**Community Pharmacy SOP for Closure**

For all pharmacy closures (planned and unplanned) there is a contractual requirement for you to contact Primary Care Contracts Teams (PCCT) to make them aware of the intended closure. This is to ensure we minimise any disruption to service users and maintain pharmaceutical service provision across the network.

**Action Required:** Please consider and complete all of the points below and email to: **carol.droubay@nhs.scot** **&** **fv.communitypharmacysupport@nhs.scot** **by** 10am on the day of closure or as soon as a need to close has been identified.

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| Pharmacy contractor code, name, address, contact details & email address  |  |
| Alternative contact name, number, email address and designation if no one is remaining on the premises |  |
| Severe weather closure only: Provide local key holder contact details for point of contact for Health Board and on-going contingency updates. |  |
| Proposed times of closure/reduced hours. Is there opportunity to open with reduced capacity e.g. closed door pharmacy, reduced opening times ? |  |
| Reason for closure  |  |
| Intended length of closure (if known) |  |
| Name and designation of person completing this form |  |
| **Only once a closure has been approved by the Health Board should the following steps should be undertaken** |
| 1. Contacted Substance Services to co-ordinate arrangements for OST patients
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| 1. Where contact details are held OST patients should be contacted to advise of closure/intention to close.
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| 1. Contact GP Practices within locality to inform of closure and predicted duration
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| 1. What is in place to support other vulnerable patients (daily/weekly collection, care home, care at home & delivery patients)
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| 1. Arrangements for current acute prescriptions awaiting collection
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| 1. Notification sign displayed in clear view for public
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| 1. Notification of temporary closure on social media channel(s) for public
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