MAR charts for service user's being cared for by WSCC care staff should be detailed below.

* 1 MAR chart is defined as 1 or more pages constituting the complete medication list for an individual. This information is being collated to assess pharmacy workload.

COMPLETE COLUMNS A, B, C AND D			COMPLETE ALL THREE COLUMNS		
A	B	C	D	E	F
Patient Identifier	Service User Number (if known)	Number of MAR charts provided* (if none provided state reason if known)	Date Commenced for new service user's	Continuing YES / NO	If not continuing, date ceased
COMPLETE COLUMNS A, B, C AND D			COMPLETE ALL THREE COLUMNS		

INCIDENT / PROBLEM REPORTING FORM
For the
Pharmaceutical support and supply of Medication Administration
Record (MAR) chart

Please use this form to document an incident (minor or major) or a problem with the service or supply of a MAR chart.

We will collate the information we receive and feed this back to the appropriate person/organisation to help the service run seamlessly and to improve the service for patients.

FORM completed by *:.....

Date:

Name of Pharmacy*:

NATURE OF THE INCIDENT OR PROBLEM: Please explain in as much detail

Continue on extra sheet if required...

WHO WAS INVOLVED e.g. client and pharmacist (can be anonymous)

DETAILS OF INCIDENT:

(Please continue on an extra sheet if required and attach to this form)

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* This is optional, but would be useful in order to follow-up for more details / feedback

Please send to Coastal West Sussex CCG Quality Team.