

# New Medicine Service - Pharmacy Contractor Declaration Form

A completed copy of this form should be emailed by the pharmacy contractor to their [regional NHS England and NHS Improvement \(NHSE&I\) team](#) prior to provision of the New Medicine Service (NMS). The regional NHSE&I team does not need to acknowledge receipt of the form prior to the pharmacy commencing provision of the service.

Pharmacy details	
Name of regional NHSE&I team:	
Name of pharmacy contractor:	
ODS code:	
Pharmacy address:	
Address for correspondence (if different from above):	
Eligibility to provide the service	
I / we confirm that the pharmacy is complying with the Terms of Service relating to the provision of Essential Services, and has an acceptable system of clinical governance.	
I / we confirm that the pharmacy premises contain a consultation area which meets the following requirements: <ul style="list-style-type: none"><li>i. The consultation area is a designated area where both the patient and pharmacist can sit down together</li><li>ii. The patient and pharmacist are able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties</li><li>iii. The consultation area is clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy</li></ul>	
I / we confirm that the service will be provided by pharmacists that have signed the <i>NMS self-assessment of readiness for community pharmacists</i> .	
I / we confirm that a Standard Operating Procedure (SOP) is in place for the service.	
I / we confirm that all dispensing staff understand the aims and objectives of the service, are aware of the eligible conditions / therapies, understand the SOP, and understand their role, if any, in delivering the service.	
I / we confirm that my / our representatives have been in communication with local GP practices about the service.	
Pharmacy contractor's declaration	
I / we undertake to provide the New Medicine Service from the above premises from (date).	
Signed:	Date:
Contact name for queries relating to this form:	Telephone number: