**COMMUNITY PHARMACY TEMPLATE FOR INFORMING PCCT OF UNEXPECTED TEMPORARY CLOSURE**

|  |  |
| --- | --- |
| Contractor name |  |
| Contractor number |  |
| Date of closure |  |
| Reason for closure |  |
| Time of closure | From: To: |
| Nearest open pharmacy |  |

**Where closure is expected to be longer than 30 minutes, the following steps have been taken:**

|  |  |
| --- | --- |
| **ACTION** | **INSERT “Y” TO CONFIRM** |
| Local GP surgeries contacted |  |
| Local Community Pharmacies contacted |  |
| Prescribers of any outstanding ORT doses for the day have been informed |  |
| Instalment patients (including dosette) contacted where necessary |  |
| Sign displayed in window to signpost patients to nearest open pharmacy |  |

**By completing the below you are confirming that the above steps have been taken ahead of the pharmacy closing.**

**NAME:**

**POSITION:**

Please e-mail this completed template to PCCT at [communitypharmacy.contract@nhslothian.scot.nhs.uk](mailto:communitypharmacy.contract@nhslothian.scot.nhs.uk)