

# NHS Fife Community Pharmacy Travel Health Service Specification

# Contents

|  |    |
|--|----|
| 1. <a href="#"><u>Service description and background</u></a>         | 4  |
| 2. <a href="#"><u>Aims and intended service outcomes</u></a>         | 5  |
| 3. <a href="#"><u>Service Outline and Standards</u></a>              | 6  |
| 4. <a href="#"><u>Training and premises requirements</u></a>         | 9  |
| 5. <a href="#"><u>Service availability</u></a>                       | 11 |
| 6. <a href="#"><u>Data collection and reporting requirements</u></a> | 11 |
| 7. <a href="#"><u>Payment arrangements</u></a>                       | 12 |

[Appendix A: Service Agreement Form](#)

[Appendix B: Community Pharmacy Check List](#)

[Appendix C: Patient Journey](#)

[Appendix D: Patient Clinical Record](#)

[Appendix E: NHS Fife Travel Health Claim Form](#)

### **Key steps for contractors:**

- Ensure you have read and understood the content of this service specification
- Ensure your standard operating procedure (SOP) is up to date and accurately describes your service model
- Ensure training of all pharmacists providing vaccinations on behalf of the pharmacy is up to date, and that support staff are aware of the service and eligible cohorts
- Ensure that all pharmacists providing vaccinations on behalf of the pharmacy have signed and submitted copies of the NHS Fife Patient Group Direction (PGD) to [fife.pgd@nhs.scot](mailto:fife.pgd@nhs.scot)
- Ensure you are aware of arrangements for supply and storage of vaccines including cold chain maintenance requirements
- Ensure you are familiar with the recording requirements used for obtaining patient consent, patient details and vaccination details
- Ensure stocks of consent forms and any other relevant paperwork that is not being completed electronically

# 1. Service description and background

- 1.1 This Service Level Agreement (SLA) acts as a contract between NHS Fife and the Pharmacy Contractor and commits the Pharmacy Contractor to provide the services as defined by, and using documents provided in the Patient Group Directions for the Administration of NHS Travel Vaccinations (Hepatitis A, Typhoid, Cholera and Revaxis<sup>®</sup> (polio / diphtheria / tetanus) which must be read in conjunction with this Service Level Agreement. Services will be provided within the legal and ethical framework of the Pharmacy Contractor as a whole.
- 1.2 The objective of the NHS Fife Travel Health Service is to provide a “one-stop” patient-centred, comprehensive, consistent and accessible travel advice and vaccination service for patients.
- 1.3 The four vaccinations included in this service offering are Revaxis, Hepatitis A, Typhoid and Cholera.
- 1.4 Travel risk assessments, advice and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients travelling to countries where these diseases are still prevalent, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, or to avoid disruption to services that provide their care.
- 1.5 The NHS Fife Travel Health Service is targeted at all travellers who require advice and /or vaccinations for travelling to a destination considered at risk of tropical disease. This service includes provision of vaccination to children.
- 1.6 A private Travel Health Service has been offered from a number of Community Pharmacies in Fife for several years. Under the VTP, the vaccinations specified in the Scottish Statement of Financial Entitlements (SFE) ([link](#)) must be provided as free to the traveller as part of NHS provision. Vaccination or oral medication not listed in the SFE, but otherwise indicated as appropriate in the provision of travel health prophylaxis, will be charged for under privately provided arrangements.

## 2. Aims and intended service outcomes

- 2.1 The aims of this service are to provide a patient centred, accessible, consistent and comprehensive travel service for patients requiring travel assessment, vaccination, medicines and advice
- 2.2 To increase access to NHS travel advice and vaccination for all patient groups in order to protect patients while travelling to high risk destinations
- 2.3 To be able to provide accurate and up to date information about travel health risks and vaccine(s) to patients

