

**DES: Minor Surgery - Quarterly Activity Form for Practices**

**Practice Number Practice Name and Address**

(As shown on Quarterly finance statement)

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| --- |
|  |

**Please complete and return this form**

**as an attachment to the e-mail box below**

**by the 5th of the month following the**

**Quarter end:**

[GMS.ContractTeam@ggc.scot.nhs.uk](mailto:GMS.ContractTeam@ggc.scot.nhs.uk)

**DES: Minor Surgery 2021/22**

Quarter Ending

(30th June, 30th September, 31st December or 31st March)

I confirm that the Practice activity (patient numbers) for Minor

Surgery (Invasive Procedures) within the specification, and are

not for aesthetic purposes, was

I confirm that the Practice activity (patient numbers) for Minor

Surgery (Injections) within the specification, was

I confirm that the above information is correct. I submit activity on behalf of the Practice and in accordance with the Regulations. I agree to provide information to authorised Health Board personnel to undertake necessary post payment checks.

Name:

Date: