Annex 3

Example Consultation Letter from Commissioner to Affected Parties

*[This letter could be used to seek the views of all locally affected parties such as neighbouring practices.]*

[*date*]

Dear [*name*]

Application to close practice list of patients [name of practice applying for closure]

I am writing regarding [*practices name*] application to us to close its practice list of patients to new registrations for [*period requested*].

Before taking a decision, I would like to provide you with the opportunity to express your views about this proposal. Please provide any comments by no later than [*date for return seven days from date of this letter*].

All your comments/views received will be shared with the practice so that it may provide further comment, before a final decision is taken.

Once a decision is made about this application, you will receive a copy of the outcome letter to the practice.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee