[Your Name]

[Your Address]

[City, Postcode]

[Email Address]

[Phone Number]

[Date]

NHS BLMK Integrated Care Board
3rd Floor, Arndale House, The Mall, Luton, LU1 2LJ

Dear Sir/Madam,

**Complaint Regarding Unauthorised Change of Electronic Prescription Nomination**

I am writing to formally raise a complaint regarding an incident involving a pharmacy that altered my electronic prescription nomination without my consent.

I have always been nominated with [Original Pharmacy Name], located at [Original Pharmacy Address]. However, I recently discovered that my electronic prescription nomination had been changed to [New Pharmacy Name], located at [New Pharmacy Address], without my authorisation or knowledge. This unauthorised change has caused inconvenience and disruption to my healthcare management, as I was not informed of the change beforehand.

As a patient, I value the right to choose my pharmacy, and I am concerned that such changes may have wider implications for other patients as well. This practice of altering prescription nominations without patient consent undermines patient autonomy and trust in the system.

I would like to request the following actions:

1. An investigation into how and why my prescription nomination was changed without my consent.

2. Confirmation that my nomination has been reverted back to my preferred pharmacy, [Original Pharmacy Name].

3. Assurance that steps will be taken to prevent such incidents from occurring in the future, ensuring that patient consent is always obtained before any changes to pharmacy nominations are made.

I would appreciate a prompt response to this complaint and information on the next steps in resolving this matter. Please let me know if any further details are required.

Thank you for your attention to this important issue. I look forward to your response.

Yours faithfully,

[Your Name]