

To: Primary Care Support England (NHS)

Number	325
AT	Q47

**Pharmaceutical Services**


Withdrawal	<input type="checkbox"/>	Change in existing arrangements	<input checked="" type="checkbox"/>	Admission	<input type="checkbox"/>
Remarks:	<u>change in supplementary hours</u>				

Pharmacy title:	Well Pharmacy	Trading as:	Well Pharmacy
-----------------	---------------	-------------	---------------

Address: 27 Manchester Road Haslingden	Telephone number:
Postcode: BB4 5SL	Account Number: Private CD number:
	Effective date: 30/10/2017
	District: Successor/successor to:

Advanced/Enhanced services:	Y	N	Hours	Previous			New		
				Core	Supplementary	Total	Core	Supplementary	Total
Monday			09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	
Tuesday			09:00-12:30 14:00-18:30	07:00-09:00 12:30-14:00	07:00-18:30	09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	
Wednesday			09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	
Thursday			09:00-12:30 14:00-18:30	07:00-09:00 12:30-14:00	07:00-18:30	09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	
Friday			09:00-12:30 14:00-18:30	07:00-09:00 12:30-14:00	07:00-18:30	09:00-12:30 14:00-18:30	08:30-09:00 12:30-14:00	08:30-18:30	
Saturday			Closed	Closed	Closed	Closed	Closed	Closed	
Sunday			Closed	Closed	Closed	Closed	Closed	Closed	

Date agreed at PRSC  
(if applicable)  
For Agency use:

Signed by:		Date:	18/01/2018
------------	---	-------	------------

On behalf of NHS England  
Copied to: PCSE; LPC; CCGs -DOS Leads; Local Authority PNA Leads