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

|  |  |
| --- | --- |
| **Name of contractor**  |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the notification relates** |  |

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

Please insert the proposed supplementary opening hours for these premises.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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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