



Strategic Planning and Performance Group

Community Pharmacy Discharge Medicines Service Pathfinder Service

Northern ICP (Derry / Strabane / Limavady)

SERVICE CONTRACT 2022/2023

Period of Contract:

- The Community Pharmacy Discharge Medicines Service Pathfinder will operate from **1st October 2022** initially.
- This contract may be terminated by either the purchaser or provider by giving notice of one week.

Please note:

Contractors must ensure that the service is provided in accordance with the service specification and operate in accordance with all relevant Acts of Parliament, statutory regulations or other laws. As the service is developed, contractors will be expected to comply with guidance that has been formulated in consultation with the Community Pharmacy Northern Ireland.

Indemnities:

The provider hereby agrees to indemnify the purchaser against any claims for damages for loss, damage, injury (including death), plus all associated costs arising out of the acts or omissions of the provider, his servants or agents.

Payment:

The fees payable to Pharmacy Pathfinder contractors for this service:

- £400 one-off payment for set-up and contribution to the evaluation of the pathfinder.
- £40 consultation fee per patient

Service Monitoring:

Information gathered on the Discharge Medicines Service Worksheet may be used to monitor the service on an on-going basis. All documentation is open to evaluation/monitoring by HSCB at any point.

Training requirements:

The pharmacy contractor / responsible pharmacist are responsible for ensuring that the service is delivered in line with the service specification and service guide by suitably trained pharmacists.

Name of Pharmacist responsible:

Signing of the Agreement:

This document comprises the agreement between the Strategic Performance and Planning Group (purchaser) and the Pharmacy Contractor (provider). I would like to participate in the above service. I agree to provide the service in line with the service specification and service guide.

I understand that details of participation in this service will be shared with CPNI.

Name of Pharmacy Contractor provider:

Contractor number: _____

Pharmacist's signature: _____

Date: _____

Pharmacy stamp

Please email a signed copy of this form to your Local SPPG Office:

Contact Details for Local Integrated Care Offices:				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicessouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

Signed on behalf of the SPPG: _____ Date: _____