 

This document constitutes the agreement between the provider and Southampton Smokefree Solutions with regards to the Locally Commissioned Service (LCS): Smoking Cessation in Community Pharmacies.

The provider is required to sign and to agree to the terms as set out in this service specification for the delivery of smoking cessation services from the period 1st April 2024 and reviewed 31st March 2025.

**Signature** (on behalf of the Pharmacy)

Click or tap here to enter text.

|  |  |
| --- | --- |
| Pharmacy name | Click or tap here to enter text. |
| Designation/ Position | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Date  | Click or tap to enter a date. |

**Practitioner Information**

Please could you list the names and contact details of the Stop Smoking Practitioners who are working at your pharmacy.

|  |  |  |
| --- | --- | --- |
| Name | Contact details  | Date of Level 2 training  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Bank details (for new Pharmacies only)**

Payment will be monthly via BACS. Please could you provide your bank details:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank | Account name  | Account details | Sort code |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please return this form to Chris McMahon at Southampton@smokefreesolutions.nhs.net