# NHS Forth ValleyPrimary Care Contractor Services

##  **Pharmacy First Additional Local Services**

**Monthly Audit and Claim Form for Advice / Referral / Supply by PGD via Community Pharmacies**

**COPD / MINOR SKIN CONDITIONS**

Pharmacy Stamp

**Month : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COPD**

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Given Advice

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Referred to GP/ NHS24 /OOH

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication Supplied via PGD

**MINOR SKIN CONDITONS**

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Given Advice

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Referred to GP/ NHS24 /OOH

No of Patients \_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication Supplied via PGD

**I hereby Claim £10 per Episode of Supply / Patient Advice / Referral**

|  |  |
| --- | --- |
| Total number of patient consultations |  |
| Total amount claimed | £ |

**Pharmacist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Pharmacist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB: Individual Contractors may be asked to provide evidence of providing the service

**For Primary Care Contractor Services Use**

**Number of Consultations \_\_\_\_\_\_\_\_\_\_\_\_ @ £10 = \_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN CLAIM FORM TO:**

Carol Droubay

Pharmacy Contracts Officer

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