## 3. Service Outline and Standard

- 3.1 This SLA is effective from 1<sup>st</sup> April 2022 to 1<sup>st</sup> April 2024
- 3.2 The notice period for changes to the provision of services under this SLA shall be 3 months in writing by either party, OR immediately if in breach of regulations pertaining to the Agreement
- 3.3 The Contractor providing this service must be signed up to this SLA
- 3.4 Every vaccinator involved in the delivery of the service must have read this SLA, signed and agreed to act in accordance with the relevant PGDs, completed annual adult and paediatric anaphylaxis and basic life support training and be professionally competent to deliver the service.
- 3.5 The pharmacy contractor is required to assess patient eligibility for the NHS Fife Travel Health Service in accordance with national and local guidance ensuring that vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book) ([link](#)), which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste.
- 3.6 The Contractor will be responsible for the provision of immunisation advice (both written and verbal) to the patient and/or parent/guardian if a child.
- 3.7 NHS Travel Vaccinations will be available, as required, to eligible patients under the terms of the NHS Fife PGDs for Hepatitis A, Typhoid, Cholera and Revaxis.
- 3.8 Treatment offered should not be restricted to that available on the NHS, but should include that which would incur a fee payable by the traveller, e.g. for malaria, rabies, yellow fever and tick-borne encephalitis. The aim is to provide a complete travel advice service that incorporates those elements available on the NHS with the opportunity to access and pay for those not available through the NHS.
- 3.9 The Contractor will be responsible for referring eligible patients who are excluded from treatment under the PGDs to the level 4 specialist service provider (see Patient Journey Appendix C).
- 3.10 The Contractor will maintain accurate patient clinical records of the episodes of care (see Appendix D) for 3 years
- 3.11 The Contractor will be responsible for the provision of a user-friendly, client-centred, non-judgemental, and confidential service.
- 3.12 The Contractor will ensure that the premises used for immunisation meets the standards agreed with NHS Fife (see Section 4).

- 3.13 Each patient will be required to confirm consent before being administered a vaccine. When available, Pharmacy Contractors must use the consent statements set out in the Vaccination Management Tool (VMT) ([link](#)) to obtain the patient's consent. The consent covers the administration of the vaccine. The patient must be notified that details of the vaccination will be shared with the GP Practice, NHS Fife and third party data handlers. This notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient's GP practice record and for the purpose of post payment verification by NHS Fife.
- 3.14 If VMT is not available at the time of vaccination, the VMT standard offline form ([link](#)) should be completed and information transferred to the VMT as soon as available.
- 3.15 Where VMT is unavailable, the contractor should submit a copy of the VMT offline form to NHS Fife admin team via NHS Mail for subsequent recording in the patient's GP practice record.
- 3.16 The Contractor will display material within the premises advertising the service.
- 3.17 The Contractor will be responsible, where appropriate, for counselling the patient on other related travel health and first aid messages, including but not limited to personal safety and environmental risk. Written information should also be available on these topics.
- 3.18 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Maximum / minimum and actual temperature readings are to be taken and recorded from the thermometer on all working days. The Health Protection Scotland (HPS) Guidance for Vaccine Storage and Handling must be followed ([link](#)). The vaccines must not be used after the expiry date shown on the product.
- 3.19 Pharmacy contractors must ensure adequate staff provision to ensure day to day services are not compromised due to this service and have in place appropriate administrative support to manage appointments and assist patients
- 3.20 Pharmacy contractors must ensure indemnity cover is in place for all staff involved in delivery of the service.
- 3.21 Facilities must be available to ensure appropriate hygiene levels are maintained throughout service delivery including the use of recommended PPE

- 3.22 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine.
- 3.23 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 6 details the required records that must be kept as part of provision of the service.
- 3.24 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be recorded and shared with the GP practice as soon as possible by contacting the practice directly. Adverse events should be reported to the Commission on Human Medicines via the yellow card scheme.
- 3.25 Contractors are required to record and report any patient safety incidents. Any incidents should be reported to [fife.fifepharmacycommpharm@nhs.scot](mailto:fife.fifepharmacycommpharm@nhs.scot)
- 3.26 Contractors are required to comply with arrangements that will be in place for the removal and safe disposal of any clinical waste generated in the provision of this service.
- 3.27 Any questions or comments regarding any aspect of the service from contractors can be sent to [fife.fifepharmacycommpharm@nhs.scot](mailto:fife.fifepharmacycommpharm@nhs.scot). Any patient comments/ complaints should be directed to the Patient Relations Team [patientrelations.fife@nhs.net](mailto:patientrelations.fife@nhs.net)



