

Community Pharmacy Prescribing Clinics Enhanced Sexual Health Clinics

The purpose of this form is

- To allow contractors to claim for provision of enhanced sexual health clinics within community pharmacy.
- To facilitate feedback and learning from the clinics

It should be completed at the end of each calendar month and submitted by e-mail to aa-uhb.shbbv@aapct.scot.nhs.uk

1. CLAIMS FOR ENHANCED SEXUAL HEALTH CLINIC WORK

Pharmacy name: **Pharmacy 1, Ayr**

Contractor code: **1234**

I confirm that **8** patients attended the sexual health clinic in pharmacy during **August 2026**.

One clinic is equivalent to six patient consultations, with a fee of £175 per clinic. The number of patients seen will be recorded, and pharmacies will be reimbursed once the accumulated number of consultations is equivalent to a full clinic.

2. LEARNING AND FEEDBACK

Number of patients seen by pharmacist at clinic

8

Number of prescriptions

8

COC	2
Sayana Press	6
Patch	
Advice	
Other – please detail	
Referral	
For info only. How many consultations led to POP	
Remember to claim through national PGD for this	

Age range of patients accessing the clinic (please record number of each in the space below each age range).

13 - 17	18 - 22	23 - 27	28 - 32	33 - 37	38 - 42	43 - 47	48 - 52	53+
3	2	2	1					

Number of referrals to GP:

Reason for referral:

Number of referrals to Gatehouse:

Reason for referral:

Signed: **pharmacist signature**

Date: **24/08/2026**

Updated August 2026

Commented [HS1]: Claim forms should be completed and sent to the SHBBV team by the end of each month. If these are not received by the last working day of the month, there is a risk that the claim won't be processed in time for payment.

Any claims received after the cut off will be processed in the next calendar month. It is the IPs responsibility to ensure claims are submitted on time.

Commented [HS2]: Please complete name of pharmacy, location (town) and contractor code

Commented [HS3]: Please state how many patients attended during the month you're claiming for. Also state which month/year the claim is for.

Commented [HS4]: Detail the number of patients seen/number of prescriptions provided in the boxes.

Commented [HS5]: Please also note how many of each service was offered.

Commented [HS6]: Please record the age range of those accessing the clinics as per the example.

Commented [HS7]: Please complete this section if you had to make any onward referrals.

Commented [HS8]: Please ensure that you sign and date the claim form before returning.