

Ref no: 157180717
From: Public
Date: 18/07/17
Subject: Status of Hospital Pharmacy Provision

REQUEST & RESPONSE

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Please can you inform me whether your inpatient pharmacy (Discharge Medication not ward-level dispensing) is:

a. A department of the hospital

~~b. A wholly owned outsourced subsidiary of the hospital?~~

~~c. Contracted-out to a private provider?~~

2. Please can you inform me whether your out-patient pharmacy is:

a. A department of the hospital

~~b. A wholly owned outsourced subsidiary of the hospital?~~

~~c. Contracted-out to a private provider?~~

3. Please can you inform me whether your home care dispensing service is:

~~a. Provided by the pharmacy as a department of the hospital?~~

~~b. Provided by the pharmacy as a wholly owned outsourced subsidiary of the hospital?~~

c. Contracted-out to a private provider