Discharge Medicine Review Service

Premises Listing Form

This premises listing form is to be submitted to the NHS Wales Shared Services Partnership by a pharmacy contractor wishing to provide the Discharge Medicine Review Service [1]

Pharmacy details[2]

Name of pharmacy contractor	
Contact e-mail address	
Pharmacy Prescribing Service Unit number for the pharmacy (60####X)	
Pharmacy address	

Declaration on behalf of the contractor:

I / We wish for the above Pharmacy/ies to be listed in the All Wales Pharmacy Database for the provision of the Discharge Medicine Review Service

I / We confirm that the pharmacy contractor will comply with the requirements set out in the Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, and the relevant published service specification, as pertain to this 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 Service

Submitted for and on behalf of the contractor by	
Name:	
Position:	Date:

Please submit this form to NWSSP at: nwssp-primarycareservices@wales.nhs.uk

[1] Premises already commissioned to provide the service prior to 1 April 2022 will be automatically listed for the service but should still submit a premises listing form for these premises

[2] For contractors owning multiple pharmacies within Wales, this table may be replaced by a list of all of the pharmacies that they wish to be listed to provide this service, provided all of the details requested are included for each site.