

## **Eligibility Criteria:**

NEL CPSAS Walk-in referrals are for Homeless, Refugees and Asylum Seekers within NEL.

## To enter the records on PharmOutcomes:

- Sign into **PharmOutcomes**  $\rightarrow$  Services  $\rightarrow$  on the left-hand side
- Click on NEL CPSAS [Refugees, Asylum, Homeless ONLY]

PharmOutcomes<sup>®</sup> Delivering Evidence

Home Services Assessments Reports Claims  $\rightarrow$ 



If the patient is registered, the patient's name will automatically appear, if not, please register the patient by clicking on 'If Patient Name is not registered, click here to enter NEL CPSAS - Registration' NEL CPSAS - Refugees, Asylum, Homeless ONLY

Consultation Date	29-Jul-2024
Patient Name	
T attent Hame	If Patient Name is not registered, click here to enter NEL CPSAS - Registration

Fill in the patient lookup details  $\rightarrow$  Save

Please note: Personal Demographic Service (PDS) may not appear for some patients, please unlink the record to carry on providing the service. Don't use PDS Search by patient NHS Number

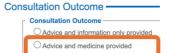
Service Eligibility This service is for the treatment of patients that are homeless is a refugees only. Confirm eligibility below:

ent eligible? O Yes O No

Declare if the patient is eligible for the service

- Choose the presenting condition the patient is being treated with
- Choose the consultation outcome:
- □ If medication is provided **Medicine supply** will appear

Please note: Certain presenting conditions more than



Presenting Condition -

Contact Dermatitis An emollient with a steroid cream can be supplied in the same consultation.

Select the medicine supply and the quantity supplied

condition where more than product can be supplied.

If onward referral is required - Please indicate and fill in the appropriate information

one supply of medication can be made. There is an additional note attached to

Select the signposting service that you provided to the patient, please ensure this is filled in fully.

Signpo	osting —
If you hav	ve had a conversation about health and wellbeing and
have prov	vided details of a local service or signposted people to a
website p	please record which area(s) below:
۲ ٦	ick all that apply

Notes: If you would like to relay any information to other healthcare professionals (i.e. GP Practices), please ensure this box is filled in with clinical notes and advice provided.

Notes
Use the box below to record clinical notes including advice provided and actions for patient: Do not include patient identifiable information

This will be sent to GP Practices, if the patient is registered with a GP Practice.

Who can I contact if I have any questions?

**Click Save** 

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