

**COMMUNITY PHARMACY EMERGENCY CONTRACEPTION SCHEME**

**ANNUAL RETAINER FEE CLAIM FORM**

An annual retainer fee is available to pharmacies providing emergency contraception under PGD. To claim the retention fee and to be able to continue supplying emergency contraception under the scheme the pharmacy needs to complete this annual retainer fee claim form and ensure that each pharmacist providing the emergency contraception under PGD has completed an audit of their supplies and signed and returned the competency statement to say they have reviewed their practice, relevant training and the PGD and are competent to continue providing EHC under the terms of the scheme.

<b>Pharmacy Name and Address:</b>	<b>Date signed up to Scheme:</b>

<b>Name of Accredited Pharmacist(s)</b>	<b>Date of Completing competency statement</b>

Please confirm days and time that the EHC is available on PGD

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I wish to claim the annual retainer fee of £100 per pharmacy for taking part in this scheme and can confirm that:

- Accredited pharmacists will be available to provide this service from this pharmacy on at least four days of the week.
- Supply and administration will be in accordance with the Patient Group Direction for the supply of Levonorgestrel 1500 mcg and the guidance contained in the Community Pharmacy Emergency Contraception PGD Scheme.

Signature:	Date:
Name in block letters:	

**Authorised by:**

**Date:**

**Please return form to Medicines Management Team, NHS Cambridgeshire, Lockton House, Clarendon Road, Cambridge, CB2 8FH**