Contract Closure Notification Request Form

Please submit all requests by email to: [**DataServicesSupport@nhsbsa.nhs.uk**](mailto:DataServicesSupport@nhsbsa.nhs.uk)

Emailed requests must be sent from NHS mail domains.

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| **Part 1 - Your details** | |
| Your name |  |
| Job title |  |
| Organisation Name |  |
| Organisation Code |  |
| Organisation Address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Reasoning for the letter request |  |
| Date |  |

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

|  |  |
| --- | --- |
| Contract number 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 \* | *Must be supplied after the quote has been provided.* |
| Invoice addressee name |  |
| Invoice postal address |  |

**P 2 - About the letter**

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| *Please note: Letters are only sent out via Second Class postage.* |

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| **Please see letter template (page 3) and example FAQs (page 4) before answering the following.** |

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| **Letter options** | |
| 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 |

Please submit the completed proforma and attachments by email to: [**DataServicesSupport@nhsbsa.nhs.uk**](mailto:DataServicesSupport@nhsbsa.nhs.uk)

Emailed requests must be sent from NHSmail domains.

**\* Please note: We will not proceed with the mailing until we receive the Purchase Order Number.**

**Letter Template**



ICB Name

Email address: @nhs.net

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>.

We appreciate that the loss of NHS dental care provision will be of concern to you and acknowledge the impact this may have on access to NHS dental care which we appreciate is already challenging due to the dental workforce and recruitment challenges that dental practices are facing.

As commissioners, we are very conscious of the serious challenges many of our resident's face in accessing dental services. The situation is reflective of the national dental crisis, with practices across England struggling to overcome the service backlogs that developed during Covid-19, manage difficulties with the recruitment and retention of dentists and coping with increased running costs.

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 Website located at: [www.nhs.uk/service-search/find-a-dentist](http://www.nhs.uk/service-search/find-a-dentist)

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 Website

located at: [www.nhs.uk/service-search/find-a-dentist](http://www.nhs.uk/service-search/find-a-dentist).

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* |