**Letterhead**

**Date**

**Application to close patient list**

**Practice stamp**

Please complete the following:

Briefly describe your main reasons for applying to close your practice’s register to new registrations:

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your open list and, if any were implemented, what was your success in reducing or erasing such difficulties?

Have you had any discussions with your registered patients about your difficulties maintaining an open list and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?

How long do you wish your list of patients to be closed? (This period must be more than three months and less than 12 months)

What reasonable support do you consider the AT would be able to offer, which would enable your list of patients to remain open or the period of proposed closure to be minimised?

Do you have any plans to alleviate the difficulties you are experiencing in maintaining an open list, which you could implement when the list of patients is closed, so that list could reopen at the end of the proposed closure period?

Do you have any other information to bring to the attention of the AT about this application?

**Please note that this application does not concert any obligation on the NHS England to agree to this request**

To be signed by all parties to the contract (where this is reasonably achievable):

Signed: ……………………………………………….………………………………………….

Print: ……………………………………………….………………………………………….

Date: ……………………………………………….………………………………………….

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