

## Dorset CCG Provision of Palliative Care Drugs Enhanced Service Quarterly Claim Form

Pharmacy Name:						
Pharmacy Address:						
This Claim For:	Annual Completion		From	DD/MMM/YYYY	To	DD/MMM/YYYY
<p>I declare that for the above named period the following items in the stated quantities were held as stock in this pharmacy (please tick each item to confirm it was in stock) in accordance with the requirements of the service specification.</p>						

ITEM	FORM	QUANTITY	CONFIRM
Cyclizine 50mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Dexamethasone 3.8mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Dexamethasone 2mg	Tablets	50	<input type="checkbox"/>
Diamorphine 10mg	Injection	5	<input type="checkbox"/>
Diamorphine 30mg	Injection	15	<input type="checkbox"/>
Diazepam 5mg/ml	Injection	10 x 2ml	<input type="checkbox"/>
Diazepam 10mg	Rectal Tubes	5	<input type="checkbox"/>
Diclofenac 100mg	Suppositories	10	<input type="checkbox"/>
Fentanyl 25mcg	Patches	1 x 5	<input type="checkbox"/>
Glycopyrronium bromide 200mcg/ml	injection	3 x 3ml	<input type="checkbox"/>
Haloperidol 5mg/ml	Injection	5 x 1ml	<input type="checkbox"/>
Hyoscine butylbromide 20mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Hyoscine hydrobromide 400mcg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Levomepromazine 25mg	Tablets	84	<input type="checkbox"/>
Levomepromazine 25mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Metoclopramide 5mg/ml	Injection	10 x 2ml	<input type="checkbox"/>
Midazolam 5mg/ml	Injection	10 x 2ml	<input type="checkbox"/>
Morphine sulphate injection 10mg/ml	Injection	10x1ml	<input type="checkbox"/>
Morphine sulphate 30mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Morphine sulphate (Oramorph) 10mg/5ml	Oral Solution	5 x 100ml	<input type="checkbox"/>

Oxycodone 10mg/ml	Injection	10 x 1ml	<input type="checkbox"/>
Sodium chloride 0.9%	Injection	10 x 10ml	<input type="checkbox"/>
Water for Injection	Injection	10 x 10ml	<input type="checkbox"/>

### Covid 19 Support medication

Lorazepam 1mg (Genus brand if possible)	Sublingual tabs	4 x 28
Fentanyl 12mcg	Patches	2 x 5
Hyoscine 1mg	Patches	7 x 2
Hyoscine hydrobromide 600mcg per 1ml	Injection	10x1ml
Haloperidol 500mcg	Tablets	4 x 28

#### Please note:

- Claims should be received at Dorset CCG no later than 3 months of the last working day of the period being claimed for.
- Claims must be **fully** completed or they may be returned to you for completion and so delay payment.
- If you have any queries regarding what you have been paid for this service please contact [Dorset CCG](mailto:medicines.question@dorsetccg.nhs.uk) as soon as possible. In any event queries regarding claims more than 3 months old will **not** be considered.

Name:		Signature:		Date:	
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Please return scanned signed copies to the email address below;

**Email:** [medicines.question@dorsetccg.nhs.uk](mailto:medicines.question@dorsetccg.nhs.uk)

Or

**Post:**

Medicines Optimisation Team

Dorset CCG

1FW Vespasian House

Dorchester

DT11TS

## Provision of Palliative Care Drugs Enhanced Service

### Out of Date Drugs Claim Form

Pharmacy Name:					
Pharmacy Address:					
I declare that the following drug(s) that are held in stock for the Provision of Palliative Care Drugs service have reached their expiry date.					
Quantity	Drug Name	Strength	Size	Expiry Date	Cost Price
Name:		Signature:		Date:	

**Email:** [medicine.question@dorsetccg.nhs.uk](mailto:medicine.question@dorsetccg.nhs.uk)

Or

**Post:**

Medicines Optimisation Team

Dorset CCG

1FW Vespasian House

Dorchester DT11TS

## Provision of Palliative Care Drugs Enhanced Service Invoice Schedule

End of Month	Sundry Claim Form Cut Off Dates e.g. new pharmacy set up costs as per section 4.14	Service Retainer Quarterly Claim Form Cut Off Dates	Out of Date Stock Claim Form Cut Off Dates
31 <sup>st</sup> January	30 <sup>th</sup> April		30 <sup>th</sup> April
28 <sup>th</sup> February	31 <sup>st</sup> May		31 <sup>st</sup> May
31 <sup>st</sup> March (Quarter 4)	30 <sup>th</sup> June	<b>Submit Quarter 4 Service Retainer Quarterly Claim Form by 30<sup>th</sup> June</b>	30 <sup>th</sup> June
30 <sup>th</sup> April	31 <sup>st</sup> July		31 <sup>st</sup> July
31 <sup>st</sup> May	31 <sup>st</sup> August		31 <sup>st</sup> August
30 <sup>th</sup> June (Quarter 1)	30 <sup>th</sup> September	<b>Submit Quarter 1 Service Retainer Quarterly Claim Form by 30<sup>th</sup> September</b>	30 <sup>th</sup> September
31 <sup>st</sup> July	31 <sup>st</sup> October		31 <sup>st</sup> October
31 <sup>st</sup> August	30 <sup>th</sup> November		30 <sup>th</sup> November
30 <sup>th</sup> September (Quarter 2)	31 <sup>st</sup> December	<b>Submit Quarter 2 Service Retainer Quarterly Claim Form by 31<sup>st</sup> December</b>	31 <sup>st</sup> December
31 <sup>st</sup> October	31 <sup>st</sup> January		31 <sup>st</sup> January
30 <sup>th</sup> November	28 <sup>th</sup> February		28 <sup>th</sup> February
31 <sup>st</sup> December(Quarter 3)	31 <sup>st</sup> March	<b>Submit Quarter 3 Service Retainer Quarterly Claim Form by 31<sup>st</sup> March</b>	31 <sup>st</sup> March