

Stickney Surgery

MEDICINES DELIVERY SERVICE

Stickney Surgery offers a medicines delivery service to patients to whom we are permitted to dispense prescriptions from the practice's dispensary. The service is available to the following patient groups:

- Any housebound patient
- Patients aged 65 years and over
- Spouse of a patient aged 65 years and over
 - Patients in this group must ensure their delivery date is aligned with their spouse who is already signed up to the service.

The delivery service itself is free of charge. Patients who presently pay for their prescriptions will be required to pay the driver on delivery.

Patients must give the practice 7 days to prepare their medication. We then aim to deliver medication on the next delivery day for that area.

Delivery days are as follows:

- Monday: Delivery area to be confirmed
- Wednesday: Delivery area to be confirmed
- Thursday: Delivery area to be confirmed

Full details of the delivery service are printed on the reverse of this letter. Please keep the letter for your records. If you have any questions about the service, please telephone the surgery on 01205 480237 and ask to speak to the Dispensary Team Leader.

To sign up, simply complete the form attached to the letter, and send it back to the surgery.

Stickney Surgery

MEDICINES DELIVERY SERVICE

- The Surgery aims to deliver medicines to you initially on either a Monday, Wednesday or a Thursday between 9.30am and 6pm depending on where you live (excluding public holidays, unforeseen circumstances or in dangerous driving conditions).
- **Our delivery person will always carry identification.** Should you wish to confirm the delivery person's identity, please telephone the surgery on **01205 480237** and ask to speak to the Practice Manager. Our delivery driver will try, where possible, not to deliver to your home after dark.
- We will deliver to your home, or other address of your choosing (if within the practice area). If you wish your medicines to be received by someone other than yourself, you must state their name to us when signing up to the service. The recipient must be able to provide proof of their identity.
- If we are asked to deliver your medicines to an address other than your home address, we may telephone you at home as a precaution to check these instructions.
- If no-one is at home when we attempt to deliver your medicines, our delivery person will leave a card inviting you to collect your medicines from the practice.
- Patients who pay for their prescriptions will be required to pay the delivery person in cash.
- The practice reserves the right to withdraw the service to patients who are repeatedly not at home to receive their medicines.
- We will endeavour to deliver your prescriptions with the next delivery to your area. However, please make your request at least 7 days before the expected delivery. (Occasionally items may be out of stock at our wholesalers)

Place your repeat prescription requests either:

- In person at the surgery
- In writing by post (address overleaf), marking your envelope '**Prescriptions**'
- By telephone: **01205 480237 (option 2) between 11.00-18.30**
- Via our website – **www.stickneysurgery.co.uk**

We would welcome any comments or suggestions you wish to make about our service in order to further improve it.

Thank you for your support

Stickney Surgery Medicines Delivery Service

Name					
Date of Birth					
Home Address					
Postcode					
Contact Telephone Numbers					
Home		Mobile		Work	

I wish to use the free Medicines Delivery Service

Please tick **ONE** of the following choices:

- I am housebound
- I am aged over 65 years
- My spouse is over 65 years and they are signed up to the delivery service

Their name please: _____

Please tick ONE of the following choices:

- Please deliver the medicines to my home address above
- Please deliver the medicines to the person(s) and address below:

Name: _____

Address: _____

Your medication will be delivered on a Monday, Wednesday or Thursday depending on where you live, or where you want your medication delivering to within the practice area.

Your signature: _____ Date: _____

For Surgery Use:

Medication Delivery Day	
Monday	
Wednesday	
Thursday	