## 4. Training and premises requirements

- 4.1 In order to provide the service, pharmacies must have a suitable clinical area in which to provide a vaccination service. A consultation room is the preferred area but it is recognised this is not always possible. The clinical area must comply with the minimum requirements set out below:
- the clinical area must be clearly designated as an area for confidential consultations
  - it must be distinct from the general public areas of the pharmacy premises
  - it must be an area where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
- 4.2 The clinical area must meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises.
- 4.3 Vaccinations under this service will be carried out on the pharmacy premises.
- 4.4 Contractors must ensure that Pharmacists providing the service are competent to do so. Pharmacists must be able to demonstrate to the contractor that they have the necessary knowledge and skills to provide the service. By signing and returning the authorisation sheet for the NHS Fife PGDs the pharmacist will be declaring their competence to provide the service. Signing the PGD whilst not meeting the required competence may constitute or be treated as Fitness to Practice issue. Contractors must retain copies of each PGD completed by Pharmacists that they employ/engage to deliver the service on their premises.
- 4.5 All pharmacists delivering vaccination must undertake immunisation training including anaphylaxis management. The contractor must ensure that Pharmacists providing the service are aware of the National Minimum Standards within the Public Health Scotland Self appraisal tool ([link](#)) in relation to vaccination training and are compliant with the training requirements within those Standards that apply to Pharmacists providing the service. Pharmacists providing the service should undertake face to face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis). Adrenaline injection for the management of anaphylaxis must be available.
- 4.6 The HPS Guidance for Vaccine Storage and Handling must be followed

([link](#)). If a vaccine or cold chain incident occurs the Health Protection Scotland Vaccine Incident Guidance should be followed [vaccine-incident-guidance-actions-to-take-in-response-to-vaccine-errors](#) and advice must be sought from the Pharmacy Governance team by calling 01383 565347

- 4.7 All staff involved in the service must adhere to the Health Protection Scotland guidance on personal protective equipment (PPE) and environmental cleaning procedures. <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>
- 4.8 The pharmacy contractor should ensure that they have reviewed the Service Specification and other associated documents
- 4.9 The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks.
- 4.10 A needle stick injury SOP must be in place.
- 4.11 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.
- 4.12 A SOP for vaccine clinical waste must be in place and all relevant staff must be aware. Vaccine clinical waste from the service should be placed in NHS Fife provided sharps containers for uplift by NHS Fife. These containers must be fully sealed and the information on the front of the container must be completed before they can be uplifted.
- 4.13 A service checklist is available at Appendix B

## 5. Service availability

- 5.1 The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's contracted opening hours as far as possible.
- 5.2 The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, so as to ensure continuity of service provision across the opening hours of the pharmacy as far as possible.
- 5.3 If the pharmacy cannot offer the service at any given time the pharmacy staff should signpost patients appropriately to either a different time/ date to re-present or to an alternative participating nearby contractor.
- 5.4 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status.
- 5.5 Off site provision of this vaccination service is out with the scope of this service.

## 6. Data collection and reporting requirements

- 6.1 Until such times as the Vaccination Management Tool is available to record Travel Health Service consultations and vaccination administration it is a requirement that appropriate patient care records are recorded by the contractor. This is to enable verification for service provision and to provide information to NHS Fife for internal and external audit and evaluation
- 6.2 Submission of the TURAS standard offline form ([link](#)) should be provided to the NHS Fife admin team via secure NHS Mail on completion of a patient's travel consultation(s). A claim form should separately be submitted monthly to NHS Fife.
- 6.3 When available, the Vaccination Management Tool should be used to collect data, paper forms should be used only where VMT is not available ([link](#)) Data from paper forms should be transferred to the VMT

as soon as it is available. Paper forms should be retained for an appropriate period of time, but for the purposes of post-payment verification, the forms should be kept for a minimum of three years after the vaccination takes place. As pharmacy contractors operating as are the data controller, it is for each contractor to determine what the appropriate length of time is, beyond three years. Decisions on this matter must be documented and should be in line with national and local policies ([link](#)).

