Annex 13B

Acknowledgement of Application to Change the Practice Area

[*insert date*]

Dear [*name*]

Contract details - [insert name of contract]

Thank you for your recent application to change the practice area.

[I can confirm that we agree the change to the practice area with effect from [*insert date*]. You must ensure that if you have a practice website, you publish on that website details of the practice area, including the outer boundary area by reference to a sketch diagram, plan or postcode.

Please ensure that, if you are intending to reduce the practice area, registered patients who subsequently fall outside of the new agreed area but who are within the original practice area (main and outer boundary) are only removed from the list if one or more of the statutory provisions that relate to removal of patients from the patient list apply.

We include a variation notice with this letter. I have included two copies of the variation notice which I would be grateful if you could return after being signed. We will then sign the documents and return one copy for you to retain for your records.

*OR*

I can confirm that we cannot agree to the proposed change to the practice area at this time. This is because [*insert*]. Your practice area will remain as stated in the contract until further notice.

If you wish to appeal this decision, please refer to your contract for the appropriate dispute resolution procedure.]

Yours sincerely

[name]

[title]