Annex 14A

Template Application Notice to Close Branch Premises

[*date*]

Dear [*name*]

Application to Close Branch Premises

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

|  |  |
| --- | --- |
| Affix practice stamp: |  |
| Details of branch surgery address proposed for closure: | [insert details] |
| 1. Do you have premises approval to dispense from the branch surgery?   If yes, how many patients do you currently dispense to? | [Yes / No]  [insert number / N/A] |
| 1. Do you have premises approval to dispense from any other premises?   If no, do you intend to give three months’ notice of ceasing to dispense as required by Paragraph 10 of Schedule 6 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended? | [Yes / No]  [Yes / No] |
| 1. How have you involved patients regarding this proposal? | [insert details] |
| 1. How will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the Commissioner approve this application? | [insert details] |
| 1. Please provide a summary of the patient involvement feedback and confirm that you will supply evidence of this consultation should it be requested: | [insert summary] |
| 1. Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:  * access to the main surgery site i.e. public transport, ease of access; * capacity at main surgery site; * booking appointments; * additional and enhanced services; * opening hours; * extended hours; and * dispensing services (if applicable) | [insert details] |
| 1. From which date do you wish the branch closure to take effect? | [insert date] |
|  |  |
| Signed by [insert name] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| [All persons who constitute the contractor must sign this notice. Please add further signatures lines as necessary] |  |

Where an application to close premises is granted by the Commissioner, the contractor shall remain fully responsible for cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises. In both cases, payments under the premises directions will cease from the day of closure.

Please note that this application does not impose any obligation on the Commissioner to agree to this application.