

# PHARMACY PRACTICE LEAFLET

NOW AVAILABLE



**As part of the pharmacy contract in England and Wales, it is a contractual requirement for all pharmacies to have a practice leaflet.**



## What is it for?

- An ideal way for you to communicate to local people the services you offer
- To inform patients on how they can access them
- To advise patients about the new services on offer, as part of the pharmacy contract.

## Where and How should I use it?

- A clear display on the counter to promote your services to patients.
- Placing your leaflets in local GP surgeries, with patient support groups and for meetings
- Investing in a practice leaflet can have significant benefits to your business, both attracting new customers and increasing repeat business.

## Why use the NPA?

- To save your time writing, designing, producing and printing a leaflet the NPA has produced a template leaflet that will meet all the requirements of the contract.
- All you need to do is let us know your pharmacy details and the services you are offering by filling in this form and we will produce a leaflet for you.

# Practice leaflet order form

## 1a. Your leaflet will contain three standard paragraphs describing generic pharmacy services

1. Dispensing NHS & Private Prescriptions    2. Repeat Dispensing    3. Lifestyle & Health Issues Advice

## 1b. Please tick the boxes below if your pharmacy provides any of the following additional services:

- |   |  |
|---|--|
| <input type="checkbox"/> Medicines Use Review             | <input type="checkbox"/> Medicines Assessment and Compliance Support         |
| <input type="checkbox"/> Emergency Hormonal Contraception | <input type="checkbox"/> Supplementary Prescribers                           |
| <input type="checkbox"/> Minor Ailments Scheme            | <input type="checkbox"/> Repeat Prescription Collection and Delivery service |
| <input type="checkbox"/> Stopping Smoking                 | <input type="checkbox"/> Confidential Help and Advice                        |
| <input type="checkbox"/> Needle and Syringe Exchange      | <input type="checkbox"/> Emergency Supplies                                  |
| <input type="checkbox"/> Care Home Support                |  |
| <input type="checkbox"/> Full Clinical Medication Review  |  |

## 1c. Statements concerning the following are mandatory and will be included on all practice leaflets:

- Support for people with disabilities
- Access arrangements for disabled customers
- Confidentiality
- Violence towards staff
- NHS Direct Statement
- Complaints

## 2. Featured pharmacy:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email \_\_\_\_\_

Head office address \_\_\_\_\_

(if applicable) \_\_\_\_\_ Postcode \_\_\_\_\_

PCO \_\_\_\_\_

- For NHS Welsh Direct version of this leaflet please tick here ✓

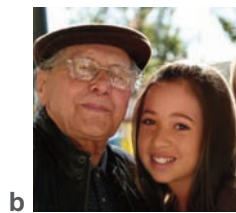
**3. Opening hours:**

Mon	
Tue	
Wed	
Thu	
Fri	
Sat	
Sun	

**4. Choose a principal colour to appear in your practice leaflet:**



**5. Enter your choice of pictures from a – f in order of preference:**



There is also an option to use your own images. Please call 01727 858687 ext 3394 for more details.



Use your own image

1st   
  2nd   
  3rd   
  4th   
  5th   
  6th

Pictures will only be placed in your practice leaflet if there is enough room to do so. Your choice of paragraphs/words will take priority. Please ensure you look and check your proof as this will provide the most suitable layout

**6. Please invoice and deliver to:**

1000 @ £328.60

2000 @ £402.80

3000 @ £466.40

**Proofs** – A pdf proof will be sent for approval your email address. It is your responsibility to check it carefully. Any changes made may incur charges. Please allow 10 days for delivery from signed proof stage.

**Next steps**

- Send your completed form to the NPA by folding, taping and sealing, as instructed
- The NPA will then process your order
- A pdf proof will be emailed to you
- You will then check and sign off the proof
- Printing of practice leaflets and delivery will take 10 days\*

**Terms and conditions**

\*Cancellation – Once the printer has set your order and your proof has been sent, you cannot cancel this order, without incurring a 50% charge.

Name \_\_\_\_\_

Pharmacy \_\_\_\_\_

Member No \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I agree to all terms and conditions.

Business Reply  
Licence Number  
RLYJ - AUYZ - KUHU



**The National Pharmacy Association**  
**38-42 St Peters Street**  
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**AL1 3NP**

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