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| --- |
| Guidance on The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023  Annexes 1 - 9 |
| Version 1, September 2023 |



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| |  | | --- | | Classification: Official | |
| Publication reference: PRN00278 |

# **Annex 1 - application to reduce the total core opening hours of a 100 hour pharmacy**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Trading name, if any** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |

This is an application to reduce the total core opening hours of a 100 hour pharmacy in line with paragraph 26(2A), Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please insert below the current core opening hours for the premises.

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

Please insert below the proposed core opening hours for the premises[[1]](#footnote-2).

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

Please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

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/)[[2]](#footnote-3) describes how certain services are provided on behalf of ICBs 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.

# **Annex 2 – direction in relation to a 100 hour pharmacy seeking to reduce its total core opening hours**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Trading name, if any** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |

This direction is in respect of the core opening hours of the above pharmacy premises and is issued under paragraph 26(4) of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations).

The total number of core opening hours a week during which pharmaceutical services must be provided at the above pharmacy premises is [insert number].

With effect from [insert date], the core opening hours during which pharmaceutical services are to be provided at the above premises are as follows:

[insert days and times for all core opening hours]

By virtue of the 2013 regulations this direction applies:

* in relation to the abovementioned pharmacy premises. It also applies to any premises to which the pharmacy may successfully apply to relocate to under the 2013 regulations (regulation 65A(3) and (4)); and
* to the abovementioned owner of the pharmacy premises. It also applies to any future owner who may be included in the relevant pharmaceutical list in respect of these pharmacy premises (or any premises to which the pharmacy may successfully apply to relocate to (regulation 65A(2)).

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/)[[3]](#footnote-4) 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.

# **Annex 3 – application to change core opening hours – pharmacy premises**

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

This is an application to:

* permanently change core opening hours ☐
* make a one-off change ☐

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

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

Please insert below the proposed core opening hours for these premises[[4]](#footnote-5).

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

If this is a permanent change, please state in the box below the date from which you would like the change to take effect.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Please provide information that demonstrates that your proposed core opening hours will:

* either maintain as necessary the existing level of service provision for people in the area of the pharmacy, or other likely users of the pharmacy premises; or
* maintain a sustainable level of adequate service provision for the people in the area of the pharmacy, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

|  |
| --- |
|  |

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/)[[5]](#footnote-6) 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.

# **Annex 4 - notification of the introduction of a rest break into 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 introduction of a rest break into the core opening hours of the above pharmacy premises[[6]](#footnote-7).

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 introduced.

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 introduce 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 introduced ……………………………….

If you would like the relevant delegated integrated care board to agree to the rest break being introduced 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/)[[7]](#footnote-8) 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.

# **Annex 5 - 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[[8]](#footnote-9)[[9]](#footnote-10).

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/)[[10]](#footnote-11) 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.

# **Annex 6 - notification of an increase to 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 increase 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 increase 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**

Where a pharmacy contractor wishes to increase its total supplementary opening hours they must notify the relevant delegated integrated care board in advance of the change.

I confirm that:

* I am/we are notifying you of this increase in the total number of supplementary opening hours in advance of the change being made ☐
* 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 …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/)[[11]](#footnote-12) 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.

# **Annex 7 - 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 …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/)[[12]](#footnote-13) 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.

# **Annex 8 - notification of a redistribution 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 redistribute the 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 change the 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 change the 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 …………………………………………………

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/)[[13]](#footnote-14) 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.

# **Annex 9 – template local hours plan**

NHS [insert name] Integrated Care Board has identified the need for a local hours plan due to the significant difficulties that are being experienced, or are likely to be experienced, in accessing pharmaceutical services. The plan covers [insert description or map of the area].

The plan will commence at 00.01 on [insert date] and will terminate at 23.59 on [insert date] after which the participating pharmacies will return to their usual core and supplementary opening hours.

Where a participating pharmacy wishes to cease participating in the plan it is required to give [insert period] prior notice.

The plan will be reviewed during its lifetime to ensure that it continues to address the significant difficulties that have been identified in accessing pharmaceutical services. Such reviews may be triggered by, but are not limited to, the following events.