## 7. Payment arrangements

- 7.1 Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists administering vaccinations meet the requirements outlined in this service specification.
- 7.2 Until the Vaccination management Tool is available for use, claims should be made using the NHS Travel Health Claim Form (Appendix E)
- 7.3 When available, claims for payments for this service will be informed by data submitted via the Vaccination Management Tool. This will generate payment automatically and no paper claims will be required.
- 7.4 Payment will be £25 for risk assessment and consultation. £8.75 will be paid per administered dose of vaccine or at the same level as any nationally agreed uplift.
- 7.5 The vaccine(s) used are expected to be that recommended by NHS Scotland. Additional costs related to use of alternative vaccines will not be paid. Supplies of vaccine are accessed as per usual contractor procurement arrangements. Reimbursement for vaccine used will be via submission on a Universal Claim Form using the “Health board local services” tab.
- 7.6 A contractor participation fee of £250 will be paid on receipt of a signed service agreement and first risk assessment and consultation claim.
- 7.7 Payments will be made monthly as per usual contractor locally negotiated services.
- 7.8 Claims by the pharmacy contractor to be reimbursed/remunerated for vaccines administered to patients outside of the eligibility criteria for this service will not be paid.

## Appendix A: Service Agreement Form

### Service Agreement Community Pharmacy Travel Health Service

I have read and understood the NHS Fife Travel Health Service Specification and agree to provide the service in accordance with the terms set out

- I confirm that this Contractor is ready to provide NHS Travel Health Service
- The premises meets the required standards outlined in section 4 of the NHS Fife Community Pharmacy Travel Health Service Specification

The trained vaccinator(s) working at this site are competent to deliver this service and have provided evidence of completion of the training requirements below:

- Adult and Paediatric travel vaccination training
- Annual adult and paediatric BLS / anaphylaxis training
- Signed and agreed to act in accordance with relevant PGDs
- Covered by indemnity arrangements to provide travel vaccinations

|                           |           |                       |
|---------------------------|-----------|-----------------------|
| Contractor Representative | Signature | Name (block capitals) |
| Trading name of pharmacy  |           |                       |
| Contractor Code           |           |                       |
| Date                      |           |                       |

**Return by e-mail (using contractor generic mailbox) to:**

[fife.fifepharmacycommpharm@nhs.scot](mailto:fife.fifepharmacycommpharm@nhs.scot)

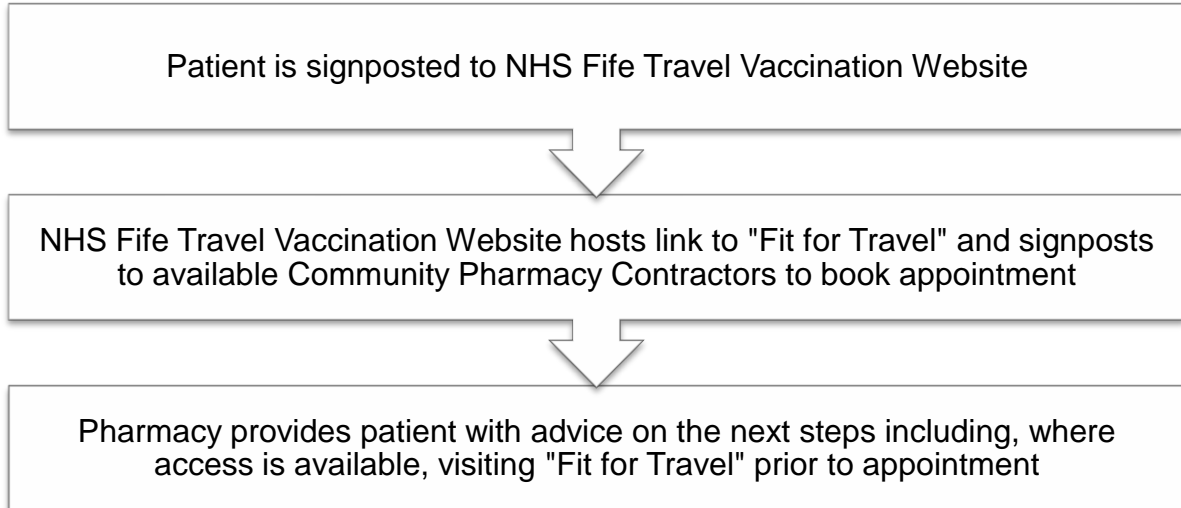
## Appendix B: Community Pharmacy Checklist

