**Domain 4/5 Primary Care Network Prevention PCN Lead Evidence Template**

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| **Domain 4 Primary Care Network Prevention** | | | | | | |
| **A declaration that the Pharmacy PCN Lead has engaged with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices to increase the uptake of flu vaccinations to patients aged 65 and over** | | | | | | |
| **PCN Name** | |  | | | | |
| **Clinical Directors Name** | |  | | | | |
| **PCN Pharmacies that you contacted regarding the above** | | | | | | |
| **Who (Pharmacy Name and ODS Code)** | | | | **When** | **Evidence** | **Comments** |
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| **A declaration that the Pharmacy PCN lead has notified the Local Pharmaceutical Committee (LPC) in which the PCN lies that they are the appointed pharmacy Lead for the named PCN** | | | | | | |
| **LPC Name** | Community Pharmacy North Yorkshire | | | | | |
| **PCN Name** |  | | | | | |
| **Date Appointed** |  | | **Evidence** |  | | |

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| **Domain 5 Primary Care Network Business Continuity** | | | | | | |
| **Liaise with the PCN Clinical Director and other relevant individuals, to gain an understanding of the business continuity plans for the general practices within the PCN.** | | | | | | |
| **PCN Name** | |  | | | | |
| **Clinical Directors Name** | |  | | | | |
| **When** | |  | | | | |
| **Evidence** | |  | | | | |
| **Appropriate details of the high-level business continuity plan for the general practices should be shared with the pharmacies in the PCN, so that in the event that a general practice needs to temporarily close, pharmacy contractors can adopt a collaborative approach to support the plans of the general practice, where appropriate and necessary** | | | | | | |
| **When** | |  | | | | |
| **Evidence** | |  | | | | |
| **PCN Pharmacies that you contacted regarding the above** | | | | | | |
| **Who (Pharmacy Name and ODS Code)** | | | | **When** | **Evidence** | **Comments** |
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| **A declaration that the Pharmacy PCN lead has notified the Local Pharmaceutical Committee (LPC) in which the PCN lies that they are the appointed pharmacy Lead for the named PCN** | | | | | | |
| **LPC Name** | Community Pharmacy North Yorkshire | | | | | |
| **PCN Name** |  | | | | | |
| **Date Appointed** |  | | **Evidence** |  | | |