**Appendix 1**

Suspected Outbreak Identified Suspected Outbreak notified to PH England

Outbreak confirmed



CsCDC / CHP treatment authorised and liaise with Operational and Pharmacy Leads to inform them of outbreak

FP10 / PSD process

Operational Lead (e.g. infection control nurse/PHE/GP/ Care Home Manger) assigned to support coordination of FP10 or PSD prescription(s) by care home

CsCDC/CHP contact CCG to inform of outbreak and arrange appropriate clinical review of patients and supply of FP10/PSD where appropriate via CCG local arrangements.

Operational Lead to ensure presentation of FP10 or PSD prescription(s) at pharmacy or where not practicable Prescriber to ensure FP10 or PSD prescription(s) to identified pharmacy with full patient list - to enable pharmacy to cross reference receipt of Rx and ensure all received. Original signed FP10 or PSD prescription(s) to be forwarded to pharmacy by recorded delivery within 48 hours of faxing.

Pharmacy dispenses against FP10 or PSD prescription(s), labelled for each patient as per regulations. Pharmacy uses assigned courier to transport medication to appropriate address for receipt by named staff member/ALTERNATIVELY HOME MAY BE ABLE TO COLLECT. Pharmacy liaises with Operational Lead to give approximate time for supply. Full medication supply to be furnished within 24 hours of request.



Pharmacy reimbursed for supply through normal contractual arrangements or claims process as detailed in SLA.

**Appendix 2**

For reimbursement of medication costs and dispensing fee (**only** **when supply is made under a PSD)** - please ensure that evidence of invoices / charges is submitted with claim.

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| **CLAIM ASSOCIATED WITH THE SLA FOR STOCKHOLDING AND SUPPLY OF ANTIVIRAL MEDICATION**  **ODS Code:**  **Pharmacy Name:**    **Pharmacy Address:**  **Contact Name:**    **Telephone Number:**  ***Declaration of Submission:***  ***In submitting this claim, I give assurance that the costs claimed have legitimately occurred in the provision of the service as contracted under the SLA.***  FULL NAME (Please print):  Date: | | | |
| **Medication supplied** (**only** **when supply is made under a PSD).** | | | |
| Date of supply | Patient Initials | Antiviral supplied / strength / quantity | Medication Cost |
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| Total number of dispensing fees claimed  (no of patients x £XXX) |  | Total Drugs Cost Claimed (please include copy of wholesalers invoice to demonstrate claim) |  |

**Appendix 3** Template for invoice for reimbursement of delivery / courier costs: - please ensure that evidence of charges is submitted with claim.

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| **CLAIM ASSOCIATED WITH THE SLA FOR STOCKHOLDING AND SUPPLY OF ANTIVIRAL MEDICATION**  ODS Code:  Pharmacy Name:  Pharmacy Address:  Contact Name  Telephone Number: | | | |
| Date | Courier Used | Care Facility Requiring Delivery / Courier | Charge- (include mileage if claim is based on mileage) |
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| Total costs claimed (please include copy of wholesalers invoice to demonstrate claim) | | |  |
| *Declaration of Submission:*  *In submitting this claim I give assurance that the above costs have legitimately occurred in our delivering the service as contracted under the SLA.*  Signed  Printed  Date  Email to [ENGLAND.CMPharmacy@nhs.net](mailto:ENGLAND.CMPharmacy@nhs.net) | | | |

**Appendix 4** Template for invoice for reimbursement of out of date stock.

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| **CLAIM ASSOCIATED WITH THE SLA FOR STOCKHOLDING AND SUPPLY OF ANTIVIRAL MEDICATION**  ODS Code  Pharmacy Name:  Pharmacy Address:  Contact Name  Telephone Number: | | | |
| Expiry Date | Medication, Form and Strength | Batch Number | Cost |
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| Total costs claimed | | |  |
| *Declaration of Submission:*  *In submitting this claim I give assurance that the above costs have legitimately occurred in our delivering the service as contracted under the SLA.*  Signed  Printed  Date  Email to [ENGLAND.CMPharmacy@nhs.net](mailto:ENGLAND.CMPharmacy@nhs.net) | | | |

**Appendix 5** Contractors

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ODS Code** | **Ownership Name** | **Trading Name** | **Address 1** | **Address 2** | **Town** | **County** | **Postcode** | **Tel No.** |
|  |  |  |  |  |  |  |  |  |
| FX408 | Aim Rx Ltd | Appleton Village Pharmacy | 2-6 Appleton Village |  | Widnes | Cheshire | WA8 6EQ | 0151 420 8794 |
| FWK89 | Aim Rx Ltd | Bridge Road Chemist | 54-56 Bridge Road | Litherland | Liverpool | Merseyside | L21 6PH | 0151 920 6361 |
| FG389 | Allied Pharmacy | Arrowe Park, Arrowe Park Hospital | Upton |  | Wirral | Merseyside | CH49 5PE | 0151 677 6449 |