### Pharmacy Checklist

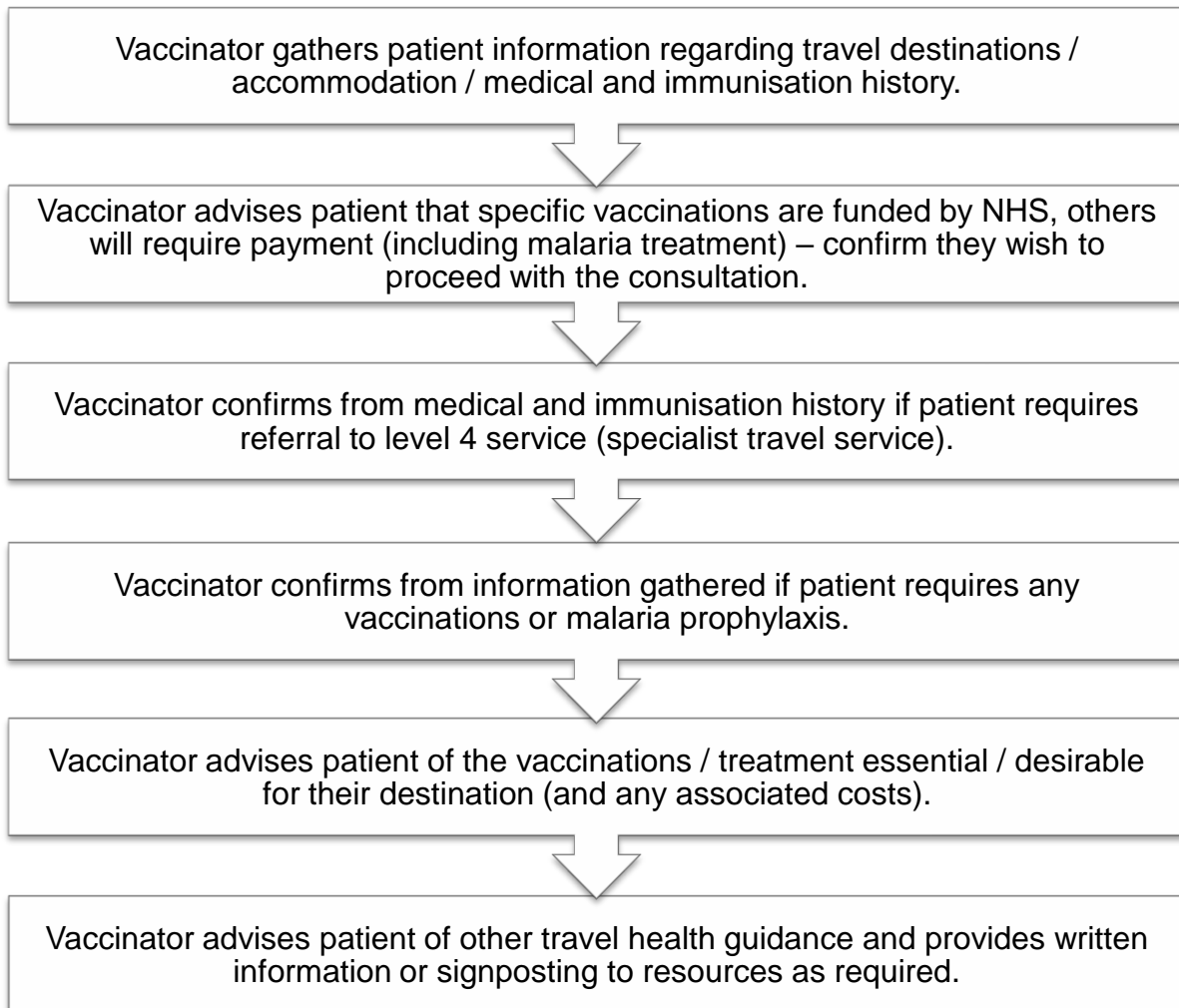
- Pharmacist
  - competent to deliver immunisation
  - has read and signed the PGDs
  - has completed adult and paediatric immunisation training
  - has had required training in adult and paediatric BLS and anaphylaxis within the last 12 months
  - has appropriate occupational immunisations
  - is competent with standard hand hygiene procedures
  - has read the SPC for the products
  
- Product
  - Product is fit for use
  - Recommended vaccines available
  
- Resources
  - Copies of the PGDs and relevant SOPs are available
  - Copies of standard reference texts are available
  - A telephone is available
  - PPE is available
  - Vaccine supplies and sharps bins are available
  - Standard operating procedures for cold chain/ fridge monitoring and vaccine incident management
  - Adrenaline / Epinephrine is available
  
