

Giving your consent

Please sign and date the consent form below and return in the prepaid envelope provided.

Consent	
I consent to my anticoagulation records being transferred to Boots UK Limited and, where appropriate, shared with other medical practitioners/pharmacists responsible for my care.	
Patient Details	
Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Date of birth:	<input type="text" value=" / /"/>
NHS number: (if known)	<input type="text"/>
Telephone:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
GP details	
Name:	<input type="text"/>
Address:	<input type="text"/>

Data Protection

Boots will keep details of your consultations and dosing advice to help it manage the community pharmacy anticoagulation service. These records will be held in accordance with the Data Protection Act 1998. Where appropriate, they will be shared with medical practitioners/pharmacists responsible for your care.

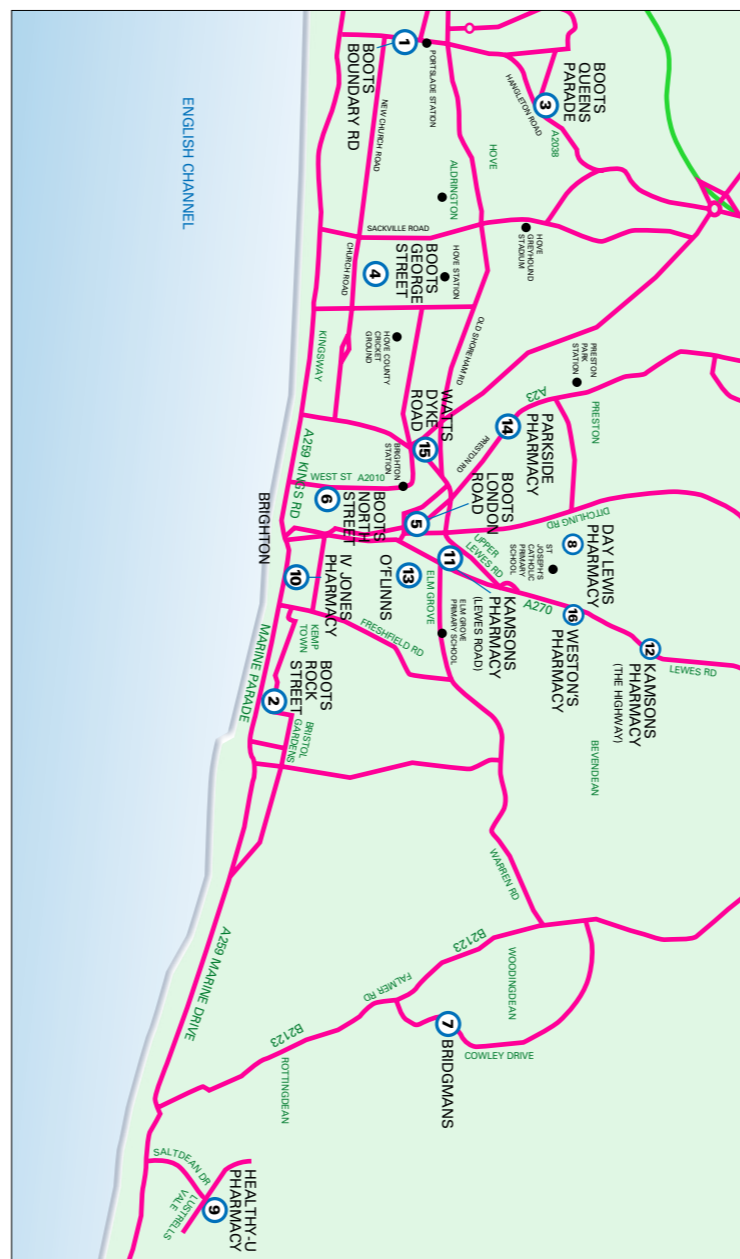
The records of your warfarin treatment held by Brighton and Sussex University Hospitals NHS Trust will be transferred to Boots. They will be kept on a dedicated computer system on behalf of NHS Brighton and Hove for the purposes of ensuring continuity of care and managing your anticoagulation treatment. These records will be kept all the time you use this service and then for a further 7 years. You or your authorised representative, have the right to apply for access to these records.

