|  |
| --- |
| **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** **and** **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.**