

**Application under the ‘serious difficulty rule’**

**Part A**

People who live within 1.6km of a pharmacy are not normally eligible to receive their medicines from their doctor’s surgery. You may however apply to 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 form is the means by which you can make an application and asks for information required 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 NHS England on 0300 311 2233.

**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**  
.....  
.....  
.....

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? .....  
.....

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

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 .....  
.....

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**

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:**

**The Community Pharmacy Team,  
2<sup>nd</sup> Floor,  
York House,  
18-20 Massetts Road,  
Horley,  
Surrey,  
RH16 7DE**