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| **DEADLINE FOR SUBMISSION: 28TH FEBRUARY 2017**  (fully completed documents must be submitted via YORtender to continue providing/ to begin providing service(s) from 1st April 2017) | |
| **PUBLIC HEALTH COMMISSIONED PRIMARY CARE APPROVED PROVIDER LIST INCLUDES:**   |  |  | | --- | --- | | **Community Pharmacy** | **GP** | | Supervised Consumption Service | Shared Care Drug Misuse Treatment and Recovery Service | | Needle and Syringe Programme and Harm Reduction Service | Pharmacological abstinence therapy supervision service for alcohol misuse | | Alcohol Identification and Brief Advice | Alcohol Identification and Brief Advice | | Targeted Primary Care Sexual Health | Targeted Primary Care Sexual Health | | Falls Prevention Service | NHS Health Checks | | NYCC Employee Flu Vaccination Service |  |   **Documents published on YORtender must be fully completed and submitted by the deadline to deliver any/ all of the above services from 1st April 2017** | |
| **Number** | **Actions** |
| **1** | Register on YORtender: <https://procontract.due-north.com/>  Contract reference for the Community Pharmacy List is DN230587.  Contract reference for the GP List is DN230479. |
| **2** | Review all Approved Provider List documents on YORtender (including but not exclusively: service specifications; business questionnaire; sign-up sheet and contract) |

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| **3** | Decide which service(s) you wish to deliver including competence/ training requirements |
| **4** | If staff need to complete training, contact the relevant training provider to organise attendance/ completion – e.g.:   * [CPPE](https://www.cppe.ac.uk/programme-listings/e-learning) * [https://www.numarknet.com/training/falls-training-north-yorkshire](http://scanmail.trustwave.com/?c=2863&d=4cDa2O924jp6InhcuNb0sq1Qmg8PowpFBErKQ7NMEQ&u=https%3a%2f%2fwww%2enumarknet%2ecom%2ftraining%2ffalls-training-north-yorkshire) (Falls Prevention Service) * [DrugTrain](http://www.drugtrain.org.uk/AIBA_NorthYorkshire.html#Alcoholtraining) (Alcohol Identification and Brief Advice, NHS Health Checks) – or Claire Lawrence, North Yorkshire Public Health Team, if you cannot find a convenient scheduled session: 01609 534223 * Royal College of General Practitioners, or North Yorkshire Horizons: Andy Pearson, North Yorkshire Horizons, Single Point of Contact: 01723 330730/ mobile: 07802875801 (Drug misuse treatment and recovery shared care service) * <http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/> and [www.elfh.org.uk/projects/dementia](http://www.elfh.org.uk/projects/dementia) (NHS Health Checks)   \*Submission of fully completed documents will be accepted after 28th February 2017 as the Approved Provider List registration process remains open, but NYCC will only establish a contract with your organisation once documents have been evaluated, and you have been established on PharmOutcomes (pharmacies)/ Outcomes4Health (GPs). Organisations who submit documents after 28th February 2017 will not be contracted by 1st April 2017, and therefore not eligible for payment in May 2017. Organisations will only become eligible to claim for service delivery once the new NYCC/ organisation contract is in place, and PharmOutcomes/ Outcomes4Health set up has been completed. |
| **5** | Fully complete all Approved Provider List documents on YORtender (please refer to attached step by step guide).  Ensure email details of staff operating PharmOutcomes / Outcomes4Health are included within the relevant section. |
| **6** | Submit fully completed Approved Provider List documents on YORtender by 28th February 2017 |
| **7** | NYCC will evaluate submissions throughout March 2017. |
| **8** | Familiarise yourself with the service templates (including incident reporting): <https://pharmoutcomes.org/pharmoutcomes/>  Any PharmOutcomes / Outcomes4Health queries are to be directed to [Greg.Hayward@northyorks.gov.uk](mailto:Greg.Hayward@northyorks.gov.uk)  \*Excel format claim forms will not be accepted from Practices from 1st April 2017. Claim and performance data must be submitted via Outcomes4Health. |
| **9** | Contracts will be issued for signature. Review, sign and return by the deadline. |