**Palliative Care claiming:**

**Knowsley**

Claim forms to be sent to: [Knowsley.MMT@cheshireandmerseyside.nhs.uk](mailto:Knowsley.MMT@cheshireandmerseyside.nhs.uk) instead of Clare.

**KNOWSLEY COMMUNITY PHARMACY**

**Palliative Care Drug Scheme**

**April 2024 – March 2025**

LEAD PHARMACIST WITH OVERALL RESPOSIBILITY FOR SERVICE PLEASE TICK AND COMPLETE:

****                     This Pharmacy will continue to provide the Palliative Care Drug scheme

              from April 2024 until the end of March 2025 and will hold in stock all 

Palliative Care Drugs listed in Appendix 2.

**A white background with black text

Description automatically generated**Name: …………………………………….

Registration Number …………………..

Signed: …………………………………..

Date: ………………………………………

CLAIM FOR PAYMENT

**A black background with blue text

Description automatically generatedA white card with black text and black text

Description automatically generated**

A black and blue logo

Description automatically generated

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPIRED DRUGS** |  |  |  |
| **Drug & Strength** | **Quantity** | **Form** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Taxi Delivery** |  |  |  |
| **District Nurse** | **Date and Time** | **Postcode** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** | **£** |

**Send to:**

Finance department

Knowsley CCG

Nutgrove Villa

Westmorland Road

Huyton

L36 6GA

Tel: 0151 244 4135

Email: [Knowsley.CCGCommunications@knowsley.nhs.uk](mailto:Knowsley.CCGCommunications@knowsley.nhs.uk)

**CCG USE:**

**Authorised for**

**Payment …….………………**

**Date: …………………….**

**Charge to: …………………….**

**Finance: ……………………**