**Pharmacy contractor approved manner of notification of a temporary suspension of services or likely temporary suspension of services**

**Please note: the completed form should be e-mailed to the pharmacy contract team of your integrated care board (ICB)**

**Notification of a temporary suspension of services, and about the prospect of a temporary suspension when that becomes likely, under paragraph 23(10) and 29D (2) and (4), Schedule 4 of** **the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**

|  |  |
| --- | --- |
| **Name of contractor**  |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Please set out the dates and times of the unplanned temporary suspension **or** likely temporary suspension of pharmaceutical services. Please note that this form is not to be used for closures due to planned refurbishment. Nor is it to be used in situations where the pharmacy occupies part of a larger building and the rest of the premises is closed as it is expected that contractors will have put in place arrangements to ensure they are able to fulfil their terms of service regarding their core and supplementary opening hours.

Temporary suspension of services (in advance, ongoing or ended)

|  |  |
| --- | --- |
| Date(s) of the temporary suspension and its anticipated duration | Times at which pharmaceutical services were not provided |
|  |  |

Or likely temporary suspension of services

|  |  |
| --- | --- |
| Date(s) of the likely temporary suspension  | Times at which pharmaceutical services may not be provided\*  |
|  |  |

\* State whole day if it is likely to be a whole day closure.

Please set out in the box below the reasons for the temporary suspension or likely temporary suspension(s).

Please tick the relevant reason and provide additional details as appropriate.

|  |
| --- |
| * Short notice staff sickness
* Locum could not be found
* Late arrival due to traffic
* Issue with the building (For example a power cut, a water supply issue etc)
* Adverse weather, such as snow, flood etc
* Other reasons – please provide details:
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Please set out in the box below any key actions taken to limit the impact on those anticipating and accustomed to using the pharmacy, so far as practicable (and for likely temporary suspensions the key actions that are appropriate or proportionate to the likelihood of the suspension).

Please tick the relevant action(s) and provide additional details as appropriate.

|  |
| --- |
| * Has the pharmacy updated their directory of services (DoS) profiles via Profile Manager to show the temporary suspension of services?
* Has the pharmacy made arrangements for ensuring that patients are not referred to the pharmacy premises for directed urgent care services during the temporary suspension where practicable?
* Has the pharmacy made arrangements for notifying other pharmaceutical service providers and GP practices about the suspension, and its anticipated duration, where practicable?
* Has the pharmacy made arrangements for displaying the necessary information to patients about the suspension, and its anticipated duration, in the approved manner, so that it is visible from outside the pharmacy (or for DSPs made the necessary changes to their website).
* Has the pharmacy made arrangements for the continuity of patient care including for those patients with booked appointments or those attending the pharmacy regularly for the supervised administration of medicines?
* Has the pharmacy used all reasonable endeavours to implement its business continuity plan?
* Other actions taken – please provide details:
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Please note:

For temporary suspensions, you will not be in breach of your terms of service as long as:

* the temporary suspension is for a reason beyond your control,
* you notify the pharmacy contract team of the relevant ICB, using the relevant email address on the [pharmacy contract teams’ web page](https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/) – doing so as soon as practicable and, wherever possible, before the start of the suspension,
* you use all reasonable endeavours to implement the business continuity plan required by paragraph 29D, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and
* you use all reasonable endeavours to resume the provision of pharmaceutical services as soon as is practicable.

(Paragraph 23(10), Schedule 4, of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013)

For likely temporary suspensions, you will not be in breach of your terms of service as long as:

* you use all reasonable endeavours to implement the business continuity plan, in a manner proportionate to the likelihood of the suspension, as required by paragraph 29D(4), Schedule 4, of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and
* you use all reasonable endeavours to maintain the provision of pharmaceutical services and avoid the suspension.

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

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