Annex 4

Approval – Example Closure Notice

[*date*]

Dear [*name*]

Closure notice

We have approved your application to close your practice list of patients for a period of [*either that period originally requested (which must not be less than 3 months and not more than 12 months) or subsequently discussed and agreed with the contractor*] starting on [*start date*].

Based upon this closure notice, your list of patients will re-open on [*date*].

You must close your list on the date specified above and should you wish to re-open your patient list before the end of this closure notice, this must be agreed with the Commissioner in advance.

While closed, you may only accept an application for inclusion on your list from a person who is an immediate family member of a registered patient.

If you wish to apply to extend the closure of your patient list, your application must be received no less than eight weeks before this closure notice is due to end. A copy of the application template may be requested from the Commissioner should it be required.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee and any parties contacted during consultation