

APPLICATION FOR TEMPORARY SUSPENSION¹ OF SERVICE

Name of Primary Care Trust	
Name of pharmacy contractor	
Address of premises to which this return applies	
Address for correspondence (if different)	

Current hours

	Core		Total (including Core and Supplementary hours)	
Day	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Proposed date ² and time suspension of services begins	Date	Time
Proposed date and time suspension of services ends ³	Date	Time

Reason⁴ for suspension of services – e.g. refit

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Justification / explanation

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¹ A PCT is able to agree a temporary suspension of services for a set period, in appropriate circumstances where it has received three months notice. See Paragraph 22(1) of Schedule 1 of the NHS (Pharmaceutical Services) Regulations 2005.

² This must be at least 3 months after the date on which the PCT receives this application

³ If the PCT agrees to the period of suspension, it must be for a set period.

⁴ The PCT is only able to agree a temporary suspension in appropriate circumstances. Therefore, the reason why a suspension is required should be stated with justification set out below.