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**UNPLANNED PHARMACY CLOSURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contractor Name and Address |  | | | |
| Contractor Code |  | | | |
| Date of closure |  | | | |
| Type of closure (please X) | Partial |  | Full day |  |
| Time of closure | From: To: | | | |
| Reason for temporary closure |  | | | |
| Are you able to provide a ‘closed door’ service where patients can collect previously prepared medication should they need to?  (NB only possible if a pharmacist is present) |  | | | |
| Nearest open pharmacy (as confirmed) |  | | | |

**Where closure was expected to be longer than 30 minutes the following steps must be taken. By completing this form you are confirming that these steps have been taken ahead of the pharmacy closing:**

|  |  |
| --- | --- |
| **ACTION** | **YES / NO / IN PROGRESS / UNSURE** |
| Local GP Surgeries contacted |  |
| Local Community Pharmacies contacted |  |
| Prescribers of any outstanding ORT doses for the day have been contacted |  |
| Instalment patients (including dosette) contacted where necessary |  |
| Sign displayed in window to signpost patients to nearest open pharmacy |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please e-mail this completed form to the Primary Care Department - fife.primarycareadmin@nhs.scot (n.b in emergency situations emails via Smartphone’s can also be used without this template, as long as the same information is communicated) you can also call the team on 01592 226930**