



Service Level Agreement for an enhanced service

Help Me Quit @ Pharmacy

This SLA is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor wishing to provide the above Enhanced Service

Agreement Period:

The agreement will commence on 1st April 2020, or the date on which this agreement is authorised by the relevant Local Health Board, where this is after the above date.

The agreement will continue unless terminated by one or both parties. The agreement may be terminated without penalty if either party gives the other party three months' notice in writing.

Note: Fees will be payable on the Sessional Basis as set out in the specification for the above service.

Pharmacy details

Name of pharmacy contractor	
Correspondence address	
Postcode	
Branch e-mail address (this should not be person specific, and should be accessible to pharmacy staff)	
Pharmacy Prescribing Service Unit number	
Pharmacy address	

Declaration on behalf of the contractor:

I / We agree to participate in the Pharmacy Enhanced Service described above, under the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005 (Amended) Part 4 (1) for the specified agreement period and in accordance with the service specification.

I / We confirm that the pharmacy contractor has an acceptable system of clinical governance and is compliant with their obligations under Schedule 2 to the Pharmaceutical Services Regulations to provide pharmaceutical essential services

I / We confirm that an audit trail will be available at the pharmacy for inspection by the Health Board authorised officer or officers acting on its behalf

I / We confirm that the pharmacy contractor will comply with any relevant service specification relating to the provision of this Enhanced Service

I / We confirm that I / We shall notify the Medical Director of the relevant LHB of any significant adverse incident that arises due to, or related to, provision of this Enhanced Service

I / we declare to the best of my/our belief that the information on this form is correct and request that the contractor named herein be included in the list of contractors who may provide this Enhanced Service.

Signed for and on behalf of the contractor	
Signature:	Date:
Name:	
Position:	

Please submit this form to BCU Primary Care Contracting at:

East & Central Areas
Preswylfa, Hendy Road
Mold, Flintshire, CH7 1PZ

West Area
Eryldon, Campbell Road
Caernarfon, Gwynedd, LL55 1HU

BCU.PrimaryCareContracting@wales.nhs.uk

Agreement on behalf of the Local Health Board

Signed for and on behalf of the Local Health Board	
Authorised: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason if not authorised:
Signature:	Date:
Name:	
Position:	