

CONTRACT

This Contract records the agreement between the Commissioner and the Provider and comprises

1. the **Particulars**;
2. the **Service Conditions (Shorter Form)**;
3. the **General Conditions (Shorter Form)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*). The Provider will provide the service to the requirements of the NHS Standard contract terms and conditions (Service and General Conditions).

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

.....

Signature

**Stephen Blackman for
and on behalf of
PSNE Limited**

Managing Director

.....

Date

SIGNED by

.....

Signature

**[INSERT AUTHORISED
SIGNATORY'S
NAME] for**

.....

Title

and on behalf of

.....

[PHARMACY NAME & ODS CODE]

Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date	1 September 2016
Expected Service Commencement Date	1 September 2016
Longstop Date	1 September 2016
Service Commencement Date	1 September 2016
Contract Term	3 years
Option to extend Contract Term	Yes (+ 2 years)
Notice Period (for termination under GC17.2)	12 months
SERVICES	
Service Categories	Indicate <u>all</u> that apply
Community Services (CS)	✓
Services to be provided	Delete any which do not apply
	Think Pharmacy First SharpEnd
PAYMENT	
Expected Annual Contract Value Agreed	ACTIVITY BASED
BANK DETAILS	
Account Name	
Bank	
Sort Code	
Account number	
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual	[] Email: []

	Tel: []
Provider's Information Governance Lead	[] Email: [] Tel: []
Provider's Caldicott Guardian	[] Email: [] Tel: []
Provider's Safeguarding Lead	[] Email: [] Tel: []
CONTRACT MANAGEMENT	
Addresses for service of Notices	Commissioner: PSNE Ltd Address: Spaceworks Benton Park Road Gosforth Newcastle upon Tyne NE7 7LX Email: stephen.blackman@psne.co.uk Provider: [] Address: [] Email: []
Commissioner Representative(s)	Stephen Blackman Spaceworks Benton Park Road Gosforth Newcastle upon Tyne NE7 7LX stephen.blackman@psne.co.uk 0191 223 6799
Provider Representative	[] Address: [] Email: [] Tel: []
ASSURANCE STATEMENT	
<p>The provider confirms that the following are in place to comply with the terms and conditions of this contract</p> <ol style="list-style-type: none"> 1. Standard Operating Procedures for provision of each commissioned service; 2. The pharmacy has achieved a minimum of Level 2 of the IG Toolkit; 3. The pharmacy has a Patient Consent Policy 4. The pharmacy has a Safeguarding Policy 	

5. The pharmacy has a **Business Continuity Plan**
6. The pharmacy holds: **Employers Liability Insurance of at least £5,000,000**
Public Liability Insurance of at least £10,000,000
Professional Indemnity Insurance of at least £5,000,000

SIGNED by

Signature

[INSERT AUTHORISED

SIGNATORY'S Title

NAME] for

and on behalf of

[PHARMACY NAME & ODS CODE] Date