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| **Appendix C Audit form for the provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.** |
| **Date** | **Expired stock (please list)**  | **Pharmacist (print)** | **Claim (£)** |
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|  |  | **Total Due** | £ |

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| --- | --- | --- | --- | --- |
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| **Service provider stamp** |  | **I confirm that all the above claims are legitimate and are in accordance with the service level agreement.** |  | **For office use only** |
|  |  |  |  |  |  |
|  |  | (**Pharmacists signature on behalf of the service provider**) |  |  |  |
|  |  |  |  |  |
|  |  | (**Date**) |  |  |
|  |  |  |  |  |
|  |  | (**PPA service provider contractor code**) |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** halton.talk2us@cheshireandmerseyside.nhs.uk