Further information

If you have any queries about this service, or about signing the consent form, please phone Boots on **01273 423822** between 9am and 5pm Mondays to Friday. If there is no answer, please leave a message with your name and telephone number. Your call will be returned within 24 hours. (Standard landline charges will apply depending on your service provider)

You can also phone NHS Brighton and Hove Patient Advice and Liaison Service (**PALS**)

Map of pharmacies offering anticoagulation service



Your new anticoagulation clinic



Your anticoagulation clinic is on the move

Anticoagulation clinics in Brighton and Hove are moving from the Brighton and Sussex University Hospitals NHS Trust to a number of community pharmacies across the city.

As well as offering more convenient appointments for most patients, these community clinics will provide on-the-spot INR test results so that you and the pharmacist can agree the dosage of warfarin you need until your next appointment.

This new service is being organised for NHS Brighton and Hove by Boots, working in collaboration with other local pharmacies.

What do I need to do?

Please complete the consent form and patient questionnaire and return to Brighton and Sussex University Hospital NHS Trust using the enclosed prepaid envelope. The hospital will then give the details of your INR results and warfarin dosage to Boots.

The Boots pharmacy team will phone you to arrange a first appointment at your choice of community pharmacy clinic.

Boots will also send you a letter confirming the date and time of your appointment, and phone you the day before your appointment to remind you.

You should expect to hear from your chosen community pharmacy clinic two to three weeks before your appointment. Please keep attending any hospital anticoagulation clinic appointments that you have until you hear from the community pharmacy clinic.

What will happen at my first appointment?

One of the pharmacy team will take you to a private room for your consultation. The pharmacist or a trained member of the pharmacy team will confirm your details and your last test results. **Please make sure you bring your most recent hospital INR result letter to your appointment at the community pharmacy clinic.**

The pharmacist will then take a pinprick blood sample from your finger to carry out the INR test (please note that this differs from your current test which involves taking a larger sample of blood).

The blood sample will be placed on a test strip which goes into a special meter. After about a minute your results will be displayed. The results will be used to decide the dosage of warfarin you should take until your next appointment. The pharmacist will explain the results to you, and give you a date and time for your next appointment.

Selecting your pharmacy

In order to ensure a smooth transition to the new service, we kindly ask you to complete this short questionnaire. This will allow us to develop a service that is more convenient for you.

1. The anticoagulation service will be offered in the following pharmacies, please indicate which pharmacy is most convenient for you. To help you choose the pharmacy most suitable for you, a map identifying the locations of the pharmacies is printed overleaf.

Pharmacy	Address	Post Code	No. on map	Please tick one
Boots	76 Boundary Road, Hove	BN3 5TD	1	
Boots	1 Rock Street, Kemp Town	BN2 1NF	2	
Boots	10-11 Queens Parade, Applesham Ave, Hangleton	BN3 8JG	3	
Boots	59 George St, Hove	BN3 3YD	4	
Boots	119-120 London Road	BN1 4JH	5	
Boots	129 North Street	BN1 2BE	6	
Bridgmans	116 Cowley Drive, South Woodingdean	BN2 6TD	7	
Day Lewis	12, Hollingbury Place	BN1 7GE	8	
Healthy-U Pharmacy	59 Lustrells Vale, Saltdean	BN2 8FA	9	
IV Jones Pharmacy	58 St James Street	BN2 1QG	10	
Kamsons Pharmacy	2 Lewes Road	BN2 3HP	11	
Kamsons Pharmacy	50 The Highway	BN2 3HP	12	
O'Flinns Pharmacy	78 Islingwood Road	BN2 2SL	13	
Parkside Pharmacy	175 Preston Road	BN1 6AG	14	
Watts	110 Dyke Road	BN1 3TE	15	
Weston's Pharmacy	6-7 Coombe Terrace	BN2 4AD	16	

2. Please indicate which day of the week would be most convenient for you to visit the pharmacy. Please note, we cannot guarantee that we will be able to offer a clinic on your preferred day.

Day of the week

Monday Tuesday Wednesday Thursday Friday Saturday
No Preference

3. Please indicate if there is a time of day which is most convenient for you. Please note, we cannot guarantee that we will be able to offer a clinic at your preferred time.

Time of day

8am - 11am 11am - 1pm 1pm - 4pm 4pm - 6pm 6pm - 8pm
No Preference

4. If you are unable to speak English, what is your preferred language for the consultation?

5. Under certain circumstances, we may be able to offer a home visiting anticoagulation management service. Would you like to discuss this option further?

Yes No



Please complete and return this questionnaire with your signed consent form and send it to **Brighton and Sussex University Hospital NHS Trust** in the enclosed prepaid envelope.