- Premises
  - A private clinical area is available
  - A pharmaceutical grade refrigerator is used to store vaccine
  - Hand cleaning facilities are available
  - The cleanliness of the clinical area is maintained
  - Appropriate PPE is available

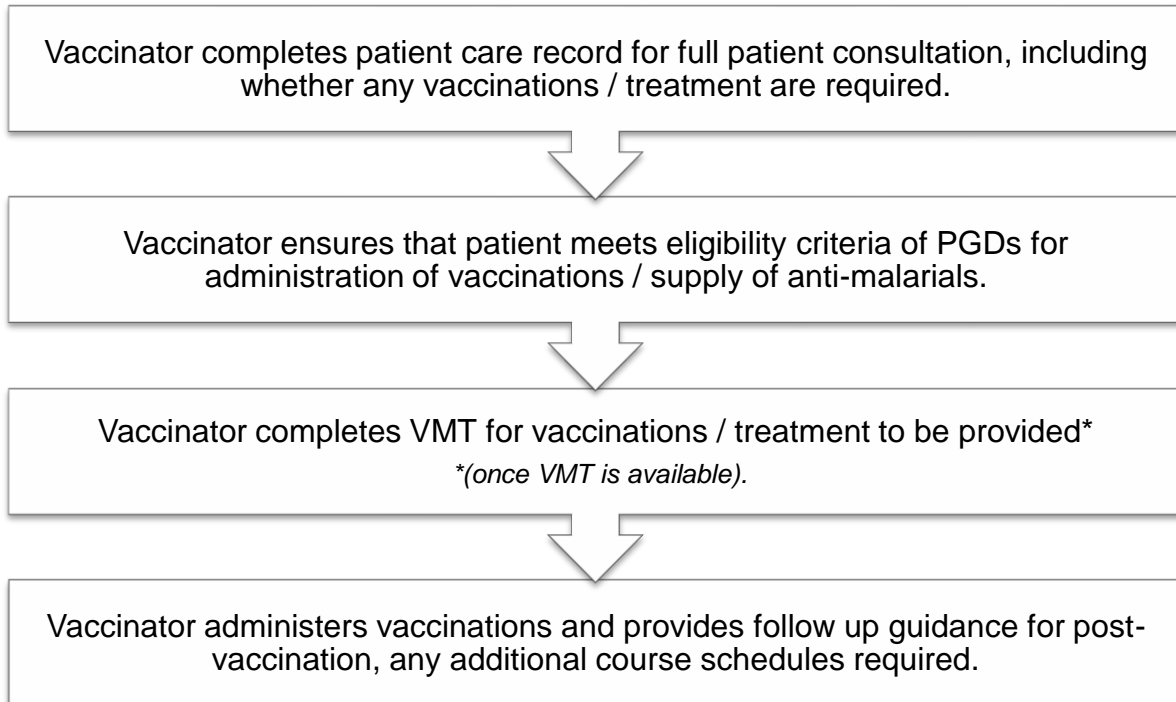
## Appendix C: Patient Journey

### Pre-Consultation:

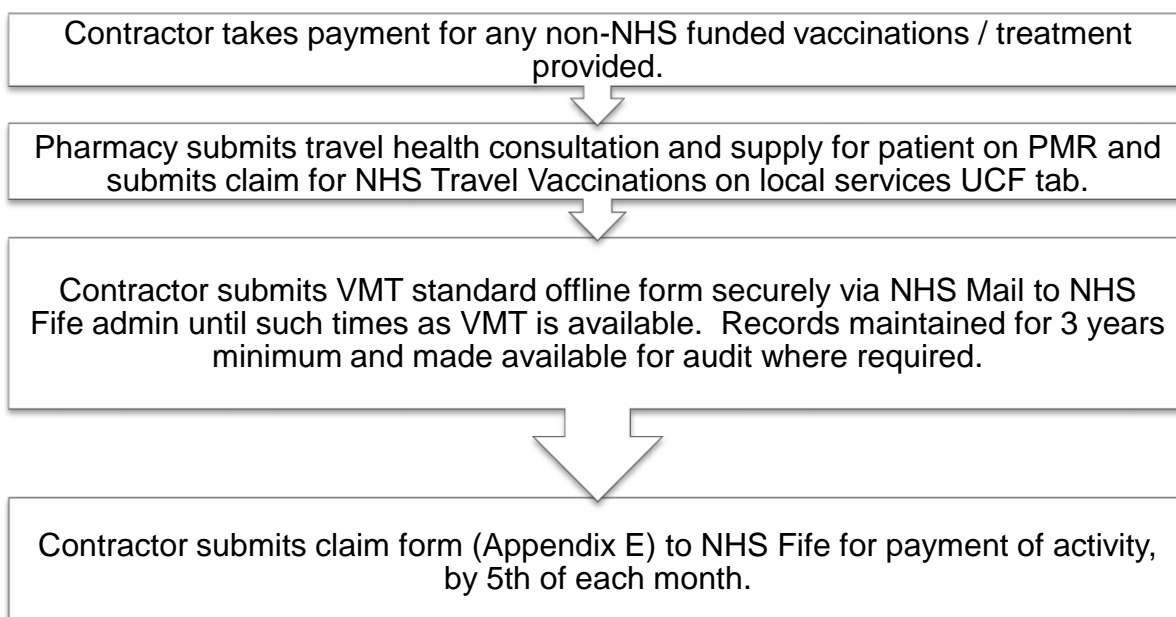


### Consultation:





**Post-Consultation:**





## Appendix D: Patient Clinical Record

| TRAVEL HEALTH<br>Pre-travel clinical record   |  |   |   |                                   |  |
|---|--|---|---|-----------------------------------|--|
| <b>Patient details</b>  |  | <b>GP details</b>   |   | <b>Date of clinic visit</b>       |  |
| <b>Medical history</b>  |  |   |   | <b>Drug history</b>               |  |
| <b>Drug allergies</b>   |  | <b>Food/other allergies</b>   |   | <b>Previous vaccine reactions</b> |  |
|   |  | Is patient egg allergic?    Y    N<br>Is patient nut allergic        Y    N<br>Is patient latex allergic?    Y    N |   |                                   |  |
| <b>Current health problems</b>  |  |   | <b>Is the patient pregnant?</b>   |                                   |  |
|   |  |   | Yes<br>No<br>No of weeks  |                                   |  |
| TRAVEL DETAILS (first to last) <b>Date of departure</b> <b>Total duration</b>   |  |   |   |                                   |  |
| <b>Destination(s)</b><br>(record number of weeks)   |  |   |   |                                   |  |
|   |  |   |   |                                   |  |
