

Patient Name:	Prescriber's name:
Address:	Name of Hospital:
NHS Number:	Clinic Attended:
	Contact telephone:

Date:

Dear

We'd like to help you manage your health and medicines.

Following your appointment at the hospital today, you have been prescribed one or more new medicines. The details of your new medicine(s) are listed below:

New medicine(s) prescribed:

Insert drug name and date prescribed:

To support you with your new medicine(s) and help manage your condition we would like you to attend a free NHS consultation at your Community Pharmacy (chemist). This is in addition to the routine reviews offered by other members of our team within the hospital and/or the team at your GP practice. We are all here to support you and help with any concerns that you might have. Please remember:

- If you do have any concerns about your medicines, raise them with one of your healthcare professionals. It's OK to ask.
- Let us know if you are having any difficulties in taking your medicines as prescribed.
- Attend any review appointment arranged by your GP practice (attending the Community Pharmacy review will provide you with additional support).
- Ensure you maintain a healthy lifestyle. For more information on staying healthy and making better choices see <https://www.nhs.uk/better-health/>

What should I do next?

Please take this letter to your usual Community Pharmacy (chemist) to arrange an appointment for a New Medicines Service.

The New Medicine Service is a **free** NHS consultation, offered through your pharmacy, to help you understand your condition, get the most out of your new medicine(s) and discuss any concerns. The pharmacist will:

- Help you to find out more about the new medicine(s) you are taking.
- Help to sort out any issues you might be having with your new medicine(s)
- Give you a chance to ask questions about your medicine(s) and discuss any concerns.
- Help to improve the effectiveness of your new medicine, for example, there may be an easier or better way to take it.
- Help you to make your own decisions about managing your condition.
- Help you to improve your health, which could lead to fewer GP and hospital visits.

If you would like further information about this free review, please ask your Community Pharmacist.

Yours sincerely

On behalf of at Hospital

INFORMATION FOR COMMUNITY PHARMACY

Dear Pharmacist

This patient has been newly prescribed:

Insert drug name and date prescribed:

for one of the conditions listed below and would benefit from the New Medicines Service. Please arrange a mutually convenient time for this patient to attend the pharmacy for this service.

Thank you.

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The following conditions are covered by the New Medicines Service. Please indicate by ✓ which condition the patient's newly prescribed medication is for.

- | | |
|----------------------------|---|
| • Asthma & COPD | • Hypertension |
| • Acute Coronary Syndromes | • Glaucoma |
| • Atrial Fibrillation | • Gout |
| • Coronary Heart Disease | • Long term risks of venous thromboembolism/embolism. |
| • Diabetes (Type 2) | • Osteoporosis |
| • Epilepsy | • Parkinson's Disease |
| • Heart failure | • Stroke/Transient Ischemic Attack |
| • Hypercholesterolaemia | • Urinary incontinence/retention |