

**Notification of a decrease in the total number of supplementary opening hours**

**Name of contractor**

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**ODS code (also known as the F code)**

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**Full address of premises to which the notification relates**

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This is a notification to decrease the total number of supplementary opening hours of the above premises:

- Permanently
  - On a one-off basis
- (Please tick as relevant)

Please insert the current supplementary opening hours for these premises.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

Please insert the proposed supplementary opening hours for these premises.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

If this is a permanent change, please state in the box below the date from which the change will take effect.

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If this is a one-off change, please enter the dates for the change below.

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**Dispensing appliance contractors**

At least three months' notice must be given by dispensing appliance contractors. If you are seeking to reduce the total number of supplementary opening hours within a shorter timescale, please set out your reasons below and the relevant delegated integrated care board will consider whether it can agree to a shorter notice period.

**Pharmacy contractors**

At least five weeks' notice must be given by pharmacy contractors. If you are seeking to reduce the total number of supplementary opening hours within a shorter timescale, please set out your reasons below and the relevant delegated integrated care board will consider whether it can agree to a shorter notice period.

I confirm that the pharmacy's NHS website and Directory of Services profiles will be updated accordingly

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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