

COMMUNITY PHARMACY - OPENING HOURS

HN1 NOTIFICATION /APPLICATION FORM

This form should be submitted to the relevant Local Health Board, as required by the NHS (Pharmaceutical Services) (Wales) Regulations 2020, Schedule 5, Regulation 23 (4) and (5)

Please ensure all relevant sections of the form are completed

Type of submission (see note 1)	<input type="checkbox"/> Application for amendment of core (contractual) hours	Complete Part A, B & C
	<input type="checkbox"/> Notification of changes to supplementary hours	Complete Part A & B

Name of Local Health Board (LHB)

Name of Pharmacy Contractor

Address of premises to which this return applies

Address for correspondence (if different)

PART A: Current Opening Hours

	Column A			Column B		
	Core Hours (normally 40 hours) (see note 2)			Total Hours (core and supplementary) (see note 3)		
	From	To	Closed for lunch (state time or N/A)	From	To	Closed for lunch (state time or N/A)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total hours (see note 4)						

PART B: Proposed Opening Hours

	Column C			Column D		
	Core Hours (normally 40 hours) (see note 2)			Total Hours (core and supplementary) (see note 5)		
	From	To	Closed for lunch (state time or N/A)	From	To	Closed for lunch (state time)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total hours (see note 4)						

The date on which the proposed hours are intended to become effective
(see note 6)

Reason for proposed changes to opening hours:

The contractor must provide the LHB with the reason for the proposed changes to opening hours and provide necessary evidence to support this – see Part C. This box must be completed for all notifications/applications – if not completed the form will be returned to the contractor.

I / we propose to undertake to provide the pharmaceutical services listed, during the hours specified in Column C above, and will ordinarily provide the pharmaceutical services during other hours included within the total opening hours specified in Column D above.

Signed _____ Date _____

Contact for queries relating to this form		Telephone number	
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Submit this form and any required additional information to:
NWSSP, Primary Care Services, Floor 3, Matrix house, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea SA6 8BX.

The following Enhanced services are available from this pharmacy:

(see note 7)

	Currently Available	Activity (for the latest 4 weeks*). If service is not commissioned state "N/A"
Common Ailments Service	<input type="checkbox"/>	
Emergency Contraception	<input type="checkbox"/>	
Emergency Supply of Medication	<input type="checkbox"/>	
Influenza Vaccinations	<input type="checkbox"/>	
Anticoagulant Service	<input type="checkbox"/>	
Care Home Support & Medicines Optimisation Service	<input type="checkbox"/>	
Just in Case Pack Scheme	<input type="checkbox"/>	
Needle & Syringe Programme	<input type="checkbox"/>	
Out of Hours / Rota Services	<input type="checkbox"/>	
Patient Sharps Service	<input type="checkbox"/>	
Screening Services	<input type="checkbox"/>	
Smoking Cessation Level 2 Service	<input type="checkbox"/>	
Help Me Quit @ Pharmacy (Smoking Cessation Level 3 Service)	<input type="checkbox"/>	
Supervised Administration of Medicines	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

*The activity stated relates to the period: _____

This form cannot be used to apply to amend the pharmaceutical services provided from the pharmacy. Please contact the LHB for details that must be included in such an application.

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Notes:

(1) If a contractor is unsure of the current core or supplementary hours they can contact their Local Health Board or NHS Wales Shared Services Partnership for details. Changes to Supplementary hours require 3 months' notice. Core hours can only be changed if approved by the LHB and also has a notice period of 3 months.

(2) These are the 40 contractual ('core') hours during which the pharmacy is currently open and the contractor undertakes to provide a full pharmaceutical service. Only use the 'Closed for lunch' column if appropriate, i.e. when the pharmacy is closed for lunch and is not providing pharmaceutical services during that period.

(3) These hours are the current total opening hours of the pharmacy and will include the core hours in column A, together with non-contractual or supplementary hours during which the pharmacy ordinarily provides pharmaceutical services. Only use the 'Closed for lunch' column if appropriate, i.e. when you are closed for lunch and you will not be providing pharmaceutical services during that period.

(4) Column A (current) & Column C (proposed) core hours will usually be 40 hours, if the pharmacy is applying for permission to open for less than 40 hours, the proposed number of hours, should be stated.

(5) Proposed supplementary hours (Column D) can be amended by giving 3 months' notice to the LHB.

(6) Where an application is made to the LHB to amend core hours, the change, if granted, may not take place until the expiry of 90 days from the date of the application or 30 days after approval is granted (whichever is the later). If this form is used to notify changes to supplementary hours, this change should take effect not earlier than 3 months after the date of the notification.

(7) To support an application to amend core opening hours, service activity in the times where opening will be curtailed, must be provided for a 4 week period.

(8) The LHB will have regard to both the current core & supplementary opening hours of pharmacies when preparing its Pharmaceutical Needs Assessment and whether the hours meet the pharmaceutical needs of people in the neighbourhood.