

Purpose

This form should be completed and returned to Practitioner Services* to claim payment for, and provide an annual declaration in respect of, Palliative and End of Life Care in accordance with NHS Circular: PCA(M)(2019)06 – The Primary Medical Services Directed Enhanced Services (Scotland) 2019 Palliative Care Scheme.

Current NHS Board Details

NHS Board Area:

Practice Ref Number:

Date Effective From:

0	1	0	4	2	0	2	5
---	---	---	---	---	---	---	---

Date Effective To:

3	1	0	3	2	0	2	6
---	---	---	---	---	---	---	---

Level 1 Activity

Number of patients identified with palliative and end of life care needs, irrespective of diagnosis, first included on the palliative care register between 19th March 2025 and 18th March 2026 inclusive.

Patients on the palliative care register must have been assessed and a care plan compiled and an electronic palliative care summary (ePCS) or equivalent completed, and made available to professionals involved in their care in the out of hours period, within 4 weeks of inclusion on the register.

Level 2 Activity

Administration and infrastructure costs – please tick the box to claim this fee.

Number of reflective practices carried out, from a minimum total of 3 up to a maximum total of 15, at a maximum rate of 1 per 1000 patients registered on the practice list as at 1st April 2025.

Declaration

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records, and that payment will be made to my Practice, which will be subject to Payment Verification. Where Practitioner Services is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this claim.

Signature _____
(GP Practice Authorised Signatory)

Date _____

Practice Stamp

*Unless your Health Board has asked for the claim form to be sent directly to themselves, please return to the appropriate regional office as shown below.

Please e-mail the completed form to your Practitioner Services regional office, ensuring the subject line includes your full practice code, eg X12345 and 'Palliative Care Claim 2025-26':

- Aberdeen Regional Office:** nss.psd-gppractices-aro@nhs.scot
- Edinburgh Regional Office:** nss.psd-gppractices-ero@nhs.scot
- Glasgow Regional Office:** nss.psd-gppractices-gro@nhs.scot