Annex 5

Rejection – Example Letter

[*date*]

Dear [*name*]

Application to close patient list

We have rejected your application to close your practice list of patients because

[*reasons*]

Please note you cannot make a further application to close your practice list of patients until [*insert* *date, three months from date of this letter*] unless you experience a change in circumstances which affect your ability to deliver services under your contract or should you wish to dispute this decision, three months from the date of any final determination arising from your dispute, whichever is the later.

If you do wish to dispute this decision, please make your representations to [*contact details*].

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee and any other parties contacted during consultation