

**APPLICATION FOR DOCTOR DISPENSING OF MEDICINES ON GROUNDS OF SERIOUS DIFFICULTY**

**Part A**

People who live within 1.6km of a pharmacy (in a straight line drawn on a map) are not normally eligible to receive their medicines from their doctor’s surgery. You may however apply to NHS England (NHS England) and if you satisfy NHS England that you “*would have serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises by reason of distance or inadequacy of means of communication*” you may receive your medicines from your doctor’s surgery.

This application form asks for information required by NHS England to process and consider your individual case. Please complete and sign it and send to the practice manager at your doctor’s surgery. Your doctor will provide additional information on the form and send it to NHS England for a decision to be made. You will be notified of the decision within 30 days of NHS England receiving your application. Please note there is no right of appeal against NHS England’s decision.

All information on this form will be treated as private and confidential and will be handled accordingly; it will only be used for the purpose of considering this application.

If you need further advice please contact the practice manager at your doctor’s surgery or [england.southeastcommunitypharmacy@nhs.net](mailto:england.southeastcommunitypharmacy@nhs.net)

**Part B - To be completed by the patient\***

**Full name** .....

**Address** .....

.....

.....

**Postcode** .....

**Date of birth** .....      **NHS number** (If known) .....

**Name and address of my doctor**

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- Please do not insert patient identifiable information on sheets 2 & 3

## Part B

Are you able to leave your home without assistance? Yes / No

Do you live alone? Yes / No

If no, is the person you live with able to collect your prescriptions? Yes / No

If no, please can you say why? \_\_\_\_\_

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Is there anyone else nearby who could collect your prescriptions for you? Yes / No

Is personal transport available to your household during shop opening hours  
(car, motorcycle, etc) Yes / No

Is there a local bus service which gives you access to a pharmacy? Yes / No

If the answer is yes, how frequent is the service?

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Do you receive any of the following services?

Home help? Yes / No      District nurse      Yes / No      Meals on wheels?      Yes / No

Please specify any other similar services that you receive \_\_\_\_\_

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Are you registered disabled? Yes / No

Do you have:

A home telephone or mobile phone? Yes / No

Blue badge (disabled drivers scheme) Yes / No

When you need to see your doctor:

Do you visit the practice? Yes / No      Does your doctor visit you at home?      Yes / No

What is the walking distance from your home to the nearest pharmacy? \_\_\_\_\_

I wish to apply under the 'serious difficulty rule' to receive my medicines from my doctor's surgery as I would have serious difficulty in obtaining them from a pharmacy for the following reasons:

**Part C – To be completed by the surgery** *(do not add any patient identifiable information)*

Please confirm any above medical conditions and provide any additional comments to support the application.

I confirm that in my view this patient should receive dispensing services from the practice under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and I confirm that the practice is willing so to do.

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to [england.southeastcommunitypharmacy@nhs.net](mailto:england.southeastcommunitypharmacy@nhs.net)  
or by post to  
The Community Pharmacy Team, NHS England – South East, York House, 18-20  
Massetts Road, Horley, Surrey RH6 7DE