**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)** |
| Easter Sunday(12 April 2020) |  |  |  |

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 by end of Monday 9th March 2020 by email to** england.wyat-phes@nhs.net.