

**LOCALLY COMMISSIONED SERVICES AGREEMENT**

**REVISED CARE HOMES SERVICE**

A signed copy of this agreement sheet must be returned to the CCG by 16 August 2019. Please return to ddccg.lcsf@nhs.net

**Practice Code: ………………… Practice Name: …..………………………….**

This is to confirm that the above practice will provide the revised Care Homes service detailed in the letter dated 26 July 2019

**Declaration**

Signed on behalf of

the Practice (Name & Signature) ………………………………………………..

Name: …………………………………………………………

DATE: ……………………………….