|  |  |  |
| --- | --- | --- |
| **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) **and** [**pcse.performerlists@nhs.net**](mailto:pcse.performerlists@nhs.net) | | |

**Please note in addition to the above any changes to the Optional Services (which includes Minor Surgery & Out of Hours) must be updated on PCSE Online by the commissioner.**

**Please refer to the Optional Service guide available** [**here**](https://indd.adobe.com/view/25721750-8cbc-431f-ae3c-0db8c2bd6f7c) **for further information on how to update optional services.**