| <b>Type of trip</b> (please tick all that apply)  |  |   |   |                                   |  |
| <b>Accommodation</b>  |  |   | <b>Areas to be visited</b>  |                                   |  |
| <input type="checkbox"/> Package holiday<br><input type="checkbox"/> Migration<br><input type="checkbox"/> Visiting family & friends<br><input type="checkbox"/> Cruise<br><input type="checkbox"/> Organised adventure holiday<br><input type="checkbox"/> Voluntary/charity work<br><input type="checkbox"/> Self-organised holiday<br><input type="checkbox"/> Aid worker<br><input type="checkbox"/> Backpacking<br><input type="checkbox"/> Business: <input type="checkbox"/> < 3months <input type="checkbox"/> > 3months<br><input type="checkbox"/> Pilgrimage |  |   | <b>Urban</b> <input type="checkbox"/><br><b>Rural</b> <input type="checkbox"/><br><b>Altitude &gt;3000m</b> <input type="checkbox"/><br><b>Beach</b> <input type="checkbox"/> |                                   | <b>Good</b> <input type="checkbox"/><br><b>Basic</b> <input type="checkbox"/><br><b>Poor</b> <input type="checkbox"/><br><b>Not known</b> <input type="checkbox"/> |

|   |   |
|---|---|
| <b>Activities and occupation during travel:</b><br><br> | <b>Items for travel suitcase:</b><br>Altitude sickness <input type="checkbox"/><br>Bite avoidance <input type="checkbox"/><br>Blood borne virus <input type="checkbox"/><br>Food/water hygiene <input type="checkbox"/><br>Insurance/accidents <input type="checkbox"/><br>Rabies <input type="checkbox"/><br>Schistosomiasis <input type="checkbox"/><br>Sun protection <input type="checkbox"/><br>Other (specify): |
|---|---|

