Contract Closure Notification Request Form

Please submit all requests **securely** by email to: **nhsbsa.dentalinsight@nhs.net**

Emailed requests must be sent from NHSmail domains. Please note that NHSmail will remove any encrypted files.

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| **Part 1 - Your details** |
| Your name |  |
| Job title |  |
| Organisation name |  |
| Organisation address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Cc email address |  |
| Telephone number |  |
| Date |  |

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| **Who is requesting the information/data?***(Please state your title/role and the organisation they are representing)* |
| Name |  |
| Job title |  |
| Organisation name |  |
| PCO Code |  |
| Reasoning for the letter request |  |

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| **Part 2 - About the letter** |

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| Your PCO name |  |
| Contract number & tag of the patients to be contacted |  |
| Provider Name and Number  |  |
| Date letter should be posted |  |
| The charge for this service to be raised via invoice. | *Details relating to the purchase order and invoice to be confirmed once the quotation is available based on your requirements. The quotation will include any associated labour costs.*  |
| Purchase Order Number | *To be advised.* |
| Invoice addressee name |  |
| Invoice postal address |  |

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| **Letter options** |
| Simplex (One side of print per A4 sheet) | Yes / No |
| Duplex\*\* (Two sides of print per A4 sheet) | Yes / No |
| Black & White printing | Yes / No |
| Colour printing | Yes / No |
| Recycled paper type (Off White) | Yes / No |
| Non-recycled paper (White) | Yes / No |

 **2 - About the letter**

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| *Please note: Letters are only sent out via Second Class postage.* |
| *\*\* If duplex is requested for an odd number of pages, an extra blank page will be inserted after each ending page to ensure the next letter starts correctly.* |

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| **Please see the sample letter and other letter options (on page 5) before answering the following letter options questions.** |

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| **Letter options** |
| I would like to use the sample letter only | Yes / No |
| I would like to use the sample letter and the FAQ | Yes / No |
| I would like to use the sample letter and have provided a table of local practices (attached to email). | Yes / No |
| I would like to use the sample letter, the FAQ and have provided a table of local practices (please attach to the email) | Yes / No |
| I would like to use some other combination of the samples and have provided more detail in my email/attached documents | Yes / No |
| I would **not** like to use any of the above options and have provided my own letter and contents (please attach to the email) | Yes / No |
| If you have answered ‘Yes’ to the above question, please state the total number of A4 sheets per letter |  |

Please submit the completed proforma and attachments **securely** by email to: **nhsbsa.dentalinsight@nhs.net**

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**Letter Template Example**



Area Team Name

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Postcode

Email address: @nhs.net

Telephone number:

Date

Dear Patient,

**Re: Dental practice name & address**

We are writing to you as a patient of the above practice to inform you about a change of service. The NHS dental contract held at this practice will cease to offer NHS dental treatment to patients from the following date: <REQUESTOR DATE REQUIRED>.

This means that as a patient who has previously accessed the service here, you will need to find an alternative practice for NHS dental care going forward. We apologise for any inconvenience and distress this may cause, however, please be assured that there are other NHS dental providers accepting NHS patients in your area.

To help you to find another NHS dental provider, you can search online using the NHS Choices website located at: [www.nhs.uk](http://www.nhs.uk)

If you have any difficulties accessing NHS dental treatment, please contact your local Healthwatch team. You can find their details at this website address: [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

Yours sincerely,

Primary Care Commissioning Manager

<An Area Team or Other Required Signature>

**Optional Frequently Asked Questions - Access to NHS dental services**

**Q Why is my dental practice closing?**

**A** There are many potential reasons that can result an NHS dental practice closing.

For example, it could be because the NHS dental provider is retiring or it could be due to the NHS dental contract has expired and was not renewed by either the dental provider or your local NHS dental services commissioner.

**Q Where else can I access NHS dental services?**

**A** To help you to find another NHS dental provider, you can search online using the NHS Choices

 website located at: [**www.nhs.uk**](http://www.nhs.uk).

If you have any difficulties accessing NHS dental treatment, please contact your local Healthwatch team. You can find their details at this website address: [**www.healthwatch.co.uk**](http://www.healthwatch.co.uk) .

**Q What will happen to my patient records?**

**A** The provider of the closing dental contract is responsible for your patient records and is

 required to comply with the NHS Code of Practice for records management. This includes an

 obligation for the safe storage, retention and appropriate disposal of records.

Your records will not transfer to your new dentist as they will perform a full examination and medical history when you attend for your first appointment.

**Q What if I have not completed my treatment that has been started?**

**A**  The majority of ongoing treatments provided by this practice should have been completed.

If your treatment is still ongoing, please respond to this letter using the contact details provided on the first page of this letter with an outline of your outstanding treatment.

**Q What should I do if I experience a problem with dental work completed by the closing**

 **practice?**

**A** Contact your new dental practice for an appointment. However, please note that any treatment

 undertaken by your new dentist will incur the relevant patient charge, unless you meet the

 criteria for exemption from NHS dental charges.

**Optional list of local practices (to be provided by requestor)**

|  |  |  |
| --- | --- | --- |
| **Practice Name** | **Telephone No.** | **Address** |
| *An alternative practice* | *Telephone number* | *Full address and postcode*  |