

**PAYMENT FOR ESSENTIAL SERVICES  
Community Pharmacy IM & T**

This form is to be used by a Community Pharmacy Contractor to claim the £200 per month IM&T allowance upon confirmation that an 'approved' network connection has been installed, live and active within the Pharmacy. This form should also be used to advise of a change of system (for example when ownership has changed) so that the monthly allowance can be re-started to the new account.

Name of Pharmacy.....

Trading Name/Name of Chain.....

Telephone Number.....LHB.....

Pharmacy Computer Dispensing System .....

Date Connection Made...../...../.....

HSW Account Number (e.g. 60xxxxA) .....

BSC Code (e.g. 10xxxxx).....

Pharmacy Stamp

**DECLARATIONS AND CLAIM**

I hereby submit and make a claim for commencement of the monthly payments, in accordance with the terms of the Community Pharmacy IM & T Programme in Wales, as set out in the Drug Tariff, Part VIA, Paragraph 7.14.

I undertake to notify the BSC (on behalf of the LHB) in writing immediately if at a later date the Pharmacy is no longer using an N3-approved network connection and I accept that the LHB will authorise the BSC to stop these payments.

Claim made by: (Authorised signature)		Name: (Please print name)	
Position:		Date:	

**Please return this ETP1 Claim Form and a signed copy of the Pharmacy System Supplier's Connectivity Services contract to:**

Community Pharmacy Project Co-ordinator, IM&T Department, Business Service Centre, 8<sup>th</sup> Floor, The Oldway Centre, 36 Orchard Street, Swansea, SA1 5AQ

**FOR BSC USE ONLY**

Pharmacy System Supplier contract received?     Yes                       No                       Not Required

Pharmacy System Supplier spreadsheet received?  Yes                       No                       Not Required

NHS Connectivity Confirmed / Verified?             Yes                       No

**Approved**                       **Not Approved**

When approved, date to commence payment \_\_\_\_\_

When not approved, reason for non-approval:  
\_\_\_\_\_

Application checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_