**Notification of the amendment of an existing rest break within core opening hours of a 40 hour pharmacy**

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

This is a notification for the amendment of an existing rest break within the core opening hours of the above pharmacy premises[[1]](#footnote-1).

Please insert the total opening hours for these premises.

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

Please insert the current core opening hours for these premises.

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

Please insert the total opening hours for these premises once the rest break is amended.

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

Please insert the core opening hours for these premises once the rest break is amended.

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

As long as this notification complies with the requirements of paragraph 23(7)(ba), Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, you may amend the rest break no earlier than five weeks after this notification is received by the relevant delegated integrated care board.

I confirm that the timing of this rest break meets the requirements of paragraph 23(7)(ba), Schedule 4. Yes [ ]

Please state the date on which the rest break will be amended ……………………………….

If you would like the relevant delegated integrated care board to agree to the rest break being amended sooner, please set out your reasons for this in the box below.

|  |
| --- |
|  |

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

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

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

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

(insert name of contractor)

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

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

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

1. Pharmacies that are subject to, or have ever been subject to, the 100 hours condition cannot notify of the introduction of a rest break into the core opening hours. [↑](#footnote-ref-1)