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| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Just-in-Case box quarterly audit return** |  |

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 | NHS logo |
| This form should be completed for all JIC box Rx dispensed (one line per box). |  |  | ***Eastbourne, Hailsham and Seaford CCG*** |
| It may be returned electronically (insert more lines if necessary) or manually (use additional page if necessary). |  | ***Hastings and Rother CCG*** |
| Audit forms should be returned to Nic Hone at CCG Offices, Bexhill Hospital (nicola.hone@nhs.net) by end of each quarter. |  |
| Payment is dependent on quarterly audit returns; claims will be verified with audit return data; discrepancies will be investigated with the provider. |
|  |  |  |  |  |  |  |  |  |  |
| **Pharmacy name:** |  |  | **Pharmacy dispenser code:** | **Quarterly audit return period:** |  |
| **Date form sent to CCG:** |  | **Number of pages sent (if hardcopy):** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Date on Rx** | **Date Rx received** | **Date of dispensing** | **Practice** | **Prescriber name** | **Any deviations from drug list (full details)** | **Was JIC box described as 'urgent' by any party (full details)** | **Patient in care home with nursing (NH) or care home without nursing (RH)**  | **Comments (e.g. procedural errors, if Rx for NH/RH was not done as JIC box)** |
| **Box 1** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 2** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 3** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 4** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 5** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 6** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 7** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 8** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 9** |   |   |   |   |   |   |   | NH / RH / neither |   |
| **Box 10** |   |   |   |   |   |   |   | NH / RH / neither |   |