Dear Colleagues,

 **Improving practice and patient safety - stopping unfunded work**

This letter serves formal notice to <<name of ICB>> of our intention to stop providing unfunded services listed below. This notice is served on the grounds that these services do not form part of GMS contractual requirements and the practice is not funded to provide them.  As such the practice is entitled to stop providing these services and this does not require commissioner approval.

To this effect, <<name of practice(s)>> are serving 3 months’ notice, from the date of this letter that we are stopping providing the services listed below.  Where possible, we have included the workload that these services have required and / or the number of patients requiring this service.  We have also indicated whether we would consider providing this service if it was adequately resourced.

This timeframe is in line with the GMS permanent opt-out clause (GMS regulations 2015 Part 6, regulation 35(6)(d)(ii)). We are aware that this clause relates to opting out of additional services, but it is the most appropriate clause, as the GMS contract does not contain any clauses, relating to opting out of providing services, which are not covered by the contract.  We believe it provides the ICB with sufficient time to confirm alternative arrangements for patients to obtain these services.

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| Service  | Number of appts / pts  | Would consider providing  |
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Due to the workload pressures and the widely recognised, longstanding underfunding of general practice, we have reached a point where we can no longer resource this unfunded work as it is now impacting on our delivering of the core contract and providing safe care to our patients.  This decision has been taken to ensure the long-term financial viability, and sustainability of <<name of practice(s)>>.

We continue to review the services we provide within the practice with a view to rationalise and direct our resources to appropriately commissioned and funded activity.

By return, please provide the practice with the details of the local service provider who patients should be directed to.  In the absence of alternative provision, please provide the named person who patients should address their concerns to. The practice will then inform the affected patients on the change to their service provision.

 We remain committed to providing high quality care and services to our patients and regret the impact these decisions will undoubtedly have upon our patients; however, we need to sustain and maintain our services for the long-term benefit of our patients and the well-being of our teams.

Yours sincerely,

<<Name(s) and signature(s) of lead partner(s)>>