



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5 an M50, An Bóthar Thuaidh, Fionnghlas
Baile Átha Cliath 11, D11 XKF3
Guthán: (01) 864 7100 Facs: (01) 834 3589

Health Service Executive, Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: (01) 864 7100 Fax: (01) 834 3589

Circular 007 / 18

6th March 2018

Ref: Contractor Data Maintenance

Dear Pharmacy Contractor,

The HSE is refreshing the details held on the HSE Contractor Database and is communicating with all pharmacy contractors in this regard.

Under the terms of the Community Pharmacy Contractor Agreement that you hold with the HSE you are required to notify the HSE in writing of any change in the ownership or in the beneficial ownership of the community pharmacy. In the case of a Community Pharmacy Contractor Agreement with a corporate body, there is also a requirement to provide a list of directors and shareholders of that corporate body as outlined in the Statutory Declaration signed as part of the application process. A Statutory Declaration can be requested as the HSE may require from time to time under Clause 23 (2) of the Community Pharmacy Contractor Agreement.

We are aware that some changes to corporate bodies made under the Companies Act 2014 may not have been notified to the HSE and we are updating our records accordingly. Examples of such changes include – **changes to the type of company, changes to the company name, change of secretary or director.**

Please note that changes to the shareholding of a company do not fall under the Companies Act 2014 but a change in ownership or beneficial ownership of a corporate body automatically terminates the Community Pharmacy Agreement, resulting in a new agreement being required by the corporate body.

The following changes need to be routinely notified in writing to the HSE:

Changes in supervising pharmacist

Change in beneficial ownership (this results in the termination of the Agreement and a new agreement to be signed as per Clause 22 (2))

Change in Directors (where they have signed the SEPA form – a copy of which is enclosed for ease of reference. It is important to note that unless these details and signatures are kept up to date, monies may not be released if there is a request to change bank accounts etc.)

Changes to Company Registration Number

Changes to the PSI RPB registration number

Changes in opening hours (which as per clause 8 of the Contractor Agreement must be agreed with the HSE)

We are also taking the opportunity to update our records with relevant Eircodes, Email addresses* (we are recommending a Healthmail address) and contact numbers.

In any communication with patient details provided, secure email should be used and if a pharmacy is not satisfied that their current email facilities are secure enough, Healthmail offers a solution in this regard. (For more information go to www.healthmail.ie)

It is important to update the HSE with any changes in registration status with the Pharmaceutical Society of Ireland as that requires a change in contractor agreement. It may be necessary in the future where we understand a change in beneficial ownership has occurred, and the HSE has not been so informed, that payments will immediately cease until the Contractor Agreement has been updated. It can take up to 21 days to process an application for a new Pharmacy Contractor Agreement and this should be taken into account when opening a new pharmacy (greenfield site) or taking over an established pharmacy.

You are also requested to provide your current Professional Indemnity Insurance and Data Protection Registration with your return of these details.

To facilitate the process of recording these changes and updating the information held by the HSE, please complete the attached template and return it by the 23rd March to your local HSE Pharmacist (List of Names and Addresses enclosed). In future all relevant changes must be notified in writing to the HSE at the time of change rather than retrospectively.

Yours faithfully,



Anne Marie Hoey
Primary Care Reimbursement & Eligibility

Current GMS number of pharmacy	
Contractor Name i.e entity that operates the pharmacy / contractor agreement	
Contractor Trading Address i.e Pharmacy RPB address	
Eircode	
Telephone Number	
Fax No.	
Email address	
Trading Status i.e DAC, Ltd. Sole trader / Partnership	
Pharmacy PSI RPB Number	
Supervising Pharmacist Name	
Supervising Pharmacist PSI Registration Number	

In the case of a corporate body

Company Name	
Company Registration Office Number	
Address of Registered Office of Company	
List of Directors	
List of Shareholders Including percentage shareholding	
Company Secretary	

Opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Professional Indemnity encl		
Data Protection Registration encl		

HSE PHARMACISTS IN THE AREAS

Health Service Area	Primary Care / Community Care Pharmacist	Address	Telephone	Fax	Email Address
CHO 6 / 7 / 9	Laura Nyhan	Health Service Executive Block B The Civic Centre Main Street BRAY Co Wicklow	(01) 274 4225	(01) 274 4289	laura.nyhan@hse.ie
CHO 3	Louisa Power	Primary Care Unit HSE –West Ballycummin Avenue Raheen Business Park LIMERICK	061 464 002	061 464 271	Louisa.power@hse.ie
CHO 4	Louise Creed	HSE South Block 15, Saint Finbarr's Hospital Douglas Road CORK	021 492 3821	021 4923820	louise.creed@hse.ie
CHO 2	Nuala Prendeville	Primary Care Unit Merlin Park Hospital GALWAY	091 775 674	091 770 326	nuala.prendeville@hse.ie
CHO 8 / 1	Joanne O'Brien	Primary Care Unit Railway street NAVAN Co Meath	046 907 6435	046 907 1052	joannep.obrien@hse.ie
CHO 5	Mel Cox	Primary Care Unit Lacken Dublin Rd KILKENNY	056 778 4158	056 778 4391	mel.cox@hse.ie
CHO 8	Pat Murphy	Primary Care Centre, Connolly St., MOUNTMELLICK Co. Laois	057 86 97501	057 86 97522	pat.murphy@hse.ie
CHO 1	Trevor Hunter	Health Service Executive Primary Care Development Unit JFK House JFK Parade SLIGO	071 9135031	0719135027	TrevorA.Hunter@hse.ie

PAY MANDATE FORM - Pharmacy

- This form is to be used to supply or change bank account details for your contract
- Please use black pen and use block capitals except where signature is required
- Any corrections must be initialled
- All current directors identified in the contractor file must sign and date the mandate form using the additional sheet provided where necessary.
- All fields must be completed*

**Contractors yet to be allocated a contract number should leave the contract number field blank*

***HSE Contract Number:**

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**Contractor Name:

****Where the business entity is not a sole trader please enter the name of the company or partnership**

Business Address Line 1:

Business Address Line 2:

Business Address Line 3:

Business Address Line 4:

Business Telephone No: _____ Fax No: _____
(Please include pre-fix)

Tax Number:								
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Signature of Contractor and Director (s) (as appropriate): _____

Please use page 2 if necessary

Name (Block Capitals): _____

Date:

D	D	M	M	Y	Y	Y	Y
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Name and Address of Bank:

Full Name in which account is held:

IBAN

BIC										X	X	X	X
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New Contractors: Please return completed form and relevant attachments to your local community care pharmacist:

FAO: Mel Cox, Primary Care Unit, Lacken, Kilkenny.

Existing Contractors: Please return completed form and relevant attachments to:

Data Administration Unit, HSE-Primary Care Reimbursement Service, Units 1-5, Ground Floor, J5 North Park Offices, North Park Business Park, Exit 5, M50 North Road Finglas, Dublin 11 and forward a copy to your local community care office.

PAY MANDATE FORM – Pharmacy (cont'd)

Additional Contractor/Director signatures

Contractor Name: _____

Please enter the Contractor Name here as it appears on page 1 of this mandate form

Contractor / Director 2

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 3

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 4

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 5

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 6

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 7

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 8

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 9

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 10

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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Contractor / Director 11

Signature _____

Name _____

Date:

D	D	M	M	Y	Y	Y	Y
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