

Notification of Unplanned Temporary Suspension of Pharmaceutical Services

Please note that this form must be used for any unplanned closure's over 15 minutes. This does not include lunch time closures.

Contractor Code	
Pharmacy Name	
Pharmacy Address	
Address for Correspondence (If different from above)	
Date of Temporary Suspension:	
Times when Pharmaceutical Services were not provided:	

1) Please explain below the reasons for the temporary suspension:

2) Please explain below the actions taken to limit the impact on patients:

3) Please explain below the actions taken regarding patients on daily pick-up and urgent prescriptions:

4) Please confirm if the following have been notified of the closure: (*if applicable)

- GP Surgeries
- Neighbouring Pharmacies
- *OOH if Applicable
- *Care Homes
- Local CAT Teams

Please provide any further information if required:

Signature: _____

Print Name: _____

Position: _____

Date: _____

Contact email address in case of queries: _____

Contact phone number in case of queries: _____

Please return completed form to relevant Health Board:

NHS Greater Glasgow and Clyde	ggc.cpdevteam@nhs.scot
NHS Ayrshire and Arran	anne.shaw2@aapct.schot.nhs.uk
NHS Borders	communitypharmacy.team@borders.scot.nhs.uk
NHS Forth Valley	carol.droubay@nhs.scot
NHS Highlands	nhsh.cpsoffice@nhs.scot
NHS Lanarkshire	primarycareservices@lanarkshire.scot.nhs.uk
NHS Lothian	communitypharmacy.contract@nhslothian.scot.nhs.uk