**Community Pharmacy NHS Seasonal Flu Campaign 2023 - 2024**

**Eligibility Criteria Confirmation and Service Provision Agreement**

**PLEASE COMPLETE THIS FORM AND RETURN BY EMAIL ASAP and**

**NO LATER THAN FRIDAY 18th AUGUST 2023**

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| --- | --- |
| **CRITERION** | **Response – Enter YES or NO (see below\*\*)** |
| 1. Appropriate staff will have completed the relevant training (including anaphylaxis) required to participate in the flu service by 18/09/2023
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| 1. There is a designated safe and private area within the pharmacy suitable for flu immunisation clinics
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| 1. All pharmacists providing the service have or will have signed the relevant PGD’s before commencing service.
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|  |  |
| 1. I will inform the board via e-mail to iain.fulton@aapct.scot.nhs.uk if non-pharmacist vaccinators will be providing the service via the national protocol.
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| 1. I/we have the capability to introduce an appointment system and utilise this to manage the quantity of vaccines ordered
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|  |  |
| 1. I/we meet all the stipulated criteria above and wish to register my interest in participating in the Community Pharmacy NHS Seasonal Flu Campaign 2023/2024
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**\*\*** An inability to answer ‘Yes’ to any of the stipulated criteria may not exclude you automatically from providing this service. Please contact Iain Fulton – iain.fulton@aapct.scot.nhs.uk or 01292 513831 to discuss your particular issue.

Please complete the name and email address of all pharmacists who will be vaccinating on the next page:-

I / we undertake to provide this service in accordance with the requirements of the service specification, a copy of which is in our possession.

|  |  |
| --- | --- |
| **Name of Pharmacist completing this form** | **Pharmacy Contractor Code** |
| **Signature on behalf of Pharmacy** | **Address of Pharmacy** |

**Pharmacist Email Details:-**

Please list below the names of all pharmacists including locums and relief pharmacists so that they can be set up on the vaccine management tool system. The email provided needs to be a personal one that is linked to their TURAS account (not a clinical mailbox or shared account).

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| --- | --- | --- |
| **Name of Pharmacist** | **Regular, Relief, Locum** | **Email Address** |
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**PLEASE NOW SAVE AND E-MAIL TO:** **ClinicalPCT@aapct.scot.nhs.uk**