

Contract CO1030 – Service Level Agreement to enable community pharmacists in Calderdale to supply Nicotine Replacement Therapy, Varenicline and Bupropion to clients of Yorkshire Smokefree Calderdale - Variation Form

This form is to be used in order to change a Call-Off Contract in accordance with Clause 32 (Variation process)

Contract Details		
This variation is between:	South West Yorkshire Partnership Teaching NHS Foundation Trust (“the Buyer”) And Name of community pharmacy	
Contract name:	Service Level Agreement to enable community pharmacists in Calderdale to supply Nicotine Replacement Therapy, Varenicline and Bupropion to clients of Yorkshire Smokefree Calderdale (“the Contract”)	
Contract reference	CO1030- Calderdale	
Details of Proposed Variation		
Variation initiated by:	Buyer	
Variation number:	1	
Date variation is raised:	13/04/2026	
Proposed variation	Addition of product (Cytisinicline) to supply under PGD	
Reason for the variation:	Increased scope of medication available	
A Variation Impact Assessment shall be provided within:	Completed.	
Impact of Variation		
Likely impact of the proposed variation:	Increase in the range of products available to clients of the service under the PGD with community pharmacies	
Outcome of Variation		
Contract variation:	This Contract detailed above is varied as follows: <ul style="list-style-type: none">● The addition Cytisinicline under PGD	
Financial variation:	Original Contract Value:	N/A
	Additional cost due to variation:	£ 18 one off payment consultation fee plus medication cost at NHS tariff price
	New Contract value:	As per addition

1 This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by Buyer

2 Words and expressions in this Variation shall have the meanings given to them in the Contract.

3 The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised signatory for and on behalf of the Buyer

Signature

Date

Name (in Capitals)

Address

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Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature

Date

Name (in Capitals)

Address

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