**Key Messages 24/04/2020**

Dear Colleagues,

Another week survived! I hope that things are ok for you in the pharmacies. Just a few messages for you to today!

**MAY DAY HOLIDAY – MONDAY 4TH MAY**

We would urge all independent contractors to respond to the call for May Day holiday information as soon possible.  This is needed to allow the Board to plan the availability of pharmaceutical services in the event of GP practices remaining open (this has not been confirmed as yet).  **For the avoidance of doubt NHSGGC has retained the early May Day holiday as Monday 4th May 2020.**

**PAY AS YOU GO PHONES**

We wrote out to contractors on 7th April asking them to purchase a Pay As You Go Mobile phone so that each pharmacy could have a dedicated number that could be used for professional to professional queries, and service related issues such as Courier Services.  £20.00 reimbursement is on offer.

Claims are coming in slowly and we offer this as a reminder that the scheme will continue with no end date.  Our hope is that all pharmacies will take up this offer, allowing us to set up a vital communications network.

The claim form is attached.

Regards

Elaine

Elaine Paton | Senior Prescribing Adviser | NHS Greater Glasgow and Clyde

Central Prescribing Team, Pharmacy Services| 1st Floor |  Clarkston Court |56 Busby Road  | Clarkston  | Glasgow G76 7AT | T: 0141 201 6038 (66038) | F: 0141 201 6018 | M: 07815 586327 | E: elaine.paton@ggc.scot.nhs.uk

**Reimbursement for Purchase of Pay as You Go Mobile Phone**

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| Community Pharmacy Stamp or Address: |  | Contractor Code: |
|  |  |  |
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|  |  |  |

Please complete and return this form once your mobile phone is purchasedto:

|  |  |
| --- | --- |
| Community Pharmacy Development TeamClarkston Court, 56 Busby Road, ClarkstonGlasgow G76 7AT | Fax to: 0141- 201 6044Email to: gg-uhb.cpdevteam@nhs.net |

**Declaration:**

I confirm that I have purchased a Pay as You Go Mobile telephone for the purpose of having an additional telephone number for use by the Health Board and other third parties. I agree that in providing the contact number, I am authorising the Health Board to make this available to third parties that may require it in the execution of duties associated with the provision of pharmaceutical services to the patients of NHS GGC.

|  |  |
| --- | --- |
| I confirm that I have purchased a Pay as You Go mobile telephone and claim the reimbursement of £20.00. |  |
| The contact telephone number for this device is: |  |

Contractor/Contractor Representative Name: ……………………………………… (*please print)*

Signature: …………………………………………. Date: …………………..

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| **Counter Fraud Declaration**: I accept that the information provided on this form may be used to verify any claim associated with this service and may be shared with other bodies/agencies for the purposes of prevention and detection of crime. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings. |

**Signed on behalf of NHS Greater Glasgow & Clyde:**

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| **Lead Pharmacist****Community Care** | **Date: 7th April 2020** |