* A participating pharmacy gives (or pharmacies give) notice to withdraw from the plan.
* The ownership of a participating pharmacy changes during the lifetime of the plan.
* A participating pharmacy successfully applies to relocate to new premises, or a non-participating successfully applies to relocate into the area covered by the plan.
* New pharmacy premises open within the area covered by the plan.
* One or more participating pharmacies give notice to withdraw from the relevant pharmaceutical list.
* A non-participating pharmacy asks to participate in the plan.
* There is a change to the needs for pharmaceutical services in the area covered by the plan.

The pharmacies participating in this local hours plan are shown in the table below along with their temporary opening hours.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of contractor** | **Pharmacy name** | **Address** | **Temporary opening hours** | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Annex 1 – Agreement of temporary opening hours[[14]](#footnote-15)**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Pharmacy name** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises** |  |

The pharmacy’s usual core opening hours are as follows:

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

The pharmacy’s usual supplementary opening hours are as follows:

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

During the lifetime of this local hours plan the pharmacy’s temporary opening hours are as follows:

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

I confirm that the pharmacy’s profiles on the directory of services and NHS website will be amended to reflect the agreed temporary opening hours for the lifetime of the local hours plan.

Signed:

On behalf of [insert name of contractor, not the trading name]

Name:

Date:

**Annex 2 – Agreement of temporary opening hours**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Pharmacy name** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises** |  |

The pharmacy’s usual core opening hours are as follows:

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

The pharmacy’s usual supplementary opening hours are as follows:

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

During the lifetime of this local hours plan the pharmacy’s temporary opening hours are as follows:

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

I confirm that the pharmacy’s profiles on the directory of services and NHS website will be amended to reflect the agreed temporary opening hours for the lifetime of the local hours plan.

Signed:

On behalf of [insert name of contractor, not the trading name]

Name:

Date:

**Annex 3 – Agreement of temporary opening hours**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Pharmacy name** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises** |  |

The pharmacy’s usual core opening hours are as follows:

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

The pharmacy’s usual supplementary opening hours are as follows:

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

During the lifetime of this local hours plan the pharmacy’s temporary opening hours are as follows:

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

I confirm that the pharmacy’s profiles on the directory of services and NHS website will be amended to reflect the agreed temporary opening hours for the lifetime of the local hours plan.

Signed:

On behalf of [insert name of contractor, not the trading name]

Name:

Date:

**Annex 4 – Agreement of temporary opening hours**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Pharmacy name** |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises** |  |

The pharmacy’s usual core opening hours are as follows:

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

The pharmacy’s usual supplementary opening hours are as follows:

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

During the lifetime of this local hours plan the pharmacy’s temporary opening hours are as follows:

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

I confirm that the pharmacy’s profiles on the directory of services and NHS website will be amended to reflect the agreed temporary opening hours for the lifetime of the local hours plan.

Signed:

On behalf of [insert name of contractor, not the trading name]

Name:

Date:

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1. Please note that the revised total core opening hours cannot be less than 72 per week; the change cannot lead to a loss of core opening hours between 17.00 and 21.00, Monday to Saturday; there can be no change to the core opening hours on Sundays between 11.00 and 16.00, other than by way of the inclusion of, or a change to, a rest break which is no longer than one hour, and starts at least three hours after the start of the pharmacy’s opening hours and ends at least three hours before the end of the pharmacy’s opening hours; and there can be no change to the total number of core opening hours on Sundays. Applications that do not meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, must be refused. [↑](#footnote-ref-2)
2. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-3)
3. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-4)
4. Please note that this form is not to be used by 100 hour pharmacies seeking to reduce their total core opening hours in line with paragraph 26(2A), Schedule 4. [↑](#footnote-ref-5)
5. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-6)
6. 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-7)
7. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-8)
8. 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-9)
9. 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-10)
10. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-11)
11. https://www.england.nhs.uk/contact-us/privacy-notice/ [↑](#footnote-ref-12)
12. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-13)
13. <https://www.england.nhs.uk/contact-us/privacy-notice/> [↑](#footnote-ref-14)
14. Delete or add annexes as required. Delete footnote once completed. [↑](#footnote-ref-15)