|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:pcse.payments@nhs.net) **& pcse.performerlists@nhs.net** | | | |