**Primary Care Network Community Pharmacy Contact Information**

**DETAILS REQUIRED FOR YOUR PQS DECLARATION**

Primary Care Network Name:

Name of Pharmacy PCN Lead:

Pharmacy Name of PCN Lead’s Pharmacy

Pharmacy ODS Code of PCN Lead’s Pharmacy:

**How have you demonstrated your engagement in collaborating with the other pharmacies in your PCN (tick which apply)**

Attended LPC PCN event which introduced pharmacies to each other 🞏

Attended LPC-run webinar / conference call 🞏

Exchanged emails with LPC 🞏

Exchanged emails with Pharmacy PCN Lead 🞏

Telephone conversation with Pharmacy PCN Lead 🞏

Face to face meeting with Pharmacy PCN Lead 🞏

Attended Pharmacy PCN Lead PQS discussion on PCN domains 🞏

Other (provide details below) 🞏

**Other information you may wish to record to support you in local engagement with other pharmacies in your PCN (this is NOT required for your PQS declaration):**

**Contact details for Pharmacy PCN Lead**

Email address:

Phone number:

**Method of Engagement**

The pharmacies in my PCN have agreed to collaborate and engage with each other using

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as the main form of communication.

(Note: This is likely to be an email group that has either been set up by the PCN Lead, an email group set up by the LPC, a WhatsApp Group set up by the PCN Lead or conference calls).

**GP Practices in my PCN**

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**Clinical Director details**

Name of Clinical Director:

General practice base:

**Other Pharmacies in my PCN**

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