

ADVICE TO RESIDENTIAL/NURSING HOMES AGREEMENT AND CONTRACT

TO BE COMPLETED BY THE PHARMACIST CONTRACTOR

1 Pharmacy Name: _____ Pharmacy
Address _____

Post Code:

2 Contractor No. _____
undertakes to provide pharmaceutical advice on the safe handling and correct administration of drugs/medicines supplied to residents of

3 Nursing Home Name: _____
Full Address: _____

Town _____
Post Code _____

4 Home I.D. number _____
(May be obtained from the home)

- The service provided will include:-
- an initial assessment visit;
 - subsequent visits at intervals of not more than 3 months spread over the 12 months, i.e one per quarter.
 - advising on the safe-keeping and correct administration of drugs and medicines
 - the keeping of records of visits made and the advice given

5 Names of pharmacists who will provide the service

a _____
b _____
c _____

6 I confirm that these pharmacists have completed the NICPLD course "Pharmacy Services to Care Homes".

7 Do you provide advice to any other Care Homes? Y/N

8 If so, please list the names & addresses of all other Care Homes you provide advice to.

a _____
b _____
c _____
d _____

TO BE COMPLETED BY HOME MANAGER/OFFICER IN CHARGE

1 I (status)
.....

of the above-named Home request the above-named Pharmaceutical Contractor to provide the services detailed. The Home is registered/provided in terms of residential homes provided under Article 15 of the HPSS (NI) Order 1972, residential homes and nursing homes or registered under Articles 10 and 11 of the HPSS (Quality, Improvement & Regulation) (NI) Order 2003.

2 The Home is *approved/registered to accommodate no more than approved places.

3 If this advisory service was provided to the above home prior to the date of application, indicate name and address of provider and date the service ceased to be delivered.

4 *I/We understand that the records of visits made, and the nature of the advice given, will be kept and made available to the Health and Social Care Board for inspection and agree to provide such facilities and co-operation as may be requested and are necessary for the provision of the service.

SIGNATURES

5 Contractor Manager/OIC

6 Date Date

We understand that this agreement

- (i) is effective for contract purposes only on the written approval of the Board, and
- (ii) may be terminated by either party subject to 3 months notice and notification to the board.

*Delete as necessary.

For Board Use Only:	
Request Accepted/Refused [Reason for refusal:.....]	
Date Processed	Date Returned to Contractor
Date Initial Claim Processed	Signed