**Community Pharmacy NHS Contractual Breach Concern**

I am writing to raise concerns and formally report a potential breach in the provision of NHS essential pharmaceutical services and the terms of service, as per the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (2013 as amended).

The pharmacy (details provided below) did not provide NHS pharmaceutical services during contracted NHS hours owing to not engaging a pharmacist to act in the capacity of the Responsible Pharmacist. However, this was not owing to matters outside the pharmacy contractor's contractor.

I am a pharmacist and offered to act as the Responsible Pharmacist for the contractor / I am aware that pharmacists offered to act as the Responsible Pharmacist for the contractor. (Please delete as appropriate).

As a pharmacist I am concerned that owing to the pharmacy contractor opting to close the pharmacy, instead of engaging a pharmacist; this would put patients at risk of being unable to obtain prescription medicines already dispensed or access essential pharmacy services. I am concerned this is not a one-off occurrence and the contractor has reported the closure as being due to extraneous matters outside of their control.

I would ask that this matter is investigated and referred to the Pharmaceutical Services Regulations Committee for any appropriate contractual sanctions.

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| --- | --- |
| **Name of pharmacy contractor (legal entity and trading name)** |  |
| **ODS code - also known as the F code** **(if known)** |  |
| **Full address of pharmacy premises to which the concern relates** |  |
| **Head office address (if applicable)** |  |

Please set out the dates and times of the non-provision of NHS pharmaceutical services.

|  |  |
| --- | --- |
| Date(s) of the non-provision of NHS pharmaceutical services | Times at which NHS pharmaceutical services were not provided |
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Please set out in the box below any additional information.

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

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

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

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

This form can be completed and emailed to the relevant NHS England & Improvement pharmacy contract team, for details see:

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>