|  |  |  |
| --- | --- | --- |
| C:\Users\price audrey\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\OVQRKUGP\RochdaleBC_Port_Col.jpg |  | **Public Health**  Service address:  3rd Floor Number One Riverside,  Smith Street, Rochdale,  OL16 1XU  Tel: (01706) 92 7062  Fax: 0844 332 0268  Email: [invoices.PublicHealth@rochdale.gov.uk](mailto:invoices.PublicHealth@rochdale.gov.uk) |
|  |

**PUBLIC HEALTH LOCALLY COMMISSIONED SERVICES (LCS) 2018/19**

**PAYMENT SCHEDULE AS OF 1ST APRIL 2018**

**PHARMACY**

**All payments for Locally Commissioned Services will continue to be processed by RBC via Public Health. A summary of the schedule and changes is below.**

**Frequency:**

Monthly

* EHC

Invoice and validation document(s) to be forwarded by 7th of the month to Public Health.

* Chlamydia Screening & treatment\*\*

Invoice and validation document(s) to be forwarded by 7th of the month to Public Health.

**A full breakdown including tariff is on the reverse of this summary.**

**\*\***

**Public Health Locally Commissioned Services and Schedule 2018/19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service 002\*\*** | **Chlamydia Screening and Treatment** | | |
| **Claim/Validation** | **monthly submission to Public Health by 7th** | | |
| **Monthly Payment** | **via RBC finance** | | |
| **Activity** |  | | |
| **Service element** | **advice and explanation of the service and provision of the test kit** | **antibiotic treatment of positive clients** | **pregnancy testing** |
| **Tariff\*\*\* (£s)** | **10.00** | **£25.00** | **£5.95** |
| **Reimbursement of antibiotic costs** | **Azithromycin 250mg tablets** | **Azithromycin (Zithromax) 250 capsules** | |
| **Tariff\*\*\* (£s)** | **10.36** | **10.09** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service 003\*\*** | **Emergency Hormonal Contraception (EHC)** | | |
| **Claim/Validation** | **monthly submission to Public Health by 7th** | | |
| **Monthly Payment** | **via RBC finance** | | |
| **Activity** | **Consultation and advice**  **Consistent with protocol and PGD** | **pregnancy testing** | **Reimbursement of Levonorgestrel 1.5mg** |
| **Tariff\*\*\* (£s)** | **25.00** | **5.95** | **5.20** |