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| **Practice Contract Change Notification** |
| **Details of Change**(Complete the rows as applicable) |
|  | Current (change from)Effective Date:  | New (change to)Effective Date:  |
| Practice Name |  |  |
| Surgery Address |  |  |
| Practice Code |  |  |
| ICB |  |  |
| Type of Contract |  |  |
|  | **Please confirm which of the below payment types apply (Y/N)** |
| Global Sum |  |
| QOF Achievement |  |
| QOF Aspiration |  |
| Drugs (Cost of Drugs) |  |
| Drugs (On-cost Fees- This can be updated by the commissioner on PCSE online) |  |
| Comments |  |
| **Submitter’s Details** |
| Completed By |  |
| Email Address  |  |
| ICB  |  |
| Date Completed |  |
| **Please email this form to** **pcse.payments@nhs.net** **& pcse.performerlists@nhs.net** |