**South West**

**B&NES, Gloucestershire, Swindon & Wiltshire Team**

Appendix B – Signature sheet - Access to Medicines Out of Hours service (2020 – 2021):

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| Name of pharmacy: ……………………………………………. OCS code: ………………….  Address of pharmacy: ……………………………………………………………………………. |

I confirm that the pharmacy is able to meet its obligations under the Enhanced Service specification to provide pharmaceutical services on the agreed dates throughout 2020 – 2021 and will adhere to all requirements of the service specification.

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| Signature on behalf of the pharmacy: …………………………………………………………….  Print Name: ………………………………………………………………………………………  Post Title: ……………………………………………………………………………………  Date: ………………………………………………….. |

By signing this agreement, you acknowledge that action may be taken against you if you make an incorrect claim. You are also consenting to the disclosure of relevant information for the purposes of fraud prevention, detection and investigation.

**PLEASE RETURN THIS SIGNED FORM TO:**

**Glos & Swindon pharmacies**: NHS England & Improvement, South West, BGSW Primary Care Team, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE or [england.bgsw-pharmacy@nhs.net](mailto:england.bgsw-pharmacy@nhs.net)

**B&NES & Wilts pharmacies**: NHS England & Improvement, South West, BGSW Primary Care Team, 1st Floor, Jenner House, Avon Way, Langley Park, Chippenham, Wiltshire, SN15 1GG or england.bgsw-pharmacy@nhs.net

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| --- |
| Signature on behalf of NHS England & Improvement: ………………………………………….  Print Name: ……**NIKKI HOLMES**………………………………………………………………  Post Title: ………**HEAD OF PRIMARY CARE**……………………………………………….  Date: ………………………………………………….. |