

<b>PHARMACY CLOSURE DURING NORMAL WORKING HOURS</b>	
<b><u>Company :</u></b>	<b><u>Pharmacy Name and address:</u></b>
<b><u>Name of Pharmacist who is absent</u></b>	<b><u>Employee or Locum?</u></b>
<b><u>Date &amp; Duration of Closure:</u></b>	
<b><u>Reason for closure:</u></b>	
<b><u>Alternative Arrangements made for Patients (e.g. , Signposting of patients to neighbouring pharmacies, collection &amp; delivery of Prescriptions via another branch)</u></b>	
<b><u>Date, Time and Method of Notification:</u></b>	
<b><u>Name of Person Notified:</u></b>	
<b><u>Area Manager Name/Signature:</u></b>	

**PHARMACIES MUST ONLY BE CLOSED IN EXCEPTIONAL CIRCUMSTANCES**

This form should be completed on **EVERY OCCASION** a pharmacy has to close or is unable to give a full pharmaceutical service during its contractual trading hours. Schedule 1 (Terms of Service for Pharmacists) Part 3 (Hours of Opening) Section 22 (1) and (9) of the NHS (Pharmaceutical Services) Regulations 2005 (as amended) state that:

*(1) Subject to sub-paragraph (3), at each of the premises from which a pharmacist has undertaken to provide pharmaceutical services, he shall exhibit—*

*(a) a notice specifying the days on which and times at which the premises are open for the provision of drugs and appliances;*

*(b) at times when the premises are not open, a notice based on information provided by the Primary Care Trust, where practicable legible from outside the premises, specifying the addresses of other pharmacists included in the pharmaceutical list and the days on which and times at which drugs and appliances may be obtained from those addresses;*

*(9) Where there is a temporary suspension in the provision of pharmaceutical services by a pharmacist for a reason beyond the control of the pharmacist, the pharmacist shall not be in breach of sub-paragraphs (1) and (2), provided that—*

*(b) he notifies the Primary Care Trust of that suspension as soon as practical; and*

*(c) he uses all reasonable endeavours to resume provision of pharmaceutical services as soon as is practicable.*

**FAILURE TO COMPLY WITH THE ABOVE CONSTITUTES A BREACH IN TERMS OF SERVICE AND MAY RESULT IN SUSPENSION OR REMOVAL FROM THE PHARMACEUTICAL LIST BY THE CARE TRUST.**

Completed forms should be sent to the above address as soon after the event as possible.

It is suggested that you also send completed copies of this form to your company's Head Office.