1st September 2017

**Additional Local Service Specification – Pharmaceutical Palliative Care Model Scheme**

**AGREEMENT**

In signing this document, I declare that the community pharmacy contractor named below agrees to provide pharmaceutical services in line with the NHS Highland ***Model Scheme Specification for Palliative Care Services from 1st April 2015*** (and as updated)***,*** as agreed in conjunction with the Highland Pharmacy Contractors’ Committee.

A copy of the policy referred to above and this agreement shall be retained on the pharmacy premises at all times and be readily available for all pharmacy staff involved in the provision of this service.

This pharmacy **is/is not\*** a nominated Palliative Care Stockholder under the terms of the specification nominated by NHS Highland.

(\*delete as appropriate)

Community Pharmacy:

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Contractor Code** |  |

**Stockholding Pharmacies**: Each pharmacy contractor will receive an annual payment of **£55** for effectively and efficiently managing the core stock list. Reimbursement costs of out-of date stock will be paid on submission of claim and copy of invoices. Each pharmacy will provide a contact number for out-of-hours contact. Payment of **£55** fee can be claimed for an out-of-hours call-outs.

**All Pharmacies**: Each pharmacy that signs up to provide this service will receive an annual payment of **£165.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_