Community Pharmacy

Notification of Temporary Closure

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

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

|  |  |
| --- | --- |
| **Action** | **Tick** |
| Display closure notice in window to signpost patients to nearest open pharmacy | ☐ |
| Contact OST patients and make collection arrangements, where necessary | ☐ |
| Inform prescribers of any outstanding OST doses for the day | ☐ |
| Contact patients with urgent prescriptions and make collection arrangements  | ☐ |
| Contact instalment (including dosette) patients/carers and make collection arrangements, where necessary | ☐ |
| Inform local GP surgeries | ☐ |
| Inform local Community Pharmacies | ☐ |
| Inform other relevant services (e.g. Substance Use Services and Care homes) | ☐ |
| Enable automatic reply on NHS shared mailbox informing of closure | ☐ |

**By signing below, I confirm that I have taken the above actions ahead of the pharmacy closing.**

**Name:
Date:**

**Position:**

Please email this completed form to PCCO at loth.communitypharmacycontract@nhs.scot.

If the closure affects the out-of-hours period, please also send the form to loth.flowcentre@nhs.scot, loth.lucs@nhs.scot and nhs24providerupdates@nhs24.scot.nhs.uk.