**NHS ENGLAND PHARMACY EXTENDED HOURS**

I confirm that I would like to offer to open my pharmacy for a minimum 2 hour session on the following day(s) as indicated:

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Day** | **CCG Area** | **Preferred Opening Hours** | **Is this Flexible**  **(Yes/No)** |
| Christmas Day  (25 December 2018) |  |  |  |
| Boxing Day (26 December 2018) |  |  |  |
| New Years Day  (1 January 2019) |  |  |  |

I understand that where NHS England agrees to my offer in writing I will be able to claim a fee of £400.00 for the agreed session that my pharmacy opens on the above day/s to dispense NHS prescriptions and other services. I understand that I will not be paid unless NHS England has accepted the offer of opening in writing.

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

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. Manager)

**PHARMACY DETAILS (PLEASE COMPLETE)**

|  |  |
| --- | --- |
| Name of Pharmacy: | Address/Stamp: |
| ODS Code: | Contact name & telephone number |

**Please return no later than Monday 12th November 2018 to either:**

* Email to [england.wyat-phes@nhs.net](mailto:england.wyat-phes@nhs.net)
* Fax to0113 2451594
* Or by post to:

*Emily Hughes, Primary Care Team, NHS England,*

*Ground Floor, 3 Leeds City Office Park, Meadow Lane, Leeds, LS11 5BD*