**VACCINE RECORD/SCHEDULING**

| VACCINE                             | Dates of previous dose | Planned dates for vaccine schedule |  |  |  |  |
|-------------------------------------|------------------------|------------------------------------|--|--|--|--|
| B.C.G                               |                        |                                    |  |  |  |  |
| Cholera                             |                        |                                    |  |  |  |  |
| Diphtheria/Tetanus/Inactivated Poli |                        |                                    |  |  |  |  |
| Hepatitis A                         |                        |                                    |  |  |  |  |
| Hepatitis B                         |                        |                                    |  |  |  |  |
| Hepatitis A & Typhoid combined      |                        |                                    |  |  |  |  |
| Hepatitis A & B combined            |                        |                                    |  |  |  |  |
| Japanese encephalitis               |                        |                                    |  |  |  |  |
| Mantoux                             |                        |                                    |  |  |  |  |
| Meningococcal                       |                        |                                    |  |  |  |  |
| MMR                                 |                        |                                    |  |  |  |  |
| Rabies                              |                        |                                    |  |  |  |  |
| Tick borne encephalitis             |                        |                                    |  |  |  |  |
| Typhoid                             |                        |                                    |  |  |  |  |
| Yellow fever                        |                        |                                    |  |  |  |  |
| Other (specify)                     |                        |                                    |  |  |  |  |
| <b>PAYMENT DUE</b>                  |                        |                                    |  |  |  |  |

**MALARIA PROPHYLAXIS ADVISED**

|   |                                      |                                      |                                     |                                    |                                       |
|---|--------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|
| Atovaquone/Proguanil <input type="checkbox"/> | Chloroquine <input type="checkbox"/> | Doxycycline <input type="checkbox"/> | Mefloquine <input type="checkbox"/> | Proguanil <input type="checkbox"/> | Not required <input type="checkbox"/> |
|---|--------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|

**Notes**

|             |                  |                    |             |
|-------------|------------------|--------------------|-------------|
| <b>NAME</b> | <b>SIGNATURE</b> | <b>DESIGNATION</b> | <b>DATE</b> |
|             |                  |                    |             |

| TRAVEL HEALTH<br>Continuation Notes |                   |                    |
|-------------------------------------|-------------------|--------------------|
| <b>Patient details</b>              | <b>GP details</b> |                    |
| <u><b>Date of Visit</b></u>         |                   |                    |
| <b>Name</b>                         | <b>Signature</b>  | <b>Designation</b> |
| <u><b>Date of Visit</b></u>         |                   |                    |
| <b>Name</b>                         | <b>Signature</b>  | <b>Designation</b> |
| <u><b>Date of Visit</b></u>         |                   |                    |
| <b>Name</b>                         | <b>Signature</b>  | <b>Designation</b> |

# Appendix E: NHS Fife Travel Health Service Claim Form

## NHS FIFE COMMUNITY PHARMACY CLAIM FORM

### Travel Health Service

|                         |   |
|-------------------------|---|
| <b>Contractor Code:</b> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
|-------------------------|---|

|   |  |
|---|--|
| <b>Section A – Consultations for the month of</b><br>Fee applicable £25 per consultation  | <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> |
| <b>Number of travel health consultations:</b><br>Completed client consent forms may be requested for the purpose of payment verification. | <input style="width: 80px; height: 20px; border: 2px solid black;" type="text"/> |

|   |  |
|---|--|
| <b>Section B – Immunisations for the month</b><br>Fee applicable £8.75 per immunisation                         |  |
| <b>Number of travel health immunisations :</b>  | <input style="width: 80px; height: 20px; border: 2px solid black;" type="text"/> |
| <b>Claims should be submitted by the 5<sup>th</sup> of the month to:</b><br>Fife.fifepharmacycommpharm@nhs.scot |  |

|  |
|--|
| <p>I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records, and that payment will be made to my Pharmacy, which will be subject to Payment Verification. Where Primary Care Contracting Organisation is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.</p> |
| <b>Name of Pharmacist making claim</b> .....   |
| <b>Signature or GPhC number</b> .....  |
| <b>Date</b> .....  |

**FOR OFFICE USE ONLY**

|                                       |
|---------------------------------------|
| Received by Pharmacy Services Team    |
| Passed for payment:                   |
| <b>Signed</b> ..... <b>Date</b> ..... |