

## Appendix A – GP CPCS Request for Funding Application

PCN CP Lead Name	
PCN or GP Practice(s) requesting Support	
PCN / GP contact name and email / phone	
GP CPCS Go Live Date	
NHSE&I aware of Go Live date Y/N	
<b>Number of hours of work proposed</b>	
<b>Please provide a summary of the proposed support you will provide and the anticipated outcomes</b>	
<b>From the List of below indicate which support activities the PCN/GP Practice are Requesting</b>	
Attendance at meetings held by PCN &/or GP Practice(s) to specifically discuss GP CPCS.	
Visiting GP Practice(s) to support staff training	
Visiting Community Pharmacies to Support roll out across the PCN	
Hosting meeting(s) by zoom or face to face to support roll out	
Act as single point of contact for pharmacy related GP CPCS queries and act as a conduit between pharmacy and GP Practices	
CWPY TO COMPLETE	
Authorised by NHSE&I name & date	

**Submit form to [info@cpwy.org](mailto:info@cpwy.org)**

CP PCN Leads should not undertake CPCS work until it has been confirmed that this will be funded by NHSE&I.

## Appendix B - GP CPCS Expenses Claim Form

Name:	
Address:	
Telephone or email in case of query:	

Date	GP CPCS work undertaken Include details of actions taken, meetings (numbers attended), contacts etc	Confirm PCN gaggle updated	Meeting Date	Amount Claimed
		<input type="checkbox"/>		£
		<input type="checkbox"/>		£
		<input type="checkbox"/>		£
		<input type="checkbox"/>		£
NHSE&I may contact the PCN to seek assurance that the support claimed for has been provided by the PCN CP Lead			Total claim	£

**Payment will be made by BACS. Payment can only be made to a contractor bank account.**

Sort Code:								
		-			-			

Account No:								

Account Name:													

**I can confirm that no other funding is available for this work:**

Claimant Name:		Date:	
Claimant Signature:			

**Please submit completed forms to [info@cpwy.org](mailto:info@cpwy.org)**

CPWY to complete	N/L 5071	Dept 7:	£	
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