Annex 16 B 3.5.17

Example application to extend a closure period – sample letter from commissioner to contractor

[*date*]

Dear [*name*]

Application to extend period of closure of practice list of patients.

Please complete the enclosed application form to extend your current closure notice and return it for consideration by us.

We will acknowledge your application in writing within seven days of receipt.

While considering your application, we may consult with the Local Medical Committee and any others affected by the closure, such as your registered patients, other local practices, local pharmacists and so on. Their views will be provided to you for consideration and comment before a final decision is taken. This decision will be notified to you within 14 days of receipt of your completed application template.

It is your right to withdraw your application for an extension of the period of the closure of your practice list of patients at any time before the final decision is made.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee

Enc. Application form