Pharmacy First service – key contact details

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| --- | --- |
| Local NHS 111 service – health professional’s phone number | |
|  | |
| Local GP out of hours provider | |
| Name of organisation |  |
| Name of key contact |  |
| Health professional’s phone number |  |
| Address |  |
| Local urgent treatment centre | |
| Name of organisation |  |
| Address |  |
| **Local Emergency Department** | |
| Name of hospital |  |
| Address |  |
| **NHS Directory of Service (DoS) Provider and Commissioner Helpline** | |
| 0300 0200 363 - Call this number to notify NHS 111 or IUC CAS of temporary withdrawal of the service | |
| **Local NHS contract management team** | |
| Name of local ICB |  |
| Contract management team email address |  |
| **Local safeguarding team** | |
| Concerns about child/young person – phone number |  |
| Concerns about an adult – phone number |  |