**Practice Name** ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shared Care Local Enhanced Service**

Payment Claim Form

2018/2019

**Name of person**

 **Completing form** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_

**Months**

**Claiming for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Start date means the first appointment with either the specialist drugs worker or GP after agreement has been reached with all parties including the patient to pursue this form of treatment

\*\* Hep C data – please enter **date only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Initials | Date of Birth | Input date | See Key and input code | Input date | **Name** of Specialist Drugs Worker i.e. Shared Care Nurse only |
| Start date (**dd/mm/yy)** of shared care treatment | Finish date **(dd/mm/yy)** of shared care treatment or ‘ongoing’ if appropriate | Treatment Outcome**(A-D)** | Hep BIntervention status**(A-D)** | Hep BVaccination count**(1-3 or C)** | Hep C latest test date **(dd/mm/yy)\*\*** |
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**Key:**

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| --- | --- | --- | --- | --- | --- |
| **Treatment Outcome** | A – Treatment complete and planned goals metB – Treatment complete and planned goals not metC – Treatment terminated and patient referred onD – Unplanned treatment termination | **Hep B Intervention status** | A – Offered and acceptedB – Offered and refusedC – Immunised alreadyD – Not offered | **Hep B vaccination count** | 1 – One vaccination2 – Two vaccinations3 – Three VaccinationsC – Course completed |

**Please complete and return to: Shared Care Payments, SDAS, Bridge House, 30 Taunton Road, Bridgwater, TA6 3LS or email to: Julie.barnard@turning-point.co.uk**