Annex 14B

Acknowledgement of Application to Close Branch Premises

[*insert date*]

Dear [*name*]

Contract details - [insert name of contract]

Thank you for your recent application to close branch premises.

[I can confirm your request to close the branch premises at [*insert address*] has been accepted and will take effect from [*insert date*].

Please ensure you update all websites, literature, practice leaflets and make all patients aware of the branch closure, the date that services will cease at the branch location and provide reassurance in respect of their continued care from your main surgery.

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 the request has been declined for the following reason(s):

[*details*]

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

Yours sincerely

[name]

[title]