**Community Pharmacy**

**SOP for Closure**

For all pharmacy closures (planned and unplanned) there is a contractual requirement for you to contact Primary Care Contracts Teams to make them aware of the intended closure. This is to ensure we minimise any disruption to service users and maintain pharmaceutical service provision across the network.

**Action Required:**

Please consider and complete all of the points below and email to gram.pcctpharmacy@nhs.scot by 10am on the day of closure or as soon as a need to close has been identified:

1. Could you operate in a reduced capacity e.g. closed doors or reduced hours
2. What other providers are available within the area & ensure they are operating
3. Prior to contacting PCCT ensure you have completed the following information:

|  |  |
| --- | --- |
| Pharmacy contractor code, name, address, contact details & email address  |  |
| Alternative contact name, number, email address and designation if no one is remaining on the premises |  |
| Closed or planning to close |  |
| Opportunity to open with reduced capacity e.g. closed door pharmacy, reduced opening times  |  |
| Reason for closure e.g. staff shortage, COVID exposure |  |
| Intended length of closure (if known) |  |
| Informed* **Buddy pharmacy**
* **Local GP surgeries**
* **GMED** (weekend / public holiday)
 |  |
| Management of consume on premises patients? |  |
| Support for other vulnerable patients (daily/weekly collection, care home, care at home & delivery patients) |  |
| Arrangements for current acute prescriptions awaiting collection |  |
| **Notification sign displayed in clear view for public** |  |
| Notification of temporary closure on social media channel(s) for public |  |