

Unexpected Closure Checklist

- Notice placed on the door directing patients to the nearest pharmacy
- Community Addictions Team contacted to co-ordinate arrangements for opiate substitution therapy patients
- GP Practices within the locality informed of closure and predicted duration of closure
- Patients with required medications to be picked up contacted and informed of closure
- Arrangements or alternative arrangements made to complete prescription deliveries required for immediate and subsequent closure

For the information of Forth Valley Health Board this Pharmacy:

Name & Contract Code: _____

Will be closed from: _____ until: _____

due to: _____

The checklist of actions has been carried out and all contingency arrangements are now in place to ensure patient safety.

Signed _____

Date: _____

For use in severe weather closure only:

Local key holder contacted and agreement made as point of contact for Health Board and on-going contingency updates:

Name and contact details of local key holder:

On completion of checklist this should be signed, dated and emailed to both the contracts manager and the Community Pharmacy Development Team at:

carol.droubay@nhs.net, AND FV-UHB.communitypharmacysupport@nhs.net