Appendix 2

Public Holiday Activity Report Form

Contractors providing Authorised Public Holiday cover are required as part of this SLA to complete this form and return to the Pharmacy and Prescribing Department at shet.pharmacyprimarycare@nhs.scot

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor Number |  | Date of PH Covered |  |
|  | | | |
| Activity | Total Number |  |  |
| Prescription items |  |  |  |
| MAS items |  |  |  |
| CPUS items |  |  |  |
| Referrals from NHS 24 |  |  |  |
| UTI consultations/ treatments supplied |  |  |  |
| EHC consultations/supplies made |  |  |  |
| Smoking Cessation consultations/ treatments supplied |  |  |  |
| Other |  |  |  |
|  |  |  |  |
| Pharmacist Name |  | | |