

Tŷ'r Cwmnïau,Ffordd y Goron, Caerdydd CF14 3UB Companies House, Crown Way, Cardiff CF14 3UB

To:

Community Pharmacy System Suppliers

27<sup>th</sup> February 2017

Dear Supplier

## Electronic Transmission of Claims (ETC) - Witness Testing & Accreditation

Please find enclosed a pack containing the scenarios for use in the accreditation process for Electronic Transmission of Claims.

In accordance with the preferences expressed by CP system supplier representatives at the forum meeting on 14<sup>th</sup> February 2017, NHS Wales intends to use a "witness testing" approach to undertake the accreditation process. This will involve members of the NHS Wales Shared Services Partnership ETC project team participating in the accreditation process, either in person at supplier sites or by remote communication (e.g. video or audio conference).

To that end, a schedule of available dates is enclosed overleaf. Suppliers are asked to complete the schedule by indicating their first, second and third preferences for witness testing slots. Although, it is envisaged that actual witness testing will take no longer than half a day, slots are allocated in blocks of two days to allow for travel and contingency. The schedule should be completed electronically and sent by email to <a href="mailto:prescribing.management@wales.nhs.uk">prescribing.management@wales.nhs.uk</a> including "ETC Accreditation" in the subject line.

If you have any queries, please contact us: -

- By telephone on 029 2090 4030 or
- By email at <u>prescribing.management@wales.nhs.uk</u>

Yours faithfully

Neil Jenkins Head of Modernisation & Technical Services

## ETC Accreditation & Witness Testing Schedule Supplier Preference Form

Please complete the document electronically and send by email to <a href="mailto:prescribing.management@wales.nhs.uk">prescribing.management@wales.nhs.uk</a> including "ETC Accreditation" in the subject line.

Name of Supplier:						
Address of site for witness testing:						
Contact details:						
Name		Telephone No.	Email address			

Please indicate preferred dates by placing an X against your first, second and third preferences.

Slot	B. ( )		Preference		
	Dates:	1 <sup>st</sup>	2	2 <sup>nd</sup>	3 <sup>rd</sup>
1.	3 <sup>rd</sup> & 4 <sup>th</sup> April 2017				
2.	18 <sup>th</sup> & 19 <sup>th</sup> April 2017				
3.	3. 20 <sup>th</sup> & 21 <sup>st</sup> April 2017				
4.	24 <sup>th</sup> & 25 <sup>th</sup> April 2017				
5.	26 <sup>th</sup> & 27 <sup>th</sup> April 2017				
6.	8 <sup>th</sup> & 9 <sup>th</sup> May 2017				
7.	11 <sup>th</sup> & 12 <sup>th</sup> May 2017				
8.	15 <sup>th</sup> & 16 <sup>th</sup> May 2017				
9.	17 <sup>th</sup> & 18 <sup>th</sup> May 2017				
10.	22 <sup>nd</sup> & 23 <sup>rd</sup> May 2017				
11.	24 <sup>th</sup> & 25 <sup>th</sup> May 2017				
12.	15 <sup>th</sup> & 16 <sup>th</sup> June 2017				
13.	19 <sup>th</sup> & 20 <sup>th</sup> June 2017				
14.	21 <sup>st</sup> & 22 <sup>nd</sup> June 2017				